



Dual & Multiple Exceptionality (DME) The Current State of Play

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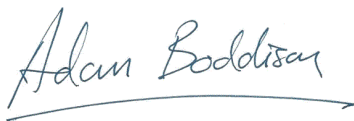
Foreword

It is increasingly recognised that the early identification of SEND (special educational needs and disabilities) has an important role to play in ensuring that children optimise their developmental and academic progress and that they feel included alongside their peers. However, there are some children whose needs are more difficult to identify. DME (Dual and Multiple Exceptionality) is the term used to describe those individuals who have one or more special educational needs or disabilities and who also have high learning potential (or high ability). This is a sub-section of the SEND community that does not always receive the attention it deserves and that can be easily misunderstood.

In recent years, I had the privilege of working with the late Professor Stephen Hawking, who was a great advocate of developing a national DME offer. As somebody who was known as much for his ability as his disability, he was arguably one of the most high-profile people with DME. However, there may be many others with DME who are unidentified. At a societal level, we need to ensure that we do not miss the next Stephen Hawking.

nasen has long been a champion, friend and protector of the SEND community and as such it has a moral responsibility to shine a light on DME and to raise its profile both within the sector and within the education community more broadly. That is why I commissioned this independent report so that the entire community could better understand the current state of play in relation to DME.

At the end of the report, there are some practical recommendations for how we raise the profile of DME and develop a national DME offer. I would welcome the support of other organisations and individuals who want to collaborate with nasen to realise these recommendations. By working in partnership, we can identify and meet the needs of all learners, including those with DME.



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Introduction

This report was commissioned by nasen (National Association for Special Educational needs) as a key part of a campaign to ensure that children and young people with dual or multiple exceptionality (DME) are provided with the support to enable them to realise their full potential.

Meeting every child's needs is a challenge in any school or setting, with children grouped with others: providing differentiated work in mixed ability classes is a complex task without the added complication of students who may have DME.

In some cases, where an exceptionality is immediately obvious, as is the case with some physical and sensory exceptionalities, there is a well-established body of knowledge about the exceptionality. Additional training is available for staff, in both special and mainstream schools, which minimise the impact of the exceptionality on the young person's educational progress. There are also many third sector organisations that have a particular focus on one type of exceptionality.

However, there is a growing awareness that for an unknown number of young people, what could be called a "presenting exceptionality" can mean that the young person's other exceptionality or range of exceptionalities is not recognised.

In the case of these young people, the failure to look beyond the presenting exceptionality leads to wasted potential and often huge frustration in the individual, which in turn can exacerbate the presenting exceptionality. Dual or multiple exceptionalities can also mask each other so that the young person's additional needs remain unidentified, resulting in yet more wasted potential and frustration for learners and their families.

This failure to recognise DME students is not only at the cost of the individual student and their families. The potential contribution that these individuals can make is also lost to society.

In this report, which is based on desk research and informal conversations with a range of educational and health professions, we propose a definition of DME that can be widely accepted by parents and professionals.

We examine what is known about DME, using a literature search, before moving on to make (tentative) recommendations that would result in a greater recognition of, and thus support for, children and young people with DME.

What is DME?

“They are high fliers, who are still lumbering along the ground.”¹
Parent of child with Dual or Multiple Exceptionality

The key starting point of this paper is to drill down and establish a definition of DME. A leading educational voice on DME has a more formal definition than that of our parent above:

“In the gifted education field, double or dual and multiple exceptionality (2E and DME) are terms used to describe those who are intellectually very able (gifted) or who have a talent (a special gift in a performance or skill area) and in addition to this, have a special educational need (SEN) such as dyslexia, or Asperger’s syndrome.” (Montgomery, 2015).²

This definition, coming from a leading writer and academic on this issue, has a wide consensus across other academics, researchers and policy organisations in this field. However, it is not unproblematic. While the inclusion of the Gifted and Talented description in the above definition has some resonance in education in England, its ‘brand’ is far from universally welcomed or accepted. This is largely due to perceptions that ‘gifted and talented’ is essentially elitist.

Therefore, being clear about how we are defining DME is critical, not just for the focus of this report but also to establish an agreed definition that will resonate in education and other professional contexts.

For the purpose of this report, we have approached Dual and Multiple Exceptionality through the prism of education, with an emphasis on the combination of SEN with High Learning Potential (in academic, arts, sports and music spheres) for these pupils. We have looked at the work in other parts of the UK; borrowing Scotland’s and Wales’³ terminology around ‘additional learning needs’, capturing both ‘SEN’ and ‘high learning potential’ which together require a particular, tailored package of educational provision.

The working definition of DME which we have used in this report is that of *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.*

¹ McKeown, S. 9 October 2017: '[Understanding students with dual/multiple exceptionalities \(DME\)](#)'. In *Teach Secondary* online.

² Montgomery, D. 2015: Teaching Gifted Children with Special Educational Needs: Supporting dual and multiple exceptionality. London: Routledge. p.ix

³ Scotland: the Education (Additional Support for Learning) (Scotland) Act 2004 broadened the concept of special educational needs to ‘additional support needs’, including factors affecting a child’s learning such as bullying, bereavement, family being in care of being a teenage parent. Wales: the Additional Learning Needs and Education Tribunal (Wales) Act replaces the terms ‘special educational needs’ and ‘learning difficulties’ with additional learning needs on 24 January 2018

This definition includes, but are not limited to, the following special educational needs:

- Asperger’s Syndrome;
- ADHD;
- Dyslexia, Dysgraphia and Dyscalculia;
- Auditory and visual processing disorders;
- Sensory processing disorders;
- Developmental Coordination Disorder (often referred to as Dyspraxia in the UK);
- Non-verbal learning disorder;
- Social, Emotional and Behavioural Difficulties.

These are special educational needs that can be less visible, and are those more likely to be masked by higher learning potential or indeed to mask a pupil’s higher learning potential.

At the time of the gifted and talented programme, the government’s guideline was that each school should identify it’s top 5-10% of pupils as ‘gifted and talented’⁴ which has driven the current wide acceptance that between 5 and 10 per cent of the school population has high learning potential. Department for Education statistics confirm that around 15 per cent of the school population has SEND (January 2018 statistics identify 14.6%, up from the previous year’s 14.4%)⁵. nasen estimates that 2-5 per cent of SEN pupils have high learning potential⁶. Using these estimates, around 60,000 pupils fit within this DME definition⁶: 60,000 pupils whose special educational needs may mask their abilities, or whose abilities may reduce the urgency to meet their special educational needs.

Recognition of DME

As outlined in the earlier section, DME has often been closely identified with the Gifted and Talented cohort. However, the negative perception of the ‘Gifted and Talented’ brand has had negative implications for the professional and political recognition of DME. A substantial proportion of the work in the 2000’s approached DME from a narrow Gifted and Talented perspective: [Gifted and Talented Education, helping to find and support children with dual or multiple exceptionalities](#), 2008; NAGC in partnership with DfEE, *A Whole School Policy for Gifted and Talented Pupils with a Learning Difficulty*, 2001; Potential Plus UK, *Dual and Multiple Exceptionality Report*, 2012; and [Gifted and Talented Education Guidance on preventing underachievement: a focus on exceptionally able pupils](#), 2008.

⁴ “The gifted and talented policy expected schools to identify a gifted and talented population, consisting of 5% to 10% of the top ability pupils within their school, and to introduce a distinct and discernibly different teaching and learning programme to address the needs of the selected groups of pupils. Schools were also expected to draw up policies outlining how their identification, provision and monitoring systems would operate and how targets would be set for these pupils with the aim of enhancing the quality of classroom teaching for more able pupils.” Koshy, V. and Casey, R. 2013: [Gifted and Talented Education: The English Policy Highway at a Crossroads?](#) Uxbridge: Brunel University.

⁵ Department for Education. July 2018: [Special Educational Needs in England January 2018](#). National Statistics.

⁶ Boddison, A. March 2017: ‘Dual and Multiple Exceptionality: Stuck in the middle?’ PowerPoint presentation: Nasen.

As the concept of gifted and talented has fallen out of favour politically, it has become almost invisible. This identifier is not reflected in national statistical reports at key assessment moments (EYFSP, Phonics screening check, Key stages 1 and 2 assessment, GCSE and equivalent results etc.) nor in the National Pupil Database. DME, situated in the overlap between SEN and 'Gifted and Talented' is similarly invisible. While these statistical measures and the assessments they capture are blunt instruments, with their own shortcomings, the lack of spotlight on particular SEN conditions, including DME, further distorts the picture they paint, and also affects how professionals approach these assessment events.

We are focusing in this paper on the educational aspect of DME. However, as part of our approach to DME as an Additional Learning Need with a SEN aspect, the identification of SEN as part of DME is critical and this can happen at stages that precede formal education, with a range of professionals, as we outline in the following section.

Current screening approaches and opportunities

The identification of DME, which is complex and varies enormously between those with DME, can of course take place at a number of moments in child development, involving a range of professionals:

- Medical practitioners; concerned with the detection of developmental difficulties from the antenatal period through to adolescence. Different types of doctors at different stages, including GPs, Paediatricians, staff at baby clinics.
- The Health Visitor: primarily involved in the first two years, when parents are offered regular health and development reviews (health visitor checks) for their baby. The reviews are usually done by the health visitor or a member of their team, typically occurring in the child's home, the GP surgery, baby clinic or children's centre. Details of weight, height, vaccinations and other key information are captured in the 'red book', the personal child health record. Parents are encouraged to also keep the developmental milestones section of the red book up-to-date. Health visitors have described conditions that they have picked up during this stage, including congenital dislocation of the hip, sight problems, autism (report by Louise Jane Condon).
- The Integrated Review at 2 years: carried out by education and health professionals together, where both have contact with the child. For those not in early years education, the health review remains.
- Audiologists: in the first few years, screening of children's hearing is given a high priority, a critical consideration when speech and language are also developing.
- Speech Therapist: using a range of assessments, speech and language therapists assess pupils in clinic and school settings, involving the child and their family, using informal measures such as observation, discussion, questionnaires and checklists, and taking account of a range of contexts, to make judgements on children's functional communication ability.⁷

⁷ Lindsay, G. 2018: [Screening for children with special needs. Multidisciplinary approaches](#). London: Routledge.

The information around the understanding across these professions of DME, its identification, beyond the initial, 'obvious' exceptionalism, and appropriate responses is key to developing a strategy to drive changes in practice at these moments.

However, the focus of this work is the approach that can be taken in schools, so we will focus on the role of teachers and other education professionals in the first instance, but the role of other agencies is also important, whether in need identification or providing expertise and resources to meet that need.

Screening in Education

Once children enter formal education, teachers and support staff's role in identifying SEN or DME becomes pivotal, from early years through to further education. The 2017 DfE commissioned report around meeting the needs of children with SEND in the early years, stated that:

"The observation and monitoring was typically informal in the first instance (i.e. conducted without direct reference to monitoring tools or logs), and involved multiple members of staff. If the early observations suggested that the child may have special educational needs, staff would then begin a more formal process which included input from other SEND support agencies."⁸

This highlights the complexity of the SEN identification process (a key step in the identification of DME) in education. Once the SENCO, teachers and/or support staff have identified a potential special educational need, educational psychologists and other professionals may be called upon to provide their expertise around the formal identification of need and the required response.

This complexity is further complicated by the current educational context which includes a narrowed curriculum, the growth of on-the-job training for teachers, increased workload and the diminution of local support services, including access to educational psychologists, health and social care teams.

Identification of DME in Schools

The story of DME in schools is a mixed one, with many pupils' needs, SEN and/or HLP, remaining unidentified. With conservative estimates of between 40,000 and 80,000 children in England being DME⁹, identification and meeting of their needs is an issue that cannot be ignored in education.

Identification of DME is key but who identifies those needs and to what extent is key to the first step of securing appropriate provision for these children and young people. The coexistence of the two elements of SEN and HLP adds complexity to this first step. Potential

⁸ Griggs, J. and Bussard, L. 2017: [Study of Early Education and Development \(SEED\): Meeting the needs of children with special educational needs and disabilities in the early years. Research report](#), London: Dept for Education. p.7.

⁹ Potential Plus UK. 2018 [Dual or Multiple Exceptionality \(DME\) Factsheet](#), London. Boddison, A. March 2017: 'Dual and Multiple Exceptionality: Stuck in the middle?' PowerPoint presentation: Nasen.

Plus UK and Nasen’s identification of four DME pupil profiles provides a useful outline to support understanding of the issue:

- Type 1, High Learning Potential recognised, SEND unrecognised: their ability enables them to ‘get by’, compensating for their special needs through use of their advanced abilities.
- Type 2, High Learning Potential unrecognised, SEND recognised: often labelled for what they cannot do, rather than what they can, often failing to achieve in school and can display negative or disruptive behaviours.
- Type 3, High Learning Potential unrecognised, SEND unrecognised: each aspect masks the other and is the group most at risk of under-achievement.
- Type 4, High Learning Potential recognised, SEND recognised; these children / young people receive the support and challenge they need.¹⁰

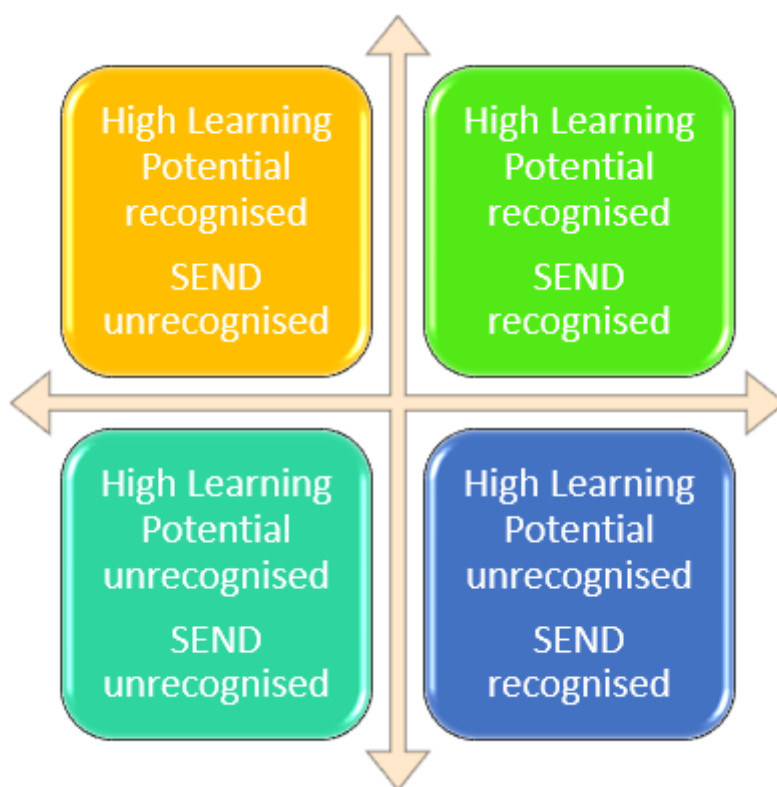


Fig 1 - The Four DME Profiles¹¹

These profiles highlight the challenge in education of identifying the complex mix of needs which can, in many cases, make some or all of those needs less visible.

¹⁰ Ibid

¹¹ Boddison, *ibid*

Identifying the SEN Part of the Profile

As the profiles above show, a key part of meeting the needs of DME pupils is the identification of SEND. However, there is already an issue in schools around the identification and meeting of special educational needs alone. The Ofsted and Care Quality Commission October 2017 report, ['Local Area SEND inspections: One year on'](#) highlighted this. Their findings included the following:

- That pupils identified as needing SEND support had a much poorer experience of the education system than their peers.
- Pupils who have SEND were found to be excluded, absent or missing from school much more frequently than other pupils. This fits with national trends: the DfE's release [Permanent and Fixed Period Exclusions in England: 2016 to 2017](#), published in July 2018 reports that pupils with identified SEN make up 46.7% of all permanent exclusions and 44.9% of all fixed period exclusions, that pupils with SEN Support are 6 times more likely to be permanently excluded than pupils with no SEN, and pupils with an EHCP are over 5 times more likely to get a fixed term exclusion than pupils with no identified SEN.
- After a good start of SEND identification in early years, due often to co-location of education, health and care services, the further through the schooling system children progressed, the less established opportunities for education, health and care professionals to work together became, particularly in mainstream schools. The CQC/Ofsted report observes that "for children and young people whose needs were more subtle, the likelihood of these needs being identified quickly and accurately reduced significantly the older they got.
- Parents of young children with SEND had concerns about the quality of staff training in schools and in teachers' ability to meet their child's specific needs when in mainstream schools.¹²

It is clear that the identification of, and provision for, SEND is best served by strong collaboration between education, health and care professionals and this report makes clear that opportunities for this collaboration are not consistently achieved. Indeed, even where it occurs, years of evidence relating to barriers to effective multi-agency working in the SEN context, means that it may not be as effective as it needs to be.

Research over the years has shown that there are many issues impacting on the effectiveness of multi-agency working around SEND, with a frequent lack of consensus around terminology, professional boundaries and how to identify and classify needs:

"Unexplained language impairments in children are common, but there is little agreement about the criteria used to identify and classify such problems. This acts as a barrier to identifying children for prevention and intervention services. Furthermore, there is wide variation in the terminology used to refer to these children. Terms such as Specific Language Impairment (SLI), language delay, developmental language disorder and developmental dysphasia are all used, sometimes with precise and sometimes with rather general meaning [1]. Confusion regarding criteria and terminology has been detrimental to clinical practice and to research. In part, this lack

¹² Care Quality Commission and Ofsted. 2017: [Local area SEND inspections: one year on](#). London: Ofsted.

of consensus may have arisen because there are many professional groups involved, ranging from those with backgrounds in education, psychology, Speech-Language Therapy (SLT)/Pathology (SLP), paediatrics and child psychiatry. Even within the SLT/SLP profession, there is no consistency of terminology and criteria [2].”¹³

These issues highlight the complexity and urgency of the challenge facing those who wish to address the needs of DME pupils, at least around identifying and meeting special educational needs. It also identifies the urgency for agencies to reach shared understandings around terminology, definitions and processes. This makes clear that meeting the needs of pupils with additional learning needs, SEN or DME, is work not only for the education sector but also a priority for health and social care professionals, to identify current barriers and reach consensus on effective and shared alternatives.

Identifying High Learning Potential

While SEN is certainly a bigger political focus than what was called Gifted and Talented (now called Most Able/Highly Able), every maintained school in England is required to report on the progress and attainment of its more able cohort, ‘principally defined as ‘higher prior attainers’’, an element of the national whole-school data and performance tables¹⁴. Many schools will also have a lead professional for this cohort.

However, with the cutting of the national programme for gifted and talented in 2010 due to austerity, it is left to cash-strapped Local Authorities and schools to provide local or regional activities for these pupils, with the principal pressure on individual schools to ensure that there is adequate classroom provision to assist them. While resources may be thin, there is no lack of pressure on schools to meet the needs of the most able pupils as the performance of these pupils and the quality of the teaching they receive have become a central part of Ofsted inspections. The common inspection framework explicitly highlights the need for schools to provide effective teaching, learning and assessment for the most academically able pupils.

Another effect of the loss of the gifted and talented programme, is that the focus has narrowed to that of academic ability (the gifted side of the programme), with less emphasis on the higher learning potential of pupils in terms of their talents, ie in the arts, sports and music. With funding issues and an accountability system that focuses on academic targets within the EBacc envelope leading to many schools narrowing their curricula, the opportunities for DME pupils having their talent potential realised and the related additional needs met become far fewer.

In this report, we intend that pupils’ HLP is to include both potential academic ability and potential talents in the arenas of the arts, sports and/or music; a curriculum and learning experience that does not provide pupils to excel and to realise their potential however it may

¹³ Bishop, D.V.M., Snowling, M.J., Thompson, P.A., Greenhalgh, T., CATALISE consortium. 2016: '[CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children](#)'. PLoS ONE 11(7): e0158753.doi:10.1371/journal.pone.0158753.

¹⁴ NACE (National Association for Able Children in Education) website: <https://www.nace.co.uk/faqs>.

present itself is particularly challenging for DME pupils and for those who advocate on their behalf.

Ofsted's 2013 report, [The most able students: Are they doing as well as they should in our non-selective secondary schools?](#) on the performance of schools in meeting the needs of the 'most able' pupils, and its follow-up in March, 2015 [The most able students: An update on progress since June 2013](#),¹⁵ observed that far too few able pupils were receiving the curriculum, teaching and support to meet their needs

"In most of the secondary schools visited, leaders were focusing their efforts on improving students' examination results...it has ... caused many schools to lose focus on providing the high quality curriculum and effective teaching critically required right from the start of Key Stage 3. The lack of leadership accountability for the quality of curriculum, teaching and learning during transition into Key Stage 3 also appears to be a considerable influence on the stifled progress of some of the most able students at GCSE and beyond. By the time the most able students have reached Key Stage 4, when the 'serious tracking' begins, they have often been left to flounder for too long and are not able to maximise their potential.

The survey evidence shows that the most able students, especially those from disadvantaged backgrounds, were not routinely getting the information, advice and guidance they needed to develop a self-assured approach to preparing for their future studies or their next steps into employment or training. This situation has not changed since our report in 2013."¹⁶

This makes it clear that high learning potential is either insufficiently identified or, when it is identified, is acted upon, in terms of additional support. When one adds this to the well-documented issues around the extent to which complex special educational needs are identified/met in schools, and the additional complexity that the co-occurrence of special educational need with high learning potential brings, the challenge facing those who wish to raise the profile and quality of service for those with DME is very high indeed.

Identifying DME Children in Schools

We have outlined the current recognised difficulties in the identification of SEN and the identification of High Learning Potential (or Gifted and Talented) individually in the education system in England. Research acknowledges that these difficulties are compounded when a child has both SEN and HLP. The following highlights the issues related to the current forms of identification:

"Typically, the pupil with learning disability is required to have a decrement of at least 20 per cent between reading skills and chronological age, with reading the lower score.This brings about problems for our 'Gifted Learning Disabled' (GiLDs): as gifted children have good intellectual comprehension skills they can boost their scores

¹⁵ Ofsted. 2013: [The most able students: Are they doing as well as they should in our non-selective secondary schools?](#). London: Ofsted.

Ofsted. 2015: [The most able students: An update on progress since June 2013](#). London: Ofsted.

¹⁶ Ofsted. 2015: [The most able students: An update on progress since June 2013](#). London: Ofsted. p.6

on many reading tests and so they are not identified as dyslexic/dyscalculic; using chronological age rather than mental age based on IQ is also wrong for gifted dyslexics, who will often read at the level of peers when we should expect them to be reading well above this.” (Montgomery, 2015)¹⁷

This suggests that children with DME and their schools are being ill-served by current definitions or cut off points for identification of SEND and/or HLP. Borland highlights the arbitrary nature of these systems:

“Take, for example, traditional psychometric definitions of academic giftedness that result in students with high IQs and reading and mathematics achievement being identified as gifted. Contrast this with Renzulli’s (eg 1978) highly influential three-ring definition, in which only “above average” ability is required, combined with creativity and task commitment. Were a school district that had relied on a traditional IQ/achievement-test definition to change to Renzulli’s definition, and if both old and new identification practices were based faithfully on the different definitions, there would be pronounced change in the composition of the group of children labelled gifted. Some “gifted students” would stop being gifted, and some ‘non-gifted students’ would suddenly find themselves in the gifted category.” (Borland, J, 2005).¹⁸

Conflicting and/or problematic metrics are not the only issue schools face in meeting the needs of DME pupils. Core to provision are different traditional approaches to SEND and HLP (G&T), with the former based on an inclusion model, whereas a very different model or approach is used with pupils who are identified as G&T.

“Inclusion has been much advocated in the SEN field and many schools aspire to it. It means that children with a range of special needs are fully included in mainstream education and that the curriculum, pedagogy and school environment are adapted to meet their needs. In the gifted education field, there is a history of segregating pupils, a pressure to select for ability and offer segregated enrichment classes or acceleration through the grades and curriculum contents.” (Montgomery, 2015).¹⁹

With this recognition, that conflicting systems and approaches can fail to serve the needs of children and the professionals who work with them, the increased understanding that children, their families and education and other professionals have of DME needs, and their access to further resources becomes all the more necessary. Whatever the metric being used, it is clear that close observation of children and young people’s learning and behaviours in schools by professionals is a vital first step; and professionals need to be clear what may be signs of additional needs.

¹⁷ Montgomery, D. 2015: [Teaching Gifted Children with Special Educational Needs: Supporting dual and multiple exceptionality](#). London: Routledge. p.73

¹⁸ Borland, J.H. 2005: ‘Gifted Education Without Gifted Children: The Case for No Conception of Giftedness’. In Sternberg, R.J. and Davidson, J.E. (ed) [Conceptions of Giftedness, Second ed.](#) Cambridge: Cambridge University Press. p.8.

¹⁹ Montgomery, op.cit., pp. xix-xx.

There are a range of resources available, from research findings to advice documents available through organisations such as Potential Plus (<https://www.potentialplusuk.org/>) and Nasen (<http://www.nasen.org.uk/>). Potential Plus has identified the following signifiers of possible DME:

- written work and verbal work out of synchronisation
- tries to cover up difficulties, eg with clowning around in class
- issues with homework, with common problems including poor standards of work compared to answers in class, forgetting to hand it in or misinterpreting what is being sought by the teacher
- test results at odds with knowledge of a subject
- vast knowledge about a subject or an area of interest outside school where there is no pressure to perform
- extreme frustration or anger with self (and possibly teacher or parent) when cannot get something right
- very low self-esteem
- shows flashes of brilliance
- good problem-solver
- thinks conceptually
- poor self-control
- disorganised.²⁰

These signifiers have a strong basis in research, but it is clear from the length and complexity of this list that these children and young people are not a homogenous group: Niehart's research (2011) identified the 'twice exceptional gifted', gifted children with SEND, as having a heterogeneous profile, with anxiety and depression as common in this group during adolescence. She found that around half of this group had social and emotional difficulties affecting their behaviours in school, needing to be helped to develop self-advocacy skills and persistence. She found that these children and young people were often two or more years less mature socially and emotionally than their peers.²¹

As with all pupil learning, the place of the family in supporting the work of schools is key and their input and role is particularly valuable with this vulnerable group of young people. Research (Neumeister, Yssel and Burney, 2013) has observed that parents were quick to identify their child's disabilities as well as their intellectual capabilities. These parents also often took responsibility for seeking out the alternative support needed to overcome their child's areas of challenge and for developing their talents, reflecting inconsistent levels of support from professionals.

²⁰ Yates, D. 2012: '[Young, gifted and special](#)'. In [SEN Magazine](#) online publication.

²¹ Niehart, M. 2011: 'The revised profiles of the gifted: A research-based approach' Keynote, WCGTC 19th Biennial World Conference, Prague, 8-12 August. Montgomery, op.cit., p.7.

How are DME Children/Young People Supported at the Moment?

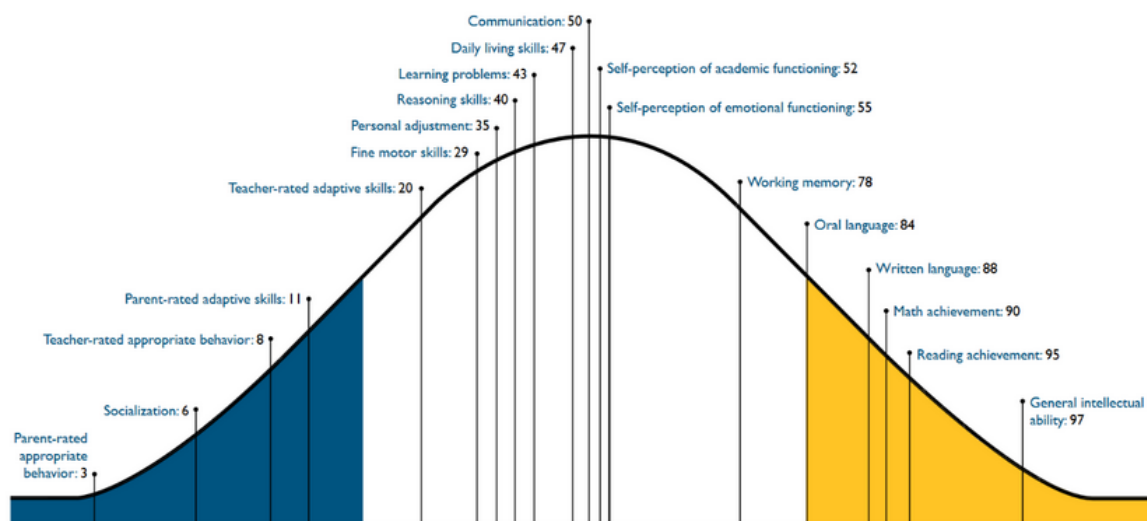
While identification of SEND and HLP are a vital first step, it is key that this then leads to interventions and educational provision that are appropriate to each child.

As we noted at the end of the last section, the role of the family in identification and in working to secure the appropriate provision for their child is key. However, Ofsted and research evidence show that the voice and role of parent is given inconsistent treatment across the UK, working best in the earlier years of education but often deteriorating in the following years of their children's time in education.²² An element of the following case study about Dan, shared by education consultant and SEN specialist, Anita Devi, highlights the part that parents play in securing the needed provision for their son:

Meet Dan: a child with Autism, his Bell Curve profile is given below. From early years, Dan demonstrated high comprehension ability and mathematical skills. However, his behaviour, social communication difficulties and emotional outbursts in school left his parents with no alternative but to place him in an independent setting. His academic abilities continued to excel and this created an even wider gap between him and his peers. Dan was encouraged to pursue his academic interests. Simultaneously, out of school, an 18-month personal management training programme was set up to deal with behaviours such as noncompliance, impulsivity, anger outbursts and anxiety.

Unfortunately, whilst the management training had some impact, his behaviour in school deteriorated whilst academically he was accelerating. Thus, increasing the tension. Dan's parents moved Dan to a mainstream school and the new pace of expectations appeared to have a calming effect. Regular dialogue between school and home helped and Dan was placed on medication for his anxiety.

²² Care Quality Commission and Ofsted. 2017 [Local area SEND inspections: one year on](#). London: Ofsted.



Source: PIP-2 Belin-Blank Center for Gifted Education and Talent Development (Dan/ASD)

Fig 2

The assessment included background information from the family and school, clinical interviews with the student and parents, observation, and psychological/educational testing. The profile reflects the areas which Dan felt the most challenging (in the blue section of the profile), particularly around socialisation and appropriate behaviours, whilst also capturing his areas of high potential and achievement (in the yellow section), in maths and reading achievement and general intellectual ability.²³

Dan's experience and the role of his parents in mediating his educational experience for the better is not unique. For all children, research has shown that parental factors such as engagement (as well as their education and economic history and context) have a significant impact on their educational outcomes:

- Research from the Social Market Foundation reported that support for parents in helping children to read could be highly impactful: they found that, on average, not reading to a child at age 5 decreases their age 11 test score by 1.5 points and children who have never read for enjoyment have test scores that are on average 1.88 points lower at age 11.²⁴
- While Ofsted found in its report on Local Area SEND Inspections that parental engagement was strongest in the early years, recent research commissioned by the Department for Education, described the impact of engaging students' family and friends through two trials: i) a social support intervention, where updates were texted to learners' (aged 16+) friends and family about their progress in their Maths and English courses, improved attendance rates by 5 percent (4.1 percentage points, from 55.6 to 59.7 percent) and achievement rates by 27 percent (5.9

²³ Devi, A. 5 June 2017: ['Why can't my child excel and have a difficulty/disability at the same time? \(Part 2\)'](#). Online blog: Pearson.

²⁴ Social Market Foundation Commission on Inequality in Education. November 2016: [Family matters: The role of parents in children's educational attainment](#). London: Social Market Foundation.

percentage points, from 22.2 to 28.1 percent), and ii) an intervention that incorporated weekly text messages of encouragement to learners (aged 16 – 19) and helpful updates to their social supporters improved attainment rates by 24 percent (5.1 percentage points, from 21.1 to 26.2 percent).²⁵

Family involvement, while often critical, is only one element in successful provision for DME pupils. A case study from NACE Challenge Award holder, Glenthorne High School in Sutton, an Ofsted-judged outstanding National Teaching School with a specialism in the Arts and a mixed 11-19 comprehensive academy with a large sixth form and 1564 students, shows a range of elements around their work with and for all able, gifted and talented pupils, including those with other needs:

- Regular review to identify underachievement
- A commitment to improve the skills of all
- Listening and taking account of the views AG&T students and encouraging them to take responsibility for their own learning
- Listening to and taking account of parents/carers of AG&T pupils, keeping them informed and encouraging them to take responsibility for supporting their child's learning at school.

In detail, this meant:

- Incorporating the monitoring, mentoring and pastoral care of AG&T pupils into the job description of their Assistant Heads of Year so each of these pupils would have a named mentor with specific responsibility to monitor their academic progress and wellbeing throughout their time at the school.
- To support these Assistant Heads of Year and develop their skills, the school set up an action group to focus on MAG&T provision outside the classroom, including mentoring training and the opportunities to share experience and good practice.
- Through this group, IEPs were developed for students by the Assistant Heads of Year.
- The data manager produces tracking sheets for the core groups of AG&T pupils in each year, enabling the identification of patterns and trend and identification of priorities. They've added ethnicity, FSM and SEN issues for their students with dual/multiple exceptionalities to ensure further refinement of their monitoring process.

²⁵ Hume, S. et al. February 2018: [Improving engagement and attainment in maths and English courses: insights from behavioural research. Research and project report](#). London: Department for Education.

In the outcomes noted from this case study, are the observations that staff working with AG&T pupils, including those with dual or multiple exceptionalities have higher and better informed expectations of what these pupils can achieve, and that parents felt more informed and involved with their children's education.²⁶

None of the research work examined in this report describe a quick-fix approach, as the literature reflects:

"The case-study research of twelve schools (2006-2007) highlighted characteristics of schools that have successfully dealt with potential under-achievement. No school embodied and practised every possible remediating, empowering strategy, but every school in the study practised a significant core of enabling educational philosophies and practices that had been developed systematically across the whole school over a number of years. Certainly, no school propounded 'quick-fix' solutions: every school talked about their development as on-going democratic growth managed, encouraged and sustained over several years." (Wallace, 2010).²⁷

What seems clear, rather, is that a pupil-centred and personalised approach is present in schools that make successful provision for those with the most complex needs, including DME pupils. Based on research in schools, Rogers (2011) concluded that:

"Strategies must be developed and integrated within the differentiated curriculum to cover several components of the whole learner... a child profiling team must plan the specific strategies that address the child's strengths and weaknesses... it is important not to water down the gifted curriculum provided for the 2e child."²⁸

Other US research (Baum 1988, Hannah and Shore 1995, and Weinfeld et al 2002) developed guidelines for schools that included:

- awareness of personal strengths and weaknesses;
- provision of a talent-supportive environment;
- instruction in compensatory strategies;
- comprehensive case management to coordinate aspects of the pupil's individual education plan.²⁹

²⁶ Glenthorne High School, Sutton. ['Tracking, Monitoring and Mentoring MAG&T Students: Case Study from Challenge Award School'](#). NACE (National Association for Able Children in Education) website.

²⁷ Wallace, B. et al. 2010: [Raising the Achievement of All Pupils Within an Inclusive Setting](#). London: Routledge. p.17.

²⁸ Wormald, C. et al. 2015 [A Case Study of Giftedness and Specific Learning Disabilities: Bridging the Two Exceptionalities](#). Research article in [Roepers Review](#), 37(3):124-138 · July 2015. p.10

²⁹ Ibid, p.11

However, this approach has to be situated within a context of supportive school policies and practices, an informed workforce and sufficient resources, as Montgomery describes in the list of characteristics of a 'DME-friendly' school:

- A belief by the Head and the Senior Management Team that DME exists and the school can and will do something to identify and support its pupils with DME;
- A lead teacher who may not be the SENCo or Head of Learning Support who will raise the agenda and keep up to date on current thinking and methods of intervention, and run CPD on DME;
- A special budget ring-fenced for DME resources and teacher updating and publications;
- An educated teacher workforce committed to being DME friendly;
- A special resource quiet area for DME pupils to meet and to help each other and do research;
- Agreed whole-school policies for cursive handwriting and spelling teaching and for real problem-based and CPS approaches to teaching and learning. (Montgomery, 2015).³⁰

Whilst evidence indicates that many DME pupils do not receive the provision they need and that parents feel insufficiently involved in their children's education, there is a range of international research literature over decades which provides the evidence on which schools can improve and develop practice which meets the needs of every pupil, including those with DME. There is no doubt, however, national and local contexts also have a big impact on professional practice in schools and on the ability of the education workforce to meet these challenges. It is this context that we will address in the next section.

What is needed?

A recurrent theme in the literature has been the level of understanding that teachers, leaders and support staff have of DME, affecting its identification, adapted provision and prioritisation and a common and well-understood definition. As reflected in the earlier section, one of the issues relating to DME is the lack of broad or in-depth understanding amongst school staff regarding the signs of DME, and the strategies that are needed to meet both sets of needs.

³⁰ Montgomery, op.cit., p.206.

In the context of a crisis in teacher supply³¹, there is a focus in the education sector on the measures that are needed to increase recruitment into teaching and retain teachers into the profession. This has led to a focus on teacher Initial Teacher Education (ITE) and Continuing Professional Development (CPD), with the government now looking at universal measures for potential and existing teachers. A number of separate and disparate recruitment initiatives, most of which have focussed on shortages in specific subjects, have not had a significant impact on recruitment overall.

The current situation means that there is both the opportunity and urgent need to highlight the important place of SEN, HLP and DME in training and support for teachers and education professionals. A range of voices (NASEN, teacher unions and professional associations, ITE providers) have already lobbied for increased emphasis on SEND and child development in the ITE and early career development frameworks. The impact of funding cuts on local authority services has meant an ever-increasing pressure on schools and their staff to be the primary lead for meeting even the most complex needs of their pupils.

With the range of demands on a profession that is facing workload and funding crises, the challenge of raising the workforce's awareness of dual and multiple exceptionality, and of building the profession's confidence to personalise the curriculum is a significant but vital one, which will require a concerted strategy and effort, through initial, early and mature career training, and a range of resources and support from other professionals.

The challenge, however, goes beyond awareness in the education workforce. 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.

Whether around SEND or DME, the role of health and care services is also critical, but the evidence already cited in this report shows that high quality joint working is not common. The evidence shows that the failure to address different understandings or terminology across the agencies results in a breakdown of appropriate provision for some vulnerable children and young people. The awareness of DME must be raised beyond the education sector, as appropriate responses often need to draw on the expertise and resources across health and care.

Education in England is heavily politicised and the need for broader public awareness is key to build the political momentum to ensure investment in the professional training, tools and resources needed in schools to meet DME pupils' needs, and also to ensure understanding, across school communities with DME children's fellow pupils and their families.

³¹ "During 2015–16 school leaders filled only around half of their vacant posts with qualified teachers with the experience and expertise required. Schools are struggling to recruit teachers in science, maths and modern foreign languages in particular, and these subjects are expected to be most affected by the UK leaving the European Union." Extract from [Retaining and developing the teaching workforce](#), Public Accounts Committee, January 2018, p.6

Next Steps

As the literature search makes clear, there is no “public” language that adequately describes DME and many teachers, who are very much at the front line in identifying pupils with DME, are not familiar with the term.

Phase 1

As a precursor to any public strategy, a steering group should be set up, comprising representatives of groups and organisations with a special interest in DME, together with a small number of experts in the field.

This group would agree a common definition of DME and a vision or mission statement. It would also agree to set up a website, containing basic information about DME and including a vision

Phase 2

Produce a plain English explanation of DME, which is accessible, in terms both of language and availability, to parents, teachers, education professionals and other professionals who work with children and young people.

To establish an awareness of DME, a simple ‘brand’ should be established, which can be used to promote wide recognition of DME. A distinctive single word, for example **“REALISE”** with the strapline ‘People with Dual and Multiple Exceptionalities’ would be one way of embedding DME in the public and professional perception.

Design and deliver the DME presentation at appropriate conferences – possibly as a ‘fringe’ event.

Produce a training strategy for ITE and CPD for staff students and staff in schools, with appropriate materials.

Phase 3

Establish a DME ‘Centre of Excellence’ to act as a resource hub and training provider.

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

Establish an All-Party Parliamentary Group to promote and maintain the visibility of DME

Bibliography

Assouline, S., Nicpon, M.F., Colangelo, N., O'Brien, M., The Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talent Development. 2008: [The Paradox of Giftedness and Autism: Packet of Information for Professionals \(PIP\)--Revised](#). Iowa: The University of Iowa.

Bishop, D.V.M., Snowling, M.J., Thompson, P.A., Greenhalgh, T., CATALISE consortium. 2016: ['CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children'](#). PLoS ONE 11(7): e0158753.doi:10.1371/journal.pone.0158753.

Boddison, A. March 2017: 'Dual and Multiple Exceptionality: Stuck in the middle?' Powerpoint presentation: Nasen.

Borland, J.H. 2005: 'Gifted Education Without Gifted Children: The Case for No Conception of Giftedness'. In Sternberg, R.J. and Davidson, J.E. (ed) [Conceptions of Giftedness, Second ed.](#) Cambridge: Cambridge University Press.

Care Quality Commission and Ofsted. 2017: [Local area SEND inspections: one year on](#). London: Ofsted.

Department for Children, School and Families, National Strategies. 2008: [Gifted and Talented Education Guidance on preventing underachievement: a focus on exceptionally able pupils](#). Nottingham: DCSF publications.

Department for Children, Schools and Families. 2008: [Gifted and Talented Education, helping to find and support children with dual or multiple exceptionalities](#). Nottingham: DCSF Publications.

Department for Children, Schools and Families, National Strategies. Rev 2008: [Handbook for leading teachers for gifted and talented education](#). London: DCSF Publications.

Department for Education, 2018: [Strengthening Qualified Teacher Status and improving career progression for teachers: Government Response](#). London: Dept for Education.

Department for Education. July 2018: [Special Educational Needs in England January 2018](#). National Statistics.

Devi, A. 5 June 2017: ['Why can't my child excel and have a difficulty/disability at the same time? \(Part 2\)'](#). Online blog: Pearson.

Glenthorne High School, Sutton. ['Tracking, Monitoring and Mentoring MAG&T Students: Case Study from Challenge Award School'](#). NACE (National Association for Able Children in Education) website.

Griggs, J. and Bussard, L. 2017: [Study of Early Education and Development \(SEED\): Meeting the needs of children with special educational needs and disabilities in the early years. Research report](#). London: Dept for Education.

House of Commons Committee of Public Accounts. January 2018: [Retaining and developing the teaching workforce](#). London: House of Commons.

Hume, S., O'Reilly, F., Groot, B., Chande, R., Sanders, M., Hollingsworth, A., Ter Meer, J., Barnes, J., Booth, S., Kozman, E., and Soon, X. February 2018: [Improving engagement and attainment in maths and English courses: insights from behavioural research. Research and project report](#). London: Department for Education.

Koshy, V. and Casey, R. 2013: [Gifted and Talented Education: The English Policy Highway at a Crossroads?](#) Uxbridge: Brunel University.

Lindsay, G. 2018: [Screening for children with special needs. Multidisciplinary approaches](#). London: Routledge.

McKeown, S. 9 October 2017: ['Understanding students with dual/multiple exceptionalities \(DME\)'](#). In *Teach Secondary* online publication.

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

Montgomery, D. 7 June 2017: ['Dual and Multiple Exceptionality'](#). On [Special World](#) website.

NACE (National Association for Able Children in Education) website: <https://www.nace.co.uk/faqs>.

National Association for Gifted Children (now Potential Plus UK). 2012, 2015: [Dual or Multiple Exceptionality Fact Sheet](#). London: NAGC.

Nottinghamshire Local Education Authority, 2004: [Policy Statement for Gifted and Talented Pupils](#). Woking: Mouchel Parkman.

Ofsted. 2013: [The most able students: Are they doing as well as they should in our non-selective secondary schools?](#). London: Ofsted.

Ofsted. 2015: [The most able students: An update on progress since June 2013](#). London: Ofsted.

Potential Plus UK. 2014: [Dual or Multiple Exceptionality: Fact Sheet](#). London: Potential Plus UK.

Potential Plus UK. 2018 [Dual or Multiple Exceptionality \(DME\) Factsheet](#). London: Potential Plus UK.

Smithers, A. and Robinson, P. 2012: [Educating the Highly Able](#). London: The Sutton Trust.

Social Market Foundation Commission on Inequality in Education. November 2016: [Family matters: The role of parents in children's educational attainment](#). London: Social Market Foundation.

Wallace, B., Leyden, S., Montgomery, D., Winstanley, C., Pomerantz, M., Fitton, S. 2010: [Raising the Achievement of All Pupils Within an Inclusive Setting](#). London: Routledge.

Wormald, C., Rogers, K., Vialle, W. 2015: [A Case Study of Giftedness and Specific Learning Disabilities: Bridging the Two Exceptionalities](#). Research article in [Roeper Review](#), 37(3):124-138 · July 2015.

Yates, D. 2012: ['Young, gifted and special'](#). In [SEN Magazine](#) online publication.

nasen (National Association of Special Educational Needs) is a charity organisation who have been operating since 1992.

nasen is a membership organisation who support thousands of practitioners by providing relevant information, training and resources to enable staff to meet all pupils' needs. Working with dedicated education professionals, their aim is to ensure that practice for special and additional needs is both effective and current.

