Gifted and Talented Education: Helping to find and support children with dual or multiple exceptionalities
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Introduction

Definition – who is this booklet about?

A simple definition: a child with dual or multiple exceptionalities (DME) is highly able and also has some kind of difficulty. It is likely, but not definite, that the difficulty will hinder the effective expression of their high ability.

Why is this area important?

Not every child with high ability and some kind of learning difficulty or disability will be an underachiever. However the chances of children with dual exceptionality being unable to express their abilities are greater than for children without such problems. Support is being offered through the National Strategy for teachers and carers of children with high abilities, but these ideas can need some adaptations if they are to work for highly able children with DME.

This booklet

Gifted and talented learners are not a homogeneous group. The focus of the National Strategy for gifted and talented children is increasingly concerned with adapting provision to meet differing needs. Following on from the DfES publication ‘Guidance on preventing underachievement: a focus on dual or multiple exceptionality’, this DCSF booklet offers more detail in identifying and supporting children who are highly able with sensory impairment, learning problems, conduct issues and/or disabilities.

The National Strategy

The recognition of the importance of these issues was confirmed in the recent response to the White Paper in which Recommendations 7 and 8 state: ‘Building on the recently published NAGTY (National Academy for Gifted and Talented Youth) paper on “Children with Multiple Exceptionalities”, we will explore further what action is necessary to help educators and schools deal with such particularly complex cases’ (2006: 11).

In this booklet, some attention is paid to how the Institutional Quality Standards (IQS) can be usefully adapted to meet these diverse needs.
Background issues and the state of play: research about children with DME and the key concerns

Montgomery (2003) succinctly summarises the problems that have confronted people researching children with multiple exceptionalities:

*Those who have tried to bridge the gifted/special needs gap over the years have had difficulty obtaining resources or research funding because the topic falls between two stools and could be regarded as too small a population to merit concern. Equally, from the intervention point of view, the most obvious sign of difficulty is the special need; the other, the giftedness, is regarded as a bonus but they can cancel each other out.*


Despite this truth, there have been developments that have helped researchers, practitioners and policymakers widen their definition of high ability and expand the pool of children in receipt of provision. Reviews of research over the last 25 years demonstrate a broadening of concepts of high ability.

*Whereas until fifteen or twenty years ago the field was dominated by one-dimensional giftedness concepts and corresponding IQ measurements, a large majority of more recent models are based on multi-dimensional or multi-factorial psychometric concepts of intelligence, e.g. Gardner’s (1985) theory of multiple intelligences, or on approaches from information theory and cognitive psychology, e.g. Sternberg’s (1985) triarchic intelligence model. Other models include elements from socialisation theories, e.g. Monks’ (Monks et al., 1986) with the extended Renzulli model.*


These and other similar changes have benefited able children with difficulties who may not shine in conventional ways. Continuing research into psychosocial aspects of development and varying pedagogies has also helped show that less obviously able children can really flourish in the right environment.

Facilitating workshops in areas such as music and sport is a popular option for children who have less access than usual to the standard curriculum. Where a musical talent or a leaning towards a sporting skill is identified, activities can be arranged to highlight and
develop these special abilities, either within or outside of formal learning in school, and talent can be celebrated with equal merit in both contexts.

It is less common to find opportunities for challenging extra-curricular activities in academic areas such as physics or history. Sometimes, pupils with multiple exceptionalities are highly able in these areas and yet it is difficult for them to express their abilities due to a practical struggle with reading and writing. The support presented can tend to focus on ways of improving these basic reading and writing skills, when what pupils really require are some alternative opportunities for recording their ideas so they can focus on the complexity of the scientific or historical concepts, exploring thoughts rather than skills-based learning.

Identifying the need for opportunities in more academic subjects is not to detract from areas in which specific efforts have been successful in helping improve inclusion for all children. One such initiative has been ‘Talent ladder’, which fosters sporting talent in children with disabilities. Further information on this initiative can be found at:

www.talentladder.org

*The creation of a disability dimension within the gifted and talented (G&T) strand of the Physical Education, School Sport and Club Links (PESSCL) project has been a major step in recognising the needs of young disabled sports people.*

*Talent ladder, National Talent Framework for PE and Sport*
Identifying children with DME

Often it is hard to assess what children's abilities might be as they do not respond to the more commonly-employed assessment measures or tests. This section presents a review of some of the methods often used to identify the abilities of pupils of school age. The aim here is to find ways to support children whose difficulties make it complex to identify and support their high abilities. All pupils benefit from a range of opportunities to demonstrate their abilities, including pupils in the DME category. Identification is not an end in itself and should be clearly linked to provision and review of practice and access to help maximise the potential of this group of pupils.

Clear liaison between the Special Educational Needs Coordinator (SENCO), the leading teacher for intervention and the leading teacher for gifted and talented provision will help overcome any potential barriers to effective provision and assessment.

1. Checklists

Myriad checklists exist for pupils with high abilities of all description; most are aimed at teachers, but some can be used by parents. Checklists are appealing as they are clear and usually simply presented, mostly very accessible and often employ straightforward language. However, there are some potential pitfalls, and it is worth bearing the following in mind when using checklists.

- They should always form only a part of the full range of measures used in identifying highly able children.
- Be aware of contradictory factors when using checklists. For example ‘a child may enjoy reading; a child may not respond much to written stimuli’.
- If the checklist is too specific, it may not be applicable to many able children, but then if it is too wide it could be applicable to anyone.
- Checklists in themselves do not constitute evidence of high ability.
- Checklists do not provide for recording the frequency or the context of the behaviours in question.
- Checklists do not request proof of the quality of what is being observed.
- Applying generic checklists to pupils with DME can be problematic as actual behaviours may be very different from those described in the lists as being typical of the ability in question.
- Checklists do not list the key ways that children with DME are able to excel.
- Pupils do not always display the behaviours required or expected for them to count as ‘gifted’ or ‘talented’ according to the list.
2. Psychological tests

Most tests that effectively identify people’s abilities in the terms of an Intelligence Quotient (IQ) have to be administered by qualified educational or clinical psychologists. The tests may need to be adapted if they are to be of any use for children with certain disabilities and sensory impairments, and consequent adjustments to the interpretation of results may also be necessary. Such tests are recommended for all children where DME are suspected. Even if the child is ultimately shown not to have a particularly high ability, there is still very valuable information to be gleaned about how we can understand and then dismantle the barriers to a child’s potential achievement.

Commonly-used tests assess cognitive performance dividing it into verbal measures such as comprehension, vocabulary and arithmetic, and non-verbal or performance aspects like mazes, pictures and abstract patterns.

Where verbal and non-verbal measures show a significant difference, this is known as a ‘spiky score’ or as ‘subtest scatter’. In these instances the differential between the top and bottom scores may reflect the pupil’s learning difficulty and these problems can sometimes remain hidden until these detailed tests are performed.

In one example, a child’s written work had been far weaker than her oral performance and since there was a visual impairment, all had assumed this was the reason. A more detailed psychological test showed up an auditory deficit that had not yet been articulated and this allowed for more focused and valuable support.

The major tests commonly employed include:

- Weschler Intelligence Scale for Children (WISC-IV and WISC-R most often used) and Stanford-Binet Intelligence Scale. Where these have been found unsuitable for pupils with additional needs, developmental and adaptive tests have been substituted (such as Bayley’s scales). The latter, however, do not provide intelligence measures; they look at personal and social development milestones.

- Raven’s Progressive Matrices. These may need adaptation.

There are some specific issues related to testing pupils with additional needs that should form a general guide for good practice.

- Changing the order of test items, interspersing easy aspects among more difficult ones to help maintain the pupil’s motivation. This differs from the traditional technique of starting with easy questions and increasing difficulty.

- Allowing non-standard responses, such as speaking rather than writing, or pointing rather than speaking. (Children with autism, for example, can react adversely to being asked to indicate an answer in a way to which they are not accustomed.)

- Finding alternatives if a pupil is not able to respond to speech. Receiving instructions can also be difficult for some pupils.

- Ensuring the environment in which the test takes place is recognisable to the pupil and non-threatening.
- Allowing for the presence of a familiar carer.
- Discussing preferences with the pupil beforehand where this is appropriate.
- Taking account of the pupil’s timing needs – typically tests are timed, but pupils with learning problems may have a processing delay or an attention deficit and these could interfere with their true response to a question. Timing should be avoided in these cases.
- Recording reasons for apparent ‘failure’ of a question. For example, it should be noted when a lack of response relates to a characteristic that is associated with the additional need, but is irrelevant to the particular construct being measured.
- Explaining the test as thoroughly as possible.

It is up to the people organising and administering the tests to be sure that the results will be (as far as possible) a record of the pupil’s actual ability.

3. Nebraska Starry Night Protocol

Identifying the abilities of pupils with DME may require observation of particular skills. The Nebraska Starry Night Protocol provides a framework for this approach.

This protocol is different from many of the other measures for identifying abilities. Not only does it have unusual items that transcend many usual measures, but the layout of the recording sheet is designed to encourage a record of the incidence of observed behaviours or even a description. This provides quite detailed information and is much closer to evidence than tick lists.

A version of the recording sheet can be found opposite and online at: www.ncca.ie/uploadedfiles/publications/starry_night.pdf
**Figure 2.2 Nebraska Starry Night: Individual Record Sheet**

- **Recognised by others**
  - Engages
  - Moving & doing
  - Shares/Volunteers
  - Observant
  - Sensitive
  - Sees big picture

- **Engages**
  - Initiates, directs/leads, attracts
  - Encourages, shows how, offers or extends instruction/help

- **Moving & doing**
  - Demonstrates, constructs
  - Looks/reacts, shows how or what, exhibits, non-verbal expressive

- **Shares/Volunteers**
  - Extends (to others), illustrates, associates/describes, explains/instructs, helps, shows how, advises, encourages

- **Observant**
  - Notices, sees relation, connects/associates/predicts, examines, distinguishes, determines (sees) difference (change)

- **Sensitive**
  - Expressive, quick to tear, insightful, thoughtful, helpful, sympathetic/empathetic, anxious, self-aware, concerned/care

- **Sees big picture**
  - Recognises pattern, comprehends, associates, finds metaphor, predicts, analyses/theories

- **Explores**
  - Experiments, pretends, builds, designs, constructs, organises/sorts, solves, plays

- **Humour**
  - Jokes, clever, original, notices/repeats, spontaneous, reacts/responds

- **Vocabulary**
  - Fluent, comprehends, expresses
  - Expressive, novel, associates/connections, complex syntax, uses ‘BIG’ words

- **Knows**
  - Comprehends, reasons, associates/connections, finds/applies/uses, answers/announces, explains, calculates/solves

- **Comet**
  - Unexpected, extraordinary, extra-special, difficult to classify

- **Focus**
  - Absorbed, diligent, concentrates, organised/organises, insight, completes details

- **Independent**
  - Works alone, self-directed, initiates, absorbed, diligent, concentrates, plans/pursues/solves

- **Curious/Questions**
  - Notices, examines, observes, seeks/asks, requests, has insight/connects

- **Act hunger**
  - Expressive, role play, show, exhibit, gesture, spontaneous, lead, announces, enthusiastic

- **Fantasy/Imagination**
  - Invents, imitates, imagines, pretends, original construction, novel design

- **Imagery**
  - Uses metaphors, detects symbolism, illustrates, artistic, clever, novel, original, expressive

Record X and date in the area for each behaviour event recorded.

**Nebraska Starry Night: individual record sheet (Eyre 1997, p32-33)**
4. Creativity tests

Departing from the traditional pencil and paper tests and allowing for different kinds of responses can sometimes open up more creative measures of ability. Since they are often rather subjective and difficult to grade, these tests have less recognised validity than the IQ measures already described and should not be used to replace professional diagnostic testing. However, some of these more unusual approaches can allow for interesting responses and may provide a useful alternative for a pupil not able to respond to the standard pattern.

There are designed tests that measure elements of creativity such as the fluency, flexibility and originality of ideas, or the inventiveness of an approach to a problem and some have marking schedules and are available to administer in groups (for examples see the work of Ellis Paul Torrance in the 1960s and that of Klaus Urban in the 1980s).

Other examples include interesting problems and puzzles that require lateral thinking and ingenious suggestions (such as those designed by Edward de Bono and Nigel Blagg). These are designed to help develop ‘thinking skills’, but can be harnessed to allow able pupils an opportunity to express their ideas without needing particular conventionally-required knowledge for problem solving.

These ‘creative testing tasks’ can be linked to subject areas, such as: getting pupils to make use of metaphor and analogy in their communications; to use empathy in adopting the perspective of characters in history; to identify their own investigations in science and mathematics, for example.

5. Peer and family nominations

One of the most obvious sources of information about children’s abilities is that which comes from family and friends. Because they see that person in a wide range of settings and under many different circumstances, their knowledge is vital.

Useful information can be gathered from peers, both in or outside the school. Extra-curricular staff (such as youth leaders, music teachers, etc.) should be considered allies in the group collating evidence to support a claim that a child has DME. We know that within this population high abilities are often masked by problems and a change of context can alleviate or negate the difficulty, allowing pupils to express themselves in a freer fashion.

6. Specialist identification

There are some subtle links and differences between certain indicators of high ability and other concerns such as Asperger Syndrome (AS) or AD/HD. Many children with AS are highly able and gifted in particular areas. In particular, there is a tendency for talents that require high levels of order and structure balanced by low levels of social interaction. These are often rules-based, such as music, chess, art, architecture, mathematics, or individual sports.

Knowledge of these characteristics can lead to some confusion. An example would be a pupil who is very interested in one narrow topic who could be demonstrating little more than the fruits of intense reading and thinking about this area. A child with AS could display the same characteristic, but with the added issue that due to their difficulty in reading social cues they talk endlessly about this area without taking heed...
of the listener’s responses. The difference is subtle and misdiagnosis is relatively common. However, it is important to recognise that whilst obsessiveness about a focused area may not be a demonstration of a gift, it does demonstrate the pupil’s ability to learn and apply themselves.

Making use of the expertise of specialist organisations and professionals can help avoid problems from these kinds of subtle distinctions.
Supporting children with DME in ordinary schools

Schools and Ofsted use the Code of Practice for Special Educational Needs four areas of difficulty which are then subdivided into different types of need.

These are consistently used when monitoring and reporting progress and filling in pupil level annual school census returns, etc.

These are

- Communication and interaction
  - including speech, language and communication needs and ASD.
- Cognition and learning
  - including specific, moderate, severe, profound learning difficulty.
- Behaviour, emotional and social development
- Sensory and/or physical needs
  - including visual impairment, hearing impairment and physical needs. To aid consistency we have inserted the relevant group in brackets after the particular type of need.

In this section generic suggestions of good practice are detailed, followed by brief guidance notes in relation to DME for each of the following:

- Hearing impairment (sensory and/or physical needs)
- Asperger Syndrome (AS) (communication and interaction)
- Mobility difficulties (sensory and/or physical needs)
- Visual impairment (sensory and/or physical needs)
- Specific learning difficulties (cognition and learning)
- Social/behavioural difficulties (behaviour, emotional and social development)
- Cognitive impairment (cognition and learning)
- Long-term illness and absence (behaviour, emotional and social development)
Good practice
Catering for the individual by personalising learning is the key, and good practice in the classroom should include:

- matching tasks to abilities and interests;
- looking for opportunities that build on pupils’ strengths, allowing them opportunities to excel;
- use of support in a targeted way to encourage learning strengths, or use more experienced and older pupils as a role model or ‘buddy’ where appropriate;
- allowing pupils with DME to use inventive, alternative and creative ways to record and share their learning.

The classroom environment
In specially adapted environments particular efforts must be made to keep the space feeling like a place of learning (rather than a place with an emphasis on equipment). In mainstream settings the following ideas could be used to enhance the use and quality of the learning environment.

- Check that children are seated where the board and the teacher can be seen easily provide extreme clarity with material to be presented (written or otherwise).
- Determine the most appropriate heating, lighting and ventilation settings to support pupils with DME.
- Use alternate colours for alternate lines (though be aware that some colours are difficult to read on white backgrounds). This can help children keep their place if taking information from a board.
- Keep the area around the board clear of distracting materials.
- Seat children away from windows and glass doors to help minimise distractions from outside. Children with attention deficits sometimes benefit from working in individual study carrels, and group tables need to be carefully planned or even avoided if children have difficulties with social interaction.

Learning tasks
Present material in a variety of ways; use visual, oral and kinaesthetic presentation modes where parents, students or other pupils help, for example, by taping written material.

Allow students to share knowledge and learning in different ways such as making poster presentations, taping reports or producing podcasts. Creating oral or written quizzes or tests is a fun way of checking learning – children really enjoy testing their friends and creating multiple alternatives to the correct answer. Children can present a wide range of ideas through class demonstrations or dramatic presentations.

Imaginative alternative learning experiences are welcomed by children with disabilities and many tasks can be constructed in ways that are not dependent on reading or paper and pencil, such as logic games (e.g. tangrams), drawing activities (recording a story as a cartoon strip), movement tasks and puzzles.
Children may need additional time for completing assignments, often longer than peers, in order to present work of good quality. It is vital to allow this where possible, for reasons of self-esteem. Pupils are working under an extra time pressure as they may read, but not understand what they are reading. They can also work inconsistently, affected more acutely by environmental distractions and other issues. Despite trying to follow prescribed advice they are often disorganised which causes further difficulties.

Some children with learning difficulties and disabilities can find that many of their tasks remain unfinished, leaving them with continual feelings of disappointment. To help with this, it is a good idea to enter into a contract with children where they are allowed additional time to complete a task, but ensure that this time is restricted and not endlessly extended. Pupils may be allowed alternative ways of presenting, but they must still have criteria demanding good quality work.

**Hearing impairment**

Pupils are likely to have some kind of language delay. Depending on their impairment and their ability to communicate through different means, they may need speech and language therapy. Activities should allow them to interpret tasks and to present their own ideas using whichever medium they are comfortable with. Children should not be denied the use of signing if that is their preferred way of communicating. If their families and carers deem it inappropriate for them always to sign, they can be given support in other ways of communicating, but should be freed from these constraints when focusing on responses to complex tasks designed primarily to be intellectually or physically challenging.

Children should not be discouraged from pursuing interests such as music that many deem counter-intuitive considering their impairment. Hearing impaired people can usually experience music even though this experience may be different from those who have no impairment.

**Key considerations**

- Tasks should be presented clearly.
- Allow flexibility both in the type of response and in the way the response is presented.
- Pupil’s attention and understanding should be monitored frequently.
- Maintain a good lesson pace.
- Visualise the learning when appropriate and present materials in a variety of ways.
Case Study: Sam*, 19 years old, studying environmental science at university.
Sam is deaf and attended a special school.

A barrier to achievement for me is not being able to follow the conversation if I’m in a large group. This was not too much of a barrier at my old school as debates were organised so that only one person was able to speak at a time but at other locations this does not happen... I kept motivated through ideas of where I want to be in ten years time. I want to get a new experience and perspective on the world, having to come from an ‘all deaf environment’ into the hearing environment.

I attended a special school since the age of 11. It was excellent, but as we got older we were much more restricted in what we were able to do (including when we got into the sixth form) due to misinformation about the nature of our needs. However, the help and support we got from these staff when we wanted it was really good. I managed to achieve eight half GCSEs, two A-levels, and a BTEC level 3 (equivalent to A-level).

Messages to pupils: Ask for help when you want it; if you don’t ask you don’t get it as staff don’t know much about what you need. For those in mainstream school this is much more important (as I discovered on a day I spent in a mainstream school while trying to fight my LEA for funding for so I could go to the sixth form at my school).

French GCSE was the most difficult for me as it is much harder to understand due to my deafness. The pronunciation of the various words was hard. We had to do it at our school but a lot of people did not want to, so it caused a few problems every now and again. Geography was my favourite subject.

However, I found it very difficult to cope with when people spoke very slowly and made me feel as though I wasn’t clever. Speaking in this way also made the lessons slower and more tedious.

When there was constant and clear communication with me and other deaf pupils our time at school was much more successful.

*The name in this case study has been changed

AS
Support for able children with AS should follow their interests even where these are rather narrow and seem unusual. Ways to broaden out their interests should be pursued simultaneously, but not forced on pupils. Putting children in touch with experts in their preferred (or closely related) areas is generally a rewarding strategy as shared interests transcend all sorts of social boundaries such as class, gender, ethnicity and age.

Challenge should be pursued even where the development of one particular area seems to be very lopsided. People with AS can be very single-minded and this can actually help them achieve which in turn can lead to improved social inclusion. This is generally a better route than trying to deny an interest and force social inclusion too soon. Social skills need to be explicitly taught and modelled. Utilising a pupil’s interests and areas of motivation can be the way in to this explicit teaching and modelling. This needs careful and sensitive planning to ensure the pupil’s self-esteem is increased.
Children with AS can be very upset by changes in routine and this should be respected wherever possible. As trust builds, small changes can be introduced. Physical aspects such as ‘fussy’ eating and intolerance of extreme brightness or loudness are usually genuine issues that should not be ignored by staff.

Key considerations

- Follow the child’s interests.
- Take physical concerns seriously.
- Keep explanations succinct and relevant.
- Use visual cues if appropriate.

Case Study: Joshua*, 17 years old, studying A-levels.

Joshua has AS and attended an independent school.

It has been hard for Joshua to make lasting friendships at primary and early secondary school and his relationships with staff and students have sometimes had a negative effect on his ability to complete work effectively: ‘I was always in trouble for shouting out when I was in Year 7 and sometimes I would get the answer before the question was finished. If I know an answer I am going to say it of course, but the teachers didn’t really like it much’.

Joshua’s main abilities in school were in the mathematical arena, but he had always also been interested in science fiction and film. Through a combination of teacher and family support, he was encouraged to take up chess and also to contribute film reviews to school-based publications and on the Internet. These avenues proved less stressful ways of building relationships and through exploring his writing of short reviews, it became clear that he was also very able and knowledgeable in history. Through combining this with his mathematics, he is now a promising economics student with an unconditional place at a highly-regarded university. He credits some of his success to the attention paid by the people around him to his personal interests.

He was also offered sports opportunities to help improve his coordination and found that fencing was an exciting way to build his physical strength and abilities without being in a team game situation. Although there are teams in fencing, the matches are one-on-one; an easier option for him.

Joshua recognises that: ‘You need someone to take an interest in you and then you can say what you like doing. That way they can make provision for it and you can find people who are interested in the same things that you are, which is much better than just the random people in your class who might not understand you’.

*The name in this case study has been changed
Mobility difficulties

Depending on whether these are part of a cluster of difficulties, most people with mobility issues can be afforded a great deal of independence through harnessing useful technologies. The Disability Discrimination Act (DDA) requires that ‘reasonable adjustments’ are made and once these requirements have been met, children with mobility issues only are often very easily integrated into general learning tasks.

Key considerations

- Remove physical constraints to participation.
- Allow non-standard responses to tasks.
- Consult with pupil on preferred learning style.
- Provide alternative means of recording learning and progress.

Visual impairment

Visually impaired people often report that their biggest barrier to learning is the attitudes of others. Because most people are sighted and take in the majority of their information using visual information, it is very difficult to imagine a life where this route to learning is denied. As a result of this issue, combined with safety concerns that may be misplaced, there are more restrictions placed on participation for visually impaired children than those with other impairments.

In general, there is a fairly low incidence of total blindness. Children with visual impairments can usually have some access to visual cues that can be harnessed to help with learning. This does not mean they will be able to read standard-sized texts, but sometimes moving images or shades of colour can help with learning. Access to Braille and to technologies that vocalise text will allow children to experience a wider world of ideas, but taking the focus away from the written word can be a liberating experience.

Key considerations

- Allow for participation in a wide range of activities.
- Allow opportunities for collaborative learning.
- Use a range of techniques to enable effective communication.

Specific learning difficulties

Dyslexia is an umbrella term for a range of difficulties generally affecting the processing of visual and auditory information. It may encompass difficulties with spelling (dysorthographia), handwriting (dysgraphia) and manipulation of numbers (dyscalculia). Some categorisations of dyslexia even incorporate spatial difficulties (dyspraxia) and so it is vital for careful diagnosis of difficulties to be undertaken if support is to be appropriate.
The most common issues in schools are to do with reading and writing. Use of a cursive handwriting scheme and access to laptops can really help in such cases.

**Key considerations**
- Encourage different ways to record ideas.
- Ensure support for additional needs does not preclude participation in subjects or events which enable expression of gifts and talents.

**Social/behavioural difficulties**
All teachers are likely to come across children with some kind of attention deficit and probably a degree of hyperactivity (AD/HD). People with AD/HD are characterised by impulsivity, inattention and hyperactivity.

Because of their inconsistent attention, children with AD/HD are generally inefficient learners and need clearly structured tasks, often divided into smaller parts if they are to complete what is required. It is also possible that pupils work better if they have more than one activity to complete at a time, allowing them to switch and swap according to their interests. Able children sometimes find that they can more easily complete tasks in this way as they can move to something worthwhile as a kind of break, rather than staring at a task unable to think what to do next.

**Key considerations**
- Break tasks down into manageable components.
- Allow pupils to work on more than one task simultaneously.

**Cognitive impairment**
There are children who are very able in certain fields despite having some type of cognitive impairment. It is likely that the talent will be in a sphere that does not focus on the intellect, but this is not always the case.

An open attitude and provision of a variety of opportunities are the key elements in ensuring effective provision for pupils with cognitive impairment. Pupils may also have other disabilities or difficulties such as mobility problems or language delay. When testing cognitive ability, particular attention should be paid to excluding these difficulties as reasons for failing aspects of the assessment, so they do not mask actual potential.
Key considerations

- Ensure access to a range of opportunities.
- Have high expectations.

Case Study: Donna*, 24 years old, studying performing arts at university.

Donna has Down Syndrome and attended a mainstream school.

The main difficulties for me are that other people don’t understand and they treat me differently. The problem is that they are really too nice. What I mean is at work and university people tease each other and joke around. I am not part of the normal banter which means they are treating me differently. They don’t trust me to do things on my own and offer too much help. I aimed for success, trying to be myself, to know myself the way I am. I don’t need help; just some trust and support. My mum has been brilliant and my sisters too and all my helpers, Mrs Bartlett* in particular. My role models are Hilary Duff and Shane West who are both successful actor/singers.

Thinking about school: I liked getting to know the teachers and hanging out with my helpers – actually now I think about it, is that a good or a bad thing?! I did have a helper by my side all the time at school which was good. My proudest moment was getting my drama GCSE. Sometimes I did get bullied, laughed at and called names. It offended me. Some teachers bullied me too, but it wasn’t their fault; they didn’t mean to, they just didn’t understand.

My suggestions to help other people with Down Syndrome are that teachers should let people be themselves and listen to them. They should let them come up with their own ideas and get to know how they feel about things. Parents should encourage their children to stay in mainstream schools even though it can be hard. For me it has allowed me to get my GCSEs and I have a shared experience of school that I can talk about with my friends. In a special school you are Down Syndrome first and a pupil second and people will treat you differently. I don’t think special schools are as much fun as mainstream schools.

My message to school pupils with Down Syndrome is to stand up for yourself and believe in yourself.

*The names in this case study have been changed

Long-term illness and absence

Where there is much absence, children are likely to make less than expected progress. Since time is of the essence, compacting the curriculum is a useful strategy. Pupils may have time to work independently, and be able to use a computer and read or write, but they may not be well and will perform at a lower level than if they were fully healthy.
The experience of living with illness and coping with hospital stays and medical regimes must also be taken into account. This is a real part of some children’s daily lives and can affect their attitude to themselves as well as their ability to sustain friendships and be a real part of the school community.

### Key considerations
- Support in catching up.
- Compact the curriculum where appropriate.

### In general

For all DME pupils you should:
- identify learning strengths;
- involve them in all aspects of learning;
- have high expectations;
- consider their needs in all aspects of school life;
- work with them and their parents and carers to overcome potential barriers.

Details of a range of support organisations for people with particular needs are to be found in Appendix 1.

These key points have emerged from information gathered from some of these support organisations.

- There is considerable underachievement among this group of pupils.
- Pupils with DME benefit from a focus on ability rather than continual focus on additional needs.
- Pupils with DME are not a homogeneous group.
- It is not possible to meet all the needs of pupils with DME without addressing their academic strengths and creating opportunities for them to express their abilities.
- Pupils with DME benefit from inclusive approaches in all aspects of school life including social, academic, cultural and physical. Adjustments might be necessary to ensure that such inclusion in the different facets of school life is possible.
The following table appeared in *Gifted and Talented education – Guidance on preventing underachievement: a focus on dual or multiple exceptionality (DME)*, DfES Ref: 00061-2007BKT-EN, 2007:6. In this section we have populated the boxes with a sample of the approaches used by schools that used the guidance to facilitate effective provision for pupils with DME.

**Detail opportunities for pupils to express learning strengths in addition to learning needs.**

The pupil’s Individual Education Plan (IEP) was used to ensure the timetable detailed the opportunities for the pupil to express abilities. The timetable was ‘signed’ by the class or form teacher at the end of each week to ensure these opportunities were taken.

**Identify support and intervention needs.**

More emphasis on pupil voice enabled support and interventions to be targeted at the appropriate times and enabled targets to be set which provided the pupils with opportunities to demonstrate independence in their learning.

**Identify when support and interventions take place and ensure these maximise learning opportunities.**

A support and intervention map accompanied the IEP to ensure that support for one additional need did not prevent pupils expressing skills, abilities and gifts in another lesson. For example it was found that two able mathematicians with specific learning difficulties were withdrawn from mathematics lessons to receive support with phonics.

**Map opportunities for pupils to express understanding in a variety of ways across the curriculum (do tasks predominantly require written responses?).**

Detailed provision mapping looked at the ways in which pupils were asked to record their responses in different lessons. For example pupils with writing difficulties were allowed to record responses on a CD and pupils with speech difficulties used small whiteboards to record their answers. Using the Classroom Quality Standards (CQS) provided a useful starting point for dialogue between teachers about the most effective way of meeting the learners’ needs.
Compile register for gifted and talented pupils in the light of pupils’ responses to provision, including cross-referencing with learning strengths. (Where appropriate these might be recorded on a pupil’s IEP or the SEN register.)

_Detailed interviews with DME pupils were very revealing. For example, severely deaf pupils reported that the pace of lessons was slowed and concentration made more difficult when there was an over-emphasis on speaking slowly and clearly._

_All pupil interviews now ask questions about all aspects of school life, including perceived attitudes and values of peers and staff, playtimes, academic strengths and interests, and achievements beyond the school._

Build in opportunities when exceptional achievement can be celebrated both within the class and across the school.

_The approaches to celebrating success were reviewed to ensure that achievements in the talented or academic areas were celebrated as well as behavioural achievements and good effort._
Conclusion

This booklet represents the second stage in providing guidance and support for schools in meeting the needs of pupils with DME.

Support for pupils’ additional needs must be balanced with the need to provide opportunities for them to achieve in a way which reflects their abilities and talents while also providing the entitlement to a personalised broad and balanced curriculum.

Pupils with any identifiable additional need should be considered as potential members of the gifted and talented population. Identification processes may need to be adapted to facilitate this. Care is needed to ensure that support given to additional needs is not counter-productive and does not mask particular gifts and talents.

The particular needs of different groups have been highlighted to enable schools to ensure full representation of all groups in the gifted and talented population of any school. All schools have gifted and talented learners.

The advent of leading teachers for gifted and talented education provides a timely opportunity for schools to engage in a professional dialogue about the needs of DME pupils.

The IQS and CQS can be effective tools in supporting this dialogue. (Appendix 3 provides an example of the considerations when using the CQS to meet the needs of pupils with DME.)
Appendix 1

Support organisations

**Attention Deficit/Hyperactivity Disorder**

**ADDISS**
Information and resources about Attention Deficit Hyperactivity Disorder for parents, sufferers, teachers or health professionals.
PO Box 340, Edgware, Middlesex HA8 9HL
Tel: 020 8952 2800
Fax: 020 8952 2909
email: info@addiss.co.uk

**Hyperactive Children’s Support Group (HACSG)**
HACSG is a charity offering information about children with a hyperactivity problem.
Dept W, The Hyperactive Children's Support Group, 71 Whyke Lane, Chichester, West Sussex PO19 7PD
Tel: 01243 539966

**Autism and Asperger Syndrome**

**National Autistic Society**
Extensive information about autism and Asperger Syndrome, and support and services.
Information Centre, NAS, 393 City Road, London EC1V 1NG
Tel: 0845 070 4004/020 7903 3599
Fax: +44 (0)20 7833 9666
email: info@nas.org.uk
Speech and language issues

Afasic (overcoming speech impairments)

For children and young adults with communication impairments: working for their inclusion in society; supporting their parents and carers; and a recognised training provider for parents and professionals.

2nd Floor, 50–52 Great Sutton Street, London EC1V 0DJ

Tel: (Administration) 020 7490 9410
(Afasic helpline) 0845 3 55 55 77
Fax: 020 7251 2834
email: info@afasic.org.uk

I CAN (helping children communicate)

For children with speech and language difficulties, creating a society where their special needs are recognised, understood and met, so that they have the same opportunities in life as other children.

I CAN, 8 Wakeley Street, London EC1V 7QE.

Tel: 0845 225 4071/020 7843 2510
Fax: 0845 225 4072
email: media@ican.org.uk

Physical disability, cerebral palsy and neuromuscular conditions

Association for Spina Bifida and Hydrocephalus (ASBAH)

ASBAH is the national organisation providing information and advice about spina bifida and hydrocephalus to individuals, families and carers.

National office, 42 Park Road, Peterborough PE1 2UQ

Tel: 01733 555988
Fax: 01733 555985
email: info@asbah.org.uk

HemiHelp

Hemiplegia is a neurological condition that weakens one side of the body, and affects one child in a thousand. It is sometimes described as a form of cerebral palsy, and the effects are similar to those of a stroke. Professional members include SENCOs, teachers and educational psychologists.

HemiHelp, Camelford House, 89 Albert Embankment, London SE1 7TP

Tel: 0845 120 3713
email: support@hemihelp.org.uk
Muscular Dystrophy Campaign
The Muscular Dystrophy Campaign is the only UK charity focusing on all muscular
dystrophies and allied disorders.
61 Southwark Street, London SE1 0HL
Tel: 020 7803 4800
Helpline: 0800 652 6352
Fax: 020 7401 3495
email: info@muscular-dystrophy.org

SCOPE
SCOPE is a disability organisation in England and Wales. It focuses on people with
cerebral palsy.
6 Market Road, London N7 9PW.
Tel: 0808 800 3333
email: response@scope.org.uk.

Sensory Impairment
British Association for Teachers of the Deaf (BATOD)
BATOD represents the interests of teachers of hearing-impaired children and young
people in the United Kingdom.
175 Dashwood Avenue, High Wycombe, Buckinghamshire HP12 3DB
email: secretary@batod.org.uk
Appendix 2

Questions for school self-review

The following, with links to the IQS, suggest some questions/areas of provision and support to be explored by schools.

1. To what extent do you consider your school to be engaged with the national gifted and talented strategy?

2. Do you have a working/active gifted and talented register?
   If yes, who is on the register and what evidence do you have for these gifts and/or talents?
   If no, what are the issues concerning the operation of the register?

3. Are you familiar with the term dual or multiple exceptionality/asynchronous development?
   Consider this definition of DME:
   
   DME pupils are those who belong, characteristically, to both the special educational needs (SEN) and gifted and talented groups; they are highly able, but their abilities may be masked by sensory impairment, disability, a learning difficulty, long-term illness or other factor. The high ability could be in any one (or more) of a range of fields.

4. Do you feel this description could be applicable to any of the children and young people in your school?

5. If yes, what is the nature of the high ability/DME you have in your school? (Include the abilities that have been identified as well as those that you feel might exist, but that have not yet been highlighted.)

6. What opportunities do pupils have for expressing and exploring abilities beyond standard classroom activities? Cite any examples of enrichment, extension or acceleration opportunities.

7. What kind of strategy are you using in identifying and catering for gifted and talented students in your care?
8. Consider the IQS with the specific aspects for children with DME. Comment on particular issues that relate to your own context under the following headings.
   b. Enabling curriculum entitlement and choice.
   c. Assessment for learning: transfer and transition/leadership/policy.
   d. School/college organisation: ethos and pastoral care/staff development/resources/monitoring and evaluation.
   e. Strong partnerships beyond the school: community, families and beyond/learning beyond the classroom.

9. Please look at this model, commonly used by various schools and decide which of the steps you currently use and/or any alternatives.

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<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
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<th>Step 5</th>
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<tbody>
<tr>
<td>Detail opportunities for pupils to express learning strengths in addition to learning needs.</td>
<td>Identify support and intervention needs.</td>
<td>Identify when support and interventions take place and ensure these maximise learning opportunities.</td>
<td>Map opportunities for pupils to express understanding in a variety of ways across the curriculum. (Do tasks predominantly require written responses?)</td>
<td>Compile register for gifted and talented pupils in the light of pupils’ responses to provision, including cross-referencing with learning strengths. (Where appropriate these might be recorded on a pupil’s IEP or the SEN register.)</td>
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<td>Build in opportunities when exceptional achievement can be celebrated both within the class and across the school.</td>
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*Taken from Gifted and Talented Education - Guidance on preventing underachievement: a focus on dual or multiple exceptionality (DME), DfES Ref: 00061-2007BKT-EN, 2007:6.*
In relation to this model:

1. What are your priorities for supporting children with DME?

2. What is the outcome of this self-evaluation process? (Consider pupils, teachers and leadership.)

3. What are your immediate next steps?

A final point

Outline any examples of children with DME whose achievements and abilities have proved exceptional and would serve as a useful exemplar, in trying to raise the profile of this issue in the field of education more generally.
Appendix 3

IQS: the default self-evaluation tool for gifted and talented in schools. (Ofsted, NCSL, QCA)

Here are three of the 14 elements of the IQS (Effective provision in the classroom; Curriculum entitlement and choice; and Staff development) adapted to support self-evaluation with a focus on provision for DME pupils.

The complete IQS are available from: www.ygt.dcsf.gov.uk/Content.aspx?contentId=347&contentType=3

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<tr>
<th>Generic Elements</th>
<th>Entry</th>
<th>Developing</th>
<th>Exemplary</th>
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</table>
| A – Effective teaching and learning strategies | i. The school/college addresses the different needs of the gifted and talented population by providing a stimulating learning environment and by extending the teaching repertoire to incorporate appropriate strategies to engage and challenge DME learners | i. Teaching and learning strategies are diverse and flexible, meeting the needs of distinct pupil groups within the gifted and talented population (e.g. able underachievers, exceptionally able, DME) | i. The school/college has established a range of methods to find out what works best in the classroom, and shares this within the school/college and with other schools and colleges

*Has the school/college/setting identified what works best for pupils with dual or multiple exceptionality?*
### Generic Elements

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<tr>
<td>ii. Teaching and learning is differentiated and delivered through both individual and group activities and learning difficulties are taken into account.</td>
<td>ii. A range of challenging learning and teaching strategies is evident in lesson planning and delivery. Independent learning skills are developed. Pupils are offered challenge for their abilities as well as support for their difficulties.</td>
<td>ii. Teaching and learning are suitably challenging and varied, incorporating the breadth, depth and pace required to progress high achievement. Pupils routinely work independently and self-reliantly. What steps need to be taken to ensure that pupils with multiple or dual exceptionality can access the learning?</td>
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<td>iii. Opportunities exist to extend learning through new technologies.</td>
<td>The use of new technologies across the curriculum is focused on personalised learning needs.</td>
<td>iii. The innovative use of new technologies raises the achievement and motivation of gifted and talented pupils. Have specialist organisations for pupils with dual or multiple exceptionalities have been consulted to ensure use of technology is maximised, appropriate, effective and innovative?</td>
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### Evidence

### Next steps
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<tr>
<td><strong>B – Enabling curriculum entitlement and choice</strong></td>
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<td>4. Enabling curriculum entitlement and choice</td>
<td>i. Curriculum organisation is flexible, with opportunities for enrichment and increasing subject/topic choice. Pupils are provided with support and guidance in making choices. <strong>No curriculum area is unavailable to pupils for reasons of special educational needs</strong></td>
<td>i. The curriculum offers opportunities and guidance to pupils which enable them to work beyond their age and/or phase, and across subjects or topics, according to their aptitudes and interests</td>
<td>i. The curriculum offers <strong>personalised learning pathways</strong> for pupils which maximise individual <strong>potential</strong>, retain flexibility of future choices, extend well beyond test/examination requirements and result in sustained impact on pupil <strong>attainment and achievement</strong></td>
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<td>Evidence</td>
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<td>Next steps</td>
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### D – School/College organisation

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<td><strong>10. Staff development</strong></td>
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<td></td>
<td>i. Staff have received training in meeting the needs of gifted and talented pupils and are aware of issues of DME</td>
<td>i. The induction programme for new staff addresses gifted and talented issues, both at whole school/college and specific subject/aspect level, including information on children with DME</td>
<td>i. There is ongoing audit of staff needs and an appropriate range of training and professional development in gifted and talented education. Professional development is informed by research and collaboration within and beyond the school/college</td>
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<td>ii. The lead professional responsible for gifted and talented education has received appropriate training</td>
<td>ii. Subject/aspect and phase leaders have received specific training in meeting the needs of gifted and talented pupils</td>
<td>ii. Priorities for the development of gifted and talented provision are included within a professional development entitlement for all staff and are monitored through performance management processes</td>
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<td></td>
<td>iii. Staff are encouraged and enabled to share expertise on pupils with dual or multiple exceptionality</td>
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**Evidence**

**Next steps**
Appendix 4

Definition of disability from current legislation

The Disability Discrimination Act (2006) gives a 'social model' description. It says you are disabled if you have a mental or physical impairment and:

- this has an adverse effect on your ability to carry out normal day-to-day activities;
- the adverse effect is substantial;
- the adverse effect is long-term (meaning it has lasted for 12 months or more, or is likely to last for more than 12 months);
- at least one of these areas must be badly affected:
  - mobility
  - manual dexterity
  - physical coordination
  - continence
  - ability to lift, carry or move everyday objects
  - speech, hearing or eyesight
  - memory or ability to concentrate, learn or understand
  - understanding of the risk of physical danger.
Appendix 5

What not to do to support children

The following list relates specifically to working with pupils with dyslexia. Some of the points can be applied more widely to pupils with DME or to pupils in general. It may provide a useful reference when working with colleagues.

So here’s what not to do...

- Ask children to read aloud in a large group – even if they are making great improvements they are likely to be significantly less fluent than peers.

- Correct every single error in a piece of work – a better tactic is to ‘close mark’ a small section of the work and then pay attention to ideas and not mechanics for the rest of the piece.

- Compare with other pupils – inappropriate comparisons can affect children’s selfesteem and embarrass the pupils whose work is being held up as exemplary.

- Give long spelling lists – shorter tasks are more manageable and these can be distributed frequently resulting in the same outcomes.

- Make children rewrite their work – this is the most disheartening task. Using a computer is better as editing is less laborious, but sometimes getting ideas down is sufficient and there is little merit in rewriting without redrafting.
Acknowledgements


Page 5. Extract from *Gifted and Talented (G & T) disability dimension*, TeachPE.com, [www.teachpe.com/disability_gifted_talented.htm](http://www.teachpe.com/disability_gifted_talented.htm)
