

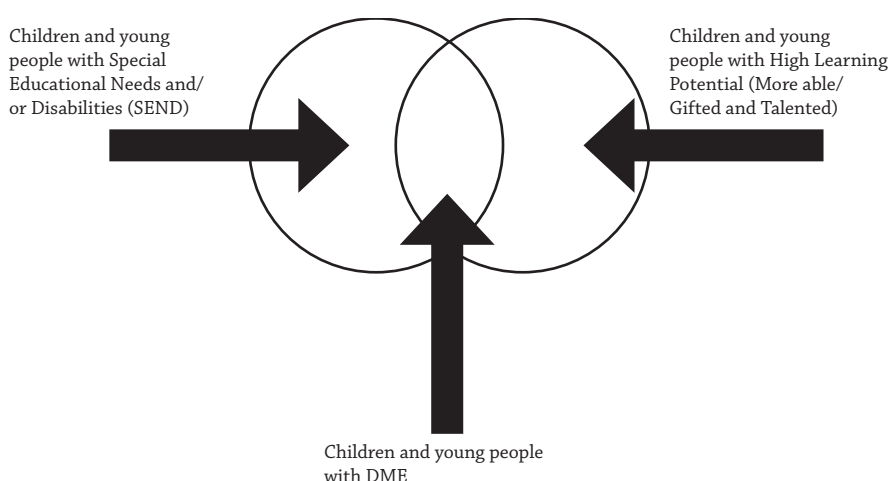


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HELPING PROFESSIONALS UNDERSTAND ABOUT DUAL AND MULTIPLE EXCEPTIONALITY

What is Dual and Multiple Exceptionality (DME)?



As in the diagram above, think of one group of children with one or more special educational needs or disabilities. Then think of another with High Learning Potential, with abilities in one or more areas. The bit in the middle, represents those children and young people who have Dual or Multiple Exceptionalities (DME).

How many children and young people with DME are there?

It is difficult to know how many children or young people have DME in the UK. Current estimates suggest about 60,000 children and young people in England, but these figures do not include Scotland, Wales or Northern Ireland. They also do not include children and young people who are home educated. So, in reality, this figure could be much higher.

How do you recognise whether a pupil has DME?

It is not easy to spot these children or young people who have DME, as their abilities can hide their special educational needs or disabilities (SEND) and their SEND can hide their abilities. This means that they can appear ‘average with flashes of brilliance’ and teachers or others in school and elsewhere often get very few clues about the extent of the child’s true abilities or special educational needs.

Sometimes, this can cause arguments or tension between family members and even between parents/carers and professionals, as different people see different characteristics of a child or young person.

Potential Plus UK, a UK charity¹ has compiled a list of characteristics of Dual or Multiple Exceptional children identified over fifty years of working with these children, including through its assessment service. While not all of these characteristics will relate to all children with DME (and will depend on the SEND of the child), they help to show the kinds of things which professionals should look out for.

However, as they explain:

Whilst it is difficult to generalise about such a diverse group of children and much will depend on the type of issues alongside their high learning potential, dual or multiple exceptional children share some characteristics. The characteristics relate to their intellectual strengths, academic difficulties, emotional and behavioural characteristics. (Potential Plus UK 2021)

In other words, as a professional you need to look out for both intellectual strengths and abilities of each pupil as well as any difficulties they seem to experience. Your pupil could be talented in lots of different areas – art, music, theatre, making things – or be good at maths or science or words or languages. However, they could struggle in other areas such as writing or reading or listening or understanding what is being said to them.

The list on the next two pages, therefore, only gives examples of the kinds of ways to spot a child or young person with DME. If you need to check whether you are right about the things you see in a pupil, talk to someone at Potential Plus UK or one of the other agencies such as nasen, Nace or The Potential Trust who are skilled in this area.

1 <https://potentialplusuk.org>

Things to look for in a pupil with DME

Intellectual Strengths

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

Academic Difficulties

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

Managing a range of academic challenges especially at school can mean that children and young people with DME can often develop the following emotional characteristics.

Emotional difficulties

- Minor failures perceived by the child can create feelings of major inadequacy.
- Unrealistically high or low self-expectations of themselves and others around them.
- Feelings of being worthless academically.
- Confusion about their abilities.
- Strong fear of failure.
- Sensitivity to criticism.

- Experiences of intense frustration.
- Low self-esteem.
- Feelings of being different from others.
- Poor social skills.

Also, emotional challenges or responses may result in behavioural characteristics.

Behaviour

- Being disruptive in class.
- The tendency to overcompensate for or try to hide difficulties experienced (e.g. saying a subject with which they struggle is boring or becoming the class clown).
- Easily going off-task or being distracted.
- Being disorganised.
- Showing lack of motivation.
- Being impulsive.
- Being creative when making excuses to avoid tasks they find difficult or in which they are not interested.
- Showing intense frustration at times, which can spill over to anger or aggression.
- Being withdrawn at times.

For more information see these websites

- Nace: <https://www.nace.co.uk>
- nasen: <https://www.nasen.org.uk>
- The Potential Trust: <https://www.thepotentialtrust.org.uk>

Also see: Yates, D. and Boddison, A. (2020) *The School Handbook for Dual and Multiple Exceptionality*. Abingdon-on-Thames: Routledge.

CHAPTER 1: WANT TO KNOW MORE?

Models of giftedness

As if understanding just what HLP means wasn't challenging enough, there are many different models around the world that have been developed over the years to explain the characteristics, motivations or behaviours of such children and young people. It is hard not to get bogged down with what different people say, especially when they sometimes don't seem to agree with each other. And just like any individual, children with HLP come in different shapes and sizes. This makes it difficult to say that one child with HLP will look just like another. The best you can say is that if you have met one child with HLP, you have met one child with HLP.

That said, one of the best models we have seen to reflect these different types of children and young people with HLP is George Betts and Maureen Neihart's profiles of gifted children, which were originally published in the US by the National Association for Gifted Children (NAGC) in 1988 in *Gifted Child Quarterly*, and are available on the Davidson Institute's website (www.davidsongifted.org/search-database/entry/a10114).

Betts and Neihart identified six types of gifted child:

- Type I: The successful
- Type II: The challenging
- Type III: The underground
- Type IV: The dropouts
- Type V: The double-labelled
- Type VI: The autonomous learner.

They then explore the profiles of these children: their feelings and attitudes, their behaviours, their needs, adult and peer perceptions of the type, identification, home support and school support. Their approach has been adapted for the UK and outlined with hundreds of parents or carers around the country through training with Potential Plus UK. Most recognised their child in one or more of the descriptions. It is well worth a read as the

summaries provided below offer only a basic picture of what these children may be like – in reality, the profiles are much more complex.

The successful child

On the surface, this child seems to be everyone’s definition of a typical ‘gifted’ child. They are hardworking, they behave well in class or elsewhere, and are on track to achieve high grades in their exams. So far, so good. However, take this child outside their comfort zone, give them a work assignment that they feel is too difficult or an exam where they need to think ‘out of the box’, and they can become increasingly anxious. Quite often these ‘successful’ children can develop a fixed mindset where they believe they are only good because they study hard. As they go through life, they can go on to develop ‘imposter syndrome’, believing that they are not quite good enough and are only in the top set or that they only have a good job by accident, and are just waiting for someone to find out that they are an imposter in the role.

Potential positives	Potential negatives
<ul style="list-style-type: none">• Works hard• Generally well behaved at home and at school• High achieving• Successful• Popular	<ul style="list-style-type: none">• Anxious• Fails to learn the skills they need to learn on their own• Non-risk-taking• Works too hard• Cannot cope with failure

The creative or challenging child

This child often does not cope well within a rigid school environment. They are ‘free thinkers’ and challenge authority. They question everything – they want to know why things work the way they do and the reason for everything. Although they are not often identified for their ability within the school environment, their creative behaviour can often make them resourceful, if non-conformist. If their strengths are not recognised and supported, the creative child, in the wrong environment, can have poor self-esteem. They are also at risk of dropping out of school and using their creativity in other ways.

Potential positives	Potential negatives
<ul style="list-style-type: none"> • Is creative • Finds unusual solutions to problems • Able to think 'outside the box' • May succeed in the right environment 	<ul style="list-style-type: none"> • Clashes with authority in the wrong environment • Often fails to follow rigid thinking • Has poor self-control • Can be the 'class clown' • May use creativity in other ways if not supported effectively

The underground child

When a child with HLP is not comfortable with being clever in a school or even home environment, they can go 'underground', which means that they hide their gifts and talents from view, pretending to be 'average' or failing to understand what they are taught, or even trying to be 'one of the crowd'. They can manipulate test or exam results so that they can appear 'just good enough' and so that they never appear on anyone's radar as a child to be nurtured in a 'More Able' programme at school. Quite often, they become 'underground children' when they are aware of what others think of them, and the acceptance of other children outweighs their desire to show their HLP.

The positive side to all of this (for them) is that if they are not pushed to work harder than they want to and accepted for who they are, they usually feel under no pressure to achieve beyond expectations, which can sometimes spur them into achieving better results in school. It can also mean that the first time their abilities are in the spotlight is when exam results are published. The downside of this is, of course, that they are not given the opportunity to show their capabilities. However, it is acceptance more than achievement or rewards that these children are looking for, at least until they are ready to show their HLP.

Potential positives	Potential negatives
<ul style="list-style-type: none"> • Sometimes lack of pressure to achieve highly by parents and carers or teachers can aid achievement • Accepted as 'one of the crowd' in school • Everyone surprised when they do well in tests or exams 	<ul style="list-style-type: none"> • May fail to show any inspiration about education • Perceived as under-achieving • May feel guilty and insecure • May realise what they have done when older and wonder whether it was worth it

The 'at risk' child

Betts and Neihart called this type of children 'dropouts'. This child has, essentially, 'dropped out' of school, mentally, physically, or both. They begin as angry children, because their HLP has not been recognised or has been recognised late on in their school life. Until then, they may have been given other labels – 'troublemaker' or 'poorly behaved' at school, or 'anxious', 'depressed' or 'absent' if they develop mental health conditions. Sometimes, they are excluded from school on a temporary or permanent basis and can find themselves in 'alternative provision' to meet their needs. These types of solutions are sometimes excellent at providing the individualised programmes that recognise and meet their needs, or these children and their parents or carers may turn instead to home education, perhaps accounting, in part at least, for the growth in home education over the past few years.

However, some of these children may also begin to exhibit offending behaviour as a way of channelling their gifts and talents. Potential Plus UK conducted a small piece of research to explore whether young offenders could have HLP. The resulting report, *Releasing Potential*, stated:

Traditional academia often does not meet the needs of children with high learning potential; those children frequently enter the criminal justice system already having suffered from inappropriate learning environments. Once they are in the criminal justice system, their need for engagement and challenge in courses geared towards the future might not be met. Even if children with high learning potential find engaging and challenging courses within the criminal justice system, they might not find timely and appropriate courses upon their release.¹

Or these children may develop school anxiety and self-exclude due to a range of social, emotional and mental health conditions. At its extreme, they may also be at risk of developing problems such as self-harm or a range of eating disorders. Such difficulties may lead parents and carers to think of formal interventions such as Child and Adolescent Mental Health Services (CAMHS).

1 NAGC (National Association for Gifted Children) (2012) *Releasing Potential: High Learning Potential in the Youth Justice System*. Available at: <https://potentialplusuk.org/wp-content/uploads/2016/07/Releasing-Potential-Executive-Summary-leaflet.pdf>

Potential positives	Potential negatives
<ul style="list-style-type: none"> • May begin to thrive in alternative environments • Is creative • May begin to thrive later in life in the right job 	<ul style="list-style-type: none"> • Disengaged from mainstream education, either mentally, physically, or both • Is disruptive • At risk of exclusion, self-exclusion or offending behaviour

The Dual or Multiple Exceptional child

Betts and Neihart call this type ‘double-labelled’. This child has one or more SEND as well as their gifts and talents. They can either appear ‘average’ within the classroom, showing neither gifts nor talents, nor special needs nor disabilities. They can disguise any difficulties they are having with work by calling it ‘boring’ or ‘stupid’, or they may use humour to disguise their own lagging self-esteem. Alternatively, they can appear lazy or as trouble-makers, showing flashes of brilliance with the inability to follow through on this in terms of their work or achievement.

Potential positives	Potential negatives
<ul style="list-style-type: none"> • No expectations placed on them as a high achiever • Can find alternative ways of coping with the difficulties they face • Could succeed ‘in spite of the difficulties’ with the right support 	<ul style="list-style-type: none"> • Low self-esteem • Lack of understanding about self and situation • Can react stubbornly or negatively to criticism • May be disruptive • Seen as average or below average in ability • Seen as ‘weird’ • Can be the ‘class clown’

The autonomous learner

Of all the examples within this model, the autonomous learner is perhaps the most positive learner of all. They are passionate about learning and driven to learn about a subject or area. These are the children who make the system work for them rather than working for the system. The only problem is that their interest areas might not be the subjects they are studying at school. Where they are, they are curious, self-motivated, independent learners. Unless they choose subjects or areas of learning that align with their interests, or they are given opportunities to shape school learning to

their interests, their school may not see their passion, and it might be up to parents and carers to provide evidence of this.

Potential positives	Potential negatives
<ul style="list-style-type: none">• Passionate and self-motivated in the right subjects• Self-confident• Independent• Enthusiastic• Potentially powerful learners• If passion can be harnessed, has high chance of success, satisfaction, or both	<ul style="list-style-type: none">• Potential lack of interest in subjects that do not align with their own interests• May be stubborn, seeking to shape learning to their own interests• Not necessarily a high achiever with successful outcomes in school exam terms, unless areas of motivation align with exam subjects• In the wrong environment, may not be successful in learning

Although your child's characteristics may not belong to only one type, or your child may jump from one to another as they grow older or are in different settings, Betts and Neihart's model is well worth looking at and applying to your own child.

CHAPTER 2: WANT TO KNOW MORE?

Supporting SEND in England

The Children and Families Act 2014 (and the *Code of Practice* that is based on this) covers all aspects of education in England for children and young people aged 0–25 with SEND. This provides guidance in law for what nurseries, schools, colleges and local authorities and other establishments should do in the state sector.

One important element of the legal framework is the Education, Health and Care Plan (EHCP or EHC Plan) that may be put in place by the local authority. This provides a structure and process to define, deliver, monitor and review the support provided to a child or young person with SEND who needs more support than is available through the SEND support they would normally receive. The EHCP is the responsibility of the local authority to determine, draw up and make sure it is effective.

What is an Education, Health and Care Plan (EHCP)?

Parents and carers can ask their local authority to carry out an assessment if they believe that their child needs an EHCP. Young people aged 16–25 can also request an assessment for themselves. Anyone involved with the child, including doctors, health visitors and other professionals, or teachers (usually through the SENCo), ideally with the family's knowledge and consent, can also make a request for an assessment.

In England, providing an EHCP is one of the ways in which schools can support children and young people up to 25 years old who need more support because of their SEND than can normally be provided by the school.

It is a written plan that outlines the education, health and social care needs of a child for at least the next year. It is regularly monitored and formally reviewed at least once a year to see the progress

that has been made, and to evaluate what else needs to be done to ensure the child can achieve their best.

As well as professionals, parents and carers should be able to provide input into their child's EHCP. The child should also have input into the plan in an age-appropriate way.

The Government website GOV.UK has all the information parents and carers would need about EHCPs, including how to challenge decisions that have been made (see www.gov.uk/children-with-special-educational-needs/extra-SEN-help).

Strategically, local authorities must publish what is called a 'local offer', which sets out in one place what provision can be expected across education, health and social care in their area for children and young people with SEND, including those who do not have an EHCP. It is a good idea to go to your local authority's website to see what is being offered at a local level. This could include things like:

- The arrangements providers have in place for identifying SEND.
- How the local authority will consult with parents or carers and their children with SEND.
- How they will get services and equipment needed by the child or young person.
- Information about how to request a needs assessment for an EHCP.

Schools must also specifically publish information on how they will identify, assess and make provision for pupils with SEND. Schools in the state sector must do everything they can to ensure a pupil with SEND gets the support they need, and must make reasonable adjustments to prevent them from being put at a disadvantage compared to other children.

As EHCPs are only given in England where a relevant SEND has been identified, getting an EHCP can be a problem for some children and young people with DME as they have both HLP and also SEND. However, the HLP can often mask the SEND for some of these children, which means that parents and carers often need to provide evidence that is absolutely clear and beyond doubt of both strengths hiding SEND as well as the presence of

a relevant SEND before appropriate support is provided through the SEND process by the school. Anecdotal evidence suggests that where schools have provided EHCPs for pupils with DME, this has generally been the case.

The ongoing challenge for parents and carers then becomes to ensure that their child's strengths are also nurtured and developed effectively. If this is not done, the resulting social, emotional and mental health difficulties faced by the child can become so extreme that the case for SEND support becomes beyond question. However, this is not a situation that most parents and carers or professionals would choose for their child or young person.

Wales, Scotland and Northern Ireland each have their own systems to support children with special needs or disabilities, although the principles are the same in providing additional support to those who need it most.

Links to legislation in England

Children and Families Act 2014: www.legislation.gov.uk/ukpga/2014/6/part/3/enacted

Department for Education and Department of Health (2015) *Special Educational Needs and Disability Code of Practice: 0 to 25 Years. Statutory Guidance for Organisations which Work with and Support Children and Young People Who Have Special Educational Needs or Disabilities*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Supporting SEND in Scotland

In 2004 the Scottish Government issued the Education (Additional Support for Learning) (Scotland) Act (www.legislation.gov.uk/asp/2009/7/pdfs/asp_20090007_en.pdf). They also published *Supporting Children's Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (As Amended): Code of Practice*, which has since been updated (Third Edition 2017). The framework is based on the idea of 'additional' support needs. Their approach is broad and inclusive, and applies to children and young people who 'for whatever reason require additional support, in the long or short-term, in order to help them make the most of their school education and to be included fully in their learning' (Scottish Government 2004, p.11).

A Manual of Good Practice in Special Educational Needs stresses the importance in Scotland of *The United Nations Convention on the Rights of the Child* (UN 1989) in developing the legal framework and an inclusive strategy that takes accounts of the rights and needs of all children and families.

Links to legislation in Scotland

Education (Additional Support for Learning) (Scotland) Act 2004: www.legislation.gov.uk/asp/2004/4/pdfs/asp_20040004_en.pdf

National Improvement Hub (2020) 'A summary of resources relating to highly able learners.' Learning resources, 21 January. Available at: <https://education.gov.scot/improvement/learning-resources/a-summary-of-resources-relating-to-highly-able-learners>

Parentzone Scotland (2010) 'Parentzone Scotland | Additional Support.' Available at: www.education.gov.scot/parentzone/additional-support

Scottish Government (no date) 'Additional support for learning.' Available at: www.gov.scot/policies/schools/additional-support-for-learning

Scottish Government (2004) *A Manual of Good Practice in Special Educational Needs*. Available at: www.gov.scot/publications/manual-good-practice-special-educational-needs/pages/3

Scottish Government (2017) *Supporting Children's Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (As Amended): Code of Practice* (Third Edition). Available at: www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/12/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/documents/00529411-pdf/00529411-pdf/govscot%3Adocument/00529411.pdf

UN (United Nations) (1989) *The United Nations Convention on the Rights of the Child*. Available at: www.unhcr.org/uk/4d9474b49.pdf

Supporting SEND in Northern Ireland

There are three elements to the framework for SEN in Northern Ireland:

- Primary legislation – the Special Educational Needs and Disability Act (Northern Ireland) 2016 (www.legislation.gov.uk/nia/2016/8/contents)
- Secondary legislation – SEN Regulations
- Guidance – a statutory Code of Practice.

Special Educational Needs and Disability Act (Northern Ireland) 2016

According to the Department of Education in Northern Ireland (DENI), the 2016 Act is seen as the first building block in the *New SEN Framework*. It places new duties on boards of governors, the education authority and health and social services authorities, and provides new rights for parents and carers and children over compulsory school age. Each education authority is required to publish an annual plan of its arrangements for special educational provision. They also have to seek and have regard to the views of the child when making decisions on special educational provision. They should have in place independent dispute avoidance arrangements and independent mediation arrangements. Boards of governors are required to ensure a learning support coordinator is appointed within each grant-aided school to coordinate provision for children with SEN. Schools have to complete and review a personal learning plan for each pupil with SEN, and ensure that this plan is transferred (as long as there is consent) when a child moves from one grant-aided school to another. The Act also provides for increased cooperation between the education authority and health and social services authorities to provide services they have identified to be of benefit in addressing a child's SEN.

SEN Regulations

Consultation on the draft Regulations initially closed at the end of December 2020. They will provide a strengthened legislative base for delivering a more responsive and effective SEN framework. However, the world has changed since DENI previously consulted on a set of new draft Regulations back in 2016. Time delays, the absence of the Assembly, the COVID-19 pandemic and significant improvements made to the new draft SEN

Regulations since the 2016 consultation have all contributed to DENI taking the unusual step of consulting again on the Regulations.

SEN Code of Practice

The SEN Code of Practice aims to translate the SEN law into clear and practical guidance for those involved in identifying and assessing children who have, or may have, SEN, and for those who provide special educational provision for children with SEN. It supports them in ensuring the right SEN provision is given to help each child fulfil their potential.

The Regulations make each education authority responsible for drawing up a plan that sets out the education provision for children and young people with SEN. This means they need to decide:

- What type of support is needed for children and young people with SEN.
- What training is needed for staff working with children and young people with SEN.
- What resources are required to provide the support needed.
- Who is going to provide it.
- How it is going to be provided.
- When it will happen.

To enable education authorities to draw up this plan, they need to consult with a variety of different people including parents and carers, young people and other professionals, and to provide evidence that they have done this. Boards of governors in schools are then responsible for putting these plans into place. The Regulations outline everything from the format of statements to mediation and the appeals process.

As some of the documents linked to the legislation were delayed due to COVID-19, parents and carers might find the guide on SEN in Northern Ireland (which came into force in 1998) of some use. This law states that a child has SEN if he or she has learning difficulties and needs special help. A learning difficulty is where a child finds it much harder to learn than other children of the same age, or a disability that makes it harder to use the educational facilities in the area (EA n.d.).

Links to legislation in Northern Ireland

DENI (Department of Education) (Northern Ireland) (no date) *New SEN Framework*. Available at: www.education-ni.gov.uk/articles/review-special-educational-needs-and-inclusion

DENI (Department of Education) (Northern Ireland) (no date) *The Draft Special Education Needs Regulations 202X: A Summary Guide for Parents and Young People*. Available at: www.education-ni.gov.uk/sites/default/files/consultations/education/Summary%20Guide%20-%20SEN%20Regulations%20for%20parents%20and%20young%20people.PDF

DENI (Department of Education) (Northern Ireland) (1998) *Special Educational Needs: A Guide for Parents*. Available at: www.education-ni.gov.uk/sites/default/files/publications/de/special-educational-needs-parents-guide.pdf

EA (Education Authority) (Northern Ireland) (no date) 'Special Educational Needs.' Available at: www.eani.org.uk/parents/special-educational-needs-sen

Special Educational Needs and Disability Act (Northern Ireland) (2016, Part 6): www.legislation.gov.uk/nia/2016/8/section/6

Supporting SEND in Wales

The Education Act 1993 placed a duty on the Secretary of State for Education in Wales to issue a Code of Practice for SEN, the first of which came into effect in 1994. Since then, the rights and duties contained in the 1993 Act have been consolidated into Part IV of the 1996 Education Act. The latest Code takes account of the SEN provisions of the Special Educational Needs and Disability Act 2001. These include:

- A stronger right for children with SEN to be educated at a mainstream school.
- New duties on local education authorities to arrange for parents and carers of children with SEN to be provided with services offering advice and information and a means of resolving disputes.
- A new duty on schools and relevant nursery education providers to

tell parents and carers when they are making special educational provision for their child.

- A new right for schools and relevant nursery education providers to request a statutory assessment of a child.

It also contains new sections on provision in different phases (such as primary and secondary) and also about working in partnership with parents and carers, pupil participation and working in partnership with other agencies.

The Code recommends that, 'to help match special educational provision to children's needs, schools and LEAs [local education authorities] should adopt a graduated approach, through School Action and School Action Plus, and Early Years Action and Early Years Action Plus in early education settings' (Welsh Assembly Government 2004, Introduction, para. 8).

According to the Code, children have SEN if they:

- Have a significantly greater difficulty in learning than the majority of children of the same age.
- Have a disability that prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority.
- Are under compulsory school age and fall within the definition within the two categories above or would do so if special educational provision was not made for them.

Special educational provision means: 'for children of two or over, educational provision that is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the local education authority, other than special schools, in the area or for children under two, educational provision of any kind' (Section 312, Education Act 1996, quoted in Welsh Assembly Government 2004, Section 1, para. 3).

The Code also says that it is informed by the following general principles, and should be read with them clearly in mind:

- A child with SEN should have their needs met.

- The SEN of children will normally be met in mainstream schools or settings.
- The views of the child should be sought and taken into account.
- Parents and carers have a vital role to play in supporting their child's education.
- Children with SEN should be offered full access to a broad, balanced and relevant education, based on the National Curriculum and, for pre-school children, the *Desirable Outcomes for Children's Learning before Compulsory School Age* (Welsh Assembly Government 2004, Section 1, para. 5, Chapter 1).

Links to legislation in Wales

Welsh Assembly Government (2004) *Special Educational Needs Code of Practice for Wales*: <https://gov.wales/sites/default/files/publications/2018-03/special-educational-needs-code-of-practice-for-wales.pdf>

Supporting SEND in other countries

In Australia, the relevant support organisation for families is CYDA (Children and Young People with Disability Australia) (www.cyda.org.au). Latest legislation in Australia includes:

Department of Education, Skills and Employment (Australia) (no date) 'What is the Australian Government doing to support students with disability in schools?' Fact sheet. Available at: www.dese.gov.au/quality-schools-package/fact-sheets/what-australian-government-doing-support-students-disability-schools

Department of Education, Skills and Employment (Australia) (2005) *Disability Standards for Education 2005*: www.education.gov.au/disability-standards-education-2005

In New Zealand, latest legislation includes:

Education and Training Act 2020 (New Zealand): www.legislation.govt.nz/act/public/2020/0038/latest/LMS170676.html

Ministry of Education (New Zealand) (2020) 'The education and disability legislation guiding our approach to learning support.' Available at: <https://education.govt.nz/school/student-support/special-education/education-disability-legislation>

TKI Individual Education Plans (IEPs): <https://seonline.tki.org.nz/IEP>

In the US, the latest legislation is:

Individuals with Disabilities Education Act: <https://sites.ed.gov/idea/statuteregulations> and <https://sites.ed.gov/idea/about-idea>

CHAPTER 4: WANT TO KNOW MORE?

We thought it would be useful if we outlined in more depth two of the more common topic areas in which parents and carers often say they need support with their child with DME. The reason for making suggestions for how to support them is *not*, we want to stress, because we want to change your child in any way, but to help them (and you):

- Understand what is going on (and to be aware and accept that the challenges you face might just be part of who they are).
- Through understanding, to help them (and you!) to be able to channel their behaviour, feelings and emotions positively, for example at school or in their learning.
- Use their ‘superpower’ effectively to benefit them now and in the future.

The topics we have chosen are:

- Sensory processing difficulties.
- Executive functioning skills.

Sensory processing difficulties

Why is it so important to ensure your child has their senses under control?

We are all affected by our senses. However, some children (and adults!) seem to be more or less sensitive than average. They cannot process one or more of their senses effectively. In the SEN world, this is often referred to as ‘sensory processing difficulties’.

We have many senses in our body (some people say as many as 33 that we know about at present!). However, in current thinking, eight of them are the most important influencers of a child’s sensory processing. These are: smell (olfactory); sight (visual); hearing (auditory); taste (gustatory); touch (tactile); proprioception (force and pressure); vestibular (balance and movement); and interoception (recognition and regulation).

Sensory processing difficulties are sometimes called ‘sensory processing dysfunction’ or ‘sensory processing disorder’. However, in the UK, there is currently no recognised SEN called sensory processing disorder that exists in isolation. Rather, it is seen as part of other, recognised conditions, such as ADHD or ASD.

I am hypersensitive and can feel overwhelmed by too much stimuli too quickly. Especially challenges with my hearing or where all the senses are stimulated together. When I was young, I often misunderstood important instructions... I also struggle with anxiety and have had sleep difficulties and insomnia ever since I was a child. (Adult who was a child with DME)

We also believe that sensory processing difficulties can be present in many children and young people both with HLP and with DME, which can affect the way a child is able to learn. Children experiencing difficulties (or even overload) with one or more of their senses can find it hard to concentrate, they may be looking for ways to control what is happening to them and they may go into meltdown before they do.

Is your child a sensory seeker or sensory avoider?

Some children may be *hyposensitive* in a particular environment, which means that they are *sensory seekers* – they look for that particular sense as a way of coping. They are sensory seeking when you see them hugging you or others firmly, when they seek out certain fabrics or when they break their pencil because they don’t realise the force they are using. Other children may be *hypersensitive*, which means that they are *sensory avoiders*. This could be when they are avoiding noises as they are too loud and hurt their ears or when they seem unable to look at bright colours and say these hurt their eyes. Sometimes a child can be both hyper- or hyposensitive at different times, which can cause sensory overload.

To get to the bottom of what may be happening with your child, it is important to become a sensory detective and to observe them in certain situations and explore what is going on with their senses.

■ **Tips and hints: Being your child's sensory detective**

If you think there may be a problem with your child's sensory processing, becoming their sensory detective will help you find out:

- What your child is doing
- When they do it (e.g. do they do it more often when they are stressed?)
- Where they are
- If there is a pattern to their behaviours
- Whether they are sensory avoiders or sensory seekers in that situation
- Whether anything seems to help them.

Keep a record over a period of time (over a week or a month is useful) when your child is in different situations so you can start to piece together what is happening. Make a record similar to this one (with different rows for each trait seen):

Trait seen	Details	Sensory seeking	Sensory avoiding

What then? There are organisations in the UK that support parents and carers whose child has sensory processing difficulties. Some parents and carers prefer to use specialist services (such as a specialist occupational therapist) to work with them. If you go to one of these privately, there will be a charge for their services. While it is rare to find an occupational therapist who also understands DME, one is Mariza Ferreira from The OT Company (www.theotcompany.com). This organ-

isation offers a range of online courses (both free of charge and where there is a fee) for children and young people with sensory processing difficulties with both HLP and DME (<https://the-ot-company-online-courses.teachable.com>).

Exploring your child's senses

Smell (olfactory): This includes how certain smells affect your child. Does your child ever enter a room and want to leave straight away as it makes them feel sick when you yourself can't smell anything? They may be sensory avoiders. Or are they drawn to certain smells? They may be sensory seekers.

When they were young, my child would only wear clothes that had been washed with a certain brand of soap powder. I remember running out once and they wouldn't wear any clothes washed in the new powder. I had to look everywhere for the brand they liked! (Parent)

My child will not eat school dinners or even go into the canteen. The reason they gave was that the smell of the food made them ill. Eventually I got agreement that they could eat their lunch in a separate room. (Parent)

Sight (visual): Children who get overwhelmed by bright colours or a clash of colours on their bedroom or classroom walls can sometimes experience an overload in their visual senses. Investigating and identifying if a child has a sensory processing problem caused by what they see has led some parents or carers to do things like take out bright curtains and clashing duvet covers and replace them with neutral, plain ones. Others even paint the walls in a neutral colour like beige.

Playing sensory detective all over the house to see how a child with visual sensitivities could be responding to what they see may also be useful for parents and carers of such children. Bright yellow plates or highly patterned plates? Could the light be reflecting off them, causing a sensory problem? How is your child with your wallpaper or wall colour?

This can be a problem for many classrooms. Teachers feel they must cover the walls with brightly coloured posters that children have produced. Imagine how that feels to a child with visual hypersensitivities. Companies such as Dulux recognise that how a learning environment is designed and

painted can actively help children (and teachers) to thrive in the classroom. In a research report produced by SSAT and Dulux in 2017 called *Exploring Smarter Spaces*, a wide range of design factors were explored with children in schools.

Alternatively, is your child drawn to certain colours or even visual displays like paintings or artwork? They could be sensory seekers. How does your child react to things they see around them? Do you think it causes them problems? If so, what?

My child cannot stand bright colours on the walls, in the bedroom, even on the plates I use. They tell me it hurts their eyes. It is difficult but I've had to decorate in plain colours. That seems to calm them down.
(Parent)

Hearing (auditory): How does your child's hearing affect them? Do they never seem to hear what you say when you are standing right in front of them? Or do they refuse to go into public toilets because the noise of the hand dryers 'hurts their ears'? Do they wince or jump every time they hear a car door slam? Children with hearing difficulties may need to look at ways to 'block out' the overload in certain situations (such as the classroom) or to avoid them altogether (or at least to try to understand what is happening). Or you may need to stand right in front of them, bend down and say their name and make sure they are listening to you before you ask them to do anything.

As hearing is all about vibration, you may need to change things like the pitch of your voice (speaking lower or higher) or even give them longer to process something you have said so that they have time to think about it. If what your child hears overwhelms them, several pieces of equipment can help to reduce the overload, ranging from ear plugs to full ear defenders.

There are also some professionals such as specialist occupational therapists and others who have programmes, customised for children. Make sure that any service you use is appropriate for your child's needs.

Hearing is a big thing in our family. Our child can hear some things like a car outside or someone talking in the next room very clearly. Yet something like me talking to them, they find difficult or even impossible to hear or understand. When I asked them why, they said it is because,

to them, all sounds are on the same level and they can't distinguish between any of them. I bought them ear protectors to block out sounds at home, treat them as if they have hearing difficulties and give them time to process what I say to them. It's all I can think of that works. (Parent of a child with DME)

Taste (gustatory): Some children could be attracted to certain tastes. They may lick things you find strange (pieces of coal, walls or toys) or may refuse to taste others. As with some of the other senses, taste may involve a combination of other senses we use to experience things. With food, for example, your child might hate what the food looks like or may even hate the feel of certain foods together (soft, hard, etc.). Taste may only be a part of their sensory experience.

Lots of children avoid certain kinds of food. It could just be a stage in their development as they explore what they like or don't like. However, some children may actively avoid foods on their plate and this can become a problem for them and for you. Which senses affect your child the most in what they eat, chew or lick? Can you find out from your child?

We went to a cafe with our child when they were about two years old. We ordered baked beans and toast, which we knew they could eat. However, when it arrived, we realised that we had forgotten to ask for the beans to be put beside the toast and not on top. Even at that age, our child was very precise about how they had to eat things. They threw the plate of food all over the floor. We were so embarrassed. (Parent of a child with DME)

A food avoider can be a challenge and you have decisions to make, probably when your child is quite young, decisions like:

- Do you remove your child from the problem (e.g., never going out to eat) and let them eat what they want?
- Do you spend your life encouraging them to eat 'normally', or at least normally enough so that you can go out for a meal or they can have school dinners?
- Do you introduce a rule such as not being able to leave the table unless they eat everything on the plate or eating one new foodstuff a week? Would that work? Is there another way?

Let us stress, there is no right or wrong way with what works for you and your family, and whatever you decide will become your 'new normal'. Some parents and carers give their child the food they want, provide packed lunches at school and either don't go out to cafes or restaurants or allow their child to take a packed meal with them (sometimes saying that their child has a food allergy by way of an explanation). Difficulties for families who do this seem to arise when their child goes on a sleepover or to an organised camp or on a school trip (or equivalent). Then, full briefing is required to the leader or other parent, along with providing the child with at least one kind of food (ideally which nobody has to cook for them!) that they can eat.

Some parents and carers often spend time 'negotiating' a range of meals with their child that they will eat (and, if need be, how), and give them a choice: 'Do you want pasta and tomato sauce or beans and toast?' The downside of this approach is that it doesn't move the child into new food-stuffs potentially until they are older or even an adult. However, providing they are healthy and are not starving, a limited menu of four or five (or sometimes even one or two) meals gives some choice and, perhaps, a family trip out if wanted, once in a while. You will also need to decide whether your child's pickiness about food is linked to their stage of development, and whether this is problematic for them.

My own child was picky as a younger child and still won't eat at anyone else's house. There have always been a variety of foods presented and now – aged nine – they're fairly adventurous, unless their anxiety levels increase. When my child's lunchbox comes home full, it is a sure sign that they are under increased stress at school. Likewise, when they get picky about food at home. (Parent)

You could provide your child (or the whole family) with a lot of different finger foods (carrots, cucumbers, peas, peppers, mushrooms, cheese, chicken, etc.) for them to eat. If this is done without fuss or fanfare, eventually your child might start to pick new food to eat. If not, ask them to pick one new food and to try that. Don't worry if they leave it the first time – they might not like it or might need to try it a few times before they like it.

Annabel Karmel has produced a range of cookery books for what she calls 'fussy eaters'. Pick one up from your local library or bookshop.

If all fails, once they are old enough, teach your child to cook the food they like for themselves. Then, providing they don't starve (or develop an eating disorder), they could provide some of the meals they like.

My child just would not eat what I had cooked... We were told by the Child and Adolescent Mental Health Service (CAMHS), when my child was 11, that...they had an issue with control. My child was clever with a disability and there was so much of their life they had no control over at all, so food had become an area of control. I was told that, as long as my child was healthy and the right weight, to let them cook for themselves so they took back control.

So, for three years I had to put up with my child making rice and peas and gravy or pasta and tomato sauce. I didn't intervene at all (I wouldn't suggest you go down this road lightly!) and gradually my child learned to cook. They're 25 years old now and a better cook than I am! They sometimes still have strange combinations for their meals, but rice, peas and gravy has gone off the menu, although we still laugh about it! (Parent)

It is important to determine the root cause of perceived continued food avoidance like this. We have talked about the need for control. The importance of control, especially when it is linked with other traits such as perfectionism, can be a dangerous combination for many older children with DME (and HLP). Without the right support, this can result in a range of conditions including Obsessive Compulsive Disorder (OCD), and this can sometimes overlap with conditions such as eating disorders and Body Dysmorphic Disorder (BDD).

If such disorders are seen, it is important to get to the root cause of the problem. For example, where young people are not properly identified as DME (either for their abilities or for their SEND) and consequently do not receive appropriate education, this, along with any perfectionist or other traits, can trigger such more serious problems.

Of course, just as with the other senses, these may not be the only causes of a child's difficulties related to what they eat or put in their mouth. For example, difficulties with eating may instead be because of a physical problem such as difficulties with swallowing. Such children may restrict what they eat in order not to choke, for example.

When my child was younger, they had problems with eating. Others explained this away by saying they were a ‘fussy eater’. My child was six years old before they were referred for a swallow assessment by a feeding speech and language therapist. This showed that my child had a lot of physical issues going on including a dangerous swallow. The physical problems (along with their sensory issues) my child had were then supported by a feeding specialist and an occupational therapist. (Parent)

What is an occupational therapist?

Occupational therapy is part of healthcare and offers a range of services for people of all ages who have physical, sensory or cognitive (learning, memory, reasoning, etc.) problems. An occupational therapist is someone who helps them to be independent in their lives and helps to remove barriers to their social, emotional and physical needs.

What could an occupational therapist do to support your child with sensory difficulties?

- One-to-one support to develop, for example, a sensory support programme that is right for your child.
- Developing a programme for your child to do during the day (such as at school) to make sure they do not go into sensory overload. Examples could include regular breaks so they can move around freely.
- Suggesting specialised equipment for children and young people with sensory issues. One example of this is a weighted blanket and other weighted support.
- Some specialists offer a range of other types of support for specific difficulties, from programmes that help to train the brain to filter out certain sounds to diets to help to support children and young people who are avoiding certain tastes, smells or even textures when they eat.

In the UK, an occupational therapist may be provided free of charge, depending on your child's needs, although there are also a number of private occupational therapists.

The Royal College of Occupational Therapists (www.rcot.co.uk) has an online directory. All the occupational therapists in the directory are registered with the Health and Care Professions Council and are members of the British Association of Occupational Therapists.

If you are concerned that your child's problems may be more than sensory issues on their own, ruling out any other medical or physical problems can support parents and carers looking for the right solutions to challenges associated with taste. This may involve seeing a doctor for a referral to, for example, a specialist in feeding challenges or paying privately for support from someone like a sensory occupational therapist.

Other sensory challenges can also have an impact on eating, such as proprioception (the sense responsible for force and pressure). If a child is hyposensitive with respect to their proprioception, they may have problems feeling where their body is in relation to other things. This can mean they may overstuff their mouth, as it gives the cheeks, lips, teeth, tongue, etc. more input to tell their brain they have food there to move around in their mouth. Knowing this, and following professional guidance and support, you can do things like work on a child's proprioceptive system before eating.

The DSM-5 has now included a new diagnosis of Avoidant Restrictive Food Intake Disorder (ARFID) (previously referred to as 'Selective Eating Disorder'). Unlike anorexia, ARFID does not cause distress (for more information about this condition, go to the US's National Eating Disorders Association website at www.nationaleatingdisorders.org/learn/by-eating-disorder/arfid).

My child used to really overstuff their mouth. They would try and stuff in a whole pain au chocolat without biting. This, of course, usually led to them choking. We found out that our child had an ineffective chew as well as problems swallowing and being hyposensitive in their proprioception. This meant they were not able to break down the food once in their mouth. They would then try and get drink into their mouth to wash the food down without chewing. It was a real problem. (Parent)

As you can see, the list of problems connected to what looks like taste (at least at first) can be complicated and will test your sensory detective skills to the limit. Observe your child and what they do, eliminate problems that can be solved with some of the simple solutions suggested, and then seek specialist advice for those that may be caused by more complicated physical, mental or medical problems.

Touch (tactile): How does your child use their sense of touch? Are there certain things that they actively want to touch (something smooth, like a favourite velvet cushion), or things that they avoid or hate touching (the seams of socks that make you search everywhere for ones without seams!)? Look at the kind of things your child is drawn to or actively avoids.

Touch is the largest of the senses. For some children, a light touch (such as someone brushing past them) can cause problems. For others, deep pressure squeezing (like a massage or a hug) might be reassuring.

Both of my children prefer to be barefoot. As soon as my youngest was old enough and strong enough to remove their own clothes, they refused to wear socks and shoes at all, so we had a long phase where my child would run around everywhere barefoot. No matter what I tried to get on their feet it would be thrown off after a few seconds. This was really difficult out in public where you get the inevitable comments and looks that imply you are not caring for your child because their poor feet will get cold or hurt. I remember vividly my youngest child running round a train model village barefoot and cutting their foot but they would not accept a plaster or socks or shoes. As I worked on my child's sensory systems following the advice of a sensory occupational therapist, we got to a point where they would tolerate a certain pair of fleece lined winter boots but of course I didn't think ahead to the summer when their feet had grown, and I could not buy the boots anywhere. The next year I planned ahead and bought the boots in a range of sizes. My child is school age now and will tolerate wearing socks inside out (so the seams don't rub) and will tolerate some shoes, but each time we need to buy a new pair it takes a long time to find something they will tolerate and then to transition from the old ones. (Parent)

Observe what your child does when they touch things (and how) and when

they do it. Is there a pattern? Perhaps when they are stressed, to calm themselves down?

Proprioception (force and pressure): Proprioception lets your child know where their body is in relation to other things. It also lets them know how to move their body and how much force they need to use to carry out a task. Children with poor body awareness may not press hard enough on the paper when they are writing, or press so hard that they break the pencil. They may not know their own strength and run round the playground hugging people and hurting them. Or they may not feel pain and so be unaware that they are hurt. Or they trip over chairs or are clumsy as they don't know where their body is in space.

As you can imagine, these kinds of difficulties can cause real problems for the child at home or at school. At school, for example, they can be the child told off by the teacher as 'they don't know their own strength' in the playground. Or they may fall over, and nobody knows there is a problem until much later, as they didn't feel a thing. As we have already seen, problems relating to proprioception can also cause problems for other senses. Observe your child and what they do. Does their overload happen at certain times?

Vestibular (balance and movement): The vestibular system is in the inner ear and is what affects a child's balance, posture, sense of gravity and sense of movement. You may see actions such as your child spinning around or doing cartwheels or rocking backwards and forwards or from side to side, particularly when they are stressed.

My child, when they were a baby, would never lay on their back and couldn't tolerate travelling backwards in the pram or car. We had to stop using the car for several months until my child was big enough to go into a forward-facing car seat as they would scream and turn purple when going backwards. Sometimes my child would also projectile vomit everywhere when I tried to push them backwards in a supermarket trolley. I would guess the motion was also combined with the overwhelming smells, sounds and supermarket lights. When we saw the paediatrician just before my child was two years old, the doctor explained that they clearly had a lifelong disability and used examples such as the lack of eye

contact to describe why he felt my child had Autism. While I agree and felt my child had Autism at that stage, the sensory occupational therapist [OT] was able to share different reasons for the very obvious lack of eye contact. My child used to turn away from me and sit back onto my lap rather than coming forwards for cuddles, etc. The OT explained that my child needed to keep their eyeline clear (it would be blocked by their short height compared to mine if they came forwards towards me). This was because they needed to keep their head and eyes in a straight position to cope with the vestibular input. At three months old, my child stood exceptionally early. They walked unaided at just turned ten months. They never crawled. Again, these things were explained to me in terms of their vestibular system not being able to tolerate movement, so their head had to stay on the same line. Laying or crawling positions were unbearable for my child, they always wanted to stand. (Parent)

The vestibular system is tied to hearing. A child with an ear infection or glue ear, for example, can sometimes have problems with their balance. What do you observe with your child's balance and movement? Can they sit for hours at a time, or do they have difficulty sitting for more than 5 minutes before their foot starts to tap, they fiddle or they rock? When does this happen? Are they better at certain times than others? What are they like when they have just come out of school? What helps with this?

Interoception (recognition and regulation): This is about the child recognising or being able to regulate their senses. You might see a child eating too much as they do not realise they are full (or conversely, not knowing they are hungry or thirsty at all) or that they need to go to the toilet (so they have accidents and wet themselves before they recognise their need). Remembering to remind your child about such things as going to the toilet when they are younger can help. Is this a particular problem for your child? What kinds of things help (and could you tell their teacher about them)? Is there a pattern to this?

This has been a quick run-through of some of the senses and the challenges they can bring for children and young people with sensory problems, including those with HLP and DME. We have probably left out more than has been written about these topics over the years. If any of these are a

problem for your child, if some of the lower-level suggestions don't help you to alleviate the sensory overload, then get specialist help. Use the evidence you have collected to help frame your discussion.

What can I do to support my child?

Obviously, your child's senses and how they react to them is only a part (although it may be a big part) of who they are and what is happening to them. Other things may influence them, like their stress levels (or yours!), the environment they are in, their personality traits, whether they are concentrating on something else at the time as well as a variety of other factors.

Overexcitabilities

Kazimierz Dabrowski's 'Theory of Positive Disintegration' is thought to be one of the most influential theories of gifted education in recent years. Dabrowski recognised that children with DME (and HLP) can have *overexcitability of the senses*. This means that the child is sensitive in one or all of their senses, and that this could be a part of who they are. Given this, there is a chance that what you see as intensity or overexcitability could be misdiagnosed as sensory processing difficulties. *Living with Intensity*, edited by Daniels and Piechowski, can help you explore in more detail the intensity of your child. In Chapter 6, Edward Amend wrote:

When overexcitabilities manifest themselves in a gifted individual, the potential for misdiagnosis increases, since someone unfamiliar with Dabrowski's Theory of Positive Disintegration can easily misconstrue any of the five overexcitabilities. Overexcitability and its characteristic behaviors are often mistaken for mood disorders, attention disorders, impulse control disorders, anxiety disorders and many other diagnostic disorders.¹

People like Dabrowski, Daniels and Piechowski recognised a number of overexcitabilities that could be relevant for a child with HLP and DME:

1 Amend, E.R. (2009) 'Dabrowski's Theory: Possibilities and Implications of Misdiagnosis, Missed Diagnosis, and Dual Diagnosis in Gifted Individuals.' In S. Daniels and M.M. Piechowski (eds) *Living with Intensity: Understanding the Sensitivity, Excitability, and the Emotional Development of Gifted Children, Adolescents, and Adults* (Chapter 6). Scottsdale, AZ: Great Potential Press, Inc., p.96.

sensory, psychomotor, intellectual, imaginal and emotional. As we have already discussed sensory challenges, our focus here instead is on some of the other overexcitabilities.

Psychomotor overexcitability: This is energy-related overexcitability, where these children have high energy levels. Until they have learned how to slow down (or are mature enough to be able to control or self-regulate their behaviour), they often speak quickly, excessively, rapidly and all the time; they are on the go from the moment they wake up until they go to bed, and nothing seems to wear them out; they seem to need little sleep and are restless all the time – when they are talking, eating or even in lessons at school. This intensity and high energy are not necessarily linked to them being good at things like sport, however:

I had real struggles with my 10-year-old child. They were brilliant at everything except sport. When it came to sport, they had a real hate and fear of the subject because they ‘couldn’t do anything’. They have never been well-coordinated and always preferred to be inside reading a book than outside running about. They asked me to ask the school for more maths when it was PE. (Parent)

In fact, parents often say their child is like a pressure cooker with steam coming out of the top, or a coiled spring. They can’t rest until they have, literally, let out all their steam. For some children, this ‘steam’ is also linked to pent-up energy or tension, which, for one reason or another, has been building up and must be let out somewhere.

A child with such high levels of energy can experience problems in a formal classroom situation where they do not have enough chance to release the pressure. Parents and carers often report being told that their child fiddles incessantly, moves around in the classroom, ‘doesn’t concentrate’ in lessons or causes problems in the playground in a variety of different ways as they try to get rid of their excess energy. All of these actions can get them into trouble in school. They may also be labelled as having a variety of SEND, from ADHD to behavioural problems. While this could be true, doing these kinds of things can also mean that they have HLP and possibly DME.

Without having sufficient opportunity to move around the classroom or playground, the tension and energy is often felt by parents and carers

as soon as their child steps beyond the school gates for the day. Problems reported include negative behaviour towards their siblings, moving round the house (and often breaking things) and getting into trouble because of their livewire antics.

Shouting at your child and telling them to ‘sit down and stay still’ may have the opposite effect. Providing them with opportunities to get rid of their energy is a far better approach. At home (depending on what you have available) you could:

- Run as a family or take up another sport that uses up a lot of energy (but remember, your child may not be good at the sport, and you need to be clear with them that you are doing it for different reasons).
- Go to the local park or put a climbing frame in your garden or obstacle course or something else where your child can let off steam.
- Enrol your child in a weekly class such as a martial arts class.
- Try and put some structure into their excessive talking, for example giving them an allotted time to talk when you have a meal together (remember the speaking spoon?!).

While this is difficult to apply when your child is younger (and when they may have less control over what they do), try and keep going with it. It does not have to be done sitting down. As long as they are careful, they could be moving while they talk. The skills you are encouraging them to have are listening and speaking. As your child gets older, they may begin to learn how the process works!

Getting this right, ideally before your child starts school, is important. Problems often raised by schools about children facing these challenges include that they do not listen to other pupils and they do not take their turn and shout out answers to questions in class. Giving them the beginnings of a structure and applying these consistently at home will help to provide that framework at school. Other ideas to help them slow themselves down include using relaxation exercises like breathing deeply and counting to 10, and, depending on your child’s age, helping them with things like meditation or mindfulness (there are lots of apps and books and YouTube videos showing different techniques on these).

In school, where it is often expected that children will keep still and be

quiet, many parents and carers find that items to ‘fiddle with’ can help. These ‘fiddle toys’ could be anything from a piece of Plasticine® to a bracelet or even a rubber band round the child’s wrist. We have already recommended some of the companies that stock these kinds of items. Where the teacher does not understand the importance of these fiddle toys and what they are used for, or where they are not allowed in the class for other reasons, children have been known to do a variety of other things instead, including twisting their hair (which can lead to bald spots and a problem called trichotillomania), biting their nails or chewing their jumper.

Intellectual overexcitability: Many children who have intellectual overexcitability have brains that rarely shut down – their thoughts are on the go all the time. They are curious about the world and have so many questions about what they find. They often have both deep and wide knowledge about things that interest them. They ask questions from the moment they get up until they go to bed (and sometimes afterwards!), making connections between different pieces of information to make new connections about things others may not have thought about before.

While it can be wonderful to see this happening in practice (when they are not your child!), many parents and carers say how exhausted their child makes them feel. For a teacher without the right training or understanding about what is going on, they can be a challenge to educate. In addition, in an environment where this curiosity or passion for learning is not encouraged or supported (and may even be punished), it can be sad to see the impact on the child.

Instead, support and encourage your child’s intellectual curiosity, but place a time limit on the number of questions they ask. When they are older, ask them to write down all of their questions and then research them themselves or with other like-minded children – this will help to reduce the impact of their passion on you (unless, of course, you share their passion and can research answers together!).

Many of these intellectually curious children are daydreamers and seem to be lost in a world of their own, exploring concepts and ideas, inventing new things or just thinking. In school this is often misunderstood and seen as a SEND such as ADHD or a processing difficulty. However, when asked a question by the teacher or asked to repeat what was just said, these children often know the answer. Regardless of the label, at both home or

at school, it is worth saying your child's name until they come out of their daydream and then, when they have, to talk to them.

Sometimes, all of this intellectual curiosity can cause a problem, especially if your child is also a perfectionist, with high standards for themselves and for others around them. While perfectionism can sometimes be a good thing, it can also lead to the children having impossibly high standards for themselves, standards they could never hope to meet. Without support, this may stop them doing things they find more difficult.

In addition, we can sometimes make this situation worse. What if, before they ripped up the picture they have just drawn as it was not perfect, we saw it and said we thought it was wonderful? Far from making the situation better, it can sometimes make it even worse. Your child thinks 'What does my parent know? My picture looks nothing like the painting in the art gallery. How can I trust their judgement? If they are telling me lies about this, what else are they saying? I will never be as good at painting as the artist whose work I love.'

Your child rips up the picture and decides they are never going to paint or draw again. They just don't feel good enough. It would be far better to give your child very precise praise to describe that picture, rather than you saying it was the best thing you'd seen. Remember – your child is clever and can overanalyse what you say!

Some schools support the learning of those who are perfectionists by coming up with imaginative marking schemes. One example we have seen involves giving half of the marks in an exam or a piece of homework for getting the answer right and the other half for 'thinking out of the box', or 'taking risks'. Another example is the school that ran its sports day entirely based on who could come last in the race to give its pupils a taste of 'failing' at something. Imaginative solutions like this help such children to be rewarded for leaving their comfort zone and taking a chance they won't be perfect.

Explaining to your child that failing is part of the way in which they learn and grow can be useful, as can showing them how their brain expands and they learn to deal with their mistakes. Also, giving them a flexible or growth mindset is useful to encourage them to see failure as a positive thing, an opportunity to learn.

Imaginational overexcitability: A child or young person who has imaginational overexcitability has a rich store of imaginary friends, stories, plays,

dressing up and other resources to keep themselves occupied for hours. However, they can also sometimes be a source of frustration for parents and carers, teachers and others, especially where the lines between fantasy and reality become blurred. Sometimes these children are so good at this that it is difficult to tell when this line is crossed, causing frustration and embarrassment.

My child has always had an over-active imagination. Apart from when they are at play, I have noticed that my child usually retreats into this world when embarrassed or when they have done something wrong or when stressed or put on the spot. One day, when they were about six or seven years old, my child told me that a boy was bullying them at school and that they were scared. I marched straight up the road to the school. However, before I went in to complain, I asked them the name of the bully. The name they gave me was obviously made up. As you might expect, I didn't go into school and saved myself a lot of explaining! I never got to the bottom of it. (Parent of a child with DME)

If your child is extremely imaginative (and particularly if you feel the lines separating imagination from reality are getting blurred), it is worth trying things like:

- Accepting their feelings are real and getting them to help you problem-solve a solution to the difficulties they face.
- Asking if what they tell you is a made-up story.
- Helping them to think of their imagination like a television set or a computer (i.e., outside themselves), and to evaluate what is happening and what to do. If it is working against them, they can 'switch channels' to something more useful for them.
- Channelling their imagination into areas where it can be used – storytelling, acting, writing.
- Encouraging your child to draw, write down or record their imaginative ideas.
- Writing a picture book, story or novel or even a play together.
- Recording imaginative ideas in a journal.
- Observing and possibly recording when and possible reasons why fantasy and reality become blurred.

Adults should try not to shout at a child or young person with an overactive imagination or make fun of their imagination. Harnessing it in the right way may lead to a variety of different skills and possible futures as a result!

Emotional overexcitability: According to Daniels and Meckstroth:

Intense feelings manifest themselves in extreme, complex positive and sometimes negative ways. Children with these overexcitabilities seem to have extra emotional antennae, to be permeable by feelings and impacted by emotions. It is as if everything gets inside of them and they feel it. We might say that they are much more emotionally endowed.²

Emotional overexcitability can be seen among children and young people in many different ways, from refusing to watch the end of a Disney film because it may be sad, to being extremely concerned about death, love, loneliness (among young children) to overanalysing themselves and their (and others') behaviour after the event (among older children). These children, if they are not careful, can experience tremendous highs when something has gone 'right' and deep lows when (they perceive) something has gone 'wrong'.

Relationships with others can be important to these children and young people. Sometimes (especially where they are unable to find 'like-minded' friends) they move to the company of older children, even adults, with whom they develop a bond. Or, where there are no suitable adults, they sometimes seek out and develop links with children much younger than themselves, especially where they can take on the role of carer, mentor or teacher.

Another outlet for these emotional overexcitabilities can be their desire to 'change the world'. They may develop intense feelings about how other people or problems (such as the environment) are doing and want to play their part in helping to support one or the other or both. Often, these feelings don't disappear when the child or young person reaches adulthood, and can be seen in the many highly able charity workers and funders who are still trying to 'save the world'.

2 Daniels, S. and Meckstroth, E. (2009) 'Nurturing the Sensitivity, Intensity, and Developmental Potential of Young Gifted Children.' In S. Daniels and M.M. Piechowski (eds) *Living with Intensity: Understanding the Sensitivity, Excitability, and the Emotional Development of Gifted Children, Adolescents, and Adults* (Chapter 3). Scottsdale, AZ: Great Potential Press, Inc., p.51.

When I was 11 or 12, I sold all my prized record collection to raise money for a Blue Peter Appeal on the television. This sense of justice and a desire to do 'what was right' has never left me, even though I am now an adult and I have spent my life (so far) trying to support the needs of others. (Adult who was a child with DME)

It is important to accept the emotions and deep feelings of your child with emotional overexcitabilities, however they are shown. Rather than dismiss them out of hand, acknowledge what they say. This could be done by responding with a phrase such as: 'I can understand that you are (for example) sad/upset/angry.' Then it may be worth asking how they would solve the problem or dilemma, and coming up with an action plan.

However, be prepared that their solution may not be totally realistic. In that case, depending on their age, it might be worth making a list of things they could do and then going through the list when they are a little calmer, and discussing the pros and cons of each suggestion before agreeing on an action plan. This kind of approach has several advantages:

- You have treated them seriously and not laughed at their feelings.
- You have given them an opportunity to do something about how they feel by helping them come up with a plan or strategy for action.

You have also done something else important – you have helped them to develop their critical thinking skills, the skills they need to analyse and evaluate a topic and then to form a judgement. In school, critical and creative thinking skills are important for all children, young people and even adults. However, they are essential tools for those with DME and HLP as they can be used to encourage thinking on a higher level (called higher order thinking skills, or HOTS), which helps to feed their brain.

For a child with emotional overexcitabilities, these traits can sometimes lead to increased anxiety and mental health difficulties, particularly where they overanalyse everything about themselves, their actions and others' behaviour and actions towards them. Remember what we said earlier about buying or making your child a five-year diary?

My child has had a five-year diary for years now, even though she is older. She says it helps her put what is happening into some sort of

perspective and she can see that things she thought at the time were going to be disastrous had turned out to be okay. I think it has helped calm her down. (Parent)

The HappySelf® Journal (<https://happyselfjournal.com>) for children aged 6–12 could help your child to journal their thoughts positively. However, if your child is reading and writing before the age of six, you might want to use it with them when they are younger. For older children (and adults!), the 6-minute diary by UrBestSelf (<https://createurbestself.com>) provides a structure to reflect positively on the day and what to be grateful for. Filling it in for only 3 minutes in the morning and 3 minutes before bedtime may be manageable, even for your teenager. Both journals cost money, so a low-cost option could be to make a journal of your own, customised to reflect your child's interests. This may encourage them to fill it in each day. Alternatively, you could buy a low-cost diary for your child to use.

If your child's emotions are overwhelming them, teaching, modelling and sharing relaxation techniques can help, such as deep breathing (breathing in and out slowly for 2 minutes), stretching, having quiet time (and making sure that they understand they are not being told off) – some children can benefit from this being done at a set time – and doing meditation or practising mindfulness techniques together. There are lots of other techniques (you might know some of your own!) you can do together. Could you learn these as a family? You might all benefit from ways to calm down from the stresses of everyday life.

Rather than doing things to calm down your child, showing them how you want them to behave can also be a good idea, especially if they are emotionally hypersensitive. With a child who is extremely sensitive and who picks up emotions around them, they will be upset about someone expressing mild anger, or, to them, who sounds angry. Such emotions – even if they seem trivial to others – can cause the child to have a complete meltdown.

The worst thing I experience is when a teacher raises their voice to shout at me or someone else. It really affects me. (Child with DME)

Finally, we have *sensual overexcitability* – the child (or adult) who cries when they see a painting they like, or when something they eat brings back

memories, or when they touch something that makes them feel on top of the world. Looked at through one lens, your child has a range of sensory processing difficulties that need to be ‘cured or contained’. Yet looked at in another way, their overexcitabilities may be just a ‘normal’ part of a child who is neurodiverse. Perhaps the best approach – at least at first – may simply be to identify how your child acts and to collect your evidence about what, when, how and why they act as they do, any additional needs you feel they might have as a result and anything you have learned to support them.

Support the child, not the label

Using this approach is a far more useful way of proceeding than going down one or more SEND or HLP routes (which may turn out to be wrong in any case), as it means the child or young person is not limited or confined by the label given to them. In the long term, if needed, they could then be labelled as ADHD, ASD, HLP, or a range of other things. We would argue that DME should also be seen in the same light, where a child’s gifts and talents are an additional need and built into the formal statutory framework (such as the assessment process for EHCPs). For now, supporting a child’s gifts and talents could be informally added to the assessment process in school. Without supporting both a child’s SEND *and* their HLP, it is argued, we are only supporting half the child with DME.

Without a diagnostic ‘label’ my child would not have any additional support in school (through an EHCP in England). The school has no particular interest in their ‘giftedness’ because they don’t teach what my child is interested in at the right level. While it is my child’s potential and their obvious amazing strengths which have stopped them washing their hands of my child, they just want them to function and be compliant within the only system they can provide. At the moment a DME label doesn’t mean a great deal within the education system because, without the clinical diagnosis (and the EHCP funding that it unlocks), the school doesn’t need to make any adjustments for my child. Therefore, DME is just a label without a function, but High Functioning Autism (HFA) is a route to extra funding and practical help.

As a parent, I don’t mind what it’s called, because they are both constructs really, but my child’s difficulties in the school system are real and I just want the school to make adjustments and be understanding so my child can be happy and fulfilled. (Parent)

■ **Tips and hints: Supporting an overexcitable child with DME (and HLP)**

In terms of all the areas where your child is overexcitable or intense, put them in the driving seat so that they feel more in control:

- Let them choose their clothes with you so that they can tell you what helps and what hinders their senses.
- If possible, let them decorate or choose the colours for their bedroom or living space. If they share a bedroom with someone else, think about putting curtains round their bed so they don't have lots of colours coming from the rest of the room.
- Let them choose what ear plugs or ear defenders to wear to block out any noise.
- Discuss the positive things about their overexcitabilities and help them with their favourite things: paintings, smells in nature, food, etc.

It is important that you – and others – don't make fun of their overexcitabilities or tell them off for things that may, to you, appear strange at first glance, such as their eating quirks or keeping hold of a cuddly toy or blanket well beyond childhood.

Let's move on to the difficulties parents and carers may face with their child who is disorganised.

EXECUTIVE FUNCTIONING SKILLS

Organisational skills and your child with DME

Does your child regularly forget what you just asked them to go upstairs and bring down, even though you only told them 5 minutes ago? Do you still find them sitting in their pyjamas eating breakfast when they should have got dressed a long time ago? Do they lose things around the house, have a room that looks like a hurricane has hit it, or forget the question you just asked them? Knowing they are bright, has your family started to give them nicknames like ‘daydreamer’ or the ‘absent-minded professor’?

What about when your child goes to school? Do they regularly miss out on trips because they didn’t bring home the note from school (or you find it, weeks later, crumpled up at the bottom of their schoolbag, forgotten)? As they get older, do they fail to schedule in homework or project work so that it is always late or even fails to materialise at all? Do teachers report them staring out of windows instead of focusing on what they should be doing? All of this can be frustrating for you (and sometimes them!) as you know how bright they can be where they don’t need these kinds of skills. You might have tried lots of different approaches to supporting them but, unless you organise everything for them, when you stop helping your child, they go back to their old, disorganised, ways.

The kinds of characteristics we have described – such as difficulties with planning and organisation skills – are often grouped together to form something called ‘executive functioning skills’ (see Figure 4.1).



Figure 4.1. Executive functioning skills

When my grandchild had difficulties with organising and finishing their work, we were told they had to learn to be more independent... In Year 9, they had an assessment which identified problems with their executive functioning skills. All the school said when I showed them the report was that they knew that. My grandchild had lots of problems giving in homework too late (or not at all), increasingly suffering from cramps due to anxiety and stress that increased due to perfectionism, I think. It went from bad to worse. (Grandparent of a child with DME)

Parents and carers often report difficulties with their child's organisational skills when they are still relatively young. At school, professionals may start to suggest your child might have ADHD, ASD or dyslexia. However, such traits can also be seen in children with HLP. Using the term DME as

a shorthand reduces the need for other labelling until the causes of this behaviour can be determined.

For a child with executive functioning difficulties, simple activities to support them can sometimes make a difference, things like:

- Giving them a question and then giving them time to focus and structure their thoughts, before asking the question again.
- Attracting their attention (e.g., by calling their name or tapping them on the shoulder) and only speaking again when you know they are focused and listening to you.
- In school, giving everyone their homework on a piece of paper or (better still) on the school website so that every child can access it even if they didn't write it all down or have lost it.
- Having timetables for lessons and activities and giving as much notice as possible when things change (and why).
- Using technology to remind them of deadlines or even to jog their memory about things they need to do.

Sometimes, pupils with DME who have executive functioning difficulties say that they are not taught in a way that they understand to enable them to do things like answer questions in exams and how to organise exams in terms of timing. Often these children will look for greater complexity and will answer the question they think is being asked rather than the one that is set. In addition, the level, pace and content of teaching may be too slow or may even overwhelm them and their mind may start to wander.

It is important to understand how your child thinks and to use their strengths in this area to help you solve any executive functioning challenges they face at home.

Dawson and Guare's *Smart but Scattered* and Guare and colleagues' *Smart but Scattered Teens* are jam-packed full of ideas about how to improve your child's executive functioning skills and are well worth a read.

Supporting your child with DME who is smart but scattered

Dawson and Guare put forward 10 principles to improve a child's executive skills. They recommended that these rules be adapted to

meet a child's specific circumstances. Parents and carers could then work on a simple action plan to support their child. This includes things like teaching them the skills they don't have (such as how to tidy their room), which they may not learn otherwise, changing the task to match your child's ability to encourage them to make the effort to do it, and using rewards and incentives where needed.³

Difficulties with executive functioning can cause problems at home that may be a real challenge, both for your child and for you, such as getting ready to go out in the morning, coping with change, forgetting to do things, tidying up, losing things, homework and revision and course work. At school, problem areas are impulsiveness, working memory problems, forgetting to bring work home, do work or hand work back to school and daydreaming. Many of the organisations that are specialists in supporting parents and carers of children with DME offer training courses (including online and through YouTube channels) on supporting a child who has difficulties with executive functioning skills.

3 Dawson, P. and Guare, R. (2008) *Smart but Scattered: The Revolutionary 'Executive Skills' Approach to Helping Kids Reach Their Potential*. New York: Guilford Press.

CHAPTER 5: WANT TO KNOW MORE?

Here is a 10-step framework to help you choose the right schooling option for your child with DME. Parents and carers often say that deciding about their child's schooling is one of the hardest things they do, so hopefully this will help you find the right path for your child and you.

Making decisions about your child's schooling option

Step 1: Think about the parameters of your decision

Do you have strong views about the kind of schooling you want your child to have? Should it be free of charge? Or do you want a public school where you may pay? (Don't be put off by this. If you don't think you can't afford it, many public schools in the UK offer grants or bursaries for certain children such as those from low-income families.) Do you want a faith school, a mainstream school or to home educate?

Step 2: Explore all the school options within your parameters

Once you have your framework, look at all the schooling options within the physical boundary of your search. This could mean the school catchment area for where you live or even how far you may be prepared to travel. If you don't know your catchment area, contact your local authority – they should be able to tell you the state-funded schools in your area and the schools' admission criteria. You can search for independent schools on the Independent Schools Council's website (www.isc.co.uk/schools) (independent schools are private and are run by a board of governors or trustees that is independent of any other organisation, like a church, so although this website doesn't list every public school, it may be a good place to start). The list of different types of schools in England can be found on the UK Government's website (www.gov.uk/types-of-school). At this stage, only cross off from your search the types of schooling you would not consider within the boundary within which you are prepared to look.

Step 3: Think about what you are seeking for your child's schooling

You can involve your child in exploring their preferences for schools from an early age, as well as the preferences of all those others with a stake in your child's future. Each of you could make a list of the top 10 things you are looking for from school (differences in views between, say, you and your child can prove an interesting exercise on its own!). If the list is starting to get too long, either group preferences together or give each item on your list points out of, say, 10, from most to least important, so that a long list can be reduced to the top, say, five or more school characteristics that are important to you and your child. You can then use this list to evaluate the different schools you have shortlisted.

Step 4: Using your list and the list of schooling options you want to consider, narrow down your search as far as you are able

Some parents and carers will explore all the schooling options within the boundary of their search while others will reduce it down to two or three. There is no right or wrong answer here, and it depends on the time you have available, so *research your options*. Talk to anyone you know with children in the schooling options you are exploring. Some parents and carers also find it useful to look at school prospectuses, evaluation reports that have been carried out on each school and even news items about the schools that have been shortlisted.

Step 5: Pick your top three options, and then visit them

Some families will not have three options they can or want to consider, which is fine. However, don't get overwhelmed by looking at more than you can cope with. Talk to teachers, pupils and other parents to find out their views and experiences. Many schools organise open evenings so that you can talk to teachers and see what the school is like 'from the inside'. Think of this as an opportunity for the school or other provision to promote itself and show you the best of what they offer. You may hear the headteacher and you can form an opinion about their leadership and their ethos. You will also be able to look at school buildings and to meet those who are likely to be teaching your child.

Step 6: Arrange a visit when the school is in session

Ideally go and visit on a normal school day so that you can see what it looks like when children are being taught. Make a note of things such as how noisy it is, how teachers behave with the class and all the other things that you feel your child would and would not like. Some schools offer taster sessions where your child can be in a lesson. If your child does attend a taster session, listen to what they say afterwards about their experience. You might also be able to meet any professionals responsible for making sure that your child with DME is nurtured effectively. Don't be surprised if they have not heard about DME, however. It is more important that they listen to what you say and that you feel confident that they would recognise and support your child appropriately.

Step 7: Evaluate the pros and cons of each school

Make a table for each school you have shortlisted and write down the things you liked about the school and the things you didn't like (the pros and cons).

Pros	Cons

You could give each of these separate positives and negatives marks out of 10. So, for example, if you felt the playground had great facilities that your child would enjoy, it might get 10/10, but if the classroom was only okay you might give it 4/10. If it is useful, you can add these scores up at the end to see which school option gets the most marks.

If you are (or have!) a mathematician or someone who's good with numbers, you could weight these scores. So the playground may get a 10

for how good it is. However, you may think it is not that important in the scheme of things and give it a 2: $2 \times 10 = 20$, and that's the score it gets for its playground. On the other hand, another school's headteacher may be good and you give them an 8. However, you also feel that the headteacher's vision for the school (and the way it will be run) is important to your child's future education. So you give them another 8: $8 \times 8 = 64$. This is the score that school gets for that topic. Do this for the whole list for each school, and this will give you a more accurate comparison of scores between schools (unless there is some more complicated model that your child can devise!).

Step 8: Make a decision

If you still can't make a decision, you might want to talk to someone who doesn't know your child or you or the school options in your area but who can act as a sounding board to help you reflect on the research you have done.

Step 9: Go with your gut instinct

If, after all this information, evaluation, analysis and hard work by you, you still cannot make a decision, the only thing you might have left is to trust your instinct. This could be the feeling you got when you walked into the building or when you talked with your child's potential teacher or how your child felt when they came home from spending a day there. It might be something you can't even name or put your finger on. Whatever it is, trust your judgement and make the decision.

Step 10: Sit back and relax!

Prepare your child for school, and once they attend, monitor their emotions, behaviour and what they say about how they feel about the school and how they are progressing. You may never fully relax, but, providing they are happy and progressing well, you might be able to let your child enjoy their schooling until the next big decision comes along!

CHAPTER 6: WANT TO KNOW MORE?

There is so much that could be written about education and the needs of children with DME that it is difficult to know where to stop! However, in this section we have chosen to give you more information about the following subjects, which we believe may be of interest to you.

The Bridges Education Group, specialist support for children and young people with DME

The Bridges Education Group is a US-based organisation that consists of the Bridges Academy School, Bridges 2e Center for Research and Professional Development, *2e News* publishing, Bridges Graduate School and Bridges Academy online High School.

Bridges is dedicated to advancing the intellectual, creative and social-emotional lives of 2e (Twice-Exceptional) students everywhere. It has a 25-year history of educating 2e children in the US. In 2020 it adapted its model for the online space.

As well as a bricks-and-mortar and an online school, the Bridges Education Group offers summer classes to children outside its community as well as ‘Ask the 2e expert’, a service for children, young people, parents and others. The Group also offers training summer programmes for parents and carers, subscription to *2e News*, academic coaching, and a Master’s Summer Institute for professionals and parents. The Bridges Graduate School of Cognitive Diversity in Education offers three programmes of study – a Certificate, a Master’s and a Doctorate in 2e.

The Bridges Academy itself was established in 1995 to understand and educate gifted and highly gifted students with learning differences, and to foster a successful academic and social experience for their students and the broader community. According to its website (www.bridges.edu), the Academy is a school for about 145 students from Grades 4–12 (between the ages of 9 and 18). It seeks to:

- Empower its students to thrive academically and socially through small classes and differentiated instruction.
- Create an environment in which gifts are recognised and developed, and learning differences and disabilities are accepted.

It believes that many students come to Bridges defined by their challenges, but graduate defined by their strengths and talents. By the time they come to Bridges, many students have been frustrated or found it impossible in mainstream schools to receive both the support they need for social and academic success and the opportunities to use their strengths to pursue their passions and fully develop their talents. To maximise potential, social, emotional, academic, intellectual and creative growth, the school limits class size to 8–10 students, with most classes averaging one teacher for every four or five students. Providing this level of attention allows the Academy to better understand their profiles. With a fuller understanding of a student's profile – and in the context of a low student–teacher ratio – they then adjust (to the greatest extent possible) what they do daily to better plan, monitor, motivate, support, and inspire teaching and learning on almost a moment-by-moment basis.

The different programmes on offer continue to deepen the development of the social, academic, intellectual and creative potential needed for post-secondary work in universities, internships, tech or arts-oriented colleges, or an early entry into a career in the student's talent area.

The school charges a fee to attend (about £32,346 in 2020). However, there are grants and bursaries that may be available to help reduce this cost and to ensure that no 2e child is not able to access what they need because of their circumstances.

In 2020/21, The Bridges Academy also developed Bridges Academy Online as an option for 2e pupils in other parts of the country (<https://2ecenter.org/bridges-academy-online-high-school>). According to the site:

For over two decades, Bridges has successfully guided 2e high school students using our strengths-based, talent-focused model to develop intellectual, academic and social-emotional skills, preparing students to succeed in higher education and/or engage in creative and meaningful future careers.

Extending beyond the confines of our Los Angeles campus, Bridges Academy Online is now accessible to exceptional students everywhere.

Our accredited, college-prep, diploma culminating program is specifically designed to tap the potential of 2e students. (<https://2ecenter.org>)

The Bridges Academy also offers talent development courses that are taught online by teachers who are experts in 2e (DME) education. Past course titles include 'Fiction Boot Camp', 'Poetry and Lyrics Slam' and 'Deep-Sea Science'. Different courses are offered at different times of the year, so it is worth checking their website (<https://2ecenter.org/bridges-online-courses>).

Having your child with DME assessed

Often the first time parents and carers think about having their child assessed is when their child has started school. Then, depending on the circumstances, the teacher or another professional may mention it as a means of understanding more about your child and any concerns they – or you – have. Sometimes, however, it is a route that parents and carers follow themselves because of increasing concerns about their child at home or at school.

Obtaining an assessment for your child with DME can be done in one of several ways. Each has pros and cons and you will need to make a judgement based on your child and the circumstances. While each school and situation will be different, the kinds of things to consider are:

- Assessment through the school, with the educational psychologist who works with them. While it is free and the school recognises the service, it may be slow, as waiting lists can be long, and the school may have little specific understanding or specialist knowledge of DME and what it looks like, which may lead to misdiagnosis. There is then a risk of recommendations based on what the school can deliver rather than what the child actually needs.
- Assessment through another educational psychologist or appropriately qualified professional attached to another state service (e.g., Child and Adolescent Mental Health Services, CAMHS). The potential pros and cons of this are the same as for assessments provided by a school.
- Assessment through an educational psychologist or appropriately qualified person on a private basis. This is usually quicker, although there is a charge. Also, the professional may have little specialism of DME and what it looks like when it is assessed, which may lead

to a misdiagnosis. Another potential con is that they are one step removed from the school, which means the school may not accept the results, and feel that the payment made has skewed the results.

- Assessment through a charity for all or part of the assessment. This is often still a charged service, but it may be cheaper, and there may be support for low-income families. The charity may have an in-depth knowledge of one subject, but not of DME as a whole, and may only do partial assessments related to their specialism. But if the assessor has knowledge of DME, they may be a specialist in this. And as with assessments on a private basis, they are one step removed from the school, which means the school may not accept the results, and feel that the payment made has skewed the results.

You might also have to consider:

- How convenient will the assessment be for you? This includes where it is and the ease of getting there, timing of the assessment offered and whether it is online or face-to-face.
- How much will the assessment process cost? This could include the cost of the assessment itself, whether there are any grants available to reduce the cost and other costs such as travel costs to attend the assessment, costs of having time off work and accommodation costs if needed.
- Do you think your child will have a rapport with the assessor?
- How old do you think your child should be when they are assessed?

There are often no right or wrong answers to these questions. The approach taken by one family may not suit another. Just as with other things you evaluate, make a list of the pros and cons of different options you are looking at, and then think about whether you can address any of the reasons why you feel an approach is negative. For example:

- Could you get the school to at least read the assessment report you receive following a private assessment? In the first instance, you are not asking them to act on it but to read it and possibly even consider the recommendations.

- Could you obtain a grant to cover the cost of all or part of a private assessment?
- Could the school find funding for this from current school or Government initiatives?
- Could you combine an assessment where you must travel a long distance with a holiday or day out?
- Could you find out exactly how the assessment would work so that you could help your child understand the process?

Answering questions like these may tip the balance in favour of one assessment over another. Then you just need to decide what you will do.

One of the difficulties a parent and carer may experience in seeking a school assessment is that a child's SEND may be masked by their abilities (or vice versa). Thus, a child may be achieving at the required standard for their age (or even at above average). However, this may have taken significant effort to achieve and, with effective support, their levels of achievement could be significantly higher. Alternatively, their SEND may be masked by their ability, so that an assessment is not seen by their teacher as justified. It is only when increased frustration has led to significant behavioural, social, emotional and mental health problems that an assessment may be supported by the school. Of course, many parents or carers have decided to act long before then to explore exactly what is happening with their child. This is a topic that Potential Plus UK is knowledgeable about and it is worth contacting them for advice. They also offer an assessment service themselves and this is worth exploring with them.

Types of assessment tests

A variety of tests are used to measure a child's cognitive abilities. These include the Wechsler Intelligence Scale for Children (WISC), the Stanford-Binet Intelligence Scale, the Kaufman Scales, the Wide Range Intelligence Test (WRIT) and the British Picture Vocabulary Scale. The most common of those used by educational psychologists is the WISC. This has gone through various versions, and WISC IV is generally seen as the best test for children and young people with DME. However, in 2018, the National Association for Gifted Children (NAGC) in the US stated:

...NAGC recommends that any one of the following WISC-V scores

(subtests in parentheses), should be acceptable for use in the selection process for gifted programs if it falls within the confidence interval of the required score for admission:

- the Verbal (Expanded Crystallised) Index (VECI) (SI, VC, IN and CO)
- the Nonverbal Index (NVI) (BD, MR, CD, FW, VP and PS)
- the Expanded Fluid Index (EFI) (MR, FW, PC and AR)
- the General Ability Index (GAI) (BD, SI, MR, VC and FW)
- the Full-Scale IQ Score (FSIQ) (BD, SI, MR, DS, CD, VC and FW), and/or
- the Expanded General Ability Index (EGAI) (SI, VC, IN, CO, BD, MR, FW and AR).

The Quantitative Reasoning Index (QRI) (FW and AR) serves as a good indicator of mathematical ability.

This means that any of the indices calculated by the assessor, if they define the child or young person as having HLP, should mean the child should be treated as such. In particular, the General Ability Index (GAI) should be used instead of the Full-Scale IQ Score (FSIQ) when children have a ‘spiky profile’ (which means that there are two or more standard deviations between scores). This is important for children and young people with DME as they are sometimes excluded from support programmes for HLP as their abilities are not even across all areas.

Confused? If you want to go down the formal assessment route for your child, you could turn the explanation above into questions when you choose an assessor. This could include:

- Before the assessment – what assessment test will you be using?
- After the assessment – do any of the scores have more than two standard deviations between them? Does your child have a spiky profile (which shows some aspects of your child that are way above average and others where they are struggling)?

Alternatively, you could hand the above explanation over to the professional after your child has been assessed (but before any feedback) and ask them to build this into any recommendations made. You could also contact

one of the relevant specialist DME organisations for help and advice relating to your assessment report.

Effective DME education

In *The School Handbook for Dual and Multiple Exceptionality*, Yates and Boddison made several recommendations for effective DME education, ensuring national Government and policy makers recognised the importance of DME as a national issue and raised awareness of DME in the school system, including within alternative provision (home education and alternative forms of schooling), the care system and the youth offending system. They also recommended the appointment of a national DME champion to raise awareness and support the needs of children and young people with DME across the country as well as building DME identification into initial and ongoing teacher and other professional training programmes where relevant for children and young people with DME.

At a whole school level, Yates and Boddison recommended establishing and nurturing a culture and values that support DME by supporting school leaders (for example, governors) to create and maintain a culture and values to support DME in the school including working openly and honestly with families and keeping an open mind on different approaches to supporting education, including those that are not traditional or mainstream. Furthermore, Yates and Boddison recommended merging SEND and HLP to form an approach towards inclusion of pupils with SEND, HLP and DME.

Key to successful DME provision, it was felt, was work in the classroom to encourage positive approaches to DME. This approach had three strands:

- Raising awareness of DME to ensure all professionals involved in the classroom were aware of DME and, ideally, believe that there could be pupils with DME in it. In addition, Yates and Boddison felt professionals should also seek to understand and put in place the best way to support DME in the class and for each pupil in a way that understood that the issues faced by the pupil with DME (and their responses to these) can change over time and in different settings.
- Working positively with families in a way to encourage professionals in the classroom to see the value of working in partnership with parents and carers (and, as appropriate, pupils) to meet the needs of the child or young person with DME.

- Supporting learners with DME as a central part of the education strategy for DME including appropriate approaches to differentiation and inclusion based on accurate assessment and identification as early as possible of a pupil where DME is suspected, building on the strengths and holistic needs of the child or young person with DME and using these to address their SEND. This could be through work that builds on their strengths (for example, in terms of subject material) or in terms of how it is produced (for example, in terms of the use of new technology).

Some practical suggestions for parents and carers for formal meetings with teachers or other professionals

Before the meeting:

- Prepare for the meeting. What is it you are looking for from it? What would be a good outcome? Make notes to help you remember all the key points. Write out an agenda or list of things you want to cover.
- Think about whether you need someone to go with you. If you do, find someone and let the person organising the meeting know. Agree with that person what their role is so that you don't spring something on them when you get there. Make sure they are prepared. For example, if it is to take notes, make sure they have a pen and paper. If they are to speak on your behalf, make sure they know what you want from the meeting and that they are happy to do this.
- If you are worried about which professionals will be attending the meeting, contact the person organising the meeting and ask them who will be attending and their positions or roles. If you feel comfortable, ask them if anyone will be taking notes.
- If you have done an agenda, share it in advance if you are able to. Otherwise make sure the professional knows what you want to discuss.

In the meeting:

- Remember to keep calm – it does nobody any good if you become angry or too emotional.
- Begin the meeting by asking how much time everyone has available.

If it is a formal meeting, a time slot may already have been given. However, if it hasn't, knowing how long you have means you need to structure your time accordingly. For example, in 5 minutes you can only outline your main concerns, but an hour may give you the chance to talk about your concerns in more depth. If you feel you would struggle with this, representatives from organisations such as SENDIASS can come to meetings to help support you. However long you have, make each minute count.

- At the start of the meeting, ask everyone (if you don't know them) to introduce themselves and to outline their role, then you know who you are talking to. Introduce yourself and anyone attending with you. Sometimes this role is carried out by the professional, but if they forget, this is when you can step in, if you feel able.
- Ask if anyone will be taking action points for circulation. If they are, ask them if they can add in any agreed deadlines and who will be doing what. If they are not (but you have someone), do the same and tell them when you are hoping the action points will be circulated.
- Once you have agreed this, and depending on the kind of meeting it is, ideally the person organising the meeting will have circulated an agenda. If they haven't, begin by saying that you have drawn up an agenda (if you have, it is a good idea to take copies for everyone just in case they are needed) or list the things you would like to discuss. Ask if there is anything else anyone wants to add to your list or agenda and include this in an appropriate place. If the professional's concerns are different from the ones you have raised, add these to the bottom of the list. Then your concerns will be addressed first. Try and follow this agenda or list and cross off each item as you cover it.
- Begin the core of the meeting by thanking everyone for giving up their time. Then say what you are looking to get out of the meeting and what you hope to achieve by the end (e.g., a plan for the education of your child with DME).
- Try and structure the points you want to make like a jam sandwich – the pieces of bread on the top and bottom are the positive comments you make. Try and think of these beforehand (sometimes this can be difficult). The jam in the middle is the problem or concern you want to address. So begin with something positive, then talk about the problem, and finish off with something positive. Do this for the meet-

ing as a whole or (depending on your agenda) each item you want to raise.

- Check the time and try and keep to the time you agreed.
- At the end of the meeting, thank everyone for giving up their time. If a professional has been taking notes, ask again when you can expect them.
- If any of your concerns haven't been discussed or resolved or need to be reviewed, ask for a further follow-up meeting. When this will be depends on the urgency of your concern. Listen to what the professional says, but suggest a different date if you feel it is more urgent.
- All the way through the meeting listen to what the professional is saying. Also, sometimes what they are not saying will give clues to what they mean. Ask questions if you do not understand anything or if you want it to be clarified. There is lots of jargon in education and nobody (not even all professionals) knows every abbreviation being used.

After the meeting:

- If you are writing notes for circulation, make sure these are done quickly. If possible, get them typed up so that everybody can easily read them.
- Try and explore what happens after the meeting. Remember, schools often move more slowly than parents and carers. You may think it reasonable to leave a week for something to be put into place, but the school may think it takes a term. That is why you need to agree deadlines for action at the meeting.
- If you are not happy with what was discussed or agreed (or what has been done since), most schools have a formal complaints procedure that you can follow. These are normally available on the school's website. Alternatively, you can ask for a copy of them at the school office.

Education Otherwise

Education Otherwise (www.educationotherwise.org) was set up by a group of parents in 1977. It is now a well-respected charity advising parents, carers and others about home education in England and Wales. Its services include things like:

- Advice for parents (both those starting out in home education and those who are more experienced) about what they need to do and how to go about home education.
- Community hubs around the country of home-educating parents.
- Resources to access including template letters and fact sheets along with the latest Government guidance.
- Articles so that parents and carers can keep up to date with what is happening in home education.

Many of the resources are available free of charge. However, there is a small membership fee for those who want to join.

Contact details of key home education support organisations

Education Otherwise: www.educationotherwise.org

Home Education in the UK: <https://home-ed.info>

Home Education UK: www.home-education.org.uk

Home Education Northern Ireland (HEdNI): <https://hedni.org>

Schoolhouse: www.schoolhouse.org.uk