

Down Syndrome

Introduction

Mencap, (no date) explains Down syndrome or Down's syndrome is where your cells contain an extra chromosome, which causes Down syndrome. Most of the time, it happens by chance at the time of conception and in most cases, it cannot be inherited. Kid's Health (2022) describes a newborn with Down syndrome is born with an extra copy of chromosome number 21. The additional chromosome raises the child's risk of health issues and is linked to delays in the child's physical and mental development. NHS, (2023) states as you age, your chances of becoming pregnant with a child who has Down syndrome increases, although this condition can affect any parent.

Diagnoses

National Institute of Health, (2023) states Down's Syndrome can be diagnosed pre-birth. NHS (2023) explains parents if they are expecting a child, will be given the choice to have a screening test to find out whether their unborn child has Down syndrome. The exam will be accessible throughout weeks ten and fourteen. It consists of both an ultrasound scan and a blood test. It is possible to finish the blood test and the 12-week scan at the same time. This is supported by Down's Syndrome Association, (2020) at the woman's first prenatal consultation, current and accurate information concerning Down's syndrome and screening tests should be provided in conjunction to any screening offer. However, Down's Syndrome Association also states that the parents can opt out of any tests regarding Down's Syndrome if they wish. According to Centers for Disease Control and Prevention (2023) along with a diagnosis of Down Syndrome 50% of babies are also born with a congenital heart defect, while many of these problems require surgery, some minor heart defects may resolve on their own as the child develops and simply require routine medical monitoring. Pikora, *et al*, (2014) highlights along with heart defects children and young people can also be presented with other health conditions some affecting their vision, hearing and respiratory again this is just a percentage. NHS inform, (2023) states children and young people with Down Syndrome with the correct support are able to live happy, healthy lives with their families and be active members of their community.

Barriers

Article 24 of the United Nations Convention on the Rights of Persons with Disabilities, (UNCPRD, 2006) States Parties acknowledge that people with disabilities have a right to education. This is supported through the Salamanca statement (1994) whenever possible, children should study together, despite whatever challenges or differences they may have. Hargreaves *et al*, (2021) undertook research and found studies show that a growing proportion of students in the UK with Down syndrome attend mainstream schools.

Bird affirms children with Down syndrome require knowledgeable teachers who can help them learn the next steps through interesting teaching and learning activities and who are aware of their existing talents, interests, and abilities. This is supported by Hughes (2006) who states children with Down's Syndrome accessing mainstream schools are required to be provided with a one-to-one support however, majority of schools will use a TA support the child with Down Syndrome which can hinder their education. Bills, (2020) affirms the ways in which educators see inclusive education are also important. Schools with an inclusive education for all children will ensure children with Down's Syndrome require more support in certain areas, for example with speech and language. A barrier to this could be that within most schools a teaching assistant is placed as a one-to-one assistant to support the child with Down's Syndrome they may not have the correct or adequate training to support the child. Carbone (2023) states information about children's physical and mental demands and the adjustments needed to enable them to succeed in a mainstream environment should be covered in training. Lindsay (2011) further supports this by stating though the employment of TAs to promote inclusion is already well-established, one important issue for the successful execution of a pedagogic function has been identified as a lack of training. However, Barnes (2021) states it is impossible to overstate or underestimate their significance. To guarantee that the child has a beneficial experience, a teaching assistant is essential. In contrast to this Prendergast (2018) states many teaching assistants were approaching classes "blind," lacking adequate training on how to assist the student and/or having limited opportunity to meet with the teacher ahead of time to go over the lesson's goals. To better prepare instructors for accommodating children with varied educational needs in their classrooms, educators and researchers are looking into how much training can do. This is in response to the major hurdles associated with implementing inclusive educational practices, (Cate, 2018). Down Syndrome Ireland (2018) states there are different ways children can be supported in classrooms with speech and language and one of these is with peer support it benefits the child greatly from socialization with peers their own age who can communicate well.

Children with Down syndrome tend to be socially conscious and pick up language and social skills from observing other children. This is supported by Hughes (2006) who states in mainstream schools, there are higher expectations in the classroom. The curriculum in the classroom is designed with the everyday student in mind, and their education serves as a source of literacy and language role models for children with Down syndrome.

Buckley (no date) explains a child that learns to talk will be able to communicate more effectively and complexly, absorb a growing amount of information about the outside world, and utilize language to help with brain functions like thinking and remembering. Welsh Government (2023) explains play opportunities and genuine, real-life experiences should be the foundation for the entire development of speech, language, and communication.

Further stating it's important to recognize that some children will use nonverbal communication methods in addition to speech. Children with Down Syndrome who are experiencing speech and language delays can be supported through the use of Makaton signs within the classroom, Makaton facilitates cognition and enables both adults and children to absorb ideas and express themselves. This can foster independence and inclusivity while lowering frustration, (Makaton, 2023). However, Sheehy (2009) states through research conducted, in the second round of interviews, Makaton was mentioned as a communication tool that could facilitate inclusive education but is underutilized because of budgetary and time management constraints. In contrast to this Sunshine Support (no date) states Makaton strengthens vocabulary development and comprehension abilities by using signs and symbols in addition to spoken language. It serves as a link to assist children in making the switch from nonverbal to spoken communication.

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Good evening, everyone, my name is Samantha Dunn, and my student number is 2218429.

I would like to start by thanking you all for joining us, it has been wonderful listening to everyone's presentations. There has been some useful information we can all take away with us this evening and I'm sure you will all agree.

I have been invited to this webinar this evening to talk to you about Down Syndrome.

I will be introducing Down's Syndrome to you, discussing how Down's Syndrome can be diagnosed, the health conditions that come hand in hand with the diagnosis and the barriers and impact it can have on children in school.

Down's Syndrome is an Additional Learning Need, Swansea Council (2023) states if a person has a learning disability or difficulty, regardless of whether the cause is a medical issue or not, they have additional learning needs. London Borough of Bromley (no date) states in the areas of physical, social, cognitive, communication, and self-help development, children with Down syndrome will exhibit different abilities and requirements.

I would like to start with a brief description of Down Syndrome.

Mencap, (no date) explains Down syndrome or Down's syndrome is where your cells contain an extra chromosome, which causes Down syndrome. Down's Syndrome Association (2021) further explains Down's Syndrome or Trisomy 21 is a naturally occurring chromosomal pattern that occurs in roughly 1 in 800 live births and has always been a part of the human condition, regardless of racial, gender, or socioeconomic lines. The extra chromosome increases the child's risk of health problems and is associated with delays in the development of their body and mind, (Kid's Health, 2022). Better Health (2024) states with an average life expectancy of 60 years old, people with Down syndrome will have a long, happy, and healthy life. However, Burns (2013) states this is an improvement in some years where children and adults with Down's Syndrome would be placed within a hospital or institution to be cared for rather than living at home taking part within their community and having an independent life. Children can now have a better quality of life having jobs, their own homes and being active members in their community (Potier, et al, 2016).

Diagnoses of down syndrome

National Institute's of Health, (2023) states Down's Syndrome can be diagnosed pre-birth. NHS (2023) explains parents if they are expecting a child, will be given the choice to have a screening test to find out whether their unborn child has Down syndrome. The exam will be accessible throughout weeks ten and fourteen. It consists of both an ultrasound scan and a blood test. It is possible to finish the blood test and the 12-week scan at the same time. This is supported by Down's Syndrome Association, (2020) at the woman's first prenatal consultation, current and accurate information concerning Down's syndrome and screening tests should be provided in conjunction to any screening offer. However, Down's Syndrome Association also states that the parents can opt out of any tests regarding Down's Syndrome if they wish. This is supported by Sandall (2009) who states through research undertaken that the choice not to have screening is mostly influenced by the characteristics that prospective parents bring to the pregnancy, such as their own perspectives on Down syndrome and their strong belief in preserving life's complexity. Several participants believe the exam to be untrustworthy. However, Kellogg (2015) found through research of parents with children who have Down Syndrome believe that all medical professionals who talk about prenatal diagnosis findings should make an effort to present a fair assessment, considering both the advantages and disadvantages of raising a child with Down syndrome or any other genetic disorder. This is supported by Down's Syndrome Association, (2020) at the woman's first prenatal consultation, current and accurate information concerning Down's syndrome and screening tests should be provided in conjunction to any screening offer.

NCT (no date) states there are 2 tests that can be taken during pregnancy, the first being a screening test, Screening tests typically determine whether a baby is more likely to have a genetic problem. They are not conclusive, but they are easy, affordable, and non-invasive. However, the second test can find out through diagnostic testing if a child truly has a certain illness, like Down syndrome. However, these tests are intrusive and could be harmful to the unborn child. They are only carried out if there is a good likelihood and a parent feels it is important to find out if their child has a particular condition.

Health conditions children and young adults may face with Down Syndrome

According to Centers for Disease Control and Prevention (2023) along with a diagnosis of Down Syndrome 50% of babies are also born with a congenital heart defect, while many of these issues require surgery, other mild abnormalities in the heart may correct as the child grows and only need to be routinely monitored by a physician. Pikora, *et al*, (2014) highlights along with heart defects children and young people can also be presented with other health conditions some affecting their vision, hearing and respiratory again this is just a percentage. NHS inform, (2023) states individuals with Down syndrome can lead happy, healthy lives as members of their families and communities.

Next i would like to provide information on barriers a child and their families can face with their child being placed in mainstream schools with down syndrome.

Article 24 of the United Nations Convention on the Rights of Persons with Disabilities, (UNCRPD, 2006) States Parties acknowledge that people with disabilities have a right to education. This is supported through the Salamanca statement (1994) whenever possible, children should study together, despite whatever challenges or differences they may have. Hargreaves *et al*, (2021) undertook research and found studies show that a growing proportion of students in the UK with Down syndrome attend mainstream schools. This is supported by Down Syndrome Research Foundation (2024) who states every student, including those with Down syndrome, is entitled to a high-quality education. Pinnock (2022) encouraging inclusion: Children with Down syndrome still require the same educational resources as children without disabilities, but they also have additional needs. Promoting inclusion will lead to a society where inclusion in mainstream schools is more socially acceptable. However, Bird states children with Down syndrome require knowledgeable teachers who can help them learn the next steps through interesting teaching and learning activities and who are aware of their existing talents, interests, and abilities.

This is supported by Hughes (2006) who states children with Down's Syndrome accessing mainstream schools are required to be provided with a one-to-one support however, majority of schools will use a TA support the child with Down Syndrome which can hinder their education. Bills, (2020) affirms how educators see inclusive education as also important. Schools with an inclusive education for all children will ensure children with Down's Syndrome require more support in certain areas, for example with speech and language. A barrier to this could be that within most schools a teaching assistant is placed as a one-to-one assistant to support the child with Down's Syndrome they may not have the correct or adequate training to support the child. Carbone (2023) states information about children's physical and mental demands and the adjustments needed to enable them to succeed in a mainstream environment should be covered in training. Lindsay (2011) further supports this by stating though the employment of TAs to promote inclusion is already well-established, one important issue for the successful execution of a pedagogic function has been identified as a lack of training. However, Barnes (2021) states it is impossible to overstate or underestimate their significance. To guarantee that the child has a beneficial experience, a teaching assistant is essential. In contrast to this Prendergast (2018) states many teaching assistants were approaching classes "blind," lacking adequate training on how to assist the student and/or having limited opportunity to meet with the teacher ahead of time to go over the lesson's goals. To better prepare instructors for accommodating children with varied educational needs in their classrooms, educators and researchers are looking into how much training can do. This is in response to the major hurdles associated with implementing inclusive educational practices, (Cate, 2018).

Down Syndrome Ireland (2018) states there are different ways children can be supported in classrooms with speech and language and one of these is with peer support it benefits the child greatly from socialization with peers their own age who can communicate well. The vast majority of their time in class with their peers should be spent in the classroom, which should serve as the main learning setting, (Down Syndrome Association, 2021). Children with Down syndrome tend to be socially conscious and pick up language and social skills from observing other children. Down Syndrome Association (2021) further points out teaching year level curriculum with modifications, or "age-appropriate" material, is a key component of inclusive practice. This is as opposed to placing a learner with Down syndrome in a younger year group. Students with Down syndrome must advance in line with their chronological age group to preserve their friendship groups and peer interactions. This is supported by Hughes (2006) who states in mainstream schools, there are higher expectations in the classroom. The curriculum in the classroom is designed with the everyday student in mind, and their education serves as a source of literacy and language role models for children with Down syndrome. Buckley (no date) explains a child that learns to talk will be able to communicate more effectively and complexly, absorb a growing amount of information about the outside world, and utilize language to help with brain functions like thinking and remembering. Welsh Government (2023) explains play opportunities and genuine, real-life experiences should be the foundation for the entire development of speech, language, and communication. Further stating it's important to recognize that some children will use nonverbal communication methods in addition to speech.

Support strategies that can be used for children with Down Syndrome

Children with Down Syndrome who are experiencing speech and language delays can be supported through the use of Makaton signs within the classroom, Makaton facilitates cognition and enables both adults and children to absorb ideas and express themselves. This can foster independence and inclusivity while lowering frustration, (Makaton, 2023). However, Sheehy (2009) states through research conducted, in the second round of interviews, Makaton was mentioned as a communication tool that could facilitate inclusive education but is underutilized because of budgetary and time management constraints. In contrast to this Sunshine Support (no date) states Makaton strengthens vocabulary development and comprehension abilities by using signs and symbols in addition to spoken language. It serves as a link to help children switch from nonverbal to spoken communication.

What support can parents get for a child with Down Syndrome

The NHS (2023) explains parents can get support from Down Syndrome Association, Mencap, and Down Syndrome UK. National Institute's of Health (2024) a child with Down Syndrome will have different agencies working alongside them and their families, some of these are speech and language therapist, health professionals, social workers and physical therapists. Further explaining when working with children who have Down syndrome, all professionals should be encouraging and stimulating. Alongside this Mencap (no date) explains early intervention strategies to support parents and children are vital in supporting everyone. This is supported by the NSPCC (2023) It's imperative to provide assistance on time. Early identification and provision for a child's or family's needs can lower risk factors that might be negatively influencing the child's life and increase protective factors that are beneficial to the child's welfare. To conclude this webinar this evening, I think it is evident to suggest the positivity that mainstream school can have on children with Down Syndrome when receiving the correct support. As stated by Down Syndrome Association (2024) the entitlement to inclusive, equitable, high-quality education and opportunity for lifelong learning of all students with Down syndrome is essential.

Thank you all for listening, I hope you have found this Webinar informative. Can I ask does anyone have any questions?

Sarah: I'm really interested in some Makaton Training; would you be able to point me in the right direction.

Yes of course, the Makaton Charity (2023) offers training sessions throughout the year. The training covers how to become more knowledgeable about language structure, find out how to utilize symbols and sign more advanced approaches and learn how to translate. The link for the website is available on my Power point.

Are there any other questions?

Everyone shakes their head – No.