

Introduction

Good evening, and welcome to our Early Years Additional Learning Needs (ALN) webinar. I would like to thank our hosts in advance for attending and sharing knowledge on specific additional learning needs. This collaboration and sharing of information can have a positive impact on how we respond to and support the needs of those individuals, enabling practitioners to maintain high-quality care within settings (Start Well Learning, 2024; ESTYN, 2024). There will be opportunities for questions at the end of each host's allocated slot. Can I ask attendees to mute their mic to minimise any interference or background noise whilst the webinar is taking place? Thank you. Julie Luckett will begin our webinar on Dyslexia. Over to you, Julie.

Down Syndrome, also known as Trisomy 21 (MedlinePlus,2019), is a genetic disorder caused by an extra copy of chromosome 21, which can occur at fertilisation during the formation of the egg and sperm where chromosome 21 does not separate properly, as a result, the fertilised egg has three copies of chromosome 21 instead of two. This happens in 95% of cases of Down syndrome (National Down Syndrome Society, 2024a; NHS,2023). According to the National Down Syndrome Society (2024b), there are three types of Down Syndrome. These are Trisomy 21(nondisjunction) (this occurs as previously stated), translocation, which occurs when chromosome 21 attaches to other chromosomes such as 13,14,15 or 22 (Children's Hospital of Philadelphia,2014) and accounts for around 3% of Down Syndrome cases. Additionally, Mosaic Down Syndrome can occur in around 2% of Down Syndrome cases, this usually happens after fertilisation where only some cells have the extra chromosome (University of Rochester,2024; International Mosaic Down Syndrome Association, no date; National Down Syndrome Society 2024c). NHS (2021a) and Medline Plus (2020) suggest that children and adults with Down Syndrome can have a range of learning difficulties which vary from person to person. People with Down syndrome are more likely to have additional health issues such as heart conditions, vision and hearing difficulties and digestive abnormalities.

How is Down Syndrome Identified?

Down Syndrome can be identified and diagnosed both before and after birth. According to the NHS (2021b), screening for Down Syndrome is offered to expectant mothers between 10 and 14 weeks of pregnancy. NHS Inform Scotland (2025) states that all pregnant women can be tested with a blood test and a Nuchal Translucency Scan. This is usually carried out at the dating scan. According to Care New England (2023) and Weiss and Paarz (2020) the screening measures the thickness of the space at the back of the baby's neck and the markers in the blood, such as the concentration of pregnancy plasma protein, both compared with the expectant mother's age to get an overall result. The results are screen negative or screen positive and are not a diagnostic tool but rather a measure of risk. University Hospital Sussex (2022) states that the screening will identify 85% of babies with Down Syndrome. Guy's and St Thomas' NHS Foundation Trust (2025) suggests that a higher risk result is shown as anywhere between 1 in 2 and 1 in 150. Additionally, a lower chance is shown as anywhere from a 1 in 151 to a 1 in 300 chance. Furthermore, Bowles (2021a) adds that this does not mean that the baby will or will not have Down Syndrome. However, Bowles (2021b) shares that this screening test can be inaccurate and give false negative and false positive results. Furthermore, Tan (2015) states that the false positive rate is high in this screening, leading to unnecessary worry in around 5% of expectant parents. To gain a more definite result, the National Institute of Child Health and Human Development (2017) suggests that Down Syndrome can be identified with certainty through a prenatal diagnostic test. However, NHS (2018) suggests that amniocentesis, a diagnostic test, can only give a definitive result in 98 to 99 out of 100 expectant mothers.

Barriers

MENCAP (2024) and NHS (2023b) state that Down Syndrome, a genetic condition, is a disability which can result in learning difficulties. The medical model of Down syndrome looks at the condition because of an extra copy of chromosome 21, highlighting medical treatments to aid with the health and learning problems that people with Down syndrome may have. This can limit the independence of those individuals with Down Syndrome (HWB, no date). Devon County Council (2023) suggests that the medical model may influence how people with disabilities see themselves. Furthermore, sending a negative message that having a disability means something is wrong with their body. This can lead them to believe that they do not belong in everyday social activities, making those individuals less likely to speak up for themselves or ask to be included in society. Article 2 and Article 23 of the United Nations Convention on the Rights of the Child state that all children have the right to be free from discrimination and to live a full and decent life (UNICEF, 1989).

Children with Down syndrome often face barriers due to a medical symptom of Down Syndrome, such as congenital heart conditions (Delany *et al.*, 2021). The National Down Syndrome Society (2023) states that children who have had successful surgery often go on to thrive. Further adding that only some residual defects may remain and have a minimal effect on the child's health. The American Heart Organisation (2019) suggests that exercise may be limited, particularly if there are more complex problems. In research, Pastore *et al.* (2000) explored the cardiorespiratory fitness amongst children with Down syndrome who presented with and without congenital heart conditions. Findings highlighted that there was a reduced tolerance for exercise in children with the heart condition compared to children without a heart condition. Nevertheless, children who have Down syndrome without a heart condition still displayed a reduced exercise capacity. In addition to children, Clina *et al.* (2025) found that adults who have Down Syndrome also demonstrate a low level of fitness and physical exercise regardless of whether they have a congenital heart defect, further highlighting the importance of those with a congenital heart defect to take part in physical activity. According to Mendonca, Pereira and Fernhall (2010), studies have shown that individuals with Down syndrome become exhausted quicker than their peers who do not have Down Syndrome. Furthermore, Exercise is as important for children with Down Syndrome as it

is for any other child, and the benefits outweigh the risks when monitored and performed at the appropriate level for the individual (Chandler, 2022; Department for Health and Social Care, 2022).

Social Stigma is another barrier that children with Down Syndrome face. It is often rooted in misconceptions and social biases. This can lead to exclusions and discrimination, which can have a detrimental impact on relationships, education, quality of life, and, in later life, employment opportunities (McGlinchey et al., 2025; Down's Syndrome Association, 2020a; Pace, Shin, and Rasmussen, 2010). Furthermore, Catama (2024) suggests that children with Down Syndrome may face challenges in forming and maintaining friendships because they are seen as different. According to research through quantitative and qualitative data analysis, Kwan, Gitimoghaddam and Collet (2020) state that children with a Neurodevelopmental disorder (NDD) and who experience social isolation and loneliness can find that this may have a lasting and negative impact on mental health and self-esteem. Additionally, practitioners may unintentionally create stigma. However, according to Krause (2020), practitioners can influence how well children with additional learning needs are included. Positive attitudes help practitioners support every child and encourage peers to be accepting. On the other hand, negative attitudes, even without awareness, can lead to low expectations and feelings of exclusion.

Strategy

A key strategy to appropriately support children with Down syndrome is to provide inclusive, individualised support with staff implementing individualised strategies that have been developed with parents and multi-agency professionals who are involved with the child. Additionally, it involves skilled practitioners having a positive attitude (Bird, 2021). The delivery of individualised support is adopted through a One-Page Profile alongside an Individual Education Plan (IEP) that emphasises strengths rather than focusing on limitations (Aspland, 2014). This promotes fairness through equity and can support practitioners to meet diverse needs (Knipp, 2024). The One-Page profile

gives an overall idea of the child's interests, strengths, and preferences. This is valuable information for practitioners and other multi-agency services who may work with the child (Down Syndrome Australia, 2023). On the other hand, an Individual Education Plan (IEP) is a legal document for children with a disability. It identifies the learning needs, goals and specific support needed to develop and to help them thrive in school. For a child who has Down Syndrome, this may target specific areas such as language development, social and academic skills (Undivided,2023; Center for Parent Information and Resources,2017). According to Brown (2023), this combined approach paves the way for an inclusive, effective learning experience.

Conclusion

Understanding Down Syndrome is important for adopting inclusivity and supporting children with the genetic condition (Special Strong,2023). Whilst the condition comes with challenges, it highlights the importance of equity and respectful support. Barriers such as negative perceptions and limited expectations can be addressed through informed, compassionate approaches focusing on strengths (North Tyneside Council, no date). Furthermore, using tools like One-Page Profiles and IEPS, and by working with families and multi-agency professionals, practitioners can be sure that children with Down Syndrome are supported effectively to reach their full potential (Positive Action,2021).

Questions

Question 1- How is Down Syndrome Identified once a baby has been born and previous screening has not presented a high risk?

Answer – According to PT Kids (2024) and Tidy (2025), Down Syndrome in a newborn baby is typically identified through physical characteristics such as almond-shaped eyes slanted upwards, a flat facial profile and a single deep crease across the palm, known as a palmar crease. These may be noted by the midwife or consultant delivering the baby soon after the birth. However, whilst physical features can suggest Down

Syndrome, a blood test called a karyotype is used to confirm the diagnosis by examining the baby's chromosomes for an extra copy of chromosome 21

Question 2 – How can we support children with Down Syndrome In the earlier years?

Answer - Supporting children with Down syndrome in their early years involves understanding their individual needs; there is no one-size-fits-all, and each child is unique. Providing early intervention services and creating a nurturing environment that promotes their development and well-being. This includes fostering communication, encouraging participation in activities, and establishing positive routines (NHS,2024; Down's Syndrome Association,2024; NHS,2019)

I have recently had the absolute pleasure of meeting a little girl who is 3 years old and has Down Syndrome. The little girl, whom I will not name due to confidentiality, is thriving. I believe this is because she has been surrounded by love, she is nurtured, and it is evident that there are positive family attitudes. She currently attends a mainstream nursery and is looked after by her nan twice weekly. Nan takes her to lots of clubs, so she is getting lots of social interaction and learning social cues, her language skills are developing, and her Makaton is fantastic. I even managed to learn a few signs from her. She loves stories and had me reading 'We're going on a bear hunt', you know, and she was doing the actions and saying 'oh no' right on cue. So I am completely in agreement that early intervention, positive attitudes and nurture are important. Any way I will leave that there because I think we need to move on. Steff, our last participant but by no means least. I hand over to you.

Emma – Connecting feedback

Julie

Thank you, Julie. There is a lot of information there about dyslexia. It sounds like you have an abundance of experience in this area. I know this topic is close to your heart, as well as the 33 years of continued service and experience supporting children in early years settings with such dedication and passion.

Thank you. If there are no more questions, we can move on to Tasha. Thank you, Tash.

Tash

Thanks Tash. Again, an interesting Webinar about the autism spectrum disorder. It was interesting that you talked about there not being as many diagnoses in females as there are in males. Correctly so, as Autism Central (no date) states that this can be down to 'masking' in females or milder symptoms compared to male presentations of autism. Additionally, Autism is seen at higher rates in the trans or non-binary community. With regards to the documentary, that is an interesting one. Would it be possible for you to send me the link for that, please? This would be good to share.

Thanks Tash.

Eleisha

Thank you, Eleisha. Going back to what you said about your late diagnosis. We are seeing a lot of later diagnoses now for ADHD and according to Burns (2024) this is primarily due to factors such as having a better understanding of the condition.

Nevertheless, Barclay *et al.* (2024) reinforces the need for early diagnosis so that the appropriate support and treatment is provided to improve outcomes for an individual.

Thanks for your information there, Eliesha.

Now you get to hear a bit more of my lovely voice. I am going to be talking about Down Syndrome. I have chosen this because, being brutally honest, I did not feel I knew enough about it. It has been great researching this.

Steff

Thank you, Steff. Yes, I agree that missed opportunities to diagnose Developmental Coordination Disorder or DCD can negatively impact children, including a lack of access to appropriate support. Castellucci and Singla (2024) suggest that this can lead to short and long-term complications. Furthermore, adding that early diagnosis and treatment can enable these children to overcome their difficulties and, over time, reach their goals. Thanks again.

The webinar has now come to an end. Thank you to those who have shared information this evening and to those who are listening in. I appreciate that there has been lots of information shared this evening, and posters and relevant links will be shared via email by 23:59 GMT Sunday evening. Thank you and good night.

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