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Script

Thank you, Alysha.

The aspect of Additional Learning Needs* (*ALN) that i will be discussing tonight is Down Syndrome. The NHS (2023) explains that down syndrome is a condition where a person is born with an extra chromosome due to a change in the sperm or egg they are conceived with. There is nothing that has been found to cause these changes therefore children are not born with Down Syndrome due to anything that their parents did or did not do. Children and adults with Down Syndrome may have a learning disability of some kind. Due to this, children and adults who have down syndrome will have varying independence levels. Some people will be able to live independently and go to work whereas others may need more support and personal care within their lives. The National Down Syndrome Society (No date) further explains that there are some physical indicators that people with down syndrome may have. These can include:

- Low muscle tone
- Small physical build
- Slant to their eyes
- A single deep crease in the palm of the hand
- And cognitive delays.

However, the national down syndromes society reminds early years practitioners that not all people with down syndrome will experience all of these traits and if they do hold these traits, it can be to varying degrees.

Nemours Kids Health (2022) brings attention to other physical health issues that people with Down Syndrome also may face. These can include:

- Congenital heart defect
- Hearing issues
- Sight issues
- Thyroid problems
- Seizures
- Breathing problems such as asthma

However, these physical health issues can be manageable with adequate support from health care professionals. (Nemours Kids Health, 2022).

Mencap (No date) confirms that with the correct support children with Down Syndrome can holistically develop to their reach their full potential. The support that children with

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down syndrome may benefit from, range from a good home life, good support from healthcare professionals and early intervention programs which will not only support the child but additionally support their families also.

It is important for Early year's practitioners to remember that despite having learning differences all people with Down Syndrome are individual people with their own unique personality and that they are more to them as human beings than their disabilities. (Down's Syndrome Association, No date).

Early years practitioners may find that diagnosing Down Syndrome is a different process than the process that may be found with other aspects of Additional Learning Needs. The NHS (2021) explains that between 10 – 14 weeks of pregnancy parents will be offered a combined test to test to see if their child has down syndrome or other conditions such as Edwards' syndrome. The combined test is where medical professionals combine an ultrasound scan and a blood test to be able to test the mothers blood substances for these conditions. This test cannot definitely confirm if the child has Down Syndrome and can only predict the likelihood of it, using additional factors such as a parent's age to be able to predict the probability of the child being born with Down Syndrome. The Down's Syndrome Association (2024) further explains that if the test shows that the parents have a high chance of their child being born with Down Syndrome, then they can be offered additional testing which may confirm this. However, these additional tests are invasive and can result in a miscarriage. The combined and further tests are optional, and it is the choice of the parents to decide if they would like to proceed with the tests or not.

Once the baby is born, healthcare professionals may run other tests on the baby to see if they have any other physical health problems such as congenital heart disease. However, we are reminded that not all children born with down syndrome will have additional health issues. (NHS, 2023).

There are many supporting strategies that can be used to support children with Down's syndrome and their families in a school and nursery environment and in their home environment. NHS (2023) suggests that providing children with down syndrome praise when they learn something new will encourage them to continue their learning. NHS (2023) further explains that some children with down syndrome may need an alternative method of communication to assist them in communicating with early years practitioners and parents or carers within their lives. An example of this could be by teaching the child Makaton to accompany their speech whilst they are on their learning journey. There are other methods of suggested support from the NHS (2023) which are already implemented in an early year setting for all the children to develop to their full potential.

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These suggested methods are implementing a daily routine so the children can anticipate what will be happening next. Another method suggested is for early years practitioners and parents of the children to use clear simple language so the children can imitate and learn from this whilst planning activities such as signing sessions and story sessions to aid with the development of language and communication skills.

Children with Down Syndrome may need support within their academic careers throughout their lives. The Welsh Government (2021) explains that the current Additional Learning Needs System was introduced in 2021. It is led by an Additional Learning Needs Co-Ordinator* (*ALNco) and allows educational professionals and early years professionals to identify any needs which may need support, early on, while taking a child centered approach to supporting.

Down Syndrome Ireland produced a booklet in 2018, called, Supporting Children with Down Syndrome in Primary School. Down Syndrome Ireland (2018) explains within this booklet that there are a variety of supporting strategies which can be implemented within a school setting for children with ALN such as Down syndrome. One of the suggested support strategies provided by Down Syndrome Ireland (2018) is to provide the children with visual cues such as a visual timetable. By using this strategy this will allow the child to visually see what is going to be happening throughout the day. This may result in them feeling more secure and comfortable within the learning environment. Another benefit of using a visual timetable may be that the child is more of a visual learner and by having a visual timetable it will allow them to be able to remember the routines better rather than being verbally told. An additional benefit of using a visual timetable may be found if the child suffers from any hearing issues, it will still allow them to access the information needed for them to be involved with carrying out the daily routines.

Expanding on this further, if a child with down syndrome is using an alternative method of communication such as Makaton, it could potentially be beneficial to create signs containing Makaton to be displayed in the classroom. This could allow the child to feel more included within the learning environment and enable them to explore the environment with more independence and confidence.

Snap Cymru (No date) further explains that a positive supporting tool that can be used in preparing educational environments for children with Down Syndrome that works in adherence with the Additional Learning Needs (ALN) Code 2021 and the Additional Learning Needs (Wales) Act 2018 is for the Early years professionals to work in partnership with the families of those children and other multi-agency workers to prepare an Individual Learning Plan* (*ILP) and an Additional Learning Provision*

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(*ALP). This will allow all those professionals and family members involved to identify areas of development which may need additional support and plan effectively on how to support the child, whilst meeting, maintaining and developing their individual needs.

These suggested methods of support not only aid education and care settings in supporting the holistic development of the children but additionally they work in accordance with the rights of the child stated in the United Nations Convention on the Rights of the Child, Articles 23, 28 and 29.

Furthermore, there is legislation and guidance implemented by the Welsh government to try and ensure that all childcare and education settings meet the needs of the children with additional needs such as down syndrome whilst enabling them to be treated with equality and respect. Some of the legislation and guidance implemented to ensure settings provide the best for the children are the ALN Code 2021, the Equality Act 2010 and the Additional Learning Needs and Education Tribunal (Wales) Act 2018.

Another aspect of support that may not be considered typically is the support of the family. The families of children with Down Syndrome will also face challenges on their educational journeys and in their lives so as early years practitioners it is important for us to consider this. However, with research I have found that the Down's Syndrome Association (No date) has provided details of support groups for families of children with Down Syndrome. These groups aim to support the children and their families by providing a community in which they will share similar experiences while simultaneously, providing new and fun experiences for the children who attend.

However, despite the varying support strategies that can be implemented within a setting there still may be some barriers to the child's learning and development. The Bromley Council (No date) supports the previous statements made within this talk that, Children with Down Syndrome may face physical barriers to learning such as cognitive delays and hearing and sight issues.

The Global Down Syndrome Foundation (No date) provides further awareness for these barriers and misconceptions. A misconception that is provided by The Global Down Syndrome Foundation states that some people may feel prejudice or discrimination towards children with Down syndrome as they may feel that they will negatively affect their siblings, friends or classmates. However, the source further explains that due to a study published in the Journal of Intellectual Disability Research (No date) found that there was no supporting evidence for this claim. On the contrary, it was found that some medical professionals highlighted the advantages gained by the families and friends of children with Down Syndrome. The siblings and friends were in some cases found to be

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more empathetic and kinder towards others whilst displaying a higher patience threshold found in children.

In Conclusion, it is the responsibility of all early years practitioners and families of the children with Down Syndrome to work together to actively enable the children with Down Syndrome to not be held back by any prejudice or other barriers within their life's. That concludes my talk on the ALN aspect of Down Syndrome. Thank you for your time. Are there any questions?

Keira: Is down syndrome linked to any other conditions that may affect the child as they grow into adults?

Thank you for your question, Keira. Certain studies have shown that people with Down Syndrome may have a higher possibility of developing dementia at an older age. The Alzheimer's Society (2023) explains that as the individual gets older there will be changes in the frontal lobe within their brain which can present symptoms of dementia. Although there is not much information as to why this may happen, it is thought to be due to the fact that people with Down syndrome have an extra chromosome 21 which can cause an accumulation of protein which could cause plaques within their brains.

Keira: Is there any truth to the suggestion that there is a link between having older parents having children with down Syndrome?

There is some research found cited on the Down Syndrome Education website that suggests there is a connection. The site explains that Crane, E and Morris, J (2006) have found that the chance of having a child with Down Syndrome does increase as the mother grows older, usually at the age of 35 and above. However, the Global Down Syndrome Foundation (No date) argues that according to research 80% of babies born with Down Syndrome are born to younger mothers. Although the chance of having a child with down syndrome does increase with age, younger mothers typically have more children which then results in the majority of babies with down syndrome being born to them.

If there are no more questions i will hand back over to Alysha, Thank you.

Ryan's questions

Are there any other strategies that have been implemented that work as well as developmental therapy?

Ryan Answer

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Has support for down syndrome individuals improved over the years with the strategies that have been implemented?

Ryan answers

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