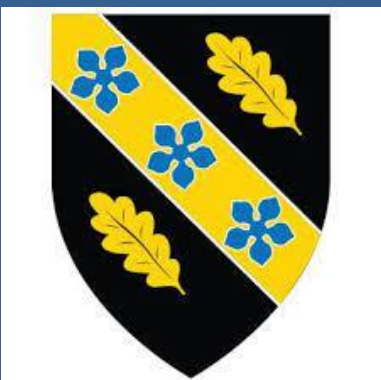
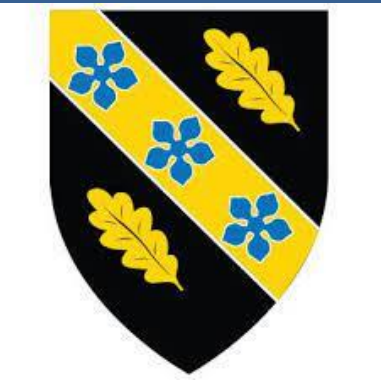




DOWN’S SYNDROME



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Introduction

This presentation will look at additional learning needs, specifically down’s syndrome, how it is identified and diagnosed, the potential barriers that may occur in the early years when supporting a child with down syndrome and what strategies are used to support children who have down syndrome.

Diagnosis

(Down’s Syndrome Association, 2020) says that pregnant women are offered screening in early pregnancy, usually between 10 and 14 weeks and 1 day of pregnancy, this is carried out via a blood test highlighting any abnormalities. Between 11 weeks, 2 days, and 14 weeks and 1 day an ultrasound scan can be offered to measure the fluid under the skin at the back of the baby’s neck, this is known as nuchal translucency (NT) measurement. The prenatal diagnostic test amniocentesis is known to be an invasive test that can be carried out from 15 weeks of pregnancy, the amniotic fluid sample collected determines if a baby does or does not have down’s syndrome (NHS,2022).

Down’s Syndrome

Down’s syndrome is when a person is born with an extra chromosome (NHS,2023) Centres for disease control and prevention (2023) state people with down syndrome have a similar look and features, some of these include:

- Eyes that slant upwards
- Short neck
- Flattened face
- Small ears
- Poor muscle tone
- Small hands and feet

The extra chromosome, chromosome 21 affects both body and brain development (children’s hospital of Philadelphia, 2023).

Importance of Diagnosing Down’s Syndrome

(Davidson, 2008) points out the importance of diagnosing down’s syndrome as early as possible due to the complex medical health issues many babies with down syndrome are born with. A diagnosis allows a care plan to be in place to support a child’s health and development needs which gives them the best possible long-term outcomes.

Barriers

Many children with down’s syndrome will attend a mainstream early year's provision and school. With inclusion widely acknowledged and implemented children with down’s syndrome can become active capable members of the community (Down’s Syndrome Association, 2021), Crutchley, 2017, p.2, also mentions the significance of children with ALN (Additional Learning Needs) becoming competent and valued members of the community, however Crutchley points out that their social and emotional capabilities are a potential barrier for these children. Children with down’s syndrome will develop at a slower rate to other children of the same age due to their learning difficulties (Down’s Syndrome Association, 2021). Nonetheless (Down’s syndrome education, no date) states there are particular patterns of the learning difficulties for children with down’s syndrome and not all areas of development are equally affected, the patterns mentioned are known as ‘developmental profiles’, this in mind gives staff and teachers the opportunity to devise an educational plan best suited for each individual child supporting their development and learning outcomes. The United Nations convention on the rights of the child (UNCRC) articles 29 and 31 reinforce this by stating every child has the right to play, and education must develop every child’s ability to the full (UNICEF, 2019) furthermore Welsh government,2021a says that every child with ALN should have all their needs met and their views, feelings and wishes made central when planning their support in learning. Another barrier is difficulties in their development due to medical issues, the following difficulties impact the children’s development:

- .Visual impairment
- .Hearing impairment
- .Difficulty with both fine and gross motor skills
- .Speech and Language development
- .Shorter concentration span (Down’s syndrome Association, 2021, PP.6-10)

Many children with down’s syndrome have physical or cognitive difficulties, many have both. However, every child is unique, with their own interests and will develop at their own pace, taking their own routes dependant on their physical, sensory, and learning needs (Welsh Government, 2021b). However early intervention, prevention, care plans and high-standard early years provisions provide such children with the opportunity for inclusion and quality experiences that support their development (Welsh Government, 2017) the team around the family works with a multi-agency approach and works in partnership with parents to create a care plan that best supports the child and their individual needs, this gives them the chance without barriers to reach their full potential. An equally important aspect is working collaboratively with other professionals involved in the child’s life and their parents provides the relevant information needed and some knowledge to staff and practitioners allowing them to get to know the child and enabling them to plan for the child’s individual needs (Action for Children, no date).

Strategies

Proactive strategies give children with down’s syndrome the communication and life skills needed daily and respond well to structure and routine (Down’s Syndrome Association, 2020). These children learn through seeing and doing (National Down Syndrome Society, 2023). **Visual Cues** are used to support children’s learning, for children with down’s syndrome transferring language information into a visual such as a picture or photograph makes it easier for them to recognise and relate to and supports the learning process (National down Syndrome society, 2023), Norfolk County council support the use of visual cues for children but go further suggesting they assist structure and routine when using ‘now and next’ or ‘first and then’, as they help children understand the routine and what is expected of them (Norfolk County Council, 2015, P.2). Many children with down’s Syndrome are delayed and have poor speech and language skills and find it difficult to communicate effectively, they do not have the concentration span to listen and understand words or sentences (Sheffield Children’s NHS Foundation Trust, no date) **Makaton** is used as a form of communication it gives children with Down’s Syndrome a voice, it allows them to be understood and to understand. Makaton is a tool that supports language skills before speech is developed, it gives an opportunity for children to express themselves and make choices when they do not have the words (Makaton, 2021) moreover Makaton promotes and supports an inclusive practice as it is used for all children but furthermore for children with down’s syndrome the signs and symbols are used with speech to promote language for them when they are struggling to communicate a spoken language (NHS UK, no date).

Conclusion

This poster shows the significant role staff and practitioners have supporting young children with down’s syndrome, with the relevant information and care plan in place these young children should have every opportunity to enjoy and experience the early years wholly and learn the skills they need throughout and later in their lives.

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