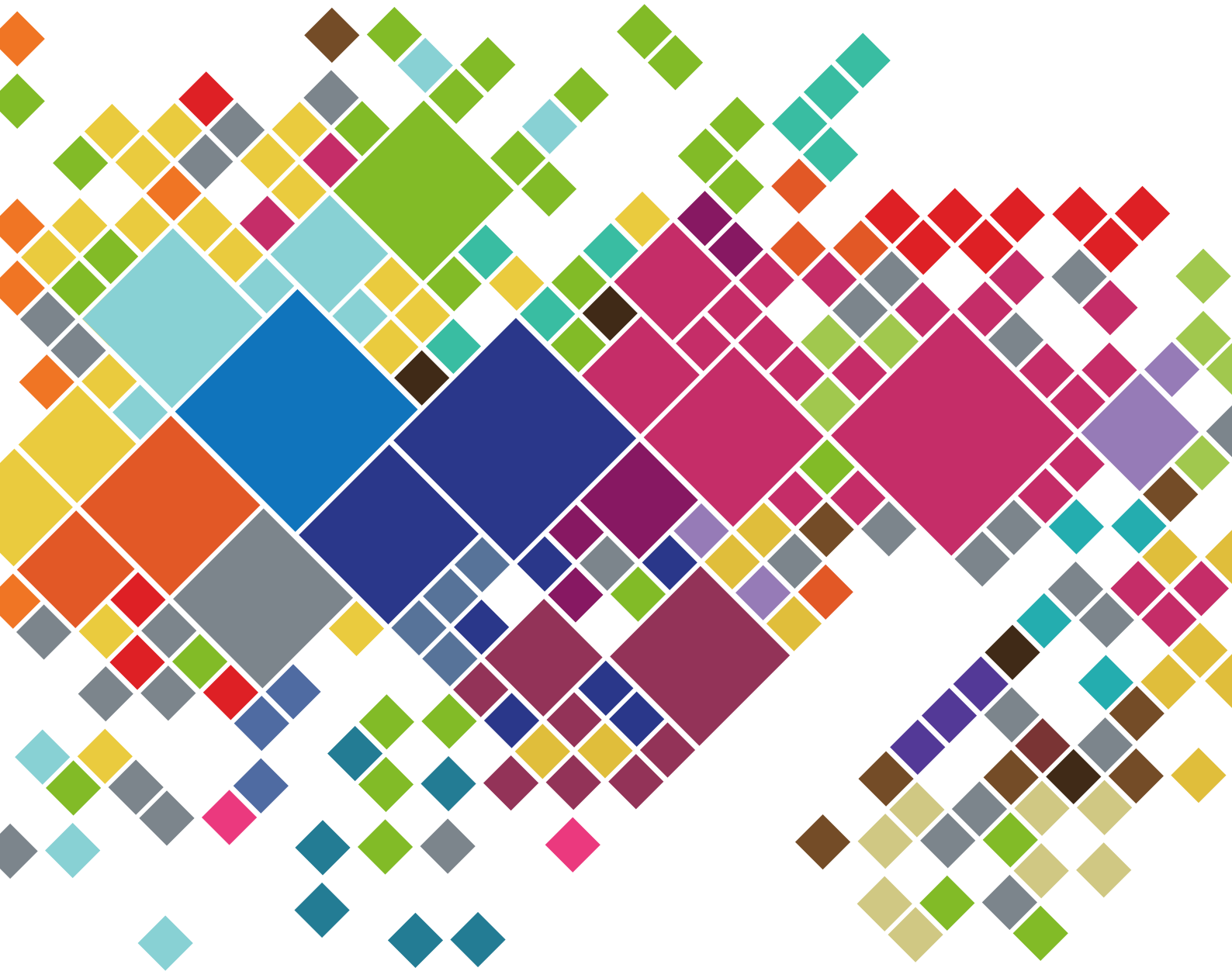




Unlocking **Potential**  
Regd Charity 1146127

Cheshire  
**Down's Syndrome**  
Support Group



Primary School Pack

## Introduction

The purpose of this booklet is to give a brief overview of the typical profile of a child with Down's syndrome. It is targeted primarily at schools welcoming a child with DS to their setting.

We hope you find this a useful resource which equips you with the basequipping you with the basic tools to support the teaching of children with DS. For more detailed information about anything in the booklet please visit the recommended websites or contact us at [schools@cdssgroup.org.uk](mailto:schools@cdssgroup.org.uk)

## What is Down's syndrome?

The condition is called Down's syndrome after Dr John Langdon Down, who back in the 1860's, identified certain common characteristics amongst a group of adults with learning disabilities.

In 1959, Dr Jerome Lejeune identified that people with Down's syndrome are born with one extra copy of chromosome 21 in every cell.

One in a 1000 babies born in England and Wales has Down's syndrome, that means approximately 750 babies with DS are born every year. In 2011 it was estimated that there were over 37,00 people with Down's syndrome living in England and Wales..

## Common characteristics

Reduced muscle tone which results in 'floppiness' (hypotonia)

Broad hands with short fingers, palm may have only one crease across it (single transverse palmar crease)

Legs and arms are short in relation to the body

Eyes that slant upwards and outwards

Small, low set ears

All children with DS will have some degree of learning disability.



## What we do

Cheshire Down's Syndrome Support Group (CDSSG) has 3 objectives...

Provide an ongoing support network for parents and carers of children with Down's syndrome (DS)

Increase awareness of Down's syndrome within your local community

Unlock the potential of children with Down's syndrome by providing the best practice in training and education.

## The voice of the child

### **I have poor ligament/muscle tone**

Sitting is difficult for me  
It takes me longer to react

### **Learning from listening is hard for me**

Use visual techniques to help me learn

### **I don't learn well independently**

Please show me or even better get other children to show me!

### **Give me some space please**

I need time to think on my own  
Let me daydream for a minute or two,  
other children do!

### **Don't look at me all the time**

I'd rather you looked at my work  
than my face

### **Help my TA be a bridge builder**

I don't need a shadow, I need someone to  
help me overcome my learning difficulties  
Help me work on my own so I can learn by  
my mistakes

### **Remember my assessed mental age takes no account of my life's experiences**

There are some things I am better at than  
others, just like you!

### **Remember I have DS, I am not DS!**

I am an individual with my own personality,  
likes & dislikes. Take the time to know me  
not my label



## Physical difficulties

### **Eyes**

Even with glasses children  
with DS do not focus as  
accurately as a typically  
developing child

*Things to consider:*

Use bold pens – avoid  
highlighter pens

Be cautious if using pencil  
lines or photocopied sheets  
as they can be too faint

Moving from light to dark  
environments is difficult

Differentiate tasks that  
require a lot of refocusing

Judging distance can be  
difficult – e.g. stairs

### **Muscle Tone**

Poor muscle/ligament tone

Basic activities are more  
physically demanding  
e.g. sitting on a chair

*Things to consider:*

Limit the number of demands  
in any task – e.g. sitting,  
listening, reading, writing

Crossing the midline is difficult,  
i.e. getting the left hand or leg  
to move across the body to  
the right side or vice versa

### **Ears**

Likely to have a degree  
of hearing loss

*Things to consider:*

Is there a dominant ear?

Children can speak very  
quietly so can be difficult  
to hear

Try not to use 'don't' as you  
can't be sure they heard  
the word don't

Hard to filter out noise

Consider position of child in  
classroom – facing teacher  
and whiteboard

### **Fine and gross motor skills**

Both fine and gross motor  
skills are delayed

*Things to consider:*

Small fingers makes  
manipulation of objects difficult  
– e.g. holding pencil, picking  
up counters, word cards,  
rulers, money

Less control of movement –  
can be perceived as being  
clumsy

Handwriting will be  
challenging – use warm up  
exercises & fun games to  
keep child motivated

### **Auditory Memory**

Poor memory for verbal  
instruction or information

It is believed that the way  
people with DS process  
information is very different to  
those of typically developing  
individuals

*Things to consider:*

Processing takes much  
longer – allow extra time for  
responses to instructions

Do not re-phrase the  
instruction/question – the child  
may not realise it is still the  
same instruction.

Support information with  
visual cues

### **Language**

Language production  
is difficult

Difficulty remains with them  
for the rest of their life – in  
times of emotional stress or  
excitement this will get worse

Give opportunity to answer  
non verbally – e.g. pictures,  
printed words, numbers etc.

Signing acts as a visual  
support for learning even  
after language skills have  
developed

## Learning profile

Children with DS have a different style of learning – not merely a global delay  
Delay is not linear over all areas of learning – visual tasks will always be stronger than subjects that are more conceptual  
Not intuitive learners – need to be taught most things  
Cannot generalise – cannot transfer skills easily  
Very strong visual learners – need to use this skill to compensate for poor verbal learning skills  
Very motivated by success – use errorless learning  
Repetition is key to long term success – what I understand today I might not tomorrow  
Teacher is KEY! – they need to lead differentiation and inclusion in class

## Numeracy

Numeracy is very difficult for children with DS as it is a very abstract concept  
Visual resources such as Numicon or Multilink are critical to success as they attach a meaning to numbers  
Children will do better with concepts such as shapes, angles etc. as these are visual  
Number processes may be learned but the meaning may not be comprehended  
Money is very difficult – try to use real coins where possible  
Time is challenging – recommend use digital time only as that is what is needed for life skills



### Numicon - What's in it for the child?

The Numicon Approach enables children to see how numbers work by using :

**Action** by handling shapes children can imagine they are actually handling numbers

**Imagery** developing mental images supports mental calculation

**Conversation** encourages discussion that uses mathematical language

It is easier for the child to see their own mistakes and self correct.

### Numicon - What's in it for the teacher?

Numicon promotes self esteem and confidence.

It is easier for you to understand what is causing difficulties by seeing their thinking, thus enabling you to correct and explain by demonstration.

The child can demonstrate what they understand without having to use language.

## Reading

Children with DS learn to read by recognising whole words, not phonetically sounding out letters  
Children do still need to learn phonics for speech and decoding at a later stage in development  
Reading is a strength and can be used to teach grammar, sentence structure etc.  
Comprehension may need further input  
Teach nouns then verbs

### Structured Learning Packages

See and Learn – early years  
Reading and Language Intervention Programme  
Fisher Family Trust Programme

## First steps at school

### Match

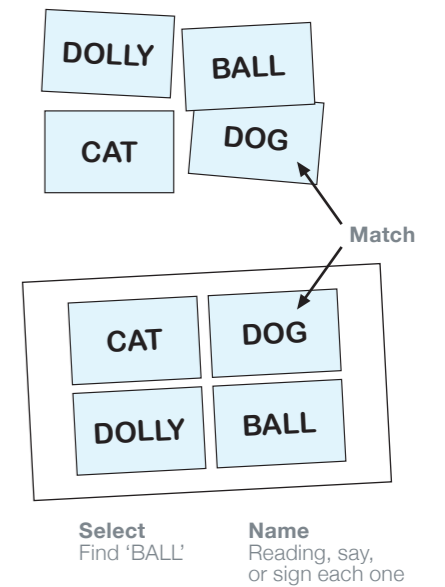
For the first 50 words match word to word.  
Choose 4 words to match. If 4 is too many start with 2 or 3 to select from, aim for errorless learning.

### Select

Then select the spoken word from the pile.

### Name

Name once they can select accurately.  
Allow time for this as it may take time to recall how to say the word.



## TA Models

### Velcro model

Barrier to teacher  
Barrier to other children

### Helicopter model

Barrier to allowing child to solve issues  
Doesn't give scope for child to ask for help

### Bridge builder model

Ideal model  
Child is included in class as much as possible  
TA is used to overcome learning difficulties  
Work with teacher to plan activities for child

## TA's Magic Bag

Plastic letters – if possible have vowels in red and consonants in blue

Post It pads

Dry wipe board and markers

High frequency words

Stickers

Spring loaded scissors

Number line, 100 square, beads/counters on string

Fiddly toys or material

Reward scheme  
e.g. sparkle box/letter box

Post box or feely bag

Bubbles

## Behaviour Management Techniques

### Behaviour

All behaviour is a form of communication, especially for a child with limited communication skills.

*To understand the behaviour we need to consider:*

- Why is the child doing this? Attention, avoidance, peer approval
- What has occurred? to trigger this behaviour e.g. frustration, boredom, task too difficult, low self esteem

### Encouraging good behaviour

Use positive reward systems during the task – don't wait until the end!

Remember children with DS tend to copy people – sit child with model pupils to encourage good behaviour

Ensure expected behaviour/ rules are clearly understood by child – don't assume  
Give child responsibilities  
Use child to "demonstrate" for others to promote self esteem

Use "positive question" technique

Substitute an unwanted behaviour with a more appropriate one

Set the right pace for the activity

Use emotional withdrawal for difficult behaviours, i.e. no eye contact, no verbal feedback, but offer a way out to move child on –

do not discuss the unwanted behaviour

Use ABC chart to find triggers or patterns to behaviours as per your school's policy

Think 'Task Demands'

Use visual timetables to establish routines

Use 'Now and Next' concept

Use 'Traffic Lights'

Identify early warning sign of stress and ensure all staff in school are aware of this behaviour

### STAR behaviour management

**Setting** – general context under which behaviour occurs

**Trigger or Tipping point** – signals set off the action

**Action** – behaviour itself

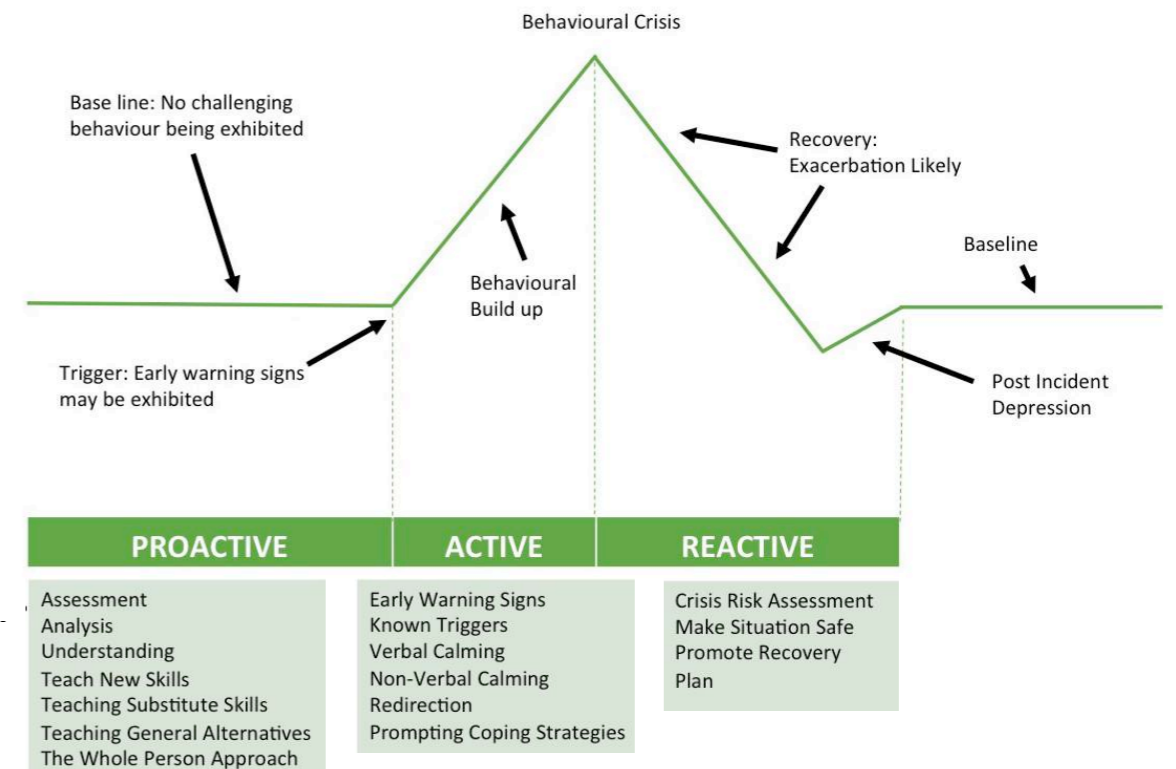
**Result** – what happens immediately after the action

Aim is to de-escalate as the child starts to react to the trigger so that the action either doesn't occur or is less severe

When the behaviour is taking place there is no point trying to tackle the reason or logic with child. They are full of adrenaline and incapable of making good decisions – just like you and me!



## Time Intensity Model – Jon Hull



## De-escalation Ideas

Remove source of confrontation from view and get eye contact with child

Use calming techniques such as deep breathing or turn taking with object whilst discussing emotions

Give time for the instruction to be processed – this is even harder when child is in escalation phase

Reduce language input

Use emotional withdrawal – doesn't necessarily require a move away from table but ALWAYS offer a way out

Reward any attempt to perform task

Don't discuss behaviour at all

## Golden rules

**Encourage me to behave age appropriately**  
if you wouldn't let a child of same age do something DON'T let me!

**Don't speak for me**  
or people stop talking to me

**Don't rephrase the question**  
it confuses me

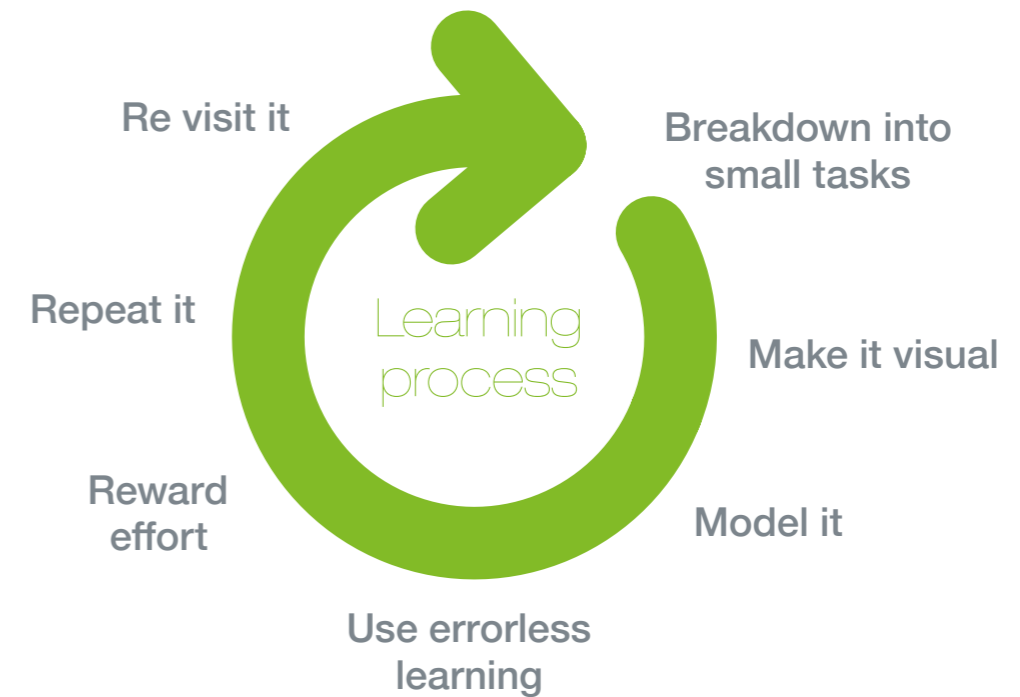
**Make everything visual**  
it helps me understand

**Allow time for me to respond**  
I need extra processing time both verbal and physical (count to 20)

**Assess all the demands of the task**  
physical and mental, sometimes just sitting or listening is an extra demand

**Plan for me to succeed**  
I like to end an activity on a high/success so I am not put off by failing

**Be consistent**  
I know what to do when things are the same rules



These are just some of the children in the Cheshire Area who already benefit from this approach



## Useful contacts

### **Cheshire Down's Syndrome Support Group**

[schools@cdssgroup.org.uk](mailto:schools@cdssgroup.org.uk)

[www.cheshiredownssyndrome.com](http://www.cheshiredownssyndrome.com)

### **Down's Syndrome Association**

[www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

### **Down Syndrome Education International**

[www.dseinternational.org](http://www.dseinternational.org)

### **Numicon**

[global.oup.com/education/content/primary/series/numicon](http://global.oup.com/education/content/primary/series/numicon)

### **Makaton**

[www.makaton.org](http://www.makaton.org)

# inta

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