Down syndrome: good practice guidelines for education
Foreward

About the All Party Parliamentary Group on Down Syndrome (APPGDS)

The APPGDS aims to raise awareness of issues affecting people with Down syndrome, and the prospects for improving life outcomes, and to campaign for changes to government policy to improve the lives of people with Down syndrome.

The APPGDS is run by and for Members of the House of Commons and House of Lords and its key officers are:

Mr Virendra Sharma MP
Chair

Dr Hywel Francis MP
Vice-Chair

Lord Wigley
Treasurer

Dan Rogerson MP
Secretary

We are delighted to publish this paper, which offers good practice guidelines on education for children and young people with Down syndrome.

The paper summarises information about the specific learning needs of children with Down syndrome and sets out principles for effective education practice. We call on Government to recognise the specific needs of children and young people with Down syndrome as a unique group.

This paper offers the potential for a huge step forward for children and young people with Down syndrome as they progress through the education system. Down syndrome is the most common syndrome affecting learning in the UK and for too long has not had specific monitoring or approaches.

Virendra Sharma, MP
Chair, All Party Parliamentary Group on Down Syndrome

APPG Education Working Group

The Working Group includes experienced practitioners and trainers from mainstream and special education, teachers, head teachers, psychologists, speech and language therapists and specialists in the education of children with Down syndrome.

The main voluntary sector organisations for individuals with Down syndrome, who have pioneered educational development and training in the UK over the past 20 years, are also represented.

Several members are both education professionals and parents of children with Down syndrome.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Why action is needed to address the education of pupils with Down syndrome</td>
<td>4</td>
</tr>
<tr>
<td>What this paper covers</td>
<td>4</td>
</tr>
<tr>
<td><strong>Section 1</strong></td>
<td></td>
</tr>
<tr>
<td>We call on government to</td>
<td>5</td>
</tr>
<tr>
<td>Recognise the specific developmental and educational needs of children and young people with Down syndrome as a unique group</td>
<td>5</td>
</tr>
<tr>
<td>Ensure effective planning and monitoring for this population of children/ young people</td>
<td>5</td>
</tr>
<tr>
<td>Develop the inspection framework so that the inspection process is informed by and checks against identified good practice with pupils with SEN, and specifically Down syndrome</td>
<td>5</td>
</tr>
<tr>
<td>Promote and support syndrome-specific approaches tailored to the learning profile of children and young people with Down syndrome, and endorse the principles set out in this document</td>
<td>6</td>
</tr>
<tr>
<td>Develop government led, centrally produced, evidence based guidance for practitioners on Down syndrome</td>
<td>6</td>
</tr>
<tr>
<td>Protect the provision of specialist Down syndrome support services</td>
<td>6</td>
</tr>
<tr>
<td>Recognise and meet the need for provision of additional resourcing</td>
<td>7</td>
</tr>
<tr>
<td><strong>Section 2</strong></td>
<td></td>
</tr>
<tr>
<td>Down syndrome: a specific profile of strengths and challenges requiring specific interventions and responses</td>
<td>8</td>
</tr>
<tr>
<td>What is Down syndrome?</td>
<td>8</td>
</tr>
<tr>
<td>What do we know about the effects of having Down syndrome on educational development?</td>
<td>8</td>
</tr>
<tr>
<td>Specifics of the developmental profile associated with Down syndrome</td>
<td>8</td>
</tr>
<tr>
<td>How Down syndrome affects learning</td>
<td>9</td>
</tr>
<tr>
<td>Responding to the challenges</td>
<td>11</td>
</tr>
<tr>
<td>General issues to be protected and strengthened</td>
<td>12</td>
</tr>
<tr>
<td><strong>Section 3</strong></td>
<td></td>
</tr>
<tr>
<td>Principles of effective educational practice for this population</td>
<td>14</td>
</tr>
<tr>
<td>Training in Down syndrome for staff in schools</td>
<td>14</td>
</tr>
<tr>
<td>Effective support for schools from external specialists</td>
<td>15</td>
</tr>
<tr>
<td>Achieving effective inclusive practice including leadership from senior management and governors</td>
<td>15</td>
</tr>
<tr>
<td>Issues for schools and other educational settings</td>
<td>16</td>
</tr>
<tr>
<td>Additional guidelines for specific stages of education</td>
<td>21</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>31</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>32</td>
</tr>
<tr>
<td><strong>Members of the Education Advisory Group</strong></td>
<td>34</td>
</tr>
</tbody>
</table>

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Executive summary

Introduction
1 This paper addresses educational settings supporting pupils with Down syndrome, covering the period from school entry (early years phase) to further education.

2 The information in this document can guide provision in individual special schools and mainstream schools, across local authorities, and inform national initiatives that promote effective use of resources to raise achievement for this group of pupils.

Why action is needed to address the education of pupils with Down syndrome
3 At present, early intervention and education services in England and Wales vary widely in quality. Provision is often not evidence-based, and many staff are not adequately informed about the specific needs of children and young people with Down syndrome. Many families are unhappy about aspects of provision for their children.

4 High quality services from birth will enable families to better support their children, and ensure that children and young people with Down syndrome have the opportunities and resources to help them meet their individual potential, in turn enabling them to lead more independent lives and to contribute to the community andwork force.

5 At present we have no way of measuring the effectiveness of the services and education provided to these children due to the lack of data collection for this population in education settings. Children and young people with Down syndrome are recorded by the government as part of the general category of learning disability in the school census.

What this paper covers
6 This paper is presented in three sections:

   Section 1 outlines the action from government that this group calls for.

   Section 2 outlines the specific profile of skills and challenges associated with the syndrome that supports the call for syndrome-specific guidelines, and the provision required to meet the needs of this population.

   Section 3 describes good practice guidelines for educational settings supporting children and young people with Down syndrome. The guidelines are evidence-based and written by a working group of lead practitioners in the fields of education, support therapies and the law. They provide standards that can be used to appraise provision across a range of settings including mainstream and special provision up to the age of 25.
Section 1
We call on government to

Recognise the specific developmental and educational needs of children and young people with Down syndrome as a unique group
7 This paper presents evidence from research that demonstrates the distinct and specific needs of this population, and describes key strategies that have been demonstrated through research and practice to boost achievements of individuals who have Down syndrome.

8 Many of the difficulties experienced by this population are also experienced by other children and young people, when considered one by one. However, the overall profile of physical, developmental and educational needs associated with Down syndrome is unique and a separate category distinct approach is required to ensure effective planning and provision.

Ensure effective planning and monitoring for this population of children/young people
9 Effective planning of support for children and young people with Down syndrome and their families is hampered by the lack of centrally collected data for this group of pupils.

10 The addition of Down syndrome as a category on the school census will support better use of information, skills and expertise when meeting the specific needs associated with this diagnosis. Identifying pupils with Down syndrome in this way will enable local bodies with leadership responsibilities (including strategic planning partnerships and bodies such as local authorities (LAs), learning support services, educational psychology services, head teachers within federations, etc.) to:
  • take an overview of the resources required to help plan service provision;
  • gather data on local training needs for those supporting this population, and identify staff development and training opportunities with other stakeholders, such as parent support groups, and health services with responsibility for support such as occupational therapy, to maximise reach and impact across localities;
  • identify and facilitate opportunities to set up ‘clusters’ of provision/schools who meet and engage in reciprocal visits, sharing skills and resources and providing mutual support.

11 It will make possible national and local monitoring of attainment for this population, in terms of P levels/national curriculum levels achieved, and accreditation/qualification awarded, as well as measures of other key achievements such as independence and competence as young people transition to adulthood. This will in turn frame expectations and measure improvements in outcomes for this group.

Develop the inspection framework so that the inspection process is informed by and checks against identified good practice with pupils with SEN, and specifically Down syndrome
12 This will enable:
  • identification of centres of excellence, that can develop a support and dissemination role, and settings where significant improvement is required to support individuals to fulfil their potential;
• reporting on quality of provision, to inform school development plans and improve the standard of provision for this group across settings.

Promote and support syndrome-specific approaches tailored to the learning profile of children and young people with Down syndrome, and endorse the principles set out in this document

In some settings and services there is recognition of the specific support needs and syndrome specific approaches, such as the introduction of early reading activities targeting whole word recognition around the age of 2½, and use of visual images for number to support the development of number skills. Extensive literature is available describing the evidence base and advising on support, for example from Down Syndrome Education International and the Down Syndrome Association. However, this is inconsistently accessed and implemented.

Parents and families often acquire extensive knowledge about research, literature and effective intervention for people who have Down syndrome, through parent support networks, researching information on the syndrome on-line and in written publications, and from interactions with practitioners including at training and conferences provided by lead specialists in this field. This level of knowledge is frequently not matched by practitioners within settings supporting children and young people who have Down syndrome, and this lack of awareness of key information erodes parents’ confidence in professionals. The professionals are not routinely provided with syndrome-specific guidance, and they may or may not seek out additional information. This hampers the development of effective working relationships between families and practitioners, and contributes to dissatisfaction with services.

Develop government led, centrally produced, evidence based guidance for practitioners on Down syndrome

Similar to the publication *Good Practice Guidance: Guidance on Autistic Spectrum Disorders* published by the DfES and DH, guidance on Down syndrome would promote more consistent implementation of syndrome-specific, evidence based practice that best supports learning and the fulfilment of potential. Proposed information for development and dissemination has been collated by the working group and is presented in Section 3.

This could be developed and promoted in partnership with community and voluntary sector organisations concerned with children and young people who have Down syndrome, including member organisations of the Education Advisory Group.

The guidance should also report on examples of effective practice using existing resources that could inform service improvements elsewhere.

This would provide staff within services accountable to government with access to information and training already available through some Local Authorities and independent/national organisations e.g. DSA, Down Syndrome Education International and promote better use of existing resources.

Protect the provision of specialist Down syndrome support services

This document highlights the need for external support services for this population such as physiotherapy, occupational therapy, speech and language therapy, educational psychology services, learning support services, outreach services, and advisory support services. A sound knowledge of the implications of having Down syndrome, including research into the specific strengths and impairments associated with the syndrome, as well as evidence based
interventions, informs effective external support that meets the needs of local settings, and promotes fulfilment of individual potential.

20 **Access to these services is patchy**, with some families reporting highly valued, consistent and effective services, while others are unable to access key services for their child due to local absence of, for example, specialist advisory teachers with expertise in how Down syndrome affects learning and development, occupational therapy services combining neurodevelopmental and sensory integrative approaches and speech and language therapy services especially in mainstream secondary schools.

21 Good practice guidance on Down syndrome could highlight the need to implement **innovative local solutions to address absence of services and support**, such as reconfiguring services to provide input from professionals with specialist knowledge about Down syndrome rather than from geographically-allocated practitioners with a general caseload, or the establishment of co-worker-led groups providing speech and language therapy activities supervised by specialist speech and language therapists.

22 There is scope for **government departments to work with professional bodies** to address inconsistencies in availability and quality of provision.

**Recognise and meet the need for provision of additional resourcing**

23 A high level of additional resourcing and additional classroom assistance, tailored to individual needs and settings, is essential for maximum academic progress and social inclusion. While this is recognised and supported by the Special Educational Needs (SEN) Code of Practice, implementation and provision is often an issue for families and schools.
Section 2
Down syndrome: a specific profile of strengths and challenges requiring specific interventions and responses

What is Down syndrome?
24 Down syndrome is caused by an extra copy of all or part of chromosome 21 in all or most cell lines. Down syndrome is a relatively common cause of learning disability, with some 815 babies born each year in the UK (715 in England and Wales). Older mothers have a higher chance of having a baby with Down syndrome than younger mothers. Although screening is now offered to all pregnant women in the UK, the birth rate is not declining. Very few cases of Down syndrome are inherited. For all people with Down syndrome, the genetic condition is present from conception and affects development throughout life.

25 Life expectancy has increased dramatically for individuals with Down syndrome and is now 60+ years of age. This fact alone demands better quality education in schools, further education, and employment training, to enhance achievement across the lifespan.

What do we know about the effects of having Down syndrome on educational development?
26 In the last 25 years, research has provided us with a clear picture of the specific profile of learning needs of children and young people with Down syndrome.5-10

27 When this information is used to develop specifically targeted early intervention and education programmes, the effects of the syndrome and subsequent disability can be reduced.11-13

28 As learning continues from birth into adult life, and does not stop or plateau, this information is relevant to all stages of education and training, and life.

29 Children and young people with Down syndrome progress more slowly in various areas of development including motor, social, communication, cognition and self-help. The impact of the syndrome on development varies across developmental areas. This is described as a specific profile associated with the condition – or a pattern of strengths and weaknesses.

Specifics of the developmental profile associated with Down syndrome
30 Research has shown that children and young people with Down syndrome not only take longer to learn new skills, but also learn differently in some key areas, benefitting from some teaching strategies that are different to those typically used in education. These include approaches to number skills, to reading, and to speech and language skills, as well as deployment of sanctions and rewards in behaviour management.

31 Figure 1 shows strengths and challenges associated with the main aspects of the specific learning profile for children and young people with Down syndrome, and the unique range of both physical and cognitive needs of this group of learners.

32 A separate category of SEN is important for this group of learners, recognising the distinctive learning profile that requires specific provision.
The learning profile
How Down syndrome affects learning

<table>
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<tr>
<th>Hearing</th>
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<tr>
<td>70% of children experience conductive hearing loss – glue ear. Hearing can fluctuate or be permanently reduced. 15% have sensorineural hearing loss. More difficulty listening to whole class input and discrimination between similar sounds. Learning and use of phonics can be problematic.</td>
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<tr>
<th>Speech and Language</th>
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<td>Difficulties in the following areas: learning from listening, coping with long sentences, understanding new or subject specific vocabulary, word finding; forming sentences; speech articulation, understanding instructions. Weak comprehension skills. Weak generalisation, thinking and reasoning.</td>
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<th>Pupil</th>
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<td>Visual, kinaesthetic learner. A desire and ability to learn from peers, to imitate and take cues from them. Empathetic and social.</td>
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<tr>
<th>Visual difficulties</th>
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<td>For all pupils to some degree. All children have poor visual acuity – soft focus, and 80% have poor focus at close range to 25cm. Bifocals are routinely recommended. Difficulties in the following areas: writing using pencil on faint blue lines, reading font less than 18pt, coping with text/diagrams/pictures which are too busy, detailed or have little contrast.</td>
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<th>Fine &amp; gross motor skills</th>
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<td>Associated with low muscle tone/loose ligaments as well as poorer messaging systems. Affects ability to record work, access physical activities and resources. Delayed self help skills.</td>
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<th>Short concentration span</th>
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<td>Difficulty staying on task and multitasking. More distracted by other factors. Tire more easily.</td>
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<th>Short term auditory working memory</th>
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<td>(Listening memory) weak consolidation and retention skills. Difficulty memorising sequences, retaining instructions, learning new vocabulary and information. Difficulty transferring recently learnt information to long term memory.</td>
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<th>Strong visual learning skills</th>
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<td>The ability to learn and use sign and gesture, to learn to read and use the written word. Learn well from demonstration and visual resources – pictures, photos, letters, diagrams, symbols, concrete materials, ICT.</td>
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Figure 1
Children and young people with Down syndrome show:

- **Relative strengths in social understanding** and in relating to others, right from birth.6,7,14
- **Particular weaknesses in learning to talk, in using and understanding language, and achieving clear speech.**15-18 Research has identified a distinctive profile of communication issues associated with Down syndrome, with specific difficulties in developing spoken language which is over and above any language delay associated with their learning disability and hearing loss. Academic progress and socialisation is significantly undermined when these communication difficulties are not effectively addressed.
- **Behaviour problems are not an inevitable feature** associated with the syndrome but schools and families frequently seek support. Issues with behaviour develop when fundamental needs, and the communication of these, are not appropriately addressed.14
- Strengths in visual memory with weaknesses in verbal memory skills.19,20
- **Strengths in reading.** Children and young people with Down syndrome often read better than would be expected for their levels of language knowledge and reasoning abilities. This reading strength enables improvements in spoken language to be achieved using a ‘language through reading’ approach.21-24 In contrast, understanding number and calculation present greater challenges and in age-equivalent terms, number skills are often on average 2 years behind literacy skills.25,26
- **Differences in motor development** which affect both gross and fine motor skills.27
- **Risk of specific health issues** which affect development, in particular, thyroid deficiency, sleep difficulties, and hearing and visual impairments. Appropriate screening and timely treatments can reduce the impact of these on development and learning. Many children need support from sensory impairment teams in their early years and in school.28
- **Repeated periods of ill health** and disruptions to life and learning particularly during the first years of life. These are often associated with the higher incidence of structural abnormalities of the heart and/or gastrointestinal tract, leukaemia, and chronic upper respiratory tract infections in this population. The impact on individual’s development must be taken into account. (For health care guidelines see UK Down Syndrome Medical Interest Group.)28
- There is a wide **range in the needs and attainment levels** of pupils with Down syndrome and support must therefore be tailored to individual presentation and needs, while taking into account information about the impact of this syndrome on learning.

Around 10–20 per cent of children and young people with Down syndrome display **additional difficulties** to those described above, including Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder. They require assessment and support tailored to their individual learning profile from professionals who have knowledge and experience of the learning profile of children and young people with Down syndrome and these additional complex needs.14
Responding to the challenges

When can we start to use this information to improve outcomes?

Down syndrome is diagnosed at or before birth. This information can be used from the first weeks of life to improve developmental progress. As importantly, it can be used from pre-natal diagnosis on, to support families. This is recognised and specific guidance on Down syndrome for parents and professionals is provided in the government’s Early Support programme. 29-31

What additional educational provision will the population of pupils with Down syndrome require?

Evidence shows that the population of children and young people with Down syndrome will require:

- Educational provision which needs to be quantified and clearly specified in a Statement of Special Educational Needs or its equivalent.
- Staff trained in the specific learning profile and approaches to learning that effectively support children and young people with Down syndrome.
- Specialist support from external services working with school staff to ensure appropriate adaptation of teaching approaches, a curriculum appropriate to the specific learning profile, accommodation of individuals within the school community and effective inclusive practice.
- Additional staffing within schools, to enable focused learning and participation under the direction of the teacher.
- Speech and language therapy assessment and intervention comprehensively addressing the individual’s needs should be consistently available throughout their education.
- Occupational therapy assessment and intervention.
- Physiotherapy assessment and intervention.
- Assessment and intervention to address sensory impairments (vision and hearing).
- Specialist advice on ICT, taking into account the specific learning profile associated with Down syndrome.

Improvement and extension of opportunities for inclusion in mainstream settings

All families should have the option to select a well supported placement in a local, inclusive mainstream school. Research suggests that children with Down syndrome do better, across a range of academic and other measures, in inclusive mainstream settings rather than segregated settings, irrespective of their level of learning ability. This has been demonstrated through comparing the achievements of groups of pupils with Down syndrome in mainstream and special school settings. 12,13

The right to an inclusive mainstream education is currently supported by legislation (Education Act 1996 section 316).

In the national context, there has been a historical bias to place pupils with Down syndrome in segregated settings. The right to education in a mainstream setting was introduced only in 1981. Research in 1997 demonstrated that the proportion of pupils with Down syndrome attending mainstream schools varied greatly across different LAs and the overall trend was for pupils with Down syndrome in mainstream settings to transfer into special schools during their school career. 32 For many families, the decision to transfer to special school occurs when mainstream settings fail to, or are no longer able to meet the support needs of individual pupils.
Experience over the past 30 years indicates that successful inclusion in mainstream settings, from early years through to further education, is not conditional on the ability or behaviour of the child but is dependent on the setting accommodating and supporting them appropriately within the community and the structures of the educational setting. It has been seen that, with improved practice, outcomes in both mainstream and special school settings can be enhanced for this group of pupils, with fewer transfers from parents’ initially preferred schools.

Socially, local schools provide daily opportunities to mix with typically developing peers and learn from models for age-appropriate behaviour as they develop relationships with children and young people from the community that they live in. Successful inclusion is a key step towards enabling children with Down syndrome to become full and contributing members of the community, and society as a whole benefits. Typically developing peers and the wider school community gain skills and knowledge about how to understand, support and include people with Down syndrome. All pupils gain an understanding of diversity, disability, and tolerance through being part of an inclusive school community.

General issues to be protected and strengthened

National standards for children with Down syndrome sit within current legislation, in particular:

- Education Act 1996
- The Education (Special Educational Needs) (England) (Consolidation) Regulations 2001 (SI No. 3455) and The Education (Special Educational Needs) (Wales) Regulations 2002 (SI No. 152)
- Equality Act 2010

and statutory guidance:

- Special Educational Needs Code of Practice
- Inclusive schooling: Children with Special Needs
- Improving Behaviour and Attendance: exclusion guidance

Parents have the right to choose the type of school they wish their child to attend.

Pupils have the legal right to provision which meets their additional educational needs. This currently takes the form of a statement of SEN. Any alternative must maintain this level of legal protection, and continue to be based on the needs of an individual child rather than being resource-led.

Academies and free schools should be subject to an ‘inclusion framework’ and be legally bound by the SEN legal framework.

Introduction of a proactive system of accountability and enforcement for LAs would help ensure that they do not consistently breach SEN legal duties. Currently there is no proactive body to ensure that LAs comply with the existing SEN legal framework. The Department for Education or Local Government Ombudsman is responsible for investigating complaints made by parents concerning the failure of an LA to meet its duty towards children with SEN. The Special Educational Needs and Disability (SEND) Tribunal can hear evidence and issue judgments in relation to individual decisions made by an LA concerning the educational needs of a child with Down syndrome, but is unable to ensure that the LA fulfils its statutory duty for all such children. Parents are left to individually challenge LAs via the court system which does not correct systemic faults.
Speech and language therapy advice should always be required as part of the statutory assessment process for children with Down syndrome, rather than as an optional additional contribution. Currently an LA has to seek advice from a medical professional in order to meet its obligation to gather evidence as part of the statutory assessment process. In many cases this is fulfilled by simply referring to the child’s GP. The vital evidence on the speech and language needs of children with Down syndrome from the correct professional is often not obtained unless a parent is proactive in ensuring it is part of the assessment.

Evidence from speech and language therapists should follow the guidelines set out by their professional body, The Royal College of Speech and Language Therapists. Too often recommendations are not based on the pupil’s need but on the resources available to an LA or health authority. These resources are often constrained by agreements that speech and language therapy is provided by the local team in the PCT. Legally, a finite resources argument cannot be used by an LA to refuse to set down in a statement of SEN or to arrange the Speech and Language Therapist provision identified by the professional as being needed for a child.

Training on Down syndrome and the specific learning profile, and on inclusion and differentiation, must be included and strengthened in Initial Teacher Training (ITT) and SENCO training.

More effective mechanisms for assessing and crediting progress made by pupils with Down syndrome are required.

Inspection practice by OFSTED evaluating effectiveness of strategies for inclusion and support should be further developed and implemented with leaders of effective practice in the field of Down syndrome.

We support the three principles of inclusion set out in the National Curriculum inclusion statement:
- setting suitable learning challenges
- responding to pupils’ diverse needs
- overcoming potential barriers to learning

A national minimum standards document for the inclusion of children with Down syndrome in schools should be developed, describing examples of good practice, which should include:
- achieving effective inclusive practice
- leadership from senior management and governors
- provision and organisation of additional support
- implementation of specific strategies to support learning
- differentiation of the curriculum and learning activities

This will provide benchmarks against which practice can be measured, and would be used as evidence for the Self Evaluation Form (SEF), or whatever replaces this.

We ask that LAs actively promote and endorse the use of this guidance in schools. This can be implemented by SEN officers and advisors, and educational psychology services, as well as through strategic initiatives.
Section 3

Principles of effective educational practice for this population

This section outlines principles of good practice with pupils with Down syndrome that apply across various settings. Guidelines specific to different stages of education follow this.

This group calls for schools achieving these standards to be recognised with a charter of good practice for a specific cohort of pupils who have Down syndrome.

Training in Down syndrome for staff in schools

Training must be provided to whole school staff and/or learning communities of schools either prior to the child starting school, or at the beginning of the term that the child starts. Many mainstream schools will have no experience of supporting a child with Down syndrome, and typically staff in special schools have no training in the specific profile associated with Down syndrome and recommended interventions. For mainstream schools, training should also cover benefits and aims of mainstream inclusion.

Support and training from the LA for school staff must be provided at least annually as each academic year group change will bring new staff in contact with cohorts of pupils with Down syndrome. These staff will need to know in detail the specific learning profile (SLP) of children with Down syndrome and how to support their learning needs. Training should cover specific needs associated with Down syndrome which apply to all settings, and also address the particular needs in the actual setting, i.e. early years, primary or secondary based; mainstream and special provision, as well as inclusion issues.

Training should include information about:

- the learning profile and the speech, language and communication profile associated with Down syndrome
- inclusion issues, with updates on current legislation relating to inclusion
- effective deployment of additional support, including Teaching Assistants
- differentiation and curriculum mapping, including P levels where relevant to individual pupils
- behaviour management, including functional behaviour analysis
- speech, language and communication skills, and strategies to promote the development of these
- teaching reading using visual (whole word recognition) as well as phonic approaches and understanding how to use literacy to develop spoken language
- number skills development including implementation of visual and kinaesthetic resources
- the research base that supports recommended approaches, and an overview of changing attitudes towards and opportunities for people with Down syndrome

TAs should be trained in how to facilitate learning in lessons, for example, repeating and reviewing key points and instructions, using open and closed questions, verbal and physical prompts as required, simplifying language, scribing key points on white boards, redirecting pupils when tired towards the end of lessons, reminding pupils of class rules, rewards and sanctions and use of strategies to keep pupils focused and on task. TAs should know how to break teaching tasks down into smaller steps, and how and when to use support in order to promote independent working for as much of the lesson as possible.
Teaching and support staff should also extend knowledge through accessing materials addressing the needs of this population, in particular training publications developed by the Down Syndrome Association and Down Syndrome Education International, which provide extensive, useful, up to date, evidence based information specific to this population for all. These are currently not consistently used in schools.

**Effective support for schools from external specialists**

Specialist external support services must be provided to school staff across all key stages, ensuring that they apply specialist knowledge of the learning, social and emotional needs of pupils with Down syndrome. This should include educational psychologists, speech and language therapists, advisory support teachers including those teachers supporting ICT, and for many pupils with Down syndrome, advisory support teachers who support pupils with hearing and/or visual impairments. Support from occupational therapists and physiotherapists must be available to pupils with Down syndrome who require these therapies.

Within each discipline, at least one member should have additional training and specialist knowledge in the learning, communication, social and emotional needs of pupils with Down syndrome, and should maintain links with professional networks and organisations promoting development of practice with this group. As specialists in this field, they are responsible for developing local practice in supporting pupils with Down syndrome, for disseminating information to all members of their respective teams and thus disciplines, and to school staff through training.

LAs have routinely developed models of outreach support from special schools. It is imperative that these staff not only have knowledge of the specific learning profile for pupils with Down syndrome and their learning needs, but also have knowledge and experience of teaching and inclusion in mainstream schools and are aware of the curricular demands made on staff in mainstream settings.

Input from these specialists working with schools should include:

- joint planning with school staff
- providing training to school staff
- supporting school staff and families/carers to address issues as they arise
- working directly with pupils for the purposes of assessment and programme planning

**Achieving effective inclusive practice including leadership from senior management and governors**

A positive attitude to inclusion should be shown by all staff, led by the head teacher/principal and senior management staff.

Staff attitudes and practice should treat the pupil as an individual who has needs common to all pupils in the setting, as well as having distinct needs relating to the specific learning profile of children with Down syndrome.

Good inclusive practice for individuals in mainstream schools includes:

- Presence – a full time placement at a local mainstream school with typically developing peers, where they spend their time in places and activities with other pupils of the same age from the local community.
• Participation – taking part in and contributing to the school community and its activities: making relationships, joining in, learning and having fun alongside everyone else.
• Dignity and respect – individuals are valued by staff and other pupils and their talents and achievements are celebrated. They are accepted by others in the school community and made to feel good about themselves.
• Independence and choice making – nurturing the expression of preference, definition and pursuance of personal goals, and development and expression of individuality and autonomy.
• Achievement – developing new skills and competences, confidence and self esteem; realising goals and focusing on what they can achieve, not their impairments.

Continuing development of resources and practice to support pupils with Down syndrome within schools and the LA. This can be achieved through clusters of schools working together, and/or through working with other organisations that act as specialist hubs to develop and implement specialist input, including specialist teams that can be coordinated within LAs, working across schools within an area.

Practice should sit within a framework described in the schools inclusion statement or policy, linked to the school’s SEN policy.

Issues for schools and other educational settings
Provision and organisation of additional support

In order for schools to put this in place, it is essential that all statements of SEN are specifically written and do not merely reflect the local SEN funding policies and practices that LAs adopt. Such policies result in what is often seen as a post code lottery of provision between different geographical areas. It also needs to be made clear to schools that once special educational provision has been detailed in a child’s statement of SEN, if the school is unable to make that provision from the resources delegated to them by the LA then it is the LA’s legal duty to arrange that provision, possibly by making it itself. **This duty on LAs is directly owed to the child and can never be delegated to schools despite many examples of wording in statements which imply it can.**

Use of support staff and resources must be planned to meet the needs of individuals.

Support from internal and external specialist services must be deployed to meet the support needs of the team working with the pupil and enhance practice in school.33,34

Arrangements within schools

As a result of the specific learning profile and communication impairment associated with Down syndrome, and differences in skill levels, the needs of individuals with Down syndrome are not adequately catered for in arrangements and learning activities for ‘lower sets’, or pupils with SEN as a group.

When planning placement within groupings, it is important to take into consideration that, as visual and kinaesthetic learners, pupils with Down syndrome respond well to positive role models and should be placed with pupils who provide good models of learning and behaviour, and who can provide peer support. Pupils with Down syndrome are disadvantaged when the
Differentiation peer models in the learning setting display inappropriate behaviour. Good practice can include placing pupils with Down syndrome with more able peers.

Pupils with Down syndrome should move up with their chronological age group to maintain peer relationships and friendship groups, and to progress through the national curriculum. In exceptional cases, school staff along with an educational psychologist may propose that a child with Down syndrome should repeat a year, especially in foundation/reception, such as when a pupil has been absent from school for extended periods due to illness and hospitalisation, or has a late summer birthday so that the pupil with Down syndrome is one of the youngest in the year group. Consideration of potential impact and benefits should take place with the pupil’s family/carers. Children who are placed in a class below their chronological year group should then move up each year with that class throughout their school career, and must not skip a year at any stage. The decision to place a child out of age group should be reflected in Part 3 of their statement of SEN as special educational provision.

Effective transition planning is essential in ensuring sustained progress and successful inclusion, and key transitions include when the child starts in early years settings, on transfer to primary school, transfer to secondary and then into further education. Activities to support transition should include sharing information and planning between settings, and teaching to prepare the pupil, as well as introducing the new setting to the pupil. Transition activities should take place over several months before and after the pupil joins the new setting, and must involve key staff from both settings working with families/carers, and external support staff.

Meeting personal support needs

Arrangements must be put in place to meet the pupil’s personal support needs with eating and drinking, toileting, washing and dressing, using strategies that maintain the dignity of the pupil and promote skill development and independence, while minimising impact on social inclusion and learning. Appropriate reasonable adjustments must be made under the Equality Act 2010 to ensure that facilities and equipment are put in place by the school working with external agencies where appropriate. Schools have a statutory obligation to admit children into full-time school in the term after their fifth birthday. This includes children who are not yet toilet trained. Individual support for a child’s personal care needs to specified in a statement of SEN.

For some students, healthy eating and exercise will require ongoing focus in addition to covering these topics linked to curriculum subjects such as Physical Education.

Pupils should be included and take part in all activities of the school community including the full curriculum, break/lunchnetimes routines, after school activities, extra-curricular activities and school trips, and other communal and social activities of the school community (e.g. tutor group/mentor time, religious worship), with adaptations as needed to accommodate individuals. Support should be provided by the school as required for each individual child.

Working with families

Communication between parents/family and school should be open, timely and effective, and include sharing achievements, concerns, priorities and strategies, as well as supporting pupils to share information between settings. Parents/families should liaise with named key workers, responsible for co-ordinating support for the pupil.

Differentiation of the curriculum and learning activities to support the acquisition of new skills

Pupils with Down syndrome should follow the same full curriculum and school activities as their typically developing peers, including a modern foreign language, with adaptations as needed.
83 Differentiation of teaching methods must address individual learning objectives, content within topics, learning activities, and learning resources.

84 Class/subject teachers must take ownership of the pupil’s learning plan, and use specialist advice and additional support to design and implement this.

85 Schools should assess levels of attainment and measure progress using Performance Levels (P Levels) and National Curriculum levels as appropriate to individual pupils, and these must be referred to in annual review reports.

86 Curriculum mapping should be used for all curriculum subjects to identify appropriate content and learning objectives for each topic, within the P level or NC level that the pupil is working at.

87 Teaching staff and teaching assistants (TAs) require timetabled time together to meet and plan differentiation for the pupil with Down syndrome, and time for TAs to prepare resources.

88 TAs must have access to curriculum plans, provided by teaching staff for all curriculum areas.

89 Planning curriculum access for pupils with Down syndrome must include extra-curricular activities, school trips and residential, with any additional support required to be managed by school and other support services if appropriate, e.g. enablers.

90 Mechanisms for exploring student’s views, including at annual review, must be tailored to the individual’s communication skills. Standard questionnaires should be reviewed and adapted, identifying mechanisms that the student can effectively engage with and that capture views and opinions.

**Developing age appropriate behaviour**

91 Expectations for behaviour should be appropriate to the child’s chronological age. Models of appropriate behaviour are essential, with learning supported by direct teaching of appropriate social skills, and Sex and Relationship Education which is differentiated to the level of understanding of individual pupils with Down syndrome.

**Becoming independent**

92 As for all pupils, the aims of education include for the child to become as autonomous and independent as possible. This must be considered in planning learning activities and support for pupils, considering both lessons and break/lunchtimes, and deployment of TA support.

**Developing and maintaining friendships**

93 Planning within schools must consider fostering friendships, in terms of opportunities and skills needed, both in and out of school.

94 Individual education plans (IEPs) or other mechanisms that fulfil this requirement of the SEN Code of Practice must:

- comprehensively address areas of need for the individual that are not covered in curriculum and lesson plans
- not use pro formas that limit effort to a set number of targets: these are not appropriate for many individuals
- outline SMART targets or objectives and detail strategies
- be owned and implemented by the team working with the pupil and their family
- be reviewed within timescales set, with outcomes recorded
Implementation of specific strategies to support learning

Children with Down syndrome can develop good skills in ICT and these technologies can support individuals to overcome challenges faced when using other media. Throughout their education, pupils should take part in targeted learning activities developing skills in using computers, associated programmes, and digital technology, taking into account their individual learning needs and practical application of these skills in everyday life, currently and in adulthood. Schools will require appropriate software for the individual, following individual assessment.

Staff will require training in the use of relevant software to support learning, and pupils will need daily access to computers which are situated in the classroom and accessible, with seating and work station appropriate for the individual. Allocation of a laptop to the individual may be necessary.

Teaching of number and the number system must take into account difficulties with abstract concepts, working memory and oral language, and use visual images and kinaesthetic strategies to develop awareness and representation of numbers and number patterns.

Teaching reading using a whole word approach to match, select, and name should be used in all settings until the pupil is skilled at decoding words through phonics. This may contrast with the approach for class teaching and is likely to continue throughout primary and secondary phase for many pupils with Down syndrome. Teaching of reading should ensure comprehension of words and sentences from the start.

Phonics teaching should continue alongside reading through whole word approach, supporting word learning and speech clarity as well as reading and spelling skills later on.

Pupils with Down syndrome require direct teaching of language skills which should include teaching of vocabulary, language skills, phonic and speech skills, social communication skills, and extensive use of visual supports to scaffold language skills.

Staff will require software and equipment to produce high quality visual supports using pictures, print and symbols as required to support learning.

Staff must be aware of avoidance strategies that may be used by pupils with Down syndrome when work is not differentiated appropriately or learning plans are not tailored to the individual’s current skills and support needs. Behaviours may also manifest as a result of the pupil seeking sensory stimulation, stress reduction, interaction, and/or material gain, (e.g. access to a favourite toy).

Functional behaviour analysis should be used to analyse and interpret behaviours that individuals may employ to get their needs met, particularly when they are unable to express these through verbal means using language.

Training and support from external specialists must be available to support staff to use this strategy to identify factors that prompt and maintain the behaviour, and to plan responses that replace inappropriate behaviour with more appropriate behaviours, rather than seeking to extinguish behaviours through use of sanctions.

Physical contact policies should take into consideration the role of socially appropriate person-to-person physical contact (e.g. hand placed on shoulder) for pupils for whom oral language support, talking about emotions and offering reassurance, may be less powerful due to language difficulties.
Checklist to evaluate implementation

The extent to which schools achieve good inclusive practice for pupils with Down syndrome can be assessed against the parameters outlined below, which special schools and mainstream schools may be developing, have established as practice in relation to individuals, or have embedded in school practice.

Teaching approaches and lessons
- Teaching extends the pupil’s learning
- Lesson plans reflect differences in pupil’s knowledge
- Teaching styles and lesson plans accommodate differences in learning
- The learning aims of activities are clear
- Pupils have opportunities to record their work in a variety of ways
- Pupils are encouraged to take responsibility for their own learning

Organisation of the learning environment and support
- Pupils spend the majority of their time in class with groups of pupils, rather than in one-to-one support, which is used only when required to support specific learning goals for the individual. The classroom should be the predominant learning environment.
- Appropriate work situations are available as needed for individual learning and these are accommodated in typical work environments such as classrooms, study rooms or library rooms, not the corridor.
- Classroom organisation encourages independent learning
- Support is sufficient to help pupils to move on in their learning while allowing them to draw on the knowledge they already possess
- Pupils learn collaboratively
- Teachers and TAs encourage peer support
- Teachers share the planning of schemes of work for lessons and homework with TAs in advance of commencing new topics and individual lessons.
- TAs are involved in curriculum planning and review
- TAs have timetabled planning time to make resources as directed by the teacher, and to plan the differentiation with the teacher.

Planning learning and responding to learning needs
- Teachers and TAs aim to maximise the independence of pupils with Down syndrome.
- Assessment recognises the achievements of pupils with Down syndrome and gathers data that inform effective planning.
- Programme of activities and learning plan is tailored to the individual’s talents and interests.
- Learning in school links with and capitalises on activities and learning opportunities outside school.
- Home–school links communicate and share priorities and strategies between different settings where the child/young person spends time.
Additional guidelines for specific stages of education

This section outlines guidelines which are specific to each age group and corresponding settings. The general principles already outlined apply across the age groups and settings.

Recommended good practice in early years settings (2–5 years), foundation/reception

Assessment

Staff should use assessment tools which incorporate specific knowledge of the development of children with Down syndrome, alongside assessment for children within the 3–5 years category adapted to the learning profile of children with Down syndrome, e.g. scoring signing of words where the assessment wording is ‘using words’.

These assessment tools currently are: The Early Years Foundation Stage: Setting the Standards for Learning, Development and Care for Children from Birth to five; Early Support Developmental Journal for babies and children with Down syndrome. (See Resources page 24 and 31)

Support needs

An individual education plan or equivalent, drawn up by a qualified teacher within the setting, in liaison with the child’s family/carers and with input from specialist support, should be put in place as soon as the child enters the setting and formally reviewed at least termly in addition to continual monitoring and adaptation as required.

The child’s support and learning needs should be reviewed and strategies and equipment identified and put in place during the planning and induction period.

Named key worker(s) must be identified who share information about the child with Down syndrome to staff, liaise with parents day-to-day, and advocate for the child within school.

Children with Down syndrome will have delayed communication skills compared with typically developing peers. Settings will therefore need to set up and make extensive use of visual communication strategies and make adaptations to language and routines in order to meet the individual’s communication support needs.

Most settings in this age group provide good visual and kinaesthetic learning environments which are ideal for children with Down syndrome. These will usually need to be adapted/augmented to meet individual support needs.

Use of signing, e.g. Makaton, Signalong or BSL supports young children with Down syndrome in understanding language, expressing themselves, and joining in. This will usually include the need for everyone involved with the child to receive training and take part in initiatives within the setting to develop some signing skills, including all staff and other children who use the setting. Those responsible for directly supporting the child’s learning should develop more extensive signing skills including specific vocabulary to support learning and language goals, and use of signs linked into sentences. Parents can advise setting staff on the vocabulary of signs that their child currently uses. While staff should recognise children’s personal adaptations of standard signs, they should use standard signs in communication with the child.

Support to develop signing skills within the setting should include training from signing tutors, signing reference materials, and visual displays so that staff can refer to them.

Young children with Down syndrome require implementation of schemes that support them to learn to speak through learning to read, using a whole word approach with word matching, selecting and naming, e.g. using See and Learn resources from Down Syndrome Education
International. It is essential that this is practised on a daily basis with trained staff and that this is carried out alongside other practice in the setting to promote reading and early phonic skills.

Implementation of programmes of activities to support speech production skills, devised and monitored by a speech and language therapist, should include direct work on speech production skills and awareness of speech sounds, linking to phonics work. Support from the speech and language therapist should include training for named members of staff responsible for the implementation of these activities.

Children with Down syndrome who have been taught language through print from 2 years old and do not face additional challenges, at 4–5 years should have a sight vocabulary, be able to read short sentences, be able to make sentences from the words that they read, will read from their ‘own made up books’ and should know letter sounds and names, or other representations of phonemes used within the setting.

Children with Down syndrome will need to be taught how to improve listening skills, attention control, how to share toys, take turns, join in with group games, learn the rules of the setting etc.

Some children will be delayed in their gross motor skills and require support to move from sitting to standing, or to walk, whilst others will be able to walk and run but will have difficulty in jumping, hopping etc. Time will need to be dedicated to developing these skills and advice from a physiotherapist and/or occupational therapist will be needed. Advice from an occupational therapist or others with specialist knowledge of sensory processing difficulties may be required to advise on management of sensory motivated behaviours and to promote progression with skills.

Seating and other equipment may need to be adapted beyond facilities already available in the setting. Adaptations require the advice and support of an occupational therapist, and may, in some cases, require additional funding.

Children with Down syndrome in early years settings may still be using nappies so staff need to be familiar with toilet training programmes for children with a learning and communication disability. Settings need to identify and put in place suitable toileting arrangements that maintain the dignity of the pupil, and equipment for the stage of independence that a child has reached. As well as equipment suitable for potty and toilet training, they may also need a step up to the toilet and hand holds (grabs or rails).

Children will need help with dressing and undressing, e.g. taking off/ putting on coats, changing shoes. Eating and drinking skills are typically delayed for a significant proportion of children with Down syndrome, due to differences in anatomy and physiology. Common features within this age group are: sensitivity to food consistencies, intolerance of certain temperatures, immature chewing patterns, and refusal to vary from a limited set of foods and utensils. Advice from a speech and language therapist on the management of eating and drinking difficulties, and/or from a multidisciplinary feeding team may be required, along with training for staff on the nature of difficulties and appropriate responses.

Children with Down syndrome may find it difficult to engage in and learn from opportunities for free play within the setting. Adult support and planned activities will be required to establish positive engagement with free play opportunities and skill development, and progression from parallel play to cooperative play. Clear routines with modelling and praise, and structured play tasks, are effective in supporting learning. In establishing these, staff should consider how to involve other children in the setting.
Children should also be encouraged to play as independently as possible, without direct adult intervention, within appropriate activities that may need to be set up in addition to those for the group.

Use the computer to develop skills to use ICT equipment and access specialist programmes to promote learning.

**Recommended good practice in primary schools (Key Stage 1 and 2)**

In addition to the general principles already outlined that apply across the age groups and settings, those outlined for early years setting will be relevant for those pupils who continue to require support with toilet training, eating and drinking skills, and other areas outlined in that section.

Daily teaching of reading is vital throughout Key Stages 1 and 2 using a whole word approach using match, select, and name. Teaching of phonics should run alongside this with good visual, kinaesthetic programmes used. High frequency words (e.g. the, a, is, who) that cannot be linked to a concrete object must be embedded in context into phrases and sentences, and not taught solely in isolation. Reading comprehension activities are essential at every step.

Initially children will be taught familiar words, quickly building into phrases and then sentences. Many children will already have started to learn to read both at home and in their early years settings, and it is essential that these activities continue when the child enters school to build on these skills.

Children’s spoken language skill will be delayed compared to their typical developing peers. Learning to read enhances articulation skills and words learned in print are then used in speech. Schools will need to make books that cover the child’s experiences at home and at school using simple language, in addition to reading schemes. Younger children may need to show their comprehension by signing.

For most children with Down syndrome reading is a strength and some will be reading at their chronological age. For many others reading is still in advance of other areas of the curriculum. Reading makes language visual and helps to overcome their difficulties with learning through listening due to their poor listening memory. It plays to their strengths of being visual and kinaesthetic learners.

Children should be included in literacy sessions, joining in with peers as much as possible. Individual work on teaching reading should also occur during this session for 10 to 20 minutes depending on the concentration and motivation of the child. Children should also be involved in small group learning with their peers who also require additional support in literacy.

Children with Down syndrome will require reading schemes that provide stories relevant to their experiences. Often the schemes will need to be simplified in terms of language use and length and will use books from a range of series as well as being supplemented with personal books made for the individual during the early stages of reading.

Comprehension skills are generally delayed compared to skills at decoding text/reading aloud and must be considered and developed alongside word reading skills. Selection of texts must consider the appropriateness of language and topic content as well as text reading level. Comprehension questions should always be backed up by visual support, e.g. the question is written down, there is prompting to refer to the text and relevant illustrations, and answers are given as multiple choice options or via cloze procedures.
It is not appropriate for children with Down syndrome to spend time either in the literacy or numeracy sessions with a younger class group or in a different key stage.

Writing skills may be delayed because of physical structure of the hands, motor challenges, language difficulties, and cognitive difficulties. Producing any form of written work is a highly complex task and difficulties in short-term memory, speech and language, fine motor skills and the organising and sequencing of information makes a considerable impact on the acquisition and development of writing skills for most children with Down syndrome.

Alternative means of recording may need to be used. This can include: photographing work carried out with physical apparatus, assembling picture lists and displays, scribing by TAs, use of whiteboards, cut and paste, underlining correct answer, cloze procedure, use of interactive whiteboards, and computer grids or words and/or symbols using computer software.

The same principles apply to the numeracy session as to the literacy session – joining in with the class for as much as possible and then working in a small group within the classroom or in a different area with other children having difficulties. Life skills maths should be taught including numeracy, time, money, number skills for shopping and cooking, weighing and measuring.

Transition planning for secondary school should start during year 5 and the secondary school should be involved in the year 5 annual review. The year 6 annual review should be held during the Autumn term to enable the transition plan to be put into place over the academic year. The plan should include staff making reciprocal visits, and several full day visits for the pupil to the new school in addition to attending the routine welcome events for the year 7 that they will join.

Recommended good practice in secondary schools

This section outlines guidelines which are setting specific. The general principles already outlined will all apply to secondary schools for Key Stages 3 and 4 and into the sixth form.

Secondary schools should be supported in embracing the opportunity to include pupils with Down syndrome and understand their learning, emotional and social needs.

Schools will need to put in place additional arrangements for contact and liaison with families/carers. Parent support should be highly valued by staff in schools, and schools should use parents’ extensive knowledge of Down syndrome and their child.

Named key workers within school should lead day-to-day liaison with families/carers, including supporting the young person to bring equipment required for each school day, communicating about homework, and setting up and maintaining home–school diary and other means of sharing information. Where the named key worker is not a qualified teacher, families/carers should also have contact with a teacher responsible for coordinating the individuals’ curriculum, timetable and IEP, who is likely to be a member of a team focusing on SEN provision.

Schools should identify a lead TA/Key worker who attends training about the student(s) with Down syndrome and disseminates information both to TAs and to teaching staff. The key worker would have additional planning time to liaise with parents/carers, provide support to Teaching Assistants in all areas, to work with the student with Down syndrome alongside the SENCO, as well as attending meetings including annual reviews.

As well as meeting with SEN staff, parents should be offered meetings with all teaching staff who teach the pupil at parents evening. If this does not happen, parents are left feeling that the subject teachers do not know their child or understand their needs.
School staff should promote and develop independence in pupils with Down syndrome, in lessons, in finding their way around school, and at break and lunch times. Pupils need to spend time around the school site with their mainstream peers as well as their SEN peers, with minimal or no adult support, to enable peer support, friendships and independence to be develop.

Pupils’ timetables should be matched flexibly to individual needs, providing a mix of small group and individual work complementing participation in elements of the year group timetable. This flexibility may need to include varying the timing of selection of options, and the actual options available to these individuals. By far the majority of time should be spent in classes.

IEPs for pupils with Down syndrome must be clear and informative and show a good knowledge of the individual pupil and their needs. They should include expected outcomes as well as who will be involved and when targets should be achieved.

Schools should also provide informative pen portraits of the student which may include a photo, specific strengths and needs of the student and strategies for teachers and TAs to use.

All schools should use external specialist support from the LA and health and social care services. In particular, the services of educational psychologists, advisory teachers (including ICT) and speech and language therapists (SALT) will be needed. SALT provision to secondary schools should involve at least half termly visits to monitor progress, advise on strategies and supervise implementation of language programmes tied into the curricular needs as well as advising on social language skills needs and TA led group activities to develop these.

It is important that information and reports from external specialists are available to and accessed by all staff who work with the pupil with Down syndrome.

Pupils with Down syndrome should spend the majority of their time in classes with pupils showing good models of learning and behaviour. Setting on ability alone can bring its own problems as these criteria can be so compromised in some lower ability sets as to make the grouping inappropriate for the pupil with Down syndrome. Skilled teachers in well managed lower ability sets can provide the learning environment these children may need, especially for maths and literacy.

Withdrawal from whole or part of lessons with one to one support is generally required to address writing skills, reading skills, specific speech and language work and learning curricular vocabulary. One or two lessons a week is likely to be required for focused work on individual objectives developing these core skills. A small percentage of time can be spent in small groups for specific work on areas such as communication and social skills, and Sex and relationship education (SRE).

Teaching of key areas

Behaviour and social skills should be addressed as key areas contributing to the development of the pupil with Down syndrome. Any issues presenting in this area should be viewed within the context of general teenage development, and responses should promote positive behaviour and social skills, teaching appropriate behaviours and coping strategies, taking into account the specific profile of speech, language and communication needs associated with Down syndrome. Strategies must use a visual approach and simple language, and plenty of praise for success, e.g. using the format of social stories. Inclusive and positive attitudes to behaviour should be shown by schools and their interpretation of behaviour policies should reflect the learning ability of the student and the impact of the specific Down syndrome profile in these areas.
Citizenship courses and activities should be developed as additional lessons to support young people with Down syndrome in understanding rights and responsibilities and taking a place in the wider world. Small group settings can be established with other pupils with SEN.

SRE for this age group is best taught in small groups, either instead of or as well as whole class activities. It must include teaching of related social skills, covering different types of relationship, ways of relating within different relationships, and assertiveness, including saying no. Schools need to develop SRE courses following the guidelines set out by DSA and DSEI, to actually teach a comprehensive range of skills that for typical teenagers would be acquired through incidental learning during adolescence. This will require differentiated teaching of the schools’ SRE curriculum over a greater number of lessons than is usually allocated. Good resources are available.

Timetabling
Flexibility around timetabling and options will be required in order to accommodate an individual’s learning and interests, such as small group teaching sessions for citizenship and/or SRE, offering combined science in place of three separate science courses, extra sessions to support learning for GCSEs, and perhaps adopting an ‘options’ based timetable in year 8 or 9 rather than year 10.

At Key Stage 4, timetables for individual pupils with Down syndrome should reflect the individual’s skills and needs and can include practical and vocational skills courses.

Fostering friendships
Developing friendships is often a concern for both staff and families. Many pupils with Down syndrome have friendships with typically developing pupils as well as friends with learning disabilities and this should be the aim for all pupils with Down syndrome.

The pupil’s key worker and the staff team should monitor the extent to which pupils with Down syndrome establish, maintain and enjoy real friendships with other young people both in and outside of school, and plan actions to promote this where needed.

Pupils with Down syndrome can often list their friends both in and out of school. As is common for young people generally, pupils with Down syndrome will want to have at least one close buddy with whom they have a deeper bond, as well as a wider circle of friends they spend time with in school. Young people with Down syndrome can find it more difficult to establish mutually supportive friendships with others who share their approach to life, and their interests. These can be promoted and fostered by the actions of school staff and families.

While other young people increasingly spend time outside school and home in community settings without adults, pupils with Down syndrome may continue to receive adult support and supervision to meet their needs and in response to concerns about their vulnerability. Pupils with Down syndrome face challenges in mixing socially out of school with their peers who may be going to clubs, shopping in town, etc.

Research indicates that friendships are more likely to develop when students of different abilities work together, school staff present information on disability awareness, and school staff and families arrange social events for all students.

Schools should develop strategies to enable friendships to develop, for example using peer support, buddies, and if applicable, Circles of Friends, as well as identifying possible opportunities to foster friendships by matching potentially compatible individuals and setting
up activities as a context for developing friendships (e.g. table tennis club involving an individual with Down syndrome who is skilled at this game).

Planning may be required to enable pupils with Down syndrome to take part in social situations without direct TA support, putting in place for example, facilitative seating arrangements in canteen or additional monitoring and prompting from lunchtime supervision staff.

Teachers and TAs should check that classroom seating is arranged to facilitate social interactions and peer support from other students.

**Teaching staff arrangements**

Subject teachers and year heads/group tutors need to be prepared to engage with the student with Down syndrome regarding both their learning and behaviour if there are any issues. These staff need to be aware of the Specific Learning Profile for students with Down syndrome and make reasonable adjustments in the use of school policies especially behaviour and sanctions. All actions need to be appropriate and effective, e.g. if a detention has to be used it needs to be with immediate effect and in a room easily accessible and ideally close by.

Teachers must plan and lead on differentiation, so that pupils with Down syndrome undertake work related to the lesson topic, not ‘fill in’ activities which are unrelated to the subject topic.

Differentiation must be carried out for each subject by the team responsible for teaching that subject to the individual. These subject specific teachers should collaborate with TAs, with support from SENCOs and SEN departments. Allocating subject-based TAs may facilitate this process.

Teachers should be aware of the speech, language and communication needs of pupils with Down syndrome, and adapt their teaching material accordingly to allow the pupils with Down syndrome to engage more independently.

An ongoing training programme will be needed to ensure that year group teaching staff are aware of the pupil’s learning profile and appropriate strategies, including curriculum mapping and P levels (pupils with Down syndrome will usually be learning within the range of P levels to NC level 2 at year 7 transfer).

Resources need to be available on the main staff computer so that all teaching staff can access curriculum maps and P levels to help them to develop targets and lesson plans for teaching their student with Down syndrome.

The recommended level of additional TA support would generally be full-time, allocated between 4–6 TAs. This number of TAs allows each to work effectively within a discrete curriculum area and provide the flexibility to cover for absences of staff.

TAs should work collaboratively with teachers and SENCOs as a team to become more skilled at making resources to meet curricular and learning needs. They can also contribute to the assessment and monitoring of skill development and achievements of pupils.

Subject heads should be responsible for ensuring that schemes of work for their area are available to the SEN team within the school. Subject teachers must share planning and schemes of work for lessons and homework with TAs who should also be involved in curriculum planning and review.

SEN leads and/or senior management should ensure that additional time is available for teachers and TAs to meet and plan the differentiation for the student with Down syndrome – at
least half termly.

TAs themselves must have protected non-contact time for planning, meeting with teaching staff, and making resources.

**Homework**

Schools should adapt homework to suit the individual needs of pupils, including the amount, which should be agreed and periodically reviewed with the family. A successful partnership makes links between experiences outside of school and learning in school, where families are satisfied that homework set (or not set) meet the needs of their child, within the framework of the schools’ policy on homework.

Schools should have homework clubs that all pupils can access. This enables many pupils with Down syndrome to complete their homework in school, supported by school staff, rather than placing demands on family and carers at home.

Homework should be differentiated by teachers in all lessons that a student attends, including mixed ability classes, to match the level of each student.

A key worker should be responsible for monitoring the total amount of homework set for the individual and due dates, and act as contact person for the family if concerns or queries arise about homework.

**Qualifications and accreditation**

As well as celebrating the achievements of the pupil, consideration must be given to their achieving accreditation/qualifications that will enable them to realise their goals, e.g. achieving qualifications that are a prerequisite for specific courses or employment opportunities.

Alternative accreditation courses need to be available in Key Stage 4 and in Key Stage 3 where appropriate for individuals, e.g. ASDAN stepping stones. These courses should be taught as part of a group, not individually. Sixth form provision should also be developed with an alternative curriculum route.

Many pupils with Down syndrome will be capable of taking GCSEs, from one to five or more for the most capable. Appropriate adjustments under additional access exam arrangements must be identified and put in place. Pupils with Down syndrome will also be taking entry levels as well as a mixture of alternative accreditation courses depending on needs and interest levels.

**Work experience**

Work experience must be tailored to individuals’ aspirations, talents and interests, and consider future opportunities identified for the student, for example, trying out different options available post 16, or pursuing individual’s goals, e.g. ‘I want to work in a hotel’.

Families and wider networks should be consulted when identifying opportunities in the pupil’s local community.

It may be appropriate for pupils with Down syndrome to take part in extended work experience, for example, one day a week over a longer period in Key Stage 4, or blocks of several weeks following completion of the final term prior to the exam period in year 11.

Useful approaches may include ‘tasters’, where pupils get to try different types of work (e.g. retail, catering, hospitality, child care, maintenance work), or ‘internships’, where students are supported to develop skills and competencies in the workplace.
Transition planning

Transition planning from year 9 onwards should be student centred, focusing on the individual’s aspirations, talents and interests, and form the basis for preparation through to young adulthood, rather than focusing only on the next stage of education.

Families/carers should have support from social care and/or joint agency teams who provide pivotal roles for support, respite, funding etc., as well as having an overarching role providing interagency support for transitions from 14 to 25 years for the pupils involved.

Pupils with Down syndrome should have access to the same curricular choices at Key Stage 4 as for other pupils, including part-time FE college placements to sample courses, and work placements in the community and/or within school. Support needs to be provided and training made available to work and college settings to enable successful placements to occur.

Planning of 14–19 strategy should ensure an individualised programme to address issues of FE transition, work sampling, and wider opportunities to access a range of courses, social inclusion, and friendships.

Further education

While there are many examples of successful placements for pupils with Down syndrome in mainstream primary and secondary schools across the UK, there is a dearth of examples of inclusive provision in FE settings. Students who complete their school career in mainstream settings find mainstream FE courses are not open to them because of the learning disability associated with the diagnosis of Down syndrome.

Students with Down syndrome are consistently denied meaningful FE, both for continuing skills development and for vocational options and experience. Too often FE is seen as a replacement for day services that offer respite and care opportunities, and in many instances, discrete provision for young people with learning disabilities offers little in the way of education and training.

Continuing development within the foundation learning tier should be available to all students and a programme that allows for the supported inclusion of students within vocational subjects should be available.

Barriers to inclusion in further education need to be removed to make transition to adult life and employment a realistic possibility.

A simple solution could be to ensure that places on vocational courses are funded with different reporting criteria. Many students who could work within the vocational area are denied courses due to a requirement to reach level 1 or 2 in literacy or numeracy, either to enter the course or to progress through the course. The concept that these criteria can be adjusted in individual circumstances needs to be embedded within FE provision.

Establishing direct purchase of places on the vocational course could overcome the need for reporting criteria, as this funding would not be dependent on the criteria described above.

It is important that courses are structured and timetabled to enable students to attend and take into account the need for supporting travel and developing independent travel skills.

The models of good practice identified in good specialist residential colleges should be replicated at a local level. Understanding of the needs of this group of learners should be a prerequisite of certification to teach in an FE setting.
Action required

FE provision should be incorporated into transition planning to reflect progress towards independent learning, living and employment. Opportunities that reflect the ambitions and goals of the individual must be available, as part of a route to adult life and taking their place in society.

16-25 provision could be designed offering a ‘basic skills’ base (varying levels) that support mainstream courses, including TA or Personal Assistant support where required.

Students should be able to progress through courses working at a level that is meaningful to the individual. All courses should be accredited and certificated as evidence of progress. Small steps achievements need to be recognised and celebrated.

Education and/or quality vocational training at FE level must build on skills and knowledge, and contribute to realising potential and preparation for adulthood. Appropriate provision will be tailored to individual needs and aspirations, so a range of options should be available to this population. Where no suitable FE provision is available locally, young people should have the opportunity to attend colleges further from home or out of the local authority area.
Resources

The Early Years Foundation Stage Pack, Department for Education,
www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00261-2008
ref: DCSF-00261-2008

ref: ES49; Early Support Information for parents – Down syndrome Ref: ES13, from Department of
Education, tel: 0845 602 2260,
www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources/b0067411/the-
early-support-developmental-journals/developmental-journal-for-babies-and-children-with-down-
syndrome

www.downs-syndrome.org.uk/resources/ed-support-cd-rom.html

DSA Including Pupils with Down syndrome - Information for teachers and learning support
assistants: Early Years; Primary; Secondary; Further Education
www.downs-syndrome.org.uk/resources/publications/education.html

Down Syndrome Issues and Information books covering Early Years, Primary, Secondary available
from Down Syndrome Education International.
Available online http://www.down-syndrome.org/information or in print
store.dseenterprises.org/collections/down-syndrome-issues-and-information

Using the P scales: Assessing, moderating and reporting pupil attainment at levels P1-P8 (2009)
with learning difficulties (QCA, 2001)

B squared P steps and small steps P1 – NC level4 plus age related workbooks used rom KS1 – FE.
Tel 0845 4660 141 www.bsquared.co.uk

PIVATS = Performance indicators for Value Added Target Setting. Lancashire County Council Tel:
01772 531555 email: PIVATS@lancashire.gov.uk

Progression Guidance 2009 – 2020 Department for Education ref: 00553-2009BKT-EN

Secondary Transfer Guidance DSA Hertfordshire compiled by Christina Singh & Frances Martin
(2005)

Centre for Studies on Inclusive Education (CSIE) (2000) Index for Inclusion

See and Learn Language and Reading and See and Learn Speech programmes, Down Syndrome
References


26 Wing T, Tacon R. Teaching number skills and concepts with Numicon materials. Down Syndrome Research and Practice. 2007;12(1);22-26. www.down-syndrome.org/practice/2018


28 The UK Down Syndrome medical Interest Group (DSMIG) www.dsmig.org.uk

29 The Early Support Programme www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources

30 Information for parents – Down syndrome www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources/a0067390/information-for-parents-booklets


Members of the Education Advisory Group

Sandy Alton
Consultant Advisory Teacher - Down Syndrome & Complex Needs, SENSS, Oxfordshire LA
Member of the UK Down syndrome Education Consortium

Leela Baksi
Speech and language therapist (Senior Clinical Specialist-Complex Needs),
Symbol UK

Jane Beadman
Educational Psychologist – specialist post supporting children with Down syndrome in mainstream schools, Children and Young People's Psychology service, Devon County Council
Member of the UK Down syndrome Education Consortium

Gillian Bird
Consultant, The Down Syndrome Association

Bob Black
Education Officer, Down Syndrome Association, Chair of the UK Down syndrome Education Consortium, Parent of a child with Down syndrome. Consultant, Ups and Downs Southwest

David Blow
Vice-President, NASEN

Professor Sue Buckley, OBE
Chief Scientist, DownsEd International
Emeritus Professor of Developmental Disability, University of Portsmouth
Parent of a child with Down syndrome

Sarah Geiger
Senior Educational Psychologist, Barnet Educational Psychology Team

Chris Gravell
Policy Officer, IPSEA (Independent Parental Special Educational Advice)
Parent of a child with Down syndrome
Maggie Hart
Education Coordinator, The Education Centre for Children with Down Syndrome

Jane McConnell
Chief Executive, IPSEA (Independent Parental Special Education Advice), Barrister, Parent of a child with Down syndrome

Cecilie McKinnon
Education Training Officer, The Down Syndrome Association
Member of the UK Down Syndrome Education Consortium

Maxine Pittaway, MBE
Head of St. Christopher's School, Wrexham

Christina Singh
Independent Educational Consultant,
Member of the UK Down syndrome Education Consortium

Alison Williams
Director of Inclusion / SEN, Danetre & Southbrook Learning Village, Northants

Additional contributors:

Frank Buckley CEO, Down Syndrome Education International

Eric Nicholas, Information Officer, The Down Syndrome Association