

Down Syndrome Society

of South Australia Inc

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Guidelines for Supporting Adolescents and Adults with Down Syndrome

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WE HAVE THE RIGHT:

- ◆ Not to be treated like babies or all alike just because we have Down syndrome.
- ◆ To be treated as adults, with respect and as equals.
- ◆ To speak up for ourselves and others.
- ◆ Not to be treated badly by other people, the government or the law.
- ◆ To take an equal part in society, to vote and to have the same chances as others.
- ◆ To do what we want to do, not what others think we should do.
- ◆ To be talked to and listened to about decisions that affect us and be given the time we need.
- ◆ To our own feelings and our own opinions.
- ◆ To say “No”.
- ◆ Not to be called names, bullied or hurt.
- ◆ To have a relationship, to have sex, to marry or live with someone if we want to.
- ◆ To have a baby and keep it if we want to.
- ◆ To control our own money.
- ◆ To real jobs and real wages.
- ◆ To make our own choices.
- ◆ To be independent and have support when we want it.
- ◆ To our own friends and social life.
- ◆ To have an education.
- ◆ To have information in a way we understand.
- ◆ To make mistakes and to learn from them.

People with Down syndrome wrote this list of rights. Some people get some of their rights, but a lot of people don't.

We need to work to get our rights. The first thing to do is speak up for ourselves. Then to try and get a group together to talk and to help each other fight.

We can talk to staff, carers, MP's, the newspapers, TV, radio or social services. We need to get the people who make decisions to listen to us. We could help train professionals about our rights and about speaking up.

Some people feel it won't get you anywhere to speak up but most people said that all it takes is for one person to begin the fight and other people will join in. The people who make decisions can ignore one person but they can't ignore us all. We have to stand and fight together.

Speaking up means a lot of different things to different people. But when we put it all together it means standing up for yourself, taking charge, making your own choices, being as independent as you want, looking after yourself and your things and being treated as an adult not a child.

It is our right to speak up and try to get what we want. We need to let people know what we feel. If we don't speak up people will always make decisions for us.

If we want to change things then we should come forward and talk and complain. We must have to stand up for our rights. Speaking up gives us self confidence and respect.

(Reprinted with thanks Down Syndrome Association of Scotland)

PHYSICAL AND MEDICAL CHARACTERISTICS

A person with Down syndrome has an extra chromosome in every cell of his/her body. It is this extra chromosome that produces the alterations in the physical and intellectual development. However, *each person is an individual*. The number of physical characteristics is not related to the persons intellectual ability. The person with Down syndrome may have some or all of the physical or medical conditions outlined below.

Physical and Medical Conditions	Implications	Strategies
<p>• Hearing</p> <p>Frequent colds, upper respiratory infections, small ear canals, and impacted wax, can cause varying degrees of temporary or permanent hearing loss.</p>	<p>Poor speech. Often difficult to understand. May have difficulty expressing themselves. When hearing is affected, the person with Down syndrome will not hear well particularly if there is background noise.</p> <p>The person with Down syndrome may not hear sirens/bells indicating change of shifts, breaks etc.</p>	<p>Speak to the person normally so he/she can use lip reading to gain understanding. Ensure the person with Down syndrome is not looking into a bright light coming in from a window. The person with Down syndrome may need to use signing. Use adult conversation at all times. Give instructions clearly, simply and face to face.</p> <p>Flashing lights may need to be installed and/or work colleagues may need to prompt the person with Down syndrome.</p>
<p>Loss of hearing can vary as much as 40db from one day to the next.</p>	<p>Inconsistent speech patterns/responses to instructions may occur daily.</p>	<p>Supervisors/carers may need to repeat instructions more often.</p>
<p>Hyperacusis, ie over-sensitive to loud noises.</p>	<p>The person with Down syndrome may place hands over their ears or want to withdraw from situations where there is a lot of loud noise or a noise at a particular pitch eg fluoro's humming.</p>	<p>Seat the person with Down syndrome away from the source of discomfort. Have a predetermined place to be used as a 'comfort zone' eg a seat outside of the workroom, enabling the person with Down syndrome to self monitor. The person with Down syndrome may need to wear ear plugs/ear muffs.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
Significant and/or permanent hearing loss.	The person with Down syndrome may wear hearing aids (which increases the volume all sounds ie. speech and environmental).	Consideration will need to be given to carpeting, curtains and furnishings, to ensure the environment is acoustically appropriate. Ensure appropriate management of hearing aids. Always have spare batteries available.
There is often a marked decline in hearing with age.	It is a slow, imperceptible loss. The person with Down syndrome may give inappropriate responses or even exhibit Alzheimer like symptoms eg vagueness.	It is recommended that the person with Down syndrome has an annual hearing assessment.
<ul style="list-style-type: none"> • <i>Swimming</i> <p>When swimming there is an increased incidence of ear infections.</p>	The person with Down syndrome will need to be made aware of the need to protect ears when swimming.	Use earplugs and/or caps when swimming.
<ul style="list-style-type: none"> • <i>Menstruation</i> <p>Women with Down syndrome can experience painful and heavy periods like other women.</p>	<p>The woman with Down syndrome may be unable to identify/locate the pain. Behaviour may deteriorate.</p> <p>The woman with Down syndrome may have difficulty managing heavy periods.</p>	<p>Seek medical advice. The woman with Down syndrome may need to be taught to describe/locate pain and to self medicate.</p> <p>Seek medical advice. Have additional sanitary wear and change of clothes available.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> • <i>Vision</i> <p>Increased incidence of impaired vision.</p> <p>The person with Down syndrome may wear prescription glasses.</p> <p>Increased susceptibility to eye damage from exposure to the sun.</p>	<p>The person with Down syndrome may display behaviours, such as, tilting the head back or bringing their head too close to a book.</p> <p>May display co-ordination difficulties.</p> <p>The person with Down syndrome may have difficulty managing the routine of wearing glasses.</p> <p>Gradual deterioration of the eye tissue particularly as they get older.</p>	<p>Suggest the person with Down syndrome has their vision checked annually by an Ophthalmologist. Ensure appropriate seating and lighting.</p> <p>The person with Down syndrome will need to be taught a routine for wearing, cleaning and storing glasses. They may need ‘Mega-locks’ to improve the fitting of the glasses.</p> <p>Request information about vision from carer.</p> <p>Ensure adequate protection from sun exposure, ie hat, UV cream, approved sunglasses. Check vision annually.</p>
<ul style="list-style-type: none"> • <i>Immune system</i> <p>Poor immune system increases the risk of under active thyroid, alopecia, diabetes etc.</p>	<p>May be more susceptible to illness, particularly upper respiratory infections.</p> <p>More frequent use of antibiotics, may affect behaviour, toileting.</p>	<p>If there are any concerns about health issues, refer person with Down syndrome for medical assessment.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> <i>Heart defects</i> <p>Increased incidence of heart defects.</p>	<p>Stamina may be affected eg. may tire easily.</p> <p>May be less able to fully participate in physical activities.</p>	<p>Obtain accurate, updated medical information.</p> <p>The person with Down syndrome may self monitor by taking frequent breaks and/or breaks may need to be built into the work routine.</p> <p>During physical activity, allow the person with Down syndrome to self monitor his/her level of endurance.</p>
<ul style="list-style-type: none"> <i>Neck Instability</i> <p>Increased mobility of the first two neck bones causes neck instability.</p>	<p>The person with Down syndrome may complain of tingling of the arms, neck pain or have temporary mobility problems.</p>	<p>Recommend to the person with Down syndrome/parent/carer that a medical opinion is to be sought immediately.</p> <p>They may require an x-ray of the neck to eliminate instability as a cause.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> Constipation <p>Increased incidence of constipation often due to poor diet and/or lack of exercise.</p>	<p>The person with Down syndrome may be unable to identify the problem. There may be behavioural changes. General well being may deteriorate.</p>	<p>Seek medical advice. Investigate diet. Increase daily exercise.</p>
<ul style="list-style-type: none"> Obesity <p>People with Down syndrome may become obese, due to thyroid disorder, lack of exercise and poor diet.</p>	<p>The person with Down syndrome will develop the same medical complications associated with obesity.</p>	<p>Seek medical advice.</p>
<ul style="list-style-type: none"> Dry and Scaly Skin <p>Skin disorders are relatively common in adults with Down syndrome.</p>	<p>The person with Down syndrome can become obsessive about scratching, interfering with daily tasks.</p>	<p>Avoid scratchy clothing, perfumed soap etc. Encourage the person with Down syndrome to use a moisturiser daily. Seek medical advice.</p>
<ul style="list-style-type: none"> Dementia, Alzheimer's Disease <p>Increased risk of the onset of Alzheimer's Disease in the mid 50's.</p>	<p>Decline in memory, language, motor and social skills and personality.</p>	<p>Depression, hypothyroidism, diabetes, menopause, decline in hearing and vision can present with similar symptoms to Dementia and Alzheimer's Disease. Careful medical assessment to eliminate these is essential.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> <i>Fine Motor Skills</i> <p>Poor dexterity.</p>	<p>The person with Down syndrome can experience poor manipulation skills eg difficulty with self-help skills, such as zipping parkas, and closing studs on overalls.</p> <p>The person with Down syndrome may need to be physically stable when carrying out manipulative activities eg sitting not standing. The speed/precision of actions may be laboured eg paper making where a quick lift and shake is required would be difficult for some people with Down syndrome.</p>	<p>Process may need to be modelled repeatedly or co-actively practiced. You may need to break the skill into small steps and teach each step systematically.</p> <p>Alternative fastenings may need to be found.</p> <p>Assess the stability of the person with Down syndrome and adapt the environment to ensure optimum posture.</p>
<p>Difficulty with handwriting, cutting and other manipulative activities.</p>	<p>Sketchy handwriting, oversized or undersized writing. Writing may be laboured and untidy. Some people may only be able to copy 'print'.</p>	<p>Reduce written expectations. Use prewritten words/information which can be selected and pasted/velcro'd/blu tak'd into place. Use a worksheet that the person with Down syndrome can tick or cross.</p> <p>The process may need to be modelled repeatedly or co-actively practiced. You may need to break the skill into small steps and teach each step systematically.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> Poor Sensory Integration <p>Will be reliant on visual skills and may not use 'listening skills'.</p>	<p>This will have duty of care implications ie may not respond to auditory input.</p>	<p>Face the person with Down syndrome when giving instructions, use signing and visual prompts eg red light for sirens</p>
<ul style="list-style-type: none"> Tactile Defensive <p>Will be reluctant to touch some textures, particularly sticky textures.</p>	<p>May resist particularly in activities that they perceive will cause them discomfort.</p>	<p>It may be necessary to allow the person with Down syndrome to wear gloves.</p>
<ul style="list-style-type: none"> Stature <p>Adult height will be shorter than average.</p>	<p>This will affect accessing bench top equipment eg levers, machinery.</p>	<p>Modifications will need to be made eg platforms, stools.</p>

PHYSICAL AND MEDICAL CHARACTERISTICS

Physical and Medical Conditions	Implications	Strategies
<ul style="list-style-type: none"> <i>Gross Motor Skills</i> <p>Varying degrees of poor muscle tone.</p>	<p>The person with Down syndrome may have difficulty with co-ordination and stamina.</p>	<p>Should be encouraged to self monitor their stamina. Modifications may need to be made for co-ordination difficulties. Teach the person with Down syndrome alternative ways of managing tasks.</p>
<p>Poor motor planning.</p>	<p>Difficulties with co-ordination and planning how to access equipment without assistance.</p> <p>The person with Down syndrome may not have the same stamina as their peers and therefore may have difficulty keeping up when walking/jogging is required.</p>	<p>The person with Down syndrome may need to be taught how to access equipment. Repeated verbal and physical guidance will assist the person with Down syndrome to memorize sequences and gain confidence. Model or 'talk' the person with Down syndrome through the problem.</p> <p>Allow the person with Down syndrome to rest when and where it is appropriate.</p>
<p>The person with Down syndrome may be 'flat' footed.</p>	<p>The person with Down syndrome may wear orthotic devices in his/her footwear.</p>	<p>Ensure devices are placed in the <i>correct</i> shoe.</p>

SPEECH

Statement The person with Down syndrome may have varying degrees of intelligible speech.

Implications	Strategies
Signing may be appropriate for the person with Down syndrome ie signing is used for augmenting speech and language.	Ask school personnel/parent/caregiver for frequently used signs/gestures that the person with Down syndrome uses to express themselves. Place common signs in environment to remind carers/employers/employees.
The person with Down syndrome may not be able to indicate his/her personal needs.	If a person with Down syndrome is not being understood, say to the person with Down syndrome, "Show me". "Can you tell me more about it?" "Can you tell me another way?" eg showbag (unintelligible) "give me a clue", "went to show yesterday". Be honest if you don't understand "Sorry, I can't get it".
The person with Down syndrome may show frustration associated with the inability to communicate.	Provide opportunities for the person with Down syndrome to communicate with colleagues/friends. Guide and model to colleagues how to wait, question and respond. Discourage them from talking for the person with Down syndrome .
	Encourage the person with Down syndrome to use social greetings and manners, eg "Good Morning", "Help me", and "Please" ... and to communicate at routine times eg at lunch.
The person with Down syndrome will experience difficulty in retrieving the appropriate words from memory.	Wait for the person with Down syndrome to recall from memory (5-30 seconds), if there is no response, wait again before modelling the correct response.

LANGUAGE

The person with Down syndrome will have language delays. Never underestimate their receptive language, they understand far more than they use expressively.

Implications	Strategies
The person with Down syndrome's language may not be as sophisticated as his/her peers.	Speak normally unless giving specific instruction. When giving an instruction you will need to gain eye contact and give clear, simple instructions to the person with Down syndrome.
The person with Down syndrome may have poor listening skills and elicit only parts of what has been said.	Ask the person with Down syndrome to repeat the instruction back. Limit the amount of language used when communicating with the person with Down syndrome.
The person with Down syndrome may have difficulty understanding the general level of language used in everyday situations.	Encourage Supervisor/colleagues/friends to interact with the person with Down syndrome as often as possible. Teach the person with Down syndrome to ask for clarification/meaning eg "What does that mean?"
Many people have difficulty in processing more abstract questions eg where, why and how and may respond inappropriately to a question.	Rephrase questions as statements eg "how did you get to Melbourne?", - rephrase "as you travelled to Melbourne on a"
The person with Down syndrome may use limited, expressive language eg 2-3 word sentences.	Model extended sentences (3-4 words longer), to the person with Down syndrome.

BEHAVIOUR

Statement ... The individual with Down syndrome should be expected to conform to society/community rules.

Behavioural Characteristics	Implications	Strategies
<ul style="list-style-type: none"> • Challenging Behaviour <p>The person with Down syndrome may display disruptive behaviours.</p>	<p>The person with Down syndrome’s behaviour may disrupt others.</p> <p>A full medical assessment needs to be carried out before implementing a behaviour management plan.</p>	<p>Establish rules and behaviours from the outset. These will need to be displayed clearly and simply using written and/or picture clues and revisited frequently. Whenever rules and behaviours are breached refer back to the rules.</p> <p>Rules should be limited in number, simple and demonstrated to the person with Down syndrome. The need to be expressed in ‘<i>black and white</i>’ terms eg “If you swear I will give you a first warning”.</p>
<ul style="list-style-type: none"> • Routines <p>The person with Down syndrome may take longer to learn the routines. Routines may be forgotten after any breaks eg illness. The person with Down syndrome may be resistant to changes in routines.</p>	<p>Non-compliance. The person with Down syndrome may want to persist with old routines.</p>	<p>Routines may need to be re-established after any break eg illness, holidays. The person with Down syndrome will need to be prepared for, and taught any new routines. A ‘communication book’ will be useful in communicating information and in preparing the person with Down syndrome for changes in routine. The use of simple daily/weekly timetable will also be useful.</p>

BEHAVIOUR

Behavioural Characteristics	Implications	Strategies
<ul style="list-style-type: none"> Moods <p>He/she may exhibit extremes in moods. They may be unaware of the impact this is having on their colleagues and their work performance.</p>	<p>The person with Down syndrome becomes unable to carry out their duties effectively.</p>	<p>The supervisor/carer may need to counsel the person with Down syndrome about the impact their actions are having on others eg 'When you are stamping your feet, I know you are angry'. 'When you are angry tell (name)'.</p>
<ul style="list-style-type: none"> Self Talk <p>The person with Down syndrome may engage in 'self talk' or talk to imaginary friends.</p>	<p>This is an indicator of frustration and stress. Self talk is problem solving 'out loud'.</p>	<p>Discreetly listen to the 'self talk'. Counsel about identified issues. Teach the person to 'self talk' in 'private' name and 'private' places eg bedroom.</p>
<ul style="list-style-type: none"> Premenstrual syndrome <p>Women may exhibit mood swings as a result of premenstrual syndrome.</p>	<p>The woman with Down syndrome will not always be aware of mood swings and the effect on others.</p>	<p>Discuss with carers/the person with Down syndrome, the possibility of the use of the contraceptive pill. Reduce expectations during this period.</p>

BEHAVIOUR

Behavioural Characteristics	Implications	Strategies
<ul style="list-style-type: none"> Non Compliance <p>The person with Down syndrome may have a range of attention seeking and task avoidance behaviours.</p>	<p>The person with Down syndrome with Down syndrome may, from day to day display inconsistencies in behaviour and abilities.</p>	<p>It cannot be assumed that the person with Down syndrome will know what is ‘appropriate behaviour’.</p> <p>It will be necessary to state what the ‘appropriate’ is, eg “No sex talk, no harassment etc” it may be useful to have a checklist which can be signed at regular intervals to help monitor targeted behaviours.</p> <p>A work behaviour booklet describing expectations in simple language may be necessary.</p> <p>The person with Down syndrome must be made aware that his/her behaviour has made others displeased and angry eg through the tone of the voice and body language.</p>
<ul style="list-style-type: none"> Obsessive Behaviour <p>The person with Down syndrome may become obsessive about another person eg colleague, supervisor.</p>	<p>The person with Down syndrome may not carry out tasks/instructions unless the targeted person is present and/or has given the instruction.</p> <p>The person with Down syndrome may stalk and/or talk inappropriately about the other person.</p>	<p>The person with Down syndrome will need to need to be counselled.</p> <p>It may be necessary to remove the person with Down syndrome from contact with the targeted person.</p>

BEHAVIOUR

Behavioural Characteristics	Implications	Strategies
<ul style="list-style-type: none"> Social Skills <p>The person with Down syndrome may have inappropriate social skills.</p>	<p>The person with Down syndrome may not know how to initiate and/or maintain communication or social interaction with his/her peers.</p>	<p>Emphasis will have to be placed on teaching appropriate social skills in everyday situations.</p>
<ul style="list-style-type: none"> Boundaries <p>The person with Down syndrome may have difficulties recognising and staying within physical boundaries.</p>	<p>The person with Down syndrome may repeatedly abscond.</p>	<p>Boundaries may need to be visually/physically defined eg red tape, witches hats. The person with Down syndrome will need to practice/rehearse stopping at boundaries.</p>
<ul style="list-style-type: none"> Autism <p>The person with Down syndrome may display autistic behaviours eg flicking, rituals, obsessions.</p>	<p>If these behaviours increase and/or are ‘new’ behaviours, this can be an indicator of stress.</p> <p>These behaviours may interfere with the ability of the person with Down syndrome to carry out daily activities.</p>	<p>Identify stress factors in the person’s life that may be underlying changes in behaviour eg moved house, parent/close friend has died. Provide counselling/support about appropriate ways of dealing with ‘stress’.</p> <p>An assessment by the Autism Association may be necessary</p>

BEHAVIOUR

Behavioural Characteristics	Implications	Strategies
<ul style="list-style-type: none"> • <i>Attention Deficit Disorder</i> <p>Some people with Down syndrome will also have ADD.</p>	<p>The person with Down syndrome will display behaviours associated with ADD.</p>	<p>Assessment may be necessary and medication should be considered.</p>
<ul style="list-style-type: none"> • <i>Sexual Abuse</i> <p>There is a significant increased incidence of abuse of people with intellectual disability.</p>	<p>The behaviour of the person with Down syndrome may change over an extended period of time or quickly.</p> <p>The person with Down syndrome may engage in overt behaviours and/or behaviours typical of abused persons.</p>	<p>Mandated report is necessary. Counselling is essential.</p>

SPECIFIC LEARNING DIFFICULTIES

Statement ... As with all people, the person with Down syndrome has strengths and weaknesses in various areas. The person with Down syndrome may have some specific learning difficulties that interfere with the daily life.

Specific Learning Difficulties	Implications	Strategies
<p>Generalisation</p> <p>The person with Down syndrome may have difficulty in generalising skills taught.</p>	<p>The person with Down syndrome may be able to carry out a task in a 1:1 situation or at home, but may not be able to do so in other settings.</p>	<p>In new settings revisit the previously learnt skills.</p>
<p>• Memory</p> <p>The person with Down syndrome may have short-term auditory memory problems.</p> <p>Short-term memory means that the person with Down syndrome may have difficulty retaining instructions and may forget them over a long/short period of time.</p>	<p>The person with Down syndrome may only be able to follow one or to stage directions at a time.</p> <p>The person with Down syndrome may not be able to retain sequences, instructions in the long/short term.</p>	<p>Give only one or two directions at a time. This may need to be supported with visual prompts.</p> <p>Repeated practice may be necessary before a skill becomes automatic.</p>
<p>With long-term memory difficulties, the person with Down syndrome may often retain inappropriate information, and have difficulty retaining/recalling appropriate information.</p>	<p>Inappropriate responses to questions/requests may be given.</p>	<p>Reinforce appropriate responses. Break down the information into small steps.</p> <p>Give prompts that may 'jog the memory' eg "Remember when we put"?</p>

SPECIFIC LEARNING DIFFICULTIES

Specific Learning Difficulties	Implications	Strategies
<ul style="list-style-type: none"> • <i>Motor Planning</i> <p>The person with Down syndrome may have poor motor planning.</p>	<p>The person with Down syndrome may be slower or unable to carry out tasks requiring significant motor planning..</p> <p>The person with Down syndrome will have difficulty planning/recalling the starting point.</p> <p>The person with Down syndrome may have difficulty recalling the sequence of the task.</p>	<p>Allow more time for the person with Down syndrome to complete a task.</p> <p>Verbal and/or physical prompts will be necessary to assist motor planning.</p> <p>Sequences may need to be supported with visual representation of the steps required to complete the task.</p>
<p>Asynchrony of development ie may be highly skilled in some areas and poorly skilled in others.</p>	<p>Selecting tasks that are within these abilities will be essential to ensure success.</p>	<p>Always assess the skill level of the person with Down syndrome before presenting tasks.</p>

SPECIFIC LEARNING DIFFICULTIES

Specific Learning Difficulties	Implications	Strategies
<ul style="list-style-type: none"> • <i>Visual skills</i> <p>Poor visual scanning may be evident.</p>	<p>Random visual scanning may occur.</p>	<p>Visual scanning (left to right, top to bottom) will need to be taught, generalised and maintained.</p>
<p>Will have difficulty processing complex instructions and tasks.</p>	<p>Will appear to be unable to master the task. The person with Down syndrome may find it difficult to keep up with the 'pace' of expectations. They will often isolate themselves socially, or appear to interrupt with irrelevant comments.</p> <p>When having difficulties processing work tasks, the person with Down syndrome will 'down tools' or say "I can't".</p>	<p>Use task analysis, ie. Break task down into small steps and teach each step.</p> <p>Written or pictorial cues may be necessary to assist the person with Down syndrome to understand and learn the skill required.</p> <p>Allow time for processing information, instructions, conversation.</p> <p>If the person with Down syndrome is unable to respond appropriately, repeat the instruction, model, and walk for a short period.</p> <p>If there is still inappropriate responses, change the task.</p>

SPECIFIC LEARNING DIFFICULTIES

Specific Learning Difficulties	Implications	Strategies
<ul style="list-style-type: none"> Concentration <p>The person with Down syndrome will have limited concentration span for new, difficult or less favoured tasks.</p> <p>The person with Down syndrome may become obsessive about a favoured activity and resist changes to another work task.</p>	<p>May be found 'off task' through out the day and/or engaging in other unrelated activities.</p> <p>The person with Down syndrome will present challenging behaviours in response to change.</p>	<p>Establish a baseline for concentration. Pace work tasks according to concentration span. Reduce expectations of concentration when introducing 'new' tasks.</p> <p>Some people with Down syndromes will self monitor by taking short breaks eg. Talking to somebody, get a drink, 'tune out' for a few minutes more frequently than others.</p> <p>Supervisor/carer may need to teach the person with Down syndrome to take appropriate breaks.</p> <p>The person with Down syndrome needs to given a variety of work tasks and challenges. The person with Down syndrome will need to be given ample warnings that the task will finish at a defined time.</p> <p>Use a timetable to indicate the beginning and completion of tasks. Use favoured tasks as rewards. Use a timer for those individuals who don't have 'clock' skills.</p>

SPECIFIC LEARNING DIFFICULTIES

Specific Learning Difficulties	Implications	Strategies
<ul style="list-style-type: none"> • <i>Depth Perception</i> <p>The person with Down syndrome may have difficulties with depth perception.</p>	<p>The person with Down syndrome will have difficulty going down stairs, slopes.</p>	<p>Provide physical support to the person with Down syndrome that enables them to feel safe and confident.</p> <p>Encourage the person with Down syndrome to use rails and/or wait until there are less people eg at the picture theatre.</p>
<ul style="list-style-type: none"> • <i>Spatial Awareness</i> <p>The person with Down syndrome may have difficulties with spatial orientation.</p>	<p>The person with Down syndrome will become disorientated if a familiar route is altered and be unable to reorientate themselves.</p>	<p>When familiar routes have been altered, reteach the new route.</p> <p>Teach the person with Down syndrome problem solving strategies ie teach familiar landmarks, ask someone for help.</p>

OCCUPATIONAL HEALTH AND SAFETY

	Implications	Strategies
<p>• Body Temperature</p> <p>Poor regulation of body temperature.</p>	<p>Dresses inappropriately for the weather condition eg comes in wearing a jumper on a hot day.</p> <p>Will not adjust clothing throughout the day to reflect the temperature changes and situations.</p>	<p>Teach the person with Down syndrome the appropriate clothing for weather conditions.</p>
<p>• Pain Threshold</p> <p>The person with Down syndrome may have a high pain threshold.</p> <p>The person with Down syndrome may be unable to localise pain.</p>	<p>The person with Down syndrome may not respond appropriately to a minor/major injury.</p> <p>The person with Down syndrome may feel a pain, but cannot describe or locate pain eg “I have a tummy ache”, when they have hurt their toe.</p> <p>They will often repeat the previous painful experience.</p>	<p>Be vigilant about checking falls, knocks etc.</p> <p>Report accidents to parent/carer.</p> <p>Encourage person with Down syndrome to visit the doctor, when necessary.</p> <p>Try to get the person with Down syndrome to tell you how they hurt themselves/feel hurt. Make suggestions “Is it.....”</p> <p>A visual representation of the body may be useful.</p> <p>Put a red sticker on the painful spot.</p>

OCCUPATIONAL HEALTH AND SAFETY

	Implications	Strategies
<ul style="list-style-type: none"> • <i>Sleep Aponea</i> <p>There is an increased incidence of Sleep Aponea.</p>	<p>The person with Down syndrome appears tired and may ‘cat nap’ at inappropriate times during the day due to a lack of deep sleep.</p> <p>The person with Down syndrome may become increasingly irritable and complain of headaches.</p> <p>Concentration span decreases.</p>	<p>Reduce expectations for concentration. Provide short breaks. Suggest a medical assessment.</p>
<ul style="list-style-type: none"> • <i>Lifting</i> <p>May over estimate their own ability to lift heavy objects.</p>	<p>May lift heavy objects inappropriately.</p> <p>May damage their backs.</p>	<p>Teach estimation of the weight of objects in relation to their ability to lift them eg sort objects into two categories</p> <p>‘I can lift’</p> <p>‘I can’t lift’</p>

SOCIAL SKILLS

	Implications	Strategies
<ul style="list-style-type: none"> • <i>Asking for 'Help'</i> <p>Will often be unable to recognize the need for 'help' and be unable and/or reluctant to seek assistance.</p>	<p>Will appear to be non-compliant, and/or avoid work/tasks. Will often be found standing/sitting doing nothing or will abscond when unable to seek assistance.</p>	<p>The person with Down syndrome will need to be taught from the outset to request 'help'. This will need to be modelled, rehearsed and constantly reinforced.</p>
<ul style="list-style-type: none"> • <i>Conversational Skills</i> <p>May have a well developed repertoire of social greetings and 'patter', but often cannot engage in meaningful conversation once the social 'patter' has been changed or completed.</p>	<p>Social interaction with others may be very limited and/or misinterpreted due to inappropriate responses.</p>	<p>The person with Down syndrome will need to be made aware of incorrect responses, and taught to listen to their colleague, eg. 'stop...I said.....'.</p>

SEXUALITY AND HUMAN RELATIONSHIPS

People with Down syndrome physically and sexually mature with the same variability as other young adolescents/adults. They have the same need for positive friendships and relationships.

Characteristics	Implications	Strategies
Will have little understanding of their own and others sexuality.	May display overt sexuality behaviours eg: exposing their private parts, masturbating in public.	The person with Down syndrome will need to be taught in a structured/explicit manner all aspects of sexuality. This will need to be constantly reinforced. The person with Down syndrome will need to be taught public and private behaviours. Will need to be reminded in new settings which are private eg: camps.
May develop infatuations with inappropriate people.	Will stalk people, write inappropriate notes/letters and say inappropriate things.	This often occurs when the person does not have well developed friendships and opportunity to develop relationships. This needs to be addressed when these incidents occur. Counseling needs to be implemented.
May have difficulty establishing friendships and relationships and have less opportunities.	May harass people and/or over react to rejection.	The person with Down syndrome will need to be taught how to establish and maintain friendships/relationships. The person with Down syndrome will need to be taught how to deal with emotional aspects of friendships/relationships. Involved in recreational activities to increase friendship base.
The incidence of sexual abuse of people with Down syndrome is significantly higher than their peers.	May display unexplained changes in behaviour, and/or over sexual behaviours.	Counseling will need to be implemented.