



Education of children with disabilities in France

**Alternative Periodic Report
to the
United Nations Committee on the Rights of the Child**

**87th Pre-Sessional Working Group of the CRC
LOIPR of France**

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ASSOCIAZIONE COMUNITÀ PAPA GIOVANNI XXIII

The Associazione Comunità Papa Giovanni XXIII (APG23) is an International Catholic Association of the Faithful of Pontifical Right. Since 2006, APG23 is accredited with Special Consultative Status to the Economic and Social Council (ECOSOC). Founded in Italy in the early '60s by the Italian Catholic priest Fr. Oreste Benzi, the Association is located in 40 countries on five continents.¹ The Association runs 500 hosting structures all over the world, 298 of which are family homes where orphaned children, mentally and physically disabled, and others marginalized persons find a substitutive family. Moreover, it runs emergency shelters, fostering families, houses of fraternity, cooperatives and day-care centres, therapeutic communities for drug users and centres for alcoholics.

APG23 carries out awareness campaigns, micro-credit programs, and it provides services for persons with disabilities, Roma and Sinti, homeless, prisoners, migrants, elderly, people infected and affected by HIV/AIDS, mothers in trouble and women forced into prostitution.

Furthermore, the Association has a nonviolent presence in war zones in order to guarantee the respect of human rights on both fronts, assist displaced populations, and carry out activities aimed to combat the trafficking of human beings and assist its victims.

At UNOG, APG23 currently advocates the following priorities: Rights of the Child (especially, the right to have a family and the right to health); Right to Health and Access to Treatment; International Solidarity and Human Rights; Implementation of the Right to Development; Extreme poverty and Economic, Social, Cultural Rights; Protection of the Family; Right to Peace; Migration and Human trafficking. Furthermore, APG23 monitors the implementation of the 2030 Agenda for Sustainable Development.

¹ https://www.apg23.org/en/where_we_can_be_found/

INTRODUCTION

This alternative report aims to provide additional information to the UN Committee on the rights of the Child, in order to elaborate the LOIPR for the Government of France. The main source of this report is based on the experience of APG23 in France.

APG23 is present in France since 2010. It runs, at the moment, two Family Homes² that are welcoming structures in the Occitanie region, department 65 Hautes Pyrenees. In the last years, the Association has welcomed in its structures around 50 persons with disabilities for different reasons and for different length of time. We have tried to facilitate the inclusion of these persons in school, work and social life according to their age and type of disability.

APG23 has built networks with national and local agencies³ in order to have a mutual collaboration, to face difficulties together and share solutions. Through these networks, we came in contact and helped more than 200 people with disabilities. APG23 is available to stand alongside with persons with disabilities and to be the voice of the voiceless.

The present report is also the result of direct interviews⁴ to parents of children affected by disabilities. The parents narrate the experience of their children in the school setting and their integration once the compulsory course of study is finished. However, the case studies cited in the report are not exhaustive. They are indicative of the patterns of violations of children's rights in France.

² See our website: www.casafamiglia.apg23.org/en/125-APG23_Family_Home

³ Office Chrétien des personnes Handicapées, Association des Paralysés de France, AIGUE VIVE, Maison départemental des personnes handicapées, Difenseur des droits, Santuario Notre Dame de Lourdes, Centre d'Education Spécialisée pour Dysphasiques et Déficients Auditifs

⁴ Direct interviews involved 41 persons with disabilities, part of them are in Annex 1.

RIGHT TO EDUCATION FOR CHILDREN WITH DISABILITIES

The French Government, with the law n. 2005-102⁵, made tremendous steps ahead towards a more inclusive school for people with disabilities. However, a condition of separation still exists in fact, bringing to consider France as a not-integrated school system.

The educational path of people with disabilities is, indeed, chosen by the typology of disability: in the case it does not interfere with the intellectual learning capacities, the child can have access to a normal class and complete his/her studies. On the other side, if the disability impedes an efficient and quick learning, the child has still access to school but as part of special classes (ULIS), compromising his/her educational -and consequently working-path.

ULIS (Local Units for Educational Inclusion)

Access to ULIS classes is for children with disabilities such as troubles DYS (dyslexies, dysphasies, dyscalculies, dyspraxies, dysorthographies, troubles de l'attention), autism, anxiety.

According to the legislation⁶, ULIS are inclusive facilities which gradually include learners with disabilities in mainstream classes. Learners are encouraged to follow subject areas (e.g. physical education, mathematics, etc.) in their mainstream 'reference class' at their own pace and ability, allowing them to keep up with their peers' learning rhythm. In truth, the ULIS are actually proper special classes inside ordinary schools, where children with disabilities follow all the subjects. Even though the assimilation in a traditional class should be guaranteed, it does not always happen. The decision of putting a child in a ULIS class comes from a culture that considers education as a system to acquire knowledge: those that are not able to keep the pace are inserted in these special classes with an educational path that fits better their intellectual capacities.

The law establishes four types of ULIS⁷ where children are inserted according to their disability following a medical logic (divided by pathology), instead of considering the learning needs or the compensation tools required. It officially complies with an English classification of pathologies⁸.

⁵ Law n° 2005-102 of 11th February 2005 "Pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées" ("For equal rights and opportunities, participation and citizenship for people with disabilities")

⁶ Circular no. 2015-129, 21 August 2015 on Local units for education inclusion (ULIS), facilities for learners with disabilities' schooling in primary and secondary education

⁷ ULIS 1: students with issues related to mental and cognitive functions (language and speaking too); ULIS 2: auditory handicap, with/without related issues; ULIS 3: visual handicap, with/without related issues; ULIS 4: motoric handicap and pluri-handicap

⁸ FC: cognitive or intellectual function disorders; TSLA: specific language and learning disorders; TSA: autism spectrum disorders; TFM: motor function disorders (including dyspraxia); TFA: hearing disorders; TFV: visual disorders; TMA multiple associated disorders. <https://www.european-agency.org/country-information/france/systems-of-support-and-specialist-provision>

A student with disabilities is associated in a school with the ULIS that is the closest to his specific needs. Actually, because of the high costs of maintenance, in schools are usually present only one ULIS that welcomes together and indistinctly all children with disabilities without a division by pathology or age. In this way, it is not possible for teachers to follow each boy at the same time and in an appropriate way trying to adapt the program to different ages and different disabilities. Therefore, the choice to include the child in an ULIS is not adequate for its purpose (encourage learning according to the child skills) because it is not possible to follow his educational path properly.

Due to the very strong focus of the French school system on acquiring knowledge at the expense of socialization and personal development, students with disabilities do not always seem to be supported in a good way in their socialization experiences, with a particular regard on the implications of their disability. Interaction's occasions of children from the ULIS with other children from the same school are limited only to common moments (recess, school parties, school trips), occasions that are not sufficient and that are not structured enough to place a child with disabilities in a group of children that are not familiar with their conditions. For some vulnerable pupils, integration into the ordinary environment can therefore constitute an ordeal, even a symbolic violence, exposing them to situations of failure or recurring obstacles. Despite students with disabilities are generally satisfied and feel good at school, they are less than the average of normal students. Children with disabilities are also more likely to feel moderately or little at ease at school.⁹

Over the years there has been an increase in the school integration of children with disabilities in ordinary school through ULIS, especially in college by 300% and in high school by 900%. Nevertheless, once a child is placed in an ULIS, it is exceedingly difficult for him to re-enter an ordinary class or to leave the ULIS path between the various school grades. Moreover, most of the time, his study path ends before his able-bodied peers: almost all disabled children from 3 to 5 years old are educated in a normal school; at the age of 12 they are 80%; at 15, just over 60%; and at 18, only 44%.¹⁰ Most of the children stop at college with the achievement of the DNB (National Diploma of Brévet); moreover, a study shows how students with cognitive/intellectual problems, which constitutes the largest casuistry, hardly reach this stage, also because of possible lack of

⁹ <https://www.cairn.info/revue-agera-debats-jeunesses-2016-4-page-79.htm>

¹⁰ https://www.lemonde.fr/societe/article/2016/02/12/handicap-a-l-ecole-peut-mieux-faire_4863978_3224.html

ambition of the students themselves.¹¹ Over the years there has always been a remarkably high school dropout from college to high school, although this percentage tends to decrease, setting for the school year 2018/2019 around 80%.¹²

Finally, access to post-secondary school studies for children with disabilities is incredibly low: only 6% of young people with disabilities aged between 20 and 24 are graduates in higher education.¹³

Early school leaving also has a consequence on access to work: according to one study 7% of people of working age (15-64 years) are disabled, i.e. 2.8 million people; of these only 988,000 people are employed (35% of the total).¹⁴

IME (medical-educational institutions)

All children who cannot be placed in a school context because of their disability are placed in: IME¹⁵. In 2018, 104,519 children were enrolled in these medical care facilities, 76% of whom followed a schooling course for the 2018-2019 school period¹⁶. The majority of children placed in IMEs have serious disabilities not considered suitable for ordinary school education.

IMEs present themselves as centres of excellence aimed at personal care in all its aspects, from health to education. The costs are fully reimbursed by the health service, both in case of residency and semi-residency from morning to evening. The personnel present in a typical IME include the psychiatrist, the nurse, the rehabilitation doctor, the physiotherapist, the psychologist, the orthopaedist/logopaedics, the psychomotor, the social worker, the school educator, the team of educators, as well as the general services and the management.

In most IMEs there is a school unit, through a specialized teacher sent by the regional academy. The services offered concern the promotion of expression, communication, socialization, autonomy in the acts of daily life, the creation of individual paths, in addition to the diagnostic accompaniment, the hospitalizations of relief to lighten the families (e.g. during the holiday periods) .

Regarding the sociality offered to users of IMEs, there are rare cases in which a real inclusion in society is proposed, preferring to limit the exits of a whole group, divided by age or pathology, to some aggregating moments for the community such as the open-air market or a trip to the lake. In

¹¹ <https://www.versunecoleinclusiva.fr/tag/dnb-reussite-des-eleves-ulis/>

¹² <http://scolaritepartenariat.chez-alice.fr/page30.htm>

¹³ https://www.lemonde.fr/societe/article/2016/02/12/handicap-a-l-ecole-peut-mieux-faire_4863978_3224.html

¹⁴ <https://www.agefiph.fr/sites/default/files/medias/fichiers/2019-09/CHIFFRE-CLES-2018-AGEFIPH-WEB.pdf>

¹⁵ establishments for children with mental disabilities; establishments for children with multiple disabilities; establishments for conduct and behavioural disorders; establishments for children with motor disabilities; sensory education institutes (visual or hearing impairments).

¹⁶ <http://scolaritepartenariat.chez-alice.fr/page96.htm>

these moments, however, the young people welcomed into the IME do not have a real possibility of exchange with the people they meet as there is a tendency to keep the group closed and to limit interactions with society. In this way, the disabled person limits his/her interactions only with other disabled people or with specialized personnel, not being able to favour a social integration with able-bodied people in a normal social context that can also help him in his personal growth.

Questions:

- 1. How does the state intend to overcome this non-inclusive culture aimed only at the efficiency of the response towards the physical and educational needs of the disabled person?**
- 2. What measures does the state intend to take to limit early school leaving or encourage the achievement of diplomas (Patent or BAC), which are currently indicators of a real flaw in the system of inclusion of the child with disabilities?**
- 3. How does the state plan to encourage greater interaction between disabled children in IME and peers in schools? In some schools, training by IME educators has been activated for teachers of ordinary schools, this has favoured mutual knowledge and gradual inclusion in ULIS classes of children welcomed in IMEs.**
- 4. How does the state intend to pass the ULIS classes by favouring a greater inclusive school that not only looks at the notional aspect of education, but also of an education that takes place in sociability and in the encounter of diversity?**
- 5. What measures does the state intend to take so that IME centres are not focused only on the medical development of children but also on their social development through interaction with society?**