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**UPDATE ON THE REPORT ON THE SITUATION OF THE
RIGHTS OF CHILDREN AND
ADOLESCENTS WITH DISABILITIES IN COLOMBIA¹**

Submitted by:

**Colombian Coalition for the Implementation of the Convention
on the Rights of Persons with Disabilities²**

¹ Report submitted to the Committee on the Rights of the Child at its 100th session in Geneva, Switzerland.

² To learn more about the work of the Coalition, please visit the following link:
<https://sites.google.com/site/coalicionconvencion/qui%C3%A9nes-somos?authuser=0>

I. INTRODUCTION

The Colombian Coalition for the Implementation of the Convention on the Rights of Persons with Disabilities (hereinafter, the Coalition) is a human rights platform that brings together persons with disabilities, various organizations of and for persons with disabilities, universities, activists with and without disabilities, and persons interested in guaranteeing human rights in Colombia. In particular, it is concerned with respect for and compliance with the International Convention on the Rights of Persons with Disabilities (CRPD) in the country, and with the fulfillment of the obligations assumed by the Colombian State when it ratified this convention in 2011.

We were founded as a platform in September 2014 with the aim of coordinating as civil society, to draft and present a shadow report on the Colombian State's compliance with the obligations it assumed when ratifying the CRPD. This report was presented to the UN Committee on the Rights of Persons with Disabilities during the first periodic review of Colombia in 2016.

Once we completed this process, we have been working on national and international advocacy for the proper implementation of the CRPD. To this end, we have prepared various reports and documents for the inter-American system and for all the committees of the United Nations system. We have also worked in various spaces and in coordination with other platforms and human rights organizations nationally and internationally. We also actively participate in the promotion of the human rights of persons with disabilities and, to this end, we hold events, workshops and intervene in national courts, such as the Constitutional Court.

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INTRODUCTION

The Colombian Coalition for the Implementation of the Convention on the Rights of Persons with Disabilities seeks to investigate the situation of persons with disabilities in Colombia in all areas of life and to position the perspective of disability in scenarios where they encounter barriers to their personal development and inclusion in society. Therefore, bringing the perspective of disability to the sphere of childhood, where the violations and stigmas to which they are subjected begin, is fundamental for the Coalition. At the beginning of 2025, we presented an alternative report for review, and in this case, we will present updated information on the issues we consider appropriate to report on from the date that report was presented to the present day, with the aim of providing the Committee with the most comprehensive and up-to-date information possible.

In establishing this, we must clarify that, in Colombia, not all the rights enshrined in the Convention on the Rights of the Child have the necessary jurisprudential, legal, and statistical precision to make the thorough and accurate analysis that the Committee requires. This is due to the lack of generalized information on disability issues and their intersectionalities (such as those concerning age groups) in Colombia.

Therefore, in this brief report, we will update information on the central and current issues that threaten the rights of minors with disabilities, with accurate and up-to-date data that portray a failure at the institutional level. These are: (i) shortcomings in the implementation of the Marrakesh Treaty, which could promote access to information, culture, and education for children and adolescents with disabilities; (ii) figures on children and adolescents with disabilities in Administrative Processes for the Restoration of Rights (PARD), failures in their characterization, and the need to update the guidelines for their care; (iii) the care and support needs of children and adolescents with disabilities; (iv) the importance of comprehensive sexuality education and processes that promote informed and free consent for children and adolescents with disabilities in sexual and reproductive health processes, especially those involving sterilization; and (v) current threats to inclusive education in regular classrooms for children with disabilities.

RIGHTS ANALYSIS

Article 17. Access to information

As established in the report presented by the Coalition in January 2025, access to information for children and adolescents with disabilities is still an under addressed issue in Colombia, given the differences and methodologies involved in generating accessible information and the heterogeneity of their needs. In this regard, the future regulation of the Marrakesh Treaty of the World Intellectual Property Organization (WIPO) in Colombia could have a positive impact on children and adolescents with disabilities in terms of their ability to access information, and thus culture and education. Colombia adopted this Treaty on June 27, 2013, approved by Law 2090 of

2021, and the Constitutional Court declared it enforceable in 2023 through ruling C-165 of 2023. This Treaty encourages the creation of exceptions to copyright to promote access to works for persons with disabilities. In this regard, Article 3 of the Treaty is broad in its scope of beneficiaries, establishing that it seeks to positively impact (i) blind persons, (ii) persons with visual impairments or difficulties in perceiving printed text, (iii) persons with physical disabilities who cannot hold or manipulate a book or focus and move their eyes in a way that facilitates reading, and (iv) any other disability that causes problems in accessing printed text.

This recognition and openness are important because they acknowledge the diversity of disabilities and the many ways in which they can create difficulties in accessing information. It also opens up the possibility of creating a variety of formats and methods of text transformation to fully accommodate this diversity. This is essential from early childhood for people with disabilities, as it allows them to gain knowledge and gradual access to the culture of the world and their environments. At the same time, access to works promotes their creativity, stimulates their relationship with language and languages, their social interaction, and the free and intimate development of their personality³.

Furthermore, because children and adolescents with and without disabilities experience reading in a multimodal way, this is "intersected not only by verbal language but also by physicality and tactile sensitivity"⁴, and having works that can foster and protect this type of relationship with the acquisition of information for children and adolescents is at the heart of this treaty, according to the understanding of the Coalition.

However, the Colombian process for adopting the treaty has been slow, as it was not until February 27, 2025, that Colombia formally deposited the instrument with WIPO, and it is currently in the process of being regulated by the National Copyright Directorate (DNDA). Nevertheless, the Coalition has concerns about the coverage of the regulation and the regulatory process itself. Thus, through a right of petition addressed to the entity by various civil society organizations that make up the Coalition⁵, information was requested on the progress of the regulatory process, the entities included in it, as well as how the National Disability Council⁶ and persons with disabilities and the organizations that represent them have been considered for inclusion.

In this regard, the Coalition is aware that entities such as the Ministry of Education, the Ministry of Culture, Arts and Knowledge, as well as the National Library Network and the INCI or National

³ Ecuadorian Association of Children's and Young Adult Books, Girándula, IBBY in Ecuador, and Organization of Ibero-American States (2023). Proceedings of the Second Ibero-American Seminar on Strategies for Promoting Reading. Retrieved from:

<https://oei.int/wp-content/uploads/2023/05/memorias-del-ii-seminario-estrategias-de-promocion-lectora.pdf>

⁴ Ibid, p. 13

⁵ Right of petition of the Coalition before the National Copyright Directorate, Ref. 1-2025-156509.

⁶ This is the consulting and advisory body in Colombia responsible for coordinating, evaluating, and monitoring public policies on disability.

Institute for the Blind of Colombia are participating in this process. It is also known that the treaty's regulatory status is still in its infancy and that no specific instances of participation are yet planned for the National Disability Council or the population with disabilities and their organizations. This confirms concerns about the scope of the treaty's regulation in Colombia, as it only takes into account blind and low-vision people, leaving aside the possibility of impacting children and adolescents with different types of disabilities who have difficulties accessing printed text.

Recommendations:

1. That an extensive call for participation be launched, widely publicized in the different territories of Colombia and accessible to persons with disabilities, in which their perspectives on how to make this regulation effective and tailored to the needs of persons with disabilities from early childhood are collected.
2. To this end, spaces should be designed for the free, accessible, and safe participation of children and adolescents with disabilities in different territories, in which their needs and the possibilities for social transformation brought about by this type of regulation are understood.
3. That rapid progress be made in regulating the Treaty, taking into account the lengthy process that led to the deposit of the instrument with WIPO, ensuring that (i) the National Disability Council is included; (ii) disabilities other than visual are included; (iii) the right of children and adolescents with disabilities to information and education is guaranteed.

Article 19. Protection against mistreatment.

Article 19 of the Convention on the Rights of the Child obliges the State to protect children and adolescents from all forms of violence, including sexual violence, through legislative, administrative, social, and educational measures. This obligation is reinforced when it comes to children and adolescents with disabilities, who face greater risks due to communication barriers, dependence on care, stereotypes, and unsafe institutional environments. Protection is not only about reacting to abuse, but also about removing the structural barriers that enable it and ensuring, with a focus on disability and gender, the full exercise of autonomy and integrity of every child and adolescent. Data reported by the National Public Health Surveillance System (SIVIGILA) related to cases of sexual violence against children and adolescents with disabilities show an upward trend between 2020 and 2024: from 109 cases in 2020 to 229 in 2024, representing an increase of 110% in five years. The feminization of the phenomenon is constant: approximately 7 out of 10 cases (73%) affect girls and adolescents⁷.

The discrepancies can be explained by the different nature of the systems. SIVIGILA records health care and alleged incidents, even without a complaint, because in cases of sexual violence,

⁷ Response from the Ministry of Health and Social Protection through File No. INS-2-2025-03987

the care pathway can be activated from the first contact with the health system (e.g., in the emergency room). The Prosecutor's Office, on the other hand, consolidates criminal complaints and their legal classification, which may not be filed, may vary throughout the process, or may group several behaviors into the same case. Added to this are shortcomings in data quality (such as identification and type of disability, and the age of the victim), which limit the traceability of the information.

On the other hand, according to the Attorney General's Office, reports of domestic violence against children and adolescents with disabilities show a sustained increase between 2020 and 2023: from 201 cases in 2020 to 1,166 in 2023⁸. This jump may reflect both a real increase in violence and improvements in reporting and classification; in any case, it underscores the urgency of timely protection measures, psychosocial support, and intersectoral coordination (health-education-protection-justice).

Recommendations:

1. Develop guidelines that allow figures on sexual violence to be sufficiently disaggregated (by sex, age, existence of a disability, type of disability, relationship with the perpetrator, protective measures adopted) and advance interoperability with health and family welfare systems so that primary care providers can act more quickly and avoid the repetition of examinations and testimonies by minors.
2. Strengthen specialized units of the Public Prosecutor's Office and Public Defender's Office in sexual crimes and exploitation against children and adolescents with disabilities with protocols for enhanced due diligence (CRC arts. 19, 23, 24, and 39).
3. Update the Public Policy Line for the Prevention and Eradication of Sexual Exploitation and Commercial Sexual Exploitation of Children and Adolescents (ESCNNA) and the investigation and care protocols of the Public Prosecutor's Office to incorporate specific operational chapters on children and adolescents with disabilities, comparable to the standard already explicit in health through Resolution 459 of 2012, for cases of sexual exploitation of children with disabilities.

Article 20. Protection of children deprived of their family environment and Article 25 periodic evaluation of placement.

In the report presented at the beginning of 2025, the Coalition mentioned its concerns about the violence to which children and adolescents with disabilities are particularly vulnerable, which leads to the opening of Administrative Proceedings for the Restoration of Rights (PARD) led by the Colombian Institute of Family Welfare (ICBF). The Coalition also expressed concern about how these types of proceedings, resulting from situations of violence such as those mentioned above and from the characteristics of the children and their parents (such as disability), end up in the

⁸ Response from the Attorney General's Office through File No. 20249430005201.

institutionalization of minors for prolonged periods, even until adulthood, and affect their ability to have a life plan, a family, and access to rights such as education.

In this regard, following the presentation of the first report, the Coalition obtained a response to a right of petition inquiring about the conditions of children and adolescents with disabilities in these environments, the exact numbers of those who were in them, and the reasons why they were there. This confirms that there are currently 2,500 children and adolescents with disabilities declared adoptable in residential internal attention⁹. The PARD processes that culminated in this measure began mainly due to conditions of neglect (1,834), abandonment (1,764), special conditions of caregivers (1,131), absolute or total lack of guardians (788), abuse (782), and sexual violence (776)¹⁰.

Unfortunately, these violent situations have a particular impact on children and adolescents with intellectual and psychosocial disabilities. However, it is not possible to establish the exact number of these cases, or of other types of disability, due to shortcomings in data collection and in the characterization of children's disabilities. An example of this is that the total number of children and adolescents with the various types of disabilities mentioned exceeds the 2,500 reported cases. In turn, the report contains categories associated with disability that are not explained and are probably residual information, such as "systematic" and "skin, hair, and nails." The latter may be a reference to different types of diseases, whose relationship to a disability cannot be understood intuitively.

On the other hand, the ICBF has various internal guidelines that seek to facilitate the treatment of minors with disabilities who are in vulnerable situations, such as the Guidelines for Interacting with Persons with Disabilities to Facilitate Communication and Interaction with Children and Adolescents with Disabilities in the Context of the Administrative Process of Restoring Rights¹¹, which provides guidance on alternative and augmentative forms of communication for children and adolescents with different types of disabilities, as well as virtual courses such as the one designed by the organization Asdown Colombia called "Support System for Decision-Making by Persons with Disabilities," which seeks to strengthen the skills of ICBF collaborators and strategic allies.

However, the technical guidelines for the Care of Children and Adolescents with Disabilities, with Threatened and/or Violated Rights, which have been in force since their last amendment in

⁹ Response from the National Institute of Family Welfare to the Coalition's right of petition, File No. 202520100000034151.

¹⁰ Ibid.

¹¹ National Institute of Family Welfare (ICBF), (2023). Guidelines for interacting with persons with disabilities. Retrieved from: https://www.icbf.gov.co/system/files/cartilla_orientaciones_para_la_accesibilidad_en_el_relacionamiento_con_personas_con_discapacidad_v3_final.pdf

2019¹², contain perspectives that are not in line with the provisions of Law 1996 of 2019, which was issued only two months before the aforementioned guidelines. These guidelines contain shortcomings with regard to support for children and adolescents with disabilities, as they are described in a manner solely related to care and attention for carrying out activities of daily living, with a vision focused solely on health and survival. However, this does not include support in its approach to promoting autonomy in decision-making, as stipulated for children and adolescents with disabilities in Article 7 of Law 1996 of 2019. This establishes that children and adolescents have the right to the same support as adults for legal acts that they can perform by law and, even more so, for all cases in which the will and preferences of the child or adolescent must be taken into account for the dignified exercise of parental rights and custody.

All of the above is fundamental for children with disabilities who live in situations of violence: accompanying minors in their autonomy, taking an interest in their preferences and opinions. Therefore, including this type of support is vital for the success of the different stages of the process of protecting minors with disabilities, from the identification of their needs and their case reception, their care process, to their preparation for discharge.

Finally, the guidelines stipulate that children and adolescents with intellectual and psychosocial disabilities are the users for whom the residential internal care modality is intended in this type of process¹³, leaving aside foster homes and substitute homes, although the reason for this assignment is not explained.

Recommendations:

1. It is essential that the ICBF be rigorous in the way it characterizes children and adolescents with disabilities under protection and rights restoration processes, as well as in the way this information is treated and analyzed. This information is crucial for identifying the root causes of violence and addressing them in an effective and focused manner, for example, with regard to children with psychosocial and intellectual disabilities.
2. The ICBF must update its guidelines for the care of children and adolescents with disabilities, which require a conceptual review (in terms of the standard of care and support for children and adolescents with disabilities) and an operational review of the prioritization of children and adolescents with intellectual and psychosocial disabilities in residential care, allowing for other alternatives for the care and protection of these minors to be considered.

¹² National Institute of Family Welfare (ICBF). (2019). Technical Guidelines for the Care of Children and Adolescents with Disabilities, with Threatened and/or Violated Rights, approved by Resolution No. 1516 of February 23, 2016, and amended by Resolution No. 10362 of November 8, 2019. Retrieved from: https://www.icbf.gov.co/system/files/procesos/lm7.p_lineamiento_tecnico_para_la_atencion_de_ninos_ninas_y_adolescentes_con_discapacidad_con_derechos_amenazados_yo_vulnerados_v2.pdf

¹³ Ibid.

3. The Ministry of Equality, in conjunction with local authorities and the ICBF, should propose strategies to raise awareness and educate people on how to treat, communicate with, and support children and adolescents with intellectual and psychosocial disabilities, in order to give families, the tools they need to raise their children with disabilities and prevent violence.

Article 23, paragraph 2. Care for children and adolescents with disabilities.

Since the 2022-2026 National Development Plan (PND) or Law 2294 of 2023, Colombia has been moving towards a National Care System led by the Ministry of Equality and Equity. The PND introduced three key regulatory anchors:

- Article 72: mandates to transform the social organization of care.
- Article 84: guidelines for co-responsibility and services in the territory.
- Article 106: defines the population subject to care, which expressly includes children and adolescents; persons with disabilities; older persons, among others.

In February 2025, the CONPES 4143 or the National Care Policy, set out a ten-year roadmap (until 2034), with an indicative budget and commitments to guarantee the right to care in dignified conditions and to receive care, assistance, or support. Among other measures, the document provides for personal assistant support, services for caregivers, territorial strengthening, and specific actions for priority populations, including persons with disabilities and children and adolescents.

The National Care System's partner systems are the National Disability System (SND), the National Family Welfare System (SNBF), the health sector, and the education sector, which must coordinate their services for children and adolescents with disabilities so that care is continuous at home, at school, in the community, and in health services. Within this framework, the System promotes community and territorial services as well as personalized support and stipulates that the health sector must provide home care as an alternative to hospitalization and, exceptionally by order of a judge, the "caregiver service" is provided at the expense of the health system, which is not a universal benefit.

However, the implementation of this strategy requires uninterrupted access to education, since, as documented in another section, children and adolescents with disabilities face barriers to access that are exacerbated by restrictions on school transportation and the lack of implementation of reasonable accommodations, among other factors. With regard to homes and centers, the care model needs to be adjusted so as not to reproduce institutionalization or be understood as a substitute for the formal education system, especially for children and adolescents with intellectual disabilities, multiple disabilities, and autism, who are the main recipients of care.

Recommendations:

1. ¹⁴Strengthen flexible modalities and state oversight for community-based care for children and adolescents with disabilities. This can be achieved by strengthening the alternation of home care and institutional oversight, as well as home care and intersectoral institutional oversight.
2. Promote shared responsibility to avoid considering that the care of children and adolescents with disabilities is consider an exclusive issue of the families, through the organized and relevant provision of continuous care in the home, school, community, and adequate and timely health services, especially in rural and scattered rural areas.

Article 24. Right to health.

The Convention on the Rights of the Child recognizes access to family planning information and services as a component of the right to health (art. 24.2.f) and obliges States to provide age-appropriate sex education with a perspective of rights and gender equality (arts. 17, 28, and 29). General Comments Nos. 4, 15, and 20 of the Committee on the Rights of the Child specify that adolescents have the right to receive comprehensive, understandable, and confidential information on sexual and reproductive health, including contraception, and to access services without always requiring the presence of adults, especially when they have reached sufficient maturity.

However, health services continue to require an accompanying adult, especially for care related to contraception and voluntary termination of pregnancy, in clear tension with the obligation to respect their progressive autonomy, their right to confidentiality, and their right to receive support in making decisions.

In terms of IVE, the Individual Health Service Provision Records (RIPS)¹⁵ for the period 2020-2024 report 51 cases of care provided to girls and adolescents with disabilities¹⁶. Within this group, intellectual disabilities (35%) and psychosocial disabilities (27%) predominate, precisely those in which the risk of substitution of will is highest. However, the way in which the Comprehensive Social Protection Information System (SISPRO)¹⁷ records and systematizes information does not allow for verification of whether access to these services was effectively granted with the informed consent of the girl or adolescent with disabilities, nor does it allow for distinguishing when consent was given directly by them or substituted by family members or professionals. The

¹⁴ A flexible modality that combines in-person activities in care facilities with actions at home/in the community and, when applicable, virtual support, organized in shifts or rotations according to needs.

¹⁵ One of the SISPRO databases reported by health service providers in Colombia for each health care service. It includes user and provider identifiers, date, diagnosis (ICD-10), procedure (CUPS), medications, and costs.

¹⁶ Response from the Ministry of Health to File No. 2025220001645321.

¹⁷ Ministry of Health platform that integrates and standardizes data from the health and social protection sector for planning, monitoring, auditing/billing, and indicators.

available data only reveals the number of cases treated, but not how many requests were submitted, how many were denied, the waiting times, or the referrals that did not materialize. This leaves the most critical aspect from the perspective of autonomy in the shadows.

On the other hand, in Colombia, sterilization procedures on minors with disabilities are subject to a general prohibition: Article 7 of Law 1412 of 2010 prohibits the sterilization of all persons under the age of 18. The Constitutional Court has specified that this prohibition expressly extends to children and adolescents with disabilities through Ruling C-131 of 2014. On this basis, subsequent case law (C-182 of 2016, T-665 of 2017, among others) has reiterated that only in absolutely exceptional circumstances could a definitive intervention be considered, emphasizing that substitute consent cannot operate as a rule.

Although there are reports from mothers, fathers, and caregivers known to the Coalition of sterilizations performed on girls and adolescents with disabilities, the available data from the Ministry of Health does not report any cases, which exacerbates the invisibility of the issue. Information systems do not record informed consent, as they follow a logic of volume of services provided. Furthermore, there is still no specific prevention and surveillance mechanism (alerts, clinical audits, and intersectoral observatories) to detect and discourage the practice. It is therefore essential to comply with the provisions of the Constitutional Court in Ruling T-199 of 2025, which ordered the Ministry of Health, the National Institute of Health, the National Health Superintendency, and the Ministry of Equality to jointly design and implement a system for monitoring and tracking surgical contraception or sterilization procedures in persons with disabilities that allows for the disaggregation and identification of how informed consent was given and whether reasonable supports and accommodations were guaranteed.

Recommendations:

1. Create and implement a verification mechanism that guarantees free, informed, accessible, and supported decisions for children and adolescents with disabilities in matters of sexual and reproductive health, which includes standards of consent and assent with accessible materials and the recording of reasonable supports and accommodations used.
2. Comprehensive sexuality education (CSE) should be strengthened to be inclusive and accessible as a tool for informed decision-making, developing progressive capacities and autonomy for decision-making in sexual and reproductive health, reinforcing coordination between schools, the health sector, and families.

Article 28. Education

In Colombia, the right to inclusive education for children and adolescents with disabilities has been widely developed in compliance with the obligations assumed by ratifying the CRPD. Thus,

the most relevant regulations on this issue are contained in Law 1618 of 2013, or the statutory law on disability, and Decree 1421 of 2017 on inclusive education. Inclusive education has been defined by Article 2.3.3.5.1.4 of this decree as education that values and responds to the diversity of characteristics of all children and adolescents and that takes place in a common learning environment, with peers of the same age and without any exclusion.

To this end, education based on the coexistence of all people in the same spaces and based on the interaction and relationships that are formed between students with and without disabilities, their parents, and the community is key to ending segregated educational environments¹⁸. This vision of education is supported by the Constitutional Court, which has reiterated its support for the inclusion of children and adolescents with disabilities in regular classrooms in numerous rulings¹⁹, with special or segregated education being an extremely exceptional alternative, given that priority must be given to:

"Solutions related to the identification of barriers (...) and the adoption of reasonable adjustments required in each case to ensure that students with disabilities not only attend regular classrooms, but also have a truly inclusive educational experience"²⁰.

In this regard, the benefits of regular education have been widely promoted by international organizations such as UNICEF, which highlight its importance for children and adolescents with and without disabilities. These benefits include improved learning levels and quality for children with and without disabilities; better academic results associated with different learning alternatives and formats; better behavior and social relationships; and, due to the existence of broader curricula than in segregated classrooms, greater learning by children with disabilities.²¹

In addition, member organizations of the Coalition, such as Asdown Colombia, have shared points such as the possibility for children and adolescents with disabilities to be exposed to more stimuli that benefit their development, higher expectations regarding their learning, and the possibility of interacting in the classroom as they do in the outside world: with people without disabilities who are also members of their community.²²

However, this year in Colombia has seen attempts to prolong the segregation of children and adolescents with disabilities through pedagogical support classrooms, which are separate spaces within regular schools to meet the needs of children and adolescents with disabilities, where the

¹⁸ Committee on the Rights of Persons with Disabilities. (2016). General Comment 4 on the right to inclusive education. Retrieved from: <https://docs.un.org/es/CRPD/C/GC/4>

¹⁹ Referring to rulings T-070 of 2024 and T-620 of 1999 of the Constitutional Court of Colombia.

²⁰ Constitutional Court of Colombia. (2020). Ruling T-320 of 2020.

²¹ UNICEF. (n.d.). Towards inclusive education in Latin America and the Caribbean. Retrieved from: <https://www.unicef.org/lac/hacia-la-educaci%C3%B3n-inclusiva-en-am%C3%A9rica-latina-y-el-caribe>

²² Asdown Colombia Organization. (n.d.). Families and inclusive education. Retrieved from: https://asdown.org/wp-content/uploads/2023/06/Cartilla_Educacion_Inclusiva.pdf

curriculum, staff, and classmates differ from those in the regular classroom. These pedagogical support classrooms have existed for several years as a form of special education.

As explained above, Decree 1421 of 2017 and the Constitutional Court advocate for full education in regular classrooms. This has caused local education secretariats across the country to eliminate pedagogical support classrooms, although 2% of these have not yet completed the process²³. Part of this minimal percentage is Bogotá, where an attempt has been made to make a transition that corresponds to the legal precedent, encountering great opposition from parents, government councilors, and specialized teachers in pedagogical classrooms, who have joined forces to prevent their work from being eliminated and have publicly opposed the closure of this type of classroom.

Thus, in public hearings and calls on social media, messages have been spread that encourage misinformation and overprotection of children and adolescents with disabilities, especially those with psychosocial and intellectual disabilities²⁴. Furthermore, the relevance and regulatory weight of the Inclusive Education Decree has been publicly questioned, citing the supremacy of Law 115 of 1994 on general education, which mentions specialized classrooms. It should be noted that this law predates the CRPD, the standards proposed by the social model of disability, and the 2013 Statutory Law on Disability, which mentions the importance of regular classrooms²⁵. In addition, it refers to pedagogical support classrooms as specialized places where people with disabilities can learn much faster.

However, these types of actions seem to ignore the fact that in Bogotá alone there are around 23,056 students with disabilities, of whom 93% are educated in the general education system, while support classrooms only impact around 1,500 students with disabilities²⁶. Therefore, this educational system, which seeks to protect children and adolescents with disabilities due to its allegedly fundamental nature for their well-being, impacts a very low percentage of students.

This situation has led to the creation of partial and timid solutions that perpetuate segregated education in the country, with the aim of appeasing the most concerned actors. In Bogotá, this means transforming pedagogical support classrooms into "transition classrooms" that operate for 1 to 3 years, despite being able to extend their task in order to achieve the transition of students with disabilities from these classrooms to regular ones²⁷.

²³ Colombian Congress Channel. (2025). Public hearing on the right to inclusive education. Retrieved from: <https://www.youtube.com/watch?v=x6woqSW0xIA>

²⁴ Ibid.

²⁵ Ibid.

²⁶ Mayor's Office of Bogotá. (2025). Bogotá guarantees education for students with disabilities. Retrieved from: <https://bogota.gov.co/mi-ciudad/educacion/bogota-garantiza-educacion-estudiantes-en-condicion-discapacidad>

²⁷ Bogotá Secretariat of Education. (2024). Roadmap for the transformation of support classrooms into classrooms that strengthen educational transition within the framework of inclusion and equity in education. Retrieved from:

These classrooms promise to be an evolutionary solution toward inclusive education, through teams consisting of a lead teacher, a professional support teacher (trained in special education with experience in reasonable support and accommodations), an occupational therapist, a psychologist, and a speech therapist²⁸. These classrooms would be located physically close to regular classrooms and are arranged by elementary and high school levels²⁹. Thus, when a student is considered ready to enter the regular classroom, awareness-raising processes are carried out in the regular classroom, agreements are made with the new teachers, among other measures.

This system, however, poses some additional problems to those discussed above. First, by placing students with disabilities in a curated ecosystem, where they only interact with other students with disabilities and their access to information is limited. All of this makes it difficult for children and adolescents with disabilities or their parents to adapt to the regular classroom, which would have a different dynamic. At the same time, taking steps to raise expectations in the regular classroom for the inclusion of their classmate with a disability can increase feelings of otherness towards them and perpetuate the stigma towards their physical, emotional, and cognitive abilities.

In addition, the curriculum in transitional classrooms in terms of information learning is different and more concise, with an emphasis on reading and mathematics, interspersed at some levels with science and history³⁰. New subjects such as writing, technology, and computer science are only part of the last two grades of secondary education. Thus:

<https://repositorios.educacionbogota.edu.co/server/api/core/bitstreams/4ff6e1cb-da2f-4380-99d4-45c3e2095acb/content>

²⁸ Bogotá Department of Education. (2024). Roadmap for the transformation of pedagogical support classrooms into classrooms that strengthen educational transition within the framework of inclusion and equity in education. Retrieved from:

<https://repositorios.educacionbogota.edu.co/server/api/core/bitstreams/4ff6e1cb-da2f-4380-99d4-45c3e2095acb/content>

²⁹ Ibid.

³⁰ Ibid.

Evaluaciones por nivel de grado y área curricular

Primaria

- Grado 1: evaluación en Matemáticas y Lectura.
- Grado 2: evaluación en Matemáticas y Lectura.
- Grado 3: evaluación en Matemáticas y Lectura.
- Grado 4: evaluación en Matemáticas, Lectura e Historia.
- Grado 5: evaluación en Matemáticas, Lectura y Ciencias.

Secundaria

- Grado 6: evaluación en Matemáticas y Lectura.
- Grado 7: evaluación en Matemáticas y Lectura.
- Grado 8: evaluación en Historia, Matemáticas, Lectura, Ciencias y Escritura.
- Grado 9: evaluación en Historia, Matemáticas, Lectura, Ciencias, Escritura, Tecnología e Informática.

***Source:** Taken from the document of the Bogotá Ministry of Education that stipulates the roadmap for the transformation of pedagogical support classrooms into reinforcement classrooms³¹.

Meanwhile, children and adolescents without disabilities in grades 1, 2, 3, and 4 of primary school, for example, have access to science, writing, computer science, and history simultaneously and according to their grade level. According to this, it would be difficult for a child or adolescent with a disability to successfully integrate into a regular classroom with such an insufficient thematic background as the one proposed. Again, this shows the tendency to believe that children and adolescents with disabilities should be subject to lower expectations in education. Perhaps more worryingly, this creates new needs for families and students with disabilities with regard to their educational opportunities.

Recommendations:

1. It is essential that the country's education ministries make decisions that are consistent with Colombian law and international standards. This means eliminating separated classrooms, rather than providing solutions that perpetuate their longevity and create new and burdensome needs for students with disabilities and their families.
2. It is important to initiate ongoing and mandatory teacher training modules that provide administrators, regular classroom teachers, and pedagogical support teachers with tools for educational flexibility, communication, and effective teaching to students with disabilities and their individual support and reasonable accommodation requirements. This is so that they feel empowered to work with these types of students and can set aside

³¹ Ibid.

stereotypes associated with disability. This type of emphasis should be present as part of all curricula for professional and technical careers in teaching and pedagogy.

3. The Ministry of National Education should require that public and private schools in Colombia, as well as the Secretariats of Education, offer courses for parents aimed at demystifying the education of people with disabilities and communicating the benefits of education in regular classrooms.

