

# Lessons Learned and Reflections on the French Policy of Educational Security for Children with Autism

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**Abstract:** China's government has started to focus on the educational protection of children with autism, establishing a preliminary social security system. However, operational effectiveness of these policies requires further improvement. This paper reviews the French government's four autism programs introduced since 2005, emphasizing policies for educational protection. By comparing current policies in France and China, the paper urges the Chinese government to enhance educational protection for autistic children, drawing on foreign experiences to develop contextually appropriate measures.

**Keywords:** Autistic Child; Education Security Policy; France.

## 1. Introduction

France is currently one of the countries with better social security for autism. Statistics in France show that families with autistic children spend an average of 15,000 euros a year on education and medical care. In order to provide practical protection for families with autistic children, the French government has adopted a four-phase national strategic plan for autism, and constantly revised and improved the protection policies for autistic children and their families. The four-phase National Strategic Plan provides comprehensive protection for autistic children from the moment they are recognized as having an autism spectrum disorder to adulthood, in all aspects of their lives, their studies and their medical care.

Children are the future of society and the hope of the country. As a special social group, how to ensure that children with disabilities can live and study like normal children has become an important factor in measuring the building capacity of a government and influencing the future development of a country. The purpose of this paper is to study and analyze the policy history of France in the education and protection of children with autism, to clearly recognize our country's remarkable points and shortcomings in this area through understanding the advanced experience, and to actively learn from France's experience in this field, with a view to providing useful reference for the cause of education and protection of children with autism in China.

## 2. Definition of Autism

### 2.1. First Introduction of the Concept of Autism

The concept of autism was first introduced by Leo Kanner, a child psychiatrist, best known for publishing, in 1935, the first treatise on child psychiatry in English and for first describing infantile autism. It was in a very peculiar context, that of the emergence of a child's own psychopathology, still in its infancy, that Kanner's attention was drawn, as early as 1938, by a certain number of children whose condition differed from what had been described until then. In 1943, he first described what he first called the *Autistic disturbances of affective contact* presented by eleven children, aged two to eight, who he had received at the Harriet Lane Home

Children's Department at Johns Hopkins Hospital [4]. The symptoms presented by these children constituted for Kanner an undescribed syndrome, quite rare, which he called early infantile autism in 1944, while differentiating it from the recently described childhood schizophrenia. This was not the last word of Kanner, who continued his publications on infantile autism for some thirty years, until 1973. Kanner's researches on infantile autism represents an important historical issue, a moment of scansion in the history of child psychopathology. Kanner is considered one of the first, if not the first professor of child psychiatry in the United States [2].

### 2.2. Current Definition of Autism

Autism is a set of heterogeneous neurodevelopmental conditions, characterised by early-onset difficulties in social communication and unusually restricted, repetitive behaviour and interests. The worldwide population prevalence is about 1%. Autism affects more male than female individuals, and comorbidity is common (>70% have concurrent conditions). Individuals with autism have atypical cognitive profiles, such as impaired social cognition and social perception, executive dysfunction, and atypical perceptual and information processing. These profiles are underpinned by atypical neural development at the systems level. Genetics has a key role in the aetiology of autism, in conjunction with developmentally early environmental factors. Large-effect rare mutations and small-effect common variants contribute to risk. Assessment needs to be multidisciplinary and developmental, and early detection is essential for early intervention. Early comprehensive and targeted behavioural interventions can improve social communication and reduce anxiety and aggression. Drugs can reduce comorbid symptoms, but do not directly improve social communication. Creation of a supportive environment that accepts and respects that the individual is different is crucial [5].

## 3. Education Policy for Children with Autism in France

To date, France has introduced four autism strategic plans.

### 3.1. First National Autism Plan (2005-2007)

The January 2004 plan calls for the creation of an autism resource center in each region, or at least one branch per

region when the center is inter-regional, i.e. the creation of 15 centers in addition to the 5 existing ones, over the 2005-2007 period. Autism resource centers, whose mission is to help the children, adolescents and adults or adults, do not provide direct care, but work in conjunction with the care and medical/social systems concerned. Autism resource centers must include or associate at least one team for the diagnosis and evaluation of pervasive developmental disorders. The diagnosis of autism is primarily clinical. Autism resource centers rely on teams with expertise in evaluation. They may be attached to They can be attached to a hospital assessment unit, or refer individuals and their families to one. The health funding envelope for a CRA enables the financing of psychiatrists and child psychologists, psychomotricists and speech therapists.

The acceleration in the creation of resource centers and places in facilities and services the 2005-2007 plan will enable the nation to respond more rapidly to the needs of people the needs of people and their families, who are often in distress. Medicoeducational care in a specialized facility must be available to all children for all children for whom schooling in an ordinary environment is not possible. possible. The plan announced on January 28, 2004 calls for the creation of 1,950 places for autistic people in medical-social establishments between 2005 and 2007:

- 750 places in establishments for children (250 places per year)

- 1,200 places in specialized homes and nursing homes for adults (400 per year)

This represents an increased financial effort on the part of the public authorities. It also the government's determination to encourage and support the implementation of adapted in the field as quickly as possible.

### **3.2. Second National Autism Plan (2008-2010)**

The 2008-2010 plan responds to strong qualitative and quantitative challenges, resolutely articulating the educational, pedagogical and health fields. The participation of people with PDD and autism and their families is involved in a large number of actions. The plan will respond to these challenges according to an order of priorities staggered over time. It will be accompanied by information and communication initiatives.

The plan has three main focuses:

- 1) Better knowledge for better training
- 2) Better identification for better support
- 3) Diversify approaches, while respecting fundamental human rights person's fundamental rights

The plan is being implemented over a three-year period, and will be regularly monitored and communicated to the various partners and associations concerned. In particular, the national committee for reflection and proposals on autism and TED, as well as the technical and administrative group and the scientific monitoring group, will be involved in the regular monitoring of this plan. The indicators listed for each measure will, of course, be filled in and used to assess their achievement. In addition, at local and regional level in particular, networks of associations and professionals will be encouraged to take stock of concrete advances, achievements and experiments.

Article 18 of the program aims to improve school education for children with autism. Children and teenagers with PDD or autism are still under-enrolled in mainstream schools, due to their pathologies and difficulties in relating to other children.

In addition, the generalist nature of the training provided in the medical-social sector, the lack of and lack of autism-specific theoretical and practical training for educators, social workers and school also hinders the schooling of these children, in both mainstream and adapted settings. environment.

### **3.3. Third National Autism Plan (2013-2017)**

Deploying a range of structures adapted to the schooling of pupils with autism or other PDDs, allowing a graduation of care and a continuity of pathways in a renovated operation (individual schooling, CLIS or ULIS, teaching unit) and in compliance with the BPR in force.

Develop an "intensive early" level to complete the panel and meet the needs of pupils with autism or other PDDs aged 3 to 6, whose screening is the subject of a targeted action, based on teaching units set up in nursery schools (with the support of the technical platforms of medico-social or health structures that meet the HASANESM recommendations and enable early, comprehensive and coordinated interventions).

Provide SESSAD places for autistic Asperger's adolescents and young adults.

### **3.4. Fourth National Autism Plan (2018-2022)**

Nursery school is the first place of learning. However, only 30% of autistic children attend nursery school, on average less than two days a week. By elementary school age, only 40% of autistic children are enrolled in mainstream school. Yet learning, for these children as for others, is the only way to build an independent future that respects their choices. School is therefore the key to social inclusion. For parents, this partial schooling translates into house arrest, preventing them from working and leading a life "like everyone else".

Building inclusive schools for all children with disabilities will have to ensure that autistic children can go to school. In response to the diversity of support needs, a variety of arrangements will be made for each age group and according to the specific needs of each child within the school. All young children with autism will be required to attend school from the age of 3. and will be facilitated by early intervention in early childhood and the strengthening of specific care arrangements. Personalised pathways, tailored to the needs of each needs of each pupil, will then be offered, from primary schools through to high school.

#### **3.4.1. Enrol All Autistic Children in Nursery Schools**

- Facilitating enrolment in mainstream nursery schools by bringing into the classroom medico-social or liberal teams, to support teaching teams.

- Triple the number of maternal autism teaching units (UEMa) in order to enrol all children from all children from the age of 3, including with more severe disorders.

#### **3.4.2. Ensuring Every Child's Smooth Educational Path: Adaptations from Primary to High School**

- Accelerate the plan to convert AVS (auxiliaires de vie scolaire), recruited on short-term contracts into AESHs (support staff for pupils with disabilities), to enable children in mainstream education to benefit from more permanent and professional support staff.

- Increase the number of pupils with autism spectrum disorders (ASD) enrolled in local units for school inclusion (ULIS) in elementary, middle and vocational schools.

- Redeploying special education provision within schools and creating teaching units in elementary schools dedicated to the education of young pupils with ASD requiring

sustained medical and social support.

### **3.4.3. Training and Support for Teachers of Autistic Children in the Classroom**

- Reinforce the departmental resource teams with 100 teachers specialised in autism (1 per department): these specialist teachers will provide on-site support to teaching teams and teachers who autistic children in their classes.

- Develop information and awareness-raising initiatives aimed at professionals involved in the child's school career (support staff, teachers and specialist teachers, doctors and school psychologists, etc.).

## **4. Education Policy for Children with Autism in China**

Throughout the development of China's autism policy, autism was explicitly included in the scope of mental disabilities for the first time in the Eleventh Five-Year Plan for the Development of the Cause of Persons with Disabilities in China, which was issued in 2006, and in 2007, the China Disabled Persons' Federation also included autism rehabilitation in psychiatric rehabilitation.

For autistic children who have achieved good rehabilitation results, integrated education is an effective way of social integration and socialization. In the Opinions on Promoting the Development of the Cause of Persons with Disabilities, issued by the Central Committee of the Communist Party of China (CPC) and the State Council in March 2008, it was explicitly stated that the education of children and adolescents with disabilities, such as severe physical disability, severe intellectual disability, blindness, deafness, cerebral palsy, autism and so forth, should be resolved step by step. Thus, for the first time, the right to education of autistic children was raised from the height of national policy, and attracted the attention of all sectors of society. However, as far as China's education system for children with disabilities is concerned, it is still dominated by special education classes attached to ordinary schools and special education schools, with special education schools serving as the backbone, and the road to integrated education for children with autism is still fraught with obstacles.

The second phase of the Special Education Enhancement Plan (2014-2016) and the second phase of the Special Education Enhancement Plan (2017-2020), which were issued in 2014 and 2016 respectively, require that the level of compulsory education for children and youth with disabilities be raised, and that in areas with the necessary conditions, special education schools and regular schools with classes be comprehensively strengthened. In areas where the conditions are favorable, the operational guarantee capacity of special education schools, regular schools with classes and home-schooling is comprehensively strengthened, and the compulsory education enrollment rate of children and youth with disabilities is required to reach more than 95% by 2020. It can be seen that China has not long been focusing on the autistic community, but the attention of the State and society to the autistic community is still growing day by day [3].

## **5. Conclusion**

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On the one hand, due to the lack of public awareness of autism, autistic children receiving integrated education are often talked about, ostracized and discriminated against by their peers, which makes the children become more introverted and autistic in the process of integrated education, and some of them even have to return to the rehabilitation institutions from the schools of integrated education for re-training; on the other hand, the current system of integrated education of children with disabilities is still limited to the primary education, the secondary integrated education system and the secondary integrated education system. On the other hand, China's current integrated education system for children with disabilities is still limited to primary education, and there is no secondary integrated education system or vocational skills training system [1].

Therefore, based on the existing problems in China and the advanced experience of France, the following suggestions are made to improve the education system for autistic children in China:

### **5.1. Integrate Multiple Resources to Create Interdisciplinary Teams of Professionals**

In France, there is a wide variety of organizations related to autism. In order to gather experts from various fields, such as medical, psychological, educational, etc., the French government set up the Autism Resource Center, which facilitates the provision of services to people with autism and their families. Starting with the training of trainers and social workers, the French government has joined forces with local homes for people with disabilities and autism centers to provide universal training and parent counseling at the local level, while the government has entrusted the National Foundation for Self-Care and Solidarity (CNESA) and other organizations with the responsibility of developing and promoting training courses. In addition, the French Government pays close attention to research and policies on autism in the international community, particularly in the European Union, with a view to strengthening cooperation and exchanges in this area.

### **5.2. Improving Relevant Laws, Policies and Measures to Safeguard the Rights and Interests of Autistic Persons**

The French government has established a system of safeguards for people with autism, with laws and regulations governing integrated education, medical advice, employment insurance, and standards for the entry and training of professionals. People with autism and their families can enter public kindergartens, primary and secondary schools, high

schools and other medical education institutions according to their strengths and needs.

The State has also introduced the concept of “lifelong care” for people with autism, to assist in the employment and social integration of adults with autism. At the same time, the Government monitors the implementation of various laws and policies through special committees, and regulates service standards and fees for social capital.

### **5.3. Pooling Resources to Build a Center of Excellence for Professional Development and Training of Professionals**

In France, there is a wide range of organizations related to autism, and in order to bring together specialists from various fields such as medicine, psychology, education, etc., the French government has established Autism Resource Centers (ARCs) in order to provide services to people with autism and their families. Indeed, experience and research have shown that only a multidisciplinary team of professionals can provide truly personalized and effective intervention and treatment for people with autism. The French government has started with the training of trainers, then joined forces with local homes for people with disabilities and MACs to provide universal training and family counselling locally, while the government has entrusted institutions such as the National Foundation for Self-Ability and Solidarity (CNSA) with the task of developing and promoting training courses.

In addition, the French government is also very concerned

about the research and related policies of the international community, especially the European Union, and aims to strengthen cooperation and exchanges in this field. It is believed that in the future, the two countries will also cooperate and exchange views on autism research and the training of professionals [6].

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