



# Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Health care models for children  
in the child protection/child welfare system

The French system

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# How many children are concerned by the child welfare system in France?

On average, 19 children and young people under 21 per thousand are concerned by the child welfare system, i.e. around 324,000 individuals

- Half (163,300) are placed in out-of-home care (OHC)
  - 129,650 (79.4 %) after judicial decision (judge for children)
  - 33,700 (20.6 %) after agreement between the child welfare service and the parents (or the children themselves if they are older than 18), or as ward of the State
- Half (161,000) are living at home under special educative supervision
  - 33% after agreement between the parents and the child welfare service
  - 67 % after judicial decision

DREES – « enquêtes Aide sociale au 31/12/2015 »

# Where do children in OHC live?

- 51% live with foster families. Some of them are supported during the day in medico-social institutions instead of schools.
- 39% are under institutional care. Among them:
  - 86% are in social homes, most often without permanent medical staff
  - 6% are in non-traditional homes, with special projects and sometimes alternative therapies
  - 4% are in special education institutions for disabled children
  - 3% (children under 3) are in social nurseries, with nurses and medical staff
  - 1% are in medical institutions (hospitals...)

## How is the health care organized in France for children in OHC?

- Child welfare is directed by national legislation, but its delivery is under the responsibility of each department council since 1983
- The child welfare law of 05/03/2007 referenced the basic needs of the Child for the first time, but those needs were not specified
- The law of 14/03/2016 stipulated that each child must have a medical and psychological assessment at admission in the child welfare system to detect any need for care, within 3 months. This assessment will be a part of the “project for the child” and will be updated every year (every 6 months for children under 2)
- The “project for the child” takes into account “the basic needs of the Child in child welfare”, well defined in a report published on 28/02/2017 (ONPE). Physiological and health need is part of the meta need: the need for security.

# Special features of children in OHC: antecedents

- High prevalence of disability (25 %)
- High prevalence of premature birth: 16 % versus 6,4 % in general population. (Saint-Ex study, Angers)
- At admission many children displayed evidence of poor physical and mental health, 4 out of 5 children showed signs of psychological distress (Saint-Ex study, Angers)
- Lack and discontinuity of healthcare, like their parents

## How can the health of children in OHC be taken into account in France?

- Many departments have no medical staff in their child welfare service
- But, according to the law of 14/03/2016 and the decree of November 2016, each department must appoint in their staff a referent physician for child welfare who has 2 responsibilities: the protection of the children in danger or at risk, and the health of the children in the child welfare system. In some departments, it's already the case.
- These physicians don't directly care for the children, but they have to organize, advise, follow assessments, connect different professionals, train them... It's a difficult, but exciting job.
- The aim is to improve the global health of these children and the continuity of their care.

# What is the parents' role in the healthcare of children in OHC?

- Even if children in OHC are entitled to their parents' health insurance, they are eligible for the mainstream health insurance through the Universal Health Coverage Act (Couverture Maladie Universelle : CMU), and many departments have concluded agreements with the national health service. Medical care is easier, but at the end of the protection measure, there is often a gap before the new entitlement and thus discontinuity of care.
- Even if the children and their family were cared for by an attending physician, it is difficult to continue the same following, because children are often in OHC far from their home. For example, in Val de Marne department, half of the children are placed in the department, a quarter in the wider Ile de France region, and a quarter in other regions of France. The situation is the same for a lot of urbanized departments, particularly in greater Paris.

# Is parental consent required for health care?

- Not for routine treatment, which are part of parental substitution and include medical consultations for common pathologies
- Yes for immunizations, of which few are mandatory in France. It's often difficult to obtain parental consent for all recommended immunizations, although children in OHC are less immunized and more at risk than other children, especially for hepatitis B.
- Yes for exceptional treatment including surgery, non-emergency hospitalization, physiotherapy, psychological care, orthodontic care... The consent form must be specific to the treatment and not with a blank signature, just in case.

# Who exercises parental authority for children in OHC?

- For most of these children, one or both of their parents exercise parental authority, even for their health
- Exceptions are children:
  - Whose parents have delegated their parental authority to the child welfare service or to somebody else
  - Whose parents have lost their parental authority (very rare, after judgement by a court)
  - Without parental authority in France (for example unaccompanied migrant children)
  - Wards of the State, orphans or entrusted with a project of adoption

## Which doctors care for the children in OHC?

- Children in foster families are often cared by the attending physician of the foster family, but it is recommended that children under 6 go also to Mother and Child Health Centers (Protection Maternelle et Infantile : PMI). These centers offer free preventive care, follow-ups and vaccinations for babies and children up to six years old. Since November 1945, PMI is a mandatory mission of all departments.
- In social nurseries or in institutions which have their own medical staff, children are cared for by them.
- In all other cases, children are cared for by the same doctors than other children, in the common right system.
- It is often difficult for specific care: dental care, glasses, mental care, but it is always possible.

# To conclude: work in progress!

- There is a real political will to improve the health and the care of children in child welfare system
- But its implementation depends on each department, particularly on their financial resources and their allocation.
- We hope that these children, among the most vulnerable, will have the best for their care.

Thank you for your attention  
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