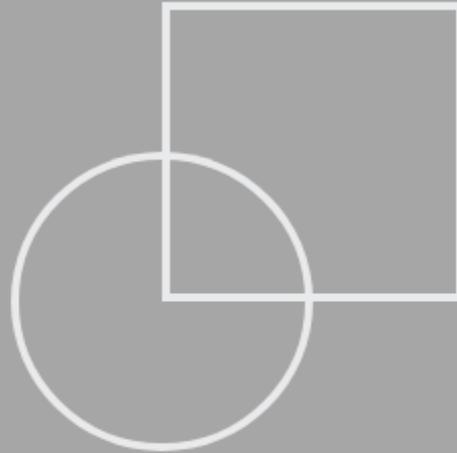


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The evolution of Child Protection in France: from a logic of assistance to a rights-based public policy

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Introduction

Child protection in France is not the result of a linear construction or a single political intention, but the result of a long historical, institutional and conceptual process that has gradually redefined the role of the State, local authorities, social professionals and families themselves. Over the centuries, what was initially thought of as a **charitable response to childhood misery** has been transformed into a **structured public policy**, enshrined in national and international legal frameworks, based on the recognition of the child as a subject of law¹ and on mechanisms for prevention, coordination and support.

This movement of transformation has been punctuated by successive stages: the emergence of a public responsibility towards abandoned children in the nineteenth century, the institutional structuring of protection after the Second World War, the gradual territorialization of social policies with the decentralization of the 1980s, and finally a series of contemporary reforms aimed at strengthening rights, to structure pathways and improve the quality of responses to children and families.

But this evolution cannot be reduced to a succession of legislative texts or administrative reforms. It is also accompanied by profound transformations in the way children are conceived and their development, particularly under the influence of the work of psychologists, pedagogues and sociologists who have highlighted the importance of emotional ties, social environments and relational dynamics in the development of individual trajectories.

This memo offers a detailed analysis of these transformations, showing how the major institutional and legal steps fit into broader conceptual frameworks and how they have helped to shape a child protection policy based not only on the response to situations of danger, but also on prevention, respect for rights and coordination of actors. Understanding this complex architecture is essential to understand the contemporary challenges of the system and to consider ways of improving a policy that remains, even today, in the process of being built.

¹ United Nations. (1989). International Convention on the Rights of the Child.

I. The Emergence of Public Responsibility: From the Nineteenth Century to the Post-War Period

The construction of child protection in France has its deep roots in the social and political changes of the nineteenth century, when structured public intervention began to appear in a field previously dominated by charitable assistance and religious institutions. At the beginning of the century, responsibility for abandoned children or children without family support was still largely the responsibility of private charity: philanthropic works, religious congregations or local initiatives took care of minors

left to their own devices, often in precarious conditions. It was in this context that the law of 15 July 1849 on foundlings and abandoned children was a first step: it legally organised the care of abandoned minors, thus recognising a public responsibility, but without calling into question the intervention of associative structures². Protection is not yet thought of as a right, but as a rescue to be intervened as a last resort.

The law of 24 July 1889 represented a significant moment of rupture in French legal history. By introducing the possibility for the authorities to remove a child from his or her parents in the event of a "serious defect" or moral abandonment, this law affirms for the first time a logic of state intervention in the family sphere, in the name of the child's interest³. This turning point marks a significant evolution in the social conception of childhood: the child is no longer just an object of assistance, but a subject whose security and development justify direct public action. This transformation, still in its infancy, paved the way for the institutional changes of the following decades.

With the law of 27 June 1905, which enshrined the separation of Church and State, the protection of children became more part of a republican and secular framework. Although the Act does not specifically address the protection of minors, it does help to assert the authority of the State as the guarantor of social services, detached from religious influence. The dominant logic is slowly evolving towards a care system organised by the public sector, even if implementation is still largely dependent on associative networks and local initiatives.

The post-war context accelerated this transformation. The Second World War and its social, economic and demographic consequences pushed French society to rethink its model of solidarity. The ordinance of 2 February 1945 on juvenile delinquents introduced a specialised justice system for minors⁴ and enshrined the figure of the juvenile judge, who was marked by an educational rather than a punitive approach. At the same time, the ordinance of 2 November 1945 created the Maternal and Child Protection (PMI), responsible for carrying out health and social prevention missions for pregnant women and children under the age of six. The integration of the PMI into the public system reflects a renewed understanding of child protection: it is no longer just a question of correcting the consequences of situations of abandonment or danger, but of intervening upstream to prevent, monitor and support the development of children in their family and social environments.

Finally, the Ordinance of 23 December 1958 contributed to a more coherent structure of the Child Welfare Service (ASE), which gradually became a recognised administrative competence. Protection, which had previously been the result of diverse and fragmented logics, was then organized into a set of institutions and permanent mechanisms. This preparatory period, from the nineteenth century to the end of the 1950s, laid the foundations for a public system capable of responding to both emergency situations and the needs of sustainable prevention. It testifies to a gradual paradigm shift: the moral challenge towards

² National Assembly. (2025). *Child Protection Inquiry Report (Report No. 1200)*. https://www.assemblee-nationale.fr/dyn/17/rapports/cease/l17b1200-ti_rapport-enquete.pdf

³ DREES – Ministry of Solidarity and Health. (2022). *Main laws and decrees...* (Appendix 2). <https://drees.solidarites-sante.gouv.fr/sites/default/files/2022-12/AAS22-Annexe%20%20-%20Principales%20lois%20et%20d%C3%A9crets%20... pdf>

⁴ National Assembly. (2025). *Minutes of the meeting – Child protection commission of inquiry*. <https://www.assemblee-nationale.fr/dyn/ouverture/CRCANR5L17S2025PO848590N021.html>

abandoned children is giving way to a structured public responsibility, based on coordinated state intervention and a more integrated vision of the child's needs.

II. Concepts and theoretical frameworks: understanding the changes in protection

The institutional and legislative transformations that have marked child protection in France cannot be fully understood without a reflection on the **conceptual frameworks** that have influenced policies and practices. Between the nineteenth and twenty-first centuries, several currents of thought from the social sciences and humanities have gradually shifted the way society views the child, moving from a mainly biological and vulnerable conception to a perception that integrates his psychological, relational and social dimension.

1. Evolution of representations of childhood

In the nineteenth century, children were often perceived through a logic of vulnerability and dependence. This vision is reflected in the first legislation, which emphasizes the material protection of abandoned minors or minors in precarious situations. The child is then considered as a being to be protected, but still rarely as an actor with his or her own rights.

This paradigm began to change in the twentieth century with the work of psychologists, child psychiatrists and developmental theorists. These contributions help to broaden the understanding of childhood beyond physiological needs to include emotional, cognitive, and social dimensions⁵.

2. John Bowlby and attachment theory

Among the major conceptual contributions, **John Bowlby's** theory of attachment occupies a central place. From the 1950s onwards, Bowlby demonstrated experimentally that the quality of the early relationships between the child and his attachment figures strongly conditioned his later emotional and social development. According to him, maintaining these emotional ties is essential: when these relationships are disrupted, the child can develop attachment disorders with lasting consequences.

This perspective sheds new light on child protection policies⁶. It invites us to consider not only the need to protect minors against physical risks, but also the importance of preserving and supporting family and emotional ties in intervention mechanisms. This approach contributes to shifting public action from a strictly material logic to a more integrative perspective, which recognizes the importance of the minor's socio-emotional environment.

3. René Spitz, hospitalism and emotional care

René Spitz's **work** on hospitalism confirms and completes this orientation⁷. Studying the effects of emotional deprivation in children placed without stable contact with close figures, Spitz shows that even in the presence of sufficient material care, the absence of emotional interactions can lead to delays in psychomotor development, relational disorders and severe emotional symptoms. Hospitalism highlights the **relational** dimension of the health and development of the child, setting limits to a purely functional or institutional approach to protection.

These theoretical contributions have had an important influence on care practices, in particular by reinforcing the idea that the separation of a child from his or her relatives could only be considered as a last resort and under conditions that guarantee the continuity of significant ties.

4. Vygotsky and Social Development

⁵ International Catholic Children's Bureau. *History of the rights of the child*. <https://bice.org/fr/droits-de-lenfant/histoire-des-droits-de-lenfant/>

⁶ Cairn.info. (2012). *Journal du droit des jeunes*, (1), 44. <https://droit.cairn.info/revue-journal-du-droit-des-jeunes-2012-1-page-44?lang=fr>

⁷ Cairn.info. (2015). *Enfances & Psy*, (2), 14. <https://shs.cairn.info/revue-enfances-et-psy-2015-2-page-14?lang=fr>

The Soviet psychologist **Lev Vygotsky** offers another fundamental contribution: he asserts that the cognitive development of the child cannot be understood independently of his social and cultural environment. According to Vygotsky, interactions with adults, peers, and educational institutions structure the construction of higher psychological functions. This approach emphasizes the role of environments structuring development, whether it be the family, the school or community institutions.

In the field of child protection, this perspective leads us to think of responses that are not limited to taking care of the child in isolation, but that envisage coordinated actions with the educational, social and cultural systems⁸. It sheds light on the need for a holistic approach, integrating both individual needs and the social structures that surround the child.

5. Systemic approach and interdependence of environments

At the same time, theorists such as **Gregory Bateson** have stressed the importance of understanding human behaviour and problematic situations through a systems approach. Bateson shows that interactions between individuals and their environments cannot be reduced to simple causalities: they are part of complex networks of feedbacks, interdependencies and shared meanings.

Applied to child protection, this systemic perspective invites us to go beyond an individualistic reading of difficulties (for example: abuse or neglect) to understand the **relational, institutional and social contexts** that produce them. This leads to the thinking of interventions that integrate not only the child, but also his or her extended family, the professionals in contact with him/her, educational institutions and health services.

⁸ Cairn.info. (n.d.). *The placement of children* (p. 33). <https://shs.cairn.info/le-placement-des-enfants-9782749242934-page-33?lang=en>

III. From child welfare to decentralization: towards a territorialization of policies

The institutional evolution of child protection in France reached a decisive turning point during the 1980s, when the centralized administrative logic that had prevailed since the post-war period gradually gave way to a territorialized policy. This transformation is not limited to a simple change of skills; it reflects a profound reorganization of the way in which the State conceives, implements and evaluates the protection of minors. It is a transition from a single state order to a shared responsibility, anchored in local dynamics, with considerable stakes for equal rights and access to services throughout the territory.

1. Child welfare consolidated by the post-war period

Before addressing decentralization itself, it should be recalled that child welfare has gradually asserted itself as the cornerstone of public policy for the protection of minors. Resulting from the post-war ordinances and consolidated over the course of the 1950s and 1960s, the ASE was initially conceived as a decentralised service of the State, responsible for the implementation of administrative protection measures. It mobilizes social workers, family assistants, specialized educators and various institutional mechanisms, coordinated in a hierarchical logic where the State is the central steering authority⁹. In this context, child protection is normative, standardised and applied according to rules common to the whole territory.

2. The creation and function of the Departmental Directorates of Health and Social Affairs (DDASS)

The creation in 1964 of the **Departmental Directorates of Health and Social Affairs (DDASS)** is emblematic of this state structure. As a departmental relay of the State, the DDASS is responsible for coordinating health and social action at the local level, including, in particular, maternal and child protection (PMI), ASE and school health¹⁰. This model reflects a desire to include child protection in a coherent set of social policies, linking health services and social action in a global strategy of prevention and support.

However, the role of the DDASS is not without tensions. While being an instrument of national unity, their intermediate position between local logics on the ground and national directives sometimes complicates decision-making, particularly in terms of prioritization of resources or adaptation to territorial specificities. One of the major criticisms levelled at this model was precisely the difficulty in articulating normative homogeneity and the diversity of local situations.

3. The decentralization laws of the 1980s

The 1980s were marked by a movement of **profound decentralization** in France, aimed at bringing public decisions closer to local realities. The laws of 2 March 1982 and 22 July 1983 enshrined the transfer of important powers from the State services to the local authorities, in particular the departmental councils.

In this movement, the competence of the ASE is definitively transferred to the departments. From now on, it is the president of the General Council who is responsible for the administrative protection of minors, coordinating all departmental measures: home educational assistance, placements in homes or foster families, specific social interventions, etc. The State retains a role as a normative and judicial guarantor, but operational implementation is based on local governance.

⁹ Cairn.info. (2016a). *Revue d'histoire de la protection sociale*, (1), 26. <https://shs.cairn.info/revue-d-histoire-de-la-protection-sociale-2016-1-page-26?lang=fr>

¹⁰ Cairn.info. (2016b). *Revue d'histoire de la protection sociale*, (1), 154. <https://shs.cairn.info/revue-d-histoire-de-la-protection-sociale-2016-1-page-154?lang=fr>

This territorialisation is based on a principle of subsidiarity: decisions must be taken at the level as close as possible to citizens and social realities. At first glance, this reform aims to improve the relevance of social responses by adapting them to the specific needs of local populations. However, it introduces a new tension: that between local autonomy and equal opportunities. The exercise of competence by the departments highlights growing territorial disparities in the quality and availability of services offered to children and families.

4. The impact of family rights and the personalization of responses

The law of 6 June 1984, in the continuity of the decentralisation movement, marks an important stage in the evolution of the relationship between families, institutions and children. By affirming new rights for parents and promoting greater participation of families in decision-making, this reform emphasizes a more democratic and respectful understanding of the actors concerned. Parents are recognized as full partners in social and educational intervention, and the child begins to be included in decision-making processes, especially when he or she is old enough to express his or her own needs and views.

This period also saw an increase in the power of measures aimed at diversifying responses. We are moving from a logic focused on institutional placement to a wider range of individual support measures, home support or alternative solutions. The personalization of responses reflects a growing recognition of the singularity of the life paths of children and their families.

5. Structural challenges: coordination and territorial inequalities

While decentralization has made it possible to adapt child protection policies to local contexts, it has also paved the way for major challenges in terms of equality. Departmental competences are reflected in a heterogeneity of practices, resources and results. Some departments benefit from greater funding, better structuring of services or easier access to socio-educational networks, while others are struggling to meet growing needs, particularly in rural or economically fragile areas.

Moreover, territorialization has not automatically solved the problems of coordination between the different institutional actors. The cohabitation between departmental competences, health missions and judicial responsibilities requires shared governance, which is often difficult to set up smoothly. This complexity calls for strengthened management mechanisms, which go beyond the simple juxtaposition of responsibilities.

IV. Contemporary Reforms (1990–2025): Towards Enhanced Protection of Rights and Pathways

From the 1990s onwards, the dynamics of child protection in France accelerated with a series of reforms that were part of a logic of institutional consolidation, affirmation of fundamental rights and structuring sustainable pathways for children in care. These reforms reflect a desire to make the system more coherent, more focused on the best interests of the child, and better articulated with other public policies, particularly those related to health, justice and social cohesion.

1. Law No. 2002-2: Users' rights at the heart of the system

The law of 2 January 2002 on patients' rights and the quality of the health system is a pivotal moment for the recognition of people's rights within the social protection system. Although this law is not exclusively dedicated to child protection, its cross-cutting principles — information for users, right of access to the file, participation in decision-making — have a significant impact on protection practices. By introducing the idea that each user must be considered as an actor in his or her journey, the law contributes to strengthening the dignity and autonomy of people, including minors when they are old enough to be heard.

Applied to the context of child protection, this reform provides a legal basis for the participation of children and their families in decisions that affect them. It invites professionals to integrate these rights into their daily practices, which contributes to a change in professional cultures towards greater attention to the words of users.

2. Law of 5 March 2007: structuring and prevention

Law No. 2007-293 of 5 March 2007 represents a major step in the structuring of the child protection system. Based on a shared observation of the fragmentation of the different forms of intervention and gaps in prevention, this reform aims to clarify institutional responsibilities and to develop tools that are more adapted to the reality of the situations encountered by professionals.

A central element of this law is the introduction of the concept of **information of concern**. This reporting method allows professionals — but also any citizen — to communicate elements of concern about the safety or well-being of a child. The establishment of the **Units for the Collection of Worrying Information (CRIP)** at the departmental level was intended to make the response to these signals more readable and more coordinated, by facilitating the sharing of information between social, medico-social and judicial services. In addition, the law encourages the diversification of care methods, placing less emphasis on systematic placement and more on prevention, home support, or targeted interventions in proximity.

3. Law of 14 March 2016: stabilising rangelands

Law No. 2016-297 of 14 March 2016 on the protection of children continues and deepens the ambitions of the 2007 reform. It is part of a desire to offer a more coherent framework for the trajectories of the children in care, by putting in place mechanisms that promote the continuity of support and the stability of the pathways.

One of the essential contributions of this law is the institutionalization of **the Project for the Child (PPE)**. This project, developed from the beginning of the protection measure and updated regularly, constitutes an individualized roadmap for each child, articulating the different educational, health and social objectives. It is designed to be long-term and to be shared with the various stakeholders, including the child and his or her family when possible.

The 2016 law also strengthens the role of departmental child protection observatories, which are responsible for analysing local practices and producing data that will allow public policies

to be adjusted. It clarifies the missions of the actors — in particular family assistants — and introduces additional guarantees for the representation of minors when their interests conflict with those of the holders of parental authority.

4. Law No. 2022-174 of 7 February 2022: rights and limits of the contemporary model

The so-called "**Taquet Law**" of 7 February 2022 illustrates the legislator's desire to respond to criticisms long made by associations, professionals and some parliamentarians on the effectiveness of the rights of children in care. It combines very concrete and operational measures with more general guidance on the governance of the system.

In terms of rights, the law now prohibits hotel placements, a measure that has received a lot of media attention and meets a requirement of decency, educational continuity and respect for the dignity of children. It also affirms the importance of family ties, and in particular those between brothers and sisters, by prohibiting, unless there is a reason contrary to the interests of the child, the separation of siblings during a placement.

Another structuring element is the emphasis placed on support up to the age of **21**, with the recognition of the right to return to the ASE even after a voluntary termination of support. This measure reflects a more extensive consideration of adolescence and the transition to adulthood, marking a move towards continuity of care beyond the legal majority.

The law also introduces measures to strengthen the participation of minors or young adults in their own journey: the possibility of appointing a person of trust, individual interviews mid-term, specific interviews aimed at gathering the needs expressed by the young person. These provisions are part of a logic of respect for fundamental rights and recognition of the child as an actor in his or her trajectory.

Finally, the law strengthens the institutional dimension of protection by creating the **France Enfance Protégée (FEP) Public Interest Group**, which is responsible for carrying out public service missions such as 119, support for adopters and processing requests for access to personal origins. This GIP is also intended to be an observatory and a resource for professionals, thus contributing to a more unified governance of protection policies.

V. Governance and Institutional Recomposition (2009 – present)

The 2000s marked a major institutional transformation of public action in France. This transformation, driven by several successive reforms, affects not only the overall administrative organization of the protection system, but also the modalities of coordination between the various actors involved in the support of vulnerable children. Among these reforms, the so-called "Hospital, Patients, Health and Territories" (HPST) law of 21 July 2009 occupies a central place¹¹ : it profoundly redefines the responsibilities of departmental and regional institutions, shaping a new governance that will have a lasting impact on the implementation of social, health and educational policies.

1. The disappearance of the DDASS and the recomposition of responsibilities

Before 2009, the **Departmental Directorates of Health and Social Affairs (DDASS)** performed an essential function: they coordinated child protection, school health, PMI and other social missions at the local level. As a decentralised emanation of the State, the DDASS played a pivotal role in the articulation between national policies and local realities. However, the increasing complexity of public policies, the multiplication of actors and the need for better integration of the health and social fields are encouraging decision-makers to rethink this architecture.

The HPST law abolishes the DDASS and redistributes their missions between **the Regional Health Agencies (ARS)** and **the Departmental Directorates for Social Cohesion (DDCS)**, thus creating a clearer separation between health and social responsibilities. The ARS are becoming the privileged interlocutors for everything related to health organisation and care planning, now integrating dimensions related to prevention, public health and the coordination of health actors. The DDCS, for their part, inherit the social and medico-social components, including missions related to social action for families and children.

This institutional reconfiguration aims to improve the coherence of public policies by bringing together health and social actions under the same responsibility, but it also poses challenges. The fragmentation of responsibilities introduced by this reform requires strengthened coordination mechanisms, in particular to guarantee the continuity of the paths of children and families, especially when they are going through complex situations combining educational needs, health needs and social support.

2. Partnership-based and multi-stakeholder governance

Finally, the law strengthens the institutional dimension of protection by creating the **France Enfance Protégée (FEP) Public Interest Group**, which is responsible for carrying out public service missions such as 119, support for adopters and processing requests for access to personal origins. This GIP is also intended to be an observatory and a resource for professionals, thus contributing to a more unified governance of protection policies.

The institutional evolution of the 2000s and 2010s was accompanied by an increased recognition of the need for **partnership-based governance** to respond effectively to child protection issues. This governance is expressed at several levels:

- **At the national level**, through the creation of cross-cutting steering bodies, called upon to coordinate strategies, produce guides of good practice and promote the harmonization of approaches between the different sectors (social, health, justice, education).
- **At the regional level**, the ARS are encouraged to play a leading role in integrating health, prevention and social support policies into a logic of continuous pathways. In particular, they are required to coordinate hospital

¹¹ Law No. 2009-879 of 21 July 2009 on hospital reform and relating to patients, health and territories.
<https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000000877360>

services, primary care networks, the PMI, as well as the associative actors operating in the field.

- **At the departmental level**, the Departmental Councils continue to steer ASE and social support, but must now do so in close consultation with the ARS and other institutional partners.

This multi-stakeholder governance is based on coordination tools such as regional health plans, local health contracts, inter-institutional steering committees, as well as local coordination units that bring together social professionals, health experts, representatives of national education and associative ¹²actors. The objective is to converge sectoral logics towards comprehensive and coherent care, focused on the best interests of the child.

3. Departmental observatories and the evaluation of practices

One of the important institutional innovations of recent years is the development of **departmental child protection observatories**. These bodies, introduced by the 2016 law, are responsible for producing local expertise on professional practices, changes in needs and the effects of public policies. Their role is to provide qualitative and quantitative data, analyse territorial gaps and make recommendations to improve the effectiveness of interventions and the quality of rangelands.

The observatories make it possible to overcome a structural difficulty: the absence, until now, of a system for the systematic evaluation of child protection policies. Thanks to their work, it is now possible to put departmental disparities into perspective, to identify the factors of success or failure of the measures put in place and to propose adjustments based on concrete data. They also play a mediating role **between research, decision-makers and professionals**, facilitating the dissemination of knowledge and good practices.

4. The role of associative actors and professional networks

In parallel with institutional reforms, the child protection landscape has been enriched by a dynamic network of associations, which intervenes at different levels: direct reception of children, support for families, training of professionals, production of expertise, political advocacy. Specialized associations, whether local or national, contribute to diversifying responses, to take a critical look at institutional practices and to experiment with innovative approaches.

Their role is all the more essential as contemporary challenges (such as the reception of unaccompanied foreign minors, the prevention of abuse, the support of young adults leaving care) require flexible, creative responses adapted to the individual realities of children and families. Professional networks, for their part, provide continuous training, the exchange of practices and the production of methodological resources, thus strengthening the skills of actors in the field.

¹² National Assembly. (2025). *Child Protection Inquiry Report (Report No. 1200)*. https://www.assemblee-nationale.fr/dyn/17/rappports/cease/17b1200-ti_rapport-enquete.pdf

VI. Contemporary challenges and persistent limitations

While the institutional and legislative architecture of child protection in France has undergone major transformations over the past several decades, an analysis of its concrete effects reveals significant challenges that have not yet been fully satisfactory. These challenges are at several levels: territorial, health, methodological and institutional. They show that, despite a significant shift towards a logic of rights and pathways, the implementation of these principles is sometimes insufficient in the face of the diversity of situations encountered on the ground.

1. Territorial inequalities: an ambivalent legacy of decentralization

The territorialization of child protection policies, initiated in the 1980s, has allowed for greater local adaptation of social responses. By entrusting the competence of the ASE to the departmental councils, the legislator has put forward the principle of subsidiarity, affirming that decisions must be taken as close as possible to social and cultural realities. This configuration has favoured responses that are better adapted to certain local specificities, but it has also introduced significant territorial disparities.

Today, some departments have services that are well staffed, material resources and specialized devices, which make it possible to offer quality support to children and families. Others, faced with budgetary tensions or recruitment difficulties, are struggling to offer similar responses. These differences are reflected in the time taken to provide care, access to diversified reception solutions, the availability of trained professionals and coordination with health and education stakeholders.

Territorial inequality is not limited to a question of resources: it also affects professional cultures, the structuring of local networks of actors, and the ability of departments to promote effective prevention strategies. In this context, the search for a "national base" of services or minimum standards is a major challenge to guarantee effective equality between children, regardless of their place of residence.

2. Health pathways and health coordination: a key issue

Another persistent challenge concerns the articulation between administrative protection and the health pathways of the children in care. The introduction of measures such as **Protected Health** or **Pegasus** has highlighted the importance of coordinated health monitoring for children in care, especially in the first years of life¹³. However, on the ground, the concrete implementation of these pathways remains uneven, both in terms of the availability of services and coordination between the actors.

Maternal and Child Protection (PMI) services, local care networks, specialists in paediatrics or child and juvenile psychiatry, as well as departmental social structures, must work closely together to ensure comprehensive follow-up of children. However, this coordination is not always effective: it depends on local practices, human resources and the ability of the various services to share information fluidly.

This difficulty in structuring an integrated health pathway reflects a gap between the political discourse — which affirms the need for holistic care — and the operational reality on the ground. The issue of access to specialized care, continuity of interventions during changes of service or location, as well as support for critical transitions (e.g. transition from childhood to adolescence), remains a major point of tension.

3. Multisectoral coordination: efforts to be amplified

¹³ SHS.cairn.info. *Caring for Children* – page 429. <https://shs.cairn.info/prendre-soin-de-l-enfance-9782749242552-page-429?lang=en>

Effective child protection depends on multisectoral coordination between social, health, judicial, educational and voluntary services. Although partnership governance mechanisms exist, their implementation is sometimes laborious. The different actors operate with different logics, regulatory frameworks and professional cultures, which complicates the implementation of truly integrated responses.

Organizational obstacles, such as siloed assignments, differences in terminology, confidentiality constraints, or variations in professional practices, make it difficult to work together seamlessly. The lack of shared tools for monitoring pathways and inter-institutional steering also hampers the ability to systematically learn from local practices and to implement continuous improvements.

4. Major transitions and institutional obstacles

Finally, some contemporary issues, although identified by the institutions, are still insufficiently addressed. The reception of unaccompanied minors (UAMs), situations of poly-victimisation, complex abuse, and the effects of digital technology on educational trajectories are challenges that require adapted, innovative and coordinated responses. These situations require specific skills, targeted professional training and mechanisms for rapid needs and risk assessments.

Similarly, the tension between the logic of administrative protection and the judicial logic — when a child is both in a situation of danger and confronted with criminal offences — requires a more precise articulation between juvenile judges, prosecutors, social services and educational teams.

Conclusion: protection in the making

The evolution of child protection in France illustrates a gradual — and sometimes discontinuous — path towards a structured public policy, rooted in the idea of rights and in the recognition of the specific needs of children. From the first assistance interventions to the development of integrated territorial policies, the system has gained in complexity, normative coherence and ambition.

However, the persistent challenges show that the effort to harmonize the normative vision and the operational reality remains an open project. Territorial inequalities, difficulties in multisectoral coordination, obstacles to the integration of health pathways and institutional transitions that are still incomplete are priority points of attention for the future.

While the International Convention on the Rights of the Child has served as a normative compass, it is now through the mechanisms of governance, coordination and training of actors that the effectiveness of these rights will be at stake. Building a truly integrated, equitable child protection system focused on the best interests of each child remains one of the major challenges of French social policies in the twenty-first century.