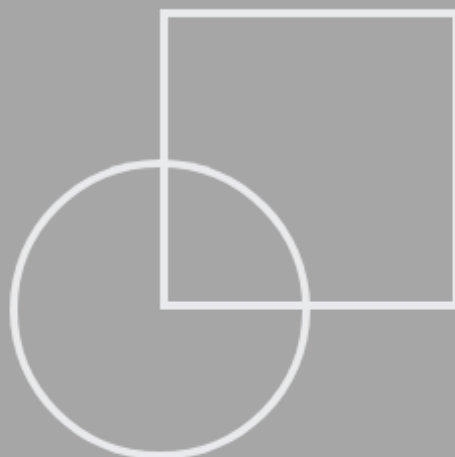


THE FINE MEMO 11/15



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SANTÉ PROTÉGÉE AND PÉGASE: FROM HEALTH ASSESSMENT TO COORDINATED CARE PATHWAYS — EVALUATION AND LESSONS LEARNED

Series: Child Protection

Thematic Area: HSI – Health, Society and Inclusion
Author: Marine GOUAISBAUT
Publication date: 7 October 2026



The Santé Protégée and Pégase programmes address the same fundamental challenge: children and adolescents under child protection measures have significant healthcare needs, while their access to care and the continuity of their medical follow-up can remain fragile. The consequences of violence, neglect, family disruption or successive changes in living arrangements can have lasting effects on physical, psychological and developmental health. As early as 2019, the Ministry noted that access to healthcare for children receiving child welfare services was less favourable than for other children and that this population had specific needs.

The issue underlying these experiments was therefore twofold. First, the healthcare needs of children under child protection measures were insufficiently identified. Second, even when a need was identified, there was no guarantee that it would actually be addressed and followed up. The problem was therefore not limited to the absence of a health assessment: it also concerned the gaps between identification, referral and effective access to care.

This issue follows on from the Act of 14 March 2016 on child protection, which strengthened the role of health within children's care pathways and introduced a medical and psychological assessment intended to inform each child's individual protection plan. As implementation of this requirement remained uneven across territories, the challenge became to establish an organisation capable of making such assessments genuinely operational and, above all, ensuring appropriate follow-up.

Against this background, Article 51 of the 2018 Social Security Financing Act was mobilised. This framework made it possible to experiment with new healthcare organisations and financing models in order to assess their relevance before potentially scaling them up. The Ministry explicitly proposed experimenting with a coordinated care pathway for children and adolescents under child protection measures, including early physical and psychological healthcare and based on a fixed payment per child.

Since these experiments began, the conditions governing their deployment have changed. Nevertheless, this Memo examines their creation and evaluates these programmes.

1. Presentation and context of the programmes

The Santé Protégée and Pégase programmes operate within the field of child protection, in which health is inseparable from the protection and development of the child. The French Social Action and Families Code defines child protection as aiming, among other things, to ensure that children's fundamental needs are taken into account, to support their physical, emotional, intellectual and social development, and to safeguard their health, safety, morality and education.

This approach is particularly important for children benefiting from a protection measure. The data and recommendations show that these children have specific health needs and may experience a worse state of health than children in the general population. Indeed, previous journeys can be marked by breaks in care, trauma, hospitalizations, developmental difficulties or significant mental health needs. The issue of health cannot therefore be reduced to the sole management of a pathology: it must be considered from a global, preventive and evolving perspective. In addition, these children may have suffered breaks in their trajectory related to the placement measure: numerous changes of establishment, foster families.

Medical follow-ups are therefore not properly taken into account and crucial information is lost. Breaks in care can prevent children from identifying the actors who can support them, prevent



the creation of a relationship of trust with patients and therefore hinder children in their care pathway.

This dimension is also illuminated by work in child psychology. Experiences of break-up, relational instability or violence can have consequences on emotional development, socialisation skills and mental health. The French National Authority for Health (HAS) has noted that children affected by child protection have an increased frequency of manifestations such as anxiety disorders, behavioural disorders, relationship difficulties, endangering behaviour and school dropouts. Physical health and mental health must therefore be understood together, without one being dissociated from the other.¹

Sociological studies highlight another dimension: the relationship to health is itself influenced by the social conditions in which the child evolves. A study devoted to the perceived health of children entrusted to child welfare shows that some young people may tend to keep quiet about their health difficulties, in a context marked by isolation, the fragility of social ties or a relationship of limited trust with institutions. The authors thus emphasize that the relationship to health is also linked to self-esteem, the feeling of control over one's existence, and the recognition and quality of social ties.²

This reading is important to understand the logic of Santé Protégée and Pégase. Access to care does not depend solely on the existence of a professional or an available medical offer. It also depends on the ability of the child and his or her family to identify a need, to formulate a request, to understand the procedures and to maintain a care relationship. Coordination can then play a mediating role between the child, the professionals who support him or her and the health system. If the actors are not identified, this further hinders the relationship of trust between the patient and the caregiver.

It is with this in mind that the Santé Protégée and Pégase experiments were developed.

1.1. The Santé Protégée programme

Santé Protégée is based on a model of early identification, comprehensive assessment and continuity of care. The experiment aimed to make the medical and psychological assessment conducted at the beginning of a child protection measure a genuine entry point into the child's healthcare pathway. The objective was therefore not simply to establish the child's state of health at a particular moment, but to identify needs requiring treatment and ensure that they were addressed over time.

The stakes are particularly high in situations where the medical history is incomplete or when previous care pathways have been interrupted. The assessment then makes it possible to gradually reconstruct the child's health history, to identify his current needs and to identify situations requiring intervention or follow-up. It can also make it possible to bring to light problems that had not been identified before, particularly in the fields of mental health, development, oral health or sensory disorders.

The logic of the system thus goes beyond the medical examination alone. It aims to create continuity between **identification, guidance and care**, by making the assessment the starting point of an individualised health pathway. The HAS also recommends that health be taken into account from the beginning of the educational measure, with an assessment of needs, the

¹ Haute Autorité de Santé, *Support for children with psychological difficulties seriously disrupting socialisation processes*, good practice recommendation, May 201

² Robin, P. (2012). "Health is a little bit of life": A study on the perceived health of children in child care. *Public Health*, 24(5), 417–428. <https://doi.org/10.3917/spub.125.0417>



carrying out of the necessary assessments and screenings and the articulation of the care identified.

However, the main difficulty lies in moving from observation to action. An identified need does not necessarily mean that care will actually be implemented. Delays in access to professionals, breaks in the process or difficulties encountered by the child and his or her family can limit the effects of the system. **The challenge of Santé Protégée is therefore to transform the assessment into a real lever for the journey, and not just a snapshot of the child's health situation.**

1.2. The Pégase programme

Pégase addresses a more specific issue: monitoring the health and development of young children who were subject to a child protection measure before the age of five. Its approach is based on the principle that the first years of life constitute a particularly sensitive period and that trauma, neglect or early disruption can have lasting effects on children's development if they are not identified and addressed sufficiently early.

The programme thus offers standardised **and repeated follow-up**, covering different dimensions of the child's health and development. The objective is to be able to identify difficulties early, but also to monitor their evolution over time. This temporal dimension is an important difference with an approach based solely on a one-off assessment: it is a question of being able to observe the child's development, identify the appearance of new difficulties and adapt the responses as the child progresses.

Pégase also attaches great importance to the coordination between the different professionals who work with the young child. This coordination is necessary because the difficulties identified can relate to several fields at the same time: physical health, development, mental health, relationships with those around them or even reception conditions. Follow-up cannot therefore be based on a single professional and requires a circulation of information and an articulation of interventions.

This approach is in line with recent HAS recommendations, which underline the importance of early identification of mental and neurodevelopmental disorders in children in care and the need to improve links between child protection actors and those in the health system.

The specificity of Pégase therefore lies less in the coordination itself than in the early, standardised and longitudinal nature of the follow-up offered to young children. Where Santé Protégée seeks to structure the health pathway of the protected child based on the assessment of his needs, Pégase aims more specifically to follow the young child in a decisive period of his development.

However, the two systems are still faced with a common difficulty: **identifying a need is not enough if the provision of care to meet it is not available or accessible.** This limitation is a particularly important point for evaluation, since it leads to a distinction between the ability of the system to identify needs and its ability to effectively produce an improvement in the health pathway.

The programme was created thanks to the Social Security Financing Act, which makes it possible to finance health experiments. It is in this context that the Ministry selected the Pégase experiment in 2019, for a five-year test phase. Following a very positive evaluation in 2024, the programme was validated and was to be deployed in early 2026.

In fact, this generalization has taken a different form than originally planned.



On 19 November 2025, the Minister for Health, Families, Autonomy and Persons with Disabilities, Stéphanie Rist, announced the creation of a new programme: the Enhanced Coordinated Care Pathway for Children under Protection (PCR “Enfance protégée”). This pathway draws on lessons from the two experiments conducted between 2019 and 2025, Pégase and Santé Protégée, without simply reproducing them. To ensure continuity of funding and follow-up during the transition period, the Pégase experiment was formally extended until February 2026 by an Order of 25 November 2025.

The legal framework for the new programme was subsequently formalised by an Order of 21 April 2026, published on 25 April 2026, which incorporated the PCR “Enfance protégée” into ordinary law and established its specifications. Compared with Pégase, the pathway considerably broadens the population concerned: it now covers all protected children, adolescents and young adults under the age of 21, whether placed in care or supported through community-based measures, with the possibility of continuing support during the year following the end of their child protection care.

The rollout, led by the Regional Health Agencies in conjunction with the departments, is being carried out gradually and not uniformly throughout the country, with a target of full coverage set for 2028 rather than a simultaneous national launch in early 2026³.

This development has not been unanimously accepted: Daniel Rousseau, child psychiatrist and co-leader of the Pégase programme since its creation, has publicly expressed reservations about the conditions of this generalisation, which he considers to be a step backwards compared to the initial experimental system, despite the commitments reaffirmed by the Ministry⁴.

³ Sources: *solidarites.gouv.fr* ; *A reinforced care pathway for sheltered children*, *santementale.fr*, April 2026; *Reinforced coordinated pathway for sheltered children*, *creaihd.fr*).

⁴ source: *The State's conception of the generalization of Pégase is appalling*, *enfancejeunesseinfos.fr*, December 2025).



2. Two experiments resulting from the same observation

The Santé Protégée experiment was authorised in 2019. It was led by Dr Nathalie Vabres and the Nantes University Hospital, in conjunction with the General Directorate for Social Cohesion. The decree of 3 June 2019⁵ authorised the experiment, which was then modified and extended several times. The scheme began in Loire-Atlantique, Pyrénées-Atlantiques and Haute-Vienne. The aim was to experiment with an organisation that would improve the health pathway of protected children and adolescents, in particular by structuring the health check-up, monitoring and coordination of care.⁶

The choice of Nantes is not insignificant. The CHU had developed specific expertise in the care of children at risk and the experiment was built on this experience. In Loire-Atlantique, the system was aimed at all minors concerned by an administrative or judicial protection measure, whether they were entrusted or monitored at home. The health and prevention check-up was to be the first step in the process, with an annual update.

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The scheme was also based on specific funding. In Loire-Atlantique, a lump sum of €430 per child per year was provided for to structure medical follow-up, facilitate access to specialist consultations and ensure that the recommended care was actually provided. The scheme could also contribute to the coverage of certain care not reimbursed under ordinary law, in particular in psychology, psychomotor therapy or occupational therapy.

Pégase was created in the same experimental framework, with a more targeted ambition. Its name corresponds to the "Programme for the Experimentation of a Standardised Health Protocol Applied to Children Who Have Benefited from a Child Protection Measure Before the Age of 5". Authorised in 2019, the programme aims to strengthen and structure the monitoring of young children protected up to the age of seven, based on assessments of their physical, psychological and developmental health.⁸

The logic of Pégase is based on an observation that is particularly important for early childhood: difficulties related to trauma, neglect or early break-ups can have significant consequences on development when they are not identified early enough. The program therefore seeks to intervene early and to further standardize follow-up so that difficulties can be identified, taken care of and reassessed.

The two systems are therefore similar in their philosophy but do not pursue exactly the same objective. Santé Protégée aims for a coordinated pathway for protected children and adolescents, while Pégase targets more specifically young children who have experienced a protection measure before the age of five. Their common point is nevertheless essential: in both cases, the health check-up is designed as **the first act of a journey and not as its end.**

3. The Entry Assessment: Identify Needs Before They Become Disruptions

⁵ Senate. (2021). *Report drawn up on behalf of the Committee on Social Affairs on the draft law on the protection of children.* Senate.

⁶ Technical Committee on Health Innovation [CTIS] & Strategic Council on Health Innovation [CSIS], (2024)

⁷ Nantes University Hospital. (n.d.). *Objectives of Santé Protégée 44.* Nantes University Hospital.

⁸ National Observatory for Child Protection. (2019, May 27). *Pégase Program.* France Enfance Protégée.



The entry assessment is one of the structuring elements of these schemes. It provides a more comprehensive view of the child's health situation from the start of the course. According to the decree of 26 February 2026, it allows:

- *"identifies the needs for prevention and care;*
- *makes it possible to establish the **health component of the project for the child (PPE)**;*
- *must lead to **guidance recommendations** ;*
- *then provides for the **follow-up of these recommendations and the care pathway***
- *and specifies that child protection professionals make the necessary appointments and accompany the child, with possible support from the coordination structure. »⁹*

Its interest is in particular to reveal needs that are not always expressed spontaneously. Some difficulties may be long-standing, insufficiently monitored or considered secondary, even though they can have significant consequences on overall health. The assessment can thus make it possible to identify needs in terms of physical health, mental health, oral health, vaccinations, screening or development.

This approach makes it possible to move from an essentially reactive logic to a more preventive logic. Care no longer intervenes only when a problem becomes sufficiently visible to require a consultation. On the contrary, the system seeks to anticipate and identify difficulties before they turn into a break in the pathway. This logic was precisely at the heart of the Santé Protégée project, but the assessment is only an inventory.

This is where one of the main issues highlighted by the initial memo lies: an assessment can identify several priority needs without necessarily giving rise to care. If no referral is made, if no appointment is obtained or if the person is not accompanied in his or her procedures, the quality of the diagnosis is not enough to produce a real effect on his or her pathway.¹⁰

The central question therefore becomes very concrete: what happens to the assessment once it has been completed?

4. From assessment to coordinated pathway: the real challenge

The concept of a coordinated pathway makes it possible to overcome precisely this limit. The assessment must be the starting point for a succession of actions organised around the child. Coordination can consist of facilitating referrals to a professional, organising appointments, transmitting useful information, identifying any difficulties encountered and verifying that the recommended care has actually been carried out.

This function is particularly important when several professionals have to intervene. Without coordination, the child and the people who accompany him or her may find themselves faced with a succession of interlocutors without any real continuity between their interventions. The complexity of the care system then becomes an obstacle in itself.

The added value of the system therefore does not simply lie in the ability to guide. It lies in the possibility of following the path after the orientation.

There is an important difference between telling a family or a referent that a specialized appointment must be made and ensuring that this appointment has actually been obtained and carried out. This difference is at the heart of the notion of coordination.

⁹ The Decree of 26 February 2026 and its Annex 3 – specifications for the reinforced coordinated "Enfance protégée" pathway

¹⁰ Final Evaluation Report – Santé Protégée (2024)



The truly coordinated pathway thus presupposes a form of collective responsibility for continuity. When the referral has not been successful, it is necessary to be able to understand why: absence of a professional, too long a delay, administrative difficulty, change of place of living, refusal of care, transport problem or other difficulty specific to the child's situation.

5. What the Santé Protégée assessment shows

The Santé Protégée experiment was the subject of a final evaluation in 2024. This evaluation is particularly important because it allows us to go beyond the mere description of the system and to question its feasibility, its effects and its conditions of generalization.

The opinion issued in July 2024 by the Technical Committee for Health Innovation and the Strategic Council for Health Innovation explicitly addresses the opportunity to generalise the experiment. It recalls that it was led by Dr Vabres of the Nantes University Hospital and the DGCS and that it had been authorised in June 2019.

The evaluation highlights the interest of the system in improving the organisation of the pathway and strengthening the consideration of health needs. It also shows that coordination is an essential function, in particular to facilitate access to care and to prevent the recommendations resulting from the assessment from going unheeded.

However, it reveals a major methodological difficulty: it is easier to measure the number of assessments carried out than to measure what happens afterwards. The number of assessments is an indicator of activity, but does not in itself make it possible to know whether the needs identified have actually been met.

It is therefore necessary to distinguish several stages: entry into the system, the completion of the assessment, the formulation of guidelines, their implementation, effective access to care and finally the continuity of follow-up. This distinction is essential to appreciate the real added value of the system.



6. The case of Nantes: a particularly structuring experiment

The Nantes experience deserves special attention since it is one of the territories at the origin of Santé Protégée. In Loire-Atlantique, the system was built around the Nantes University Hospital and an organization to coordinate the annual check-ups and the necessary care. In 2019, the territory already had more than 5,700 minors concerned by a child protection measure, which made it possible to experiment with the system on a significant scale.¹¹

The Nantes experience demonstrates in practical terms what it means to move from an assessment to a care pathway. The referring physician conducts the assessment but can also work with Santé Protégée to arrange the necessary specialist examinations and consultations. The programme facilitates access to professionals in areas such as dental care, ENT and ophthalmology and may cover certain forms of care not reimbursed under ordinary healthcare arrangements.

This organisation therefore makes it possible to go beyond the logic of a simple medical observation. However, experience also shows that coordination alone cannot solve the structural difficulties of the health care system. When an assessment reveals a need for speech therapy, child psychiatry, psychomotor therapy or specialised consultation, an offer must still be available.

This is an important limitation that has already been identified: the system can considerably improve the visibility of needs without being able to create the necessary offer to meet them. Waiting times, the availability of professionals and access to specialists remain external factors that can slow down the process.¹²

There is therefore a form of paradox. The more effective the system becomes in identifying needs, the more likely it is to reveal the inadequacies of the health care offer in the territory. This does not necessarily constitute a failure. On the contrary, the system can play a role of observatory of the health needs of protected children and make it possible to make visible needs that were previously dispersed between different actors.

¹¹ Nantes University Hospital. (2019). *Santé Protégée: An experimental device to improve the health pathway of protected children*. Nantes University Hospital.

¹² Departmental Observatory for Child Protection of Loire-Atlantique. (2023). *A look at child protection in Loire-Atlantique in 2022* (No. 18). Department of Loire-Atlantique. https://observatoire.loire-atlantique.fr/upload/docs/application/pdf/2023-10/regard_sur_18_protection_enfance_2oct2023.pdf



7. Pégase: the special interest of early intervention

The final evaluation of Pégase, published in June 2024, provides additional insights. It shows that after five years of experimentation, the programme had been deployed in 13 of the 15 medico-social establishments initially planned. As of 30 April 2024, 707 children had been included, i.e. 74.5% of the target set for that date. However, the report points out that the deployment has been affected by the health crisis, tensions on reception capacities and human resources, as well as by the need to adapt organisations and build territorial partnerships. These elements are interesting because they show that the implementation of a coordinated pathway is not just an administrative decision. It requires a change in professional practices, training time, appropriation by the teams and the creation of a territorial network.¹³

The objective of the evaluation of Pégase was precisely to examine the feasibility, effectiveness and conditions of reproducibility of the device. In particular, it sought to determine whether the experiment made it possible to facilitate access to care, improve the physical and mental health of children and strengthen the detection of difficulties.

The interest of Pégase therefore lies in this early intervention. In young children, quickly identifying a developmental difficulty or a health problem potentially allows us to act before it produces more significant consequences.

8. A real added value, but dependent on the health environment

One of the main lessons common to the two experiments is that coordination can improve the visibility of needs without being able to act on all the factors that condition their management.

The system can precisely identify a problem without having the necessary resources to respond to it. This situation can occur when waiting times are too long or when no professional is available in the area.

Coordination can facilitate access to the existing offer. However, it cannot create a care offer where it is lacking. This limit must be integrated into the analysis of the effectiveness of the systems. It would be unfair to consider that a referral that has not been carried out systematically reflects a dysfunction in coordination. Failure can be at another level of the pathway. The challenge is therefore to be able to identify when the pathway is blocked.

¹³ https://sante.gouv.fr/IMG/pdf/pegase_rapport_final_d_evaluation.pdf?utm



9. Engagement and the child's individual situation

The success of a coordinated pathway also depends on the child's situation and environment. Obtaining an appointment does not necessarily mean that it will be honoured. An initial consultation does not guarantee the continuity of the follow-up either. Difficulties in mobility, organisation, understanding or adherence may arise at different times during the journey.

This dimension is particularly important in child protection, since children may experience changes in their place of life, referent or professionals. The health pathway must therefore be robust enough to withstand these changes. This also raises the question of the intensity of coordination. A stabilized situation may require limited intervention, whereas a child with several medical, psychological and social difficulties may need much more sustained support. The model must therefore be able to be scaled.

The objective is therefore not to do in the place of the child or his entourage what they can gradually achieve themselves. Rather, it is a question of temporarily securing the course when necessary, and then allowing a reduction in support when the situation becomes more autonomous.

10. The risk of evaluation focused solely on activity

This question refers directly to the methods of evaluating the systems. The number of assessments carried out is easily measurable. However, this indicator does not make it possible to know whether the identified needs have actually given rise to care. A system may present a significant amount of activity while encountering difficulties in following up on recommendations.

Conversely, a system that carries out fewer assessments can have a greater effect if the guidelines are effectively followed and if the pathways are maintained over time. The evaluation should therefore focus more on the entire chain of the pathway.

In particular, it would be relevant to be able to monitor the time between the assessment and the first care, the proportion of referrals actually carried out, the reasons for non-implementation and the continuity of follow-up. This approach would make it possible to better identify the real added value of coordination and, above all, to identify where the pathways encounter the main difficulties.

10. From experimentation to nationwide implementation

The Santé Protégée and Pégase **experiments** were two complementary responses to the same difficulty: improving access to care and the continuity of the health pathway for children in child protection. Both were developed within the framework of Article 51 of the Social Security Financing Act for 2018, but according to different modalities. Santé Protégée was based in particular on the coordination of the care pathway for protected children and adolescents, while Pégase proposed a standardised health protocol initially intended for children who had benefited from a protection measure before the age of five.



However, the evaluations carried out at the end of these experiments have shown the interest of going beyond a logic based on separate experimental devices. For **Santé Protégée**, the evaluation highlighted the feasibility of the proposed organization and the interest of coordination to facilitate access to health check-ups and care. It also highlighted the need to clarify and harmonize the missions of the structures responsible for coordination, particularly with regard to monitoring the pathway and the effective implementation of medical recommendations. The technical committee and the Strategic Council for Health Innovation have come out in favour of the generalization of the system in 2024.

The **Pégase experiment** has also been the subject of an opinion in favour of its generalisation in 2024. Its evaluation has shown in particular the feasibility of the pathway, the improvement in the performance of follow-up examinations and the possibility of further structuring the continuity of care. However, it has led to reflection on a broader and more graduated organisation, likely to meet the needs of children protected according to their age and situation.

The period from 2024 to 2026 therefore constituted a transition phase. The two experiments were not maintained as parallel national programmes. Pégase was temporarily extended until 2 February 2026 to ensure continuity during the transition period. Santé Protégée underwent its own transitional phase before the lessons learned from the programme were incorporated into the new national system. The Ministry now lists both programmes among the completed “Article 51” experiments and presents the new pathway as their continuation within ordinary law.

The major development occurred in 2026 with the creation of the Enhanced Coordinated Care Pathway for Children under Protection (PCR “Enfance protégée”). The Order of 21 April 2026 included this pathway among the enhanced coordinated care pathways covered by the French Health Insurance system and established specific requirements. The programme therefore moved beyond the experimental framework and became a permanent part of ordinary law.

This evolution responds to an observation clearly formulated in the specifications: despite the existence of legal obligations concerning the health check-up and the coordination of the pathway, their implementation remained **partial and heterogeneous depending on the territory**. The new PCR therefore aims to deploy a **single system throughout the territory**, based on the lessons of Santé Protégée and Pégase. It is therefore not a question of reproducing one or the other experiment identically, but of retaining some of their achievements to build a common organization.

There has also been a significant change in the population covered. The PCR “Enfance protégée” now targets children, adolescents and young adults under the age of 21 who are subject to child protection measures, whether placed in care or supported through community-based measures. The programme can also continue for one year after child protection support ends in order to promote continuity of healthcare.

The operation of the new system is based on a **coordination structure in each department**, responsible for organising the pathway in conjunction with child protection services and health professionals. The specifications provide for a graduated response according to the child's health needs and age, as well as the possibility of mobilising early mental health care financed as part of the pathway. Governance involves the Regional Health Agency and the departmental council.

The new system thus retains several principles from Santé Protégée: the health check-up is an entry point into the pathway, but it must make it possible to initiate **regular and coordinated medical follow-up**. The specifications specify that the check-up must identify the needs for prevention and care and that the coordination structure must then contribute to organising the pathway according to these needs. The pathway is organised by intervention sequences over



a period of twelve months and can be renewed each year when the eligibility criteria are still met.

The transition into ordinary law therefore represents a significant transformation of the original model. The objective is no longer merely to demonstrate, in a limited number of experimental territories, that improved coordination is possible; it is now to make such coordination available in a structured manner throughout the country. Deployment is planned progressively between 2026 and 2028, with the objective of establishing a coordination structure in every department.

However, this generalisation does not mean that the difficulties identified during the experiments disappear. The new specifications themselves recognise that access to care can remain difficult and that the appropriate care offer is not always sufficient, particularly in the field of mental health care. The role of coordination is therefore to facilitate access to existing resources and to structure the pathway, but it cannot, on its own, create a care offer where it is lacking.

The Nantes experience illustrates this continuity between experimentation and generalization. In June 2026, the Nantes University Hospital announced the deployment of the PCR “Enfance protégée”, presenting it as the culmination of the work begun several years earlier around Santé Protégée. This development shows how a territorial experiment can gradually contribute to the construction of a national model.

Thus, the transition from Santé Protégée and Pégase to the PCR “Enfance protégée” can be understood as a change of scale and status, rather than as a simple renewal. The experiments have made it possible to test different organizational methods, to evaluate their effects and to identify the conditions necessary for more effective coordination. Their generalization now meets the objective of territorial equity: to allow all protected children to benefit from a coordinated health pathway, while maintaining a response adapted to the diversity of their needs.

This development ultimately creates a new challenge. The success of the PCR cannot be assessed solely on the basis of the number of children included or the number of assessments conducted. It will also be necessary to measure the implementation of referrals, effective access to healthcare, continuity of follow-up and possible disruptions in care pathways. In other words, the transition from experimentation to ordinary law changes the question being asked: it is no longer simply a matter of determining whether coordination works, but whether it effectively reduces inequalities in healthcare pathways between children under child protection measures according to the territory in which they receive care.



Conclusion

Santé Protégée and Pégase respond to a significant change in the way we consider the health of protected children. Created as part of the Article 51 experiments from 2019, they are the result of a common observation: the health needs of children under child protection are significant, but their identification, access to care and especially the continuity of their care remain insufficiently secure.

The experiments have made it possible to test another approach, based on early identification, assessment, coordination and follow-up. The Nantes experience is particularly structuring since it is one of the territories at the origin of Santé Protégée and now provides significant feedback on the concrete conditions for implementing the pathway.

The evaluations carried out provide elements favourable to the continuation of this logic, while highlighting its limitations. Coordination can facilitate access to care, but it remains dependent on the supply available in the territories. Similarly, carrying out an assessment does not in itself guarantee that the recommendations will be followed up.

The main conclusion is therefore close to that of the initial Memo: the success of the programme should not primarily be assessed according to the number of health assessments conducted, but according to its ability to secure healthcare pathways over the long term.

The assessment must be regarded as the first step in the pathway. It must identify priorities, organise referrals, facilitate access to healthcare and verify that treatment is actually delivered. When the pathway becomes blocked, coordination must be capable of intervening again.

The challenge of this new phase is therefore less about increasing the number of assessments than about strengthening the chain connecting identification to referral, referral to treatment, and treatment to continuity of care.

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General sources

[Santé Protégée – Ministry of Health Final Evaluation Report](#)

[CTIS/CSIS opinion on the generalization of Santé Protégée – July 2024](#)

[Final evaluation report of Pégase – June 2024](#)

[Santé Protégée 44 – Nantes University Hospital](#)

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