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Making Prevention Work
Case Study France

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In 2011, the state government of North Rhine-Westphalia and the Bertelsmann Stiftung launched the model project, "Kein Kind zurücklassen! Kommunen in NRW beugen vor" ("Leave no child behind! Municipalities in North Rhine-Westphalia providing equal opportunities for all children") (KeKiz). The goal of this initiative remains unchanged: To partner with model municipalities in creating opportunities that enable every child and young person – regardless of background – to benefit from a successful upbringing and participate in society. The initiative has been guided by academic research since its inception. Together with its partners from academia, the Bertelsmann Stiftung oversees the research that accompanies the initiative. In partnership with a range of academic collaborators, we will periodically publish the insights and findings from the accompanying academic research on municipal prevention efforts. The "Materials about prevention" series also aims to communicate findings on related issues and the insights gained from taking a broader academic view of the model project.

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Making Prevention Work

As part of a larger project mapping preventive structures and policies for children, young people and families in 12 European countries, the Making Prevention Work study aims to provide a consistent base for developing preventive policies in Europe. It examines approaches across the EU that demonstrate success with local preventive work. The in-depth case study of France presented in this publication is one of three published in the context of the Making Prevention Work study.

Making Prevention Work draws on a concept of prevention that is framed in universalist and integrative terms. The concept is universalist in that it addresses all children and young people, even those not seen as being "at-risk." It is integrative because prevention should be organized from a child's point of view, not in terms of administrative responsibilities. As such, this concept targets the establishment of prevention chains that link different institutions over the life-course.

Making Prevention Work includes summary factsheets of the preventive concepts, structures and practices mapped in 12 EU member states (Austria, Czech Republic, Denmark, England (UK), Finland, France, Germany, Ireland, Lithuania, the Netherlands, Spain and Sweden) as well as three case studies (Austria, France and the Netherlands) featuring data from interviews with experts and implementing actors.

Key findings

Varieties of prevention: Despite widespread awareness of the underlying problems and a common frame of reference provided by the European Commission's recommendation

"Investing in Children. Breaking the Cycle of Disadvantage," existing preventive concepts, interpretations and measures vary greatly across Europe.

Universalist vs. targeted approaches: Most countries take a universalist approach that addresses all children and families. The Scandinavian countries are most consistent in this regard, followed by continental European countries such as the Netherlands, France and Germany. Other countries, such as Ireland and England as liberal welfare states, feature prevention strategies that target those in need more specifically.

Integration vs. fragmentation: Whereas some countries aim to integrate different services both across sectors (i.e., health, education, youth welfare) and throughout the life-course, others maintain rather fragmented structures. We see here the Scandinavian countries pursuing an integrated approach, which contrasts with the rather fragmented departmental structures observed in Ireland and England. Countries in continental, east-central and southern Europe are rather inconsistent in this regard, but generally pursue integrated approaches by establishing cross-institutional networks.

Voluntary offerings vs. incentives vs. obligation: How preventive programs are brought to the public differs from country to country. While in some countries programs are provided as voluntary offerings (e.g., early health examinations), other states try to "nudge" people toward participation through incentives (e.g., early child education), whereas others "urge" them to engage through obligation mechanisms (e.g., compulsory education).

Centralization vs. decentralization: The extent to which services are integrated into an administrative architecture depends on a country's broader administrative setting. The three Scandinavian countries of Denmark, Finland and Sweden each have a long-standing tradition of extensive welfare provision and municipalities that are competent in educational, social – and to varying degrees – health matters. Introducing reforms in 2015, the Netherlands has moved toward bundling all relevant competences (excepting schools) for preventive measures at the municipal level. England and Ireland take a more centralized and single-purpose oriented approach in which local governments play a lesser role. The continental, east-central and southern European countries vary in their approaches, but generally aim to establish networks that include actors in centrally governed policy areas (mostly health and employment) and those areas for which local administration bears responsibility.

Financing: Most programs have distributed liabilities with regard to financing. In many countries, budgets are focused on the main responsibilities of the institutions involved. Prevention and other cross-cutting issues often fall outside of these silos. In some cases – once again the Scandinavian countries stand out in this regard – there are additional lines of funding for preventive offers or strategies but, overall, funding for prevention is insufficient.

Making use of additional funding: Drawing on the European Social Fund (ESF) and other European funds to finance prevention remains an exception. Most projects financed with ESF resources target specific groups (e.g., Roma) or transitions (e.g., from school to employment). The "Leave no child behind!" project in Germany's North-Rhine Westphalia is a good example of a universalist and integrated approach that draws on ESF funding.

Leveraging other governance instruments (information, networking and performance management): In addition to funding, governments have other resources to offer. The countries with the greatest degree of centralization provide more materials (e.g., manuals) and are consistent in applying some forms of performance management. Many continental European states by contrast do not issue national guidelines, with the exception of Germany and Austria, where there are forums for a national exchange on their early intervention programs. While information and guidelines are often discussed in voluntary horizontal networks, no binding structures are implemented and, for the most part, performance management is lacking (with some regional or program-based exceptions). In Austria, Germany, France and, to a certain extent, the east-central and southern European countries, **preventive services are arguably under-governed by central actors.**

Country clusters: On a rather abstract level, three different approaches can be identified that reflect geographical lines and welfare state traditions: **The Scandinavian cluster** (i.e., Denmark, Finland and Sweden), takes a universalist and integrated approach to prevention. Responsibilities are concentrated at the level of functionally and fiscally strong local governments. At the same time, the central government supports local governments by communicating good practices and providing (some) financial support. The **Western European cluster** (i.e., Ireland and England) pursues a targeted and segmented approach. The targeting of measures is strongly related to the tradition of the liberal welfare state, where public action requires a special testable need to get things

started. The segmentation of governance is reflective of public administration in England and Ireland where, since the 1980s, single-purpose agency administration has become the norm and local government has lost several competences to specific agencies, Quangos and the private market. In many ways, the **Continental European cluster** (i.e., Austria, France and Germany) falls somewhere in between these two clusters. This stems from the inertia that is a function of their welfare state architecture, which relies on centrally provided and/or financed services as well as decentralized services financed by local governments. Limited in their constitutionally stipulated powers, local governments in these countries have little fiscal leeway to finance tasks that go beyond the tasks delegated by central (and state) governments. In these states, diverse networks that reach across administrative levels, the public sector and civil societies develop innovative preventive solutions. However, these solutions are rarely scaled up across the country. Spain and Lithuania do not fit a specific model, while the Netherlands falls somewhere between the continental and Scandinavian models. The relative dependence of local Dutch governments on the national government, particularly in fiscal terms, is the main obstacle to achieving a successful reform of prevention.

Consequences for Germany and Europe

First, Germany must reform the **design and character of preventive services** in order to reach more addressees of preventive offerings and convince parents to participate in programs at an early stage. This can be achieved by lowering barriers to such services and increasing obligations or nudges to make use of preventive services.

Second, Germany must **enhance cooperation** through networks to compensate for the status quo of fragmented responsibilities. Although local governments are generally tasked with childcare, youth welfare and social services, the federal states are responsible for schools and job training, and the health sector is governed by a complex network of health insurances (financing), free medical practitioners, medical associations *(Ärztekammern),* and hospitals operated by diverse providers.

Third, given their diverse personnel and financial capacities, local governments – particularly less-wealthy ones – need greater support.

Fourth, given the lack of planning capacities and robust databases for evidence on preventive measures, **more research and data collection are needed to monitor performance and allow for sustainable policy planning.**

The study identifies common **challenges for Europe** as a whole that require stronger EU involvement. Topping the list is the absence of a common understanding of prevention and social investment. Second, there is a lack of a clear will to cooperate calls for greater structural and practical coordination efforts. Third, we need more community-driven, integrated preventive care that brings services closer to people where and when they need it. Fourth, the visibility of such services and general knowledge of them must be strengthened in order to ensure that both professionals and clients are aware of existing services. Fifth, an effort to balance centralized with local adaptation approaches to competences could bring together the best of both worlds. Sixth, budgets for preventive measures follow sectoral lines or are otherwise restricted, which leaves no room for cross-sectoral innovation.

The **European Union** could help strengthen preventive action across Europe. Though a powerful instrument, the ESF is rarely drawn upon for prevention funding in part because the **administrative burden** involved with applying for and managing these funds is too high for many potential users, such as local governments. Lowering these thresholds would mark a step in the right direction.

Within the context of EU discussions already underway regarding "social investment" – also for children (cf. the European Commission's "Investing in Children" recommendation) and the "Child Guarantee" to tackle child poverty, the EU should **promote prevention and preventive measures** as part of this paradigm. This could precipitate the creation of a shared understanding of prevention in Europe while enabling member states to learn more from each other's best practices.

The EU's recently developed **European Pillar of Social Rights,** which includes support for children, is accompanied by a Social Scoreboard that aims to measure member states' performance in different social areas. These instruments should be (and to some extent have already been) included in the process of the **European Semester,** which delivers country-specific recommendations to member states that include possible actions to be taken concerning prevention for children and young people.

Contents

Abbreviations

AEEH	Allocation d'éducation de l'enfant handicapé
AFA	Agence française de l'adoption
AJPP	Allocation journalière de présence parentale
ANESM	Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médicaux
ARS	Agence régionale de santé
ASE	Aide sociale à l'enfance
ASF	Allocation de soutien familiale
CAF	Caisse d'allocation familiale
CC	Communautés de communes
CCAS	Centre communal d'action sociale
CDAS	Centres départementaux d'action sociaux
CLAS	Contrats locaux d'accompagnement à la scolarité
Cmg	Complément du libre choix du mode de garde
CMU	Couverture médicale universelle
CNAF	Caisse nationale d'allocation familiale
CNAMTS	Caisse nationale de l'assurance maladie des travailleurs salariés
CNLE	Conseil National des politiques de lutte contre la pauvreté et l'exclusion sociale
CNNSE	Commission nationale de la naissance et de la santé de l'enfant
CNPE	Conseil national de la protection de l'enfance
COM	Convention d'objectifs et de gestion
CPAM	Caisses primaires d'assurance maladie
CRDS	Contribution pour le remboursement de la dette sociale
CSG	Contribution sociale généralisée
CU	Communautés urbains
DASEN	Directeur Académique des Services de l'Éducation nationale
DGF	Dotation globale de fonctionnement
DGCS	Direction générale de la cohésion sociale
DGOS	Direction générale de l'offre de soins
DJEPVA	Direction de la Jeunesse, de l'éducation populaire et de la vie associative
DREES	Direction de la recherche, des études, de l'évaluation et des statistiques
DRJSCS / DDJSCS	Directions régionales / départementales de la jeunesse, des sports et de la cohésion sociale
DRJSCS	Directions régionales de la jeunesse, des sports et de la cohésion sociale

EAJE	Établissements d'acceuil des jeunes enfants
EPCI	Établissements de publics de coopération intercommunale
EPP	Entretien prénatal précoce
FAJ	Fonds d'aide aux jeunes
HAS	Haute Autorité de Santé
HCFEA	Haut Conseil de la famille, de l'enfance et de l'âge
IGAS	Inspection générale interministérielle du secteur social
INJA	Institut national des jeunes aveugles
INJS	Institut national des jeunes sourds
INPES	Institut national de prévention et d'éducation pour la santé
LAEP	Lieux d'accueil enfants-parents
MDPH	Maison départementales des personnes handicapées
MSA	Mutualité sociale agricole
ODAS	Observatoire national de l'action sociale
OMS	Organisation mondiale de santé
ONPE	Observatoire nationale de la protéction de l'enfance
ONPES	Observatoire National de la Pauvreté et de l'Exclusion Sociale
PAJE	Prestation d'accueil du jeune enfant
PMI	Protection maternelle et infantile
PPE	Projet pour l'enfant
PreParE	Prestation partagée d'éducation de l'enfant
PUMa	Protection universelle maladie
RAM	Relais d'assistantes maternelles
REAAP	Réseaux d'écoute, d'appui et d'accompagnement des parents
RMI	Revenu minimum d'insertion
RSA	Revenue de Solidarité Active
SIVOM	Syndicats intercommunal à vocation multiple
SIVU	Syndicats intercommunal à vocation unique
UNAF / URAF	Union nationale / régionale des associations familiales
URSAFF	Union de recouvrement des cotisations de sécurité sociale et d'allocations familiales
UTAS	Union territoriale de l'action sociale

Preface

Since 2012, the Bertelsmann Stiftung has partnered with the German federal state of North Rhine-Westphalia on the **"Leave no child behind!"** (in German: **"Kein Kind zurücklassen!"**) initiative. Together with 40 participating municipalities, we have been united in aiming to **improve children's prospects for development while providing them equal opportunities.** Each municipality involved is creating local prevention chains, that is, systematic and ongoing collaboration between stakeholders in administration, agencies and civil society to improve the effectiveness and efficiency of local support and intervention practices.

Building on this initiative and its research, the Bertelsmann Stiftung, together with the German Research Institute for Public Administration, decided in 2017 to carry out a cross-national study of prevention activities across the EU, titled "**Making Prevention Work – Preventive structures and policies for children, youth and families**" The **case study of France,** presented here in this publication, is one pillar of the study's research and offers a deep dive into one country's approach.

What is prevention in a policy context?

Most broadly, prevention refers to efforts designed to ensure the well-being of children and youth so that they can make the successful transition to adulthood. As applied here, our definition of prevention involves mitigating risk factors among children and their families – particularly those most vulnerable – as well as strengthening protective factors and resilience.

Driven by the needs of children and youth rather than institutions per se, this concept of prevention, as a policy objective, seeks to have a direct influence on the behavior of a target group (behavioral prevention) and bring about positive change in the group's environment (setting-based prevention). Prevention encompasses universal offerings (e.g., home visitation programs for families with a newborn) that take effect before risks become problems as well as targeted approaches aimed at those families specifically disadvantaged or in need.

As a policy objective, prevention is highly complex because it involves engaging health, education and child/youth welfare systems – at once. This demands effective coordination and cooperation across different sectors and institutions, which is lacking in many countries, including Germany.

Why are we interested in a cross-national comparison of prevention?

The research accompanying the "Leave no child behind" project initiated in 2012 in Germany highlights both the consequences of segregation on disadvantaged children and their families and the positive impact local support and institutions can have on these children.

Our German research shows that the educational opportunities of disadvantaged children can be improved considerably with just a few good preventive measures, such as improving day nursery attendance in the first three years of life and sports club attendance. Because the preventive services utilization rate is much lower among disadvantaged families, increasing their participation in such services is crucial. Many municipalities demonstrating success have developed and implemented services with a low access threshold, some of which are tailored to the needs of disadvantaged families.

However, our research in Germany shows that municipal "child-centered" policies depend strongly on the political will of municipal decision-makers, stakeholders' abilities to cooperate, and the breadth of local resources, all of which vary among municipalities. Consequently, not all children and youth – particularly those from families in need – are provided the support and care needed to ensure a successful transition into adulthood.

What is the goal of the "Making Prevention Work" study?

In an effort to learn from other contexts, we decided in 2016 to look beyond our national borders in order to identify successful facilities and institutional arrangements with potential applicability for the German welfare system. Although Germany's federalist system and other distinctive features of its institutional architecture may prohibit a direct transfer, factors of success in effective arrangements found elsewhere could nonetheless be adapted in one way or another to the German context.

As a product of this desire to learn from other examples, the study presented here examines prevention activities in France and maps their goals, contents and legal basis, as well as their information, financing, organizational and cooperation structures. It provides deeper insight into how cooperation structures work and the daily challenges of preventive work.

What are our key findings?

In addition to providing prevention advocates across Europe with examples of good practices, the the cross-national study on 12 European countries clearly shows the importance of EU funding instruments to fostering inclusive prevention in education, health and social welfare, particularly with regard to youth and children in need. Furthermore, the study shows that an effective local implementation of prevention depends on the following:

- an integrated, cross-sectoral approach involving actors and institutions in health, child welfare and education;
- the promotion of such an approach at the EU level;
- the extent to which the EU fosters prevention locally and its influence on prevention policies in federal states and municipalities.

We are strongly aligned with the European Commission's recommendation on child-friendly investment (Recommendation 2013/112/EU; Investing in Children: Breaking the Cycle of Disadvantage). We therefore find the ongoing initiative to introduce a child guarantee scheme throughout Europe a promising approach. Although this scheme focuses on

the basic needs of children, we see a strong link to the objectives outlined in our study and recommend that it be adopted quickly so that implementation can commence.

In addition, we recommend that the EU draw upon its Pillar of Social Rights and the European Semester process to communicate the urgency of joined-up prevention efforts that link local, regional and national measures. In order to ease local municipalities' access to funding for prevention, we recommend that barriers to ESF funding be reduced. We support European efforts to implement the European pillar of social rights through the Structural Funds and hope that the findings presented here help foster a European-wide discussion on ways to create a better future for expanding generations to come.

A study of this nature requires the efforts and cooperation of many people and institutions. Special thanks go to **Dr. Renate Reiter** at the FernUniversität Hagen for her extensive work on the France case study. For their comments on the France case, we also thank **Prof. Claude Martin,** School of Public Health (EHESP) Rennes, **Marie-Renée Guevel** (PhD), School of Public Health (EHESP) Rennes, and **Dr. Marie-Paule Martin-Blachais,** Director General of the Consensus Approach to Children's Basic Needs in Child Welfare 2017. We would like to express our sincere gratitude to **Prof. Dr. Stephan Grohs, Niclas Beinborn** and **Nicolas Ullrich** at the German Research Institute for Public Administration for their outstanding work in conducting the cross-national study.

Christina Wieda and Dr. Anja Langness
Bertelsmann Stiftung
"Leave no child behind!" project
May 2020

1 Introduction

Within the context of the comparative "Making Prevention Work" study, the profile of prevention policy in France presented here offers a number of illustrative lessons and practices from which those advancing efforts in other countries can benefit.

First, France has a long tradition of prevention policies targeting children and young people. This is rooted in the country's health and education policy action areas, which are administered by a dense structure of public monitoring with respect to the healthy development of children and youth. Second, public prevention activity aimed at supporting children and youth in France is not always a function of the centralist state. Particularly with regards to prevention targeting families, infants and toddlers, it is the municipalities and the departments, not the central government, that function as the key actors in the design and implementation of preventive policies. Nonetheless, the central government plays a leading role in this area once formal education in primary school commences (i. e., by the time a child turns six), as education falls under the remit of the Ministry of National Education and its regional agencies. It therefore remains the core institution for preventive action with respect to children and youth (i. e., until legal adulthood). Third, as a result of a number of recent reforms in the fields of health, education and social integration, the entire system of prevention has undergone changes that have further enhanced the traditionally close interdependence of local and state institutions that has fueled the success of prevention policies in France.

This case study takes a closer look at the prevention system in France, focusing specifically on the administrative levels at which preventive policies are implemented – that is, in the departments (départements) and municipalities (communes). We have conducted interviews with officials from two departments with different character-

istics so as to analyze their respective approaches, learn about potential challenges and gather information on successes as well as problems. Of course, the look at the departments only serves as an illustration within the framework of the broader Making Prevention Work study. Moreover, we have also interviewed national experts from the French Ministry of Solidarity and Health, Ministry of Education, High Council for Families, Children and Elderly (HCFEA), National Observatory of Child Protection (ONPE), French National Convention of Child Protection Associations (CNAPE), National Observatory on Social Action (ODAS) as a policy-oriented association of the French departments and the French WHO network of healthy cities as well as several national social and health scientific experts.

The structure of this case study is as follows: First, it will shed a light on the overall government architecture structuring the health, education and social security systems, recent reforms, and local government structures. Second, we specify our use of the term "prevention," and take a general look at prevention-related programs. Third, it explores the implementation of preventive measures at the local level. Fourth, we critically assess the general approach of national and local preventive governance aimed at supporting children and youth while asking under which conditions these efforts succeed. Finally, we offer a summary of conclusions at the end.

2 Basic information

2.1 Overall government architecture

France[1] is a unitary republic based on a semi-presidential democratic system. The country has a total of 66.6 million inhabitants, 64.4 million of whom live within mainland France *(France métropolitaine).* The French executive is headed by the directly elected president of the republic. This figure formally names the members of the government, including the prime minister and his cabinet, who are drawn from the directly elected lower house of parliament, the National Assembly *(Assemblée nationale).* The president, who is the head of state, is endowed with extensive rights by the French Constitution *(Constitution du 4 octobre 1958).* Thus, he or she has great influence on national public policymaking particularly if he or she comes from the same family of parties as the prime minister and the majority faction in the National Assembly.[2] The legislature consists of two houses: the National Assembly, whose 577 members are elected for a five-year term by direct universal suffrage, and the Senate, which represents the sub-national territories, and whose members are elected for a six-year term by indirect universal suffrage[3]; the latter body's say in the legislative process is rather limited (Kempf 2017, pp. 140–142).

1 France consists of mainland France *(France métropolitaine)* and several overseas areas – however, this profile refers only to mainland France.

2 In the event that a party other than that of the president of the Republic forms the majority faction in the national assembly and provides the prime minister or head of government, this is referred to as *cohabitation.* In this case, the president's political influence remains great, but he or she is more often forced to make political compromises.

3 The French Senate has 348 members. Every three years, half of the members are reelected by the so-called *grands élécteurs,* which are 15,000 elected representatives from the *communes, départements* and *régions.*

FIGURE 1: **Administrative regions and departments in France (mainland)**

Map: © lesniewski – stock.adobe.com

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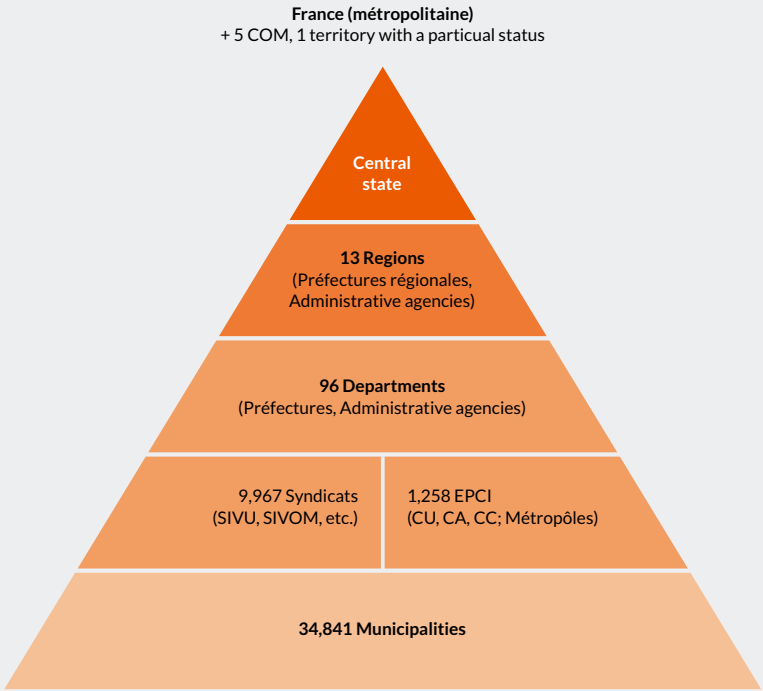
FIGURE 2: **Basic state and administrative structure of France**



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The state administration is structured along several levels. In addition to the strong central government with its administrative branches in Paris, there are three main levels of governance: the regions *(regions)*, the departments *(départements)* and the municipalities *(communes)*. In fact, there are 13 *régions* (in mainland France), consisting of 96 *départements*, and on the lowest level, a total of 34,841 *communes* (which, historically, have been integrated into 320 *arrondissments*). Moreover, there exist several kinds of grouped territorial entities with a particular legal status (*collectivités à statut particulier;* status granted by Art. 72 Constitution du 4 octobre 1958). This includes 1,258

administrative unions with their own fiscal rights (établissements *de publics de coopération intercommunale*, EPCI), including grouped communal territories (*communautés de communes*, CC), grouped agglomerated territories (*communautés d'agglomération*, CA), grouped urban territories (*communautés urbains*, CU), metropolises *(métropôles)* and territorial functional syndicates *(syndicats mixtes)*; as well as another 9,967 administrative unions or territorial syndicates that lack their own fiscal rights (*syndicats;* a number of different forms exist, such as *syndicats intercommunal à vocation unique* (SIVU) and *syndicats intercommunal à vocation multiple* (SIVOM)) (see Figure 1).

Although the central government in Paris traditionally holds the largest share of competences, a major decentralizing reform of the French state has been carried out gradually since the early 1980s (see Information Box 1). This has led to the delegation of numerous public tasks to the lower levels.

INFORMATION BOX 1: **Decentralization of the French state**

Since the early 1980s, France has implemented a comprehensive decentralization reform, transforming the originally highly centralized state organization into a comparatively more decentralized structure (Art. 1 French Constitution / *Constitution du 4 octobre 1958*). After the adoption of the first associated laws in 1982/83 *(lois Deferre)*, the decentralization reform has seen several rounds or "acts" (2003/4, 2010, 2013–2015), the last of which included a reduction in the number of *régions* from 22 to 13 in 2015. Each step of the decentralization reform has included a change in the competences (usually an expansion) assigned to the *régions*, *départements*, *communes* and the territorial communities with particular status, as well as changes in the local-government financing system (Verpeaux et al. 2018). Moreover, each reform step has been paralleled by complementary measures of deconcentration within the central state's administration; this has led to a restructuring of the central government's authorities on the subnational levels, and to the creation of deconcentrated state agencies vested with a higher degree of autonomy than was true of the traditional lower-level state authorities. Some of the central state's directories and agencies, which are situated on the regional and departmental levels, are important in the field of preventive policies for children and adolescents (e. g., ARS, DRJSCS).

Lower-level competences relevant to the subject of this report include:

- **Regions:** organization and financing of professional education and training measures; construction, upkeep and infrastructure financing for senior high schools.
- **Départements:** management of certain social- and welfare-benefit programs (including for children and youth); construction, upkeep and infrastructure financing for junior high schools; health services for mothers and children (PMI); accreditation of nurseries and day care facilities.
- **Communes:** construction, upkeep and infrastructure financing for primary schools and preschools; operation, management (and financing) of nursery schools; operation and financing of daycare facilities for children; organization of extracurricular recreational activities and voluntary social services.

Every subnational entity has an elected representative assembly presided over by an elected president *(département, région)* or mayor *(commune)*. As political assemblies, the regional councils *(conseil régional),* departmental councils *(conseil départemental*[4]*)* and municipal councils *(conseil municipal)* make regular decisions on issues related to the fulfillment of their level's tasks. However, council presidents and mayors have a dual – sometimes political, sometimes executive – function. On the one hand, they are elected politicians and political leaders, and can influence local policy decisions through their leadership function in the local council. On the other hand, they are the heads of the local (i. e., regional, departmental or municipal) administration, and as such act as the official or legal representatives of the state's power within their local community's jurisdiction. As an integral part of this administrative function, they are legally accountable for the review of individual applications for services such as social transfers, and for making administrative decisions as these situations demand. In so doing, they are acting as local administrative representatives of the central state, and not as locally elected politicians.

The *département* and region levels also feature state representatives, the prefects *(préfets),* which are directly nominated by the president and which exert general oversight and monitoring powers (mostly legal, though in some cases also supervisory) over these levels' activities in the name of the central government. In some areas, the prefect is assisted by functional agencies or directorates of the state.

4 The name *conseil départemental* was introduced only recently; until 2015 *(Loi NOTRe),* the elected assembly in a *département* was called a *conseil général.*

Regarding the financing of public tasks at the local level, it is generally important to keep in mind that the French subnational territorial communities (except for functional communities that lack their own fiscal resources, like the SIVU or the SIVOM; see Figur 2) are funded through their own taxes, through shares in various other taxes, and through the allocation of funds from the central government. According to Art. 72-2 of the French Constitution *(Constitution du 4 octobre 1958)*, the *régions*, *départements* and *communes* in particular have their own financial resources and – as part of their right to local self-government – the right to manage these resources autonomously within the given legislative context (financial autonomy). According to the Law on the Decentralized Organization of the French Republic of 2003 *(Loi constitutionnelle no. 2003-276 du 28 mars 2003)*, each new transfer of competences from the central state that imposes new financial obligations upon the territorial communities has to be accompanied by a legally earmarked transfer of appropriate financial resources (principle of connectivity).

The main sources of funds for the territorial communities include:

- The four main direct local taxes, which constitute the largest single element of local revenues. These are the residence tax *(taxe d'habitation)*, two different taxes on land and buildings *(the taxes foncières)* and the local business tax *(contribution économique territoriale)*.
- An indefinite number of other direct local taxes introduced and decided upon by the local council (e.g., municipal solid-waste tax).
- Indirect taxes (e.g., land-use planning tax, energy consumption tax, public advertising tax).
- The allocation of funds by the central state *(dotations)*, including equalization transfers *(péréquation)* that are not functionally determined, among which the general operating allocation *(dotation globale de fonctionnement, DGF)* is particularly important; other, functionally determined allocations also exist.
- Subventions.
- Loans from the capital market. These are used only for investment purposes, and are decided upon by the local councils.

According to the Law on the Decentralized Organization of the French Republic of 2003, receipts from the four direct local taxes must constitute the largest single element of local budgets.

As compared to other European societies, France's population is relatively young (Eurostat 2019). As of 1 January 2019, a total of 19,073,645 children and young people under 25 lived in mainland France. Within this group, a total of 677,969 were less than one year old, another 4,316,283 were between one and six years old, and 9,087,577 individuals were between six and 12 years old (INSEE 2019a). Although there is no explicit "preventive policy" field in France, there are a number of policy instruments that fit the overall policy goal of preventive action and social investment in support of children and adolescents; these are found largely within the areas of health policy, family and child policy, and education policy. In the following, we describe the basic functioning of these systems, outlining key elements in the development of local preventive strategies for children and adolescents. Thereafter, we introduce the main policy actors engaged in preventive public policymaking on the different governance levels and in the relevant policy fields. Finally, in each field, we give an overview of the policy instruments and structures most important in terms of preventive action and social investment in support of children and young people.

2.2 Health system

The French health system is organized as a social-security system. Social health insurance *(assurance maladie)* is one of the five branches of the French social-security system. This encompasses the general Social Security program *(Sécurité sociale)*, which includes pension, sickness, accident and family insurance, as well as an unemployment-insurance component. The various branches of the social-security system are financed in variable proportions by social-insurance contributions,[5] taxes (particularly the "social tax" (*Contribution sociale généralisée*, CSG[6]) and levies on French households and companies, and state subsidies (DSS 2019, pp. 8–9).

5 Depending on the branch of social security, contributions in France are paid partially by both employees and employers, and partially exclusively by employers (cf. Cleiss 2020).

6 In 1991, the French legislature introduced the *Contribution sociale généralisée* (CSG) in order to relieve burdens on the social-security system (which was already in deficit at that time) (*Sécurité sociale*; *"le trou de la Sécu"*). The CSG is levied on all persons living in France, and targets different types of income (income from

The French social health-insurance system consists of different funding regimes (often associated with different occupational groups), of which the so-called general regime (*Caisse nationale des l'assurance maladie des travailleurs salaries*; CNAMTS) is the most important, as it covers approximately 93 % of all insured persons (DSS 2019, p. 13).[7] The whole system is managed at the national level by the umbrella organizations of the regime-specific funds (e. g., CNAMTS, MSA), which negotiate with the state and service providers. However, at the departmental level, a variety of different direct funds are responsible for handling all administrative matters relating to insured persons, and act as contact points for the insured persons. The local funds under the general regime are the *Caisses primaires d'assurance maladie* (CPAM). Their legal status is that of private-law organizations. They are united under the umbrella of the CNAMTS national health insurance regime, and are linked to the national umbrella organization via a multi-year convention. This convention specifies the financial flows from the national level to the individual funds and defines the tasks of the local CPAM.[8]

In France, there is no upper limit to the personal income up to which persons must be compulsorily affiliated to the social security system, which is why there is no distinction between persons with purely statutory and purely private health insurance (as is the case in Germany). On the contrary, French health insurance is virtually universal – that is, it covers almost the entire population (Chevreul et al. 2015, p. 71). Since the year 2000, there has been a general obligation to take out health insurance. This requirement goes back to the then-Socialist-led government under Prime Minister Lionel Jospin and Health Minister Martine Aubry, who set themselves the political goal of achieving universal access to healthcare for the population. With this aim in mind, the French government in 2000 also introduced the *couverture médicale universelle* (CMU),

employment and self-employment; social income; capital gains; property income). The income generated by CSG is used to provide financial support to the various social-security branches; to this end, in 1996 the legislature also introduced a specific levy earmarked for the reduction of social-security debts, the *Contribution pour le remboursement de la dette sociale* (CRDS). In addition, the CSG has repeatedly been used as an employment-policy instrument (reduction of non-wage labor costs).

7 With the exception of the general regime (*Caisse nationale des l'assurance maladie des travailleurs salariés*, CNAMTS), the regimes constituting the French health insurance system are related to specific occupational groups. These include the Agricultural Regime (*Mutualité sociale agricole*, MSA), the Regime of the Self-Employed (*Union de recouvrement des cotisations de sécurité sociale et d'allocations familiales*, URSSAF), and a number of special occupational and group-specific regimes and funds, for example for seafarers (Reiter 2014).

8 Any person who does not belong to one of the occupational regimes, and thus to one of the sickness fund organizations, belongs to the CNAMTS; as a rule, he or she is consequently a member of the CPAM responsible for his or her place of residence.

which was replaced in 2015 by the so-called PUMa *(Protection universelle maladie),* an individual, tax-financed state subsidy for low-income, often unemployed persons, who had often lacked coverage before the introduction of compulsory health insurance.

The PUMa enables these persons to become members of the social health-insurance system. As under Germany's statutory health-insurance system, children of insured individuals in France are also insured free of charge (spouses without income, to whom free co-insurance also applied for a long time, have been covered by the PUMa program since 2016) (Schölkopf and Pressel 2017, p. 66). Compared to the German healthcare system in particular, the French system has several distinctive features with regard to its financing, organization and control, and the services it provides.

With regard to financing, the French health-insurance system is universal, but in fact covers only part of the treatment costs incurred – more precisely, about 78 % of the costs (DSS 2019, p. 14). There is therefore a high deductible for the patients, which is why most people (approximately 95 %) also voluntarily take out private supplementary insurance *(mutuelle).* Moreover, the French health-insurance system has in the recent past moved further and further away from the classic model of parity-financed social insurance. In 2017, with the most recent reforms to the social insurance-financing mechanism, the legislature abolished employee contributions to the social health-insurance program. Since then, only employers have had to pay health-insurance contributions; employee contributions have been replaced by an increased share of health-insurance income from the CSG social tax.

With regard to the organization and management of the French health system, the central state – in this case, the central government health administration (the Ministry of Solidarity and Health and its specialized agencies) – traditionally intervenes much more strongly than in Germany, for example. This is particular true for outpatient-care policy. The state (the Ministry of Solidarity and Health), which also appoints the presidents of the health-insurance funds, is actively involved in the funds' negotiations with physicians' associations on service-reimbursement rates, determines the catalogue of services, and monitors and regulates care, for example overseeing the correspondence between healthcare supply and demand. To this end, the regional health agencies (*Agences régionales de santé*, ARS) were created in 2009 as arms of the national Ministry of Solidarity and Health in the regions.

Finally, with regard to services and their provision in areas relevant to children, adolescents and families, the French healthcare system assumes a great deal of the costs. For example, there is no deductible for healthcare costs for children up to the age of 18. Thus, they in general do not have to pay non-reimbursable co-payments, and do not need a private *mutuelle.* For mothers, services related to compulsory prenatal examinations are covered up to a level of 100 %. The same is true for all medical expenses (including doctoral visits, medicines, care, etc.) between the first day of the sixth month of pregnancy and the 12th day following birth, even if such expenses are not pregnancy-related. A total of 17 medical examinations during the first six years of a child are also completely covered by the health insurance program (Rist and Barthet-Derrien 2019, p. 12).[9] Moreover, children and youths are entitled to five preventive dental examinations at different ages; two of these are obligatory, but all five are covered by SHI.

Public-health services also play a key role in the system, both within French municipalities and *départements* (in particular the mother-child health service (*Protection maternelle et infantile*, PMI) as an integral part of the administrative organization of the *départements*), and within the French school system. On the one hand, these public-health services include traditional prevention-oriented health tasks such as vaccination and monitoring of the population's vaccination status (cf. Chevreul et al. 2015, p. 124). On the other, the municipal and school public-health services actively provide medical care for elements of the population, especially for (small) children, mothers and adolescents (see below).

On the whole, the French healthcare system serves as a venue for the development and implementation of municipal-level prevention strategies for children and adolescents (see below) due to at least two of its characteristics. First, the costs of medical and healthcare services for children, mothers and adolescents are extensively covered through public budgets or solidarity-based mechanisms. Second, municipal actors (*départements*, municipalities themselves, and schools) are recognized as independent service providers within this system, and can make use of their corresponding

9 If patients have recourse to PMI services, the model is as follows: The treatment services provided at the PMI or by its staff (e. g., also including home visits by midwives) are free of charge for the patients themselves. In each *département,* the PMI have concluded a framework contract with the local health-insurance representative, through which the *département* recovers the costs of the health-insurance services provided (Chevreul et al. 2015, p. 124).

competences to engage in prevention policies. The social system for families and children provides a further starting point for such a municipal policy.

2.3 Social system for families and children

In France, unlike in Germany, the general social-security system includes family-benefits program managed by the national-level family fund (*Caisse nationale d'allocation familiale*, CNAF). CNAF is in turn the umbrella organization for the 102 local-level family funds (*Caisses d'allocation familiale*, CAF); each French *département* has one CAF, some with several branches spread across the *département*. The CNAF / CAF provides a wide range of family benefits (mainly cash, though in some cases supplemented by services), including child benefits, parental / caregiver allowances, extra-familial childcare allowances, and more (see table 2 in part 2). The CNAF / CAF is financed through contributions paid by employers and employees in regular employment, as well as through general social-insurance contributions to the family-benefits program originating with social contributions, taxes (CSG) and other levies, and state subsidies (DSS 2019, pp. 8–9).

Like the CPAM within the framework of the social health-insurance program, the CAF local-level family funds are private-law organizations. They are grouped under the CNAF, and pursue or implement family-policy objectives at the local level, specifically at the departmental level, on behalf of the central government. The first of these objectives is the administrative processing of individual applications for the more than 20 different transfer-style benefit programs for families and children that exist in France (Sécurité sociale 2015, p. 5),[10] as well as the payment of such benefits. This also includes the organization and provision of various services for families (e. g., counseling, training measures and placement services for private childcare workers within the framework of a local RAM *(relais d'assistantes maternelles)*, and in some rare cases, the provision of childcare itself). The development of a medium-term social-inclusion strategy for local is also one of these objectives and is meant to be implemented in coop-

10 Three types of benefits can be distinguished: first, lump-sum transfer benefits for all families (e. g., child benefits paid to families from the second child onward); second, benefits that serve the purpose of reconciling family and career, facilitate parents' participation in the labor market, and are designed to have a gender-equitable effect (e. g., PreParE, which was introduced in 2015 and replaces the existing parental allowance); and third, benefits for families and children in special situations, above all poverty, social precariousness (e. g., housing allowances) or other difficult life situations (especially families with disabled children receiving the disability education allowance; see table 2 in part 2).

eration with other actors in the territory (e. g., the *départements*, municipalities, associations / associations, etc.).[11] Finally, the CAF organizations, in collaboration with CNAF, gather general statistics and help document family information. The CAFs are therefore important actors in a general policy benefiting children, young people and families. Not least because of their mission to prevent poverty among families (Sécurité sociale 2015, p. 4), they are important actors in a specifically local French prevention policy aimed at children and young people.

In particular, the CAF take on local tasks critical in ensuring that young children and their families have access to early support and education. While the *départements* and municipalities are also active in this context, for instance as overseers and operators of childcare facilities (Établissements *d'acceuil des jeunes enfants*, EAJE) and organizers of additional local childcare services, the CAFs act as the funding bodies (Amrous and Borderies 2018). They pay investment-related and functional subsidies to the (predominantly municipal) operators of childcare facilities for the construction, operation and expansion of childcare infrastructures as needed. In addition, upon application, CAFs pay childcare allowances to parents of young children, especially under three years of age. This childcare can be provided in a public or private establishment, with an *assistante maternelle,* or through the private employment of a caregiver.

In addition to tasks purely centering on family and child policy, the CAF also play a role in the *départements'* general social-assistance and social-integration policies, a realm that is also important for the social security of families and children. For example, CAFs often act as local administrative actors within the framework of France's general social-assistance or basic social-security system. This system comprises a wide range of different types of social assistance (minima sociaux; DREES 2019), which are mainly managed and financed by the *départements*. One of the most important social-assistance

11 The framework governing the local CAFs' action is defined by a national convention (*Convention d'objectifs et de gestion*, COG) concluded every five years between the central state / government (Ministry of Social Affairs) and the CNAF umbrella organization. The central state also concludes a corresponding multi-year convention with each of the other branches of the social insurance system. Each of these conventions states the share of total national social-security-system income to be received by the relevant branch of the social-security system – in this case the family benefits branch – in the coming years. It additional specifies the obligations and tasks to be carried out by each social-security organization – in this case CNAF. On this basis, CNAF concludes multi-year contracts with the local CAFs that define their share of the financing and their policy tasks under the COG (COG 2018 –2022 currently applies to CNAF and the local CAFs).

programs in France is the *Revenue de Solidarité Active* (RSA),[12] which is paid to unemployed persons over 25 years of age and to the persons living in their households (if they are also unemployed), including minor children, after a positive assessment of the application.[13] In this context, many *départements* (mostly for reasons of administrative simplification) entrust their local CAF with the payment of the RSA.[14]

On the whole, the social-security system for families and children (along with the basic social-security system in general) is another starting point for the development of a subnational, municipal-level prevention policy for children and young people in France. It provides a wide range of different financial resources and services without which such a policy would be unthinkable. Furthermore, due to its decentralized organization based on the activities of parastatal actors (CAF), it offers important opportunities for cooperation between municipal actors and the state or the actors commissioned by it. In the final section, the basic features of the school system will be outlined.

2.4 Educational system

The provision of school education is a government task in France. The French school system is organized in an extremely centralized manner. Subnational authorities play only a minor role as infrastructure providers.

In essence, the French school system consists of the following types of schools: preschools (écoles *maternelles*), primary schools (école élémentaires), high schools *(collèges),* and where appropriate, secondary-level schools *(lycées).* At the end of the *collège*-period,

12 The basic income for the unemployed (RSA) is the French equivalent of the German unemployment benefit II (ALG II). The RSA was created in 2004 and replaced the *Revenu minimum d'insertion* (RMI), the predecessor service launched in 1988. The *départements* are responsible for the basic provision for the unemployed RSA, and they also finance this social assistance benefit from their own resources.

13 The principle of household-based calculation of the social benefit applies. The RSA is available to people who no longer have any other income, that is, those who are not (or no longer) entitled to unemployment benefits, and who have not yet reached retirement age (65). In addition to the "normal" RSA for 25-year-olds, there is a special RSA for unemployed persons between the ages of 18 and 25.

14 The *département* may entrust the local CAF with the management of the payment of benefits and the administration of individual services. The advantage of this solution is that the payment of individual social benefits and other financial transfers as well as their administrative processing can be bundled in one local office, the CAF. In the event of assignment, the *département* will refund to the local family fund the amount of social assistance paid to the recipient.

students can take a final exam *(brevet)* and either finish their school career, go on to attend a secondary-level school *(lycée)* in order to gain permission to study at a university *(baccalauréat)*, or enter an apprenticeship program while in parallel attending a secondary-level vocational school *(lycée professionnel)*, with the aim of obtaining a vocational-training certificate *(Certificate d'aptitude professionnelle)*. The majority of French schools (52,014 or 85% of all preschools, primary schools, junior and senior high schools in 2016) are public, and public education is free of charge. Most private schools (8,709 or 14.4% of all preschools, primary schools, junior and senior high schools in 2016) have signed a convention with the state to make them an integral part of the French educational system, and to ensure that the certificates they issue are officially recognized. In this context, they receive payments from the state to cover teacher salaries, and have to follow the official curriculum; further expenses are paid by school fees. In 2016, a total of 2,117,028 children attended public preschools, while 313,673 attended private preschools. A total of 3,430,598 children were in public primary schools, while another 591,185 attended private primary-level institutions. Finally, a total of 4,155,956 children attended public junior or senior high schools, while 1,160,906 students attended private schools at this level.

Within this system, the central state, acting through the Ministry of National Education, is the supreme regulatory, supervisory and administrative body. The central state regulates the kind of education supplied (school types, demand planning), school attendance (legislating and enforcing compulsory school attendance), the curricula, the content of lessons and examinations, and the timing and course of instruction (numbers of lessons, schedules). It is additionally responsible for various infrastructural elements that are directly or indirectly connected with the organization of schools and pupils' educational success (e.g., school medical services). The central government is also responsible for overseeing the teaching staff, providing teacher training and recruiting teaching staff for all grades, from preschool *(école maternelle)* to the secondary-school level *(Lycée)* (Art. L211-1 *Code de l'éducation*).

At the subnational *(région, département, commune)* levels, the state's education policy is implemented by decentralized state organs. Mainland France is divided into a total of 26 so-called academies *(académies)*, each of which serves several departments. Within each academy, a rector appointed directly by the president represents the minister of education. The rector is responsible for local implementation of the national education policy in all its facets. The rectorate carries out legal, functional and planning tasks

associated with education policy *(Code de l'éducation)* within its academy; in turn, the academies' planning activities must comply with the specifications laid down by the national Ministry of Education, and are monitored from this central position. Each academy rectorate delegates tasks relating to the implementation of the educational mission to entities at the departmental level *(services départementaux de l'éducation nationale)*. These then work with the schools in their territory to hire teaching staff and carry out other delegated tasks. The subnational local authorities *(régions, département, communes)*, on the other hand, are responsible only for school infrastructure; for example, the municipalities are tasked with building and maintaining preschools *(écoles maternelles)* and primary schools *(écoles élémentaires)*, the *départements* are responsible for building and maintaining *collèges*, and the regions for building and maintaining *lycées*.

With regard to the educational path of a typical pupil, the French school system has a number of special features. In particular, the rather long period of compulsory schooling or compulsory education, which was only recently newly mandated,[15] is striking. Overall, the education system consists of both compulsory and voluntary elements.

Up to the age of three, children are either cared for at home[16] or attend an out-of-home childcare facility (établissements *d'acceuil des jeunes enfants*, EAJE) – that is, a day care center, a kindergarten or a preschool *(école maternelle)* offering some initial education (Amrous and Borderies 2018).[17] This out-of-home care for children under three is voluntary. It is mainly organized and offered by the municipalities. In fact, municipalities and their intermunicipal associations (EPCI) – in conjunction with a number of other entities including civil society (e.g., welfare associations, churches, associations) and private (companies, parents' initiatives) actors, departmental administrations, and the

15 Loi no 2019-719 du 26 juillet 2019 pour une école de la confiance.

16 The at-home care of children under three years of age is undertaken by parents, grandparents or other relatives (Amrous and Borderies 2018). However, it is also conceivable that parents may hire a private domestic childcare service; in such a case, then parents may apply with the CAF for an "allowance for the free choice of childcare" (*complément de libre choix du mode de garde*, CMG).

17 There are essentially six types (each with different subtypes) of childcare facilities for the out-of-home care of children under three in France, namely *crèches collectives*, nurseries *(halte-garderies)*, *jardins d'éval*, kindergartens *(jardins d'enfants)*, childcare facilities with multiple facilities (*structures multi-accueil*, which offer different mixes of the other forms of care) and preschools (écoles maternelles) (Amrous and Borderies 2018, p. 11).

CAFs – act as the main providers of out-of-home childcare facilities.[18] The only exceptions are preschools (écoles *maternelles*), which are an integral part of the state-organized school system in France, and which were attended – on a voluntary basis – by 12 % of two-year-olds in 2016 (INSEE 2018).

Under a new law that came into force on 1 September 2019, compulsory schooling begins from the age of three. With this change in compulsory schooling requirements (which previously began with the child's sixth birthday), the legislature formalized a situation that was already largely a reality. In 2016, for example, over 97.5 % of all children aged three attended preschool (INSEE 2018). Moreover, the same law has extended compulsory schooling, or a more general obligation to attend school of some kind, to the age of 18. This means that young people aged between 16 and 18 must in the future have access to and avail themselves of an individual educational or personal-development offer (either traditional schooling, vocational training or other training, participation in a voluntary service, or employment) (Ministère des Solidarités et de Santé 2019a).[19]

Despite the state's dominance over the school system and guiding regulations, subnational authorities are important actors with regard to policies supporting children and young people of school age. This is above all true of the municipalities. They are the main providers of voluntary out-of-home care for children up to two years or up to six years of age (the latter case holds if the young pupil attends a *halte-garderie* after school). Moreover, municipalities have the task of organizing the provision of extracurricular care and education *(activités périscolaires)* for children and young people up to the end of secondary level 1 (typically ending at the age of 15). In this context, municipalities are becoming increasingly important partners for the local schools; they can now even exert a certain amount of influence over the curriculum of their local schools (see below). In addition, the regions in particular are important players in youth policy, as they are responsible for organizing vocational-training policies and opportunities for young people 16 and above.

18 Local authorities or their intermunicipal associations are responsible for varying proportions of the various childcare facilities. In 2015, this ranged between 16.7 % in the case of crèches to 61.6 % in the case of after-school care. Overall, they are the main providers of extracurricular care facilities (Amrous and Borderies 2018, p. 11).

19 The school-reform law and in particular its regulations extending compulsory education from the age of 16 to 18 is part of the national poverty-prevention strategy proclaimed by President Emmanuel Macron in September 2018 (Ministère des Solidarités et de la Santé 2019).

Thus, like the health and social-security systems, the school system also offers numerous starting points for the development of a subnational, communal-level prevention policy for the support of children and young people in France. The increasingly important role of local and subnational authorities as cooperation partners for schools and the state's school-policy actors should be emphasized here.

With regard to the three policy systems examined above, it is clear that a local policy of prevention and social investment in support of children and youth can be successful only if actors at all levels get involved and work to make this possible. Thus, we must ask: Who are the most important actors with regard to developing and carrying out such a policy?

2.5 Actors in preventive programs for children and young people

With regard to preventive and social-investment policies in support of children and youth in France, a variety of government, public, parastatal, civil society and private actors at different levels are variously entrusted with regulatory and oversight tasks, implementation tasks, and in some cases both. The most important actors in this constellation are the central state, represented by the president and the government at the national level, and by its decentralized administrative bodies at the subnational levels; and the subnational territorial communities – in this case, the regional, departmental and municipal authorities, each represented by their elected bodies. In the following section, we will describe in more detail the roles and functions played by each of these actors with regard to developing and implementing preventive policies benefiting children and young people.

In the traditionally centrally organized French state, the central state, with its administrative bodies at the national and subnational levels, is the primary public-policymaking actor. This also applies to comprehensive preventive policies designed to benefit children and adolescents, and to social investment in support of minors. With political initiatives and programs developed in particular by the Ministry of Social Affairs and Health *(Ministère des Solidarités et de la Santé)* and the Ministry of National Education and Youth *(Ministère de l'Education nationale et de la Jeunesse)*, the central government sets the direction of the prevention policies implemented at lower levels, providing the substantive content as well as a portion of the financial resources required. For the processes of policy design, evaluation and implementation, the government relies on its own various administrative structures

at the national and subnational levels. These include, first, the regional and departmental prefectures *(préfectures)*,[20] which as general administrative bodies of the central state exercise legal supervision and in some cases technical oversight over the subnational territorial authorities. Second, these support entities include the ministries' own or affiliated structures at all levels. Finally, a variety of interministerial administrative structures and bodies, which are by tradition part of the French state bureaucracy, also play a role.[21]

The two ministries primarily concerned here – the Ministry of Social Affairs and Health, and the Ministry of Education and Youth – can draw on the work of a whole series of affiliated administrative structures at the subnational levels. These structures either form an integral part of the state bureaucracy and are completely dependent for funding on their superior ministry, or are directly affiliated with the ministerial bureaucracy but have a greater degree of autonomy (e.g., thanks to having their own budget).

The Ministry of Social Affairs and Health *(Ministère des Solidarités et de la Santé)* is responsible for social cohesion policies; anti-poverty and social exclusion policy; family, child and youth policy; and health policy, as well as for the annual draft of the law governing the funding of the French social security system. Its responsibilities include preventive measures within these areas. Key bureaucratic structures associated with the ministry include the various administrative directorates-general (DGs) at the central level, in particular the Directorate-General for Social Cohesion (DGCS) and the Directorate-General for Health Services (*Direction générale de l'offre de soins*, DGOS).[22] There are also important ministry subdivisions at the regional and departmental levels, in particular the regional and departmental directorates for youth, sport and social cohesion (*Directions régionales/départementales de la jeunesse, des sports et de la cohésion*

20 The French prefects are directly appointed by the president of the Republic.

21 In France, interministerial cooperation has a long administrative tradition, particularly in terms of cross-departmental policies or policies initiated by the president of the Republic. Such policies often touch on several areas simultaneously. One example is social urban development policy *(Politique de la ville)* focusing on neglected or detached urban neighborhoods; this was institutionalized as an interministerial policy at the beginning of the 1980s. Interministerial administrative bodies such as the Directorate of Youths, Public Education and Society (*Direction de la jeunesse, de l'éducation populaire et de la vie associative*, DJEPVA; this is an interministerial agency tasked with coordinating youth policies and representing the interests of youth and youth associations) are either supervised by a specific ministry (the Ministry of Education and Youth, in the case of DJEPVA) or report directly to the prime minister.

22 The ministries in France – below the top level of the minister and state secretaries, which have their own offices – are subdivided into directorates-general (with corresponding internal subdivisions) and deconcentrated administrative bodies at the regional and departmental level.

sociale, DRJSCS / DDJSCS).[23] Affiliated administrative structures with a higher degree of autonomy include the *Observatoire nationale de la protéction de l'enfance* (ONPE), which is responsible for collecting child protection data and which has a local office within each *département (Observatoires départementales de la protection de l'enfance);* as well as the regional health agencies (*Agences régionales de santé*, ARS), which were established in 2009 to promote national health policies at the regional level in coordination with local public-health actors (health-insurance funds, hospitals, doctors, *départements*, municipalities, etc.).[24] The Ministry of Social Affairs and Health is assisted by a number of advisory bodies that act on behalf of the president, the parliament (the National Assembly and Senate), the government, or various subnational territorial authorities or public bodies (e.g., social security funds). Examples include the High Council for Families, Children and the Elderly (*Haut Conseil de la famille, de l'enfance et de l'âge*, HCFEA)[25] and the *Haute Autorité de Santé* (HAS).[26] [27]

23 The DRJSCS coordinate the actions of the department-level directorates of social cohesion with regard to the implementation of state policies, for example in the domain of youth. They are subordinated to the Ministry of Education. As part of a planned administrative simplification, the DRJSCS will be merged with the regional directorates for enterprise and competition policy, labor and employment (*Directions régionales des entreprises, de la concurrence, du travail et de l'emploi*, DIRECCTE), which are subordinate to the Ministry of Labor, in mid-2020. One of the aims is to improve the new structures' ability to participate in the implementation of the National Strategy against Poverty, which President Emmanuel Macron proclaimed in 2018.

24 In total, the following affiliated management agencies or bodies work for the French Ministry of Social Affairs and Health or, as government actors and direct representatives of the central government at the subnational level, are involved in policy implementation in the field of children and young people: *GIP Enfance en Danger* (a central government and departmental agency responsible for providing emergency child protection assistance and statistical surveys on child protection in the departments); *GIP Enfance en danger*, which links the national emergency telephone for child protection *(Service national d'accueil téléphonique pour l'enfance en danger/Allô Enfance en danger/119)* and the ONPE's departmental branch offices; the *Agence française de l'Adoption* (AFA); the national agency for the evaluation of the quality of health and social services (*Agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médicaux*, ANESM); the National Institute for Prevention and Health Education (*Institut national de prévention et d'éducation pour la santé*, INPES); the National Institute for Blind Youth (*Institut national des jeunes aveugles*, INJA); the National Institute for Deaf Youth (*Institut national des jeunes sourds*, INJS); and the departmental centers for disabled people (*Maison départementales des personnes handicapées*, MDPH).

25 The HCFEA was established in 2016 by the president of the republic as an advisory body to the government on family, child, youth and old-age policy issues. The HCFEA reports directly to the prime minister; the council, with its three sub-commissions (dealing respectively with issues of family, children and youth, and aging) made up of public figures from politics, the administration, academia and civil society, regularly issues policy reports and recommendations.

26 The HAS was founded in 2004. It is an independent body made up of researchers that has a public-law status and works independently. The HAS evaluates care in France (measures and practices, staff in health facilities, medicines, quality of care), regularly produces thematic reports, makes recommendations and advises the government.

27 In addition to the two bodies mentioned above, the following advisory bodies associated with the Ministry

With regard to the bureaucratic structures of the national Ministry of Education and Youth *(Ministère de l'Éducation nationale et de la Jeunesse)* relevant to preventive policy in support of children and young people (as pupils), the Directorate-General for School Education *(Direction générale de l'enseignement scolaire)* deserves particular mention. This is the central administrative department within the national Ministry of Education; all content initiatives shaping education policy in France originate here. At the subnational levels, the Ministry of Education and Youth is represented by the rectors *(recteurs)*, who are appointed directly by the president and oversee the implementation of national education policy in the 23 academy districts *(académies)* of mainland France. Each rectorate also develops an education-policy plan for its own academy, based on national polices. Finally, at the departmental level, the Ministry of Education is represented by the *Directions nationales des services départementaux de l'Éducation nationale*, which serve as the direct intermediaries between the national education administration and the various local schools (from preschools to *lycée*) in the *département*, as well as a point of contact for other actors involved in or concerned with school education (e.g., parents' and pupils' initiatives, associations, municipalities, department administrations, etc.).

As a highly bureaucratically organized authority, the national Ministry of Education and Youth has no associated administrative agencies at the various subordinate levels. However, the ministry has entered into partnerships with actors from various social sectors relevant to school education (e.g., businesses, vocational-training institutions, arts and culture institutions, sports organizations), in some cases at the central-government level, and in others at the academy or departmental level. Associations and federations (e.g., Amnesty International France) from these sectors can obtain official recognition as partners of the national education system (either at national or academy level), which allows them to design and implement specific education projects jointly with local schools. The Ministry of Education provides a fund *(Fonds de partenariat associatif)* that can be used to finance projects of this kind, upon application. Finally, the Ministry of Education also receives regular advice from its own national advisory

of Social Affairs and the Ministry of Solidarity and Health are involved with preventive policy in support of children and young people: the National Council for Policies to Combat Poverty and Social Exclusion (*Conseil National des politiques de lutte contre la pauvreté et l'exclusion sociale*, CNLE); the National Council for the Protection of Children (*Conseil national de la protection de l'enfance*, CNPE); the National Commission on Birth and Child Health (CNNSE); the National Observatory on Poverty and Social Exclusion (ONPES); and the National Observatory on Local Social Policy (ODAS).

bodies, in particular the High Council for the Teaching Program (*Conseil supérieur des programs*, CSP), which is staffed with researchers and advises the ministry on questions related to the scientific quality of the teaching programs in the various subjects.

On the subnational levels, the core functions of the state and its representatives include the implementation of national policies, programs and public functions, as well as the adaptation of these policies or programs to local needs and conditions, most often in the context of local (regional, departmental, municipal) policy-planning processes. Subnational actors of major importance in terms of preventive policies in support of children and young people include the *départements* and the *communes*, represented by their elected bodies (in the case of departments, the departmental council and its president, and in the case of municipalities, the municipal council and the mayor).

The *départments* are most important in this policy context, as they have officially been designated as the lead public-policymaking actors *(chef de file)* in the field of social, family and child policy. They gained this position during the recent decentralizing reforms of the French state (see information boxes 1 and 2). Given this function, the departments have since the beginning of the 1980s developed often-broad administrative structures for the fulfillment of their social- and family-policy functions.[28] With regard to family and child policies, the departments' mother- and child-protection services (*Protection maternelle et infantile*, PMI) are at the heart of these administrative structures. Indeed, the PMI services are more than pure administrative structures; they are a part of the public-health services provided by the departments, especially for pregnant women, mothers and children under six. For this reason, the PMI services employ a significant number of medical, psychosocial and social staffers as well as bureaucratic agents.[29]

28 Generally speaking, the departments stand out as major administrations. A significant share of departmental personnel work in the field of social policy (in 2016, 18.2 % of all departmental staffers, or 57,285 full-time-equivalent persons, worked in the fields of social, medico-social or medico-technical services; DGCL 2018a, p. 88).

29 In 2016, a total of 12,449 persons (full-time equivalent) worked for the departments' PMI services (DREES 2018, pp. 34–35).

INFORMATION BOX 2: **France's départements as lead actors in local social and family policy**

Originally created after the French revolution in 1789 and designed by the Napoleonic state as a subnational administrative level allowing the state capacity to rule more effectively, *départements* constitute one of the three basic local levels in France (in addition to *régions and communes*). The different local levels' responsibilities, funding sources and personnel capacities have changed and in most cases increased since the introduction of decentralization reforms in 1982/83 (the *Lois Defferre*). The departments have developed into major actors in the area of local social policy (including social welfare, social inclusion, and local solidarity) and local child and family policy (including the provision of social help for children, child protection, and the planning and implementation of local policies for families and young children within the nationally determined regulatory framework). The law on the new territorial organization of the French Republic, which took effect in August 2015 *(Loi NOTRe)*,[30] designated the departments as the lead public-policymaking actors *(chef de file)* in the fields of social policy and family and child policy. They thus play a key role in terms of local preventive policies for children and youth.

However, the municipalities can also be seen as critical actors in preventive and social-investment policies in support of children and young people at the local level. They are endowed with a universal competency for creating and providing all local infrastructure, including social, family and child infrastructure (see Information Box 3). Moreover, in recent years, they have also become major partners for local schools with regard to organizing extracurricular education and activities *(activités périscolaires)* for six- to 15-year-olds. The importance of the *communes* in the area of social functions generally and in the fields of social, medico-social and family-related services in particular can be measured in terms of personnel. In 2016, 15.7 % of

30 The NOTRe law of 2015 *(Loi portant nouvelle organisation territorial de la République, Loi NOTRe du 7 août 2015)* dramatically changed regional and departmental powers. Under this law, these levels were given the status of lead public-policymaking actors *("chef de file")*, and were each granted new competencies in their previously existing fields of focus (*régions*: environmental and planning policies, economic development and training policies; *départements*: social policies, family and child policies). However, whereas they were divested of competencies in other policy fields.

all municipal employees, or 17,087 persons (full-time equivalent), worked in these fields (DGCL 2018, p. 88).[31]

INFORMATION BOX 3: **The universal competency of the French municipalities**

When they were created in 1884, the French *communes* were given a universal competency by the state – that is, the competency to regulate every matter of public interest within their territory. Until the beginning of the 1980s, they remained the only subnational level to hold this overall competency. However, the legislature ultimately granted the other two basic types of territorial communities *(régions and départements)* the right of local self-government, along with a universal competency regarding their own territorial public affairs. Given the manifold conflicts this produced, and a rather blurred picture as to who was responsible for certain public functions, the new law on the territorial organization of the French Republic, which took effect in August 2015, withdrew this universal competence from *régions* and *départements*, although they kept the right of local self-government. Since that time, the municipalities have again been the only holders of this competency.

What, then, are the most important legally defined competences of the *départements*, *communes and régions* with regard to the conception, design and implementation of local prevention and social-investment policies in support of children and adolescents?

Departments

According to Article L2111-1ff. of the Code of Public Health *(Code de la Santé Publique)* and Article 421-1 of the Social and Family Code *(Code des Affaires Sociales et de la Famille)*, the departments' competences in terms of preventive policies include the following (see Créoff 2007):

31 In addition, a significant share of the staff employed by intercommunal organizations with fiscal autonomy also worked in the social-services field in 2016 (9.5% out of a total of 296,577 administrative agents, or a total of 28, 288 full-time equivalents) (DCGL 2018. p. 88).

- *Lead actor for local family, child and social policymaking*. Departments are tasked with conceptualizing and planning local preventive action (notably in the fields of family, child, social and health policies) in the overall context of department-level family, child and social policy, and with implementing (non-compulsory) local preventive strategies within the departmental boundaries.
- *Mother and child health*. Departments organize and provide primary care and general medical care (including psychosocial care) for mothers and small children up to about the age of six. These services depend on the mothers' or families' voluntary choices. Examinations during pregnancy, maternity and early childhood (some of which are obligatory, such as the expectant mother's fourth-month examination) can be carried out by a registered doctor (e. g., generalist, gynecologist, pediatrician), or by the medical staff working at the PMI of the mother's local department.

INFORMATION BOX 4: **Departmental protection services for mothers and infants (PMI)**

The PMI services are an integral part of every department's social administration, providing public-health services specifically for young children and mothers. The PMI services or service centers offer (primary) medical care, counseling and preventive services for mothers and children up to the age of six. This may include prenatal classes, medical consultations or even home visits by trained personnel (doctors, midwifes, etc.). These services are overseen by a medical doctor employed by the *département*. Historically, the PMI services have been financed through the normal departmental budget. However, many PMIs have in recent years concluded conventions with the local branch of the CPAM social health-insurance organization. On this basis, they are able to charge the health-insurance fund for the purely medical services, thus recovering the costs of medical care provided to mothers and infants (Jourdain-Menninger et al. 2006, p. 30). The idea of a department-level mother- and child-protection service has its roots in a regional initiative started by an Alsatian pediatrician in the 1920s. After that time, the PMI service was officially created as alocal (departmental) social service by a ministerial decree under the Fourth French Republic, on 2 November 1945 (DREES 2015, p. 1).

- **Childcare services:** Departments organize, provide accreditation, oversee and to some extent fund childcare services within their territories. This includes a variety of out-of-home and extracurricular childcare facilities (établissements *d'acceuil des jeunes enfants*, EAJE)[32] operated either by municipalities or other entities (associations, churches, hospitals, private enterprises, the CAF or the *département* itself), as well as private childcare services (*assistentes maternelles*, or other private childcare). The departments' family and child services may also organize training measures for private childcare providers; such services may be provided by the departments themselves or – more commonly – in cooperation with the local CAF.
- **Child, youth and family counseling services:** Departments provide a range of counseling services to children, youth and families with social, financial or health-related troubles. This can include legal counseling (such as help with applying for family benefits at the local CAF), or special counseling services and/or activities directed toward vulnerable children, youth and families, often offered cooperation with other local actors such as municipalities or the CAF.
- **Social welfare:** Departments fund and administer a variety of social-welfare benefits (DREES 2019). This includes the basic RSA *(Revenue de solidarité active)* social-welfare benefit for unemployed adults aged 25–65 (and their households/families) who lack access to unemployment insurance, as well as the social-welfare benefit for young people between 18 and 25 in precarious situations (*Fonds d'aide aux jeunes*, FAJ).
- **Child protection:**[33] Departments are responsible for planning, organizing, implementing and to some extent financing an overall child-protection policy. This serves as a medium-term regulatory framework and mobilizes resources for the implementation of child-protection activities in individual cases. Department

32 In France, there are five basic types (with sub-types) of out-of-home and extracurricular childcare facilities for children up to the age of six years: day care centers *(crèches collectives)*, nurseries *(haltes-garderies)*, crèches *(jardins d'éval)*, kindergartens *(jardins d'enfants)* und multiple childcare facilities (*structures multi-accueil*; these offer a mixture of different forms of childcare) (Amrous and Borderies 2018, p.11).

33 Though child protection has been excluded as an element of preventive policy in the context of KeKiZ I and II (which focus on primary and secondary prevention), this important task of the French *départements* should also be mentioned here. The latest reforms of child protection as a public function involved the French Social and Family Code, and took place in 2007 and 2016. Under this code, departments are today obliged to pay specific attention to the idea of prevention when dealing with children, young people and families. Moreover, department-level child-protection policies are required to be designed so as to keep family structures intact, while eschewing radical measures such as removing children from their families.

case-level activities include the investigation and/or observation of incidents, individualized decision-making, execution of case-specific measures (outside the scope of the Criminal Code), and cooperation with juvenile court, which may in turn entail execution of their decisions. Departments are also responsible for funding and administering the special child-protection benefit for children and young people, the *Aide sociale à l'enfance* (ASE), which since the 2007 and 2016 reforms of the public child-protection function is regarded as an instrument of preventive action. Finally, departments also run a child-protection monitoring service *(Observatoire départemental de la protection de l'enfance)* responsible for the statistical documentation of child maltreatment and abuse within the departmental territory; this regularly reports such information to the national level.

In fulfilling these tasks, the *départements* are subject to the central state's legal oversight, which is executed by the local prefect serving as the state's general representative on the regional and local level. Legal responsibility for the correct fulfillment of departmental functions lies in the hands of the locally elected president of the departmental council *(Président du Conseil Départemental)*. This figure also heads the departmental administration, and acts as the official representative of the central state's power within the jurisdiction of the *département* for some critical decision-making functions (e.g., the allocation of social-welfare benefits to individual persons).

Municipalities

The municipalities too have important competences that enable them to participate in the development and implementation of preventive policies for children and young people at the local level. These include:

- **Universal competency as public authority.** Municipalities are by law granted the competence to regulate every matter of public interest within their territories. Thus, local municipal councils can decide to create particular local social-welfare benefits, adopt specific local social and preventive policy programs, or establish and maintain specific local social-service points or centers. For example, municipal social-action centers (CCAS) exist in nearly every French municipality. Childcare service centers for children under six (Art. L214-2 Code de l'action sociale et de la famille), welcome centers for families, and counseling points for parents are also common.

- **Local / municipal infrastructure:** The municipalities are generally responsible for the provision and maintenance of local infrastructure for children and young people (e.g., playgrounds, sports grounds, youth centers). Moreover, the municipalities (or their intermunicipal associations) function as the most important providers and operators of out-of-home and extracurricular day care facilities for children under six[34] – though other civil society, private and public actors often participate or offer complementary services. Municipalities thus control varying shares of the various types of such facilities; in 2015, for example, they held an overall childcare market share of 50.9 %, but this ranged between a share of 16.7 % for *crèches* and 61.6 % for nurseries (Amrous and Borderies 2018, p. 11).
- **Local public health:** As important providers of local childcare facilities, the municipalities also traditionally fulfill an important preventive mission in the field of public health. For example, they monitor the vaccination status of all children within their territories[35] (usually by monitoring access to childcare facilities and schools, either with their own personnel or in cooperation with the external facility operator or the school director). The public health service also offers free vaccinations for the population (Chevreul et al. 2015, p. 124).
- **Extracurricular education and activities:** In recent decades, municipalities have developed into the primary organizers of extracurricular recreational, cultural, sporting and educational activities for pupils between six and 18. In this context, they have recently been given a say in arranging weekly schedules at their local schools.

34 Preschools, which were attended – on a voluntary basis – by 12 % of all two-year-olds in 2016 (INSEE 2018), are an integral part of the state-organized national system of education (DEPP 2018). Thus, preschools form part of the local supply of day care for children under six, but are not generally operated by subnational territories, associations or private operators. In 2017, 14,179 out of a total of 14,333 preschools were publicly owned and run, and only 154 preschools were privately owned or run with accreditation by the states' departmental education services (DEPP 2018, p. 29). Given the recent change to compulsory education regulations, state-run preschools are now the most important providers of child day care and early education for children from the age of three until the age of six. These children can attend another childcare facility provided by a municipality or other operator only after the preschool day is over.

35 In France, there are three compulsory vaccinations for the entire population – tetanus, diphtheria and polio.

Regions

The regions are particularly important as preventive-policy actors with regard to adolescents. For example, they organize vocational training and apprenticeship programs, initiating networks with enterprises, unions, schools and other regional actors to inform young people about job prospects and opportunities. In particular, the regions partner with the so-called *mission locales*, which are local information and support centers for young job-seekers run by the state's subnational directorates under the control of the Ministry of Labor. These centers can use a specific social-welfare benefit, the *Garantie jeune* (GJ),[36] as an instrument to support young job-seekers aged between 16 and 25 both financially and through the provision of particular counseling and training services.

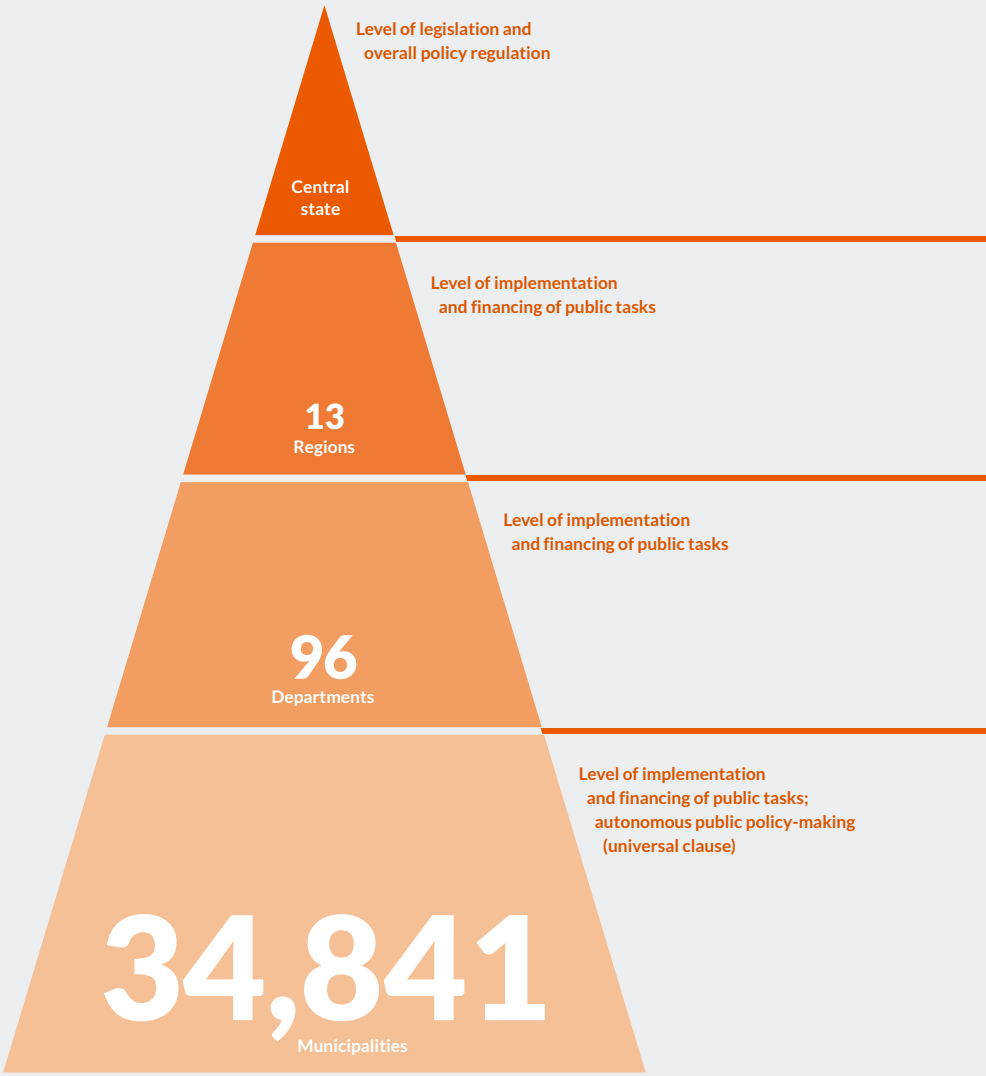
In addition to these state and local-authority actors, numerous parastatal, civil society and private actors at the various administrative levels are engaged in preventive policy for children and youth. Governance networks are particularly common among the *départements*, which perform as lead policymaking actors in the areas of social affairs, family and children. Figure 3 gives a rough overview of the spectrum of actors engaged in preventive policy in this area and identifies some important transversal networks, especially at the level of the *départements*.

2.6 Preventive programs and instruments

Public and semi-public actors at the local level can draw on a range of instruments in developing and implementing preventive policy in support of children and young people. These are presented below, arranged according to their policy field and the type of instrument used (e.g., regulatory, economic/financial, cooperative, public service, informational). Each instrument may be differently available to the various actors according to their legal functions. The financial instruments in particular are often used for coordinated cooperative measures that bring together several actors, ordinarily on the basis of a bilateral or multilateral medium-term contract or interadministration agreement. These are often used by departments, the CAF and the municipalities.

36 The *Garantie jeune* (GJ) is a specific social-welfare benefit for young job seekers between 16 and 25. It is administered by the Ministry of Labor, and is jointly financed by the French state and the European Social Fund (ESF).

FIGURE 3: **State and subnational territorial communities as prevention-policy actors**



Regulation of actor-related obligations and / or opportunities as well as of governance in each of the relevant policy fields (i. e., health, social welfare and social integration, education)

Level of execution:

- **Education:** Direct control of all organizations within the national education system via deconcentrated national administrative structures (académies, services départementaux) (legal basis 1: Code of Education)
- **Administrative control (supervisory and / or legal):** Control of subnational authorities (regional and departmental prefects); deconcentrated administrative agencies (e. g., ARS) (legal basis: diverse national codes, diverse public sectors)

- **Generally:** "Chef de file" in terms of vocational training (adolescents / young jobseekers) (legal basis: Code of Work)
- **Social welfare, integration:** Conception and financing of urban social cohesion programs (legal basis: Code of Urbanism)

- **Children and families:** no competences
- **Health:** Participation in national health policy-making on the regional level as implemented and coordinated by the state controlled ARS (legal basis: Code of Public Health)
- **Education:** Building and upkeeping of secondary schools (legal basis: Code of Education)

- **Generally:** "Chef de file" in terms of social and medico-social public functions
- **Social welfare and integration:** Allowance, financing and administration of social welfare benefits to children and youth (ASE) (legal basis: Social and Family Code)
- **Children and families:** Child protection; accreditation, control and financing (partly) of daycare facilities (legal basis: Social and Family Code)

- **Health:** "Mother and child" health and social services (Protection maternelle et infantile, PMI) with own staff (legal basis: Code of Public Health; Social and Family Code)
- **Education:** Building and maintenance of high schools (legal basis: Code of Education)

- **Generally:** Clause of universal competency; "chef de file" in terms of local infrastructure; point of contact for individual applications for (social) assistance and / or administrative support; participation in département activities
- **Social welfare and integration:** Allowance, financing and administration of facultative social welfare benefits; establishment and management of a local social centre (CCAS) (legal basis: Social and Family Code)

- **Children and families:** Organization, management and financing of daycare facilities (e. g., crèches, kindergartens); organization of further child and family infrastructure (legal basis: Social and Family Code)
- **Health:** Participation in higher levels' public health activities (e. g., vaccination control) (legal basis: Code of Public Health)
- **Education:** Building and maintenance of preschools and primary schools; organization of extracurricular activities including participation in local class scheduling (legal basis: Code of Education)

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TABLE 1: **Local preventive-policymaking actors serving children and adolescents in France**

State	Territorial communities	Parastatal organizations	Civil society	Private actors
national				
• National ministries: Ministry of Solidarity and Health; Ministry of Education • National Counseling Bodies in different policy fields (e. g. *Conseil nat. d'évaluation du système scolaire*)		• Assurance maladie (esp. CNAMTS) • Nat. Family Fund CNAF • Task-oriented organizations (e. g., apprenticeship funds)	• National charities • Churches • National Union of Family Associations (UNAF) • National associations of the territorial communities • Association Nationale des Maisons des Adolescents • Interest associations (e. g., Physicians' associations)	• Private entreprises offering childcare services • Health corporations (operators of private clinics)
subnational – regional				
• *Préfet de Région* • Regional state directories in different functional fields • State agencies in different functional fields (e. g., ARS) • 26 *Académies*	• 13 Regions *(Président, Conseil régional)* with own administrative structures)		• Regional unions of family associations (URAF)	
Transversal actors and / or networks on the regional level, organized by Régions: Youth information (Information Jeunesse)				

State	Territorial communities	Parastatal organizations	Civil society	Private actors
subnational – departmental				
• *Préfet de Département* • Department-level state directories in different functional fields (e. g., Service *départementaux de l'éducation national*)	• 96 Departments *(Président, Conseil départemental)* with own admin. structures, notably: PMI; sometimes with local offices (UTAS) • Departmental childcare facilities	• 102 CPAM • 102 CAF (with own family services: childcare facilities, RAM, Laep)	• Departmental unions of family associations (UDAF)	
Transversal actors and / or networks at the departmental level, organized by départements: Parental Support Networks (*Les Réseaux d'Écoute, d'Appui et d'Accompagnement des Parents*, REAAP), Youth houses (*Maisons des adolsecents*, MDA [Health Counseling]), Youth centers *(Points Accueil et Écoute Jeunes)*, Youth Health Centers *(Espaces Santé Jeunes)*, Local school contracts (*Contrats locaux d'accompagnement à la scolarité* [Education])				
sub-national – communal				
• Schools • Hospitals	• 34,841 Communes *(Maire, Conseil municipal)* with own admin. structures and communal bodies e. g., CCAS); intercommunal territories • (Inter-) Communal childcare facilities • Communal family services		• Local (family) associations • Child facilities operated by associations, churches	• Private operators of childcare facilities • Private enterprises with practitioners

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TABLE 2: **Instruments of prevention policy for the support of children and adolescents**

Health policy	Social policy for families and children	Education policy
Regulatory		
• Obligatory vaccination (tetanus, diphtheria, polio) • Obligation to declare pregnancy • Obligatory counseling in the fourth month of pregnancy	• Obligation of declaration of child birth	• Compulsory school attendance (3–18 years)
Economic / financial		
Health services for expectant mothers • Full coverage of all obligatory medical examinations (one during the first 12 weeks of the pregnancy, one each following month) • Seven birth- and parenting-preparation sessions, with complementary biological examinations (for the father as well) • Partial coverage (70 %) for the first two ultrasound examinations, and full coverage for the third (recommended is one every three months during pregnancy) • Full coverage of all other medical expenses between the sixth month of pregnancy and the first 12 days after birth	**CAF allowances: Family allowances paid from first child onward** • Birth bonus (*Prestation d'accueil du jeune enfant*, *PAJE*, one-time) • Basic allowance (*Allocation de base*, after birth for three years) • Adoption bonus (*Prime à l'adoption*, one-time) • Basic allowance (*Allocation de base*, after adoption for maximum of three years) **Family allowances paid from second child onward** • Child benefit (*Allocation familiale)*, paid from second child onward • Family supplement *(Complément familiale)* paid from third child onward • Relocation bonus *(Prime de déménagement)* **Allowance for childcare abroad by a third person (not collective childcare)** • *Complément du libre choix du mode de garde (Cmg)*, different versions (*assistante maternelle*, private caregiver / babysitter, micro-crèche) **Allowance for childcare at home by a parent** • *Prestation partagée d'éducation de l'enfant (PreParE)* • *Allocation journalière de présence parentale (AJPP)*	School is completely free of charge

Health policy	Social policy for families and children	Education policy
	Special allowances in support of families (*Allocation de soutien familiale*, ASF) • ASF for single parents *(ASF parent séparé)* • ASF for education of out of wedlock child *(ASF enfant non reconnu)* • ASF for orphans *(ASF enfant orphelin)* • ASF for adopted children: *(ASF enfant recueilli)*	
	Other allowances • Education allowance for disabled child *(Allocation d'éducation de l'enfant handicapé / AEEH)* • Back-to-school allowance *(Allocation de rentrée scolaire)* • Daily parental allowance *(Allocation journalière de présence parentale)* • Family housing allowance *(Allocation de logement familiale)* • Moving allowance *(Prime de déménagement)*	
Cooperative		
	CAF-financed local networks • Child-parent centers *(Lieux d'accueil enfants-parents, LAEP)* • Networks to listen to, support and accompany parents *(Les Réseaux d'Écoute, d'Appui et d'Accompagnement des Parents, REAAP)* • Support network for single-parenting families *(Le réseau "Parents solos et compagnie")*	• Local school contracts between pupil / child, parents, local association, school, offering children accompaniment and help to meet exigencies of compulsory schooling *(Contrats locaux d'accompagnement à la scolarité, CLAS)*
	Others • Youth houses *(Maisons des Adolescentes)* • Youth centers *(Points Accueil et Ecoute Jeunes)*	

Health policy	Social policy for families and children	Education policy
Public services		
• Centers for the protection of mothers and children (*Centers de protection maternelle et infantile*, PMI). Public-health service operated by departments • Youth health centers *(Espaces Santé Jeunes)* • Free health services for pupils: Children are entitled to two free medical examinations, at the age of six (obligatory) and 12	• Child daycare for unemployed / jobseekers *(Les crèches à vocation d'insertion professionnelle)* • Family mediation *(médiation familiale)*	• Government program for underprivileged pupils *(Éducation prioritaire)*
Informational		
• Pregnancy record book (for keeping track of examinations and birth preparations; also offers practical information) • Children's health record book *(Carnet de santé de l'enfant)* • Youth health centers *(Espace santé jeunes)*		• Health education program • Youth information *(missions locales)*

Explanations

Health

1. Health services for expectant mothers: Health services are completely covered by the social health insurance program.

2. Centers for the protection of mothers and children (PMI): The department-run PMI offer guidance and protection / prevention services for mothers and children up to the age of six, including birth preparation and medical consultations by trained personnel. They are headed by medical doctors.

3. Youth health centers (Espaces santé jeunes): Often located in youth houses or youth centers, these are open spaces where youth and their families can receive advice on health-related problems and questions from trained counselors. Access is free; the centers are co-financed by the local department and other local institutions. Most are located around Paris or Marseille.

Social integration for family and children

1. Allowances paid by the CAF

- PAJE birth / adoption: Paid for each child born or adopted, if the parent's income is below a certain threshold. In the case of births, the mother or her doctor has to prove that she has had her first routine examination during the first 14 weeks of pregnancy. In 2016, there were 45,556 beneficiaries.

- Child benefit *(Allocation familiale):* Paid to every family with at least two children (up to the age of 20, or in some cases 21). No preconditions apply. Amount varies depending on the family's income. In 2016, there were 4,751,159 beneficiaries.

- Family supplement *(Complément familiale):* Supplementary payments for families with at least three children (aged 3–21). Paid only if the family's income in a given year was not above a certain threshold. In 2016, there were 857,683 beneficiaries.
- *Complément du libre choix du mode de garde (Cmg):* Paid to families using the services of a registered or home childcare provider to care for a child under the age of six. Can be paid separately or in combination with the child benefit. The amount depends on the child's age and the household income. The supplement may also covers part of the employer's contribution for the childcare. In 2016, there were 852,074 beneficiaries.
- *Prestation partagée d'éducation de l'enfant (PreParE):* A shared child-rearing benefit. If the child was born after 2015), it serves as a supplement to allow both parents to reduce their working time in the three years after child-birth. If the child was born before 2015, it serves as a (shared) payment for parents who choose to (partially) stop working to look after their child. Not means-tested; however, recipient needs to have worked at least two years in the last two (first child), four (second child) or five years (from the third child). In 2016, there were 406,906 beneficiaries.
- *Allocation journalière de présence parentale (AJPP):* Payable to all parents caring for a child who is severely disabled or ill. Children must be below 20 years of age. The parent must take time off work to qualify. Supplementary, means-tested payments can be granted on the basis of high caring costs. In 2016, there were 6,205 beneficiaries.
- *ASF:* Paid to cover childraising costs for children who are receiving no support from one or both parents, or as a top-up to a low child-support award. The family-support allowance can be paid as an advance if one parent is behind on child-support payments.
- Education allowance for disabled child *(Allocation d'éducation de l'enfant handicap, AEEH):* Amount and duration depend on the severity of the child's disability. In 2016, there were 243,954 beneficiaries.
- Back-to-school allowance *(Allocation de rentrée scolaire):* A means-tested payment for any child enrolled in school aged between six and 18. Amount depends on the child's age. In 2016, there were 2,923,338 beneficiaries.
- Daily parental attendance allowance *(Allocation journalière de présence parentale):* Payable to parents caring for a severely disabled or ill child. The child must be below 20 years of age. The parent must take time off work to qualify. Supplementary, means-tested payments due to high caring costs can be granted. In 2016, there were 6,205 beneficiaries.

2. CAF-financed networks

Child-parent centers *(Lieux d'accueil enfants-parents, LAEP):* Social facilities for parents and children up to the age of six to spend time together (e. g., playing games). Trained personnel in these facilities offer support for parents. Centers are financed by the family benefit funds and local authorities or associations, and are therefore free to use (though solely symbolic fees are charged in some instances). Can be found across France.

Support networks for single-parenting families *(Le réseau "Parents solos et compagnie"):* Established by the government and a number of parental associations, with the goal of bringing together actors in the area of single-parenting to collect ideas and create projects in support of single parents. Financed by a foundation (with private and public subventions). The idea began in five départements, but has expanded throughout France since late 2016.

Networks to listen to, support and accompany parents *(Les Réseaux d'Écoute, d'Appui et d'Accompagnement des Parents, REAAP):* Department-level multidisciplinary networks of local voluntary actors (parents, social workers, mediators, etc.) to support parents. They hold counseling sessions and convey parents' concerns to political actors. Financed by the national government, family benefit funds and other public bodies. Organized by department, with local networks in bigger cities.

3. Others

- Youth houses *(Maisons des Adolescentes):* Public spaces for young people (aged 11–25), located nearly in every department. Trained staffers listens to youths' problems, and offer advice and / or support. Operated in close collaboration with partner institutions (e. g., youth centers). The houses can also be used by entire families. Generally financed by the state (regional health agencies, departmental council, sometimes with additional participation by the regional council and other public entities). Additional financing from other public and private partners is possible.
- Youth centers *(Points Accueil et Ecoute Jeunes):* Generally complement youth houses. Usually more than one per department. Young people, groups or families can visit to obtain advice regarding youth-related problems. Use is free; funding typically comes from the national state, the department and a variety of local partners.

Education

- Local school contracts *(Contrats locaux d'accompagnement à la scolarité, CLAS):* This program is financed by the local family benefit funds and organized by the department. The contracts establish sessions in which children needing extra academic support receive help with school-related problems from trained personnel. Parents also attend these sessions. The program is run in close cooperation with local schools.
- *Éducation prioritaire:* Provides state-organized support for schools and their pupils in underprivileged areas.

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2.7 Prevalent governance forms

Coordination is a key feature of governance at the local or subnational levels in France. Although *communes*, *départements* and *régions* are all officially lead policymaking actors *(chef de file)* within their specific traditional functional strongholds, they may not exert hierarchical power over each other within these functional fields. Moreover, even if they hold considerable powers within their areas of focus, the subnational territorial communities do not have a policy monopoly. At the same time, according to the NOTRe Act of August 2015 (see footnote 30), the *départements* and the *régions* are now legally bound

to act only in those functional fields for which they have expressly been designated the lead policymaking actor. Only municipalities still retain a universal competence – that is, the power to conceptualize, carry out and finance all measures necessary and/or desirable with regard to local citizens' well-being and local social cohesion, from the local political point of view (see Information Box 3). The *communes*, *départements* and *régions* are obliged by law to produce regular plans for the fulfillment of all functions falling within their areas of policy focus. In the field of child protection, for example, the *départements* are obliged by French social and family law to adopt local child-protection plans (*Schéma départemental de protection de l'enfance*; Artt. 312-1 and 312-5 *Code de l'action sociale et de la famille*) about every five years (see below). In addition to these compulsory planning tasks, the *communes*, *départements* and *régions* are free to design their own medium-term plans governing other functions or functional fields. In the case of municipalities and departments, this can include preventive policies. Overall, the role as lead public-policymaker actor within a given policy area includes the responsibility to:

- Define long- and medium-term policy priorities, with reference to the relevant national laws, plans, programs and regulations;
- Develop, adopt and implement medium-term programs or policy plans, based on the previous definition of local priorities and goals;
- Ascertain how local public actions within the given policy area will be funded;
- Fund obligatory tasks and/or benefits within the given policy area;
- Fulfill obligatory public-interest functions on behalf of the central state; and
- Report to the central state or its representatives (especially the prefect) regarding developments in the policy area.

Thus, the *communes*, *départements* and *regions* depend on each other – as well as on additional public, semi-public, private and associational actors – to be able to fulfill their core competences properly. To organize such cooperation, the subnational territorial communities typically use formal bilateral or multilateral contracts, signed between the head of the local administration (i.e., the mayor, the president of the departmental council or the president of the regional council) and the actor in question (e.g., a local association or another territorial community). Such contracts are a fundamental tool in cooperative public policy and constitute the operational basis for the implementation of medium-term policy plans at the local level.

To conclude, local public policymaking has a highly cooperative, multi-actor nature, and is formally structured by medium-term policy plans or programs, as well as by contracts between local public authorities and other types of actors. However, networking mechanisms linking the various levels of local government and the various other kinds of local actors vary greatly from community to community and from sector to sector, depending on factors such as the character of local problems, socioeconomic conditions, the concrete shape of the local associative and civic tissue, local cooperative traditions, and the existence of conflicts between the actors (see below).

2.8 Recent reforms and experiences

When looking at recent reforms relevant to municipalities' and *départements'* ability to design and implement integrated prevention and social-investment policies benefiting children and adolescents, the initial focus must be on the general state and administrative organizational reforms. The state's recent general decentralization reforms deserve particular attention in this context. Second, reforms have also taken place in the three central policy areas of health, child and family social protection and education. While we will discuss some important policy reforms in what follows, the final section of this chapter focuses on France's overall state and administrative reforms.

Generally, decentralization (systematically combined with deconcentration) started as a reform process at the beginning of the 1980s (see Information Box 1). Over time, it has restructured the organization of the French state, turning it from a highly centralized unitary state into a formally decentralized state (Art. 1 *Constitution du 4 octobre 1958*). This process of decentralization has continually reshaped the competences and resources of public (state and subnational) authorities both on the national and subnational levels of government. The most recent decentralizing step entailed the adoption of a number of territorial reform laws between 2013 and 2015 (*loi* MAPTAM 2014; *loi* NOTRe 2015[37] etc.), leading to the reaffirmation of the territorial collectivities newly created in 2010 – that is, the metropolises or *métropoles*, defined as the metropolitan areas around the big French cities – as well as a reduction in the number of French

37 Loi de la modernisation de l'action publique territorial et d'affirmation des métropoles (MAPTAM) du 27 janvier 2014; Loi portant la Nouvelle Organisation Territoriale de la République (NOTRe) du 7 août 2015.

regions from 22 to 13[38] and the formal confirmation of the roles and functions of the different levels of subnational government.

The first steps toward reform were still dominated by the conviction that the state organization would gain legitimacy through decentralization and would be made more effective. However, these expectations were soon disappointed. On the other hand, it became apparent that the efficiency and effectiveness of the state in the field of public policymaking had been impaired by the significant degree to which the various levels' tasks and responsibilities had become interwoven. Thus, recent reform steps sought to reduce the number of locally elected politicians, with the aim of increasing public authorities' policy-steering capabilities, and of clarifying the competences accorded to each level of government (Kuhlmann 2007; Kuhlmann et al. 2011; Kempf 2017, p. 301; Avenel 2017, p. 363). This led to the development of the "lead policy-making actor" *(chef de file)* formula in connection with various fields of local public activity, with the goal of affirming the functional prerogatives of the various subnational levels of government.

However, observers have proved rather skeptical of the combined decentralization / deconcentration process in general, and of the reform's ability to improve municipalities' and *départements'* capacities to act in the field of social policy in particular. For example, Lafore notes that even though the *départements* were given a formal leading role in key social-policy areas, the newly created metropolises were also given a number of social competences that resulted an intensification of the traditional "competition" in the field of social policymaking between local entities and the *départements* on the other hand (Lafore 2013, pp. 18–19). Thus, the departments, the municipalities and now the latter's communities – that is, the various forms of intermunicipal local authorities (metropolises, CA, CC, CU) – each act as independent subnational social-policy actors, serving both as cooperation partners and competitors in this field. This is particularly true of subnational social policy for children and young people. Here, the *départements* are independent actors with regard to child and family health policy (especially with their PMI services). In addition, as official lead policy actors in this area, they are generally responsible for planning and implementing the state's policy, relying in this context on the cooperation of municipal and intermunicipal authorities (among other actors). This is particularly the case in areas where the *départements* are legally obliged

38 The figures refer to mainland France.

to plan and organize the implementation of state social policy on the ground (e.g., child and youth protection; PMI). In other areas (e.g., organization of out-of-home care services for infants, young children and schoolchildren; prevention), the *départements* can voluntarily plan and implement subnational social policy; however, this works only if they coordinate and act in concert with other actors, including municipal and intermunicipal authorities. Finally, the *départements*, municipal authorities and intermunicipal authorities are also becoming competitors in certain areas of local social policy. This applies, for example, to the provision of out-of-home and extracurricular childcare facilities, which can be provided and operated by all three types of actors, or to the provision of recreational activities for young people.

Moreover, regardless of the decentralization of competences in many fields of public action, the central state and its regional representatives have once again become important actors in subnational social policymaking, particularly in the fields of public health and health policy (Avenel 2017, p. 364). For example, Avenel asserts that the recent decentralization reforms lack a broad vision for local social policy. Moreover, the critics charge, key elements of the reforms, such as the 2015 NOTRe law's mandate that d*épart*e*ments* be generally responsible for carrying out preventive action for various social groups such as children and young people,[39] have not yet been implemented (ibidem., pp. 366 and 386–387).

39 Loi portant la Nouvelle Organisation Territoriale de la République (NOTRe) du 7 août 2015, article 94: "Il [le *département*; RR] est compétent pour mettre en œuvre toute aide ou action relative à la prévention ou à la prise en charge des situations de fragilité, au développement social, à l'accueil des jeunes enfants et à l'autonomie des personnes. Il est également compétent pour faciliter l'accès aux droits et aux services des publics dont il a la charge."

3 Prevention and preventive policies

3.1 General understanding of prevention

Following France's reforms of recent years, it is apparent that the local level in general, and the departmental level in particular, is formally regarded as the primary locus of preventive policy. Indeed, the *départements* constitute the institutional core of local preventive policymaking in favor of children and adolescents, especially during the phases of maternity and early childhood. Here, the most important health, child-protection, social-inclusion and educational services for pregnant women, mothers, families and children through the age of five are connected both formally and, in many respects also practically, run together. The various actors interviewed in the context of this project without exception agreed with this formal judgment.

Interviewees also frequently emphasized the necessity of primary prevention, again stressing that the local level and specifically the *départements* are best placed to engage in this task.

Finally, interviewees also generally agreed that preventive policy at the local level should be viewed and conceptualized as a boundary-crossing activity cutting across individual sectoral perspectives, and thus integrating policies from across sectors.

Selected interviewees' perceptions of the use of the concept of prevention in France[40]

EXPERT 5: High Council for Families, Children and the Elderly

SG: How do we currently comprehend "prevention" in France? There are two models. First, in a narrower understanding, we have to talk about prevention in the field of health policy. In this context, we draw on the definition of the World Health Organization, that is, we apply an integrative approach including all different elements important to human health, like the state of physical and mental health, the social environment, working conditions, etc. Aside from prevention in the field of health, a more global understanding of the term includes the two elements of behavior-oriented prevention and social or structural prevention, focusing both on the more general conditions of human well-being and on personal well-being. In terms of public policymaking, two different approaches have existed and competed for many years. On the one hand, preventive action should be realized via the identification of social groups in particular need and though targeted action as regards these groups. On the other hand, prevention should be an overall goal of public action, and should be open to everyone.
Interviewer: Which of these approaches is followed on the local level of governance – for example, on the level of the *départements* – specifically with regard to public action in favor of families, children and young people?
SG: We can see a coexistence of both approaches. In general, the universal, provident approach should persist. Yet we have also many places where a more targeted approach is being followed.

EXPERT 6: National Observatory for Child Protection

AGD: The local level, notably the municipalities and the *départements*, are extremely important actors within an encompassing preventive policy for families

40 Translation from French to English: Renate Reiter.

and children. Whereas the state plays the role of a regulatory actor, municipalities and *départements* have key resources at their disposal – direct relations to the citizens, knowledge of local needs, etc. – in order to put such policies into practice successfully.

Some of the experts interviewed, especially administrative practitioners at various levels of government, also expressed skepticism with regard to congruence between the theoretical understanding of the term "prevention" on the one hand, and the daily practice of local preventive policymaking on the other. These experts cited a number of obstacles such as a lack of resources (personal, finances) and a lack of relevant knowledge. Moreover, they cited flaws in the sectoral organization of the core elements or fields of local preventive policymaking, specifically with regard to child protection services and the PMI services for young children, mothers and families. In this context, these experts expressed concern that local public authorities would concentrate primarily on their legal duties. The quote from an interviewee below illustrates this skepticism.

Selected interviewees' perceptions of local communities' role as preventive actors[41]

EXPERT 3: National Observatory on Social Action (ODAS)

MAF: Many *départements* are focused on their child-protection competence, and in this context, conceptualize prevention as a responsibility, first and foremost, to preclude "hard" interventions such as placements or the payment of social assistance to children. However, we think that child protection includes more than this: It is a really encompassing departmental duty, starting with the challenge of supporting young adults and providing advice on questions regarding issues such as contraception, and ranging through the organization of a generalized offer of diverse services to children and young people.

41 Translation from French to English: Renate Reiter.

In its latest report, the *D*éfenseur *des droits*[42] identifies multiple deficiencies with regard to the coordination and cooperation between local actors (both public and private / associative) necessary to make integrative preventive policy for children work (Défenseur des droits 2018: 61ff.). The report also cites good examples of local preventive activity. The report thus implies that deficiencies in the realization of local preventive policy may be attributable to a lack of political will among the relevant local-level administrative actors, alongside other factors such as a lack of financial resources (ODAS 2018a). In our study, we also found indications that political will is important. In the course of this study, further indications will be given that concerted preventive action by municipalities and departments requires political will.

3.2 Policies and programs with an overall preventive approach

EXPERT 11: EHESP

CM: A policy of prevention in favor of children and young people in the sense of an established policy field does not exist in France. I think that it is more about the idea of coordination or even of a crossing of the perspectives, practices and instruments of different public policies, with the final goal of integrating these rather sectoral policies into one overall approach in favor of different age groups.

Generally, the main fields of public policymaking involved in the "crossing" of perspectives, practices and instruments so as to establish an overall preventive policy for children and young people in France include public health and health policy, the social integration of families and children, child protection,[43] public education, recreation policy,

42 "*Défenseur des droits*" could be translated freely as "citizen's lawyer" or ombudsman. He or she is a person appointed by the president of the republic for a term of six years, and is responsible for drawing up and publishing reports regarding the status of and compliance with the rights of various groups of French citizens. One of the office's tasks is to investigate whether and to what extent the UN Convention on the Rights of the Child is respected in France.

43 Child protection does not only imply the active protection of children who are at risk of abuse or violence. In France, child protection is a core function of the *départements* that – in addition to active intervention in acute cases – includes the active organisation of systematic support for families and children, especially

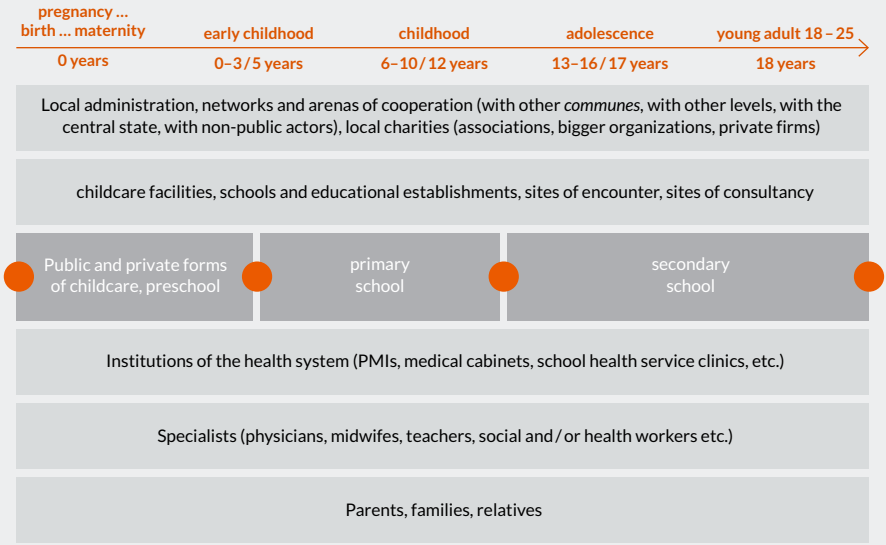
and "parenthood" policies intended to provide systematic support for parents as their children grow older. These fields have differing levels of impact at different times during the child's life (see figure 4). Healthcare, child-protection and social-integration policies play a major role during the child's first six years, while education and recreation policies take on additional relevance afterward. Policies supporting parents play a key preventive role throughout childhood and youth.

France has long engaged in public regulation of preventive action in favor of children and young people in most of these policy fields, often combined with the establishment of specific institutions for the implementation of preventive policies. On the contrary, many of the policies in the above-mentioned fields, along with many of the policy-related institutions today seen as core elements of preventive policymaking for children and young people go back to the early 20th or even the late 19th century. For example, the departments' mother- and child-protection services (PMI) were already established by law in 1945 (see Information Box 4; DREES 2015: 1). Similarly, the field of child protection dates back to a first legal regulation in the late 19th century, was formally instituted as a public duty by two decrees of the early Fifth Republic in 1958 and 1959, and was transferred as a public competence from the central state to the *départements* at the beginning of the decentralization process in 1983 (Martin-Blachais 2017, pp. 133–134). Given this long-standing French tradition of life-course-related policymaking for children and young people, it is reasonable to draw on children's and youth's life-course phases as a basic structure for the description of sector-specific preventive policies. We will do so in the following, with particular emphasis on the policies of the *départements* and the *communes*.

Subnational-level preventive policymaking for children begins its focus even before the birth of the child – that is, before and during pregnancy. During this early phase, public health policies constitute the heart of prevention-oriented public action. Overall, women and couples in France have a wide range of opportunities to access advice on questions of family planning, including birth control. Such advice is offered either by private actors (e.g., practitioners, midwifes, local associations specializing in the

within vulnerable groups (e.g., families in living in disadvantaged areas). The goal in this regard is to mitigate risk and give early support. In this context, the *départements* are obliged by law to make medium-term child-protection policy plans *(schéma de protection d'enfants)*.

FIGURE 4: **Schematic description of local-level preventive policies benefiting children and youth, by life phase**



Source: Based on Strohmeier / Micosatt / Görtz 2016: 29 (KeKiZ I).

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support of families, including ecclesiastic organizations) or by quasi-public or public institutions (e. g., the local family benefit funds (CAF), the local branches of the sickness funds, the municipalities' social centers, the departments' mother- and child-health services). Once conception has occurred, the pregnancy has to be officially declared both with the competent local family benefit fund (CAF) and the pregnant woman's sickness fund (in most cases the competent local CPAM). As a rule, the practitioner or midwife first consulted by the woman carries out this formal task for the expectant mother. In its turn, the local CAF, after having obtained information on the pregnancy, has to inform the departmental authorities, in the person of the leading physician at the departmental PMI. With this information, the local authorities responsible for key tasks relating to the care and well-being of infants, young families and mothers are informed from the outset about the forthcoming birth and the expected child. This makes it possible for

the departmental social authorities, led by the PMI, to take a proactive approach toward women and families, for instance by offering counseling.

It is only after this official declaration of pregnancy has been made that the expectant mother has a right to free medical consultations, which lasts through her pregnancy and the first few weeks following childbirth (Art. L160-9 *Code de la santé publique*). Moreover, parents must make this official declaration of pregnancy in order to be eligible for the so-called childbirth bonus *(Prestation d'accueil du jeune enfant or Prime à la naissance),* which the CAF pays to parents or single parents up to a fixed annual income limit directly after childbirth.. According to the Code of Public Health, the expectant mother is obliged to receive a total of seven examinations – six before childbirth, and one directly afterwards – including biological tests and ultrasonic examinations. Pregnant women are given a "pregnancy booklet" that their medical practitioner uses to document examinations and the development of the pregnancy. If the woman defers these examinations, she is reminded by her sickness fund or the local family benefit fund; however, there is no formal sanction for failing to comply (for example, a reduction in certain benefits). In addition to these obligatory examinations, a so-called early counseling interview *(Entretien prénatal précoce, EPP)* is normally carried out during the fourth month of pregnancy (Art. L2112-2 *Code de la santé publique;* INSERM and DREES 2017, p. 46). This too is an obligatory element of public-health policy with preventive potential. The EPP was first introduced as an informal instrument of pre-birth preventive action in 2005, based on a ministerial circular letter to the *départements.* Later, the French legislature transformed it into a formal instrument in the course of the reform of the child protection law in 2007 (see below; Eglin and Le Loher 2007, p. 166).

Turning to the local level of government, the *départements* and their PMIs are traditionally the core actors engaging in preventive-health and public-health policies for expectant mothers and parents (see Information Box 4). Departmental PMIs are obliged by law to offer a broad spectrum of services to expectant mothers and/or parents, including medical examinations; advice related to living together as a family; educational information for mothers, parents and families; administrative and financial advice; support and training measures concerning child-raising practices; psychosocial and psychological help; and family-planning services[44] (Art. 2112-2 *Code de la santé publique*). Notably, PMIs offer all of the above-mentioned medical services and

44 The PMIs are also responsible for the licensing, training and oversight of childcare providers.

examinations during pregnancy, and provide the EPP counseling to expectant mothers and/or parents. Thus, parents can either consult a private medical practitioner or hospital-based midwife, or a practitioner or midwife at their departmental PMI's public health service. All PMI services are available to expectant mothers and/or parents at no charge, and irrespective of the mother's status as a payer of social-insurance contributions (DREES 2015, p.1). The broad service offer provided by departmental PMIs to expectant mothers and parents is explicitly designed to be preventive in the sense of primary prevention (*prevention "prévenante";* DGCS 2016, p.3). For example, articles L2111-1 and L2111-2 of the French Code of Public Health *(Code de la santé publique)* state that local communities (specifically the *départements*) must work with other actors to organize preventive measures for expectant mothers and parents in the fields of health and psychological support, education, and social support. Currently, according to a study by the Bureau of Research, Evaluation and Statistics (DREES) of the national Ministry for Solidarity and Health, departmental PMIs offer services to expectant mothers and parents, families, and children under six at a total of 5,100 sites in France (DREES 2015).

Preventive policymaking in a variety of public policy fields is aimed at securing a child's physical, emotional and mental well-being during the first six years of life, while also seeking to provide optimal conditions for early physical and mental development. Crucial fields in this regard are public health and health policy, the social integration of children and families, child protection and social help, and (from the age of three onward) education. In these fields we can distinguish both primary preventive policies and measures of secondary prevention (in the sense of specific activities on behalf of vulnerable groups), and in some cases even tertiary prevention (in the sense of measures seeking to prevent the reappearance of certain risks) (Caplan 1964).

The field of public health and health policy features a number of "traditional" preventive measures. For example, under the provisions of the French Code of Public Health, every child must undergo a total of 20 medical examinations during his or her first six years of life (nine examinations during the first year, three additional examinations during the second year, and two during each of the following four years) (Art. R2132-1 *Code de la santé publique*). Moreover, children must be vaccinated against 11 diseases (Art. L3111-2 *Code de la santé publique*); indeed, children cannot attend a childcare facility or school without being vaccinated. These examinations and vaccinations must be documented by a physician in a "personal health booklet" given to the child's parents

directly after birth. Moreover, at the beginning of preschool (école *maternelle*), usually between the ages of three and four, a "medical balance sheet" *("bilan de santé")* has to be prepared for every child (Art. L2112-2 *Code de la santé publique*).[45] Parents can either consult privately practicing doctors (e.g., pediatricians) or PMI-based physicians for the obligatory medical examinations and certificates. Generally, the *départements* with their PMI services play a vital role as public-health policymaking actors for newborns, babies and children until the age of six (Art. L2112-2 *Code de la santé publique*). In addition to these traditional public-health preventive measures, a huge variety of health-promotion measures (single actions or programs) are organized by the *communes* and *départements* in cooperation with a wide array of other public and private actors such as the local CPAM or the CAF branches or private associations. *Communes* and *départements* often embed such policies in comprehensive medium-term local policy plans that are formally adopted by the local municipal or departmental council. Such plans or schemes are either obligatory (e.g., departmental child-protection schemes; see below) or are voluntarily adopted (e.g., local services to children and families; mother- and child-protection services).

Policies working toward the social integration of children and families, including family-policy measures for the organization of early out-of-home or at-home infant care, is also relevant. In this context, the provision of a sufficient number of childcare places to enable parents to continue working after birth is particularly important. In general, parents are free to decide how they want to organize the care of their young children during the first two years of life – that is, before the start of compulsory schooling, which was set at the age of three in 2019.[46] In a 2017 survey by the National Observatory on Early Childhood (*Observatoire nationale de la petite enfance*, ONPE), 26 % of French parents said they preferred to care for children under three years of age themselves, 30 % wanted to place their child in a childcare facility (nursery, kindergarten, day care center or other similar form; see Amrous and Borderies 2018), 19 % preferred to hire a private, accredited childminder *(assistante maternelle)* and 24 % had no preference (ONPE 2018, p. 5). The supply of non-family childcare facilities for children under three has been continuously expanded in France in recent years, but has not yet caught up by

45 The PMI are legally obliged to make sure that each child, shortly before starting his/her school career at the age of 3 years has such a medical balance sheet.

46 To finance childcare, the CAF provides various financial support services upon request either for caregiving by the parents themselves, for the employment of an accredited childcare provider *(assistante maternelle)* or for the use of one of the various communal childcare facilities (see part 2.3).

demand, and is dominated by private at-home provision. In 2015, a total of 17.8 places per 100 children were available in community-run care facilities, along with 33.1 places per 100 children with accredited day care providers, 1.7 places with other private carers (e.g., babysitters), and four places in preschools (ONPE 2018, p. 6).

One problem here is that offers of out-of-home care vary greatly from region to region. While in the northwest and in large cities such as the Paris region, as many as 90 places per 100 children are available, this figure falls to just 40 places per 100 children in rural regions, especially in the southeast of the country (ONPE 2018, p. 6). The differences are even greater with regard to out-of-home care in community facilities (up to 57 places per 100 children in metropolitan areas such as Paris, only four places per 100 children in rural areas) (Amrous and Borderies 2018, p. 22). The quality of personnel also plays a role in this context. For example, the *départements* are responsible for the accreditation of childcare providers *(assistentes maternelles).* However, the system of accreditation is not uniform; it is up to the different *départements* to decide independently on the catalogue of criteria used. Similar differences are evident in the case of out-of-home community-run care facilities, which are mainly operated by the municipalities (see part 2.5); depending on the form of care, the municipalities operate between 61.6 % (*haltes-garderies*) and 16.7 % *(jardins d'éval)* of the facilities). Within this sector, local vacancy-allocation policies often lack transparency, and vary from municipality to municipality; for example, social criteria are sometimes explicitly taken into account, and sometimes explicitly excluded (Herman 2018, p. 6).

Départements, in cooperation with local CAF offices and other local actors such as municipalities and associations, often offer further services intended to allow families to meet and exchange information on a regular basis, as well as various family-oriented counseling services. These include the above-mentioned child-parent clubs (*Lieux d'accueil enfants-parents*, LAEP); the networks to listen to, support and accompany parents (*Les Réseaux d'Écoute, d'Appui et d'Accompagnement des Parents*, REAAP); local animated playing clubs (*Relais d'assistantes maternelles*, RAM); and support networks for specific vulnerable groups, such as the Support Network for Single-Parent Families *(Le réseau "Parents solos et compagnie").* These structures represent an aspect of the territorial authorities' primary preventive instruments for children under three years of age. However, parents are free to choose to use these structures or not; the structures cannot independently reach out to parents or visit homes, for example. This is why the child-protection sector, including specified social help for children and youth *(Aide*

sociale à l'enfance, ASE), is another important field of public policymaking with regard to the development of local preventive strategies for children and young people.

Generally, child protection including ASE has formally been a departmental competence since the beginning of the decentralization process in 1983. According to articles L112-3 and L211-1 of the Social Actions and Families Code *(Code de l'action sociale et des familles)* the d*épart*e*ments* have to organize child-protection and social-help measures for children such as social activities or counseling measures, specific support activities for vulnerable groups (e.g., children growing up in situations of material need, or children of single parents), and individualized supervisory and counseling projects intended to prevent family violence. This overall policy field combines "soft" primary preventive policies with "hard" measures in which public authorities intervene in the private family sphere, which could be categorized as secondary or even tertiary prevention. Thus, the *départements* must respect a set of legal requirements when acting as the competent public authority in this area.

First, the *département's* overall child-protection policy must be based on a formal medium-term plan, the departmental child-protection policy plan[47] *(Schéma départemental de protection de l'enfance).* According to articles 312-1 and 312-5 of the Social Action and Families Code *(Code de l'action sociale et de la famille),* these plans, serving as the basis for the implementation of the *départements'* child protection policies, must be adopted every four to five years. The plans are prepared and drafted by the departmental administrations, and must be adopted by a vote of the local departmental council. Each plan includes information on policy outcomes and structural developments during the past planning period, an overview of the problems or challenges to be tackled during the next planning period, an overview of the department's child-protection objectives for the new planning period, and a list of the measures and activities by which these policy goals are to be achieved, and which will serve to implement the *département's* policy in cooperation with other actors. Moreover, the *départements* have to plan the financing of the projected measures. Based on the departmental policy plan, the *département* either executes the planned measures and activities with its own staff, or enters into contracts with third-party actors (municipalities, associations, the CAFs, etc.) to implement the planned measures and projects. With regard to tertiary-prevention measures such as individualized supervisory activities or placement measures, the *départements* cooperate

47 The naming sometimes varies depending on the different d*é*partements.

closely with family and juvenile courts and – depending on the case – with the police, and carry out such measures with their own social-administrative staff. On the whole, the departmental child-protection plans play a fundamental role in organizing primary and secondary (that is, targeted or group-specific) preventive action in the field of child protection and social help for children. As previously noted, *départements* can also carry out preventive policies that go beyond the mandatory elements of these plans.

Second, the core concern of child-protection and ASE policy is to protect children from risks within their families, such as abuse, malpractice or violence. If local authorities are made aware of such incidents (see below), they are required to intervene. In such instances, in close cooperation with the family or juvenile judge overseeing the case, they may decide to implement ongoing support measures for the children and families involved, carry out "harder" intervention measures such as regular home visits and supervision, or even require the placement of a child outside the family. Such measures are formally decided by the president of the departmental council, who in this context does not act as the primary locally elected political representative of the *département*, but in his or her double function as legal representative of the state within the *département,* and as head of the departmental social administration that executes central state policy.

INFORMATION BOX 4: **Child Protection Plan 2014 – 2019, department of Aisne (extract from the table of contents)**

1. Contextual information: Legal basis for the plan; plan-development methodology; information on the department's socio-demographic and socioeconomic evolution.

2. Survey of the department's child and family policies: Need for greater visibility for preventive action; organization of action if information relating to a child's well-being is received; measures providing families with regular supervision and at-home support; statistics relating to child-protection measures and publicly protected children in Aisne; child-protection policy governance challenges in Aisne)

3. Child-protection action plan for 2014 – 2019: Orientation 1: Developing and moderating a policy of primary prevention for children, youth and families across

the département's policy (e. g., strengthening prenatal primary preventive action, etc.); Orientation 2: Adapting the département's active child-protection instruments and practices to the needs of families, so as to improve cooperation; etc.

4. Steering and governance modalities for child protection policies in 2014 – 2019

Finally, education policy also contains a preventive approach with regard to the early childhood phase. Compulsory education in France starts at the age of three. Before this time, education in the form of school attendance is one option alongside the alternatives explained above. In 2016 – 2017, 12 % of two-year-olds in France attended preschool *(école maternelle)* (INSEE 2018). In contrast to other forms of (public) childcare, preschools or *écoles maternelles* constitute a first element in the French system of public education, with children given elementary lessons in areas such as speaking abilities, physical development, and so on. Thus, preschools are an important element of early education in France. As preschools are open to every child residing in France, regardless of nationality, they can also function as a first institution of social integration. Attendance is free of charge, learning is organized in the form of classes, and most teachers are employed by the national education system.[48] Municipalities are responsible for construction and financing of preschool infrastructures (Art. L212-2 *Code de l'éducation*). Although 98 % of three-year olds in France attended a preschool before 2019,[49] lowering the start of compulsory schooling to three years means that municipalities are now obliged by law to provide a sufficient number of preschool places to serve all children, and thus to build and maintain a sufficient number of preschools. The reduction in the age of compulsory schooling, decided at the central-state level, has thus been accompanied by an extension of municipalities' financing responsibilities. In accordance with the principle of connectivity (see above), the state has therefore assured municipalities that it will provide additional financial resources for the construction or expansion of preschool capacity in 2019 and 2020.

48 The (state-employed) teaching staff of preschools can be complemented by locally employed teaching assistants (*Agents territoriaux spécialisés des écoles maternelles,* Atsem) (Décret n°92-850 du 28 août 1992).

49 One of the reasons for lowering the start of compulsory schooling to three years was that in the years before 2019, up to 98 % of three-year-old children in France had attended preschool. Thus, a condition which in large part already in place was given legal force. Interestingly enough, however, the proportion of three-year-old preschoolers had fallen in recent years (INSEE 2018).

Preventive policies targeting children and youth six and above are organized within the highly centralized French education framework, under the control of the national Ministry of Education. In this context, local authorities such as the departments' PMI, child-protection and ASE services, or the municipalities' social and family services, act as partners of schools, with key cooperative roles. For example, PMI organizations are required to prepare a "medical balance sheet" (*bilan de santé*) for every child moving from preschool to elementary school (Art. L2112-2 Code de la santé), and provide this document to the schools and the public schools' medical services. The departments in some cases may provide schools with information on protected and/or placed children (and their families of care), who are subsequently to be supervised by the department's child-protection and ASE services and the schools. For their part, municipalities work with schools to arrange recreational and extracurricularextracurricular educational activities that fit with school calendars. In all these situations, a smooth exchange of data between local authorities and state actors (e.g., school administrations, schools) is important. In this context, health-sector observers have recently complained about shortcomings in the necessary coordination between the departments' PMI services and school medical services regarding transitions between preschool and primary schools (normally, the exchange of information should be organized in the form of a medical conference consisting of representatives of the competent PMI and of the local school's medical service) (Rist and Barthet-Derrien 2019). Overall, once children reach the age of six, state-run schools join subnational territories as important local preventive policymaking actors on their behalf.

Schools are tasked with organizing and implementing preventive action in a variety of fields. First, they are responsible for overall prevention-oriented education relating to the individual behavior of children and young people (e.g., in the areas of nutrition, sports, drugs and sexuality). Prevention-oriented behavioral education forms an integral part of the curricula at every school level in France *(Code de l'éducation, titre premier: L'organisation générale des enseignements).*

Second, schools are a locus for health-protection and preventive health-promotion activities such as vaccinations and medical examinations. Beyond the preschool age, children are required to undergo three obligatory examinations that address both physical well-being and development and psychological status. These take place at the ages of six, nine and 12. In addition, two preventive medical checkups are also carried out at the ages of six and 12. Examinations are normally carried out by a school physician employed by

the national education system (articles L541-1 to 541-6 *Code de l'éducation*). In the context of these school examinations, medical personnel are expected to pay attention to possible indications of problems (e.g., school or familiar), and to report any such signals to the competent departmental authority as a contribution to the public child-protection mission of (articles 542-1 to 542-4 *Code de l'éducation*). Moreover, schools are tasked with organizing specific support for children or adolescents with psychological or socio-psychological problems, as well as to disabled children. To do so, schools organize so-called networks of special aid to children in difficulties (*réseaux d'aides spécialisées aux* élèves *en difficultés*, RASED); these are composed of teachers, specially trained pedagogical personnel and psychologists, who cooperate in providing assistance to young children attending preschool or primary school in particular, with the goal of preventing the development of learning disabilities or other learning-related problems.

Third, schools work with civic associations on specific measures designed to dissuade students from dropping out of school.

Fourth, the prevention of radicalization, violence and delinquency has recently been made an official element of schools' preventive policies (Ministry of Education 2018).

Fifth, schools work with regional authorities and local enterprises to help young people manage the transition into working life. And sixth, schools work closely with local communities and associations to organize extracurricular recreational activities including sports for children and young people (articles L551-1 to 552-4 *Code de l'éducation*).

In general, preventive action in these various fields is organized by schools in close cooperation with parents, representatives of local (municipal and departmental) authorities, representatives of deconcentrated national education-system agencies (e.g., the Academic Director of the National Education Services on the level of the *d*épartement (*Directeur Académique des Services de l'Éducation nationale*, DASEN)), and diverse associations.

Municipalities play a particularly active preventive policymaking role with regard to the organization of extracurricular recreational activities *(activités périscolaire)*. Today, they are the most important actors in terms of organizing such activities for pupils or children aged six to 15, and in this context also have a say in the temporal organization of the school week. In fact, since the beginning of the French decentralization process in the 1980s, the municipalities have become the state-controlled primary and

secondary schools' primary partners in organizing extracurricular activities for children aged six to 15, in cooperation with local associations and cultural and sports sites.[50] The general aim of this policy is to facilitate a holistic, locally rooted vision of children's and young peoples' personal development both in and out of school. Over the years, a school-time management policy *(Aménagement du temps scolaire)* has developed which is – in governance terms – characterized by close cooperation between local schools, municipal governments, the local representatives of the national education system and parents. In this context, the municipalities not only help organize extracurricular recreational programs for the pupils living in their jurisdiction, but also have the right to be consulted on issues of time management in the local schools, with the goal of facilitating alignment between in-school educational activities and the locally organized extracurricular recreational activities.[51] In their activities, the municipalities are supported both financially and in terms of quality assessment by the central state (notably the interministerial Directorate of Youths, Popular Education and Society (*Direction de la Jeunesse, de l'éducation populaire et de la vie associative*, DJEPVA) which reports to the Ministry of National Education and Youth), as well as the central state's regional directorates of Youth, Sports and Social Cohesion (*Direction Régionale de la Jeunesse, des Sports et de la Cohésion Sociale*, DRJSCS), which help coordinate the extracurricular activities offered by associations, civil society groups and other community organizations). In 2018, the Ministry of National Education and Youth joined with other ministries to launch the so-called Wednesday plan *(Plan mercredi)*, which supports municipalities wanting to reserve Wednesday afternoons for extracurricular activities,[52] for example with extra funding. A key goal of this plan was to improve coordination between the schools and the municipalities organizing the extracurricular activities.

Since the late 1990s, another strand of preventive policy oriented ultimately toward children and young people has focused on providing support to parents (DGCS 2018, p. 5). Originally rooted in local initiatives providing support to parents in the form of

50 Law on the organisation and promotion of sports of 16th July 1984, Loi no 84–610 du 16 juillet 1984 relative à l'organisation et à la promotion des activités physiques et sportives.

51 In this context, local mayors can propose to the representative of the national educational system on the departmental level, the *Directeur Académique des Services de l'Éducation nationale* (DASEN), an educational project (projet éducatif territorial) that includes a reorganization of the municipality's weekly school schedule (for example, reserving Wednesday as a day for programmed extracurricular activities).

52 Today, according to a 2013 decree by the national ministry of education, the French school week has to include at least 24 hours of school education allocated over nine half-days with each day including no more than five-and-a-half hours of effective education time.

counseling and other services, this "parenthood policy" is not formally enshrined in law, but consists of a combination of national framework strategies adopted especially by the National Committee for the Support of Parents (CNSP),[53] as well as a number of local policy programs and initiatives. These measures often provide counseling services for parents, and additional develop and provide training programs for parents throughout the child-raising process. In 2012, the national Ministry of Solidarity and Health the Family began concerted action aimed at supporting municipalities in the development and adoption of local family-services plans, with the goal of increasing the visibility of local service offerings to families, children and parents (ibidem.)

3.3 Recent reforms important for local preventive policymaking

A number of political initiatives aimed at strengthening the preventive approach have recently been launched in a variety of public policymaking fields (e.g., child protection, prevention of delinquency, public health/health policy, education, parenthood policy).

In this context, the most important policy reforms have generally concerned the field of child protection and social help for children. Thus, the French law on child protection was reformed in several respects in March 2007 and again in March 2016. The first reform law of 5 March 2007[54] identified prevention as one of the core axes of the country's child-protection policy; in doing so, the idea of prevention was fully integrated into the Social Action and Families Code *(Code de l'action sociale et de la famille)*, which serves as the legal basis for child-protection policy. Moreover, the reform formulated changes to the competences, obligations, instruments and practices relevant within the field, especially for the departments as the area's lead public actors. The 2007 reform law also contained provisions that restated the fundamental rights of the child as stipulated in the UN Convention on the Rights of the Child; mandated that parents be fully integrated into local authorities' child-protection decision-making processes (e.g., with a right of information); identified instruments available to the departmental authorities when implementing child-protection measures (e.g., multiple possibilities

53 The CNSP is presided over by the French family ministry, and assembles representatives of the state (the different ministries concerned), the social insurance bodies (CNAF, CAF), the territorial authorities, and relevant associations (35 persons altogether).

54 Loi no 2007-293 du 5 Mars 2007 réformant la protection de l'enfance.

regarding placement: short-term placement, day care, etc.); and defined the relationship between departmental authorities and the judiciary. In addition, the 2007 law reformed the local alert mechanisms associated with incidents of child abuse. Thus, every *département* now hosts an observatory of child protection (*Observatoire départementale de protection de l'enfance*, ODPE) as an integral part of the local social administration. Finally, the child-protection law of 2007 also reformed information-confidentiality provisions for child-protection agents, introducing the category of "shared professional secret"; this enables relevant information to be shared with all public actors and professionals directly involved in the handling of an individual child-protection case, while maintaining confidentiality overall (Eglin and Le Loher 2007; Eglin 2008). The second reform law of 14 March 2016[55] supplemented the provisions of the 2007 law, for instance by creating the function of a "child-protection reference doctor" within each departmental PMI facility. This figure is tasked with coordinating or carrying out individual-health-related measures relevant to child protection, if ordered by the departmental child-protection authority. Furthermore, the new law reformed the local governance structures used to implement child-protection policies. As one change, it created a new child-protection instrument called the "project for the individual child" (*Projet pour l'enfant*, PPE); this is an individually tailored plan developed by the departmental child-protection authority in cooperation with the parents and other relevant actors (school, associations, etc.) designed to support children in risky situations.

Other more recent initiatives with a preventive approach have been passed in a variety of different policy fields. In 2018, for example, the French prime minister joined with the Ministry of Solidarity and Health to launch a National Health Plan 2018 – 2022 that places the idea of prevention at the heart of public-health policymaking for all age groups, including children and youngsters. As a part of this plan, departmental PMIs are set the goal of drawing up a medical balance sheet for all local children between the ages of three and four (the age of four is regarded as a key boundary for the early detection of diseases or risk factors). Currently, the departments' PMIs complete this task for only 70 % of the children of this age (Rist and Barthet-Derrien 2019, p. 29); this gap has various causes, including insufficient resources in some localities, and the fact that the standards for conducting this medical examination vary from department to department.

55 Loi no 2016-297 du 14 Mars 2016 réformant la protection de l'enfance.

The social integration of children and families is a key element of the country's National Strategy for Prevention and the Fight against Poverty (*Stratégie nationale de prevention et de lutte contre la pauvreté;* short: *Plan pauvreté*), which was proclaimed by President Macron in September 2018. This strategy has led to the creation of new national-level institutions,[56] and led to the further passage of a key new education law in July 2019 (see footnotes 15 and 34). This law seeks to reduce the risk of poverty among children and adolescents by extending the compulsory schooling period earlier into childhood and later into the transition from adolescence to adulthood, and thus expanding publicly funded educational opportunities for children and adolescents. The national anti-poverty strategy is furthermore meant to be implemented in coordination with local authorities on all subnational levels, as well as with other semi-public and non-public actors at the local level; these partnerships are to be based on contracts signed between the national level and the individual departments that define the local anti-poverty activities to be taken within the framework defined on the national level. A critical point here is that anti-poverty strategy specifically targets children and adolescents who are receiving social help and/or are under the supervision of the local child-protection authorities (ASE).

In the field of parenthood policy, the Ministry of Social Action and Families launched the "Color me a parent" strategy *("Dessine-moi un parent")* in 2018, seeking to create a systemic description of education-related challenges faced by parents while raising children, thus helping to define the contents of an overall parenthood policy.

Finally, the Ministry of National Education's *Plan mercredi* has been in place since 2018, granting extra funding to municipalities that propose new extracurricular educational programs for pupils.

3.4 Influences from other countries and the EU

Generally, local-level preventive public action targeting children and young people in France shows little sign of having been directly influenced by external examples, at least in the sense of active consideration of policy measures implemented in other countries. However, two points are relevant in this context.

56 In 2018, a new Interdepartmental Delegation for Prevention and Against Poverty and a secretary of state for prevention at the Ministry of Solidarity and Health were instituted.

First, France actively uses a portion of the funding allocated to the country through the European Social Fund (ESF) to develop and implement preventive policy measures for young people. During the current funding period (2014 – 2020), funding has been funneled from the central state to local governments particularly for local projects seeking to prevent young people from dropping out of school. The subject of early school leaving has become a major concern within European social policy against the background of high and recently – particularly during the economic and financial crisis – rising levels of youth unemployment across Europe. With the aim of lowering the youth unemployment rate and supporting youths' economic and social integration, the French government has actively promoted local programs designed to prevent early school leaving.

Second, French municipalities engage in active networking that facilitates the transfer of ideas and good practices among (French) local communities. In this context, a network of French cities embedded within the overall framework of the World Health Organization *(Réseaux français des Villes-Santé de l'OMS)* is of outstanding importance. Within this network, representatives of 93 cities – largely those somewhat smaller than the biggest French cities – regularly meet to exchange experiences and report on their own local experiments in the field of public health and preventive action. The network addresses a variety of specific subjects, ranging from housing and mobility to abuse, child health, parenthood and healthy behavior.

In general, local preventive activities rarely show obvious influences originating from overseas. However, such influences could emerge due to the existence of vibrant national networks of local communities and actors.

4 Preventive policies in the local context[57]

4.1 How does prevention work in practice?

The core question of this sub-chapter is: How does prevention work in practice at the local levels in France – that is, at the level of the *départements* and the *communes*? In the preceding sub-chapters we described core elements of the general structure of preventive public policymaking on behalf of children and youth in France. In particular, we identified the universal mandatory policies and policy programs with a preventive approach in the fields of public-health and health policy, the social integration of children and families, child protection and social help for children, and education. We additionally showed how different programs target children at different ages. In general, it is clear that preventive policies and programs are today an integral part of public policymaking, regulatory structures and policy implementation in the fields examined.

As noted above, departments and municipalities also engage in local child- and youth-oriented preventive activities that are not mandated by the central state. Indeed, a wide variety of local sectoral initiatives and more extensive cross-sectoral strategies exist. Given the lack of valid data on the number of such policies, it is difficult to provide a comprehensive survey within the framework of this report (ODAS 2018b); however, as illustration, we will present several selected examples of such local policies (see Information Box 5).

57 In this chapter, we focus on the local level of government *(départements and communes)* leaving aside the implementation of preventive policies developed and implemented in the context of the national educational system.

INFORMATION BOX 5: **Voluntary local preventive policies and programs**

Example 1: Mother- and Child-Protection Plan 2016 – 2019, department of Ille-et-Vilaine

In 2012, the departmental council of Ille-et-Vilaine adopted child-protection plan that was restructured and renewed in the form of the Mother- and Child-Protection Plan in 2016. This plan resulted from local politicians' desire to extend prevention programs benefiting children, young people and families beyond the scope of the department's mandatory functions. The declared goal is to use the department's PMI service as a lead institution in the department's efforts to fulfill its mandated "lead policymaking actor" role within the area of social, child and family policy.

"This regulation expresses the *départments'* intention to work with its institutions for the benefit of children, adolescents and parents (…) and to assist them as advisers in matters of health and well-being. It is also a guide for the *départments'* social administration staff. The aim is to ensure that its actions and services in favor of children and families go beyond what is required by law from the *départments*." (p. 2). Within this context, the department of Ille-et-Vilaine defines its PMI as a local partner for children, youth, young adults and parents, accompanying each of these groups along their life paths. Particular attention is paid to vulnerable groups; under the plan's definition, this refers to any person in a situation of potential risk, including pregnant women, small children, disabled persons, and so on. To begin putting this into practice, the department's Directorate of Children and Families organized a broad consultation among a diverse group of partners (other directorates within the departmental administration, municipalities, CAF offices, ARS offices, other deconcentrated directorates of the central state, specialized associations, etc.). It additionally conducted a survey among PMI users, with the end goal of developing and implementing a reform of the PMI intended to strengthen its service orientation, and to convert it into an "attentive administration" acting in a spirit of "partnership" (with stakeholders and users / clients).

The envisioned reform is structured around four axes, as follows:

- Axis 1: Anchoring primary prevention in the PMI's services.
- Axis 2: Optimizing access to the PMIs' service offerings.
- Axis 3: Placing the user at the heart of the PMI's action.
- Axis 4: Improving access by vulnerable persons to the PMI's services.

The reform will be financed through the department's general budget.

Example 2: Strengthening primary prevention in municipal childcare facilities, city of Toulouse:

In 2018, the city of Toulouse began a program designed to enhance early warning capacities within the municipality's 6,000 childcare facilities (nurseries, kindergartens, etc.), specifically with regard to the health of children up to the age of three. Under the program, a permanent partnership has been created between the city, the local university hospital center and local school officials with the aim of facilitating regular doctor visits to the childcare facilities. The program will be financed by the city.

However, the preceding delineation of sectoral preventive policies touched only in passing upon several core questions related to the implementation of preventive policies for children and young people, namely: How do key institutions and actors engaged in preventive policymaking for children and young people learn about a "problem," and what routines or processes are activated thereafter? What mandatory or otherwise institutionalized mechanisms of cooperation with local actors are in place, and what incentives are provided for interaction? How is local policymaking in this context financed? Is a focus placed on specific life phases or certain groups (e.g., vulnerable groups)? How can the relationship between "hard" and "soft" measures be characterized?

Given the multiplicity of mandatory measures and activities established by the French legislature in the core fields of preventive policymaking (health, child protection / social integration, education), many of which are intended to identify and mitigate risks for children, young people and families, it is highly probable that key local institutions and

their agents will be able to identify potential problems demanding (public) action at a comparatively early date.

A first key element in this respect is the pregnant woman's obligation to declare her pregnancy, thus providing both the relevant social insurance bodies (health insurance, local CAF) and the departmental PMI with this information. According to a recent report prepared by the National Institute of Health and Medical Research (INSERM) and the Directory of Research, Evaluation and Statistics (*Direction de la recherche, de l'évaluation et des statistiques,* DREES) on the authority of the Ministries of Solidarity and Health; Labor; and Public Administration (former title), only 0.6 % of all pregnant women in France failed to declare their pregnancies in 2016 (INSERM and DREES 2017, p. 43). Another element in this pre-birth preventive-policymaking structure is the early counseling interview (*Entretien prénatal précoce*, EPP) carried out during the fourth month of pregnancy by a doctor or midwife at the local departmental PMI. The EPP can serve as an alert mechanism for local institutions and preventive-policymaking actors, as it is intended not only to provide comprehensive medical, psychological and psychosocial advice to the expectant mother and parents, but also to touch on specific problems or concerns (e. g., relating to relationships, single parenting, economic or job-related difficulties, physical or mental health, etc.).

EXPERT 7: Directorate-General for Social Cohesion (DGCS), Ministry of Solidarity and Health

IG: The departments can use the fourth-month interview as a systematic means of getting to know their clients and become attentive at an early stage to vulnerable publics potentially in need of further support after childbirth.

The various medical examinations that are obligatory for pregnant women and children at different ages represent another critical channel for the identification of potential problems. Because public authorities (PMIs, school physicians) often provide these examinations, they offer an excellent opportunity to discover health-related, socio-psychological or social problems experienced by children or youth. However, there is no valid data available regarding the share of obligatory examinations carried out by public sector medical employees rather than by private practitioners.

However, there is data on the departmental PMIs' consultative and medical activities more generally, collected by DREES on behalf of the Ministry for Solidarity and Health. This underscores the high relevance of the PMIs as medical and socio-medical actors during a child's first six years of life (DREES 2015).[58] From the age of six onwards, the relevance of public authorities as medical supervisors increases further, as school pupils regularly undergo obligatory medical examinations. In such cases, parents do not need to come actively to the institutions involved; indeed, parents would have to actively withdraw their children from participation in order to avoid the medical oversight from being carried out.

The recently restructured system of child-protection observatories is also relevant in this context. Since March 2007, every department has been required to maintain a child-protection observatory (*Observatoire départemental de la protection de l'enfance*, ODPE), placed under the direct authority of the president of the departmental council. These observatories have two main functions: First, their offices for handling information regarding incidents of child abuse are the department's official contact points for other entities seeking to transmit such (e.g., schools, police or judicial agents, people making anonymous tips, other administrative bodies, hospitals or medical practitioners, family members or friends, etc.). Upon receiving such information, the department's social authorities for children and families are obliged to contact the family involved and investigate the situation. Second, the departments' child-protection observatories collect important social statistics, including on incidents of child abuse and the implementation of child-protection measures within the department. They regularly report such information to the National Observatory of child Protection (*Observatoire nationale de la protection de l'enfance*, ONPE) which carries out national-level studies on child-protection policy.

The first function, as the primary local point of contact for information about potential child abuse, makes the local ODPE an important point of intersection for national and local-level preventive policymaking on behalf of at-risk children and youth. While departments are required under law to establish such an observatory, the right of local self-government allows them to organize their own local system of preventive action

58 A recent report of the DREES on the PMIs' activities indicates, for example, that more than 700,000 children under 6 (i.e., 15% of that cohort), profited from an examination or counseling session at a departmental PMI in 2012 (DREES 2015, p. 2).

responding to the observatory's work. Thus, the routines activated after a potential problem has been identified are distinct within each department, through there are of course many commonalities. Given the large number of French *départements* and the lack of overall data on the issue, we cannot provide comprehensive information on this topic. We thus focus on two illustrative examples (see Information Box 6).

INFORMATION BOX 6: **Local routines activated after receipt of information regarding possible child abuse**

Example 1: Department of Ille-et-Vilaine

The department of Ille-et-Vilaine is situated in the northwest of France (*région*: Bretagne). It is among the country's most populous *départements* (1,060,476 inhabitants in 2017), with a high number of children and youth under 19 (25.8 % of the population, or 273,679 individuals) (INSEE 2019b). Compared to other French *départements*, Ille-et-Vilaine is relatively prosperous, with low unemployment and poverty rates, and a moderate level of indebtedness per capita that corresponds to the national average (INSEE 2019c; DGCL 2018b, pp. 30–31).

Ille-et-Vilaine's department-level social administration is organized as two main social-policy directorates. The first, addressing the general area of "solidarity" *(Pôle solidarité humaine)*, is further subdivided into sub-directorates focused on issues such as social help and support to handicapped persons. The second directorate addresses the area of "equality, education, citizenship" *(Pôle égalité, education, citoyenneté);* this too is subdivided into sub-directorates focusing on children and families; education, youth and sports; and more. The functions defined by administrative units are carried out by 22 departmental social-action centers (*Centers départementaux d'action sociaux*, CDAS), in cooperation with local-level politicians. These centers are located in municipalities across the department, and provide a wide range of different social services across age groups, including PMI services and social counseling. The CDAS, along with the social centers run by the municipalities (often in partnership with local associations), constitute the "street level" of the department's social administration. As such, they offer a local contact point for individuals with a wide variety of needs (medical, social, psychological, educational, etc.), and often provide counseling on

administrative questions, social rights and other subjects. In some cases, CDAS personnel also play an interventionary role. For example, if information regarding a child at potential risk is received – whether by the department's ODPE, the central directorate for children and families, or the local CDAS itself – CDAS social workers will carry out concrete child-protection measures. However, they must first consult the department-level directorate for children and families, review any applicable family-court decision, visit the family and / or child involved, and develop a plan in conjunction with the parents or a family-court judge. Such plans may entail measures such as regular visitations, counseling, financial help, or even placement of a child in another living situation.

Example 2: Département of Aisne

The department of Aisne is situated in the north of France (*région*: Haut-de-France). It is one of the smaller French departments (528,016 inhabitants in 2015), with a share of children and youth under the age of 19 slightly above the national average (25.3 % of the total population, or 135,024 individuals) (INSEE 2019a). It has a slightly above-average unemployment rate, a high poverty rate and an above-average level of indebtedness per capita (INSEE 2019d; DGCL 2018, pp. 30–31).

Like Ille-et-Vilaine, Aisne's central social administration features a Directorate for Children and Families *(Direction de l'enfance et de la famille)* that oversees a number of local units. These seven so-called territorial units of social action (*Unités territoriales d'actions sociales*, UTAS) are situated across the department, and like Ille-et-Vilaine's CDAS, serve as multifunctional social centers open to the entire population. The UTAS are highly important departmental actors with regard to information relevant to the protection of children and young people. If information of this kind is received, a central department-level coordinating office informs the competent UTAS, whose social workers then visit the family and / or child concerned, and report back about the situation to the coordinating office and the directorate's department on social help for children (ASE). The department's central administration works with the local UTAS experts to decide whether further action is needed; if this decision is made, two different scenarios are possible. First, if these bodies decide to implement an individualized help plan, the UTAS is the unit that will carry out its measures. Second,

if a family court is brought into the case and orders specific measures such as the placement of the child into a different living situation, implementation passes instead to a Departmental Association for the Rescue of Endangered Children (*Association départementale de sauvegarde enfance adolescence*, ADSEA) with four special prevention units operating within Aisne. The ADSEA is a public-law association cooperatively controlled by the judicial authorities under the auspices of the national Department of Justice and by the department. An ADSEA exists in nearly every French department. However, its role varies from *département* to *département*, depending on the formal relations concluded between the departmental council and administration and the association itself.

Overall, there are numerous local mechanisms enabling public institutions and prevention-policy actors to identify or become aware of potential risks to children and youth. Indeed, the close public supervision stretching throughout childhood can be viewed critically, with some observers terming it a system of "social control" (Eglin and Le Loher 2007, p.167.)

4.2 Mandated cooperation between local preventive policy actors

In France, policymaking with a preventive orientation is structured along children's stages of growth. That is, in implementing preventive policies, the state actively uses the core public institutions that engage with children and youth outside of their homes and families (e.g., preschools, schools, associations). Thus, even if there is no overall policy (see citation interview with *Expert 11* above), preventive policy is highly institutionalized in France. As a consequence, there are a number of areas in which local-level actors are required to work together. One example in this context is the so-called medical conference that takes place at the end of preschool, and before the child's transition to primary school. This brings together the local PMI personnel in charge of preparing the so-called medical balance sheet *(bilan de santé)* obligatory for every child between the age of three to four with the local primary-school physician. In this conference, balance sheets are provided to the school physician, and the participants deliberate as appropriate on the various children's particular health, psychological or psychosocial needs.

In addition to these obligatory institutional interactions, cooperation also takes place more generally during the implementation of departmental preventive social-policy action. According to the Code for Social Action and the Family, departments must implement their social policies in cooperation with the state's deconcentrated sectoral agencies, local social-security bodies, the municipalities, and/or other territorial communities and their social-policy organizations, the pertinent local public-health institutions, and local associations (Art. L116-1 *Code de l'action sociale et des familles*). Department social administrations are generally divided into multilevel structures entailing at least two levels: the central level encompassing the departmental council and administration in the departmental capital, and a local level that includes a number of locally situated units, which have different names from *département* to *département* (e.g., *centers départementaux d'action social* or CDAS, *unités territoriales d'action sociale*, or UTAS, etc.; see Information Box 6). These units function as local citizen contact points for the departmental social administration, for example by receiving individual requests for different forms of social benefits, providing various kinds of social counseling, or fulfilling the functions of a PMI. Cooperation between various actors takes place at both the central and local levels. At the central level, the departmental administration consults with a variety of public and private actors to develop various medium-term plans (e.g., the departmental child-protection scheme). On the local level, coordination follows another logic. Here, the idea is to provide citizens with "optimal service conditions." Thus, citizens seeking counseling or support, or formulating requests, can contact the local-level departmental units, the municipalities' social centers (CCAS), or the local units run by the family benefit funds (CAF). In this regard, the department is officially the lead policy actor for local social policymaking (see above), but is not formally superordinate to other levels or public bodies. Thus, it must organize cooperation with these non-departmental agents of the *département's* social public services. Such cooperation is normally organized in the form of interterritorial pacts or contracts that formalize the relationships (in terms of functions and financing) between levels and/or public bodies.

Systematic cooperation between public authorities on different subnational levels, as well as with the states' deconcentrated organizations, other public bodies and private actors (e.g., associations, firms) has been a routine characteristic of local-level social and preventive policymaking since the beginning of the country's decentralization

process. Multiple networks often bringing together the same actors in different policy contexts have thus developed both around legally obligatory functions (e.g., regarding the preparation and implementation of the departmental child-protection plans) and the voluntary activities of the *départements* and *communes* (see Information Box 6).

4.3 How is local preventive policymaking financed?

As the preventive functions of local communities described above are an integral, obligatory part of the policy competences transferred to them under the post-1983 process of decentralization, they must be financed through the normal sources of income generated by the *départements*, *communes* or intercommunal communities – that is, from sources such as taxes, funds regularly allocated by the state, subventions or loans (see above). Extra funding is envisaged only in exceptional cases, often serving then as a financial incentive provided by the state with the aim of influencing or directing local communities' policy activities. One such example is the Ministry of Education's fund supporting municipalities' educational activities under the *Plan mercredi*. Another example would be the national fund established by the Ministry of Solidarity and Health to help *départements* implement the organizational changes required under the child-protection reform law (Eglin and Le Loher 2007). A more recent example of this approach is associated with the above-mentioned National Prevention and Anti-Poverty Strategy of 2018; here, the state has created a fund containing between €135 million and €210 million for the years 2018 to 2022 to support local implementation activities (*Ministère des Solidarités et de Santé* 2019b).

4.4 Focus on life phases or certain groups?

Two key aspects are particularly characteristic of preventive policymaking on behalf of children and young people in France.

First, a particular emphasis is put on the life phase of early childhood. The departments' PMI entities, which constitute a core public institution of prevention, are tightly focused on this life phase, with this concentration having been repeatedly strengthened during the reforms of recent decades (see above). Preventive instruments are given special

emphasis during this phase (e.g., obligatory examinations; particular forms of developmental support). In contrast, preventive action on behalf of older youths is seen to be of lesser significance, although there are a number of important school-based preventive measures, such as education addressing drugs or issues of sexuality.

Second, local preventive policymaking in France often targets specific groups such as poor families, children of single parents, or "protected" children or families under the supervision of the departmental child-protection authorities.

Targeting of this kind carries both benefits and drawbacks. On the one hand, it helps to focus on groups or persons who may be exposed to particular risks; on the other, targeting might foster stigmatization.

EXPERT 12: Department of Aisne

VPB: Here in our department, the field of prevention combines two realities. On the one hand, there is prevention that is formally organized by law and targeted at the life-course phase of early childhood. This notably comprises the *département's* PMI services, which are directed toward the totality of the *département's* population. (…) In this context, the primary focus of public action is to systematically – as defined by the law – support families and young children, for instance with regard to medical, educational or social questions, so as to prevent child-protection measures from becoming necessary. (…) Moreover, apart from the PMI, the *département* in a wider perspective aims at supporting children, adolescents and their families during the process of growing up (…). Yet this is also dependent on resources. In fact, our core goal here is to preclude placement measures or other intervening measures.

… Early childhood is at the heart of public preventive action on the level of the *départements*. We are still insufficiently prepared to deal with the problems of young people. And there are particular problems; here in this *département*, for example, we are concerned about the problem of teenage parenthood or motherhood. We are trying to develop specific measures as regards this problem, for example through education on the issue at schools.

4.5 Relationship between "hard" and "soft" measures

It is difficult to draw a clear-cut line between "hard" and "soft" prevention measures. One approach could be to distinguish between measures that can be engaged voluntarily by the individual user of public services and measures, and those which involve individual sanctions, either financial or through the involvement of the judiciary and/or the police.

The French legislature has drawn on this approach when spelling out the relationship between "hard" and "soft" prevention measures, especially in the field of child protection. For example, with the adoption of the reform law on child protection in 2007, "hard" measures in the sense of measures involving the judiciary or police were viewed as measures of last resort. The legislature also strengthened the position of the departments' social help/ASE directorates in relation to the judiciary; for example, under the law, "soft" social assistance measures for children are to be given precedence to judicially mandated measures as long as the affected child's parents do not refuse cooperation, and are willing to attend counseling sessions and accept other measures, such as regular home visitations or the development and implementation of a personal social-assistance plan for the child concerned. Moreover, the judiciary – in this case, children's-court and juvenile-court judges – is required to keep departmental authorities informed of every step taken in terms of child protection in each individual case. Overall, the departmental bodies are defined as the core actors with regard to managing individual child-protection plans.

Overall, the density of institutions, practices and instruments allowing for a "continued public supervision" persisting throughout childhood in France (Eglin and Le Loher 2007) seems to be suggestive of a prevalence of "hard" prevention measures. Yet "soft" measures in fact constitute the heart of preventive policy instruments especially on the local level. The bulk of the child- and youth-oriented programs and projects developed and implemented over the past decades emphasize a relationship of partnership with the clients or users of public services, along with the necessity of coordination and cooperation between the various public- and private sector stakeholders. In general, short- to medium-term policy planning at the local level, often based on contractual relationships, is oriented toward partnership and cooperation.

5 Evaluation

The French prevention-policy system contains numerous often-obligatory measures for monitoring the health of pregnant women, children and youth. This makes it very likely that preventive actions will reach a significant share of the targeted clientele. Departments and municipalities distribute information regarding local infrastructures (PMI, nurseries, preschools, registers of privately practicing childcare providers in the *département*, etc.) both publicly on their websites, and in preschools, nurseries, schools, social centers and other relevant venues. However, there is no clear-cut data on the effectiveness of such outreach efforts. Any information on effectiveness can thus be only illustrative rather than comprehensive. To this end, we will use the evaluation section contained in a departmental child-protection plan (see above) to provide a useful example.

INFORMATION BOX 7: **Success of target-group outreach efforts, department of Ille-et-Vilaine**

In 2011, Ille-et-Vilaine carried out a comprehensive survey among the department's administrative agents, local politicians, local associations and others regarding implementation of its 2006 – 2010 child-protection plan. At least three points stood out regarding the question of how target groups were reached by the department's preventive actions (*Conseil générale d'Ille-et-Vilaine* 2017, pp. 26–27). First, respondents indicated an overall shortage of childcare personnel both with regard to collective childcare facilities (nurseries, kindergartens) and private childcare providers. Second, respondents criticized the complexity of partnership arrangements between the

departmental administration and other actors for the implementation of prevention measures. This complexity was seen as a hurdle with regard to public visibility for the *département*'s primary preventive activities and services. Third, regarding child-protection policy more specifically, respondents criticized the *département's* tendency to resort too quickly to measures placing children in new living situations. The departmental council took this latter criticism quite seriously, adopting an "alternatives to placement" project in 2012.

On a general level, cooperation between actors involves the development and implementation of preventive policies; on the individual-case level, it entails the exchange of information between professionals. In this sub-chapter, we will focus on the general level. Details regarding the exchange of information will be addressed in the next sub-chapter.

Child- and youth-oriented preventive policymaking at the local level in France is driven by medium-term policy plans. While these can be either mandatory or voluntary, they generally require cooperation between relevant local-level actors. As described above, both the plan-development and plan-implementation processes generate manifold interactions between public actors at different levels, as well as semi-public and association actors.

To assess the scope of this cooperation in more detail, we can take the example of the development of a departmental child-protection plan. Here, the department's social administration – usually the directorate for children and families – consults with a range of actors, including the state's deconcentrated social-policy organizations and agencies (e.g., regional health agencies, ARS), the local branches of the sickness and family funds (CAF), the municipalities and their CCAS entities, local associations, possibly the police, and so on. The plans generally include descriptive sections that specify the department's socioeconomic conditions, and provide detail actual challenges in contrast to legally stated goals and local political objectives. Following this is a section on planned actions. This section is most important, as it contains the actual policy measures that are to be implemented with the various partners over the subsequent three to four years. This list of measures and goals will afterward be used to evaluate the degree of success at the beginning of the subsequent period. The specification

and assignment of these tasks involves some competition as well as cooperation. The departmental authorities leading the process may simply contact other actors who have been identified as possible policy partners, and negotiate contracts for the fulfillment of the measures, or they may organize public calls for proposals, with contracts for execution of the planned measures awarded to the successful bidders.

Successful policy planning depends on functioning, sustainable cooperation – that is, on the departmental authorities' ability to find actors willing to cooperate over the long run, beyond the formal contractual relationship. In this context, the existence of a local "culture of cooperation," which might in turn be influenced by *département* socioeconomic conditions or the stability of the local political constellation, has been reported to be highly relevant. *Départements* report varying conditions in this respect.

EXPERT 8: Department of Ile-et-Vilaine

Cooperation is very important. Here, in Ille-et-Vilaine, we have a tradition of cooperation. Policy planning in the field of child- and mother-protection can thus be highly effective. Central actors know each other and can act on a basis of long-standing confidence. Moreover, a commonly shared professional interest often dominates relationship thus facilitating cooperation.

Cooperation on the individual case level, for instance with regard to child assistance or protection, typically requires an exchange of information between the various actors involved. In general, actors in France report that such professional cooperation is strongly institutionalized, particularly between agents of the public authorities and public institutions. The introduction of the "shared professional secret" ("*secret professionnel* ODAS") in the course of the first reform of the law on child protection in 2007 has played a significant role here. This category of information enables the various professionals working on an individual case to decide freely whether or not to share certain information with their colleagues. They are not obliged to do so, but if they do elect to share with relevant colleagues, they can do so without the risk of committing chargeable acts. However, the shared professional secret remains on object of some controversy (*Commission de travail du CSTS* 2013). Many of those who support it interpret it as a key element in facilitating cooperation between professional public agents engaged

in social assistance (Secret pro.fr 2018). However, others are more critical, arguing that professional secret sharing complicates efforts to establish trust within highly interlinked local communities.

EXPERT 3: National Observatory on Social Action (ODAS)

MAF: Imagine a small community where everyone knows each other. In such communities, the shared professional secret [model] might function as a sort of deterrent for clients. For example, they might lose confidence in public institutions, as they might fear that information regarding their personal situation, provided confidentially, may not in fact be treated confidentially due to too many persons potentially being informed.

Still another problem in this context can emerge from the relationship between public and private social- and health-services actors. In our study, some interviewees indicated that coordination between such actors is not always easy, despite the existence of formal obligations for concerned actors – privately practicing panel doctors, for instance – to provide local authorities with confidential information (e. g., information regarding pregnancy declarations, information about the suspected abuse of a child). Indeed, cooperation with these private actors is reported to be difficult at times, especially if delicate information is at issue.

EXPERT 12: Department of Aisne

VPB: Cooperation is not always that easy. Public actors are in close, professional, permanent cooperative contact. Yet, it is not always easy to get all groups on board. Take private practitioners, for example. They are obliged by law to provide information on possible incidents, and they do so. Yet, for them, it is not always easy to assess whether an examined injury results from abuse or from an accident. Time for examination is often tight, and often, incidents are several days in the past. So, in fact, in our *département*, privately practicing physicians, but also hospitals, are rather moderate sources of [potential abuse-related information] compared with the schools, for example.

As France does not have an overall, integrated prevention policy targeting children and young people, fully comprehensive data on this field does not exist. However, data from a variety of individual preventive-policymaking fields (e.g., public health, child protection, school-based preventive measures) is available. In this context, a range of different specialized statistics offices within the different sectors of public action primarily produce information on public authorities' "implementation output."

Such public information, for example concerning the PMI services' output in terms of number of clients or users and number of examinations, or the departmental authorities' activities providing social assistance to children (ASE), is available on the sites of the Ministry for Solidarity and Health's Directorate on Research, Evaluation and Statistics (DREES), the General Inspectorate on Social Affairs (IGAS) or the National Observatory on Child Protection. Statistical information of this kind is also made available by the Ministry of National Education and Youth.

However, despite this broad range of data on the public administrations' preventive work, information on success in the sense of "impact" (see Micosatt and KeKiz I) remains largely lacking, and effectively has to be obtained on a case-by-case basis through empirical case studies.

6 Conclusion

In France, public preventive policymaking oriented toward children and youth has a long-standing tradition dating back to the 19th century. It is particularly noteworthy that despite the traditionally high level of centralization within the French political system, the local level has constituted a core locus for public preventive action since the inception of this overall field of public activity. The importance of the local level has even increased since the beginning of the French decentralization reforms in 1983, particularly with regard to preventive measures in the fields of public health and health policy, the social integration of children and families, and child protection and social assistance to children (though this is less true in the field of education). The departmental mother- and child-protection service (PMI) has become the most important public prevention-oriented institution with regard to the health and social integration of expectant mothers, families, infants and children.

An overall assessment of local public preventive policymaking in France reveals a number of strengths, but also several potential weaknesses. However, these categories are not always clearly separable. Thus, any classification of the features of preventive policymaking will depend on the specific dimension of assessment (Grohs and Reiter 2014). The goals of effectiveness and legitimacy in particular may not always be achievable without some mutual friction being induced.

In general, preventive local-level public policymaking on behalf of children and young people in France has the potential to be quite effective, as its institutional foundation and the regulated division of labor between the various local-level actors involved make it possible to reach the targeted population with a high degree of efficiency.

This in in large part because policymaking with a preventive orientation in France is structured around the different life phases of the young target group. This is particularly true for preventive action in the field of health. Thus, the state seeks to reach the children and young people through the core local public institutions that play a role in these young individuals' lives outside of their homes and families (e.g., through childcare services, preschools, schools or municipal associations). As a consequence, virtually all children and young people ultimately come into contact with public institutions and actors skilled in the early detection of social or health risks.

For this kind of preventive policymaking to be effective, it must be able to continue reaching young people, and offering them age-appropriate preventive services, as they grow through the various structured life phases. In this arena, efficient transfer of relevant information between actors as the children move between life phases can be a challenge, as these actors often come from different sectors of public action (e.g, healthcare, social protection, personal development, education).

In principle, the institutional foundations for reaching target groups and ensuring the smooth exchange of information between participating sectors are strongest with regard to early childhood and the transition to school (0–6 years). However, recent studies have shown (cf. Rist and Barthet-Derrien 2019; Défenseur des droits 2019) that it can be difficult to ensure a flow of information between participating actors and a willingness to cooperate even with a strong institutional basis. Thus, this cooperation and information exchange are sometimes successful, but not universally nationwide.

During the early childhood period (up to age three) and during preschool (between the ages of two or three and five), preventive policy is strongly institutionalized, with the department-level PMI at its core; in particular, numerous obligatory medical examinations and counseling sessions serve as the basis for effective preventive policymaking. However, aside from the obligatory medical examinations, most of these measures are optional, and it is up to families to elect to use them. Afterward, the medical conferences between PMI staffers and school medical personnel, in which the medical records of incoming primary students are transferred to the schools, serve in principle as a channel for the transmission of prevention-relevant information. However, not every *département* PMI is able to meet the target of carrying out a first "medical balance" examination for every child by his or her fourth birthday (Rist and Barthet-Derrien 2019). The fact that the departments' child- and family-services are responsible for the bulk of

preventive functions for children up to the age of six could in theory help make these services more effective overall (Interview Expert 1 2018). However, shortcomings persist in reality, due both to organizational complexity (see below) and structural factors such as a lack of resources or skilled staffers.

After a child reaches the primary-school level (typically at the age of six), the prevention-policy system becomes more complex. From that point on, the department's social services, the state-controlled schools and the municipalities all separately engage in preventive action oriented toward the young people. This action is thus segmented between the fields of child/youth protection, education (including personal health and social development), social integration, and recreation. Once the young person crosses into adolescence, local actors from the regional level with responsibility for job training and development also take on a role. Ensuring cooperation and the effective transmission of relevant information in an overall field of activity that has grown this complex becomes challenging, despite the presence of numerous institutionalized forums for this purpose (Interview Expert 11 2018). In this context, one key problem reported by observers in relevant fields is the lack of overall "practice- and policy-relevant" information (Leroux 2013).

Furthermore, observers say that the "indefiniteness" in terms of the allocation of (prevention-relevant) functions and competences between the different levels of government is another overall challenge in creating effective child- and youth-oriented prevention policy. This manifests in a number of ways.

First, the central state continues to regulate policy functions that have in principle been decentralized. This can undermine the overall effectiveness of preventive policy-making. On the one hand, child- and youth-oriented preventive activities are typically implemented at the local level, for instance by departmental or municipal authorities. Yet these actions in the core fields of public-health and health policy, child protection and education are strongly regulated by the central state. Regulation in this context is comprehensive, referring to primary, secondary and tertiary preventive activities, and concerning both behavior-oriented prevention and social or structural prevention. As a consequence, the flexibility gains theoretically achievable through decentralization (e.g., allowing for more flexible case-by-case decisions) are in some cases lost due to the significant burden of mandatory functions and procedures imposed upon the local communities.

Second, local-level competences are not clearly separated, especially in the fields of social policy and recreation policy. The *départements* are today officially acknowledged as the leading local policy actors in this area. However, this does not mean that they are situated hierarchically above other local levels of government. In fact, while the *départements* have to fulfill and finance certain mandatory social-policy functions (notably in the field of child protection and social assistance to children), they are often dependent on the cooperation of other public and private actors both for planning and implementation purposes. Yet, at the same time, *départements* as subnational political entities compete with their (mandatory and voluntary) social policies with the *communes* and intercommunal communities, especially as regards the provision of voluntary primary preventive services to the citizenry. As a consequence, their relationships are often characterized by competition rather than cooperation (Lafore 2013). In some cases this raises questions as to the efficiency with which public money is spent. Moreover, the range of sometimes-competing local services can be confusing to citizens and even to other public actors. This heightens the need to resort to counseling simply to find a way through the thicket of local institutions, actors and instruments (Reiter 2010).

Third, as is the case in other European countries, local governments – especially the *départements* – complain that they are overloaded with mandatory functions transferred to them by the central state without appropriate financial compensation. As a consequence, many resource-constrained *départements* (Lafore 2013) tend to concentrate on their mandatory social-policy functions (especially with regard to child protection and social assistance for children) to the detriment of a more encompassing view of the concept of prevention).

With regard to legitimacy, preventive public policymaking in France combines the ideas of a "paternalistic" (local) state with a "providing" and "activating" state. The paternalistic elements can be seen in the obligatory preventive medical checkups, individual obligations such as the official declaration of pregnancy, the strong central-state regulatory structure, and the dense web of local institutions concerned with prevention, for example. Some observers even speak of a system of "social control" having been instituted in order to make prevention function. However, direct "hard" sanctions against individuals refusing to take part in preventive measure are rare.[59] On the

59 As one example, departmental authorities are required to appeal to the courts if the parents of a child who has come under observation of the child-protection services fail to cooperate.

contrary, national regulation has sought to strengthen the sense of a partnership being formed between prevention-policy actors and their clienteles.

Local structural conditions and contexts have also had increasing effect on preventive services. For example, non-mandatory services tend to depend on the availability of departmental and municipal financial and personnel resources. Thus, wealthier local communities can afford to do more in terms of investing in preventive activities.[60] *Départements* with extra resources can afford to go beyond core child-protection concerns (Interview Expert 3 2018), working more effectively to prevent the (costly) placement of children or youth in new living situations (Interview Expert 12 2018). Second, the effectiveness and range of services available within a department or municipality's civil society plays a significant role in the planning and implementation of mandatory and voluntary preventive services (Interview Expert 8 2018; Interview Expert 10 2018). Social integration services, child protection functions and preschool activities depend strongly on the specialized offerings of local associations, and thus on the local community's ability to sustain a network of cooperation-ready partners. Third, local political preferences play an important role especially with regard to voluntary preventive policies. This can help explain local communities' varying level of commitment to funding certain voluntary activities such as extracurricular recreational activities.

EXPERT 2: Child Protection Office for Local Recreational and Educational Services, Ministry of Education

ME: [T]he readiness of local communities to organize a more or less expanded offer of extracurricular activities for children and young people, regularly in collaboration with different associations, varies. (…) This is not a question of financing; in contrast, it is sometimes a question of the perception of the public organization of extracurricular activities. Today, activities such as holiday camps are sometimes considered to be a measure of social leveling. Thus, local communities are sometimes reluctant to engage in extracurricular policymaking or the organization of extracurricular activities for

60 For example, investment in the local system of childcare and childcare structures above the mandatory level.

pupils. What we can see, though, is that local communities are most important when it comes to organizing such activities, which in the end constitute an important element of more wide-ranging local preventive policies.

Overall, a broad spectrum of factors explain both the successes and the shortcomings of local public preventive policymaking on behalf of children and young people in France.

French preventive practices show a mixed potential for transfer. On the one hand, the limited potential for policy transfer results from the distinctiveness of the country's institutional foundations. This is particularly true within the health sector. Even if there exist numerous resemblances between the French and the German health systems (both are Bismarckian systems based on social insurance), a direct transfer of preventive practices oriented toward children and youth appears challenging. For example, France's departmental PMI services and differentiated school-based medical staffs constitute a distinct preventive-action system that is placed outside the "normal" health system, and which stands out for its public/state-controlled character. Even if many parents elect to have private physicians perform their young children's obligatory preventive medical examinations, many other families turn instead to the public sector health offerings that are unique within the French system. Indeed, these public services for children and young people (PMIs, school medical services) function well overall and are in high demand. Against the background of these positive experiences, one recommendation would be to give serious consideration to upgrading municipal public health services in Germany, and to allow these services to participate more actively in providing pediatric and other medical care. Admittedly, this would mean that established players (in particular general practitioners) would have to share certain privileges in this area of care with other actors from the public sector. It would also imply that a viable solution for financing such services would have to be found (e.g., accounting via the health insurance funds, supported by an increase in the state subsidy to the health fund). Nonetheless, this model could both strengthen prevention and ensure that vulnerable groups – particularly children – received care in less well served regions.

Another recommendation emerging from this case study concerns the role of the family-benefits fund. This should be strengthened both with regard to its functions

and funding mechanisms. To do so, it would not be necessary to organize the family fund independently (i.e., outside the organization of the German Federal Employment Agency), as is the case in France. However, if the family-benefits fund were to be given greater scope for preventive action, specifically with regard to children and youth, it would have to be provided with greater financial resources and more competences. In France, the family fund's local branches, the CAF, play an important role in local child-oriented preventive policy. These entities finance numerous network activities in support of department-level preventive actions, act as funding agencies for local investment in day care centers and childcare facilities, and provide transfer payments to parents to finance out-of-home care for their young children.

Furthermore, potential for policy transfer can be seen with regard to the planning of local preventive action oriented toward children and youth. A system of regular collaboration between local public and private actors to develop medium-term prevention-activity plans could – particularly if actively promoted by the higher levels of government (e.g., *Bundesländer*) – increase commitment to preventive policymaking and expand the willingness to expend public and private resources for the purposes of social investment. Planning of this kind could be an effective mechanism to restructure local preventive activities along the various phases of children and youth's lives, as is common in France. A public policy of this kind would also have the potential to overcome bias toward the early childhood and childhood phases.

Overall, we endorse the recent focus on strengthening primary as opposed to secondary or even tertiary prevention. In this context, a stronger focus on early action is called for in public policy across the various levels of government.

References

Amrous, N. & Borderies, F. (2018). L'offre d'accueil collectif des enfants de moins de trois ans en 2015. *Document de travail, série statistiques* no 203 (janvier 2018). Paris: DREES.

Avenel, C. (2017). Les enjeux et les impacts de la réforme territoriale sur la mise en œuvre des politiques sociales. *Revue française des affaires sociales*, 2017/2, 359–392.

Chevreul, K., Brigham, K.B., Durand-Zaleski, I. & Henández-Quevedo, C. (2015). France. Health system review. In World Health Organization (WHO) (Eds.), *Health Systems in Transition* 17(3) 2015.

Cleiss (Centre des liaisons européennes et internationales de sécurité sociale) (2020, March 12). Das französische Sozialversicherungssystem. Sätze und Obergrenzen bei Sozial- und Arbeitslosenversicherungsabgaben. Retrieved from https://www.cleiss.fr/docs/regimes/regime_france/al_a2.html

Commission de travail du CSTS (Conseil supérieur du travail social) (2013). Protection de l'enfance et information partagée. In Commission de travail du CSTS (Ed.), *Le partage d'information dans l'action sociale et le travail social*. Paris.

Conseil générale d'Ille-et-Vilaine (2015). Le schéma départemental "Protection Maternelle et Infantile" 2016–2019. Retrieved from (2019, February 9) http://m.ille-et-vilaine.fr/sites/default/files/commpresse/schema_pmi_2016_2021.pdf

Créoff, M. (2007). Les conseils généraux commes partenaires dans le champs de l'enfance. *Informations sociales (Caisse nationale d'allocations familiales)*, 2007/3 n° 139, 42–51.

Défenseur des droits (2018). *Rapport: De la naissance à 6 ans : au commencement des droits*. Paris: Défenseur des droits.

Direction générale des collectivités locales (DGCL) (2018a). *Les collectivités locales en chiffres 2018*. Paris: DGCL.

Direction générale des collectivités locales (2018b). *Les budgets primitifs 2018 des départements. Collection statistiques et finances (Collection).* Paris: DGCL. (Retrieved from [2019, February 14] https://www.collectivites-locales.gouv.fr/files/files/statistiques/brochures/bpd_2018.pdf).

Direction Générale de la Cohésion Sociale (DGCS) (2016). *Protection maternelle et infantile, soutien à la fonction parentale, protection de l'enfance et modes d'acceuil. Rapport.* Paris: DGCS.

Direction de l'évaluation, de la prospective et de la performance (DEPP) (2018). *Repères et Références Statistiques 2018. Enseignement, Formation, Recherche*. Paris: Ministère de l'éducation nationale, Ministère de l'enseignement supérieur, de la recherche et de l'innovation.

Direction de la recherche, des études, de l'évaluation et des statistiques (DREES) (2019). *Minima sociaux et prestations sociales. Ménages aux revenus modestes et rédistribution.* Édition *2019*. Paris: DREES.

Direction de la recherche, des études, de l'évaluation et des statistiques (DREES) (2018). *L'aide et l'action sociales en France* – édition *2018*. Paris: DREES.

Direction de la Sécurité sociale (DSS) (2019). *Les chiffres clés de la Sécurité sociale 2018*. Édition 2019. Paris: DSS.

Eglin, M. (2008). Secret partagé en protection de l'enfance. Le point sur leur régime juridique depuis les deux lois du 5 mars 2007. *Enfance & Psy*, 39, 65–75.

Eglin, M. & Le Loher, p. (2007). De la protection de l'enfance à la protection de la délinquance. Deux approches des familles en difficultés. *Enfance & Psy*, 36, 165–175.

Grohs, S. & Reiter, R. (2014). *Kommunale Sozialpolitik. Handlungsoptionen bei engen Spielräumen*. Berlin: FES.

Herman, E. (2017). Politiques locales de la petite enfance: les enjeux de qualification de la demande de place en établissement d'accueil du jeune enfant. *Revue française des affaires sociales*, 2017(2). Paris: La documentation française.

INSEE (Institut national de la statistique et des études économiques) (2019a, October 31). Population totale par sexe et âge au 1er janvier 2019, France métropolitaine. Bilan démographique 2018. Retrieved from https://www.insee.fr/fr/statistiques/1892088?sommaire=1912926

INSEE (2019b, February 14). Estimation de population au 1er janvier par *département*, sexe et grande classe d'âge. Retrieved from https://www.insee.fr/fr/statistiques/1893198

INSEE (2019c, February 14). Dossier complet *Département* d'Ille-et-Vilaine (35). Retrieved from https://www.insee.fr/fr/statistiques/2011101?geo=DEP-35#chiffre-cle-12

INSEE (2019d, February 14). Dossier complet *Département* Aisne (02). Retrieved from https://www.insee.fr/fr/statistiques/2011101?geo=DEP-02#chiffre-cle-12

INSEE (Institut nationale de la statistique et des études économiques) (2018, November 8). Taux de scolarisation par âge en 2016. Données annuelles de 2000 à 2016. Chiffres clés, published 23 November 2018. Retrieved from https://www.insee.fr/fr/statistiques/2383587

Jourdain-Menninger, D., Roussille, B., Vienne, p. & Lanelongue, C. (2006). Étude sur la protection *maternelle et infantile en France. Rapport de synthèse. Tome I/III – Rapport*. Paris: IGAS (Inspection générale des affaires sociales).

Kempf, U. (2017). *Das politische System Frankreichs*. Wiesbaden: Springer VS.

Lafore, R. (2013). Où en est-on du "*Département* providence"? *Informations sociales. Caisse nationale d'allocations familiales*, 179, 12–27.

Leroux, I. (2013). Le réseau des indicateurs sociaux départementaux. *Informations sociales*, 179, 84–87.

Ministère de l'Intérieur & Ministère de la Cohésion des Territoires (2017). *Les Finances des départements en 2016. Collection Statistique et finances locales (tableaux)*. Paris: Direction générale des collectivités locales.

Ministère de l'éducation & Éducsol (2019, February 7). Politique de prévention de la radicalisation violente en milieu scolaire. Retrieved from http://eduscol.education.fr/cid100811/prevention-radicalisation.html

Ministère des Solidarités et de la Santé (2019a, November 8). Stratégie nationale de prévention et de lutte contre la pauvreté. Obligation de formation jusqu'à 18 ans. Retrieved from *https://solidarites-sante.gouv.fr/affaires-sociales/lutte-contre-l-exclusion/lutte-pauvrete-gouv-fr/la-mise-en-oeuvre/accompagner-vers-l-emploi-et-l-autonomie/article/obligation-de-formation-jusqu-a-18-ans*

Ministère des Solidarités et de Santé (2019b, November 26). Stratégie nationale de prévention et de lutte contre la pauvreté. Retrieved from *https://solidarites-sante.gouv.fr/actualites/presse/communiques-de-presse/article/strategie-de-prevention-et-de-lutte-contre-la-pauvrete-lancement-de-la*

ODAS (Observatoire nationale de l'action sociale) (2018a). *Dépenses départementales d'action sociale en 2017: Un effritement inquiétant des marges de manœuvre. La lettre de l'ODAS*. Paris: ODAS.

ODAS (Observatoire nationale de l'action sociale) (2018b). *Receuils d'initiatives proposées par les départements*. Paris: ODAS.

ONPE (Observatoire nationale de la petite enfance) (2018). *Résultats du rapport 2017 de l'Observatoire nationale de la petite enfance. Dossier de presse 23 Janvier 2018.* Paris: Caisse nationale des allocations familiales.

Reiter, R. (2014). Gesundheitspolitik in Frankreich. Finanzierung des Gesundheitswesens, published 31 October 2019. Retrieved from https://www.bpb.de/politik/innenpolitik/gesundheitspolitik/177378/finanzierung. Bonn: bpb.

Reiter, R. (2010). Zwei Schritte vor, einer zurück? Dezentralisierung der Sozialhilfepolitik in Frankreich. In J. Bogumil & S. Kuhlmann (Eds.), *Kommunale Aufgabenwahrnehmung im Wandel. Kommunalisierung, Regionalisierung, und Territorialreform in Deutschland und Europa* (pp. 253–275). Wiesbaden: VS Verlag.

Réseau Villes-Santé de l'OMS (2019, February 9). Ville de Toulouse – Prévention précoce dans les lieux d'aceuil de jeunes enfants. Published in 2018. Retrieved from http://www.villes-sante.com/wp-content/uploads/Toulouse_Prev_Precoce_Accueil_Jeunes_Enfants.pdf

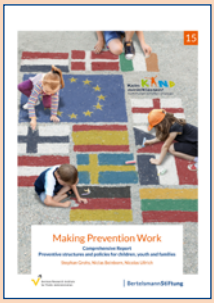
Rist, S. & Barthet-Derrien, M.-S. (2019, November 25). Rapport relatif au parcours de coordination renforcée santé-accueil-éducation des enfants de zéro à six ans. Retrieved from https://solidarites-sante.gouv.fr/IMG/pdf/rapport_27_mars_stephanie_rist.pdf

Schölkopf, M. & Pressel, H. (2017). *Das Gesundheitswesen im internationalen Vergleich. Gesundheitssystemvergleich, Länderberichte und europäische Gesundheitspolitik, 3. Auflage*. Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.

Secret pro.fr (2019, November 25). Secret professionnel et protection de l'enfance – Trois situations, trois contextes. Published in 2018. Retrieved from https://secretpro.fr/secret-professionnel/fiches-protection-enfance/situations-contextes

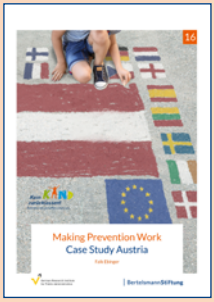
Sécurité sociale (2019, November 7). La branche familiale de la Sécurité sociale. Published in 2015. Retrieved from http://www.caf.fr/sites/default/files/cnaf/Documents/DCom/Quisommesns/plaquette%20branche%20Famille.pdf

Verpeaux, M., Rimbault, C. & Waserman, F. (2018). *Les collectivités territoriales et la décentralisation. 11ième* édition. Paris: La Documentation Française.



Making Prevention Work – Comprehensive Report Preventive structures and policies for children, youth and families

This publication features research for use in developing prevention policies. Drawing on a universalist and integrative concept of prevention, the study summarizes and compares prevention structures and practices in 12 EU member states: Austria, Czech Republic, Denmark, England (UK), Finland, France, Germany, Ireland, Lithuania, the Netherlands, Spain and Sweden. It identifies potentially transferable practices as well as the common policy challenges facing all European countries. Making Prevention Work also features case studies of prevention systems in Austria, France and the Netherlands that offer relevant findings for policymakers and prevention professionals across Europe.



Making Prevention Work – Case Study Austria

As a supplement to the "Preventive structures and policies for children, youth and families" study, the analysis of Austria presented here examines how prevention is implemented in Vienna, Graz, rural Styria and through the country's Early Prevention initiative, offering insight into the potential transfer of measures. Two further analyses of prevention are also available for France and the Netherlands.

Making Prevention Work – Case Study Netherlands

As a supplement to the "Preventive structures and policies for children, youth and families" study, this publication examines the Dutch system fostering children's well-being and education as well as the opportunities and challenges posed by the 2015 reform shifting all competences regarding family affairs to municipalities. Two further analyses of prevention are also available for Austria and France.

As part of an exhaustive cross-national study of prevention activities across the EU, this publication offers a close analysis of how prevention works in France and the structures of cooperation driving it forward. It explores how prevention measures operate within the framework of a strong central state and several subordinate levels of administration that are responsible for promoting the well-being of children and youth.

Prevention in France relies on strong regulatory structures and networking, in particular through the education and health systems. Beginning with pregnancy, prevention continues through preschool and into secondary education levels. Locally, the *départements* are at the heart of prevention work, particularly during the first years of a child's life. As a provider of family benefits, the CAF – a system of local-level family funds – is another important actor in prevention that contributes when necessary to local infrastructure and is a strong networking partner among departmental and local levels of government.

This publication is one of three case studies featured in the four-part cross-national study "Making Prevention Work" conducted by the Bertelsmann Stiftung in cooperation with the German Research Institute for Public Administration. Designed to identify facilities and institutional arrangements with positive impact in 12 EU countries, the study aims to facilitate an exchange of good practices with potential applicability for welfare systems in various national contexts.

Making Prevention Work draws on research findings associated with the German initiative "Leave no child behind!" ("Kein Kind zurücklassen!") that show how local support mechanisms and institutions can have a positive impact on disadvantaged children and their families. The initiative demonstrates just how effective a few good preventive measures can be in improving the educational opportunities of disadvantaged.

In addition to the close-up look at France presented here, Making Prevention Work features two further case studies – Austria and the Netherlands – as well as the comprehensive report "Preventive Structures and Policies for Children, Youth and Families."

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