The Children Act definition of 'significant harm' – interpretations in practice

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Abstract
Findings from a research study commissioned by the Department of Health into children in need of protection are used as a basis for the exploration of interpretations of the Children Act 1989 definition of 'significant harm'. Particular attention is paid to thresholds for intervention introduced by the England and Wales Children Act 1989 and its accompanying guidance and to decisions made at child protection conferences. The findings are linked to those from studies which preceded the Act and to more recent discussions about the relationship between services to children 'in need' and those to children 'in need of protection'. A cohort of 105 cases was identified and an examination made of the different ways in which they were processed through the system and decisions made that the children were suffering or likely to suffer significant harm. Conclusions are drawn about the adequacy of the Children Act definitions and post-Children Act practice for protecting children and for the allocation of resources to those most in need of them. The authors note variations in the extent to which individual social workers and social work teams in the areas studied have incorporated the new concepts of the Children Act into their practice. This applies particularly to the extent to which they plan their work around previous abusive actions of parents or their assessment of likely future harm to the child.

Keywords: children, harm, child protection, social work, family support, Children Act

The language of significant harm

This paper is based on one of a series of commissioned research studies intended to provide cumulative findings about child and family services following the implementation of the Children Act 1989. Although the intention was to scrutinize cases of 'significant harm' it immediately became apparent that the boundaries were fluid between the use of Section 17(b) of the Act (family support services including accommodation for children whose health or development was being or was likely to be significantly impaired without the provision of those services); the child protection procedures as defined by Working Together under the Children Act 1989 (Department of Health 1991); and the court system for making decisions about children suffering or likely to suffer significant harm. This paper explores the decisions made in practice to allocate cases to the family support or the formal child protection system.

The context of decision making about children in need of protection is influenced by changes in the legal language which bring with them possibilities for interpretation. Significant harm as a threshold for action was explored in detail by Adcock & White (1991). Gil's (1979) definition of child abuse mentions the term 'significant harm' and anticipates future or likely significant harm:

Child abuse is a significant harm done or anticipated to a child as a result of human action. That action may be intentional or reckless and inflicted by individuals, groups, agencies or the state. (Gil 1979, p. 1).
Several authors (including Parton 1991, Thorpe 1994) have noted that child protection procedures tend to concentrate on the abuse inflicted by individuals (usually parents), rather than on harm from other sources. This applies to the Children Act legislation in England and Wales in which the matching of significant harm to the care given or denied by parents creates a test of 'reasonable parent'. If the threshold conditions are met and the court is satisfied there is no better way of safeguarding and promoting the child's welfare, a finding of significant harm or its likelihood can, as Hoggett (1993, p. 180) says:

... form the first link in the chain of reasoning which can lead to a care or supervision order to give longer term protection to the child.

However, Section 31(2) states that a child crosses these thresholds only if the harm or likely harm is attributable to the care given or likely to be given by parents 'not being what it would be reasonable to expect a parent to give.'

The administrative child protection procedures set out in Working Together, do require the investigation of a wider range of abuses, such as abuse within institutions. However, once it is clear that no parent or person with parental responsibility is involved in the maltreatment by acts of commission or omission, the case is usually removed from the formal child protection system. Often, as Gibbons et al. (1995) established in their recent study of child protection cases, no further help is received.

In need or in need of protection?

More recently discussion has focused on whether the use of the significant harm provisions in Part IV of the Children Act is the only, or indeed the best way, to offer protection to the majority of children in need of some form of protective intervention. It would seem that there are possibilities for overlap between the wording of section 31(2), and the section 47 duty to make inquiries, and the Part III, section 17(b) definition of 'in need':

... his health or development is likely to be significantly impaired or further impaired without the provision of services. (our emphasis).

This overlap was acknowledged both in the Audit Commission report, Seen But Not Heard (1994), and in a recent paper to the influential Sief conference (Rose, personal communication), which explored the use of family support services in order to promote and safeguard the welfare of children. The major difference between the 'significant harm' (section 31) threshold and the 'significant impairment of health or development' which triggers the provision of services under Part III of the Act, is that the Part III definition is not linked to parental fault. When workers exercise their discretion to work under the Part III definition, two things happen. The services they provide are less stigmatizing; and prioritization in the allocation of scarce resources is more likely to be made with reference to the extent of a particular child's unmet need and the ability to make use of the services available, irrespective of the reason for the need or likely impairment of health or development.

The concept of need is an important component of welfare legislation, but the boundaries of need, like the boundaries of harm, are unclear and subject to interpretation. The Children Act states that children in need are those unlikely to achieve or maintain a 'reasonable standard' of health or development unless services are provided:

But 'reasonable standard' is not defined and neither are the indicators which would suggest such a standard is not being met. (Audit Commission 1994, p.5).

It has been argued that the role of law in establishing and requiring the meeting of need has become that of a residual, minimal response (Fox-Harding 1991, Braye & Preston-Shoot 1994). As Braye and Preston-Shoot point out, the duty to provide information about services has to be set against the poor performance of Local Authorities in delivering them. This is well illustrated in the Audit Commission (1994) by the research of Aldgate et al. (1994) which reported that in the 60 local authorities from which survey responses were received, highest priority in defining need was given to children already being looked after, or already judged to be in need of protection, while other categories received scant attention.

Making decisions about abuse and harm

Hallett (1993, p.142) comments that:

... ideas of what constitutes abuse are not fixed and immutable, they change over time. Some cases are relatively clear at the stage of identification – others, much less so. Complex judgements of a multi-disciplinary kind, are required, therefore, which take into account the context in which certain events have occurred.

At referral, investigation, and assessment stages, she claims that subjective judgements are made based on more or less objective facts and observations about whether certain behaviours or outcomes constitute
Aims and methods of the research study

The major aims of this research are to identify the method by which decisions were taken in a cohort of 105 cases from four local authorities. The cases were tracked for 12 months after the initial child protection conference, to determine whether children were being identified and worked with in the way that best safeguarded them from significant harm or significant impairment of their development, and to consider whether resources were appropriately targeted on these cases.

In order to gain access to all cases of significant or likely significant harm in the four local authorities studied, the following steps were taken.

(1) With the permission of parents, a researcher attended 107 of the 142 initial or incident child protection conferences held in seven area teams of the four authorities. To identify whether the remaining 39 cases should be included the team leader or conference chairperson was consulted and 99 cases satisfied the inclusion criteria.

(2) Team managers and social workers were asked to identify any children within families currently receiving support services outside the formal child protection system but who were considered to be suffering or likely to suffer significant harm. Six cases were added to the cohort as a result, two of which later came to a child protection conference.

(3) Information was sought about cases where court orders were applied for within the time frame of our data collection (8 months). So far as it was possible to ascertain, there were no cases where court proceedings were initiated which had not first been the subject of a child protection conference. Thus this process added no new cases to the sample.

In determining whether cases met the criteria for inclusion into the cohort, a data collection instrument was devised. This was based on the Children Act definitions of 'significant impairment', 'significant harm', and parental 'reasonableness' in the light of any special needs or difficulties of each child and was used at the conference and in an interview with the social worker or conference chair. This became a 'template' for a decision that was checked with at least two other members of the research team, to determine whether cases should be included in the 'significant harm' cohort.

Thus, every attempt was made to gain a full picture of all the cases newly identified as possible 'significant harm' within an 8-month period. The full cohort includes 105 index children (the youngest child in the family if more than one child came within our definition).

Other data sources

Out of this cohort of 105, 51 parent(s) agreed to take part in the study. These families formed the intensive interview sample about whom more information was collected in the form of interviews with parent(s), carers, the child, and with whom standardized scales were completed. Additional detailed interviews also took place with social workers and other key professionals, and files were scrutinized. Much of this information will form the basis of other papers.

Results

Figure 1 shows that 63% of the cases which came to a conference resulted in a child being registered. This is not a significantly higher proportion than the average of around 60% found by research studies prior to the implementation of the Act (Department of Health 1995). These were the 79 cases where significant harm was agreed by the conference and the researchers, and the eight cases registered where the researchers did not agree the child was suffering or likely to suffer significant harm. This represents a fairly close match between the researchers' opinion as to whether the case met the Working Together criteria, and the decisions of the conference or planning meeting. The 22
children not registered who met the research criteria for actual or likely significant harm (and represented more than one in five of the significant harm cohort) were at this stage being offered services outside the formal child protection system; which suggests some change in practice from the situation prior to the Act.

The thresholds of significant harm in the sample

Figure 2 illustrates the harm thresholds from the initial point of suspicion, and the subsequent direction of the case. Three possible divergent patterns are shown. Pattern (a), seen in a small minority of cases demonstrated intensive help. This included the local authority offering to accommodate or ‘look after’ children (s20). Multi-agency planning without recourse to the formal child protection system also occurred. Pattern (b), again a minority of cases, involved the use of the courts for Emergency or Police Protection Orders. The child’s name would be added to the register and Interim Care Orders made. In many cases the child was returned home within 6 months and Family Support was offered as ‘a child in need of protection’. Pattern (c) was the most typical pattern and showed a route through the formal child protection system without recourse to the courts, where the child was registered and remained at home with support as ‘a child in need of protection’. Three-quarters of the study were worked with on a voluntary basis without recourse to the courts and in only a quarter were public or private law orders sought.

The following factors or characteristics of the families appeared to influence the route taken by the cases through the family support and child protection system.

In need or in need of protection?

The first threshold is the decision taken to work with the case as a ‘significant impairment’ case under Part III of the Children Act or a ‘significant harm’ case using the formal child protection system. It was apparent that the way cases were processed was influenced by the ethos of the social work area office or team. This finding echoes the work of Bingley Miller et al. (1993) who examined 817 referrals of suspected child abuse in one social services department and found that the way the case was processed was influenced by which team received the referral. Crucial in our study was whether social workers and team leaders perceived their work as primarily ‘child protection’ or ‘in need’ work. A majority said, with pride, that the bulk of their work was child protection. Most of these worked in specialist child protection teams but believed they operated on a high threshold of harm and did not register children readily.

There was a marked difference between workers who prided themselves on all their work being classified as ‘child protection’ and others who prided themselves on having ‘very few’ child protection cases, and these differences appeared to be independent of the extent of deprivation in the areas of study. One team manager said:

There is an assessment of need for all families, you don’t get the maximum services because you’re on the child protection register.

Another said:

We want the least restrictive alternative that cocoons and gives some sort of protection. Our system is needs led.

A key to this thinking is to be found in the statement:
Referral under S17 - assessment of need including assessment of any harm or likely harm

Multi disciplinary Planning Meeting/ Family Support Meeting

Family support as a child in need

Family Support as a child in need of protection

Accommodation

Return Home

Referral because of Suspicion of Harm Assessment/discussion with team manager

Strategy discussion/meeting

Section 47 enquiry

Decision to hold Conference/Planning Meeting

Initial Child Protection Conference

No Registration/Registration

Emergency Protection Order Police Protection Interim Care Order Supervision Order Care Order

Cross over from Civil Court S37 referral to undertake an investigation as to whether a Care or Supervision Order is necessary

Section 47 enquiry

Residence Order Contact Order Prohibited Steps Order Injunction

Figure 2 The Children Act definition of significant harm – interpretation in practice.
Our baseline here is deprivation. You think with a different pair of spectacles on.

Some of this work was characterized by the pattern (a) route of service delivery (Fig. 2).

In contrast, a worker in a different area described her team as liking to have an element of control to save going to court to gain access to a child. Members of this team tended to use the court as a public arena for decision making, and felt it was the best forum for parents and children to be fairly heard and represented (often pattern (b) Fig. 2). A worker in this team described how she felt out of step in wanting to use family support provisions without registration where neglect was a serious concern.

A good proportion of workers fell somewhere in the middle of the dichotomies offered by pattern (a) and pattern (b) and fitted the approach to the particular case, most often using pattern (c) but considering a range of other routes and services also.

The strategy discussion or planning meeting

Decisions to work with a case under the informal provisions of Part III of the Children Act might also be influenced by what were variously described as planning meetings or strategy meetings, the former usually involving family members and social services staff, and the latter involving the main child protection investigation agencies and usually held without family members. In one authority strategy meetings often operated as a preliminary Child Protection Conference and were noted by the researchers frequently to have pre-empted the decisions of the formal conference. This use of strategy discussions runs contrary to the guidance in Working Together but was defended as a way of avoiding stress to the family if a child protection inquiry proved to be unnecessary.

However, it became clear to parents attending subsequent conferences that minds had already been made up, a conclusion supported by the researchers’ observation notes. Several parents commented: ‘They had made their minds up already’, echoing comments of parents reported before the implementation of the Act and new guidance (Thorburn et al. 1995).

The decision to hold a child protection conference

The third threshold was the decision to hold a child protection conference. The most influential professional at this juncture appeared to be the team manager, either alone or in discussion with another professional who would most often be the police liaison officer or the chair of the conference. If the police were consulted, decisions would be affected by issues of criminality, and if the conference chair were involved, she or he would be most influenced by recent similar cases about which conferences had been held.

Decisions about registration

Before the decision to register takes place, Working Together (Department of Health 1991) says that the conference must decide that there is, or is a likelihood of, significant harm leading to the need for a Child Protection Plan. One of two requirements must be met: (1) there must be one or more identifiable incidents adversely affecting the child, in any of the categories, and professional judgement is that further incidents are likely; and (2) significant harm is expected on the basis of a professional judgement of the findings of the investigation in this case or on research evidence.

A further point made is that:

...the conference will need to establish so far as they can a cause of the harm or likelihood of harm (Department of Health 1991, p. 48).

Our study identified ambiguities in the wording of this guidance, which led to different decisions about registration being made about similar cases. Two main aspects of the guidance led to these differences. It would seem from the above statements that the presumption is not necessarily that harm is attributable to parents. But there is a requirement for a focus on the incident that has occurred, and an attempt to identify responsibility for it. Some conferences were more likely than others to register cases where the harm was attributable to some person other than a parent, or an event beyond the parent’s control.

In six of the 14 cases in the intensive interview sample where the care is given to the child by a parent was rated by researchers as ‘reasonable’ the child’s name was placed on the register. Secondly, ‘the need for a protection plan’ and ‘unresolved child protection issues’ were interpreted by some child protection conferences as the need for any protective action, and by other conferences as the need for protective intervention imposed and directed under formal child protection procedures. In the former cases, the child would usually not be registered and interventions made by agreement under the provisions of Part III of the Children Act would continue. Typical of these cases was coordinated multi-agency work monitored by a planning group of which parents and older children were members. These were sometimes referred to as ‘in need’ conferences, which made
agreements about ‘family support plans’, following a needs assessment, which included an assessment of the risk of any future harm.

Many parents commented that the conference had a court-like feel, particularly at the point of registration. It is important to note that there is no equivalent to a presumption of no order, as when an order is considered in court; that is, there is no requirement for the child protection conference to satisfy itself that registration is necessary, or even the best way to safeguard and promote the child’s welfare.

A number of more specific factors, similar to the ‘vulnerability factors’ identified by Gibbons et al. (1995) from their study of case records were observed to influence the decision to place a child’s name on the child protection register. Our study reveals a similar but longer list than the three patterns of registration provided by Farmer & Owen (1995), of accumulating concerns, matching present and previous contexts, and a focus on specific incidents of abuse or neglect. Our list is drawn from observation of the conferences coupled with interview information from the social worker and conference chair and demonstrates a ‘snapshot’ of differing practice at conferences.

**Previous history**
A previous history of other children in care or of child protection conferences held in the past.

**Disconnected registration**
Other information about family problems, often of a different nature to the incident that triggered the conference led to registration. When this happened, the category of registration (that of the incident) often failed to reflect accurately the conference’s concerns about the likely reason for any future significant harm. For example, 8-year-old Michael had been seen acting out sexual activities depicted in pornographic literature found in the woods. The children he was with were conferenced but not registered. Michael was registered under the category of sexual abuse which reflected the incident. The clear concerns were about actual and future physical and emotional harm stemming from his self-destructive behaviour and long standing relationship problems with his mother.

**‘Uncooperative’ parents**
Parents who were described by professional attenders as ‘unwilling to cooperate’, or who had rejected offers of help in the past, perhaps because of mental health, drug or alcohol addiction problems, or linked with a learning disability, were more likely to find that their child’s name was placed on the register.

**Registration as authority**
The need for a greater degree of authority over parents who would not take note of other more conventional means of communicating is illustrated by this comment from one chairperson:

This child has always been an adolescent in need and the question is at what stage does it become a child protection case? If parents are making reasonable efforts then child protection is not helpful but in this case the mother does not fulfil her basic functioning as a mother. For example she welcomes men to spend the night with her 14-year-old daughter or the daughter will go missing and she will not inform the police. It was hoped that registration would give a formal message to the mother that her behaviour was not acceptable.

**Insufficient evidence**
Linked with this, if there was insufficient evidence to go to court, registration was sometimes used as a message to parents about the seriousness with which their behaviour was viewed.

**Parental ability**
If there was professional concern about the ability of a parent (usually a mother) to protect a child from future abusive incidents, even when the person responsible for the abuse was no longer in the household registration was more likely.

**Prevention of removal**
To prevent removal from accommodation against the terms of a placement agreement. It was common practice for parents to be told that the agency would seek an order from the court if the child were removed from accommodation, and the possibility of this would lead to a child looked after by the local authority being registered. In other cases, being looked after by the local authority was a reason not to register. ‘Forced’ accommodation was a subject of much debate amongst the social workers and managers interviewed for the study.

Finally, in this section on registration, mention should be made of the group of 26 children (a quarter of the cohort) who were suffering or likely to suffer significant harm but who were not registered (the 22 children not registered and the four children whose cases never came to a Conference). These were children who would be difficult to parent under any circumstances either because of their disabilities, or behavioural or emotional difficulties often linked to past experiences, or both. Some of these children had special educational and other special needs; some had witnessed stressful marital discord and separation.
These children were in need of help, but for various reasons most of them, when their files were examined after 1 year, were not having their needs met and were consequently likely to suffer significant harm. Like ‘Michael’ whose case is mentioned above, it was only when a specific incident was identified which led to the label ‘child protection case’ that a coherent and coordinated programme of services was put in place.

The decision to apply for a court order

Although inclusion in our cohort of 105 cases would suggest that the significant harm threshold would be passed, and the ‘reasonable parent’ threshold in nine out of ten cases, in only around a quarter were public or private law orders sought. This was usually ‘on notice’. There were 17 Emergency Protection Orders or children taken into police protection, some of which led to no further action. There was some overlap between the 24 Interim Care Orders, the seven Residence Orders, the 16 Care Orders and the three Supervision Orders. Accommodation using Section 20 of the Act was used in 16 cases and in an additional 10 cases protective accommodation was provided by relatives, sometimes for a parent and child together.

Having described how the cases of children who may be suffering or likely to suffer significant harm were processed by the system set up by the Children Act and accompanying guidance, we return to our second and third research question. To what extent are children being appropriately identified, and does it appear that scarce resources are being targeted on those most in need of them if significant impairment of their health or development is to be averted. The small number of children whom we considered to have been registered inappropriately received varying amounts of support and services and were mostly deregistered at a subsequent review conference. For the rest, there was no doubt that the children were in need of a wide range of services. In most cases, whether they were provided as Part III family support services, under formal child protection procedures as a result of registration, or following the intervention of the courts, a concerted attempt was made to provide high quality services. That they did not always yield positive results was mostly because of the intractability and complexity of the problems of parents and/or children.

It is this degree of intractability which makes it essential that we move on to attempt to answer the third question of whether it appears that the resources are being targeted on those most in need of them, and on those who can make the best use of them. In attempting to address this question each case was allocated to a needs/harm grid based on the work of Hardiker et al. (1991), using the definition of ‘risk of harm’ as the Section 31 threshold and ‘need’ as the Section 17 thresholds (Table 1). The decision arrived at was cross checked by at least two other researchers, against a protocol for determining low, medium and high categories of harm and need. Most fell into high or medium need and high or medium risk of harm categories, with only 10 medium or high risk but low need cases, and only five allocated to the medium or high need but low risk groups. An example of the first would be the single parent who is usually competent and deeply committed to the children, but might become drunk episodically and fail to supervise the children, leading to the risk of an accident occurring. Those in the second group were usually those where a child was difficult to care for, and the generally loving parents were worn down by the strain and were usually also barely managing on a very tight budget.

Table 1 Risk of harm–need grid

<table>
<thead>
<tr>
<th>Need</th>
<th>None</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tbody>
<tr>
<td>None</td>
<td></td>
<td>1</td>
<td>10</td>
<td>24</td>
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<tr>
<td>Low</td>
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<tr>
<td>Medium</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>High</td>
<td>24</td>
<td>10</td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>

Notes

Risk of significant harm: Section 31 of the Act
(a) that the child concerned is suffering, or is likely to suffer, significant harm; and (b) that the harm, or likelihood of harm, is attributable to:
(i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him; or
(ii) the child’s being beyond parental control.

Need: Section 17 of the Act
(a) that the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health1 or development2 without the provision for him of services by a local authority under this Part;
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
(c) he is disabled.

1Health means physical or mental health.
2Development means physical, intellectual, emotional, social or behavioural development.
Discussion

This analysis led us to the conclusion that the dichotomy between need and risk is a false one. Any child whose health or development is likely to be significantly impaired whatever the cause and irrespective of whether the likely impairment stems from parental maltreatment is a child at risk of significant harm. Giller (1993) suggests that the formal registration of a need for a protection plan under child protection procedures should be seen as indicating a higher priority for the receipt of Section 17 services. Yet one in five of these ‘significant harm’ cases were not registered, and ten of the registered cases had a low need for family support services. A system that prioritizes one source of harm and ignores other sources of harm will be making decisions about priorities based on only a small proportion of cases of significant harm or impairment. The majority of the children in our cohort were already suffering or likely to suffer significant harm unless appropriate help was made available, but did not receive a concerted service until an (often minor) incident pushed them over the threshold into the child protection system. In the majority of cases, this fact was known to at least one professional, and in only seven of the 51 intensive sample cases was a parent reluctant to accept services.

The practice of waiting for a specific episode of maltreatment before providing a coherent multi-disciplinary service to these children and their parents has two consequences. The most obvious is that problems are entrenched and less amenable to help by the time that services based on a full assessment of need and risk are provided; the second is that undue emphasis on the incident may, and indeed sometimes did, lead to an inappropriate focus for the help provided. When devising child protection plans, conferences sometimes appeared mesmerised by the abusive incident which led to a particular registration category. To illustrate this point, 21 of the intensive interview sample cases were registered under the physical or sexual abuse categories of ill-treatment, and only 10 under the category of emotional abuse. When the ‘template’ of significant harm was used by the researchers after observing the conference and discussions with the social worker, in 30 of the cases future emotional harm featured as the prime concern. Only a minority of them (just under a third) were children at risk of serious physical injury, life threatening neglect or of sexual assault for whom a repeated assault might be avoided as a result of registration. Yet most protection plans concentrated on preventing physical or sexual harm and very few coherently addressed ways of preventing emotional harm.

Stevenson (personal communication) has drawn attention to the dangers and ineffective use of resources of focusing on the wrong problem if the registration category does not include the major reason for concern.

Conclusion

The assimilation of this new language of significant impairment of health, whatever the cause, will broaden the extent of identified need and call for even more carefully balanced judgements about priorities. The extent to which this can happen is at risk of being undermined by the narrower language and focus of child protection. This language reflects a cutback in resources and a withdrawal from service provision. Lynch (1992) identifies the changes in emphasis from ‘child welfare’ to ‘child protection’, ‘prevention’ to ‘detection’, ‘suspicion’ to ‘investigation’, and from ‘professional judgement’ to ‘have I followed the procedures’. Thus at worst, decisions about the allocation of resources, including social work support and therapeutic services, are based not on the extent to which a child’s development is being or is likely to be significantly impaired, but on whether the parents are likely to be judged to be responsible for the impairment or harm, and if so, whether there is a risk that the agency as well as the parents might be found wanting. How else can we explain why a 15-year-old known to be engaged in prostitution, or a pregnant homeless 16-year-old, causes little concern and may not be given services as a child in need, but much energy is taken up by many professionals investigating and conferencing a 12-year-old who receives soft tissue injuries as a result of a single incident of over-chastisement by a normally caring parent?

The logic of the Children Act 1989 would require at least equal focus on the impairment or likely impairment to the health or development of the child and the acts of the parents. If the allocation of a ‘child protection’ label continues to be used as a criterion for prioritising scarce resources, many children who are suffering or likely to suffer significant harm will fail to receive the services they need.

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