Ivy – Executive Summary

This executive summary presents the key findings and immediate learning from Local Child Safeguarding Practice Review (LCSPR) commissioned by the Shropshire Safeguarding Community Partnership.

In December 2022 Ivy, an extremely growth-restricted baby was born prematurely by emergency caesarean. Throughout her pregnancy Mum had serious pregnancy related health issues and Ivys weight at birth was 1kg (2lbs 2oz).

Ivy lived with her mother, father and older brother, Leo, in Shropshire. Both parents were originally from Eastern Europe, with Dad having moved to England from Hungary in 2011 and Mum having moved from Czechia in 2018. English was not the first language of either parent. Professionals generally reported that Dad spoke and understood English well and often supported communication with services. Mum's spoken English was more limited and interpretation services were required during parts of agency involvement. Mum also had two older children living in Czechia, one in the care of their father and one in the care of their maternal grandmother. Whilst some agencies were aware of these arrangements, information relating to the circumstances of the older children and the reasons they were no longer living in their mother's care was not consistently understood across the professional network

The family experienced significant financial hardship, had limited access to transport and relied on public transport and support from others to attend appointments and visit Ivy whilst she remained on the Neonatal Unit. Dad worked long shifts to support the family financially and the family were in receipt of Universal Credit. The family had contact with a range of services throughout Mum's pregnancy and following Ivy's birth. Leo was generally observed as appropriately cared for and, whilst some vulnerabilities and concerns were noted, professionals did not identify safeguarding concerns that would have predicted the significant harm later suffered by Ivy. However, the review identified opportunities to strengthen professional curiosity, information sharing, communication with parents whose first language is not English, and wider consideration of family circumstances when assessing risk and vulnerability.

At four months old, Ivy's father contacted the GP due to concerns about a lump on Ivy's back; at the time, Ivy weighed 3.44kg (7lb 5oz). During the GP visit, it was noted that Ivy's mum smelt of alcohol, and after the GP examined Ivy they phoned for an ambulance.

Ivy was transferred to hospital, where extensive non-accidental injuries were confirmed. A child protection medical concluded that explanations provided by the parents were not consistent with the injuries. Both parents were arrested and Ivy and her older brother Leo (aged 19 months) were placed in foster care.

The purpose of the review is to examine multiagency involvement with Ivy, her parents and Leo in the year preceding Ivy's admission to hospital in April 2023; to understand what happened and why; and to identify learning that will strengthen safeguarding practice across the partnership.

The report identifies several areas for improvement across the safeguarding partnership:

1) **Strengthen 'Think Family' approach** SSCP need assurance that staff are using the Think Family approach; staff should be confident and competent in their communication with parents whose first language is not English.
2) **Address and challenge bias** SSCP need assurance that all agencies are identifying and addressing bias, which means acknowledging that this may be present when parent's culture and first language are not English, and a commitment to ensuring that all families receive as equitable a service as those parents whose first language and culture is English.

3) **Referrals** SSCP need assurance that agencies have a focus on safeguarding being everyone's responsibility. Completion of referrals within Health Services (Shrewsbury and Telford Hospital NHS Trust) should be completed by the practitioners who have the concerns, or by those who are most familiar with the family (regardless of role). Support to complete and check through the referral should be available and given consistently to all staff members. The author recognises that the Multiagency Referral Form (MARF) was replaced by the online Children's Referral Portal in February 2026.

4) **Recording systems** SSCP need assurance that when Children's Social Care receive a referral, the Early Help Recording System should be routinely checked for information on all family members. The author recognises that the Multiagency Referral Form (MARF) was replaced by the online Children's Referral Portal in February 2026.

5) **Improve responses to injuries in under-2s** SSCP need assurance as to how the latest version of 'Injuries in babies and children under 2 years of age' has been understood and embedded into practice in GP Practices. The author recognises that the policy has been updated to Bruising in Babies and Children.

6) **Embed understanding of Escalation Policy** SSCP need assurance of how awareness and use of Escalation Policy: Resolution of Professional Agreements is promoted.

7) **Strengthen interpretation and communication support** SSCP need assurance in relation to the flexibility and reliability of interpretive and translation services; this should be available during all

8) episodes of contacts with parents. This assurance should include details of how communication style is agreed with the family and, how written information can be shared with parents in their own language from the outset.

9) **Embed understanding of Thresholds** SSCP need assurance that the most up to date versions of the Thresholds Document and any accompanying resources are embedded into practice.

10) **Conduct regular safeguarding audits** SSCP need assurance that regular staff audits are carried out to ensure that all staff are aware of safeguarding policies, procedures, processes, guidance documents and know how to make effective safeguarding referrals.

11) **Ensure coordinated support for families with financial or transport barriers** SSCP need assurance that 'Think family' is at the forefront in supporting parents with financial and transport difficulties to visit and stay with their newly born child in the Neonatal Unit. Ensure that family circumstances regarding work and financial commitments are fully understood and taken into consideration.

12) **Promote trauma-informed and professionally curious practice** SSCP need assurance that practitioners are working in a trauma informed way and are professionally curious in addressing issues of parent's seeming reluctance to engage with agencies.

David Shaw
Director of Children's Services
Shropshire Council

Emma Whitworth
Temporary Detective Superintendent
West Mercia Police

Vanessa Whately
Chief Nursing Officer
Integrated Care Board