

Franciscan Missionaries of the Divine Motherhood

Baseline Audit Report
May 2025

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1. Introduction

1.1 This is a baseline audit of the safeguarding arrangements of the Franciscan Missionaries of the Divine Motherhood (FMDM). This audit has been undertaken as part of the Catholic Safeguarding Standards Agency's (CSSA) Baseline Audit phase of Religious Life Groups in England and Wales.

1.2 Ladywell Convent in Surrey is the motherhouse of the international congregation of FMDM. In response to a CSSA survey in late 2024 FMDM reported that they had 60 members in England and Wales of whom 46 are retired. Within Ladywell convent there are separate facilities including the La Verna community where the care needs of elderly or infirm Sisters are met. The community is not Care Quality Commission (CQC) registered as, under the CQC Policy and Guidance "Religious Orders and Registration as a Care Service", they are recognised as a private household and not a registerable provider. On the same site the Franciscan Centre¹ offers retreats, programmes, workshops and facilities for external groups to hire.

1.3 FMDM employ staff, who they term Mission Partners, in the Franciscan Centre and at La Verna to meet the care needs of the Sisters. The Franciscan Centre Director has a team of four Mission Partners and one volunteer, along with housekeeping and catering staff. There are 15 Mission Partners who support the Congregational mission and the remaining Mission Partners are involved in care, catering, housekeeping, administration, estates and maintenance across the Ladywell campus. Sisters who are in active ministry undertake roles such as Spiritual Direction in the Franciscan Centre. FMDM are members of the Religious Life Safeguarding Service (RLSS)²

1.4 This audit seeks to assess the effectiveness of the current safeguarding arrangements by considering practice over the last 12 months. The CSSA has categorised Religious Life Groups (RLGs) on a scale from Level 1 (a small community with minimal outreach and no known safeguarding concerns), Level 2 (a medium

¹ [Franciscan Centre Ladywell - Franciscan Centre Ladywell](#)

² RLSS are an independent team of Safeguarding professionals offering Safeguarding services to the Religious of the Catholic Church in England and Wales

sized community with some outreach to vulnerable populations and/or providing some Diocesan activities, such as Parish priests), to Level 3 (a large community and/or one with significant outreach to vulnerable populations and/or a disproportionately high number of open safeguarding cases). FMDM are categorised as a Level 3 community as there are 60 Sisters, including those who are vulnerable and receive care through FMDM provision, and they completed a corresponding self-assessment.

2. Methodology

2.1 Initial contact with FMDM to arrange this audit was made on 19 July 2024. International travel responsibilities of senior leaders in FMDM limited their availability to participate in audit. Therefore, it was agreed that audit would take place in the week commencing 27 January 2025 with the self-assessment to be submitted on 16 December 2024. The Congregational Leader submitted the self-assessment on 16 December 2024 with supporting evidence being provided by 17 January 2025. Additional evidence was requested and provided during the audit week.

2.2 Audit interviews were undertaken in person on 29 January 2025 with the Congregational Leader, the Mission Director (and Congregational Safeguarding Lead), the Franciscan Centre Director (and Safeguarding Lead), the General Manager (and Safeguarding Lead for the Care Community), a Trustee with a Lead for Safeguarding, the Care Manager and a Sister who undertakes Spiritual Direction.

2.3 Liaison between analysts and RLSS took place on 3 February 2025 regarding the engagement of FMDM with them over the last 12 months.

3. Audit Grading

3.1 Practice was assessed against the eight national safeguarding standards adopted by the Catholic Church in England and Wales³ and graded in accordance with the CSSA Maturity Matrix for Diocese and Level 3 RLGs.

3.2 Potential audit ratings against each standard, and the final overall rating, are: Below Basic, Basic, Early Progress, Firm Progress, Results Being Achieved, Comprehensive Assurance and Exemplary.

3.3 FMDM have received an overall rating of Firm Progress with five of the eight standards achieving that rating. Standards One and Three received a higher rating of Results Being Achieved and Standard Eight a lower rating of Early Progress.

Overall Grading	Firm Progress
Standard 1 – Safeguarding is embedded in the Church body’s leadership, governance, ministry and culture	Results Being Achieved
Standard 2 – Communicating the Church’s Safeguarding Message	Firm Progress
Standard 3 – Engaging with and Caring for those who report having been harmed	Results Being Achieved
Standard 4 – Effective Management of Allegations and Concerns	Firm Progress

³ Full details of the eight standards and underpinning sub standards are available here [The Eight National Safeguarding Standards](#)

Standard 5 – Management and Support of Subjects of Allegations and Concerns (respondents)	Firm Progress
Standard 6 – Robust Human Resource Management	Firm Progress
Standard 7 – Training and Support for Safeguarding	Firm Progress
Standard 8 – Quality Assurance and Continuous Improvement	Early Progress

4. Audit findings against each standard

4.1 Standard 1 Safeguarding is embedded in the Church body's leadership, governance, ministry and culture

Strengths

4.1.1 The current Congregational Leader of FMDM has a significant background in safeguarding in the Catholic Church in England and Wales and internationally. From 2007 to 2013 she served as Vice Chair of the National Catholic Safeguarding Commission. In 2018 Pope Francis nominated her as a member of the Pontifical Commission for the Protection of Minors, a role from which she has now been released. She was also called as a witness to the Independent Inquiry into Child Sexual Abuse (IICSA) for the Roman Catholic Church Investigation Report (November 2020)⁴ in addition to other roles supporting Diocesan safeguarding. All leaders interviewed for this audit showed the importance of safeguarding as everybody's responsibility at FMDM. This was demonstrated through the provision of in person Basic Safeguarding training by RLSS in November 2024 to 154 Sisters

⁴ [The Roman Catholic Church – Investigation Report – November 2020 | IICSA Independent Inquiry into Child Sexual Abuse](#)

and staff. Employed care staff are expected to complete annual safeguarding training, online or in person, and safeguarding issues are discussed in every line management supervision meeting they have.

4.1.2 The FMDM Safeguarding Policy and Procedures, reviewed and approved by Trustees in May 2024, commits FMDM to “building a Culture of Safeguarding which permeates every aspect of our Life and Mission”. To underpin this, the Policy states that FMDM “will not tolerate any form of abuse or exploitative acts being perpetrated by anyone associated with FMDM and the delivery of [their] projects and programmes”. Furthermore, the Policy places an emphasis on ensuring that actions and learning from any engagement with Survivors of abuse is reflected and shared at senior management level. The Policy outlines how FMDM intend to demonstrate that they are fulfilling the eight safeguarding standards of the Catholic church in England and Wales.

4.1.3 During the onsite visit analysts were able to observe posters of the FMDM safeguarding statement in various locations including in the accommodation for overnight visitors and in the Franciscan centre. The safeguarding statement is also referenced on the Franciscan centre’s website’s dedicated safeguarding page⁵, alongside details of how to raise a safeguarding concern.

4.1.4 Safeguarding is a standing agenda item for the FMDM Foundation Charitable Incorporated Organisation (CIO), for Franciscan Centre leadership meetings and for those of the FMDM Foundation CIO’s Quality Assurance (QA) Committee. The QA Committee’s Terms of Reference state that it has delegated responsibility from the Trustees to maintain an overview of, and provide advice to Trustees on, their safeguarding work. It is chaired by the Trustee with a lead for Safeguarding and meets four times a year. The Trustees maintain oversight of a Risk Register for the FMDM Foundation CIO which was last updated in January 2025. The register includes safeguarding risks, the mitigations in place, who is responsible and a review period.

⁵ [Safeguarding – Franciscan Centre Ladywell](#)

4.1.5 The Integrity in Ministry⁶ pastoral standards document was shared with the Sisters when it was first produced in 2015. It has been discussed amongst FMDM Sisters with the Congregational Leader at Visitations, which are formal visits of the General Council, and Chapters of Mats (Country Gatherings of the Sisters) since that time and was resent to Sisters in active ministry in December 2024. This enables its expectations to be foremost in the minds of Sisters who are carrying out their daily ministry.

4.1.6 FMDM do not currently have open Safeguarding cases. However, they learnt from recent practice involving employment of an individual whose Disclosure and Barring Service⁷ check was delayed and blemished. This has resulted in a formal expected DBS procedure to be followed, Process For Blemish on a DBS Certificate (2024), before employment is confirmed. There has also been learning around ensuring Trustees are sighted on these concerns as a matter of course.

4.1.7 To ensure information sharing and record keeping are of a high standard and compliant with General Date Protection Regulation (GDPR), FMDM have developed policies and procedures on Subject Access Requests, Fair Processing, GDPR Policy and Procedure, Data Security and Data Retention and internal and external Privacy policies.

4.1.8 As part of the organisation's commitment to safeguarding they have been proactive and consistent in their engagement with RLSS. This has included for advice and support in potential safeguarding concerns or complaints, alongside attendance at RLSS conferences, engagement with their training provision and utilising their resources for vetting.

Areas for Development

4.1.9 The FMDM website is outdated and they are in a process of creating a new one. When this is done, it is intended that safeguarding information will be prominent on the front page. Presently, no safeguarding information is available there. The current safeguarding statement is long established. Its content should be reviewed,

⁶ Integrity in Ministry is a code of conduct for Religious engaged in ministry in the Catholic Church in England and Wales

⁷ [Disclosure and Barring Service - GOV.UK](https://www.gov.uk/disclosure-and-barring-service)

utilising their knowledge and experience of prior leadership engagement with Survivors and with feedback from other service users, to ensure that it is reaching its audience in the intended manner and, if it is not, then it should be updated.

4.1.10 There are governance arrangements in place and a risk register. The Safeguarding policy also dictates how FMDM should show how they are meeting the eight safeguarding standards. However, there is no Safeguarding Implementation Plan (SIP) in place which Trustees can track progress against at each of their meetings. Having one which is regularly reviewed would promote consistent progress in safeguarding practice and ascertain if they have sufficient resources to deliver the expected level of safeguarding. FMDM intend to create one post-audit to incorporate the recommendations.

Graded: Results Being Achieved

4.2 Standard 2 Communicating the Church's Safeguarding Message

Strengths

4.2.1 Whilst FMDM have yet to create a specific safeguarding communication plan they do communicate the importance of safeguarding in a number of ways. These include the physical posters seen around the site, the safeguarding message on the Franciscan centre website and planned for the FMDM website. The information book for overnight guests also contains safeguarding information and direct contact information for a number of services designed to support Survivors of abuse, such as The Survivors Trust and Survivors UK. Having this information directly available would allow any Survivors who chose to do so to approach the support services directly without need for an intermediary. Contact details for internal safeguarding leads, RLSS and the Diocese of Arundel & Brighton are also on display.

4.2.2 The Sister in active ministry who spoke with analysts shared that emails regarding safeguarding from other organisations are frequently shared with the Sisters and that she considers safeguarding is a leadership priority which they are passionate about.

Areas for Development

4.2.3 Formalising a safeguarding communication plan, which can be a standalone document or incorporated into the overall safeguarding policy or SIP, with annual review periods will enable a planned, consistent promotion of safeguarding messages. Feedback on the effectiveness of safeguarding messages should be sought from service users such as overnight guests or families of residents at La Verna to ensure they are reaching their target audience in the intended way.

4.2.4 Leaders in FMDM should ensure that contact details for Safe Spaces⁸, a service specifically designed for Survivors of Church related abuse, are on all their printed documentation and posters. When analysts visited this was not seen in all areas.

Graded: Firm Progress

4.3 Standard 3 Engaging with and Caring for those who report having been harmed

Strengths

4.3.1 FMDM have no open safeguarding cases that they are managing so much of the evidence for Standards 3–5 is theoretical. Despite the lack of known active safeguarding concerns, the safeguarding policy, and its addendums, give clear guidance on what to do in the event that an individual receives a disclosure of harm from a Survivor. The policy dictates that all members who may receive a disclosure should have been trained to ensure that they respond in a compassionate and caring way. Police and statutory services must be informed where there are immediate risks to children or adults at risk and signposting to other support organisations, as seen in 4.2.1, should be made.

4.3.2 Although they have not had Survivors directly report having been harmed in their contact with FMDM in England and Wales, the safeguarding policy does stipulate that “actions and learnings” from contact with Survivors must be reflected

⁸ Safe Spaces is a free and independent support service, providing a confidential, personal, and safe space for anyone who has been abused by someone in the Church or as a result of their relationship with the Church of England, the Catholic Church in England and Wales or the Church in Wales.

upon and shared at Congregational Leadership meetings. The Congregational Leader has, in her roles outside FMDM, met with Survivors of abuse. Her reflections, as quoted in the IICSA Catholic Church Investigation Report, include that financial compensation is not the primary motivation of Survivors, rather “Victims and Survivors want to be believed, they want to be listened to, they want their story to be heard” (p94, 2020). This reflection means that FMDM leaders consider that in the event of being approached by any survivors they would want to offer a pastoral approach. They would reflect on any disclosures that they receive and, in the absence of any of their own, gather learning from other sources to inform their decision making, policies and procedures. The Congregational Leader has good relationships with other Religious Congregations and would liaise with those that had relevant experience.

4.3.3 To ensure that Leaders in FMDM would provide a consistent compassionate and caring approach to Survivors they have utilised relevant RLSS training. This includes Safeguarding Training for Trustees, Advanced Safeguarding Training, Training for Safeguarding Leads and Safeguarding Training for Spiritual Directors. In the Franciscan Centre, Spiritual Directors would be the most likely to receive a disclosure of abuse and they have completed safeguarding training for Spiritual Directors to prepare them for this possibility. In addition to their regular safeguarding training, to ensure that care staff are equipped to receive potential disclosures or raise concerns, safeguarding is discussed in each line management supervision. This will include subjects such as addressing low level concerns, recognising issues and knowing where to report them.

Areas for Development

4.3.4 If Survivors do approach FMDM in the future they will need to ensure that they follow their own policy to provide a compassionate and caring approach that learns from the experience of the Survivor to improve policy and procedure. Responses should be tailored to individual needs but should never interfere with any investigations by statutory agencies. The QA subcommittee and Trustees should be fully informed during the period any safeguarding case is open and RLSS should be approached at the first available opportunity for advice and support.

Graded: Results Being Achieved

4.4 Standard 4 Effective Management of Allegations and Concerns

Strengths

4.4.1 The safeguarding policy makes reference to the need to report safeguarding concerns to statutory authorities within 24 hours of the concern being raised with FMDM. However, if the danger to the individual concerned is immediate then it directs that it must be reported to the police without delay. Additional guidance and processes are available in the appendices to the policy including “Guidelines for Responding to a Disclosure of Abuse or Concerns about Abuse for Mission Partners and Sisters”, “Process for Referring a Safeguarding Disclosure”, “Flowchart – responding to allegations of abuse or concerns about children and adults at risk” and the “Incident Report Form”. All these additional documents support the policy on reporting allegations promptly, keeping clear records and what, and what not, to do whilst a disclosure is being made.

4.4.2 The available guidance refers to the need to work with RLSS to ensure effective management of allegations and concerns. The person receiving the disclosure or identifying the concern is expected to complete an Incident Report Form as soon as possible and refer it to the Safeguarding Lead. The Safeguarding Lead would refer the matter to RLSS and remain in liaison with them throughout the period it was open. Whilst they have not had open cases to work with RLSS on, there has been liaison for advice and guidance within the last year. This demonstrates that FMDM would appropriately refer any safeguarding matters to RLSS when they arose and keep them abreast of developments. The Congregational Leader, in liaison with the Congregational Safeguarding Lead, would make decisions about referring serious incidents to the Charity Commission.

4.4.3 FMDM have multiple policies and procedures related to data protection and privacy. Their guidance on receiving allegations or concerns also offers an Incident Report Form which guides the individual receiving the disclosure, or reporting an incident, on what to record, how to store it and who to share it with. Records are securely stored, electronically or in paper files, with access limited to those who need it to carry out their roles. They employ an archivist who has access to, and looks after, historical records.

Areas for Development

4.4.4 The current safeguarding policy was approved in May 2024. Leaders should ensure that it is reviewed annually and after any significant safeguarding incident to demonstrate that it remains fit for purpose.

4.4.5 The policy does not specifically reference how Canon Law advice would be followed in the event of any allegation being made against one of the Sisters. They were confident that they would be able to access Canon Law advice, through their own Canon Lawyer who specialises in working with Religious Life Groups, but the policy should stipulate that allegations of abuse will be responded to in accordance with Canon Law and how that advice will be gained.

4.4.6 Current policy expectation is that minutes of Leadership meetings that record that an allegation has been received and properly responded to are retained. It does not address how, and how quickly, Trustees and senior leaders will be informed of allegations and concerns and retain oversight of it throughout the period any case remains open.

Graded: Firm Progress

4.5 Standard 5 Management and Support of Subjects of Allegations and Concerns (Respondents)

Strengths

4.5.1 FMDM are members of RLSS so have access to their support in managing, monitoring and supporting Respondents to allegations or concerns. In addition, selected members of the Leadership Team are going to attend an RLSS course, Care and Safety Management Plans, on 13 February 2025. This will increase the skills inside FMDM in managing and supporting any Sister who has an agreed Care and Safety Management Plan due to a safeguarding concern. They will also understand the necessity for regular reviews of the Plans whilst they are still active and for confidentiality agreements to limit access to the plans to signatories to it and those who may have a role in monitoring it.

4.5.2 The needs of Respondents for support is recognised in the safeguarding policy which states that they will be allocated a contact person whose role is to keep them updated on their case and help with access to advice and any

additional support necessary. The nature of the support is not specified but would include mental health support, counselling or signposting to legal advice as necessary. FMDM have the resources to provide appropriate care to any Respondents, which would include alternative accommodation provision if necessary. The expectation is that the support person would have completed the Care and Safety Management Plans training.

Areas for Development

4.5.3 As in 4.4.5, FMDM need to be prepared to ensure that any investigation into a member of the Congregation takes place in accordance with Canon Law and that the respondent is signposted to a source of Canon Law advice for themselves. This expectation should be overtly stated in the safeguarding policy and potential sources of Canon Law advice identified.

4.5.4 To strengthen the role of the support person for Respondents, FMDM may wish to identify potential local sources of care for Respondents so that, in the event of any allegation or concern, they can be promptly signposted.

Graded: Firm Progress

4.6 Standard 6 Robust Human Resource Management

Strengths

4.6.1 A Safer Recruitment Policy Statement clearly outlines the expectations of FMDM for its employees and volunteers. As the Ladywell site is home to vulnerable, elderly Sisters everyone must have an enhanced Disclosure and Barring Service⁹ (DBS) check. RLSS confirmed that FMDM have completed 165 enhanced DBS checks in the last year for religious, lay employees and volunteers. The Mission Director said that they use two systems which automatically inform Human Resources (HR) when an employee's DBS needs renewal, which is every three years. As these systems do not cover Sisters and Trustees, HR also regularly completes a DBS audit to ensure all vetting is up to date and in line with the Safer Recruitment policy expectations. New employees will not be allowed to start prior to the receipt of an

⁹ [Disclosure and Barring Service - GOV.UK](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

enhanced DBS check, unless in extraordinary circumstance outlined in the policy. Satisfactory references must be received, the individual must have the right to work in the UK and they must agree to adhere to all policies and procedures, including the safeguarding policy.

4.6.2 If Sisters arrive from overseas then they must adhere to UK visa requirements and a DBS check would be sought when they have been in the country for six months. Testimonials of Suitability are sought from their Religious Superior in their country of origin. They are expected to complete safeguarding training in line with all the other Sisters as part of their ongoing formation. This is not necessarily immediately upon arrival in the UK. In their self-assessment, FMDM said they had one employee, or Mission Partner, who arrived on a Tier 2 visa and he is compliant with safeguarding training expectations.

4.6.3 FMDM now have a detailed process and supporting documentation for DBS and blemished DBS receipt. This includes a DBS flowchart, DBS Blemish Risk Assessment Process, Outcome of DBS Risk Assessment Meeting Form, and Risk Assessment for Staff Awaiting DBS. This system was developed within the last 12 months following a review of our DBS processes and will be examined further in Areas for Development, below.

4.6.4 The Employee Handbook contains the Public Interest Disclosure (Whistleblowing) Policy for staff and Sisters to follow under which the individual raising the issue will not be subject “to any form of detriment or disadvantage as a result of having raised their concerns”. All staff have access to this handbook which also allows them opportunity to raise grievances and contains guidance as to how to raise a grievance against their manager or Trustees as necessary. Sisters in La Verna and their families are informed of how to raise a complaint when they become a resident. The General Manager also said that he has an open door policy so that Sisters can approach him with any concerns that they have. In his experience they are proactive in doing so.

Areas for Development

4.6.5 Within the last 12 months there has been some turnover of Mission Partners at senior level in FMDM. The current General Manager has only been in post since September 2024 and there was a period when nobody was fulfilling the role. The measures taken on blemished DBS checks and Risk Assessments under previous Senior Management were not as rigorous as they should have been. As seen in

4.6.3, measures have since been taken to rectify this however FMDM leaders will have to make sure that they are embedded and consistently followed. Vetting compliance, including blemished or delayed DBS, should routinely be reported to Trustees via the QA committee for their awareness and oversight.

4.6.6 Whilst there is a whistleblowing policy for staff, there is no current complaints policy published for individuals who have accessed the facilities or care at Ladywell to utilise. When the FMDM website is updated a complaints policy for services users should be publicised there and the Franciscan Centre should also create and publish a complaints policy. RLSS have template policies that can be adapted and adopted.

Graded: Firm Progress

4.7 Standard 7 Training and Support for Safeguarding

Strengths

4.7.1 There is a clear mandate from leaders that training in safeguarding will be completed. The safeguarding policy states that “Safeguarding awareness training is mandatory for all Sisters, Mission Partners, Trustees and volunteers involved in ministries and specifically for individuals in roles which may be public facing”. To support this the basic safeguarding training from RLSS in 2024 was publicised with a message from the Mission director highlighting that it was mandatory and should be booked with the individual’s line manager.

4.7.2 A safeguarding training master record is kept. This differentiates the training records of Mission Partners, Trustees, Sisters and those who are employed in the Franciscan centre. This shows that the majority of Trustees, except those newly appointed, have done safeguarding training for Trustees. Managers in FMDM have completed advanced safeguarding training and Spiritual Directors have done Spiritual Direction safeguarding training. In addition to RLSS training, staff at La Verna complete online Safeguarding of Adults Level 1 training in their Flexabee system.

Areas for Development

4.7.3 FMDM have yet to create a Training Needs Analysis (TNA). Furthermore, the expected levels of safeguarding training and refresher periods are not outlined in

the safeguarding policy. Therefore, whilst it is clear that there is an expectation that everyone involved in ministry or public facing roles must complete training it is not clear what level of training is mandated per role and how often that training must be refreshed to keep individuals abreast of developments in practice.

4.7.4 The QA committee and Trustees do not routinely receive Key Performance Indicators (KPIs) for their meetings. Therefore they are not aware if the expectations of the safeguarding policy regarding training are being met.

4.7.5 At present training records suggest that training completion is via Flexabee, RLSS or CSSA training. Managers will wish to consider whether it would be appropriate for individuals in some roles to access locally provided external safeguarding training.

Graded: Firm Progress

4.8 Standard 8 Quality Assurance and Continuous Improvement

Strengths

4.8.1 The safeguarding policy sets out the steps FMDM will take to achieve compliance with the eight safeguarding standards. This includes hearing the voice of any Survivors that do approach them and learning from them to improve policy and practice. Issues that have arisen, such as the DBS process, have resulted in changes to procedures so that gaps do not recur.

4.8.2 FMDM have actively engaged with the CSSA audit programme and with RLSS. They have demonstrated a willingness to improve their safeguarding practice to ensure that all who come into contact with them and use their services are as safe as they can be.

Areas for development

4.8.3 KPIs which would demonstrate to the QA committee and Trustees that FMDM were compliant with their own safeguarding policies and the eight safeguarding standards are not reported on. If they were, senior leaders could be reassured that practice was meeting expectations and, if it were not, could direct remedial action.

4.8.4 FMDM plan to create a rolling SIP post audit to incorporate its recommendations for safeguarding improvements. To effectively do so, they will need to allocate actions, track them and ensure there are sufficient resources to complete them. It is also FMDM's intention to include a safeguarding section in their Annual Trustees' Report. To date they have not done this but they recognise this would be a valuable evaluation and monitoring tool.

Graded: Early Progress

5. Summary of Overall Findings

5.1. The Congregational Leader at FMDM has a long history of involvement in safeguarding in the Catholic Church. Safeguarding is prioritised by her and other leaders who have created a safeguarding policy and ensured that Sisters, Mission Partners and volunteers are vetted and trained. Engagement with RLSS for safeguarding advice and support is regular and effective. Despite having no active safeguarding cases in England and Wales FMDM have prepared for the possibility and would be able to provide support to both Survivors and Respondents. They have also demonstrated that they learn from experience, in making their DBS processes more robust and in liaising with other Religious Life Groups to learn from them.

5.2 To continue to make consistent improvements in safeguarding practice, FMDM should create a SIP which details how they will make and track developments against each of the eight safeguarding standards. Safeguarding KPIs for the QA committee and Trustees should also be considered and consistently reported on. A TNA which details safeguarding training levels and expected refresher periods would also ensure that training is directed and completed at appropriate levels per Sister, Mission Partner or volunteer.

5.3 Overall, the evidence gathered for this audit demonstrates that FMDM are making Firm Progress against the eight safeguarding standards and are committed to developing further.

6. Recommendations

To support improvement, the following recommendations are made:

Within 3 months

Add Safe Spaces contact details to the list of support agencies publicised

Agree safeguarding Key Performance Indicators that will be reported to the QA Committee and Trustees for each of their meetings. To include training and vetting compliance and blemished or delayed DBS

Create a rolling three year Safeguarding Implementation Plan, to include recommendations from this audit, which is resourced and tracked for progress by Trustees

Stipulate in the safeguarding policy how promptly trustees will be informed of safeguarding allegations or concerns

Within 6 months

Update the FMDM website to include safeguarding information including the safeguarding policy, safeguarding statement and links to support agencies for Survivors of abuse

Review the safeguarding statement, with feedback from stakeholders if possible, to ensure it remains current

Create a safeguarding communications plan, or incorporate one into the safeguarding policy or SIP, which is reviewed annually for effectiveness

Create and publicise a Complaints Policy for service users

Within 12 months

Review the safeguarding policy on an annual basis, including on the next review that any safeguarding investigations involving FMDM members will be compliant with Canon Law, with advice sought from Canon Lawyers and that Respondents will be signposted to sources of Canon Law advice

Include a Safeguarding section in the Annual Trustees Report

Finalise a Training Needs Analysis for Sisters, Mission Partners and Volunteers to include refresher training timeliness

7. Arrangements for Follow-up

7.1 In line with an overall rating of Firm Progress, the earliest date of the next audit of FMDM by the CSSA is within two years in January 2027. If the CSSA becomes aware of a significant safeguarding concern or allegation in the intervening period, then an earlier audit will be required.