

Catholic **Safeguarding Standards** Agency

Diocese of Middlesbrough

Inspection Report

September 2026

Possible Grades

Exemplary
Substantial assurance
Exceeding expectations
Meeting expectations
Requires attention
Significant improvement needed
Serious concerns

Overall Grading	Requires attention
Standard 1 Safeguarding is embedded in the Church body's leadership, governance, ministry and culture	Requires attention
Standard 2 Communicating the Church's safeguarding message	Requires attention
Standard 3 Engaging with and caring for those who report having been harmed	Requires attention
Standard 4 Effective management of allegations and concerns	Requires attention
Standard 5 Management and support of subjects of allegations and concerns (respondents)	Requires attention
Standard 6 Robust human resource management	Meeting expectations
Standard 7 Training and support for safeguarding	Requires attention
Standard 8 Quality assurance and continuous improvement	Significant improvement needed

Catholic
Safeguarding
Standards
Agency

Possible Grades

Exemplary
Safeguarding practice is exceptional, innovative, and influential. The organisation demonstrates a deeply embedded safeguarding culture with consistently excellent outcomes. Learning is shared, and the body serves as a model of best practice for others in the Church.

Substantial Assurance
Safeguarding arrangements provide a high level of confidence in both practice and governance. Evidence shows sustained excellence, continuous improvement, and well-coordinated oversight. Policies and culture reinforce safe practice, delivering assurance at a strategic level. There is evidence of continuous improvements and quality assurance activity.

Exceeding Expectations
Safeguarding practice is consistently strong and often goes beyond minimum requirements. There is evidence of positive outcomes, proactive risk management, and well-embedded systems. Leadership demonstrates a strong commitment to safeguarding, and practice is robust and forward-looking.

Meeting Expectations
Safeguarding arrangements are sound, consistent, and compliant with expected standards. Key processes, policies, and oversight mechanisms are in place and functioning effectively. Practice is reliable, and safeguarding responsibilities are understood and fulfilled across the organisation.

Requires Attention
Safeguarding practice is partially effective but contains notable gaps or inconsistencies. Some processes work well, but others need targeted improvement to ensure reliability and compliance. Risks are being managed, but not always proactively or systematically.

Significant Improvement Needed
Core safeguarding structures exist but are not functioning reliably or consistently. Weaknesses in policy, implementation, or oversight significantly undermine safe practice. Improvements are achievable but require substantial effort and focused leadership to reach an acceptable standard.

Serious Concerns
Safeguarding arrangements show serious and immediate failings. Children or adults at risk may be exposed to harm due to significant gaps in practice, governance, or culture. Urgent corrective action is recommended to ensure safety and compliance. Leadership oversight is insufficient or ineffective.

Catholic
Safeguarding
Standards
Agency

Contents

1. Summary of Findings 4
2. Introduction 6
3. Methodology 7
4. Inspection grading 10
5. Inspection findings against each standard 10
6. Recommendations 52
7. Arrangements for follow-up 56
8. Appendix 57

1. Summary of Findings

1.1 This is an inspection report of the safeguarding arrangements for the Diocese of Middlesbrough, carried out by the Catholic Safeguarding Standards Agency (CSSA) as part of its national inspection programme for dioceses in England and Wales. The Diocese of Middlesbrough has been graded overall as Requires Attention, reflecting the Diocese's commitment to safeguarding and the positive work of the safeguarding team, alongside significant areas requiring further development to strengthen governance, quality assurance and continuous improvement arrangements.

1.2 The inspection identified a number of strengths across the Diocese. Safeguarding is widely recognised as an important responsibility and there is evidence of a positive safeguarding culture in which concerns are discussed and escalated appropriately. The safeguarding team is highly regarded throughout the Diocese and is consistently viewed as approachable, knowledgeable and supportive. Clergy, Parish Safeguarding Representatives and diocesan personnel demonstrated confidence in seeking advice and support, and safeguarding considerations were evident across a range of diocesan activities. The Diocese has also made significant progress in strengthening safer recruitment arrangements, including substantial improvements to DBS compliance and the development of robust monitoring processes. Positive relationships with statutory agencies were evident and case audit activity demonstrated examples of sensitive engagement with those reporting harm and ongoing management of respondents through safeguarding plans.

1.3 The inspection also identified significant areas requiring improvement. The most significant findings relate to the absence of a comprehensive diocesan safeguarding policy framework, weaknesses in governance oversight and strategic assurance, and the lack of a structured approach to quality assurance, organisational learning and continuous improvement. Case audit activity identified variability in recording, risk assessment and the documentation of decision making, together with limited evidence of systematic oversight, challenge and evaluation of safeguarding practice and outcomes. Arrangements for obtaining and using

feedback from survivors, respondents and other stakeholders remain underdeveloped and the Diocese has yet to establish effective mechanisms to ensure that learning arising from safeguarding activity routinely informs service development and improvement.

1.4 The inspection took place during a period of significant change for the Diocese following the retirement of the Bishop, the appointment of an Apostolic Administrator and changes in the leadership of the Safeguarding Subcommittee. Senior leaders demonstrated openness regarding the challenges facing the Diocese and recognised the need for further development in a number of areas. The recommendations contained within this report are intended to support the Diocese in strengthening governance, embedding quality assurance and organisational learning arrangements, and developing more robust systems that are less reliant on individual knowledge and experience and better able to demonstrate sustained safeguarding improvement.

2. Introduction

2.1 This is an inspection of the safeguarding arrangements for the Diocese of Middlesbrough, undertaken as part of the Catholic Safeguarding Standards Agency's (CSSA) programme of inspections of all 21 dioceses of England and Wales. The inspection was undertaken in accordance with the contractual agreement between the Diocese of Middlesbrough and the CSSA. Public accountability and transparency are provided by the publication of this full inspection report on the CSSA website[1].

2.2 The diocesan inspection programme will run from 2025 until 2028 and represents a second phase of CSSA quality assurance of diocesan safeguarding arrangements, following the baseline audit programme that ran from 2022 to 2024. Having primarily focussed on compliance with safeguarding expectations in the baseline audit phase, inspections will concentrate on the quality of safeguarding arrangements and practice, together with the means by which dioceses quality assure and continuously improve their own practice. Inspections are graded according to a new maturity matrix[2] that provides more stringent expectations than during the baseline audit programme and utilises new grade descriptors. There is therefore no equivalence to baseline audit grades.

2.3 The Diocese of Middlesbrough is situated in the north of England and consists of the eastern part of North Yorkshire and the East Riding of Yorkshire, together with the urban areas of Kingston upon Hull, the City of York, Middlesbrough, Redcar and Cleveland, and part of Stockton-on-Tees. This places the Diocese amongst the larger dioceses nationally in geographical terms, although its population is relatively sparse and concentrated principally within Middlesbrough, York and Hull.

2.4 The Diocese's 69 parishes, many of which comprise more than one church, are grouped into four deaneries. At the time of inspection, the Diocese was supported

[1] catholicsafeguarding.org.uk

[2] Maturity-Matrix-Dioceses-updated-March-2026.docx

by 71 Parish Safeguarding Representatives (PSRs)[3], with some parishes having more than one representative in post. The Diocese was served by 31 active diocesan clergy, 21 retired clergy and 13 active religious priests.

2.5 At the time of inspection, the Diocese was under the pastoral care of Bishop Marcus Stock, Bishop of Leeds, who had been appointed Apostolic Administrator of the Diocese of Middlesbrough in December 2025 following the retirement of Bishop Terence Drainey. During the inspection period, the Diocese was participating in a consultation initiated by the Holy See regarding closer collaboration between the Dioceses of Middlesbrough, Hallam and Leeds, including consideration of a merger of the three dioceses.

2.6 Safeguarding governance is provided by the Board of Trustees, which delegates certain responsibilities to the Safeguarding Subcommittee. At the point of inspection, the safeguarding team comprised a part-time Safeguarding Coordinator, a full-time Deputy Safeguarding Coordinator, and two part-time Safeguarding Administrators.

3. Methodology

3.1 This inspection assesses the progress of the Diocese of Middlesbrough against the eight national safeguarding standards of the Catholic Church in England and Wales[4]. The diocese provided its self-assessment alongside documentary evidence of its adherence to and compliance with the eight standards. These have been reviewed by the analysts alongside additional evidence provided during the weeks of inspection.

[3] Parish Safeguarding Representatives (PSRs) are volunteers who provide assistance and support to their parish in safeguarding matters.

[4] The eight standards lay out what CSSA expects in terms of level of safeguarding practice in church bodies (that is, dioceses and religious life groups). A description and full details of the Standards can be found on the CSSA website here

3.2 Formal notification of the CSSA's intention to inspect was sent to the Diocese on 9 February 2026, together with the self-assessment document and a guide to the evidence required to support the self-assessment. The self-assessment and supporting evidence were due to be submitted by 28 April 2026. Owing to technical difficulties experienced by the Diocese in uploading documentation, the self-assessment was not submitted until 6 May 2026 and was accompanied by eight supporting documents. A further 56 documents were provided on 12 May 2026 and an additional seven documents on 20 May 2026. Further documentation was requested and provided throughout the inspection period. A list of evidence provided is contained in Appendix 1. The diocesan website was also reviewed as a key source of safeguarding information[5].

3.3 The Safeguarding Coordinator provided the CSSA with a list of all safeguarding cases managed by the Diocese. As the Diocese does not currently utilise an electronic case management system, redacted case information and supporting documentation relating to the selected cases were collated and provided electronically for inspection purposes. Seven cases were selected for detailed audit using the CSSA case audit tool, representing 17% of safeguarding cases managed during the previous 12 months. The cases selected were representative of the range of safeguarding activity undertaken by the safeguarding team.

3.4 The Safeguarding Coordinator confirmed that online surveys were sent to 65 clergy and 71 PSRs across the Diocese to capture as wide a variety of views as possible on safeguarding practice. A public call for information was also issued on the CSSA website regarding the diocesan safeguarding arrangements, with a focus on the last 12 months. All survey responses were received anonymously and any self-identifying information included within free text answers was removed before the clergy and PSR survey outcomes and analysis were shared with the diocese.

3.5 Surveys for clergy and PSRs were available between 13 April and 15 May 2026. 22 responses were received from clergy, which is a response rate of 34%, and 27 from PSRs, which is a response rate of 38%. The qualitative data was used to inform and

[5] Diocese of Middlesbrough

triangulate other data within case audits and from focus groups for both PSRs and clergy. Five responses were received from the public call for information about the diocese issued by the CSSA.

3.6 The inspection was completed between 26 May and 12 June 2026 through a combination of remote inspection activity, including case audits, focus groups, in-person interviews and parish visits. Two CSSA Quality Assurance Analysts completed the inspection.

3.7 Interviews took place with key diocesan personnel, including:

- Bishop Marcus Stock, Apostolic Administrator of Middlesbrough
- Chief Operating Officer (COO)
- Vicar General
- Judicial Vicar/ Chancellor
- Safeguarding Coordinator
- Deputy Safeguarding Coordinator
- Safeguarding Administrators
- Director of Schools
- Clergy Welfare Consultant
- Communications Officer
- Youth Ministry Lead
- Pilgrimage Director
- Adult Formations Officer
- Vice Chair of the safeguarding subcommittee

3.8 The Diocese of Middlesbrough arranged parish visits to three of its parishes, in Beverley, Middlesbrough and York. The parish visits enabled the analysts to speak with the resident clergy and PSRs and inspect the buildings to assess how a safe environment is created and how safeguarding policy is implemented in practice.

3.9 Three online focus groups were run during the inspection period. One was made up of a group of clergy selected by the CSSA with support from the diocese and the second was a group of PSRs, who volunteered to support the inspection. A final focus group comprised members of the board of trustees.

4. Inspection grading

4.1 Safeguarding practice was assessed against the eight national safeguarding standards adopted by the Catholic Church in England and Wales. Evidence gathered during the inspection was evaluated using the CSSA Diocesan Maturity Matrix.

4.2 Each standard is graded on a seven-point scale ranging from Serious Concerns to Exemplary. Individual assessments against the sub-standards are aggregated to determine the overall grade for each standard. These standard grades are then considered collectively to determine the overall inspection grading for the diocese.

4.3 The full set of grading descriptors used by the CSSA inspection framework is set out on the opening pages of this report.

5. Inspection findings against each standard

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

Strengths

5.1.1 Safeguarding is widely recognised as an important responsibility throughout the Diocese. Interviews, surveys, focus groups and parish visits demonstrated a clear commitment to safeguarding across diocesan life. Safeguarding was consistently described as "everyone's responsibility", and participants were generally able to explain how concerns would be identified, discussed and referred. Clergy demonstrated a clear understanding that concerns should be referred to safeguarding personnel rather than managed independently. Survey responses reinforced these findings, with 96% of clergy reporting that safeguarding is embedded within diocesan culture and 100% stating that leaders responsible for safeguarding are actively involved in safeguarding processes.

5.1.2 The safeguarding team is highly regarded across the Diocese, and this was one of the strongest themes arising from the inspection. Safeguarding personnel were consistently described as approachable, knowledgeable, responsive and supportive, with participants expressing confidence in seeking advice and guidance. These relationships have fostered a culture in which safeguarding concerns are discussed and escalated appropriately. Participants from education, pilgrimage, clergy and formation roles described how safeguarding is integrated into their work and identified clear routes for accessing safeguarding advice and support.

5.1.3 The Diocese links safeguarding compliance to the issuing of a celebret[6]. Clergy demonstrated a clear understanding that safeguarding training and DBS[7] compliance are prerequisites for renewal. This expectation was consistently understood by clergy and senior leaders and provides an effective mechanism for reinforcing safeguarding responsibilities within ministry.

5.1.4 The diocesan website includes a dedicated safeguarding section providing contact details, reporting information, survivor support and information about the safeguarding team. It explains how to report concerns about children and adults at risk, signposts survivors to organisations including Safe Spaces[8] and MACSAS[9], and states that safeguarding is everyone's responsibility. The Diocese has also published a Commitment to Survivors (September 2022), setting out the support survivors can expect, including commitments to listen, discuss support options and explain

---

[6] Celebret - A celebret is a letter issued by a bishop or religious superior in the Catholic Church that authorises a priest to celebrate Mass in a diocese other than his own. It serves as a form of identification for the priest, confirming that he is free from canonical censures and is permitted to perform sacraments.

[7] DBS- The Disclosure and Barring Service processes and issues criminal record checks on individuals applying for employment or a voluntary role for employers. https://www.gov.uk/government/organisations/disclosure-and-barring-service

[8] Safe Spaces England and Wales are 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. Home - Safe Spaces England and Wales

[9] MACSAS supports women and men who have been sexually abused, as children or adults, by ministers, clergy or others under the guise of the Church. https://www.macsas.org.uk/index.html

safeguarding and information-sharing processes. Together these provide an accessible source of safeguarding information, although opportunities to strengthen safeguarding communications are discussed later in this report.

5.1.5 Safeguarding remains visible within diocesan leadership despite significant transition following the retirement of the Bishop Emeritus in December 2025 and the appointment of an Apostolic Administrator. Although newly appointed, the Apostolic Administrator demonstrated a clear understanding of the Diocese's principal safeguarding challenges, identifying governance, policy development, communications and safeguarding capacity as priorities for further development. He acknowledged areas requiring improvement and recognised the importance of maintaining safeguarding as a visible leadership priority.

5.1.6 The Diocese has established governance arrangements to oversee safeguarding through the Board of Trustees, Safeguarding Subcommittee and Risk Assessment Panel. The Board comprises eleven members, including three clerical and eight lay trustees, providing significant independent oversight. The Safeguarding Subcommittee includes expertise in safeguarding, law, governance, ministry and public protection, including a canon lawyer, a Detective Inspector from a Police Sex Offender Management Unit, a safeguarding representative from a neighbouring Church of England diocese and senior diocesan leaders. Collectively, these arrangements provide access to a broad range of professional expertise to support safeguarding oversight.

5.1.7 Regular safeguarding reports are submitted to both the Safeguarding Subcommittee and Board of Trustees. These include information on allegations, safeguarding agreements, low-level concerns, DBS compliance, training and safeguarding developments. During the inspection period, the Safeguarding Subcommittee met three times and the Board seven times. The Chief Operating Officer demonstrated an understanding of the Diocese's responsibilities for serious

incident reporting, and Trustee minutes evidenced discussion of safeguarding escalation processes and Charity Commission[10] reporting requirements.

5.1.8 The Pilgrimage Director demonstrated that the Diocese has developed a comprehensive suite of locally produced policies, procedures and risk assessments for the Middlesbrough Lourdes Pilgrimage. These include safeguarding, complaints, whistleblowing, information governance and operational risk assessments tailored to the annual pilgrimage. The documentation demonstrates careful consideration of the risks associated with supporting vulnerable pilgrims and volunteers and provides clear guidance for those delivering the pilgrimage.

5.1.9 Parish visits and focus groups demonstrated a generally good understanding of safeguarding responsibilities. Clergy and Parish Safeguarding Representatives (PSRs) described appropriate referral pathways, recognised the importance of escalating concerns and expressed confidence in seeking advice from the safeguarding team. Several PSRs brought relevant professional experience from education, healthcare, social care, policing and safeguarding governance, demonstrating a sound understanding of safeguarding principles. Participants consistently described constructive relationships with the safeguarding team and confidence in the support available.

5.1.10 Interviews indicated that work is underway to incorporate safeguarding risks within the Diocese's wider risk management framework. Although these arrangements require further development to strengthen review and assurance processes, they provide a foundation for more robust strategic risk management.

Areas for development

5.1.11 The most significant area for development is the absence of a comprehensive diocesan safeguarding policy framework. The Diocese continues to rely on safeguarding policies and guidance originally developed by the CSSA while awaiting revised national policies from the Strategic Council for Catholic

[10] The Charity Commission for England and Wales registers and regulates charities to ensure that the public can support them with confidence. The Charity Commission - GOV.UK

Safeguarding (SCCS)[11] . Analysts made numerous requests during the inspection for copies of safeguarding policies and procedures currently in use across the Diocese. The Diocese provided only the template Managing Allegations Policy, Safer Recruitment guidance and a Whistleblowing Policy. Although these address specific aspects of safeguarding, they have not been updated since 2021, adapted to reflect diocesan governance, reporting arrangements, decision-making or operational practice and do not constitute a comprehensive safeguarding framework.

5.1.12 Additional procedures referred to during interviews, including guidance on recording and case management, were not provided despite repeated requests. Consequently, analysts could not assess their content, implementation or consistency with diocesan arrangements. The absence of a comprehensive safeguarding framework also limits transparency. The diocesan website does not publish safeguarding policies, procedures or practice guidance, leaving those who may wish to report harm, clergy, PSRs, volunteers and parish communities without a single accessible source explaining diocesan safeguarding expectations or processes.

5.1.13 This is a longstanding issue. The 2023 Baseline Audit found that the safeguarding policy had last been reviewed in 2018, that a replacement remained in draft, and that safeguarding practice was operating largely without an approved policy framework. Inspection evidence indicates these findings remain substantially unchanged. Governance records demonstrate that the Diocese recognised this gap. Safeguarding Subcommittee minutes from July 2025 recorded that responsibility for safeguarding policies had transferred from the CSSA to the SCCS and that national policies had been delayed for several years. Minutes from February 2026 reflected continuing concern about these delays and uncertainty regarding future arrangements. While these national delays are acknowledged, responsibility for maintaining safeguarding policies that reflect local governance and operational arrangements remains with the Diocese as a charity. Charity

[11] The SCCS ensures the strategic coordination of safeguarding across dioceses and religious life groups in England and Wales, promoting consistency and supporting effective safeguarding practice. Strategic Council for Catholic Safeguarding - Catholic Safeguarding Council

Commission guidance in this respect indicates that all charities "must have robust safeguarding policies which everyone understands and uses" and that they "should be reviewed as necessary, always following a serious incident and at least once a year"[12]. The absence of updated national policies does not remove that responsibility.

5.1.14 Interviews demonstrated the practical impact of this gap. The Apostolic Administrator acknowledged that a comprehensive safeguarding policy suite was not in place. The Safeguarding Coordinator confirmed that practice continued to rely on former CSSA policies but could not identify a comprehensive diocesan framework, while the Deputy Safeguarding Coordinator described using locally developed flowcharts. Limited evidence was available to demonstrate how Trustees had assured themselves that the policies, procedures and operational tools being relied upon provided a clear, current and effective framework for safeguarding practice. Clergy, PSRs, diocesan officers and safeguarding administrators commonly described seeking advice directly from the safeguarding team rather than consulting documented procedures. Although most participants understood safeguarding responsibilities and referral pathways, awareness of diocesan guidance, including whistleblowing procedures, complaints processes and Caring Safely for Others[13], was inconsistent. Trustees similarly relied more on confidence in safeguarding personnel than on assurance provided by an embedded policy framework. Collectively, this indicates that safeguarding practice depends heavily on individual knowledge and experience rather than consistently applied diocesan procedures.

5.1.15 Further work is required to embed Caring Safely for Others. Evidence showed that the document had been used in some safeguarding matters, but awareness was inconsistent. The Diocese confirmed that it was last circulated to clergy during a training day in September 2024 and has not since been routinely promoted.

---

[12] The Charity Commission for England and Wales guidance quoted is taken from Safeguarding for charities and trustees - GOV.UK and Safeguarding and protecting people for charities and trustees - GOV.UK

[13] Caring Safely for Others provides pastoral standards and safe conduct in ministry for clergy. https://www.cbcew.org.uk/wp-content/uploads/sites/3/2021/04/Caring-Safely-For-Others.pdf

Several clergy were unfamiliar with its purpose or content. Given its role in promoting healthy boundaries, safer ministry and professional conduct, the Diocese should ensure it is routinely promoted, readily accessible and embedded within clergy formation and ongoing ministry.

5.1.16 Although senior leaders demonstrated a clear commitment to safeguarding and safeguarding remains visible within leadership discussions, limited evidence was seen that survivor perspectives routinely inform governance, policy development, training, organisational learning or service improvement, notwithstanding the published Commitment to Survivors. The Safeguarding Coordinator confirmed that survivors had not participated in training or learning events, explaining that this reflected a lack of willingness from survivors to engage. The Diocese also confirmed that it does not currently have a Survivor Charter and has limited survivor feedback. Opportunities for those who wish to contribute lived experience to inform safeguarding practice and service development therefore remain underdeveloped, although it is recognised that a diocese of Middlesbrough's size may engage with a relatively small number of survivors.

5.1.17 The Diocese has sought to strengthen safeguarding engagement with clergy through a Safeguarding Clergy Working Party. However, limited evidence was provided regarding its membership, terms of reference, frequency of meetings, matters considered or impact. Consequently, limited assurance is available regarding its contribution to safeguarding communication, organisational learning or service development.

5.1.18 While governance structures are established, strategic safeguarding oversight requires significant strengthening. The Diocese operates through the Board of Trustees, Safeguarding Subcommittee and, where required, a Risk Assessment Panel. Safeguarding is a standing agenda item for both Trustees and the Subcommittee, and the same safeguarding report is routinely presented to each. However, reporting remained largely operational, with limited strategic analysis of safeguarding effectiveness, organisational risk, outcomes, capacity, learning or progress against improvement activity. Presenting the same report to both bodies also raises questions about the distinct assurance role of the

Safeguarding Subcommittee. Where safeguarding responsibilities have been delegated, Trustees would ordinarily be expected to receive assurance regarding the Subcommittee's scrutiny, together with significant risks and issues requiring trustee oversight. Limited evidence of such arrangements was identified. Senior leaders similarly questioned whether existing reporting provided sufficient strategic assurance.

5.1.19 Trustee minutes generally recorded safeguarding reports as received, with limited evidence of detailed scrutiny or challenge. While wider discussions may have taken place, neither documentary evidence nor interviews demonstrated that governance bodies routinely challenged safeguarding performance, organisational risk or safeguarding effectiveness. This view was shared by both Trustees and members of the safeguarding team, who questioned whether existing reporting arrangements provide sufficient strategic assurance.

5.1.20 Case audit findings reinforced these governance observations. While reports demonstrated awareness of safeguarding activity, inspection evidence did not demonstrate routine scrutiny of safeguarding decision-making, risk management, case progression or outcomes sufficient to provide strategic assurance. Further findings relating to case oversight are discussed under Standard 4.

5.1.21 Governance documentation and accountability arrangements require further development. Safeguarding Subcommittee minutes from January 2025 record that draft Terms of Reference had been presented to Trustees and required amendment. Minutes from July 2025 subsequently recorded them as "complete", although no further detail was provided. During the inspection, the Diocese advised that revised Terms of Reference had been submitted to the Chief Operating Officer in February 2026 and later provided a copy. However, the document was undated, and inspection evidence did not establish whether it had been formally approved or implemented. February 2026 minutes referred to discussion of the safeguarding risk register and Safeguarding Implementation Plan but did not record formal approval of the revised Terms of Reference. Those involved in governance were unable to confirm when they came into effect. Similarly, the Risk Assessment Panel operates without documented Terms of Reference. Consequently, there is limited assurance

that governance responsibilities, reporting arrangements, delegated authority and accountability are consistently understood. Clear governance documentation is essential to support effective oversight, decision-making and accountability.

5.1.22 The effectiveness of the Safeguarding Subcommittee has been weakened by prolonged instability following the absence and subsequent resignation of its Chair during 2025. Minutes from February 2026 record interim chairing arrangements together with discussions about recruiting additional members, including individuals with parish safeguarding experience, reflecting recognition that leadership and membership required strengthening. However, at the time of inspection these proposals had not resulted in substantive changes, and limited evidence was available that responsibility for safeguarding development had been effectively redistributed following the Chair's departure.

5.1.23 Those involved in safeguarding governance described a period during which Subcommittee activity became less structured and safeguarding improvement work lost momentum. This is reflected in the management of the Safeguarding Implementation Plan. Although a 2024–2025 plan was briefly seen during the inspection, it was not provided as evidence and its implementation could not be evaluated. Governance records show active discussion during the early inspection period, but oversight reduced significantly after July 2025. November 2025 minutes simply record, "No update in the absence of the Chair", and subsequent records provide little evidence that safeguarding improvement activity continued to receive consistent oversight. The Implementation Plan provided as evidence appeared to relate to 2025–2026 but was undated, incomplete and lacked clear ownership, timescales, measurable outcomes and monitoring arrangements. Senior leaders and governance representatives were unable to describe progress consistently or explain how delivery of safeguarding priorities was monitored. Consequently, there was limited evidence that the Implementation Plan was operating as an effective mechanism for driving, monitoring and evidencing safeguarding improvement.

5.1.24 The inspection identified significant reliance on a small number of individuals, which is not unusual in smaller dioceses. The safeguarding team comprises four staff equating to 2.6 full-time equivalent posts. Safeguarding personnel described

workload pressures, capacity concerns and questions regarding the sustainability of current arrangements, issues that had also been raised with diocesan leadership and the Chief Operating Officer. Although the confidence expressed in safeguarding personnel reflects positively on the team, current arrangements remain heavily dependent upon individual knowledge, experience and availability. Greater assurance would be provided through stronger systems, clearer procedures and arrangements that are less reliant on individual staff.

5.1.25 Training and professional development for safeguarding personnel also require strengthening. Inspection evidence identified that specialist safeguarding training undertaken by senior safeguarding staff was not always commensurate with their responsibilities. The Diocese should ensure safeguarding personnel maintain appropriate specialist training, continuing professional development and professional support to discharge their roles effectively and remain informed of current safeguarding practice.

5.1.26 The Diocese has developed a safeguarding risk register, and safeguarding risks have been discussed by the Safeguarding Subcommittee. However, inspection evidence did not demonstrate that risks were routinely reviewed, updated or used to provide strategic assurance. Minutes from November 2025 record that the register had not been updated since November 2023 and identified risks requiring review, with further discussion continuing in February 2026. Although the Chief Operating Officer described more recent work to integrate safeguarding risks into the wider diocesan risk management framework, the register provided during the inspection was undated and did not clearly evidence its status, review arrangements or relationship to wider organisational risk management. Limited evidence was available that safeguarding risks had been routinely scrutinised by Trustees, linked to safeguarding improvement activity or used to inform strategic decision-making. The Apostolic Administrator, appointed shortly before the inspection, advised that he had not yet reviewed the register but acknowledged the need to develop a fuller understanding of safeguarding risks and governance arrangements. While the development of a safeguarding risk register and wider risk management arrangements are positive steps, they are not yet sufficiently embedded to provide robust strategic assurance.

5.1.27 Risk assessment arrangements within parish ministry also require strengthening. Risk assessments were evident in some areas, including safeguarding agreements and respondent management, but inspection evidence identified no consistent diocesan approach to assessing safeguarding risks associated with parish activities, premises or external organisations using church property. Practice varied considerably between parishes and often relied on local knowledge or professional judgement rather than documented assessment processes. Parish visits identified examples of safeguarding risks being appropriately considered for activities involving children, volunteer arrangements and known safeguarding concerns. However, approaches to identifying, recording and reviewing risks were inconsistent. In some parishes, assessments completed by individuals with relevant safeguarding expertise were not routinely retained or reviewed; in others, risks were managed informally without documented assessments. Analysts also found differing levels of understanding regarding safeguarding expectations for community groups using church premises. Consequently, the Diocese cannot be assured that safeguarding risks associated with parish activities, environments and third-party use of church premises are consistently identified, assessed, recorded, reviewed and mitigated.

Graded: Requires attention

5.2 Standard 2 Communicating the Church's safeguarding message

Strengths

5.2.1 Evidence reviewed during the inspection identified examples of safeguarding information being communicated through diocesan and parish communication routes. Examples included the diocesan website, safeguarding training events, direct communications issued by the safeguarding team, parish newsletters and safeguarding information displayed within parish settings. These arrangements

provide multiple routes for communicating safeguarding information across the Diocese.

5.2.2 The Diocese has established a safeguarding section on its website containing safeguarding contacts, reporting pathways and information about support available to victims and survivors. This includes details of the diocesan safeguarding team, reporting guidance and information regarding Safe Spaces. These arrangements demonstrate an intention to make safeguarding information accessible and promote awareness of support and reporting mechanisms.

5.2.3 Inspection evidence identified a positive working relationship between the safeguarding team and the Communications Officer. The Communications Officer described regular communication with the Diocesan Safeguarding Coordinator and demonstrated an understanding of key safeguarding messages and improvement priorities. This included recognising that safeguarding is everyone's responsibility, acknowledging past shortcomings in safeguarding responses, the need for improved communication and the importance of ensuring people know how and where to report concerns.

5.2.4 The Diocesan Safeguarding Coordinator advised that she attends local ecumenical safeguarding meetings, although no records were provided to evidence the frequency, content or outcomes of this engagement. Case file evidence demonstrated communication and information sharing with relevant statutory agencies in response to safeguarding concerns. The Coordinator stated she also participates in Catholic Church safeguarding coordinator meetings and has contributed to safeguarding policy discussions with SCCS and SCIE[14]. Collectively, this demonstrates engagement with safeguarding partners locally and nationally, although limited evidence was available to assess its impact on diocesan safeguarding practice.

[14] The Social Care Institute for Excellence (SCIE) has been commissioned to conduct independent reviews of safeguarding policies, procedures, and practice guidance for the Catholic Church in England and Wales to ensure they meet modern best-practice standards

5.2.5 Parish visits identified safeguarding information displayed in each parish visited, including Parish Safeguarding Representative details, safeguarding contacts and support information. Although there was significant variation in the quality, prominence, accessibility and currency of the information, inspection evidence demonstrates that some safeguarding information is present within parish settings.

5.2.6 The Diocese has developed a Parish Safeguarding Representative Information Pack and provided evidence of its structure. The contents indicate that it covers a broad range of safeguarding responsibilities associated with the role. However, as the full resource was not available during the inspection, its effectiveness, completeness and alignment with current safeguarding expectations could not be fully assessed. Nevertheless, focus group participants who had recently undertaken the role spoke positively about the induction and information provided.

Areas for development

5.2.7 The Diocese initially provided a draft Safeguarding Communications Plan dated November 2024. During the inspection, the Communications Officer provided additional draft internal and public-facing plans. Although described as amended drafts from May 2026, the documents were dated July 2026, with the public-facing version also showing a review date of July 2026. No evidence demonstrated that any version had been approved, implemented or communicated to stakeholders. The plans largely describe communication channels and set out broad aspirations but contain limited detail on actions, responsibilities, success measures or arrangements for evaluating effectiveness. The Diocese should prioritise the review, approval and implementation of a single Communications Plan supported by robust document control and governance oversight.

5.2.8 The Diocese should strengthen arrangements for communication during significant safeguarding incidents. While the revised draft plans reference media communications and post-incident review, they provide limited detail regarding roles, responsibilities, escalation processes or decision-making arrangements during periods of heightened safeguarding risk or public scrutiny. More detailed crisis communication arrangements would improve preparedness and clarity.

5.2.9 The Diocese has not yet established effective arrangements for evaluating the impact of safeguarding communications. Although the revised draft plans include proposals for feedback and evaluation, no evidence demonstrated that these arrangements had been implemented. No dedicated safeguarding communications feedback process was evidenced, and interviewees were unable to identify examples where communications had been challenged, reviewed or amended following stakeholder feedback. Similarly, there is no evidence that communications are routinely assessed against objectives, evaluated for effectiveness or adapted in response to learning. Consequently, limited assurance is available that safeguarding messages are reaching intended audiences and achieving their intended outcomes.

5.2.10 Stakeholder involvement in the development and review of safeguarding communications is limited. The Communications Officer advised that the Communications Plan was largely adapted from a plan developed by another diocese through the Communications Officers' Forum and had not been shared for consultation. Inspection interviews confirmed that diocesan stakeholders, parish communities and individuals with lived experience had not been consulted, and no evidence demonstrated that the plans had been adapted to reflect their views. There was also no evidence that parishioners, volunteers, children, young people or other stakeholders had influenced safeguarding communications.

5.2.11 Limited evidence was available demonstrating how survivor perspectives inform safeguarding communications. The Diocese has not developed a survivor charter, and there was little evidence of formal mechanisms through which survivors contribute to the development or review of safeguarding communications. As a result, limited assurance is available that communications are informed by those most directly affected by abuse and safeguarding failures. Consideration should be given to embedding survivor perspectives within safeguarding communications and wider improvement activity.

5.2.12 Minimum safeguarding communication standards are not consistently achieved across parish settings. Although safeguarding information was present in each parish visited, considerable variation was identified in its visibility, accessibility

and currency. Examples included outdated safeguarding materials, outdated Parish Safeguarding Representative information and references to superseded safeguarding arrangements. The Diocese advised that a safeguarding flowchart for responding to allegations had been distributed to all parishes. However, it was displayed in only one of the three parishes visited. While the sample is limited, this finding suggests a disconnect between diocesan communication activity and local implementation and raises questions regarding how the Diocese assures itself that centrally distributed information is consistently displayed, maintained and understood.

5.2.13 Digital safeguarding information and accessible communication require further development across the Diocese. Website reviews identified that parish websites did not consistently provide dedicated safeguarding information, safeguarding contact details, survivor support information or access to relevant safeguarding policies and guidance. The Diocese has a responsibility to set clear expectations and provide appropriate oversight to ensure that safeguarding information is communicated consistently across its parishes, regardless of whether individual parish websites are managed locally. Opportunities to strengthen safeguarding content available through the diocesan website were also identified. While safeguarding contact details, reporting routes and support information were available, limited safeguarding policies, guidance and supporting information were publicly accessible. Given that websites are often the first point of contact for parishioners, visitors and those seeking support, the absence of consistent safeguarding information may limit the ability of individuals to identify reporting pathways and access support, and may discourage victims and survivors, or those wishing to raise concerns, from making contact at all. Limited evidence was also available demonstrating that safeguarding communications had been adapted to meet the needs of different audiences.

5.2.14 Website reviews, parish visits and interviews did not identify child-accessible safeguarding information or evidence that the Diocese had developed materials specifically for children, adapted communications for child-facing environments, or systematically considered accessibility and language needs. One clergy member reported producing a child-friendly safeguarding poster, but no evidence

demonstrated wider development, distribution or promotion of similar materials. Interviewees were also unable to identify safeguarding information in alternative languages or accessible formats. Consequently, the Diocese cannot be assured that safeguarding information is accessible to all members of its communities.

5.2.15 Existing diocesan communication channels could be used more effectively to promote safeguarding awareness, learning and culture. Middlesbrough Diocese remains one of the few dioceses to retain a physical diocesan newspaper, providing a valuable opportunity to communicate safeguarding messages, learning, improvement activity and information about support and reporting pathways. Public-facing leadership communication could also be strengthened. Although senior leaders demonstrated commitment to safeguarding during interviews, limited evidence was available of public safeguarding messages through diocesan webpages or other communication channels. No safeguarding statement from the former Bishop was provided. Consideration should therefore be given to how diocesan leaders can more visibly communicate their commitment to safeguarding, particularly during a period of significant diocesan change. Increased leadership visibility and better use of existing channels would help reinforce safeguarding culture, accountability and confidence.

5.2.16 Survey responses, focus groups and Public Call for Information responses identified variation in awareness of safeguarding activity, safeguarding developments and the work of the safeguarding team. While some participants reported receiving safeguarding information through parish communications, others reported limited awareness of safeguarding developments and few opportunities to engage with safeguarding learning and improvement activity. Transparency regarding safeguarding performance, learning and improvement activity also requires further development. Safeguarding information is communicated through governance arrangements, safeguarding meetings, clergy communications and safeguarding networks. However, limited evidence was available demonstrating that safeguarding performance information, safeguarding learning and safeguarding improvement activity are routinely communicated to the wider diocesan community and no evidence was provided demonstrating the publication of an annual safeguarding report. These findings

indicate that while safeguarding communication activity is taking place, the Diocese cannot currently be assured that safeguarding messages are being communicated consistently across all parish communities or that parishioners receive regular opportunities to engage with safeguarding information, safeguarding learning and safeguarding improvement activity.

Graded: Requires attention

5.3 Standard 3 Engaging with and caring for those who report having been harmed

Strengths

5.3.1 Information for victims and survivors is available through the diocesan website and includes guidance on reporting concerns to the Diocese together with signposting to external support organisations, including Safe Spaces and MACSAS. The Diocese has also published a Commitment to Survivors, developed in 2022, which remains the principal diocesan document setting out the support and response individuals can expect when engaging with the safeguarding service. The commitment emphasises listening to those who disclose abuse, providing opportunities for individuals to share their experiences at their own pace, discussing available support options and maintaining communication regarding safeguarding processes and outcomes. Collectively, these arrangements demonstrate recognition of the importance of responding to victims and survivors in a compassionate, respectful and person-centred manner and provide access to independent information and support for those who may not feel ready to engage directly with the Diocese.

5.3.2 Information relating to safeguarding support and reporting concerns was displayed within diocesan offices, including contact details for local authorities and support organisations. A survivor call help sheet was also displayed within the Diocesan Curia offices, designed to support staff when responding to disclosures of abuse or safeguarding concerns. Administrative staff were able to describe the

guidance available to them and demonstrated an awareness of the importance of responding sensitively to individuals making disclosures. Safeguarding staff described arrangements for ensuring concerns are referred promptly while enabling individuals to share information without unnecessary interruption and receive reassurance regarding next steps.

5.3.3 Interviews and focus groups demonstrated a safeguarding culture in which clergy and PSRs recognised the importance of responding appropriately to disclosures of abuse and safeguarding concerns. Clergy consistently described referring concerns to the safeguarding team and seeking advice rather than attempting to investigate concerns themselves. They also demonstrated awareness of the importance of supporting individuals who disclose non-recent abuse and enabling access to appropriate support services. Interviews and focus groups identified that safeguarding personnel are viewed as approachable, supportive and accessible. PSRs and clergy described positive experiences of seeking safeguarding advice and support, particularly when managing complex situations involving vulnerable adults or individuals requiring additional support.

5.3.4 Case audits identified examples of the safeguarding team responding sensitively to individuals who disclosed abuse or safeguarding concerns. Audits evidenced respectful engagement with those seeking support, consideration of available safeguarding responses and appropriate signposting to independent support services, including Safe Spaces.

Areas for development

5.3.5 Case audit activity identified that a significant proportion of cases were assessed as Requires Improvement[15] for person-centred practice. While audits evidenced respectful engagement, listening to concerns and signposting to support services, they consistently identified limited evidence that individuals were actively involved in identifying desired outcomes, contributing to support planning

[15] CSSA case audits are graded using a five-point scale: Outstanding, Good, Requires Improvement, Insufficient, and Does Not Meet Statutory and/or Inspectorate Requirements. Further information regarding the grading descriptors and assessment criteria is available in the CSSA Case Audit Matrix- Our Quality Assurance Framework

or reviewing whether safeguarding interventions had met their needs. This was particularly evident in cases involving victims, survivors and individuals seeking safeguarding support, where records did not consistently demonstrate how individuals' views, wishes and feelings informed assessment, planning and decision-making.

5.3.6 Case records also demonstrated limited exploration of wider emotional, social, pastoral and support needs, with little evidence of trauma-informed considerations of how experiences of abuse and harm may have influenced individuals' circumstances and support requirements. In some cases, dissatisfaction or ongoing concerns were identified but there was little evidence that these were systematically explored, reviewed or translated into revised plans, support arrangements or organisational learning.

5.3.7 Support for victims and survivors was primarily focused on signposting to external agencies and organisations. While access to independent support services is important, there was little evidence that the Diocese routinely reviewed whether the support offered remained appropriate, whether individuals' needs or circumstances had changed, or whether the support provided was meeting the outcomes identified with the individual. One case also identified an absence of follow-up after referral to external support services, reducing assurance that support remained responsive to changing circumstances or that further diocesan involvement had been considered.

5.3.8 While the Diocese has published a Commitment to Survivors, this has not been reviewed since 2022. Beyond this document, inspection evidence did not demonstrate a diocesan framework setting out how survivors will be supported, involved in safeguarding processes or how their views will inform safeguarding practice and service development. Members of the safeguarding team were unable to clearly identify the policies or guidance informing their practice, and there was limited evidence demonstrating how the commitments within the Commitment to Survivors are routinely implemented or reviewed. This reflects the wider findings regarding safeguarding policy implementation identified within Standard 1. The Diocese should develop and implement a survivor engagement and support

framework which clearly sets out expectations regarding support, communication, involvement, feedback, review and learning from the experiences of survivors.

5.3.9 The Diocese has published a dedicated Privacy Notice for Victims and Survivors, which explains how safeguarding information will be collected, managed, retained and shared, and sets out data protection rights. However, the document was only accessible through the website footer and not linked to on the safeguarding webpages. The document was not referenced during interviews and did not contain a publication date, version history or review information. Case audits did not evidence victims and survivors being routinely directed to, or provided with, the Privacy Notice when engaging with the safeguarding service.

5.3.10 Information available through the diocesan website is largely limited to church abuse related support organisations, with limited information regarding wider specialist services relevant to safeguarding concerns and the needs of adults at risk and their families. Little publicly accessible information was available regarding local specialist support services and there was no evidence of survivor support guides, resource packs or information designed to assist individuals in understanding available support options. While some additional safeguarding information and contact details were available within diocesan offices, this information was not routinely available through public-facing diocesan resources. Parish visits, interviews and focus groups similarly identified limited awareness of wider support services beyond referral to the safeguarding team.

5.3.11 No formal arrangements were evidenced for obtaining, recording, analysing or responding to feedback from survivors regarding their experience of diocesan safeguarding services. Although the diocesan website states that comments are welcomed to help improve services, no published feedback mechanism was identified. The safeguarding team advised that feedback is sought on a case-by-case basis; however, case audits did not evidence feedback being routinely recorded, reviewed or used to inform service improvement. Formal mechanisms through which victims and survivors influence safeguarding policy or practice were not evidenced.

5.3.12 Evidence did not demonstrate that learning arising from disclosures or survivor experiences is routinely captured, analysed or translated into service development. Senior leaders, Trustees and the Safeguarding Subcommittee were similarly unable to demonstrate how they routinely evaluate the Diocese's response to those reporting harm or obtain assurance regarding the quality and effectiveness of support provided. Case audits, governance evidence and interviews identified limited scrutiny of safeguarding practice, decision-making, outcomes and survivor support. These findings reflect the wider quality assurance and organisational learning observations identified within Standards 1 and 8.

5.3.13 Inspection evidence demonstrated limited activity specifically focused on engaging with victims and survivors or promoting understanding of their experiences. Evidence submitted to inspection was limited to participation in the Day of Prayer for Survivors and clergy interviews describing the promotion of safeguarding messages through Safeguarding Sunday. However, evidence of wider survivor engagement activity, consultation, participation opportunities or evaluation of the impact of these initiatives was limited, and inspection evidence did not demonstrate how survivor experiences routinely informed practice or service development. It is acknowledged that, as a smaller diocese, Middlesbrough has contact with fewer survivors than others and that arrangements would have to be proportionate to this.

5.3.14 Training and professional development require further attention. Inspection evidence identified limited specialist training relating to trauma-informed and survivor-centred practice. While safeguarding administrators demonstrated sensitivity when discussing disclosures, no evidence demonstrated training specifically focused on responding to disclosures or formal arrangements for reflective support beyond informal discussions with the Deputy Safeguarding Coordinator. Interviews also demonstrated inconsistent safeguarding training across other diocesan roles. Collectively, inspection evidence did not demonstrate a strategic approach to developing survivor-centred and trauma-informed practice across the Diocese. This reflects the wider findings regarding safeguarding training and professional development identified within Standards 1 and 7.

Graded: Requires attention

5.4 Standard 4 Effective management of allegations and concerns

Strengths

5.4.1 The Diocese has developed local clergy and lay allegation management flowcharts to support the reporting and initial handling of safeguarding concerns. The flowcharts provide some guidance regarding reporting pathways, key notifications and engagement with statutory agencies, supporting the safeguarding team and senior leaders in responding to concerns and allegations.

5.4.2 Case audit activity demonstrated that information was gathered from a range of relevant individuals and agencies following the receipt of safeguarding concerns. Records evidenced consultation with local authorities, police, probation services, clergy, respondents and diocesan colleagues where appropriate. Case audit evidence also demonstrated constructive engagement with the Local Authority Designated Officer (LADO)[16] in a complex case, including ongoing consultation and information sharing regarding safeguarding concerns and potential risk.

5.4.3 Interviews, focus groups, survey responses and parish visits indicated increasing awareness of the importance of reporting safeguarding concerns and seeking advice at an early stage. The Safeguarding Coordinator reported an increase in the number of low-level concerns being raised with the safeguarding team and expressed a desire for this trend to continue. Clergy and PSRs generally understood how to seek safeguarding advice and reported confidence in contacting the safeguarding team where concerns arose. Participants consistently

[16]The Local Authority Designated Officer (LADO) is responsible for overseeing allegations or concerns regarding individuals who work with children.

described safeguarding personnel as approachable, responsive and willing to provide advice and support when concerns were identified.

5.4.4 Case audit activity and interview evidence demonstrated that safeguarding concerns and allegations are reported through diocesan governance arrangements. Trustees receive safeguarding reports and significant safeguarding matters are escalated to relevant senior leaders, including the Chief Operating Officer, Vicar General and trustees where appropriate. Interviews and case audit activity also evidenced awareness of reporting obligations to external bodies, including consideration of referrals to the Charity Commission where required.

Areas for development

5.4.5 The Diocese should strengthen the procedural framework supporting the management of allegations and concerns. While a Management of Allegations Policy and local clergy and lay allegation management flowcharts are in place, comprehensive procedures governing the management of allegations beyond the initial receipt and reporting of concerns were not evidenced. Interviews demonstrated an understanding of referral pathways and engagement with statutory agencies; however, the management of more complex safeguarding matters relied upon professional judgement and consultation with colleagues rather than documented procedures setting out expectations and processes. The Deputy Safeguarding Coordinator reflected that she had not yet had the opportunity to manage a significant safeguarding concern from initial referral through to conclusion and identified further experience of complex safeguarding casework as an important aspect of her professional development. She described seeking advice and support from the Safeguarding Coordinator when managing more complex matters. This, together with the absence of comprehensive procedural guidance, suggests that the management of more complex safeguarding matters is dependent upon individual experience, professional judgement and consultation with colleagues rather than being consistently supported by a clearly defined procedural framework. There was insufficient assurance that allegations are investigated within a consistent procedural framework or that investigation processes, review arrangements and case

conclusions are supported by documented guidance. This lack of procedural clarity was further evidenced by one case in which safeguarding decision-making was informed through a Risk Assessment Panel. Interviews suggested that this approach had been used on a limited number of occasions in response to particularly complex cases; however, its purpose, authority, membership and recording expectations were unclear, and Terms of Reference or supporting documentation were not evidenced.

5.4.6 An agreed safeguarding confidentiality procedure or guidance governing the management of safeguarding concerns, allegations and case records was not provided, despite members of the safeguarding team demonstrating an awareness of the importance of maintaining confidentiality when managing safeguarding matters. The Diocese has published a Data Protection Policy and a Privacy Notice for Victims and Survivors, which primarily address compliance with data protection legislation and explain how personal information will be collected, used, retained and shared. However, these documents do not provide operational guidance regarding confidentiality during safeguarding casework, allegations management or safeguarding decision-making. The Diocese should ensure that expectations relating to confidentiality in safeguarding casework are clearly documented and accessible to those responsible for managing safeguarding concerns and allegations.

5.4.7 Case audit activity demonstrated that safeguarding records were generally maintained and key documentation was retained. However, recording was often descriptive rather than analytical and did not consistently demonstrate how information gathered informed risk assessment, or supported planning, safeguarding arrangements, decision-making and outcomes. Limited recording of decision-making rationale was identified, including the evidence considered, professional judgement applied, options explored and reasons for decisions reached. Supervision, management oversight, case discussions and governance activity were not routinely documented, reducing assurance regarding challenge, scrutiny and accountability. Similarly, significant safeguarding discussions, consultations and review activity involving clergy, statutory agencies, respondents and other relevant parties were not consistently recorded. Interviews demonstrated

that the Deputy Safeguarding Coordinator receives regular supervision and support from the Safeguarding Coordinator and that the Safeguarding Coordinator meets regularly with the Vicar General to discuss safeguarding matters, case progression and wider safeguarding issues. However, these arrangements were not supported by structured supervision records, and the content of discussions, professional challenge, decision-making, agreed actions and case progression were not evidenced within safeguarding records.

5.4.8 The Diocese does not currently utilise a dedicated safeguarding case management system. Case audit activity identified variability in recording arrangements, with information often spread across multiple documents, correspondence and recording templates. In some cases, records were difficult to navigate and case progression, decision-making and outcomes could only be fully understood through consideration of multiple documents and supplementary information obtained from interviews during the inspection. While some case records benefited from clear chronologies, this was not consistent across all audited cases. Chronologies were not always fully updated to reflect significant case events, management activity, reviews and safeguarding decisions. There were also occasions where emerging concerns resulted in changes to safeguarding arrangements without corresponding updates to risk assessments or clear recording of risk considerations. Interviews demonstrated that the safeguarding team recognised the limitations of current recording arrangements and identified the introduction of a case management system as an area for future development.

5.4.9 Case audit activity demonstrated that timely support was generally offered in response to safeguarding concerns. However, variability was identified in the quality and consistency of responses. In some cases, safeguarding concerns were not explored as fully as expected and there was limited evidence that the wishes, experiences and desired outcomes of those reporting harm had informed safeguarding responses and decision-making.

5.4.10 Limited evidence of documented scrutiny, challenge and oversight of safeguarding decision-making, active case management and safeguarding

outcomes was identified through case audit activity. These findings are consistent with the wider governance observations identified elsewhere within this report.

5.4.11 Formal arrangements for identifying, recording and sharing learning arising from allegations and safeguarding concerns were not evidenced. While examples of learning were identified within individual cases, including changes to practice arising from safeguarding concerns, there was insufficient assurance that learning is systematically captured, reviewed, recorded or disseminated. For example, case audit activity identified learning that had informed the introduction of a concerns reporting form; however, this learning had not been recorded within the Diocese's learning log or evidenced through formal learning arrangements. These findings are consistent with the wider observations regarding organisational learning identified elsewhere within this report.

Graded: Requires attention

5.5 Standard 5 Management and support of subjects of allegations and concerns (respondents)

Strengths

5.5.1 The Diocese has established arrangements for managing respondents using safeguarding plans and associated risk management processes. Case audit evidence demonstrated that safeguarding plans are used to manage identified risks and support respondents to participate safely in the life of the Church. Evidence demonstrated that safeguarding plans were reviewed within required timescales and amended when concerns or changes in circumstances arose, evidencing an iterative approach to risk management. Interviews and case audits also evidenced ongoing engagement with respondents and other relevant parties during the management of safeguarding arrangements, although the rationale for decisions and outcomes of discussions were not always fully recorded.

5.5.2 The Diocese has adopted the Risk Information Framework (RIF)[17] and has established a Risk Assessment Panel, which has been used in certain safeguarding matters to inform subsequent safeguarding actions. Case audit evidence demonstrated that information was sought from probation services, police, statutory agencies and other relevant sources when assessing risk. In some cases, the Diocese appropriately delayed decisions regarding attendance and participation until relevant information had been obtained and safeguarding arrangements agreed with statutory partners.

5.5.3 The Diocese recognises the welfare needs of clergy respondents and has access to pastoral support through a dedicated Clergy Welfare Consultant. Interview evidence demonstrated that support may include emotional support, welfare advice, practical assistance, signposting and pastoral accompaniment for clergy and former clergy experiencing safeguarding, welfare or ministry-related difficulties. The Diocese also has access to canonical expertise through senior clergy and the Judicial Vicar where matters require consideration under canon law. No cases audited during the inspection period required referral to the National Tribunal Service or the initiation of canonical processes. However, interviews demonstrated an understanding of the circumstances in which canonical advice would be sought and confirmed that access to canonical expertise is available should such processes become necessary.

5.5.4 Safeguarding plans include consideration of confidentiality and information sharing requirements, supporting the management of safeguarding risk while enabling information to be shared with those who require it to fulfil their safeguarding responsibilities.

Areas for development

5.5.5 The Diocese utilises the CSSA Management of Allegations Policy and RIF, and has developed clergy and lay allegation management flowcharts. However,

[17] The Risk Information Framework is a CSSA template used to identify and record risk factors and protective information to inform safeguarding plans and support arrangements. It forms part of the CSSA's practice guidance, ***Safeguarding Plans –***Practice Guidance

inspection evidence did not identify comprehensive diocesan guidance or procedures governing respondent management and support arrangements. While the available documentation provides guidance in specific areas, it offers limited procedural detail regarding respondent notification, support arrangements, risk assessment, safeguarding planning, legal or canonical representation and confidentiality. Collectively, the available documentation does not establish a clear framework for the management and support of respondents.

5.5.6 Interviews, focus groups and survey responses demonstrated that respondent management arrangements are not consistently understood across the Diocese. Operational arrangements appear heavily reliant upon the knowledge, experience and relationships of key individuals, supported by locally developed flowcharts and informal processes. Of clergy survey respondents, 32% reported that they were either only somewhat confident, not confident, or unaware of the processes for managing those who are the subject of allegations. Similarly, clergy participating in interviews and focus groups were generally unaware of any specific guidance or procedures relating to the management of respondents, although they expressed confidence that the safeguarding team would provide advice and support should such circumstances arise. Case audits demonstrated examples of respondents being informed of safeguarding concerns and involved in safeguarding planning. However, there was limited evidence of a clearly defined process setting out how respondents should be notified of allegations, advised of their rights, informed about safeguarding and canonical processes, and offered support. Although pastoral support is available to clergy respondents through the Clergy Welfare Consultant, inspection evidence did not demonstrate equivalent arrangements for all respondents, including lay respondents. This reduces assurance that respondent management processes would be applied consistently and understood across the Diocese without reliance on a small number of key individuals.

5.5.7 The Diocese has introduced a Risk Assessment Panel to support decision-making in certain safeguarding matters, and evidence demonstrated that recommendations arising from panel discussions have informed subsequent safeguarding actions. However, inspection evidence did not clearly demonstrate the circumstances in which a case should be referred to the panel, the scope of its

role, the relationship between the panel and formal safeguarding risk assessment processes, or how challenge, recommendations and decision-making should be recorded and monitored. Case audit evidence identified an example where significant safeguarding recommendations were reached through a Risk Assessment Panel process despite there being no completed diocesan safeguarding risk assessment evidencing how safeguarding risks had been assessed and analysed.

5.5.8 Risk assessment practice requires significant strengthening. While the Diocese uses the RIF and obtains information from statutory agencies and other relevant sources, inspection evidence did not demonstrate that risk assessments were consistently completed to a sufficient standard or routinely used to drive safeguarding planning. Case audit evidence identified examples where assessments contained incomplete sections, limited analysis, or failed to clearly identify the risks requiring management. Important areas, including respondent views, protective factors, support needs, risk to self and the rationale linking identified risks to safeguarding measures, were not consistently documented. Case audit evidence also identified at least one case where safeguarding arrangements were implemented despite risk assessment documentation remaining incomplete, reducing assurance that identified risks had been fully assessed and analysed prior to the implementation of safeguarding measures[18].

5.5.9 Case audits also identified limitations in the extent to which risk assessments informed and evidenced subsequent safeguarding arrangements. While Risk Information Frameworks often contained relevant information regarding offending history, identified risks and protective factors, the sections intended to analyse those risks and demonstrate how they informed safeguarding planning were not always fully completed. Consequently, it was not always possible to clearly trace how identified risks had been translated into specific safeguarding measures, support arrangements or restrictions.

[18] CSSA practice guidance issued 2021 included the expectation that a risk assessment should be completed prior to the formulation of a safeguarding plan. This need was reiterated in the overview of diocesan baseline audits published in March 2025 (para. 6.5.2).

5.5.10 Case audit evidence identified occasions where safeguarding plans were amended in response to emerging concerns or new information, demonstrating that risk management arrangements were responsive to changing circumstances. However, the associated risk assessments were not always reviewed or updated to reflect those developments. In one case, changes to a safeguarding plan were identified through the chronology and were subsequently confirmed during inspection interviews. However, the risk assessment itself had not been updated to record the emerging concerns, reassess risk or evidence the rationale for the revised safeguarding measures.

5.5.11 Case audits similarly identified limited consideration of respondents' wider support and welfare needs within risk assessment documentation. While interviews demonstrated that welfare issues were often discussed during safeguarding plan reviews and meetings with respondents, this was not consistently reflected within risk assessments, safeguarding plans or review records. Consequently, there was not always a clear record demonstrating how identified support needs and protective factors had been considered alongside safeguarding risks when determining risk management arrangements. Taken together, these findings reduce assurance that risk assessments consistently provide a clear basis for safeguarding decision-making and risk management.

5.5.12 Recording associated with respondent management requires improvement. Case audit evidence identified inconsistencies in the recording of meetings, discussions, reviews and decision-making relating to respondent management. Although engagement with respondents, clergy, parish representatives and other relevant parties was evidenced, records did not always demonstrate the matters discussed, actions agreed, welfare considerations or decisions reached. Similarly, records of oversight discussions did not always clearly demonstrate the matters considered, challenge provided, decisions reached or actions arising. These recording gaps reduced assurance regarding the continuity of respondent management arrangements and the rationale for safeguarding decisions.

5.5.13 The Diocese should also strengthen arrangements relating to legal and canonical representation. While access to canon law expertise is available through

senior clergy and diocesan structures, inspection evidence did not clearly demonstrate that respondents are routinely advised of their right to obtain independent legal or canonical representation.

5.5.14 Evidence did not demonstrate formal arrangements for evaluating respondent management or using learning from respondent cases to inform safeguarding practice. This reflects the wider quality assurance findings identified within Standard 8.

Graded: Requires attention

5.6 Standard 6 Robust human resource management

Strengths

5.6.1 Safeguarding team members described well-established operational arrangements for the administration and monitoring of DBS checks. To support these arrangements, the Diocese has developed documented flowcharts for the recruitment and appointment of Parish Safeguarding Representatives and for the administration and monitoring of DBS applications and renewals. The Diocese has operated a three-year DBS rechecking cycle since 2020 and demonstrated a clear understanding of DBS eligibility requirements and safer recruitment expectations. Discussions with the safeguarding team evidenced robust arrangements for determining DBS eligibility, obtaining references, verifying identity and monitoring applications through PAMIS and Know Your People (KYP), supported by multiple stages of quality assurance and management oversight. The Deputy Safeguarding Coordinator completes weekly PAMIS reports identifying DBS renewals due within the following three months, enabling the administration team to initiate renewals in a timely manner. Electronic monitoring through PAMIS is supported by paper-based recruitment files, each containing a chronology recording actions and decisions throughout the recruitment process, providing a clear record of recruitment activity.

5.6.2 Interviews further demonstrated clear escalation arrangements where recruitment concerns arose. The safeguarding administration team explained that

applications containing blemishes, disclosures or other recruitment issues were immediately referred to the safeguarding coordinator for assessment. During interview, the Safeguarding Coordinator provided examples of recruitment concerns being escalated to senior diocesan leaders where appropriate. She also described contacting parish priests where safer recruitment requirements had not been completed or complied with. Trustee reports routinely provide information regarding DBS activity, applications in progress, processing times and compliance, supporting organisational oversight of safer recruitment activity. This demonstrated clear management oversight and escalation arrangements in response to safer recruitment concerns.

5.6.3 The 2023 baseline audit identified a legacy of DBS records appearing as overdue on the system, while recognising that many related to historical records, data anomalies or individuals no longer undertaking DBS-eligible roles rather than genuinely overdue DBS renewals. During this inspection, evidence demonstrated that the Diocese had undertaken a significant programme of data cleansing and record management to resolve these concerns. This represents a considerable piece of work by the safeguarding team, resulting in improved accuracy of DBS records and strengthened monitoring arrangements. At the time of this inspection, there were no overdue DBS renewals for clergy or volunteers. DBS compliance is supported through established monitoring arrangements using PAMIS to identify, monitor and progress renewals in a timely manner.

5.6.4 The Diocese has established structured arrangements to recruit, induct and support PSRs. Newly appointed PSRs complete an application process, receive role-specific induction and safeguarding training before commencing the role, together with ongoing support from the safeguarding team. Trustee reports evidenced continued oversight of PSR recruitment, induction, training and the development of a dedicated PSR Resource Pack, which includes guidance on safeguarding responsibilities, safer recruitment, DBS processes, identity verification, parish activities and records management. Focus group discussions confirmed that PSRs valued the accessibility, responsiveness and practical support provided by the safeguarding team. Participants consistently described recruitment and induction

arrangements as thorough and the safeguarding team as approachable, knowledgeable and readily available to provide advice and guidance.

5.6.5 The Diocese has strengthened safer recruitment arrangements for overseas clergy ministering within the Diocese through the development of a dedicated recruitment procedure introduced in August 2023. These arrangements provide a structured approach to assessing overseas clergy prior to ministry within the Diocese. The Diocese's self-assessment confirmed that the procedure is currently with the Chief Operating Officer to be developed into a formal diocesan policy.

5.6.6 The Diocese continues to operate using the CSSA Whistleblowing policy, which was provided during the inspection. The policy establishes clear arrangements for raising safeguarding concerns, including reporting routes, confidentiality, protection from victimisation and escalation arrangements where concerns relate to safeguarding personnel or clergy undertaking safeguarding responsibilities. The policy is dated 1 July 2021; however, no review date was recorded. During the inspection, the whistleblowing link published on the diocesan safeguarding website was not functioning, limiting accessibility to the policy.

Areas for development

5.6.7 Interviews and inspection evidence confirmed that the Diocese continues to use the CSSA Safer Recruitment Policy and Whistleblowing Policy to support safeguarding practice. These policies continue to be presented as CSSA documents and there was no evidence that they had been reviewed, adapted or formally adopted to reflect the Diocese's governance arrangements or to include necessary local arrangements supporting their implementation. As previously noted, the published whistleblowing link on the diocesan website was not functioning at the time of the inspection, limiting accessibility to the policy.

5.6.8 Gaps were identified in the publication and accessibility of safer recruitment information and guidance. The Diocese's safeguarding webpages did not provide comprehensive information regarding safer recruitment arrangements for clergy, employees and volunteers. While the Diocese has developed documented flowcharts supporting DBS administration and the recruitment of PSRs, equivalent documented guidance was not evidenced for clergy moving into the diocese (other

than overseas clergy), or for the safer recruitment of employees and the wider volunteer workforce.

5.6.9 The Diocese has implemented a general Complaints Policy, approved in May 2026; however, it is not a safeguarding-specific complaints policy. The policy is not clearly signposted within the safeguarding webpages and is only accessible via the website footer. While it directs complaints relating to safeguarding processes to the CSSA, in accordance with national safeguarding arrangements, it does not clearly explain how complaints concerning the Diocese's safeguarding service should be managed prior to this or the requirement for the diocesan process to have been exhausted before CSSA become involved. Consequently, inspection evidence did not provide assurance that survivors or others who remain dissatisfied with the Diocese's safeguarding service would understand how to access and progress their complaint.

5.6.10 The Diocese provided two examples of correspondence as evidence of complaints handling. Following consideration of the circumstances, neither was determined to constitute a safeguarding complaint, a position confirmed by the Safeguarding Coordinator during interview. In contrast, case audit activity identified that a survivor expressed ongoing dissatisfaction with the Diocese's handling of safeguarding. However, there was no evidence that information about the complaints process or the appropriate alternative complaints route had been provided. During interview, the Safeguarding Coordinator confirmed that she did not believe the survivor had been informed of the complaints process. Furthermore, the Diocese's Commitment to Survivors states that survivors will be informed of the complaints procedure should they be dissatisfied with any element of the service they receive; however, inspection activity did not demonstrate that this commitment was consistently implemented in practice.

5.6.11 Focus group discussions demonstrated that arrangements for maintaining local safeguarding records varied across parishes. The Diocese clarified that PSRs had been advised not to retain duplicate DBS information and should instead maintain up-to-date lists of their volunteers, with DBS information monitored centrally through PAMIS. However, focus group evidence indicated that this

expectation was not consistently understood or implemented, with variations in the records maintained locally. The Diocese should therefore ensure that minimum expectations for parish-level safeguarding oversight are consistently applied, including the maintenance of accurate and up-to-date volunteer lists and appropriate oversight of safeguarding requirements relevant to each role. This would strengthen local assurance, support PSRs and parish priests in discharging their safeguarding responsibilities and complement central monitoring arrangements, without duplicating sensitive DBS information held within PAMIS. Clear guidance should also be provided regarding the retention, review and secure disposal of any safeguarding records maintained locally.

Graded: Meeting expectations

5.7 Standard 7 Training and support for safeguarding

Strengths

5.7.1 The Diocese has sought to maintain safeguarding training despite changes to national arrangements. Following the withdrawal of nationally provided in-person clergy safeguarding training, the Safeguarding Coordinator secured an alternative external facilitator to provide the clergy safeguarding training day, scheduled for September 2026. Clergy returning to ministry, or providing pastoral cover, are required to complete safeguarding training and safer recruitment requirements before undertaking ministry. Clergy unable to attend training days are offered individual safeguarding training. The clergy survey also identified positive perceptions of safeguarding training provision, with participants providing an average rating of 9.14 out of 10 for the quality and relevance of safeguarding training. An internal training record spreadsheet provided by the Diocese specifically for the inspection showed 93.4% compliance for clergy and religious priests at the time of the inspection. A small number of records contained no training due date or status, indicating that further work was required to ensure the information provided for

organisational assurance was complete and accurately demonstrated compliance with safeguarding training requirements. Gaps in training records also call into question the application of the policy not to issue a celebret to clergy who have not complied with training expectations.

5.7.2 The Safeguarding Subcommittee considered the Diocese's draft training plan and contributed to its ongoing refinement during the inspection period. This included requesting amendments to strengthen role-specific training arrangements, discussing proposals for volunteer safeguarding training, considering induction arrangements for missionary priests and reviewing practical arrangements for the rollout of volunteer training. Separately, regular safeguarding reports submitted to the Board of Trustees included updates on safeguarding workforce activity, including Parish Safeguarding Representative (PSR) induction, volunteer training developments and staffing matters, ensuring that Trustees remained informed of safeguarding training activity within the Diocese.

5.7.3 Structured safeguarding training arrangements have been developed for PSRs. New PSRs receive induction training before appointment, delivered by the Safeguarding Coordinator and Deputy Safeguarding Coordinator, and two diocesan PSR training days were delivered during 2025. The Diocese has also developed a PSR Information Pack covering key safeguarding responsibilities and supporting guidance. Focus groups and interviews with PSRs demonstrated that the resource pack had been positively received and was viewed as a useful source of information to support them in their role.

5.7.4 The Diocese has begun extending safeguarding awareness beyond those undertaking regulated activity. In March 2026, Parish Priests and PSRs were issued with safeguarding awareness material for volunteers whose roles do not require a DBS check, together with a parish recording sheet to evidence completion. The Diocese advised that responses are being collated centrally and that parishes which have not returned records by September 2026 will be followed up. Although implementation remains at an early stage, this demonstrates a proactive approach to extending safeguarding awareness across a broader volunteer workforce.

Areas for development

5.7.5 Arrangements for identifying and planning safeguarding training require further development. The Safeguarding Standards require the Diocese to maintain a Training Needs Analysis (TNA) to identify and assess overall safeguarding training needs. Although a document entitled "Training Needs Analysis" was provided, its content does not constitute a TNA for the purposes of the Safeguarding Standards and the Diocese accepted during the inspection that it does not currently have a TNA which meets this requirement. The document provided is primarily a safeguarding training plan and does not assess existing competence, identify knowledge or skills gaps, consider organisational risks arising from unmet training needs, assess compliance or demonstrate how training priorities have been determined. It also does not demonstrate how training effectiveness, participant feedback or compliance information inform future training priorities, and several actions remain identified for future development or implementation. The draft training plan was considered by the Safeguarding Subcommittee in July 2025; however, it could not be confirmed whether it was subsequently considered by the Board of Trustees, limiting assurance that safeguarding training needs and priorities are subject to the scrutiny of trustees.

5.7.6 Safeguarding training has not yet been implemented consistently for all relevant role groups. While safeguarding awareness training has commenced for volunteers whose roles do not require a DBS check, safeguarding training for volunteers undertaking DBS-eligible roles remains under development and has not yet been introduced. Furthermore, although the diocesan training plan identifies CSSA Level 3 safeguarding training as a requirement for all PSRs, this has not yet been implemented. Consequently, assurance could not be obtained that all volunteers undertaking safeguarding responsibilities receive training appropriate to their role or that safeguarding learning is delivered consistently across the Diocese.

5.7.7 Training recording and compliance monitoring arrangements require further development. Central records are maintained for clergy safeguarding training and monitoring arrangements have recently been introduced for volunteers whose roles do not require a DBS check. However, the Diocese does not maintain comprehensive

central records of safeguarding training across all relevant role groups. As a result, assurance could not be obtained that safeguarding training attendance and compliance are routinely monitored across all relevant role groups.

5.7.8 Arrangements for evaluating safeguarding training require further development. Although interviewees advised that participant feedback is obtained following safeguarding training events, evidence did not demonstrate how participant feedback is analysed, reviewed or used to inform future safeguarding training provision. Consequently, assurance could not be obtained that the effectiveness of safeguarding training is routinely evaluated or that learning from training informs future development of the Diocese's safeguarding training programme.

5.7.9 Continuing professional development for the safeguarding team requires further review. The Safeguarding Coordinator referred within the self-assessment to specialist safeguarding training completed during previous employment, including courses delivered by the Lucy Faithfull Foundation[19] and training relating to working with registered sex offenders. However, no evidence was available confirming when this training had been undertaken or whether it remained current. The Diocese's own training documentation also identified further training for the Safeguarding Coordinator as outstanding. The Deputy Safeguarding Coordinator advised that she had undertaken introductory NSPCC[20] safeguarding training and a two-day Designated Safeguarding Officer course in 2024. At the time of inspection, the Deputy Safeguarding Coordinator was managing safeguarding plans and low-level concerns and advised that her responsibilities would increasingly extend to more complex safeguarding casework in support of the part-time Safeguarding Coordinator. However, limited evidence was available of subsequent specialist safeguarding training or a structured programme of continuing professional development proportionate to these developing responsibilities.

---

[19] The Lucy Faithfull Foundation works to prevent child sexual abuse by intervening with people at risk of causing harm. Lucy Faithfull Foundation - Preventing child sexual abuse

[20] The NSPCC is a UK children's charity which has worked to stop child abuse and neglect for over 140 years. NSPCC | The UK children's charity | NSPCC

5.7.10 Case audit findings identified areas where further professional development would strengthen practice, including understanding multi-agency safeguarding processes, person-centred practice and the assessment of ongoing risk and support needs. The Diocese had also identified outstanding training needs for safeguarding administrators, including responding appropriately to difficult or distressed callers. Collectively, this limits assurance that members of the safeguarding team maintain and develop the specialist knowledge and skills required to undertake their respective safeguarding responsibilities effectively.

Graded: Requires attention

5.8 Standard 8 Quality assurance and continuous improvement

Strengths

5.8.1 The Diocese has established governance arrangements through which safeguarding activity is reported to the Safeguarding Subcommittee and Board of Trustees. The same safeguarding report is routinely presented to both governance bodies. The reports include information regarding safeguarding activity, allegations, safeguarding agreements, training and DBS compliance.

5.8.2 The Safeguarding Coordinator has continued to engage with national safeguarding developments through attendance at meetings relating to the development of the new safeguarding policies and procedures. This has enabled the Diocese to remain informed of emerging national safeguarding arrangements while awaiting publication of the revised policy framework.

Areas for development

5.8.3 Formal quality assurance arrangements require significant strengthening within the Diocese. While safeguarding activity is discussed operationally within the safeguarding team and reported through diocesan governance arrangements, inspection evidence did not demonstrate a structured quality assurance framework through which safeguarding practice is routinely evaluated against the National

Safeguarding Standards. The Safeguarding Coordinator advised that opportunities had been explored for independent safeguarding case audits by another diocese; however, this did not progress and no alternative quality assurance arrangements were evidenced. Parish visits, interviews and focus groups also demonstrated that parish safeguarding visits were not undertaken consistently across the Diocese and, where they had taken place, these generally focused upon DBS and safeguarding training compliance rather than evaluating the effectiveness of safeguarding arrangements, safeguarding culture or local safeguarding practice. Operational discussions and governance reporting primarily demonstrated awareness of safeguarding activity rather than routine evaluation of safeguarding practice, decision-making, case quality or compliance. This limits assurance that safeguarding arrangements are subject to quality assurance capable of identifying strengths, weaknesses and areas requiring improvement. The Diocese should establish and implement a structured quality assurance framework that includes routine safeguarding case audits, regular review of safeguarding practice, and evaluation of safeguarding activity and trends, together with a consistent programme of parish safeguarding audits that evaluate safeguarding practice beyond compliance requirements. Quality assurance findings should routinely inform the Safeguarding Implementation Plan and be monitored through to completion to demonstrate sustained safeguarding improvement.

5.8.4 The Diocese had previously developed a Safeguarding Implementation Plan for 2024–2025. Although the previous plan was referred to during interviews, it was not provided as inspection evidence and its implementation and effectiveness could therefore not be evaluated. Work had also commenced on a subsequent implementation plan. However, progress significantly slowed following the absence and subsequent resignation of the former Safeguarding Subcommittee Chair. At the time of inspection, the current Safeguarding Implementation Plan remained incomplete, had not been substantively updated since July 2025 and lacked clear ownership, target dates, measurable outcomes and monitoring arrangements. Limited evidence was available that safeguarding priorities were routinely informed by quality assurance activity, organisational learning, stakeholder feedback, emerging safeguarding risks or inspection findings, or that actions were monitored

through to completion. Consequently, the Safeguarding Implementation Plan is not operating as the Diocese's principal mechanism for coordinating, evidencing and monitoring continuous safeguarding improvement.

5.8.5 The Diocese has not demonstrated that external scrutiny and previous findings are systematically used to drive safeguarding improvement. Safeguarding Subcommittee minutes from July 2025 record discussion regarding participation in a CSSA thematic review of survivor engagement. The minutes record a view that, as survivor engagement had previously been considered and little had changed since the 2023 Baseline Audit, the Diocese should invite the CSSA to review existing material rather than undertake further engagement. Interviews with the Chief Operating Officer, Vice Chair of Trustees, Safeguarding Coordinator and trustees did not identify significant safeguarding improvements since the previous baseline audit, other than improvements to DBS compliance, which was consistently identified as the principal area of progress. This limits assurance that findings arising from external scrutiny are routinely used to evaluate safeguarding practice and drive continuous improvement.

5.8.6 The Diocese has not demonstrated that recommendations arising from the 2023 Baseline Audit have been systematically implemented, monitored and evaluated. While improvements to DBS compliance were consistently identified by interviewees, several baseline recommendations relating to safeguarding governance, safeguarding policies, organisational learning, stakeholder feedback, communications, management oversight, case recording and the production of an annual safeguarding report remained outstanding or only partially implemented at the time of inspection.

5.8.7 The absence of an annual safeguarding report further limited assurance that safeguarding performance, progress against safeguarding priorities and organisational learning are routinely evaluated and reported. Collectively, this limits assurance that the Diocese has established an effective cycle through which findings arising from external scrutiny, quality assurance activity and organisational learning are translated into sustained safeguarding improvement.

5.8.8 Organisational learning arrangements are not yet sufficiently embedded to demonstrate a systematic approach to continuous improvement. Previous Safeguarding Subcommittee minutes record the Chair inviting examples of good practice and lessons learned, with none identified at that meeting. February 2026 minutes similarly record no items under the Good Practice/Lessons Learnt agenda item. The Safeguarding Coordinator advised that a lessons learned log had been obtained from another diocese in March 2026 to support the recording of organisational learning. However, arrangements had not yet been embedded and the safeguarding team described uncertainty regarding how the process should operate, including whether learning records should focus solely on individual safeguarding cases or also capture wider organisational learning arising from safeguarding activity. At the time of inspection, the lessons learned log remained unused and contained no recorded learning, limiting its effectiveness as a tool for identifying themes, monitoring improvement and evidencing organisational learning across the Diocese. Routine analysis of safeguarding data and trends to identify emerging risks and inform safeguarding priorities was also not evidenced.

5.8.9 Formal mechanisms for gathering, evaluating and responding to safeguarding feedback require further development. Limited arrangements were evidenced through which safeguarding feedback from clergy, PSRs, volunteers and other stakeholders is routinely gathered, analysed and used to inform safeguarding improvement. PSRs participating in the focus group described uncertainty regarding how concerns, suggestions and issues raised through diocesan meetings were considered, acted upon or translated into improvements. Similarly, evidence from governance meetings, trustee discussions and safeguarding committee activity primarily reflected operational updates and information sharing, with limited evidence of systematic consideration of stakeholder feedback, emerging themes or lessons arising from parish experience to inform strategic safeguarding development. Although safeguarding matters are discussed through a range of diocesan forums, opportunities to routinely capture feedback, identify recurring themes, evaluate the effectiveness of safeguarding arrangements and demonstrate how stakeholder feedback has informed safeguarding policy, communications, training and continuous improvement remain underdeveloped.

This limits assurance that the Diocese has effective mechanisms to identify emerging safeguarding risks, understand the experience of those delivering safeguarding at parish level and use feedback to drive continuous improvement.

5.8.10 Limited evidence was available that survivor perspectives routinely inform quality assurance, organisational learning or safeguarding improvement activity. The Diocese has published a Commitment to Survivors Statement and senior leaders expressed commitment to supporting survivors. However, feedback from individual survivors is not routinely gathered, analysed or used to evaluate safeguarding services, governance arrangements or safeguarding practice. The Safeguarding Coordinator confirmed that survivors had not participated in safeguarding training or organisational learning activity and explained that this was primarily because survivors had not wished to be involved. While this is recognised, opportunities remain to develop alternative approaches through which survivor feedback and lived experience can inform quality assurance, service development and continuous safeguarding improvement. The Diocese should develop appropriate and proportionate mechanisms to obtain and use survivor feedback, recognising that not all survivors will wish to engage directly.

Graded: Significant improvement needed

6. Recommendations

To support improvement, the following recommendations are made:

Within 3 months

- To undertake a formal review of safeguarding governance arrangements, including the role, membership, effectiveness and relationships between the Board of Trustees, Safeguarding Subcommittee and Risk Assessment Panel, to ensure that safeguarding responsibilities, reporting arrangements, independent challenge and strategic oversight are clearly defined and effective.

- To formally approve and adopt Terms of Reference for the Safeguarding Subcommittee and Risk Assessment Panel, ensuring that their purpose, membership, responsibilities, authority, reporting arrangements and decision-making processes are clearly defined and regularly reviewed.
- To review safeguarding reporting arrangements to ensure that the Safeguarding Subcommittee and Board of Trustees receive information appropriate to their respective responsibilities, including sufficient strategic information to enable effective oversight, scrutiny and challenge.
- To create, approve and implement the diocesan Safeguarding Improvement Plan, incorporating findings from this inspection and ensuring it includes clear actions, ownership, timescales, reporting and monitoring arrangements, is routinely informed by quality assurance activity, organisational learning, stakeholder feedback, emerging safeguarding risks and external scrutiny, and that progress is monitored through to completion and evaluated to demonstrate sustained safeguarding improvement.
- To ensure that safeguarding risks within the diocesan organisational risk register are formally presented to the Board of Trustees and are subject to clear arrangements for monitoring, escalation and annual review.
- To review the training requirements for safeguarding personnel, ensuring that mandatory and specialist training requirements are identified, prioritised and, where they cannot reasonably be completed within the agreed timescale, formally scheduled. This should include immediate priorities relating to trauma-informed practice and person-centred approaches to safeguarding.
- To establish and distribute clear minimum standards for safeguarding arrangements within parishes, including safeguarding displays, local contact information, survivor support information, website content, parish safeguarding risk assessments, arrangements for external organisations using church premises and the promotion of safeguarding messages.

- To implement arrangements to ensure that volunteers undertaking roles requiring DBS checks complete safeguarding training appropriate to their role and that training compliance is routinely monitored and reviewed.

Within 6 months

- To progress and complete the development and implementation of an updated suite of safeguarding policies, procedures and guidance, building upon the work already underway. Priorities should include the management of allegations and concerns, responding to safeguarding disclosures, survivor engagement and support, respondent management and support, safer recruitment, record keeping, complaints and whistleblowing.
- To finalise, approve and commence implementation of the Diocesan Communications Plan, including arrangements for communications during significant safeguarding incidents, and establish arrangements for monitoring and evaluating its delivery.
- To review and redevelop the diocesan safeguarding webpages to ensure safeguarding information, policies, support services and reporting pathways are accessible, up to date, clearly signposted to and available in formats that meet the needs of all users.
- To establish a formal quality assurance framework that includes regular safeguarding case audits, routine oversight and review of live safeguarding cases, and arrangements for assessing the consistency and effectiveness of safeguarding practice, ensuring that risk assessments, safeguarding plans and significant decisions are subject to appropriate scrutiny, review and management oversight and are clearly recorded and evidenced.
- To develop and introduce a proactive and routine approach to obtaining feedback from those who have engaged with, or contribute to, the safeguarding service, including survivors, respondents, clergy, Parish Safeguarding Representatives, volunteers and parish representatives, ensuring that feedback is routinely recorded, analysed and reviewed

alongside safeguarding activity, informs organisational learning, service development and continuous improvement, and that actions arising are monitored and evaluated.

- To review current case recording arrangements, including consideration of the suitability of the current case management system, and implement clear recording standards to ensure safeguarding records are timely, accurate, analytical and evidence-based, including the use of concise chronologies and clear recording of decision-making, rationale, risk assessment and management, safeguarding actions and outcomes, management oversight, supervision, challenge, review activity and agreed actions.
- To strengthen safeguarding risk assessment arrangements, ensuring that risk assessments are appropriately completed, routinely reviewed, reflect changing circumstances and clearly inform safeguarding planning and decision-making. Significant safeguarding decisions and risk management measures should be supported by documented risk assessments that evidence the rationale for those decisions.
- To establish a formal process for case closure and review, ensuring safeguarding outcomes, learning and any outstanding actions are clearly recorded.

Within 12 months

- To complete a comprehensive Training Needs Analysis to inform the review and development of the existing safeguarding training plan to ensure that it reflects role-specific responsibilities, organisational risks and emerging safeguarding themes.
- To establish formal arrangements for organisational learning and the routine analysis of safeguarding activity and performance information, including lessons arising from safeguarding cases, quality assurance activity, complaints, audits, inspections and stakeholder feedback, to identify emerging themes and risks, inform safeguarding priorities, policy,

training and safeguarding practice, and demonstrate how learning has been translated into measurable improvements.

- To develop and implement means to evaluate the effectiveness and impact of safeguarding communications across the Diocese, including through feedback from clergy, parish volunteers, parishioners and stakeholders.
- To establish arrangements for evaluating the effectiveness of safeguarding training and using feedback and learning to inform future training provision and support needs.
- To develop, publish and promote an annual safeguarding report setting out safeguarding activity, themes, learning, performance information and priorities for improvement.
- To establish a programme of regular parish safeguarding assurance activity that evaluates compliance with diocesan safeguarding expectations, the effectiveness of local safeguarding arrangements and safeguarding practice, and identifies areas requiring support or improvement.

7. Arrangements for follow-up

7.1 In line with an overall rating of Requires Attention, the earliest potential date of re-inspection of the diocese of Middlesbrough is in 18 months. In the intervening period there will be check-in meetings every three months and the Diocese will be asked to complete an annual self-assessment. If the CSSA becomes aware of a significant safeguarding concern or allegation before the anticipated next inspection, then an earlier inspection will be required.

8. Appendix

Evidence Provided

CSSA Whistleblowing Policy
List of Completed DBS checks April 2025 to March 2026
Email evidence of caring Safely for others document sent to respondent
Email Record of engagement with SCCS
Email Evidence of Engagement with SCCS & CSSA
Learning Outcome Tracker (Draft)
Email regarding Resourcing
Email to LADO seeking advice
Complaint response Email
Email re Induction Pack for overseas clergy
Survivor Call Help Sheet Safeguarding Team
Training needs analysis July 2025
Draft Safeguarding Communication Plan November 2024
Email Evidence of Survivor Contact
Email Evidence of Survivor contact
Evidence of Survivor Signposting
Extract from Report to Trustees demonstration sharing views of those harmed
Allegations Flowchart Clergy Member
Lay Person allegation – Flowchart
Evidence of contact with local authority in relation to respondent safeguarding plan and attendance
Evidence of safeguarding plan reflecting support needs
Example Risk Assessment completed by Police
Example Risk Assessment Demonstrating change to risk
Evidence of Referral to Statutory Agencies and advice
Safer Recruitment Procedure Overseas Priests
Testimonial of Suitability
DBS Recheck Due List
Email to a priest regarding DBS requirements

Training needs Plan
Missionary Priests Training Day - Timetable
Blemished DBS Risk assessment Form
DBS KPI Process Times.
Subcommittee minutes for January, July and November 2025 and February 2026
PSR Information Pack Index
List of low-level concerns reported to safeguarding team
Risk Assessment April 2025 redacted
Evidence of information sharing with other Church Body (redacted)
E-mail to PP & PSR Re volunteer safeguarding training
Training Recording Sheet template March 26
LMS Training Module 1
Deanery Agenda November 2025
Email record of engagement from CSSA and response
Email to Bishop Secretary regarding Ad Clerum Save the Date Clergy Training
Accommodation Request – Risk assessment Meeting April 2025
National Safeguarding Alert
Referral form sent to Police April 2026
PSR Talk
Subcommittee Terms of Reference undated
Safeguarding Clergy Working Party email
Safeguarding Risk Register
SIP Working Copy June 2023 SGC Chair
Safeguarding Report to Board of Trustees May, July, September, October and December 2025 and March 2026
Safeguarding Report to Board of Trustees
Safeguarding Report to Board of Trustees
Five Action Letters from Trustee to Coordinator following Board meetings
Response to Complainant
Missionary Priests Training Presentation.ppt
National Day of Prayer for Survivors of Abuse extract from social media
CSSA Management of Allegations Policy
Safeguarding Communications Plan Internal May 2026 DRAFT

Safeguarding Communications Plan Public May 2026 DRAFT

Regional Safeguarding Coordinator meeting - evidence peer case review consideration

Safeguarding Extracts from Trustee Meetings 2025-2026

CSSA Safer Recruitment Policy.docx