Catholic Safeguarding Standards Agency

Medical Mission Sisters

Baseline Audit Report

May 2026

Catholic Safeguarding Standards Agency

Contents

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1. Introduction

1.1 This report is a baseline audit of the safeguarding arrangements for the Society of Catholic Medical Missionaries[1], also known, and referred to in this report as, the Medical Mission Sisters. It is undertaken as part of the CSSA programme of baseline audits for Religious Life Groups (RLGs) in England and Wales.

1.2 The Medical Mission Sisters is an international apostolic religious order of pontifical right of around 400 professed members who are present in 20 countries globally which are divided into 13 Units. The Society's Generalate is based in London with the international headquarters being at 41 Chatsworth Gardens, London. There are 16 members in total in England and Wales. One member resides in a care home in Cardiff and another in a care home in London. The remainder reside in London across three communities in the Ealing Borough: two communities in Medical Mission Sisters-owned residences, and another community in separate units of a housing charity for independent-living older people. Some Sisters take part in voluntary work via local parishes and in collaboration with other charities such as a service for trafficked and abused females. One Sister works as a doctor, and another is employed with an organisation assisting the homeless. Five members of staff are employed at the group's administrative hub in Chatsworth Gardens including an administrator, a finance director, a society fundraiser, an archivist and a secretary. The residential community at 38 Chatsworth Gardens also employs a cook/housekeeper. There are no volunteers engaged with the group.

1.3 The scope of this audit includes safeguarding arrangements for the 12-month period preceding the audit week which took place in May 2026. The audit will not include comment on the safeguarding arrangements in place for the diocese in which the Parish support is undertaken nor the Sisters' voluntary work or salaried employment for host organisations, such as Hope For Southall Street Homeless or the NHS.

[1] The Society of Catholic Medical Missionaries is a registered charity with the charity number 1072554

1.4 The CSSA has devised a categorisation scheme for Religious Life Groups taking part in safeguarding audits. This categorises groups on a scale of *Level 1, Level 2 and Level 3.* Level 1 is classed as a small community with minimal outreach and no known safeguarding concerns. Level 1 is itself divided into two categories: *Enclosed* (for Enclosed Orders) and *Apostolic* (for non-Enclosed Orders). Level 2 is for Orders of medium sized communities with some outreach with vulnerable populations and/or providing some diocesan activities such as a Parish Priest. Level 3 audits cover larger communities and/or one with significant outreach with vulnerable populations and/or a disproportionately high number of open safeguarding cases. The Medical Mission Sisters has been assigned to a Level 2 audit.

1.5 The CSSA recognises the rich diversity of the Religious, and acknowledges that the Religious Life Groups within any particular category may vary significantly in terms of size, ministry and safeguarding practice. Consequently, CSSA Analysts may use professional judgement to ensure that Religious Life Groups are graded against the national standards in such a way that reflects their uniqueness.

2. Methodology

2.1 Initial contact was made with the International Safeguarding Lead for the Medical Mission Sisters by a CSSA Analyst via telephone and e-mail on 2 October 2025 and a date for the audit was arranged. However, on 16 February 2026 the International Safeguarding Lead requested a postponement of the audit to allow additional time to complete outstanding actions. A new CSSA Analyst was allocated, and e-mail contact was made on 25 February 2026 to arrange a new date for the week commencing 11 May 2026 with the in-person visit on 12 May 2026. A virtual meeting was held between the CSSA Analyst and the International Safeguarding Lead on the 18 March 2026.

2.2 The CSSA Analyst completed the in-person visit to the residential community at 38 Chatsworth Gardens and the group's administrative hub at 41 Chatsworth Gardens, Acton, London on 12 May. On this day, interviews were held with the Superior General, whose official term is Society Coordinator and who is also the

Chair of Trustees, the group's International Safeguarding Lead who is also a Trustee, the outgoing Safeguarding Lead for the UK, a group member and an employee.

2.3 No Self-Assessment form (the assessment tool which provides background information on adherence to the eight National Safeguarding Standards[2]) was provided by the Medical Mission Sisters for this audit but the evidence provided during and since the in-person visit has been assessed against the Level 2 Maturity Matrix and ratings for each standard have been assigned (see Section 3 Audit Grading), together with an overall grade. All the evidence considered has been included in the Appendix, Section 8.

2.4 No case audit work has been undertaken during the course of this audit as there have been no safeguarding allegations or concerns reported involving the Medical Mission Sisters within the last 12 months and hence there are no current case files to pass comment on.

3. Audit grading

3.1 Safeguarding practice is graded in accordance with the CSSA Maturity Matrix for Level 2 Religious Life Groups. Each standard is graded on an ascending six-point scale of *Basic, Early Progress, Firm Progress, Results Being Achieved, Comprehensive Assurance* and *Exemplary*. Grades for individual standards are combined in order to produce an overall grading for the Religious Life Group as an outcome of the audit.[3] The audit draws on evidence generated from interviews, supporting documentation and any other evidence as listed in the Appendix.

3.2 This report summarises the findings of the audit undertaken of the Medical Mission Sisters and its progress towards meeting the eight National Safeguarding Standards; the grading for each, and an overall rating, are tabulated below:

[2] A description and full details of the Standards can be found on the CSSA website here

[3] Full information on supporting documentation in respect of the audit methodology is available here: Quality Assurance Framework for Religious Life Groups

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

4. Audit findings against each standard

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

Strengths

4.1.1 The Medical Mission Sisters has a comprehensive current Safeguarding Policy which includes the group's vision statement, commitment to safeguarding, definitions of abuse, complaints and whistleblowing processes, assessing and responding to allegations procedures and outlines a zero-tolerance approach to all kinds of abuse. There are several addendums to the policy which offer greater detail of processes in place. The International Safeguarding Lead advised that when the Safeguarding Policy is reviewed hard copies of the document are shared with members and electronic versions are available on the common server that members have access to. Employees of the group have signed an acknowledgement to show they have received, read and understand the policy. The group members spoken to during the audit were aware of the Safeguarding Policy, familiar with the content and knew where to locate a copy.

4.1.2 The Superior General is a theologian and pastoral psychologist and has previously led on producing the safeguarding policy in the group's unit covering Germany and religious congregations in the Diocese of Limburg in Germany. She remains a consultant for safeguarding cases at the Conference of Congregational Superiors in Germany. The Medical Mission Sisters has an International Safeguarding Lead who leads on safeguarding at an international level but also holds overall responsibility for safeguarding within the group and would manage any allegations received. She is supported by the Safeguarding Lead for the UK who is an Emergency Physician and has received safeguarding training through her employment with the NHS. The descriptions for these safeguarding roles are set out in the Roles and Responsibilities addendum to the Safeguarding Policy.

4.1.3 There are four Trustees for the Medical Mission Sisters, all of whom are members of the group and who form the General Council or the Society Leadership Team.

They also make up part of the Generalate. The Superior General advises that the Trustees meet at least every month. Minutes from meetings show that safeguarding is discussed as a topic periodically but is not a standing agenda item for all meetings. However, the Superior General also states that the group has an annual General Assembly consisting of the four Trustees and ex-officio members where Safeguarding features as a standing agenda item. The General Assembly report for the meeting in September 2025 was provided as evidence for the audit and features an update for safeguarding from the International Safeguarding Lead. The International Safeguarding Lead and the Superior General both advised that safeguarding as a topic is regularly discussed within other smaller group meetings although no records of these are made.

4.1.4 As mentioned in the above paragraph, the International Safeguarding Lead prepares an annual report for Trustees at the General Assembly meetings. The report summarises information regarding the CSSA and RLSS[4], safeguarding training announcements and recommended actions to be taken in relation to safeguarding practice.

4.1.5 The Medical Mission Sisters has a Code of Conduct which was approved by Trustees in May 2026 and has a review date of 2028. The Code of Conduct outlines how all members, employees, Trustees and consultants should behave. The document contains a declaration of understanding and agreement which is to be signed by all recipients, and a record is made of those signing.

4.1.6 The RLSS has confirmed that the Medical Mission Sisters has had contact with their membership and safeguarding teams and that training has been attended in April, May and June of 2026 but that no DBS checks have been undertaken on their behalf. The Superior General and International Safeguarding Lead report to have had sufficient contact with the service and state they would feel comfortable approaching them with any safeguarding queries they have.

[4] RLSS is an independent team of Safeguarding professionals offering Safeguarding services to the Religious of the Catholic Church in England and Wales.

4.1.7 In addition to the group's vision statement and commitment to safeguarding as cited in the Safeguarding Policy, the International Safeguarding Lead commented that safeguarding is a topic they are trying to raise the profile of within the group. Those interviewed for the audit spoke of a positive safeguarding culture prevailing within the group.

4.1.8 During interview the Superior General advised that the group receives safeguarding updates from various sources including the Conference of Religious, the RLSS, the Union of International Superiors General and through the professional vocations of its members.

4.1.9 In relation to creating safe environments, the Medical Mission Sisters has limited opportunity to evidence responsibility for implementing practical steps given that their ministry is for other organisations or for all the units worldwide who are covered by their respective safeguarding policies. However, within their own communities the members have frequent contact with the Superior General and with other members where the opportunity to relay any concerns occurs.

Areas for development

4.1.10 Although safeguarding is discussed in Trustee meetings when the need arises it is not yet a standing agenda item. In order to comply with Charity Commission expectations, safeguarding should be a standing agenda item for all formal Trustee meetings.

4.1.11 The Medical Mission Sisters' constitutions outline that the leadership and Trustees for the group are to be renewed every six years. As all leaders and Trustees are renewed at the same time this potentially means that every six years there is a risk of losing an established knowledge base. Succession planning should occur ahead of leadership elections to ensure that no gaps in safeguarding knowledge or skills occur.

4.1.12 At present there is no formal process for referrals to the Charity Commission although the Safeguarding Policy does state that serious incidents must be reported to it. During interview the Superior General advised that if an allegation or concern was raised it would likely be discussed within the leadership council.

However, there was an acknowledgement that a formal process of how to refer and who should do this needs to be reflected in policy.

4.1.13 The Safeguarding Policy should be made available to the public so that the policy and procedures and the group's commitment to safeguarding can be more widely available. The International Safeguarding Lead advised that she intends to add this to the group's website.

4.1.14 The Safeguarding Policy was agreed by Trustees in 2026 with a next review date set for 2028. The previous iteration of the Safeguarding Policy was provided as evidence which was reviewed by the General Assembly and agreed in September 2022. The Safeguarding Policy should be reviewed annually and approved by Trustees.

4.1.15 *Integrity in Ministry*[5] is a document the International Safeguarding Lead and Superior General were unaware of at the time of interview. This document should be shared with group members and checks made to ensure that it has been read and understood by all and copies should be made readily available for future reference.

Graded: Early Progress

4.2 Standard 2 Communicating the Church's safeguarding message

Strengths

4.2.1 The International Safeguarding Lead and Superior General state that they receive safeguarding updates from the RLSS directly and from Conference of Religious and the Union of International Superiors General via the Superior General.

[5] *Integrity in Ministry* is a code of conduct for Religious engaged in ministry in the Catholic Church in England and Wales. It has been written for the guidance of those in ministry and for the information of those people with and among whom Religious exercise their ministry. A copy can be located here

These messages are then verbally shared with the Society Leadership Team/Trustees and other Sisters in the group as appropriate.

4.2.2 The active Sisters in the Medical Mission Sisters undertake their ministry through professional employers or volunteering for dioceses and other organisations and services which have their own safeguarding procedures which members must abide by. Messages regarding safeguarding come from these sources but the Church's safeguarding messages are communicated directly to members via the Superior General and the International Safeguarding Lead.

Areas for development

4.2.3 The Medical Mission Sisters has a website. However, there is no Safeguarding material or information included. This platform could be a useful method of communication for the group in relaying safeguarding messaging to service users and the public and so should be utilised as far as possible.

4.2.4 The Medical Mission Sisters does not have a safeguarding Communications Plan. A Communications Plan should be agreed and reviewed annually or more frequently if needed, which outlines what safeguarding messages need to be relayed to which groups of people and in what formats. This need not be a standalone document and could be a component of a Safeguarding Action Plan.

4.2.5 The Safeguarding Policy for the Medical Mission Sisters states that the group will "Display basic visible guidelines on Sexual Exploitation and Abuse, display the name and contact details of the Unit/Project Safeguarding Officer and create and display an anonymous feedback mechanism e.g. complaints box, which will be checked weekly by the Unit/Project Safeguarding Officer". All actions outlined in the Safeguarding Policy should be facilitated.

Graded: Early Progress

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

Strengths

4.3.1 Given that there is no previous or current experience of handling allegations of abuse the Medical Mission Sisters has had limited opportunity to evidence working practices in Standards 3, 4 and 5. As all ministry is undertaken on behalf of other organisations there are limited circumstances in which the group would directly receive a disclosure or respond to an allegation. However, it could be involved in managing a safeguarding plan if non-recent allegations arose. The grades awarded in these standards therefore reflect theoretical arrangements that have yet to be fully tested.

4.3.2 The Safeguarding Policy states that any allegations or suspicions of abuse must be recorded as soon as possible and placed in the individual's personal file which must be kept in locked and secure cabinets, with access to authorised personnel only. The Safeguarding Policy has a section on responding to allegations of abuse and contains a flow chart for the process to follow. The section outlines the reporting obligations for the recipients of disclosures and offers guidelines for appropriate behaviours in interactions and responding to the person making the allegation or disclosure. The policy has a Reporting Allegations of Abuse form as an addendum which includes space for recording the details of the incident and the actions taken.

4.3.3 The members of the Medical Mission Sisters interviewed demonstrated empathy and the need for respect and dignity for survivors and those reporting abuse. A sound knowledge of receiving disclosures and of the expectations within the Safeguarding Policy was demonstrated. An understanding of the support services available to survivors and complainants both through the external organisations where ministry occurs and from the Medical Mission Sisters themselves was evident. The Superior General and the International Safeguarding Lead both advised that the group would offer to support survivors with access to

therapy if required and would look to the RLSS for advice on how best to tailor their support to the specific needs of the complainant.

Areas for development

4.3.4 The Medical Mission Sisters should consider ways in which it can reach people who may wish to disclose abuse. The website should contain information and links to the support services that survivors can contact, including Safe Spaces[6]. The name and contact details of the International Safeguarding Lead and Safeguarding Lead for the group should be included. The Safeguarding Policy and Complaints Handling Policy and Procedures document should also be made publicly available and consideration given to publicising them on the website.

4.3.5 In the absence of its own opportunities for learning it would benefit the Medical Mission Sisters to create links with other RLGs or organisations with experience in working with survivors and managing allegations in order to learn from their experiences. Plans for the group's leaders to engage with those reporting they have been harmed should be developed and opportunities for reflecting on the effectiveness of current processes should be created.

Graded: Early Progress

4.4 Standard 4 Effective management of allegations and concerns

Strengths

4.4.1 The Safeguarding Policy contains an addendum of reporting instructions for those receiving safeguarding concerns and allegations. A further addendum contains a Cause for Concern Notification which logs the details of the person

[6] Safe Spaces is a free and confidential support service funded by the Catholic Church for victims and survivors of abuse. Their website can be accessed here

recording the concern, the details of the concern and the subject and action taken/person reported to.

4.4.2 Included as an addendum to the Safeguarding Policy is a flow chart on Responding to Allegations of Abuse. This flow chart outlines the process for internal investigations and disciplinary action and acknowledges the need for these processes to be appropriately sequenced with any statutory investigations that might take place.

4.4.3 The members interviewed as part of this audit were aware of the need to treat any information received confidentially. The Medical Mission Sisters has a Data Protection Policy which the Superior General referred to in interview in describing the expected standards for handling sensitive information. Although the group has not had any experience of managing allegations, the Safeguarding Policy clearly sets out that records made must be timely and accurate and stored in accordance with GDPR. The International Safeguarding Lead is the appointed person within the group who would manage allegations and is also a Trustee. She is aware of the need to report any future allegations to the Trustees for their oversight and, as covered in standard 1, of the requirement to refer to the Charity Commission if thresholds are met.

Areas for development

4.4.4 The Superior General and International Safeguarding Lead advised that the group does not yet have a system for recording low-level concerns, disclosures or allegations. A formal system for case recording should be devised, agreed, implemented and set out in policy.

4.4.5 It is acknowledged that the Medical Mission Sisters does not have any current or previous cases to draw learning from in developing its practice in this standard. However, in order to assess that current policies and procedures are robust enough to effectively manage concerns and allegations the group should develop a system of testing such as with case studies or quality assuring against learning from other RLGs.

Graded: Firm Progress

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

Strengths

4.5.1 The Superior General reported during interview that the Medical Mission Sisters has good links with a canon lawyer and its own civil solicitors who it would be able to signpost any accused members towards for advice. She also confirmed that the group would fund therapy for respondents if required and would allocate a Sister to them for wellbeing and pastoral support.

4.5.2 The Safeguarding Lead advised that the international congregation has approximately 400 members among whom a suitable support Sister could be identified. She also reported that the Unit in Germany could be used for support if required and that the group has the facility to move respondents between communities if needed. She is aware that any such move would need to be carefully managed.

4.5.3 The International Safeguarding Lead described a good working relationship with the RLSS. She advised that should any members of the Medical Mission Sisters require a Safeguarding Plan as a result of a safeguarding concern, she would liaise with the RLSS to seek their guidance on conducting a risk assessment and compiling a Safeguarding Plan with appropriate objectives.

4.5.4 The Safeguarding Policy details the actions that will take place following receipt of a concern in relation to respondents. This includes undergoing a risk assessment, suspension from ministry or job as a neutral act, internal investigation when appropriate to do so, disciplinary action and support following an allegation.

Areas for development

4.5.5 Although the Superior General confirmed that respondents would be allocated a Sister for wellbeing and pastoral support, it is not clear whether any members have been trained in providing support specifically for those accused of abuse. The

group should also ensure that it has suitably trained members who can effectively manage and monitor people with a Safeguarding Plan in tandem with the RLSS.

Graded: Firm Progress

4.6 Standard 6 Robust human resource management

Strengths

4.6.1 The Medical Mission Sisters does not have a Safer Recruitment Policy. However, the employee interviewed confirmed that applicants for positions are required to provide two satisfactory references which are checked for authenticity, identification and right-to-work documentation prior to commencing their role. Records are retained and evidence that this practice occurs. As part of their induction, any new employees are provided with all relevant policies, including the Safeguarding Policy, and are required to sign to acknowledge receipt. These policies are also available on the group's common server.

4.6.2 Although the Medical Mission Sisters does not have a standalone Safeguarding Complaints Policy, it does have a robust Complaints Handling Policy and Procedures document which outlines how complaints should be managed and has an escalation process for complainants not satisfied with initial responses. The Complaints Handling Policy and Procedures states that a Safeguarding Complaints Committee will be appointed as and when required to manage complaints which may result in an internal investigation, dismissal or legal action or disagreement with a decision.

4.6.3 The Medical Mission Sisters has a Whistleblowing Policy which is included as an addendum in the Safeguarding Policy and hence is accessible by staff. The policy is robust and contains sections on whistleblowing definition and responsibilities, how and when to pass on information, confidentiality and protection for the whistleblower, potential examples of actions/inaction requiring whistleblowing, what the group will do to rectify a situation and sources of independent advice for

the whistleblower. It was approved by the Trustees in May 2026 and has a review date set for 2028.

Areas for development

4.6.4 During interview the International Safeguarding Lead reported that none of the group's employees have a DBS certificate and that she was unaware if they would require one to perform their role. From the role titles and mainly office-based nature of their work it is unlikely that employees would require more than a basic DBS check but the Medical Mission Sisters should take appropriate action to assure itself that no staff need a DBS to perform their duties.

4.6.5 The Medical Mission Sisters receives visitors from overseas who are members of the international organisation and come for ministry with host organisations. Ahead of their arrival the administrator checks that visitors have the correct visas in place. At present there is no requirement for overseas visitors to complete safeguarding training before they arrive or prior to undertaking their ministry given that all are professionals in their home countries. However, in order to ensure that visitors have a sound knowledge of safeguarding processes in this country, they should undertake a level of safeguarding training appropriate to their role prior to commencing it.

4.6.6 The Safeguarding Policy sets out that an individual applying either to work or volunteer with the Medical Mission Sisters should be asked to apply to their home police force for a certificate of good conduct and that extra care must be taken when a person has applied to work with children or vulnerable adults but comes from a country where criminal checks cannot be made. In line with the Safeguarding Policy all members who come to minister in England and Wales from overseas should have an overseas police record check completed. At present some visitors do not have one completed and so a system should be agreed for assessing the suitability of those who come from a country where this is not possible.

4.6.7 At present the Medical Mission Sisters does not have a system outlined for considering information in blemished DBS returns and those interviewed were not

certain what process they would follow. The Superior General advised that they have not yet received a blemished DBS return for any members or employees. However, in preparing for such an occurrence the Medical Mission Sisters should develop a process for responding to information received from the DBS. Whilst it is recognised that members' DBS checks are undertaken by the host organisations for whom they work or volunteer, the Medical Mission Sisters should keep a record of the level of DBS required for each role and the date of expiry. The current stance of assuming checks have been completed by host organisations is not sufficient to provide assurance to leaders and Trustees when they have oversight of this area.

4.6.8 There is no evidence that the Complaints Handling Policy and Procedures document is publicly available to those who might need it. The Complaints Policy should be publicised on the Medical Mission Sisters' website and anywhere else it could be easily located by members of the public or those who require it.

4.6.9 Although there is no Standalone Safer Recruitment Policy, some steps for safer recruitment are covered in the Safeguarding Policy and there is a *Background Checks* subheading which contains some information. The safer recruitment processes covered in the Safeguarding Policy should be consolidated into a single section and strengthened to cover all aspects of the safer recruitment process.

Graded: Early Progress

4.7 Standard 7 Training and support for safeguarding

Strengths

4.7.1 The Superior General and the Safeguarding Lead have both attended Mental Health and Dementia Awareness training. Starting from May 2026 the members of the Generalate which includes the Superior General and International Safeguarding Lead have virtual safeguarding awareness training sessions being delivered by the Pontifical Gregorian University in Rome which have been arranged

by the international group. These sessions are covering abuse and sexual violence, abuse of power and leadership and spiritual abuse.

4.7.2 The RLSS have confirmed that members of the Medical Mission Sisters have completed safeguarding training with their service. Two Trustees completed Trustee training in April 2026, one member completed Safeguarding Adults training in May 2026 and two members have undertaken Basic Safeguarding training in May and June of 2026.

4.7.3 The Safeguarding Lead has started making a record of safeguarding training completed by members as part of their professional roles. As a result of this she discovered that some Sisters' training was outdated and so they have been asked to refresh this through the RLSS.

Areas for development

4.7.4 The training log for members has only been partly completed. The Superior General states that records of training had previously not been kept because in order to work in their professional vocations the Sisters must receive suitable safeguarding training. Whilst this may be the case, training provided in the course of professional employment is unlikely to cover the specific church context. Records of safeguarding training undertaken by all members should be kept as a way of providing assurance to Trustees that safeguarding training has been undertaken.

4.7.5 At present the Medical Mission Sisters does not have set minimum expected levels of safeguarding training for its members. The type and level of safeguarding training for the various roles of members should be set out in policy. A Training Needs Analysis should be completed so that the group can better understand what roles require what grade of training and how this will be delivered.

4.7.6 The group member interviewed for the audit advised they had not completed any safeguarding training. All members, regardless of their role within the group, should undertake at least basic safeguarding awareness training. The Superior General and the Safeguarding Lead should complete training specific to their roles.

Graded: Basic

4.8 Standard 8 Quality Assurance and Continuous Improvement

Strengths

4.8.1 The Medical Mission Sisters has members employed and volunteering in a range of vocations. This variety of professional backgrounds and skills can provide a rich source of experiences to learn from.

4.8.2 Provided as evidence for this audit were annual safeguarding reports to the General Assembly by the International Safeguarding Lead, the most recent being completed in October 2025. The report offered updates on the CSSA, the RLSS, training available and actions to be taken.

Areas for development

4.8.3 The International Safeguarding Lead keeps a list of actions she intends to complete but this is not a formal document and is intended for personal use only. The Medical Mission Sisters should formulate a rolling Safeguarding Action Plan/Implementation Plan that drives safeguarding in the group, tracks actions required and can be provided to Trustees as assurance. Its delivery and review should be facilitated through governance structures.

4.8.4 The Safeguarding Policy references a Feedback on MMS Safeguarding Policy form available for anyone using the group's services to make comments and suggestions on. The policy states that completed forms will be reviewed by the Safeguarding team to inform the review process and improve the policy and that those contributing will be acknowledged and thanked for their input. The form itself is made available as an addendum to the Safeguarding Policy and has space for the details of the person leaving feedback if they wish to identify themselves, details of the feedback, who the information has been shared with and what action was taken as a result. Having the form available as an addendum and inviting feedback through this method is good practice. However, as the Safeguarding Policy is not yet widely shared, there is little opportunity for comments and feedback to be received. Sharing the policy more widely and making it publicly available will increase the potential for feedback.

Graded: Early Progress

5. Summary of overall findings

5.1 The Medical Mission Sisters has established a positive safeguarding culture and made a clear commitment to safeguarding through policies, leadership arrangements and awareness among members. Key safeguarding roles are in place and there is evidence of regular discussion of safeguarding matters within leadership structures. Those in leadership and safeguarding roles demonstrated a good understanding of safeguarding principles and a willingness to seek specialist advice when required.

5.2 Safeguarding frameworks and policies are generally comprehensive and robust. However, governance and oversight arrangements require further strengthening and there are opportunities to embed safeguarding more consistently and ensure safeguarding policies are reviewed more frequently and made more accessible. DBS checks and HR processes such as safer recruitment need to be strengthened and training should be recorded and overseen by Trustees and a fuller assessment of training needs undertaken.

5.3 It is acknowledged that the Medical Mission Sisters has had no safeguarding allegations or concerns during the review period, which means many of its procedures have not yet been tested in practice. While policies and theoretical arrangements for responding to allegations, supporting survivors and managing respondents exist, the group could strengthen its preparedness by learning from other organisations, developing practical systems, and creating opportunities to test and evaluate its safeguarding processes.

5.4 There is a good deal of safeguarding experience between members of the Medical Mission Sisters. Nonetheless, safeguarding communications within the group and public visibility of safeguarding could be improved and better use of the website made. Support pathways for survivors, safeguarding contact details and survivor-focused information would help demonstrate transparency and make it

easier for anyone wishing to raise a concern or seek support. The foundations of effective safeguarding are in place, but further work is required to strengthen governance, communication, quality assurance and continuous improvement.

6. Recommendations

To support improvement, the following recommendations are made:

Within 3 months

- Safeguarding information, contact details of Safeguarding Leads, the Safeguarding Policy, the Complaints Handling Policy and Procedures document and links to support available for survivors are added to the website.
- *Integrity in Ministry* is shared with group members and checks made to ensure that it has been read and understood by all with copies being made readily available for future reference.
- Prior to commencing in ministry members arriving from overseas should undertake a level of safeguarding training appropriate to their role and obtain a satisfactory police record. This expectation should be incorporated into the relevant policy document.
- Check DBS expectations for all staff roles and prioritise completion of any identified as required. Create a log of members' DBS certificates and dates for anticipated rechecks.
- The type and level of safeguarding training for the various roles of members should be set out in policy and records of safeguarding training undertaken by all members should be kept.
- A Safeguarding Action Plan/Implementation Plan that drives safeguarding in the group is agreed.

Within 6 months

- Safeguarding should be a standing agenda item for all Trustee meetings.
- A formal process for referrals to the Charity Commission should be recorded in policy.
- A Communications Plan is agreed and reviewed annually or more frequently if needed. This could be a standalone document or integral to the Safeguarding Action Plan.
- A Training Needs Analysis should be completed which sets out what roles require what level of training and how this will be delivered.
- All Safer Recruitment processes should be fully detailed in the Safeguarding Policy.

Within 12 months

- Succession planning occurs ahead of leadership elections.
- The Safeguarding Policy is reviewed annually and approved by Trustees.
- All actions outlined in the Safeguarding Policy should be facilitated or removed from the policy if they are not planned to be undertaken.
- Plans for leaders to engage with those reporting harm should be developed and opportunities for reflecting on the effectiveness of current processes should be created.
- A full log of the training completed by members is made, an assessment completed, and any identified shortfalls rectified.
- The group ensure that they have suitably trained members who can effectively manage and monitor people with a Safeguarding Plan in conjunction with the RLSS.

7. Arrangements for follow-up

7.1 In line with the overall rating of Early Progress, the earliest date for the next audit of the Medical Mission Sisters by the CSSA will be in one year's time. However, this period may be reduced if the CSSA becomes aware of any significant concerns or allegations indicative of a weakening of safeguarding arrangements in the meantime. During this time the CSSA will request evidence from the Medical Mission Sisters that it is working with RLSS to address the findings of this audit.

8. Appendix

The following evidence has been considered in the preparation of this report in reaching decisions regarding scoring for the individual safeguarding standards and the overall grade:

- The website for the Medical Mission Sisters[7]
- E-mail liaison with the RLSS
- The Charity Commission website for the Medical Mission Sisters[8]
- Safeguarding Policy September 2022
- Safeguarding Policy May 2026
- Safeguarding Policy Addendum - Acceptance Form
- Safeguarding Policy Addendum - Categories of Abuse
- Safeguarding Policy Addendum - Flow Chart
- Safeguarding Policy Addendum - Roles and Responsibilities
- Feedback on Safeguarding Policy Form
- Code of Conduct
- Cause for Concern Notification Form
- Notification Form for Reporting Allegations
- Complaints Handling Policy and Procedures

[7] 100 Years Of Healing Presence Around The World | Medical Mission Sisters

[8] The Charity Commission website page can be accessed here

- Whistleblowing Policy May 2026
- General Assembly Report September 2025
- Responding to Allegations of Abuse Investigation Flow Chart
- Safeguarding and Data Protection Report October 2024
- Safeguarding Assessment Report December 2025
- Safeguarding Training Log
- SLT Interim meeting minutes 16 February 2026