

Institute of Our Lady of Mercy

Baseline Audit Report
August 2025

Contents

1. Introduction.....	3
2. Methodology	4
3. Audit Grading	6
4. Audit findings against each standard.....	8
5. Summary of Overall Findings	32
6. Recommendations	34
7. Arrangements for follow-up.....	36
8. Appendix.....	36

1. Introduction

1.1 This is an audit of the Congregation of the Institute of Our Lady of Mercy undertaken as part of the CSSA programme of baseline audits. The Institute of Our Lady of Mercy website¹ describes that *"In September 1827 Catherine McAuley established a 'House of Mercy' in Baggot Street, Dublin, Ireland. There she and several companions provided food, clothing, housing, and education for many of Dublin's poor women and young girls. In 1831, with the approval of Archbishop Daniel Murray, she and her first companions, Anna Maria Doyle and Elizabeth Harley, founded the congregation of Sisters of Mercy, the first apostolic female religious order in the English-speaking world, with the house in Baggot Street serving as its first convent. Upon joining, the Sisters take vows of Poverty, Chastity, Obedience, and promise to provide Service of Those in Need. Therefore, the focus of Mercy Sisters is and has always been towards achieving modern, person-centred care of a high quality with thought given to spiritual welfare."* The Institute of Our Lady of Mercy are known as the IOLM and will be referred to as the IOLM or the Congregation for the remainder of this report.

1.2 This audit seeks to assess the effectiveness of current safeguarding arrangements within the IOLM by considering practice against the eight National Safeguarding Standards over the last twelve months. The IOLM are not managing any casework, although evidence of low-level concerns management has been submitted and briefly reviewed. There are no known complaints against the community. The IOLM currently own and manage the McAuley Mount Residential Care Home and the Mercy Care Centre that are both registered with the Care Quality Commission² (CQC) and were subject to inspection in February 2021 and September 2023 respectively and have a CQC overall rating of Good. The IOLM also own and manage St Joseph's Park Hill School and Pre-School, Burnley, that was inspected by the Independent Schools Inspectorate³ who in 2022 reported that *"the*

¹ <https://ourladyofmercy.org.uk/>

² CQC is the independent regulator of health and adult social care in England.

³ ISI is formally approved by the Secretary of State for Education to inspect association independent schools in England and British schools overseas.

school meets the standards in the schedule to the Education Regulations 2014.” The sisters also remain as Trustees for Maricourt Catholic High School, Liverpool and Broughton Hall Catholic High School, Liverpool, that were inspected by Ofsted⁴ in May and November 2022 respectively and both achieved the overall grade of Good. The Institute of Our Lady of Mercy has 125 members, 61 are described as in active ministry throughout England which includes supporting parishes, other faith and charity organisations and spiritual direction. The IOLM also employ 232 people 94 of which are in DBS eligible roles. The IOLM do not engage any volunteers in England.

1.3 The CSSA devised a categorisation scheme for Religious Life Groups; this placed Groups on a scale from Level 1 (a small community with minimal outreach and no known safeguarding concerns), through Level 2 (a medium sized community with some outreach with vulnerable populations and/or providing some Diocesan Activities such as a Parish Priest) to Level 3 (a large community and/or one with significant outreach with vulnerable populations and/or a disproportionately high number of open safeguarding cases). The categorisation scheme was paired with bespoke self-assessment and grading materials that corresponded to the respective levels; The IOLM were allocated to Level 3 of the categorisation scheme for the current audit, on the basis of the size of the congregation.

1.4 The CSSA recognises the rich diversity of religious Life groups and acknowledges that the religious life groups within any 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 The IOLM were sent formal notification of the safeguarding audit on 10 January 2025 and a set up meeting to discuss the audit was arranged for 25 February 2025.

⁴ Ofsted, the Office for Standards in Education, Children's Services and Skills, inspects and regulates educational providers and children's social care services in England.

The Level 3 self-assessment document was provided with a required completion date of 24 March 2025. A list of additional required evidence and supporting documentation was also supplied by the CSSA, and an appropriate method of sharing this material was agreed. The CSSA analyst and safeguarding lead subsequently exchanged email communications to finalise arrangements for visiting the IOLM for audit interviews.

2.2 In order to capture a wide variety of views and opinions from members and those working within the IOLM, online survey links were sent to 107 members and 232 employees, however due to the needs of more elderly members surveys have been printed and shared in paper form. Seventy-seven completed surveys have been returned on paper to the CSSA and 29 online surveys have been completed. There has been some duplication in surveys as some sisters and employees have completed both online and paper surveys, impacting the overall accuracy of results.

2.3 The safeguarding lead submitted the level 3 self-assessment and a range of evidence prior to the 24 March 2025. The website for the Congregation has also been reviewed. The Religious Life Safeguarding Service (RLSS)⁵ have also contributed to this audit.

2.4 Interviews have been completed between 28 April and 2 May 2025.

- In person interview –Safeguarding Trustee
- In person Trustee focus group
- Teams interview Convent with Care Manager (Whitby)
- In person interview – Congregational Leader
- In person interview Convent with Care Manager (Hull)
- Site observations (Hull)
- In person brief discussions with members (Hull)
- Teams interview – Trustee Subcommittee chair
- Teams interview – Head of People and Services

⁵ The Religious Life Safeguarding Service (RLSS) is an independent team of safeguarding professionals offering safeguarding services to the Religious of the Catholic Church in England and Wales. Their website is available [here](#)

- Teams interview – CEO
- Teams– Staff focus group
- Teams interview – Care Quality Consultant
- Teams interview – Business and Compliance Manager
- Teams interview – Safeguarding Lead
- Teams –Sisters focus group

2.3.2 Document Review

- A list of evidence provided by the sisters is available at Appendix A.

2.5 The CSSA are grateful to all the sisters and employees of the IOLM who facilitated the completion of the audit.

3. Audit Grading

3.1. Practice was assessed against the eight safeguarding standards adopted by the Catholic Church in England and Wales. The CSSA RLG Level 3 Maturity Matrix was used to grade audit evidence, with scores from the individual sub-standards being used to calculate the overall standard gradings. Each standard was graded on an ascending six-point scale of *Basic*, *Early Progress*, *Firm Progress*, *Results Being Achieved*, *Comprehensive Assurance*, and *Exemplary*⁶. Grades for individual standards were combined to produce an overall grading.

Overall Grading	Results Being Achieved
Standard 1 – Safeguarding is embedded in the Church body’s leadership, governance, ministry, and culture	Results Being Achieved

⁶ Where evidence does not meet the threshold for a grade of ‘Basic,’ a substitute grade of ‘Below Basic’ would be awarded.

Standard 2 – Communicating the Church’s Safeguarding Message	Results Being Achieved
Standard 3 – Engaging with and Caring for those who report having been harmed	Results Being Achieved
Standard 4 – Effective Management of Allegations and Concerns	Comprehensive Assurance
Standard 5 – Management and Support of Subjects of Allegations and Concerns (respondents)	Results Being Achieved
Standard 6 – Robust Human Resource Management	Comprehensive Assurance
Standard 7 – Training and Support for Safeguarding	Results Being Achieved
Standard 8 – Quality Assurance and Continuous Improvement	Results Being Achieved

3.2 The key findings of this audit are that The Institute of Our Lady of Mercy have achieved the overall grading of Results Being Achieved, which is attributed to the hard work and dedication of members and staff to embed good practice in all eight of the National Safeguarding Standards. Staff and members of the IOLM report having excellent support from a ‘hands on’ senior leadership team that operate an ‘open door policy’ and are dedicated to ensuring the well-being of all those who come into contact with the Institute of Our Lady of Mercy. The IOLM are firmly committed to meeting the needs of their most vulnerable members whilst promoting as much independence as is safely possible, which is evidenced in the care needs of every sister document which is regularly reviewed and updated.

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 IOLM has made a firm commitment to a zero-tolerance approach to abuse. The safeguarding policy statement which is included in the Safeguarding policy and available on the designated safeguarding pages of the website and displayed in convents with care, clearly states that the IOLM is committed to *“National Safeguarding Policies and Procedures of the Catholic Church in England and Wales, to take all reasonable steps to protect all who are vulnerable from any form of abuse and to promote a safe environment for them”*. Within the safeguarding policy statement where it is reported that *“this commitment flows from the fact that we are all made in the image and likeness of God and the Church’s common belief in the dignity and uniqueness of every human life”* was referred to throughout audit interviews and is known as the *“Mercy ethos”*. Safeguarding is promoted as everyone’s responsibility, and this was evidenced in interviews with members and staff and within survey responses. It is clear that consideration is consistently given to the safety of all members, staff and those who come into contact with the IOLM.

4.1.2 The IOLM have a designated part time safeguarding lead who has been in post for 5 years, she is a lay professional and qualified teacher, having worked previously within education settings. Initially serving the IOLM two days per week, this has since been increased to two and a half days to meet the increasing demands of the role, which is largely linked to processing Disclosure and Barring Service checks⁷. The safeguarding lead’s main responsibilities are to oversee any casework, develop safeguarding training presentations, policies, procedures and practice, support and liaise with the care home managers and convents with care managers in

⁷ Employers can check the criminal record of someone applying for a role. This is known as getting a Disclosure and Barring Service (DBS) check. <https://www.gov.uk/dbs-check-applicant-criminal-record>

respect of any safeguarding concerns, liaise with the RLSS, attend meetings of the safeguarding trustee subcommittee and weekly meetings with the safeguarding link Trustee to support the Congregation to discharge their overall safeguarding responsibilities. The safeguarding lead has completed safeguarding lead training with the RLSS, in addition to several other safeguarding courses during her time as safeguarding lead for the IOLM.

4.1.3 In her absence the delegated authority for the safeguarding lead is the safeguarding lead Trustee. She is a member of the IOLM and senior leadership team, and is adept in minimising any conflicts between operational actions and Trustee oversight. The senior leadership team is made up of five members of the IOLM who also serve as Trustees, which includes the leader of the Congregation. To support the overall oversight of the wider Congregation and services offered by the IOLM, each of the senior leaders, including the leader of the Congregation, act as 'link Trustees' to members and services in certain areas within England and serve as a link between communities and the safeguarding lead, senior leadership team and head office staff. The 'link Trustee' role allows for an easy flow of information between all parties and enables the senior leaders and head office staff to have a good understanding of the needs of the sisters in the communities.

4.1.4 The IOLM have an up-to-date safeguarding policy which has been adapted from the RLSS safeguarding policy template and has been in operation since October 2023. Initially planned for review in December 2026 the safeguarding policy has recently been updated in April 2025, the document version and descriptions of amendments are clearly identified, as is the date of Trustee approval and date of issue. The safeguarding policy includes the safeguarding policy statement, which is also available on the designated safeguarding pages of the IOLM website, demonstrating a consistency in the approach taken by the IOLM.

4.1.5 The safeguarding policy highlights the scope of the policy, objectives, safeguarding principles, roles and responsibilities, practice guidance and procedures, safer recruitment guidance, and safeguarding training expectations. The policy also includes PREVENT guidance, whistleblowing, recording and storing of safeguarding concerns and case files, Mental capacity act 2005, deprivation of

liberty safeguards and an equality impact statement. The safeguarding policy is clearly a working document and although officially scheduled for review in April 2028, as the IOLM identifies further areas for consideration, the safeguarding policy will be updated accordingly. The safeguarding policy has been shared with all staff and members via email and they have signed to say that they understand and agree to follow it. The safeguarding policy has been observed on display at convents with care and is available on the designated safeguarding webpages on the IOLM website.

4.1.6 Safeguarding practice is overseen by the board of Trustees, who are all members of the congregation and have all previously worked in professions where effective safeguarding practice is regulated. There is extensive experience amongst the Trustee group in teaching, social work, general nursing and mental health, and palliative care, which is invaluable to the Trustees' understanding of the needs of more elderly and vulnerable members. The board of Trustees meet on a monthly basis and are joined by the CEO and Head of People and Services for the charity. Safeguarding is a standing agenda item on the Trustees' agendas.

4.1.7 Additional support and oversight for safeguarding is offered by the safeguarding trustee subcommittee which was developed following the cessation of the former safeguarding commission for the IOLM and the implementation of the RLSS for contracted safeguarding services. The safeguarding trustee subcommittee meet quarterly and are supported by the safeguarding lead and safeguarding link Trustee. The members of the committee include a former senior police officer, who has also previously worked within catholic safeguarding and the General Medical Council, a Local Authority safeguarding development & training manager and a school governor and children's solicitor.

4.1.8 The IOLM intrinsically link safeguarding with safe care for elderly and more vulnerable sisters, and safeguarding discussions can be observed in meeting minutes between the safeguarding lead and head of people and services. On a monthly basis the head of people and services hosts meetings with the convents with care managers and the link trustee for that area and safeguarding is a standing agenda item of this meeting, with any necessary actions being referred

to the safeguarding lead. The convents with care managers complete a *'manager's monthly report'*, which provides an overview of safeguarding notifications, including the date, allegation and response by the safeguarding lead. Within the staff meetings in convents with care, analysts were informed that safeguarding was often a topic of discussion, and on occasion all staff would be asked to read a policy in advance of the meeting and contribute to discussions, the safeguarding policy and other policies relating to safety and care have reportedly been explored.

4.1.9 The IOLM are currently delivering a three-year safeguarding plan 2024-2027, having previously implemented the actions from the 2021-2024 plan. The three-year safeguarding plan is aligned to the eight National Safeguarding Standards and there are responsibilities delegated across the IOLM to include the safeguarding lead, Trustees, chief executive officer, care home and convent with care managers, head of people and services, HR advisor and safeguarding trustee subcommittee members.

4.1.10 The IOLM have adequate resources to deliver the safeguarding services, having recently undergone a restructure creating new senior posts such as the CEO and head of people and services. The IOLM have promoted the CEO from within the existing employee group, the head of people and services has been known to the IOLM as a consultant for many years. Whilst not a new post, a new post holder is currently in the role of care quality consultant and is assisting the IOLM with improving their services in regulated and non-regulated care provision.

4.1.11 The safeguarding lead, Trustees and senior employees are confident to utilise the support of professionals where required, promoting the RLSS and CSSA as a source of guidance and support in the safeguarding policy, on the website and on displays within convents with care. There is also evidence in practice of liaison between the safeguarding lead and the RLSS, and the employees and members who were interviewed or took part in focus groups consistently and confidently spoke about their awareness of the RLSS as a source of support.

4.1.12 The Congregational leader has shared that all members have been provided with a copy of the pastoral standards *'integrity in ministry'*⁸. Conversations about the contents of *'Integrity in Ministry'* are reported to be encouraged in informal discussions with members. Members who have contributed to this audit have shared that copies are available within each of the communities, that it is a good source of guidance and easy to digest.

4.1.13 The IOLM has confidently demonstrated that the senior leaders and staff within the IOLM at all levels are attuned to safeguarding issues within the wider congregation as link Trustees maintain contact with all members throughout England in their areas, and the potential and developing needs for all members are closely monitored at Trustee level.

Areas for Development

4.1.14 Whilst the IOLM have evidenced good practice in standard one, during the process of preparing for the audit IOLM identified the need to make the governance safeguarding reporting process more robust and to that end have implemented a monthly report from the safeguarding lead. Similarly, the IOLM will ensure that written feedback is provided to the safeguarding lead of any identified actions for her.

4.1.15 The three-year safeguarding plan could be enhanced through a more granular breakdown of its components and delineated actions for key tasks that are going to achieve each goal, actions should be allocated time frames for follow-up and review, and when appropriate actions should be recorded as complete. Whilst the safeguarding plan relates to core safeguarding business for the IOLM and is part of regular discussion it is essential that there is a formal record of how and when the plan is reviewed and by whom, given the wide breadth of what is trying to be achieved. The safeguarding plan could also be improved by being shared for review and input from all key stakeholders, including all sisters, employees and members of the public.

⁸ Integrity in Ministry is a code of conduct for clergy and religious engaged in Ministry

4.1.16 Whilst there is significant and valuable experience and knowledge within the safeguarding trustee subcommittee, it is difficult to evidence any impact the committee have on the development of safeguarding. There is extensive oversight of safeguarding within the IOLM and the RLSS are regularly contacted in respect of potential concerns, limiting the role of the safeguarding trustee subcommittee. It is recommended that the IOLM give further consideration as to how best to use the safeguarding trustee subcommittee with consideration to the safeguarding sub-trustee committee formally advising the implementation of the three-year safeguarding plan on a quarterly basis. Terms of reference that enables the safeguarding trustee subcommittee to fulfil any expectations would also be beneficial.

Graded: Results Being Achieved

4.2 Standard 2 Communicating the Church's Safeguarding Message

Strengths

4.2.1 The IOLM have recently developed a safeguarding communications policy that was ratified by the Trustees in March 2025 and is available on the safeguarding pages of the IOLM website and within convents with care. The communication policy highlights the intended internal audience as staff, sisters and volunteers, and external audience as parish and wider communities, other religious groups, media, victim/ survivors and partner agencies. The purpose and objectives of the communications policy states that *"the IOLM wants people to recognise that the IOLM are taking safeguarding seriously and it is a top priority, to acknowledge victim-survivors and offer support, to know what to do/who to talk to if a safeguarding concern arises and to understand that safeguarding is everyone's responsibility, prevent issues arising in future and know how to react if they do."* There are key safeguarding messages included and it is highlighted how the messages will be communicated and the methods that will be used and it is clearly

stated that the communications policy is owned by the Trustees and the safeguarding trustee subcommittee on behalf of the Trustees. The communications policy has a planned review of March 2028.

4.2.2 The IOLM website has a number of designated safeguarding pages, which are accessible via a link on the home page or a tab at the top of the website. Within the safeguarding pages is key safeguarding information such as the safeguarding, whistleblowing and complaints policy and procedure, guidance on how to access safeguarding training, and information on the role of the safeguarding trustee subcommittee and the email addresses for the safeguarding trustee committee chair and the safeguarding lead for the IOLM. There is also guidance on reporting abuse, with clear direction to contact emergency services if someone is believed to be in immediate danger, and again the contact details for the safeguarding lead are included on this page, as are directions for reporting to the local safeguarding offices for dioceses and the CSSA enabling those with concerns to report any issues easily. A support and Information section for victims and survivors is included on the safeguarding webpages and includes contact details for key agencies including, Safe Spaces, Samaritans, The Survivors Trust and MACSAS (Ministry and Clergy Sexual Abuse Survivors). A useful contacts page provides contact details for the CSSA, RLSS and The National Tribunal Service (NTS)⁹ and there is brief guidance on each service. Ensuring that information is up to date and relevant on the website is a shared responsibility between the safeguarding lead, Trustees and webmaster and it is reported that there is excellent communication between all parties.

4.2.3 Safeguarding communications have been observed through a range of channels and are widely accessible. Interviewees, focus group participants and survey respondents have shared that emails, verbal communications and written communications are the best methods of sharing information across the IOLM, and it was widely acknowledged that using a range of methods was most effective. Staff focus group participants have shared examples where communications were adapted such as ensuring larger and colourful print for those with visual

⁹ The National Tribunal Service is to enhance impartiality, transparency and consistency in the application of canon law across its jurisdiction in penal cases.

impairments. The IOLM internal newspaper the Eleison is also used to share safeguarding communications and is valued by members. Within the convents with care, notice boards display safeguarding communications, although there is a clear consideration to the balance of ensuring that the convent with care is treated both as the home of members and the workplace of staff.

4.2.4 The IOLM have positive relationships with the RLSS and regularly seek guidance and feedback from the RLSS which is evident in their recent contributions to the safeguarding training presentations by the IOLM. Communications from the RLSS are also shared with all members and employees and the training schedule for the RLSS is available to view in the convents with care. The safeguarding lead also enjoys positive relationships and accesses supervision from a safeguarding subcommittee member within a local diocese.

Areas for Development

4.2.5 Staff focus group participants and staff who have contributed to interviews have spoken about the communication of more practical safeguarding messages in both team meetings within the convents with care, and handover meetings of staff, which if recorded more formally would further evidence the good practice of the IOLM in promoting safeguarding communications.

4.2.6 Members of the IOLM and employees have shared that their contributions are welcomed in the development of safeguarding practice and policies, however due to the speed in which the safeguarding communications policy was developed, there has been limited input from key stakeholders. It is acknowledged by the safeguarding lead that the safeguarding communications policy could be improved by contributions and input from the safeguarding trustee subcommittee, members and employees.

4.2.7 The IOLM have received extensive praise from members in respect of communication, however a small number of employees who have completed surveys have raised that they feel there is room to further develop communications and feedback to staff when issues have been raised, and whilst it is likely that some

matters will need to be resolved confidentially, this may need to be the feedback that is provided to employees.

Graded: Results Being Achieved

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

Strengths

4.3.1 The IOLM have adopted the RLSS safeguarding policy template although have developed this further to include ‘*support for individuals*’ in which it is stated that

“Individuals who have experienced abuse, neglect, or exploitation will be provided with support and protection, in accordance with their individual needs.” Furthermore, on the safeguarding pages of the website it is highlighted that *“Institute of Our Lady of Mercy is committed to supporting anyone who has suffered from abuse. Our Safeguarding Lead will give both time and space for the person to share their experiences. They will explain if information must be passed onto others and why. Those abused will be supported during any investigation and they will be directed to any other organisations that can offer support and services to them”*. Thus evidencing active attempts by leaders to engage victims and survivors of harm.

4.3.2 The IOLM have experience of responding to allegations of non-recent harm however, this is well outside of the 12-month scope of this audit. Where concerns have been raised it is reported by the safeguarding lead and leader of the congregation that resources will be made available in line with the safeguarding policy to ensure that those who report having been harmed are provided appropriate support. Again, outside of the timeframe for this audit, there is evidence of feedback being sought from those who have received support from the IOLM.

4.3.3 As previously identified there is significant experience within the IOLM of working and supporting vulnerable groups, and the ministry of the active sisters continues to be diverse. Active members are engaged with services where there are high expectations placed on staff, within education sisters have served as designated safeguarding leads, higher level teaching assistants and school governors. Within charity settings some local and some national, the sisters are supporting significantly vulnerable groups such as asylum seekers and victims of exploitation. During interviews and focus groups, participants have shared that additional training delivered within these organisations supports their knowledge and confidence in supporting victims and survivors of harm. The sisters are however clear that whilst they will abide by the safeguarding policies of the congregation, whilst working in other settings the safeguarding policies of that organisation will take precedence.

4.3.4 The IOLM have previously supported victims of harm from within the congregation, signposting members to appropriate support. Trustees are clear that the responses to victims and survivors of abuse will be tailored to their individual needs, again vocalising the commitments to upholding the safeguarding policy. The Trustees are very alert to the possibility that disclosures of non-recent harm could be received to the congregation in line with previous ministries.

4.3.5 The IOLM safeguarding lead has completed safeguarding lead training with the RLSS, which is reported to include key considerations of working with victims and survivors of harm. The RLSS would also be consulted by the IOLM in the event that support was needed for a victim or survivor of harm, and there is evidence within recordings of the IOLM that the RLSS are regularly used for consultation and advice.

Areas for Development

4.3.6 Best practice in this standard will be to ensure that all active sisters and employees have received training in supporting victims of harm, and that those in appropriate roles such as the safeguarding lead, safeguarding lead Trustee and

Congregational leader have completed training in how to provide a trauma informed response to victims of harm.

4.3.7 The safeguarding lead has identified that the IOLM would benefit from a policy detailing what victims and survivors can expect from the congregation, the IOLM may wish to complement this with a victim and survivor charter.

4.3.8 The IOLM should engage with peers who have direct experience of working with those who report harm as to reflect on their experience and any learning that could be relevant to the IOLM. The IOLM should also ensure that a thorough review is conducted following any disclosure of harm to identify any learning, and that learning should be shared across the community with all active sisters and employees.

Graded: Results Being Achieved

4.4 Standard 4 Effective Management of Allegations and Concerns

Strengths

4.4.1 The IOLM have experience of managing low-level concerns which are tracked on a spreadsheet highlighting where and when concerns have been noted, who they are in reference to, and the action taken by the safeguarding lead or convent with care manager, and the advice received by the RLSS. It is evident that the IOLM ensure that advice is consistently sought from safeguarding professionals at the RLSS.

4.4.2 The safeguarding policy highlights that where there is immediate danger or a safeguarding emergency 999 must be called. The procedures highlight that the safeguarding lead or leadership within the setting in which safeguarding concerns have occurred must be advised immediately. In order to determine whether the police, RLSS or Local Authority need to be contacted or whether a safeguarding

concern needs to be logged, there is a series of three statements to support decision making. If all three statements do apply there is direction to refer to the police, Local Authority and RLSS within 24 hours, and to complete internal recording processes, the safeguarding cases and concerns tracking system [SCTS0425] and activity log [AT0425] and alert the safeguarding lead and Congregational leader who in turn will notify the other Trustees. If all three statements do not apply, a safeguarding incident form [IN0425] should be completed. It is clearly stated that if there is any uncertainty about what action is needed then the designated safeguarding lead should be contacted for advice, and in her absence or during out of normal office hours the RLSS out of hours service should be contacted.

4.4.3 Employees and members have been provided with a flowchart which has been observed on display within convents with care and is aligned to the information in the safeguarding policy. The flowchart provides guidance on practical steps to take when responding to allegations and concerns, and this is complemented by an information and support booklet providing details of support services. The IOLM are proactive in their liaison with RLSS, routinely accessing their advice, and although outside the timeframe for this audit there is evidence of serious incident reporting to the charity commission.

4.4.4 Within the internal safeguarding training offered by the IOLM to all members is guidance on “what to do *if you witness or suspect abuse is happening, or abuse is disclosed to you*”, and members are advised to “*listen, not interrupt, not agree and then tell the person you will need to share the information with necessary professionals.*” There is further guidance within the safeguarding training on practical steps to take following a disclosure in relation to recording and sharing information and there is consideration to confidentiality and data protection.

4.4.5 In the event of an allegation or concern in relation to the IOLM, members focus group participants have shared that they would alert the designated safeguarding lead, and they spoke informatively about the practical steps that they would take, including documenting information and being clear regarding potential confidentiality issues. Focus group participants have shared their experiences with the safeguarding lead and the safeguarding link Trustee has been “helpful,

accommodating, and overall, a good experience.” Staff focus group participants and convent with care managers shared that they were confident to follow the flowchart and found this a helpful document and were aware that concerns must be reported within 24 hours. Staff also shared their experiences with contacting the police in perceived safety emergencies.

4.4.6 The convents with care managers compile a report each month regarding any issues, including safeguarding concerns. This is sent to the safeguarding lead to compile and review.

Areas for Development

4.4.7 Responses to potential safeguarding concerns within the convents with care and communities are reviewed internally by the safeguarding lead and safeguarding link Trustee in their weekly meeting, practice in this area however could be improved by the formal recording of this meeting and any agreed actions. Similarly, as highlighted in standard one formal recording of the information provided to the Trustees and their responses would also be beneficial. This has also been identified by the safeguarding lead during the course of this audit, and a template for information sharing has been drafted.

4.4.8 As a multi-faceted religious life group with contributions to safeguarding coming from various channels the importance of a robust case management system is acknowledged. The safeguarding lead has explored options for a bespoke recording system, however given the low number of safeguarding cases, it was determined that such an investment was not proportionate at that time. A central system where information could be stored merged and accessible to all relevant parties and senior leaders would be beneficial.

4.4.9 There is emerging evidence of reflections on the management of safeguarding concerns, reflections however could be improved by contributions from all the senior leadership (Trustees and CEO) and all relevant staff and the safeguarding lead, and should be shared across the IOLM to further develop a culture of learning and continuous improvement. Similarly, where feedback has

been sought the IOLM need to consider how this can be used to develop practice, and use this to inform the three-year safeguarding plan.

Graded: Comprehensive Assurance

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

Strengths

4.5.1 The IOLM do not have any recent experience of, and therefore there is no practice evidence available that would enable a direct assessment of the management or support of a member who might be the subject of a safeguarding allegation or concern. The safeguarding lead has completed safeguarding lead training with the RLSS, and whilst she has not completed any training in respect of managing a safety plan, she would seek this training if it became necessary. The IOLM would also engage with the RLSS to provide personnel that are trained in managing, monitoring and supporting subjects of allegations or concerns.

4.5.2 The safeguarding lead, Trustees and Congregational leader have advised that any member who was the subject of an allegation or concern would be able to speak with the leader of the congregation and would be provided with both an internal support person and external emotional support as required. The IOLM would also ensure that a confidentiality statement was provided to those subject to plans, to advise them of their rights to confidentiality, and how and when information will be shared and with whom. The Trustees recognised that the response to any allegation or concern needed to ensure the safety and support of both the victim of harm, and the person accused of causing harm, and additionally the IOLM would need to be protected, which would be assured by following the correct processes and procedures. The IOLM exercise caution in information

sharing practises with the consistent use of password protected documents and publish on the IOLM website their privacy policy.

4.5.3 There is also guidance entitled *“support of a sister by the Institute leadership team”* which highlights that *“it is not always easy to have a policy or procedures which cover every eventuality”* but does offer some guidance on supporting a sister who is the subject of an allegation or concern, highlighting amongst a number of points that sisters must comply with the policies and procedures of any organisations where they work or volunteer, that the sister will be provided independent legal advice if this is appropriate, and that sisters are encouraged to make their needs known throughout the process so that constant support is available.

4.5.4 The IOLM have established relationships with Canon lawyers, who would be consulted to ensure that any allegations were managed in line with Canon law expectations. The IOLM also retain the support of a law firm who regularly support both charities and faith organisations and the IOLM would seek their advice and guidance. In the event that a member was no longer able to reside within their normal place of residence the IOLM have the benefit of resources to support the living situations and safety of all members.

4.5.5 Whilst not in relation to members who were the subject of allegations and concerns, members focus group and interview participants have consistently shared being offered extensive support from the IOLM, inclusive of both internal emotional and practical support provided by the IOLM and externally provided counselling. Members have shared that issues have been managed confidentiality and that they have felt listened to. Members have also spoken about the external support available from spiritual advisors, and that relationships with family and friends are encouraged by the IOLM.

Areas for Development

4.5.6 Whilst all members who have contributed to focus groups and interviews were clear they feel they would be well supported by the congregation if they were the subject of an allegation, members made no reference to the guidance *“support*

of a sister by the Institute leadership team” and whilst this is reportedly shared in the community guidelines that are renewed every year and circulated to every community, it is recommended that this is further discussed with members to ensure that this is understood, until a more comprehensive policy and processes are developed outlining how sisters who are the subject of allegations and concerns will be supported. This policy would benefit from outlining how all investigations will be compliant with canon law expectations.

Graded: Results Being Achieved

4.6 Standard 6 Robust Human Resource Management

Strengths

4.6.1 All members of the IOLM have made final vows, the most recent of which was over 2 years ago. To support new members the IOLM have an *‘Initial Formation Handbook’*. Within the opening pages of the handbook, it is detailed that the aim of the handbook is to explain the processes involved in becoming a new member of the Institute of our Lady of Mercy. Brief information on safeguarding is available on page three, and the details for the IOLM website is included so that potential pre-candidates can access the safeguarding policy. The phases in the process for admission of new members are clearly outlined within the handbook, and there is guidance about what will be expected to determine readiness to begin the process, including references and an enhanced DBS certificate. As the process advances and a candidate is provided the opportunity to live amongst the community, it is advised that a psychological assessment will be completed.

4.6.2 Whilst the sisters have not received any new members recently the safeguarding lead has advised that all new members and new staff receive safeguarding training. There have not been any recent visiting clergy as sisters in the convents with care access Mass at nearby Churches. Any overseas members would need to provide a copy of a valid enhanced DBS before commencing active ministry on the behalf of the IOLM. If they do not have a valid DBS, they must be

willing to provide ID and complete the DBS process with IOLM before beginning active ministry.

4.6.3 The safer recruitment policy is contained within the safeguarding policy; and it is highlighted that all job descriptions will include safeguarding responsibilities and requirements, and that all person specifications will include safeguarding questions and scenarios. The head of people and services advises that all roles within the IOLM have job descriptions. It is highlighted in the safer recruitment policy that references will be obtained for all candidates and that staff will not be appointed to a role without a satisfactory DBS and previous employment reference checks confirmed as acceptable. The convent with care manager applies for DBS for all new and existing staff and the HR advisor assumes responsibility for verifying references and will share copies with the convent with care manager for the personnel file. Due to the close contact that all staff have in convents with care with vulnerable sisters it is the practice of the convents with care to seek enhanced DBS certificates for all roles.

4.6.4 The safeguarding lead for the IOLM assumes responsibility for ensuring that DBS checks are completed for the sisters and manages a centralised spreadsheet for DBS tracking. The managers at the convents with care take a suitable lead on staff management and will liaise with the link Trustee, head of people and services and HR advisor where appropriate. In the event of a blemished DBS for an employee the HR advisor under the direction of the sisters would liaise with the convent with care manager for a DBS risk assessment to be completed using the CSSA blemished risk assessment tool, and the Trustees would be alerted. There is evidence of a blemished DBS risk assessment for an employee that was appropriate and proportionate.

4.6.5 Members resident within the convents with care have had opportunity to contribute to staff recruitment, forming part of the interview panel for promoting internal staff. It is reported that this was valued by the sisters.

4.6.6 As part of the induction process for new staff, there is an expectation that they will read all relevant policies and sign a declaration to this effect. Care staff within the IOLM are subject to a 12 month probationary period to ensure that they possess the correct skills, knowledge and attributes to safely care for members. The IOLM in line with the size of the Institute and employment responsibilities have developed a comprehensive staff handbook (version 21, June 2024). The staff handbook is inclusive of a number of policies, including the code of professional conduct and disciplinary and grievance procedures. Whilst a whistleblowing policy is contained within the safeguarding policy, this is provided in further detail in the staff handbook and online. Within the whistleblowing policy is a pledge to staff to investigate the concerns impartially and objectively.

4.6.7 A visitor's policy has also recently been developed and is available within the convents with care in guest bedrooms, which are used for visiting sisters or family members of sisters and there is guidance on reporting concerns and contact details of the safeguarding lead. The IOLM's generic complaints policy and procedures is available online and it is detailed how complaints can be made to the IOLM which is via telephone, email or in writing and contact details are provided. The timeframes in which complaints will be responded to is included and it is clear that the IOLM will seek to resolve complaints quickly highlighting "*hopefully, we can resolve the matter immediately*".

4.6.8 The staff to resident ratio within the convents with care in Hull, Whitby and Brentwood is reported to be based on the needs of the residents. The managers at the convents with care in Hull and Whitby have reported that they are sufficiently staffed to meet the needs of the current residents, and that increases in resources are supported by the IOLM. There is an expectation that care staff will have a National Vocation Qualification level 2, and more senior staff will have level 3, the managers have level 5. The managers at Hull and Whitby both have extensive care management experience and have worked for the IOLM for 10 and 16 years respectively.

4.6.9 The safeguarding lead is accessing supervision and mentorship from a diocesan safeguarding trustee subcommittee member every 6 weeks which she

finds beneficial. Convent with care managers are offering formal supervision to care staff every other month and annual appraisals are common practice. It is reported that on an ad-hoc basis within supervision staff will be encouraged to take part in a discussion about one of the policies of the IOLM. Ad-hoc supervision is provided as and when the need arises. The convent with care managers are clear that staff are encouraged to seek advice from them and survey respondents have stated that “managers doors are always open”. As part of the support visits offered to convents with care, the care quality consult reviews employee files for several key points including evidence of induction programme, supervision records and training records.

4.6.10 Staff well-being is clearly valued by the IOLM as they have an employee assistance program and access to health care services, where staff can access wellbeing webinars. Staff who have contributed to this audit have spoken about accessing support via the IOLM employee assistance programme and have reported that this was confidential and was valuable.

4.6.11 The sisters of the IOLM are clear that they want the work and legacy of the Institute to have a long-lasting impact on society and as such are ‘future proofing’ the institute by recruiting a comprehensive staff team to support the ‘Mercy Ethos’ to continue when the sisters are no longer able to minister. The senior staff team are dedicated and take a hands-on approach across the IOLM, supporting services as and when this is required, which has been evident in the support offered to one of the convents with care currently without a manager. Staff focus group participants have spoken about direct contact with senior leaders and feeling supported in their roles.

Areas for Development

4.6.12 To ensure consistency in practice the IOLM have developed processes in respect of safer recruitment that are yet to be formally documented, such as requesting three references for candidates. It is recommended that the safer recruitment policy is updated and developed to include this information, and the

expectations of the reference verification process i.e. whether references will be accepted by telephone, email or in writing.

4.6.13 Furthermore, whilst the safer recruitment policy advises that roles will not be offered until a satisfactory DBS has been obtained, the IOLM would benefit from clearer processes regarding appointing candidates with a blemished DBS to ensure that any offer of employment is informed by a blemished DBS risk assessment, rather than a DBS risk assessment being completed after the offer of a role.

4.6.14 The safer recruitment policy should be updated to include who will be responsible for completing blemished DBS risk assessments, and who will make the final decision in respect of continuing to offer employment, which it is recommended could be delegated to the safeguarding trustee subcommittee, with recommendations made to the Trustees. The trustee subcommittee and Trustees will need to ensure that their decisions are adequately documented in Trustee minutes and shared with the appropriate professionals, CEO, human resource manager, head of people and services, convent with care manager and safeguarding lead. Any blemished DBS need to be recorded on the DBS centralised tracker.

4.6.15 The IOLM would benefit from a dedicated safeguarding complaints policy and procedure to include the detail of the CSSA as the final port of call for complainants who remain dissatisfied with a complaint outcome. The safeguarding complaints policy should be displayed within convents with care and be available online.

4.6.16 Although new to role, the head of people and services has developed plans to provide on-site support to convent with care staff on a monthly basis by being present on site. The head of people services will also be auditing the files of staff to include supervision oversight to further develop consistency in practice of staff management and support.

Graded: Comprehensive Assurance

4.7 Standard 7: Training and Support for Safeguarding

Strengths

4.7.1 Although there is not a formally recorded training needs analysis for staff and members across the IOLM, the safeguarding lead has developed safeguarding training presentations for convents without care and staff who have no caring and limited safeguarding responsibilities, and more in-depth safeguarding training for convents with care, evidencing that there has been consideration to the variation in needs of different groups. The safeguarding lead has sought feedback on the content of training presentations from the RLSS training lead and a safeguarding trustee subcommittee member prior to delivering the training sessions.

4.7.2 Safeguarding training is provided to members and office staff on a 1–2-year basis, any non-attendance by members is shared with the link Trustees for the communities to follow up, and there is evidence of the link Trustees acting on their responsibilities and promoting engagement. Due to the needs of members suitable adaptations have been made to training presentations such as sending training via the post rather than asking members with limited IT skills to access a computer. To ensure that safeguarding training has been understood a multiple-choice quiz was sent to all staff and members following the training and their answers have been collected. Where English has been the second language of a staff member, support has been offered to the staff member by HR to ensure that training has been understood.

4.7.3 There is evidence of the safeguarding lead emailing managers within the convent to actively seek staff engagement with training, although non-attendance is reported to the head of people and services by the safeguarding lead, who ultimately assumes responsibility for ensuring training is completed. Managers within the convents with care ensure staff complete a significant volume of other care related training courses provided by popular online course providers. The training courses accessed by staff are recorded and monitored by the convent with care managers and shared with the safeguarding lead who oversees the

maintenance of a central training record for all staff and members on all training that is completed.

4.7.4 The safeguarding lead and the Trustees are compliant with the expectations of the Catholic Church in ensuring safeguarding training and/ or refreshers are completed at least every 2 years. The Trustees completed role specific safeguarding training March 2024 with the RLSS, and the safeguarding lead has completed safeguarding lead training January 2023 and more recently safeguarding adults training February 2025.

4.7.5 Training opportunities are promoted across the IOLM and the RLSS training calendar for the year has been shared on email and is observed on display at convents with care and referenced by staff and members, a small number of which have engaged in RLSS training. Sisters in active ministry across the IOLM have engaged in a range of safeguarding training; including but not limited to, statutory training for volunteers and staff through Citizens Advice, PREVENT, Sexual harassment at work, school governor training, CSSA online training level 3, youth leader training, educate courses and online safety.

Areas for Development

4.7.6 The IOLM will need to ensure that the small number of new staff who have not accessed safeguarding training do so at the earliest opportunity. Whilst the Trustees have active oversight of training compliance as this is shared by the safeguarding lead with the link Trustees, the Trustees should have a designated section within meetings of the Trustees to enable formal oversight of training, enabling the Trustees to have comprehensive oversight of training compliance across the organisation.

4.7.7 The IOLM whilst having a good grasp of the training needs of members would benefit from developing a formal training needs analysis for all roles, which would support the IOLM in planning training opportunities for the future.

4.7.8 The training delivered by the safeguarding lead which will be reviewed and updated, would benefit from consideration to including spiritual abuse.

4.7.9 The safeguarding lead has also identified that the IOLM will benefit from seeking locally provided safeguarding training from relevant organisations to enrich the quality of safeguarding knowledge within the organisation.

Graded: Results Being Achieved

4.8 Standard 8 Quality Assurance and Continuous Improvement

Strengths

4.8.1 The IOLM is committed to continuous improvement as is evidenced in the expansion of the senior leadership team and the use of a care quality consultant to ensure that care provided across all services of the IOLM is of a CQC standard. Whilst the care quality consultant postholder is new in role, the IOLM have had this service from a previous professional and so the convent with care managers are familiar with scrutiny of practice. The care quality consultant will provide a support visit akin to an internal audit to convents with care and will consider a number of points including the practical safety of the buildings, staff supervision and communication, concerns/complaints and safeguarding, any identified issues from support visits will be discussed with the convent with care managers and reported to the head of people and services, CEO and Trustees. The head of people and services and the care quality consultant have recently begun a deep dive audit of one of the convents with care to evaluate processes and develop practice.

4.8.2 There are several examples of where learning has directly impacted on practice development, for example following low level concerns in incident CM 13032025 and SRA170225 action has been taken to avoid any repeat incidents, evidencing that learning is actioned. Similarly, the IOLM have a three-year safeguarding plan that has been aligned to the eight National Safeguarding

Standards, and shares responsibility across the IOLM for improving safeguarding practice.

4.8.3 Whilst the IOLM have had limited opportunity to learn from victims and survivors, it is evidenced although outside the timeframe of this audit that when there has been opportunity action has been taken and feedback has been sought. The safeguarding plan is promoting the development of practice in supporting victims and survivors as an agreed action for the safeguarding lead to create a support page for victims with website links to supportive organisations has been completed.

4.8.4 The safeguarding lead produces an annual report for trustees, *'Safeguarding Sub-Trustee Committee Annual Report December 2023 – December 2024'* providing brief oversight of key safeguarding activities over the past 12 months, including any cases or concerns, training, DBS and policy updates. The safeguarding trustee subcommittee chair also provides a brief statement on activity.

4.8.5 The IOLM have good relationships with safeguarding organisations and professionals and have signed contracts with both the RLSS and the CSSA. The IOLM have routinely sought advice and guidance from the RLSS in respect of both developing training and managing potential safeguarding concerns. The safeguarding lead and Trustees have attended training organised by the RLSS and promote the use of the RLSS across the IOLM to staff and members. The safeguarding link Trustee has also attended the RLSS annual safeguarding conference in 2024 although was unable to attend in 2025. The Congregation leader and safeguarding lead also attended the CSSA eight National Safeguarding Standards workshop in May 2024.

Areas for development

4.8.6 Developments in this standard will be to build on the existing good practice that has been established by the IOLM and further formally develop, embed and share learning across the IOLM.

4.8.7 Whilst Trustees are reviewing safeguarding within their meetings, establishing a small number of specific key performance indicators will support the Trustees to have an overall improved grip of safeguarding practice across the organisation. Trustees would benefit from oversight of training of members and employees, any induction of new employees, DBS compliance for members and employees and oversight of blemished DBS. Staffing ratios within the convents with care, and complaints and compliments should also be regularly considered.

4.8.8 The Annual Safeguarding Report is being produced however practice in this area could be strengthened by the report being made publicly available, which would require some modifications. Publishing the Annual Safeguarding Report would allow key stakeholders to gather an understanding of how safeguarding operates within the IOLM and would provide transparency on safeguarding practice.

4.8.9 The safeguarding plan whilst purposeful, will benefit from the improvements highlighted in 4.1.15, furthermore, the plan may benefit from being shared with all employees and members for consideration.

4.8.10 As the IOLM manage three convents with care there is an opportunity for reciprocal peer reviews that will contribute to the development of consistency in practice.

Graded: Results Being Achieved

5. Summary of Overall Findings

5.1 There has been a period of change and growth over the last 12 months within the Institute of Our Lady of Mercy, however staff and sisters have remained committed to ensuring effective safeguarding within its structures. Safeguarding governance is well embedded, albeit there is further room for improvement and formalisation of information sharing processes. Achievements against objectives

of the 3-year safeguarding plan again would benefit from formal acknowledgement and updating of the plan.

5.2 Essential safeguarding information is held and managed by the safeguarding lead, who ensures that DBS and training are up to date. The designated safeguarding lead oversees the implementation of a safeguarding training programme for all staff and sisters and central records are kept of attendance. Non-attendance is taken seriously and is delegated to the link Trustee or head of people and services to follow up.

5.3 The IOLM have effectively evidenced the value placed on communication, which is emphasised by a well presented and informative website, where the importance of safeguarding is clear, appearing both on the front page and dedicated website pages. Staff and members feel valued in the IOLM and staff retention of senior leaders and managers within convents with care is good. The views of all members and staff are encouraged, and an 'open door policy' appears to be well established in the IOLM and includes access to senior managers, the CEO and Trustees.

5.4 The IOLM utilise the skills and knowledge of safeguarding professionals and regularly consult with the RLSS on a variety of safeguarding issues. The IOLM have also recruited consultants with expertise in care to support with the development and audit of convents with care.

5.5 The IOLM are committed to ensuring optimum independence of all members, and staff and senior leaders work hard to ensure high standards of care are consistent across the organisation, but also that autonomy, individuality and person-centred practice is prioritised.

6. Recommendations

6.1 To support development in identified areas, the following recommendations are made:

Within 3 months

- The safeguarding lead to provide a written report to the link Trustee on a an agreed basis (e.g. monthly/quarterly) for the Trustees to review. Written feedback to be provided to the safeguarding lead by Trustees of any identified actions
- Three-year safeguarding plan to be reviewed. Actions for key tasks to be attributed to individuals and time frames for follow-up and review to be clear
- Develop processes for formal review of the three-year safeguarding plan
- Develop terms of reference for the safeguarding trustee subcommittee
- Ensure feedback to staff on any outstanding issues raised, even if this is advising no information can be shared
- Further embed the guidance "*support of a sister by the Institute leadership team*" with all sisters
- Update safer recruitment policy to include the number of references, and how references can be verified
- Develop a small number of specific key performance indicators to support the Trustees to have an overall improved oversight of safeguarding practice across the organisation, to include oversight of training of members and employees, any induction of new employees, DBS compliance for members and employees, oversight of DBS blemishes. Staffing ratios within the convents with care, and complaints and compliments
- Ensure that the small number of new staff who have not accessed safeguarding training do so at the earliest opportunity
- Develop a safeguarding complaints policy and procedure to include the detail of the CSSA as the final port of call for complainants who remain

dissatisfied with a complaint outcome. The complaints policy should be available online and displayed within convents with care.

Within 6 months

- Staff team meeting minutes to add safeguarding as a standing agenda item, where there are no safeguarding issues this can be recorded
- Continued development of recording systems and processes to enhance consistency across the IOLM and ease of accessibility to information
- Develop a blemished DBS policy and process, to include who will complete DBS risk assessments, and who will make final decisions about employment
- Blemished DBS need to be recorded on the DBS centralised tracker
- Three-year safeguarding plan to be shared with all stakeholders for contributions and feedback
- Develop a written commitment to sharing feedback with staff on issues raised, including a way to evidence this feedback.

Within 12 months

- Safeguarding communications policy to be shared with the safeguarding trustee subcommittee, members and employees for contributions and feedback
- All active sisters and employees to receive training in supporting victims of harm
- Develop a comprehensive policy and processes outlining how sisters who are the subject of allegations and concerns will be supported, including how all investigations will be compliant with canon law expectations
- Safeguarding lead, safeguarding lead Trustee and Congregational leader to complete training in how to provide a trauma informed response to victims of harm
- Victim and survivor policy and charter to be developed

- Seek out learning opportunities and engage with other services who have experience of working with victims of harm
- Continue to develop processes for reflection and share any learning across the IOLM
- Reciprocal peer reviews to be offered by convent with care managers to one another
- Publishing the Annual Safeguarding Report online and ensure copies are available within convents with care
- The safeguarding lead to seek locally provided safeguarding training from relevant organisations to enrich the quality of safeguarding knowledge within the organisation
- Safeguarding lead to consider spiritual abuse in the next training presentations for 2026

7. Arrangements for follow-up

7.1 In accordance with the overall rating of *Results Being Achieved* reaudit by the CSSA should take place after a minimum two-year period, subject to no new risk factors arising.

8. Appendix

Evidence provided

- Committee Meeting Minutes 05.11.24
- Committee Meeting Minutes 16.07.24
- Committee Meeting Minutes 25.02.25
- Trustee Minutes March 2024
- Trustee Minutes April 2024
- Trustee Minutes May 2024
- Trustee Minutes June 2024
- Trustee Minutes July 2024

- Trustee Minutes September 2024
- Trustee Minutes October 2024
- Trustee Minutes November 2024
- Trustee Minutes December 2024
- Trustee Minutes January 2025
- AT0425 Activity Log for Safeguarding Cases
- IN042025 Incident Form Blank Template
- RLSS referral Form Template
- Safeguarding Tracking System
- Self- Assessment
- IOLM Safeguarding Policy
- IOLM Safeguarding Policy Statement
- A quick guide to reporting a safeguarding concern
- IOLM Data 10.02.25
- Role List
- Sisters in Active Ministry
- Staff Organisation Chart 25
- Visitors Policy VP0425
- Training for CH and CWC staff screenshot
- Training for sisters and non-care staff screenshot
- RLSS ensuring counselling was offered screenshot
- Emailing Showing CHMT and DRRT referral
- Link sister arranging assessment
- Email asking staff to ensure that they have displayed the SG statement on site
- Safeguarding Roles and Responsibilities
- 3 Year IOLM Safeguarding Plan
- 3 Year IOLM Safeguarding Plan 2021-2023
- HOPS & HR meeting Minutes 14.01.25
- Mentor meeting minutes
- Sub Trustee membership
- Copy of postage receipts hard copy SG training sent to sisters
- November Webinar, men, Masculinity and Mental health
- September Webinar, World Suicide Prevention
- Safeguarding Communications Policy
- Safeguarding Training for CH and CWC staff
- Training for sisters and non care staff July 2024

- Safeguarding adults at risk identification flowchart
- Email with meeting arrangements from Sr
- SG lead training certificate
- Whistleblowing policy
- Password protection evidence
- CSSA Audit workshop
- Email with RLSS regarding DBS
- Complaints policy and procedure
- Managers' report
- Safeguarding incidents
- QA2 Trustee Annual Report
- Convent with care induction pack
- Safeguarding good practice case study example
- Safeguarding training tracker
- Brentwood Training Matrix
- Email between SG lead and HOPS regarding displaying SG statement in a visible area
- Pictures of signed templates
- Templates for reading safeguarding policy and statement
- GDPR and Cyber Training
- Hull Training Matrix
- Whitby training Matrix
- Consent and MCA Crib Sheet Version 1
- IOLM consent and mental Capacity Act Workbook
- RLSS training session
- Email from SS relating to safeguarding training
- Email from RLSS on ways SG training can be improved
- Information and support booklet
- Trustees and their link communities
- Covering letter re driving guidelines
- Driving and when to stop
- Information for sisters re mature drivers
- Letter for sisters re driving
- RLSS guidance for managing an active safeguarding case
- Stone King Solicitor information
- DBS Tracker

- DBS timescale email
- Blemished DBS disclosure risk assessment
- Email to RLSS regarding training for those in management of suspected offenders
- Future support needs tracker
- Email and certificates from safeguarding training trainer for Sheffield
- Multiple Choice Quiz
- Email from Sg lead to Brentwood regarding outstanding staff SG training
- Emails regarding outstanding sisters SG training
- HR attaining training in person from outstanding staff member with English as additional language
- Trustee attaining SG training from outstanding sisters in her community
- Draft Wellbeing policy
- Members spreadsheet