

Independent Safeguarding Audit of Portsmouth Diocesan Board of Finance and Portsmouth Cathedral





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Introduction





1 Introduction

- 1.1 The independent safeguarding audit programme for the Church of England (CofE) was commissioned by the Archbishops' Council and is overseen by the CofE's National Safeguarding Team (NST). Led by the INEQE Safeguarding Group and working to a consistent framework, the audits test the sufficiency of safeguarding arrangements within Diocese Boards of Finance (DBFs) and Cathedrals. They have a particular focus on the CofE's new National Safeguarding Standards that provide the structure for this report.¹
- 1.2 Audit findings have taken account of the Social Care Institute for Excellence (SCIE) audits, Past Cases Review 2 (PCR2) outcomes, other relevant material as well as evidence from surveys, focus groups, direct correspondence and interviews. For Portsmouth DBF and Portsmouth Cathedral, this involved the following:
 - Over 360 documents being collated and analysed prior to the Audit's fieldwork.
 - A range of interviews being held with Church Officers (staff and volunteers), external partners, victims, survivors and other stakeholders.
 - 642 anonymous survey responses being received, which gathered input from key
 communities connected to the Church. These were submitted by victims and
 survivors, children and young people as well as those worshipping or working within
 the DBF, Cathedral and parishes.
 - Six focus groups.
 - A confidential contact form being made available via a dedicated webpage.
 - In total, the Audit undertook 38 separate engagement sessions reaching 130 people.

¹ <u>https://www.churchofengland.org/sites/default/files/2023-10/national-safeguarding-standards-and-quality-assurance-framework_sep23.pdf</u>





- 1.3 The Audit report is separated into Part One, Portsmouth DBF and Part Two, Portsmouth Cathedral. This has been done to ensure that each audited body is able to focus on their own strengths and areas for identified improvement.
- 1.4 The report has been reviewed for factual accuracy by both the DBF and Cathedral.





Part One Portsmouth Diocesan Board of Finance





2 Context

- 2.1 The Diocese of Portsmouth encompasses a diverse geography spanning South East Hampshire and the Isle of Wight. This region stretches from the rural village parishes of the South Downs National Park in the north to the distinctive Victorian seaside resorts and coastlines of the Isle of Wight in the south. It also includes the tranquil rural landscapes of the Meon Valley, the growing suburban communities of Fareham and Gosport, and extends eastward to Emsworth on the West Sussex border. At its heart is the densely populated city of Portsmouth, largely situated on Portsea Island, which serves as a historic naval stronghold and a bustling university city, featuring a mix of modern, suburban housing and traditional urban terraces.
- 2.2 Operating within the local authority areas of Hampshire, Isle of Wight, and Portsmouth, the Diocese serves a population of 792,345, which has grown by 100,000 in the last 30 years. This diverse demographic presents significant disparities in levels of deprivation, and the physical separation of the Isle of Wight poses a notable challenge to integrated operations.
- 2.3 Organised into three archdeaconries and seven deaneries, it encompasses 129 parishes and 168 churches, led by 149 licensed clergy and a growing lay ministry. The Diocese also operates 38 Church primary schools and five academies. The Diocese currently counts 12,921 individuals in its worshipping community, a figure covering monthly service attendees (including online and home communion).





3 Progress

- 3.1 Overall, the SCIE Safeguarding audit and PCR2 made 55 considerations / recommendations for the DBF in Portsmouth. These covered a range of issues, including capacity, safer recruitment, case management, data storage and supporting and engaging with victims and survivors.
- 3.2 Completed in 2015 and published in January 2016, the SCIE audit resulted in 12 considerations. Due to key members of staff no longer being in role and the absence of written evidence, it has been difficult for the Audit to ascertain the specific outcomes delivered against this process. Nevertheless, one Diocesan Safeguarding Advisory Panel (DSAP) report, alongside anecdotal evidence gathered by the Audit team, indicates that all recommendations were accepted at the time and plans were made for their implementation. The Audit is satisfied that the areas of improvement identified by SCIE have since been addressed in subsequent developments.
- 3.3 The PCR2, published in March 2022, included a range of recommendations, 43 of which were for local implementation. An initial action plan was developed in response to PCR2. However, this was superseded by an urgent 'dynamic action plan' when the new Head of Safeguarding (formerly known as Safeguarding Team Manager) identified a resource deficit upon starting their role. This revised action plan addressed the core areas from PCR2 and was owned by the Diocesan Bishop, the Head of Safeguarding, the Diocesan Secretary and the former DSAP chair. All cases highlighted in PCR2 have reportedly been closed. The Audit has seen evidence of progress being reported to both the DSAP and the Casework Scrutiny Group (CSG), and is satisfied that the recommendations have been addressed and are now part of ongoing activity.





- 3.4 In 2024, the National Safeguarding Team (NST) led and published a joint Lessons Learned Review (LLR) into non-recent abuse. This review subsequently prompted further learning through a peer supervision session. Several key learning points emerged, including supporting victims / survivors effectively, building effective working relationships with external agencies, recognising the risks and promoting safer recruitment of transitory Church musicians and promoting a culture of curiosity and openness.
- 3.5 In summary, over recent years, Portsmouth DBF has demonstrated a proactive approach to enhancing its safeguarding arrangements and is on a positive trajectory regarding the progress achieved. This is particularly evident in areas that historically presented challenges, including capacity and record keeping. That said, the Audit makes a range of recommendations outlining areas for further improvement.





4 Culture, Leadership and Capacity

Culture

- 4.1 The Audit findings reflect a substantial and positive transformation in the safeguarding culture across the Diocese, directly attributable to concerted efforts to embed safeguarding principles as a core cultural tenet.
- 4.2 Independent survey data indicates an overwhelming majority of respondents from both the DBF and parish workforces, as well as the broader parish community, have reported significant improvements in their safeguarding arrangements. Crucially, every respondent from these groups indicated feeling secure within their respective environments. Furthermore, both workforce and worshipping communities expressed confidence in their ability to raise concerns openly and without apprehension. This favourable perception extended to a shared belief that a robust safeguarding culture is now firmly established, a sentiment uniformly echoed across all environments and corroborated during focus groups and one-to-one discussions held during the site visit.
- 4.3 Qualitative feedback further underscored this cultural shift. The DBF workforce frequently described their environment as 'Supportive', 'Collaborative', and 'Transparent', while workforces and worshipping communities across the parishes characterised their experiences as 'Welcoming', 'Supportive', 'Respectful', and 'Inclusive'.
- 4.4 These significant advances are largely attributable to the Bishop's clear and committed leadership, which has strategically positioned safeguarding as both a gospel imperative and a central theological concern. The Audit concludes that his unwavering commitment, explicit prioritisation of, and tangible investment in safeguarding have played a crucial role in integrating safeguarding principles throughout the Diocese's operational and spiritual fabric.





- 4.5 As part of its efforts to drive and maintain change, the DBF has also hosted an annual safeguarding conference every year, for the last three years. These conferences, attended by a diverse group of Church Officers, incumbents, and volunteers, have each focused on distinct themes, addressing areas of learning and development pertinent to safeguarding.
- 4.6 Beyond the provision of focused training, these events serve as vital opportunities for those who work and volunteer within the Church to connect, build relationships, and increase collaboration.
- 4.7 The 2024 conference focused on celebrating the work of Parish Safeguarding Officers (PSOs), acknowledging their dedication and hard work. Key aspects of this conference included addressing PSOs' wellbeing, providing every attendee with a 'thank you' gift bag, and issuing certificates for all attendees as part of their Continuing Professional Development (CPD). Long-standing certificates of recognition were also awarded to those who had served for over 10 years, further reinforcing a culture of appreciation and commitment.

Leadership

The Bishop's Role and Commitment

4.8 The Diocesan Bishop holds ultimate accountability for safeguarding, a responsibility he has fully embraced. Feedback from focus groups, one to one discussions and access to a range of survey and other material reinforces the Audit's view that it defines his leadership. The Audit saw and heard evidence of how he effectively integrates safeguarding into his areas of responsibility by using every opportunity to reinforce its importance. He leads by example and pushes beyond well-intentioned rhetoric to deliver demonstrable acts of support and investment. The Audit has found him to be an exemplar in this regard.





- 4.9 Crucially, the Audit recognised his active support and investment in the development of what has become a strong, well-led, and capable Safeguarding Team. His Diocesan Secretary actively supports him in this endeavour. This level of reflection and investment in safeguarding represents good practice.
- 4.10 The Audit also noted significant evidence of the Bishop's enthusiasm and positive impact. All those engaged by the Audit reflected on his good work and the supportive and encouraging way he engages with them. Numerous individuals highlighted the difference he has made, with many supportive comments echoing the sentiment of this feedback from one of his team members.

"Bishop Jonathan has been consistent in his message that "If we don't have our safeguarding house in order, then we should simply close the doors." It is important to highlight this as it has set the tone for our journey towards improved culture over the last 3 years."

- 4.11 Beyond corroborating this positive feedback from surveys, focus groups and one to one discussions, the Audit also successfully triangulated evidence showing the consistent application of his 'safeguarding first' philosophy in decision-making. This included instances where he made difficult, authoritative decisions, raised challenges, and appropriately reflected and listened to representation and challenge from others.
- 4.12 The Bishop is supported by a Bishop's Chaplain, an effective, thoughtful and pragmatic Diocesan Secretary, as well as capable and committed, 'safeguarding-engaged' Archdeacons. The Bishop's safeguarding first philosophy is palpable across the depth and breadth of his senior team, staff and volunteers.
- 4.13 That said, capitalising on recent progress will require further investment, not least in direct support to the Diocesan Bishop. Given his national responsibilities and the inclusion of the





Isle of Wight within the Diocese, the provision of a Suffragan Bishop to support his work would help to mitigate potential capacity issues and consolidate progress. Benefits would also be accrued by way of future continuity and the development of another future leader.

Recommendation D1: Appoint a Suffragan Bishop to Support the Diocesan Bishop.

To effectively capitalise on recent progress and ensure sustained leadership capacity within the Diocese, not least in support of the Diocesan Bishop's safeguarding engagement and influence, a Suffragan Bishop should be appointed.

Archdeacons

4.14 Archdeacons (noting one current vacancy) play a vital role in the safeguarding arrangements across the Diocese. They demonstrate a collaborative approach and a willingness to enhance their safeguarding focus, particularly during formal and informal parish visits as well as their participation in Core Group meetings. During Audit discussions with the Archdeacons, a range of initiatives to further strengthen their safeguarding role were discussed and agreed. To this end, the Audit makes the following recommendations:

Recommendation D2: The Archdeacon's role should be enhanced and supported by a strengthened framework for both formal and informal parish visits, alongside key improvements to core group meeting procedures.

Formal and Informal Visits: To embed safeguarding more deeply into parish visits, the Audit recommends that the Archdeacons build on their existing strengths by working to a more structured safeguarding framework. This would involve pre (formal or informal) visit briefings and post visit debriefings.





Templated Pre-Visit Safeguarding Briefings should be provided by the Diocesan Safeguarding Officer (DSO) or a delegated member of their team. This will ensure Archdeacons are fully informed about specific concerns, relevant policies, and key areas of focus in the context of the area and / or purpose of their visit. This briefing should provide safeguarding guidelines and prompts to initiate conversations around practice, policies, and any potential concerns within the parish. For example, information on any recent good work completed by the PSO (an opportunity to provide encouraging feedback), how to test the veracity of Parish Dashboards and / or relevant and specific aspects of risk assessment and safety planning.

Post-Visit Debriefings with the DSO will enable Archdeacons to share vital insights and observations, directly informing and strengthening the Diocesan safeguarding strategy for timely interventions and continuous improvement.

4.15 The DBF adheres to national safeguarding guidance concerning allegations or concerns against Church Officers, children, young people, and vulnerable adults. To ensure prompt action, two Core Group meeting slots are pre-scheduled for Tuesdays and Thursdays at 9 am. These slots are specifically reserved for the DSO, three Archdeacons, and the Bishop's Chaplain, enabling meetings to be convened within 48 hours, as per guidance. Currently, the DSO chairs these meetings. While acknowledging the sensible framework, including the pre-scheduled diary slots, the Audit suggests the procedures could be further strengthened by utilising Archdeacons to chair these meetings, complemented by specialist training for both Chairs and other core participants. To further strengthen Core Group meeting procedures, the following measures are recommended:





Recommendation D3: Archdeacons should receive specific training on effectively chairing these sensitive meetings. This training should encompass essential facilitation skills, techniques for managing difficult conversations, and strategies to ensure all perspectives are heard while maintaining a clear focus on safeguarding outcomes.

To ensure impartiality and the integrity of these crucial discussions, a robust process for conducting conflict of interest checks should be implemented for anyone chairing a Core Group meeting. This should ensure, in the first instance, that the Archdeacon from a different area chairs the meeting (provided no relationship creates a conflict). When an Archdeacon cannot chair the meeting, a suitably qualified and unconflicted substitute Chair should be appointed, and the rationale for their substitution recorded.

Whilst there are mechanisms in place to ensure support for anyone subject to a Core Group, there should also be provision of support and reflective supervision for those responsible for chairing these complex meetings. If the recommendation for the provision of a Suffragan Bishop is accepted, they should fulfil this role. However, in the interim period such support should be provided by a suitably experienced individual, for example the DSAP Chair.

The Diocesan Safeguarding Officer (DSO)

4.16 The DSO possesses a credible statutory background, is reflective and considered, and has been instrumental in driving the Diocese's improvement journey from a state, previously considered unsafe by the former DSAP Chair, to its current improved configuration. The DSO is an asset to the entire Diocese and their future development via mentoring and access to enhanced learning opportunities should be grasped.

Recommendation D4: A programme of work should be established for the DSO to build upon their existing leadership experience. This should be focus on enhancing the development of their existing strategic skills and abilities. Such an approach should include mentoring from





individuals in senior strategic safeguarding roles, providing valuable insights and guidance. Additionally, the DSO's understanding of governance requirements should be further developed, enabling them to navigate and influence the broader organisational landscape effectively. Finally, opportunities for enhanced academic qualifications linked to senior leadership should be explored, cementing their strategic capabilities and ensuring their continued growth within the safeguarding domain. This investment will not only benefit the DSO but will significantly strengthen the Diocese's overall safeguarding framework.

Governance

- 4.17 The DBF operates a range of appropriate governance and oversight meetings. These reflect the expectations of the Church and other relevant requirements, such as those issued by the Charity Commission.
- 4.18 Safeguarding is appropriately prioritised within the Diocese's governance structure, evidenced by its consistent inclusion as a standing agenda item at all key meetings. Notably, safeguarding discussions are deliberately positioned as the first substantive item after routine preliminaries, underscoring their importance. The Head of Safeguarding (or a delegate from the Diocesan Safeguarding Team (DST)) consistently attends these meetings, ensuring expert input. This is good practice.
- 4.19 The DSO is a pivotal member of the senior leadership team, ensuring safeguarding is deeply embedded across the Diocese. They actively participate in Bishop's Council trustee meetings, providing updates and fielding questions, and are a full member of the Bishop's Staff Team, attending monthly meetings. The DSO also consistently presents at Diocesan Synod.
- 4.20 Safeguarding oversight and governance discussions within the Diocese are





comprehensive, encompassing updates on surveys, recruitment for caseworkers and the DSAP Chair role, alongside actions on specific concerns such as the closure of the Society of the Sisters of Bethany. The team's vision and priorities, including engagement with the LGBTQIA+ community, are regularly reviewed. Recent discussions have also covered the Makin Report's impact, independent safeguarding models, and team development.

- 4.21 The Audit saw evidence that resourcing was sensibly and frequently considered, with an emphasis on recruiting caseworkers and a replacement DSAP Chair, ensuring the team has expertise in child protection, social work, and policing. This is also good practice.
- 4.22 While Bishops' Council and Diocesan Synod operate under established Terms of Reference and membership details within their standing orders, it was noted that the Bishop's Staff Team (BST) currently lacks formal terms. The Audit welcomes the fact that this is being proactively addressed.

Diocesan Safeguarding Advisory Panel (DSAP)

- 4.23 The Audit acknowledges the significant gap between the departure of the former DSAP Chair and the appointment of their replacement. We welcome that this critical position has now been filled with a credible appointment. While the DSAP is currently in transition, the positive and robust challenge provided by the former Chair, despite the protracted vacancy, is fully recognised.
- 4.24 During the Audit team's discussion with the newly appointed DSAP Chair, there was an acknowledgement of the need to recover the position of DSAP and an opportunity to refresh and restart DSAP oversight and scrutiny. The Audit makes the following recommendations in this regard.





Recommendation D5: To enhance oversight, membership and procedures, the DSAP should:

- a) Diversify its membership by including representatives from local charities (e.g., homeless support, foodbanks, mental health organisations) and improve engagement with statutory partners to ensure a wider range of perspectives.
- b) Proactively reach out to victim and survivor support groups, establish dedicated survivor focus groups or networks, and facilitate 'listen and learn' events to ensure their voices directly inform safeguarding practices.
- c) Develop structured, data-driven frameworks for insight and oversight. These frameworks should target agreed areas of need, development and risk to facilitate continuous improvement in safeguarding.
- d) Implement a cyclical approach to provide in-depth reviews of specific safeguarding areas. This activity should align with National Safeguarding Standards, ensuring comprehensive and systematic scrutiny over time.
- e) Enhance relationships through regular one-to-one meetings with key statutory leads, actively participate in multi-agency forums, and establish informal information-sharing channels.
- f) Strengthen oversight through practice audits and Risk Registers: Commission internal audits of safeguarding practices, maintain contemporary Risk Registers, and develop metrics to measure the actual impact of safeguarding interventions.
- g) Formalise DSAP Authority: Reinforce the independence and demonstrable impact of the DSAP's scrutiny functions. This may involve exploring restructuring options or establishing operational subcommittees to strengthen its authoritative role, addressing this national and local concern.





Clergy (Blue) Files

- 4.25 The Audit acknowledges the positive practice of capturing and storing all relevant paperwork while awaiting the arrival of late *Blue Files*. Notwithstanding the fact that the Church of England only updated Clergy file guidance in July of this year, the Audit has seen good practice in many of the other areas already audited and these have been reflected in the 2024 Independent Safeguarding Annual Report. The Audit therefore takes the view that some areas require immediate attention. Specifically, the provision and use of access logs and content sheets, as well as the curation of duplicate documents and loose papers.
- 4.26 Up-to-date Ministerial Development Reviews (MDRs) were absent from the files sampled by the Audit. MDRs are addressed later in this report.
- 4.27 Furthermore, while the Chaplain examines all incoming and outgoing files, the DSO only reviews them by exception. The current storage arrangements do not utilise fireproof cabinets. Whilst the Audit recognises that national digitisation is planned to address many of these concerns, several recommendations are made to ensure interim arrangements are sufficiently robust.

Recommendation D6: The DBF should:

- a) Introduce a robust system for tracking who accesses Blue Files, when, and for what purpose. This system should include mandatory sign-in/out procedures and be regularly reviewed.
- b) Develop and enforce the consistent use of comprehensive content sheets for each file.

 Additionally, ensure all files include appropriate and clearly visible safeguarding tags.
- c) Establish a clear process to ensure that all relevant and up-to-date MDRs are promptly included in the respective Blue Files.





- d) Implement a formal policy and procedure for identifying and managing duplicate documents and loose papers within the files, ensuring only necessary and relevant information is retained.
- e) Revise the current review process to include review on receipt or prior to dissemination to another area, examination of incoming and outgoing Blue Files by the DSO. This will strengthen safeguarding insight, oversight and support.
- f) Invest in and install suitable fireproof cabinets for the storage of all Blue Files. This is a critical step to ensure the physical protection and long-term preservation of these vital documents.

Capacity

Diocesan Safeguarding Team (DST)

- 4.28 Historically, the DST encountered challenges primarily due to its limited capacity. However, recent investment and a range of sensible initiatives (such as the geographic approach, with area responsibilities for caseworkers known as the *patch work approach*) have effectively addressed these issues.
- 4.29 The Audit found the DST to be well-managed, sensibly structured, and staffed by credible safeguarding professionals. The recent appointment of a Deputy to the DSO is particularly welcomed. Indeed, this support will create space for the DSO to engage in their extensive range of responsibilities, including case management oversight and staff supervision.
- 4.30 Increased investment has demonstrably led to improved engagement with parishes, overcoming previous limitations. A long-serving staff member highlighted this positive shift, noting:





"A marked improvement in how safeguarding is resourced and managed in the Diocese over the past three years."

- 4.31 A key strength lies in the investment in the DST's development and growth, with each member possessing a credible safeguarding background. Although there is a significant emphasis on Children's Social Care (CSC) expertise, the Audit acknowledges this has provided a solid foundation, ensuring the team's comprehensive understanding of safeguarding systems. The most recent addition to the DST, with relevant experience from a complementary statutory background, further strengthens this approach. Combined with the 'Patch Work Approach', the DST's spread of experience will enable specialist 'portfolios' for specific caseworkers (e.g., Modern Slavery, Victim and Survivor Support and a potential portfolio regarding Learning and Development).
- 4.32 The collective efforts of the DSO, caseworkers, dedicated trainers, and safeguarding coordinators have had a substantial and positive impact.
- 4.33 Moving forward, a consolidated Safeguarding Directorate is proposed to integrate all professional safeguarding resources across the entire footprint of the Diocese, including parishes and the Cathedral. This directorate would be led by an operationally independent Director of Safeguarding, serving as the ultimate authoritative voice on all safeguarding matters; thus, ensuring decisions are not influenced by clergy. The Director would have the authority to provide robust oversight, expert advice and direction and therefore the ability to challenge senior clergy and Church bodies, including a pathway to escalate concerns directly to higher authorities, including the National Director of Safeguarding at the NST.
- 4.34 The DST and any professional safeguarding resource in the Cathedral would report to this Director, clarifying the division between operational (casework / early help) and strategic





responsibilities.

- 4.35 Furthermore, to enhance local coverage and create cost-sharing opportunities, a part-time Cathedral Safeguarding Advisor (CSA) is recommended for the Cathedral, providing an onsite resource with professional management (at this time provided by the DSO).
- 4.36 To achieve a consolidated Safeguarding Directorate, the Audit recommends the following:

Recommendation D7:

- a) Create a single, unified directorate consolidating all professional safeguarding resources across the Diocese's geography, ensuring comprehensive and consistent support and direction.
- b) Appoint a suitably qualified Director of Safeguarding to lead the Directorate, embodying operational independence and serving as the ultimate authoritative voice on all safeguarding matters, accountable to the DBF, Bishop's Council, and Chapter (the Director of Safeguarding as the most senior safeguarding professional, would hold the authority currently vested in the DSO).
- c) Ensure both the DBF Operational Safeguarding Lead (formerly the DSO) and CSA report directly to the Director of Safeguarding, establishing a clear distinction between operational and strategic responsibilities.
- d) Develop a comprehensive Memorandum of Understanding / Service Level Agreement between the DBF, Parochial Church Councils (PCCs), and the Cathedral Chapter to explicitly define the Director's authority and responsibility for safeguarding advice, support, and ultimate authoritative operational decision-making across the entire Diocese.
- e) Ensure the Directorate is adequately resourced and staffed, incorporating all professional safeguarding personnel, including those based at the Cathedral.





4.37 To maximise the current DST safeguarding arrangements the following further recommendations are made:

Recommendation D8: To further consolidate and strengthen the DST, the DBF should:

- a) Appoint a part-time Parish Safeguarding Coordinator for the Isle of Wight to bolster local safeguarding support and presence on the island (this could involve an enhanced role for a current PSO).
- b) Re-evaluate existing roles within the DST to maximise added value, particularly for administrative staff, ensuring their contributions are fully utilised. For example, carrying out a broader review of current coordinator responsibilities, potentially refocusing their function to align with greater support to parishes (e.g., dashboards), Archdeacons (e.g., visitations), and the Learning and Development Officer (e.g., training evaluation).
- c) Develop and implement Key Performance Indicators (KPIs) to systematically measure the DST's overall effectiveness and inform continuous improvement.
- d) Outsource the Disclosure and Barring Service (DBS) processing from the Safeguarding Team to whoever is responsible for administration within the Diocese. This will free up DST resources for core safeguarding activities. (see Recommendation D9).
- e) No later than six months after the publication of this Audit, conduct an evaluation of the 'Patch Work Approach' to assess its long-term effectiveness and inform future team alignment and composition.





5 Prevention

- 5.1 Safer recruitment is a priority for the DBF, and processes are aligned to legislation, relevant policies and the key guidance issued by the CofE. Overall, there are clear strengths in practice. Staff involved in recruitment are suitably trained and support is easily accessible via the Diocese's webpage. For queries about criminal record checks, specialist advice is also available via the contracted DBS provider. Useful guidance covering the minimum levels of training and checks required by different roles is available and there is routine promotion about the importance of safer recruitment.
- 5.2 The Audit is of the opinion that the current responsibility for DBS administration, held by the DST, would be more appropriately located within the HR team. This should include a clear process for information sharing with the DST, particularly when a DBS check reveals relevant information. This realignment would free up administrative capacity within the DST to offer more proactive outreach and support to parishes.

Recommendation D9: The DBF should transfer DBS administration (as per recommendation, D8d), from the DST to the HR team and establish a clear protocol for information sharing between HR and the DST.

5.3 It is positive that there are processes in place to monitor and report on the trends and data available through the Parish Dashboard. That said, the Audit makes the following recommendation to support the transition from 'self-assessment' to a system which actively facilitates dip sampling and quality assurance.

Recommendation D10: To assure itself of the quality and impact of Parish Dashboard data, the DBF should define and adopt a Parish Dashboard quality assurance process. While it





should be built on the principle of 'working with' rather than 'doing to', it should involve dip sampling to test the veracity of Parish Dashboard data.

- The Audit found clear evidence of regular, meaningful discussions about safeguarding across all levels of the organisation, including leadership (as addressed in Chapter 4), staff, volunteers, and congregational activities. The DSO holds a senior leadership position and (capacity permitting) is a consistent presence at key meetings. She attends every Bishop's Council Trustee meeting, providing updates and addressing trustee questions and scrutiny. As a full member of the monthly Bishop's Staff Team, she (or a Deputy) presents an item at meetings of the Diocesan Synod.
- 5.5 The DBF has also positively engaged in discussions regarding the appropriate use of social media by clergy, particularly concerning their personal accounts and the suitability of sharing their views online. Additionally, the DSO has initiated discussions with the Children's, Youth, and Families worker to develop tailored training for young leaders.
- 5.6 Good safeguarding practices are developed, adopted, and shared throughout the Diocese and there is clear evidence of adherence to the House of Bishops' Safeguarding Policy, 'Promoting a Safer Church.' The DBF provides an induction for all newly appointed PSOs, which is delivered by the DSA responsible for the relevant area. The DBF is also in the process of creating an induction folder, aligned with safeguarding standards, to help PSOs understand how they are meeting these requirements.
- 5.7 The DBF also embeds and promotes a range of other policies and guidance, including their Guidelines for the Prevention and Management of Spiritual Abuse, Responding Promptly to Every Safeguarding Concern, and Safeguarding Recognised Religious Communities. Further guidance provided encompasses Responding Well to Victims and





Survivors of Abuse, the Parish Safeguarding Handbook, and a Fact Sheet on Sexting. The Managing Offenders Handbook and Messy Church Safeguarding Guidance for Parishes are also in use, alongside resources for Responding Well to Domestic Abuse.

- 5.8 To further enhance safeguarding practices, an informal network comprising four DST leads has been meeting for the past three years. This network facilitates the dissemination of valuable learning and discussions on various topics. For instance, the group has explored whether DSTs review deceased clergy files before archiving, shared insights from working with religious communities, identified gaps in national guidance, and discussed the process for managing 'blemished' DBS checks.
- 5.9 In addition, the DST hosts a quarterly online networking session for PSOs. These sessions offer PSOs a valuable opportunity to discuss challenges and successes with their peers and to seek guidance or support.
- 5.10 The DST maintains a connection with the Cathedral, primarily through a nominated DSA (capacity and workload permitting) who acts as the single point of contact. This DSA attends the Cathedral's quarterly safeguarding meetings, offering advice, guidance, and promoting good practice. Additionally, the DSA is present at the Cathedral on Safeguarding Sunday to engage with both officers and worshippers. In 2024, for instance, the DSA delivered a presentation to the congregation during the service, aiming to raise the profile and understanding of safeguarding. This close working relationship between the DSA and the Cathedral Safeguarding Lead ensures a valuable exchange of information. That said, as previously highlighted in this report, none of those approached in the Cathedral, during the Audits site visit could name the nominated DSA. This is a capacity issue that is addressed in Part Two of this report.
- 5.11 The DSO actively engages with several key partnerships, including the Hampshire Adult





Safeguarding Board, the Hampshire Safeguarding Children Partnership, and the Portsmouth Safeguarding Children Partnership. Commendably, they have also completed a Safeguarding Children Partnership Section 11 (Self-Assessment) audit. Furthermore, the DST participates in the Hampshire and Isle of Wight Modern Slavery Partnership, where they are members of the prevention sub-group. Last year, one of the DSAs attended the Isle of Wight Adult Safeguarding Conference. This provided valuable insights, particularly regarding the fire brigade's 'Safe and Well' checks, which were introduced following lessons learned from Safeguarding Adults Reviews. This information was subsequently shared with the wider team.

- 5.12 At the DBF, a variety of effective materials and methods are employed to promote safeguarding across all audiences. The DST actively participates in the annual Archdeacons' Visitations, where they host a dedicated safeguarding stand for the admittance of churchwardens. The Diocese of Portsmouth website features a comprehensive safeguarding section. This online hub provides essential information on how to report a concern, contact the team, and access a wide array of training resources and materials for parishes. Recently, the website also published three insightful articles with interviews from individuals connected to safeguarding within the Diocese. These pieces shared a survivor's story of support and shed light on the roles of both a Parish Safeguarding Officer and a DSA.
- 5.13 The CofE Portsmouth magazine, a quarterly publication reaching 8,000 readers in churches and Church schools across southeast Hampshire and the Isle of Wight, also plays a crucial role. The Winter 2024 edition highlighted the work of the Vista ministry, which supports women impacted by sexually exploitation and abuse through involvement in the sex industry. A more recent Spring edition focused on how churches maintain safety, including the aforementioned interviews. Additionally, the interview with the DSA was





recently featured on the Diocese of Portsmouth's Facebook page, extending its reach through social media.

- 5.14 The Head of Safeguarding and DSAs actively promote Safeguarding Sunday during their visits to PSOs within their respective areas.
- 5.15 The DST has consistently organised annual safeguarding conferences over the past three years, with the most recent being 'The Replenish Conference' on 26th November 2024. These conferences serve as a vital platform for promoting safeguarding. Attendees, including clergy and PSOs, engage with case studies, share information, and benefit from external speakers who address various safeguarding topics. Past subjects have encompassed Multi-Agency Public Protection Arrangements (MAPPA), the Makin Report, supporting healthy safeguarding cultures, modern day slavery, dementia, online abuse, grooming, and spiritual abuse. This is good practice.
- 5.16 The DBF employs various methods to promote safeguarding and ensure relevant materials are accessible to all audiences. Over the past year, a series of themed webinars have been delivered to PSOs aimed at raising awareness of abuse. These have covered topics such as Cyber Abuse, Deliverance, Abuse and Older People, Stalking, and Welcoming Ex-offenders. Additionally, the Diocese Newsletter has featured information on Modern Day Slavery, providing guidance on recognising its signs and understanding available support.
- 5.17 The DST also facilitates quarterly 'drop-in' sessions for PSOs, serving as a platform to discuss specific safeguarding areas, share new information, resources, and learning. Themes addressed in these sessions have included National Standards, Warm Hubs, Supporting Rough Sleepers, and Fraud. To further mark Anti-Slavery Day on 18th October 2024, a 'rapid read guide' was disseminated to help individuals comprehend, identify, and





respond to modern slavery.

- 5.18 The Audit observed that the DBF demonstrably considers the specific needs of individuals with whom it communicates and engages. For example, training materials have been adapted for those with additional needs, including the provision of resources for the visually impaired and the use of coloured paper for printed materials.
- 5.19 As with all good communication, this needs to be a two-way process. Actively seeking and responding to the views of children, young people and vulnerable adults is a key component to effective prevention planning. The Audit is aware that practice in this area could be further strengthened and makes the following recommendation.

Recommendation D11: The DBF should develop engagement mechanisms to consider the needs, experiences and voices of children, vulnerable adults, and survivors within safeguarding prevention planning. They should also explore how the Cathedral can be involved in this process.

- 5.20 The Audit found that safeguarding was routinely considered in the context of the physical spaces being used and also observed appropriate risk assessments for church-based activities where potential safeguarding risks were identified.
- 5.21 In terms of the arrangements to ensure that DBF staff are sufficiently safeguarded and potential risks are mitigated, there is a Lone Working Policy in place, with further guidance being available in the Parish Safeguarding Handbook and provided nationally.
- 5.22 The Audit saw evidence of discussion and reflection regarding appropriate 'professional and personal' boundaries. This focus is referenced within the National CofE Code of Safer Working Practice.





6 Recognising, Assessing and Managing Risk

6.1 The DBF's Risk Register, updated in January 2025, covers a range of important areas, including a section on safeguarding. However, this existing safeguarding content is somewhat limited in scope. In the Audit's opinion, creating a separate and dedicated safeguarding Risk Register would enable a more comprehensive and focused assessment of both high-level (strategic) and day-to-day (operational) safeguarding risks.

Recommendation D12: The DSAP should develop a standalone operational safeguarding Risk Register to allow for more focused scrutiny on the full range of safeguarding concerns, some of which might graduate to the strategic Risk Register held by the DBF. This should be reviewed and updated at a minimum cycle of quarterly.

- operates a structured duty rota system to ensure the efficient management of safeguarding concerns. Each DSA is assigned a specific duty day when they are responsible for monitoring and responding to all calls and any emails directed to the DST's casework inbox (the duty number is transferred to the DSA's mobile device to ensure a swift response). All concerns with enough information to create a case are logged on the National Safeguarding Case Management System (NSCMS) as soon as they're received. A summary of these cases is also added to a separate spreadsheet. The DSO then looks at all these cases to decide whether they should be allocated or closed. The only information that remains on the spreadsheet without a NSCMS record is either safeguarding concerns that are still waiting for more information, allowing staff to follow up with parishes, or other non-safeguarding queries, which helps the team track their overall workload.
- 6.3 In determining appropriate triage and threshold decisions, duty DSAs, who possess backgrounds in Social Work and Policing, bring a strong familiarity with statutory





thresholds, promoting consistency in approach. Should there be any ambiguity regarding the required level of response, DSAs will consult with one another or, in the case of unclear or complex matters, request a case discussion with the DSO. Notwithstanding the experience of the DSAs, the absence of any formal management authorisation of their decisions creates a potential risk. Indeed, determining whether a case requires a response or not is perhaps the most critical decision to be made by the DST. For those that 'enter' the system, there are opportunities for further activity and scrutiny. Those that 'exit' the system have no such oversight. Adding a formal layer of approval to the DSAs decisions at this stage is likely to add more security to the referral pathway. On the appointment of a Deputy DSO, formalising these arrangements would, in the Audit's opinion, be necessary.

Recommendation D13: DSA decisions on all cases triaged by the DST should be approved by either the Head of Safeguarding or the Deputy DSO.

- 6.4 For those cases referred to the DST, outcomes typically involve one or more of the following:
 - a) Onward referrals to statutory authorities
 - b) The management of individuals within the worshipping community
 - c) The provision / signposting to support
 - d) The initiation of disciplinary processes, such as Clergy Disciplinary Measures (CDM)
 - e) Initiation of the Safeguarding Case Management procedure (formerly Core Groups)
- 6.5 If a concern requires minimal intervention by the DST such as providing advice, signposting to appropriate services, or making onward statutory referrals a case is created within the 'My Concern' system. The duty DSA then completes the necessary work, recording it as a 'duty task' on the case file without formal allocation. These are overseen / validated by the DSO.





6.6 For cases necessitating more in-depth intervention, such as risk assessments, worship agreements, or the formation of core groups, the duty DSA prepares the case for allocation by the DSO. Within 'My Concern', cases are processed to be labelled as 'case recommending allocation' or 'case recommending closure'. Whilst this helps to clearly identify those cases requiring an active allocation and allows cases to be allocated or closed in a single action, it has limitations, particularly if the DSO's capacity to review these cases is restricted. The more rapid the allocation of a case, the greater security there is about case ownership, accountability and focus. The appointment of the Deputy DSO is likely to help in this context and once secured, a direct allocation process should take place, with minimum timescales set for when this should be undertaken.

Recommendation D14: On the appointment of the Deputy DSO, the DST should move to a system of direct worker allocation that functions around defined timescales for this to take place, as opposed to generic allocation. Whilst recognising that generic allocation to the DSO currently helps identify cases that require further action, this can potentially mask the workload of the DST and risks cases being out of sight.

- When an allocated case is deemed ready for closure, a task is created for the DSO marking the case as closed within the NSCMS. The DSO's name is added to the file, ensuring it no longer appears as an open case for the DSA. Alongside ad-hoc supervision, all casework, both duty and ongoing, is overseen by the Head of Safeguarding at the point of allocation and closure, which contributes to overall consistency. Formal casework supervision is intended to occur monthly, addressing all cases open for longer than four weeks. At present, the availability of the Head of Safeguarding impacts these arrangements. More information regarding capacity is available in the 'Culture, Leadership, and Capacity' section of Part One of this report.
- 6.8 In terms of demand, a comparison of the two most recent calendar years reveals a





significant increase in contacts made to the DST. In 2023, 116 contacts were made, which rose to 227 in 2024. As of April 1, 2025, the DST has 87 open cases, all of which are currently active.

- 6.9 This increase in activity could be the result of the DST's enhanced visibility arising because of the new Patch Work Approach launched in January 2024. That said, it is early days. The Patch Work Approach involves allocating DSAs to specific geographical areas within the Diocese. Their remit under this model focuses on quality assurance, providing a supportive approach to working alongside parishes, distinct from their casework responsibilities. The model was implemented following its agreement by the DST and DSAP. After a year of operation, the DBF is keen to evaluate its impact on safeguarding practices; however, this evaluation yet to commence (addressed in recommendations in Chapter 6).
- 6.10 Risk assessments conducted by the DST are initiated in response to concerns involving Church officials, members of the religious community, or individuals from specific high-risk categories seeking participation in Church events or services. These assessments adhere to national directives and prioritise the safety of victims, potential victims, vulnerable individuals and the respondent.
- 6.11 At the time of the Audit, there were 27 respondents categorised as having active Safety Plans on the NSCMS. The Audit saw good use of these plans in managing risk. They were well-defined, proportionate to the identified risks, and appropriately authorised. Positively, practice was seen to adhere to the national template issued by the CofE, outlining what was working well, identifying risks and detailing the potential consequences of non-compliance. The plans also explained the terms and timescales for review, outlined prohibited actions and established boundaries.





- 6.12 Due to unforeseen circumstances, the Audit team was unable to meet directly with one respondent regarding their Safety Plan, although a Reference Group member was engaged. This member, a PSO, demonstrated a solid understanding of the consultation protocols with the DST, knew the plan in detail and maintained appropriate professional boundaries with the individual concerned.
- 6.13 The DBF has a clearly defined process for the review and ongoing monitoring of Church Safety Plans. These plans are formally reviewed by the DST annually, though high-risk cases or changes in circumstances prompt more frequent reviews. Initially, all plans undergo a three-month review to ensure continued appropriateness. Subsequently, the PSO and the support team assume ownership, with a DSA always available to assist or conduct a 'Table-top' review if circumstances remain stable.
- 6.14 While cases on the NSCMS are closed after the initial three-month review, all plans are meticulously tracked via a spreadsheet, flagging upcoming reviews for re-allocation and continuous monitoring. These reviews involve key personnel, including the DSA, PSO, incumbent, Church wardens, and probation services where applicable. The creation of these plans involves collaboration with external agencies like Police or Probation when relevant, and all information sharing is transparent to the individual concerned. This structured approach is good practice.
- 6.15 In recognition of the inherent risks managed by the Church through Safety Plans, and to further strengthen this critical area of practice, the Audit recommends targeted training specifically for reference groups and the broader cohort of individuals involved in monitoring respondents. Recommendations concerning sexual offender training, context-specific training, and training tailored for particular roles are set out in the Learning, Supervision, and Support section of this report.





- 6.16 The Audit saw convincing evidence of the effective use of Safeguarding Case Management Groups (SCMGs), referred to as 'Core Groups' in managing complex cases involving Church Officers. The current arrangements reflect good practice.
- 6.17 Core groups are an integral component of the safeguarding process, and in instances where they are required, the DSO is immediately contacted for approval. This ensures adherence to established procedures and the maintenance of appropriate safeguarding thresholds. To facilitate prompt responses, two pre-scheduled core group slots are allocated (Tuesdays and Thursdays at 9 am). These slots are reserved for the DSO, three Archdeacons, and the Bishop's Chaplain, ensuring the availability of key personnel and enabling Core Groups to be convened within 48 hours, in line with managing allegations guidance. It is an expectation that if any attendees are on annual leave, their covering colleague will attend in their stead. Further details concerning Core Groups can be found in the Culture, Leadership, and Capacity section of Part One of this report.
- 6.18 A clear process is in place for assuring the quality of safeguarding cases. This includes regular supervision meetings for the DSO, which are led by the NST's Regional Safeguarding Lead (RSL). Since January 2025, the South-Central Regional Lead has been in post, meaning the DSO now receives consistent supervision and support.
- 6.19 The DBF is a registered charity with a statutory requirement to submit Serious Incident Reports (SIRs) to the Charity Commission. Support and practice guidance is available at a national level regarding SIR referrals. The Audit was informed that two cases had met the threshold for SIRs in the last 12 months. The referrals to the Charity Commission aligned with national guidance and the NST was appropriately informed.
- 6.20 Any differences of opinion regarding safeguarding matters are initially addressed through





discussion with the Head of Safeguarding. Should an individual remain dissatisfied and believe the issue has not been resolved, they are directed to contact the Independent Chair of the DSAP.

- 6.21 The DBF ensures compliance with UK data protection legislation and the UK General Data Protection Regulations (UK GDPR) through a range of approaches. All clergy, staff, and volunteers receive training on data protection principles, effective information sharing protocols, through an external provider.
- 6.22 The DBF is actively addressing the secure handling of personal information at the parish level. While acknowledging that several PSOs have used personal email addresses for diocesan correspondence, a specific requirement for the use of dedicated Parish Safeguarding email addresses has been incorporated into the Diocesan PSO checklist. This requirement was re-emphasised to all PSOs in March 2025 and is currently being monitored and reinforced during ongoing safeguarding visits conducted by the DST.
- 6.23 The CofE maintains a national information sharing agreement with the Police, which was updated in 2025. In addition to this, the DBF maintains a separate information sharing agreement with *Thirtyone:eight*. Furthermore, a Partnership Working Agreement has been established between the Cathedral and the DST to facilitate the provision of safeguarding services. The capacity issues that impact on this commitment are addressed in Part Two of this report.





7 Victims and Survivors

- 7.1 The experience of abuse can have a deeply traumatic impact on individuals. Disclosing these experiences can be an incredibly vulnerable process, often accompanied by concerns about navigating systems, the possibility of re-traumatisation, or uncertainty about potential outcomes. To address this, it is crucial that Church bodies establish and maintain a safe and supportive environment, to ensure victims and survivors feel truly heard, supported, and protected, while also creating opportunities for the Church to learn and grow from their experiences.
- 7.2 In evaluating the DBF's response to this vital standard of safeguarding practice, the Audit obtained feedback from victims and survivors from across the Diocese through an anonymous online survey. The Audit was also able to conduct 1-1 discussions with victims and survivors to listen to their individual experiences.
- 7.3 The DBF follows the House of Bishop's policy, 'Responding Well to Victims and Survivors of Abuse' and links to the summary version of this guidance. Whilst it is positive to see the DBF signposting to this helpful document, the Audit believes it should also link to the full section within the Safeguarding e-manual.

Recommendation D15: The DBF should signpost directly to the *'Responding Well to Victims and Survivors of Abuse'* section of the Safeguarding e-manual to utilise the helpful explainer videos embedded within.

7.4 The Diocesan website's 'Report A Concern' webpage serves as a central repository of contact information for individuals and services, including the DST, out of hours provision through *Thirtyone:eight*, the Police and local contacts. A range of national support services are also signposted to including the NSPCC, Childline, Samaritans and the Survivor's





Trust. The Audit believes that more localised signposts to services and guidance could be beneficial, particularly given some of the most common themes that Church Officers deal with include homelessness, concerns for vulnerable adults and mental health concerns.

Recommendation D16: The DBF should expand the signposting to support services to include a broader range of local organisations such as Solent Mind, NHS Mental Health Services: Hampshire and Isle of Wight and The Society of St James.

- 7.5 A dedicated webpage exists to both raise awareness of domestic abuse and guide individuals to relevant resources. This webpage is helpful in its guidance, covering awareness-raising activities, methods for supporting those affected by domestic abuse, and key support services.
- The 'Survivor Care and Support' webpage has been effectively constructed using a trauma-informed approach, prioritising the needs and choices of survivors. Access to confidential support is reinforced alongside a collaborative approach towards addressing the individual's needs. Furthermore, the DBF works in conjunction with external services who contribute towards this care. Safe Spaces is also appropriately signposted as an additional support option, and the Audit has seen evidence of the DST working in conjunction with this organisation to ensure ongoing support to an individual. The availability of funded counselling sessions was noted as a crucial support option, of which the Audit has seen evidence of uptake.
- 7.7 The Audit observed a clear commitment to supporting victims and survivors through their disclosures, with effective assistance evident both within and beyond Diocesan boundaries. The support offered by the DST has been widely valued. However, the Audit also noted instances where individuals reported challenges in receiving timely updates. To address this, the Audit recommends implementing a diarised approach for providing





regular updates, ensuring transparency and effectively managing expectations.

Recommendation D17: The DST should establish more structured and diarised check-in points with victims / survivors. This should enhance the DBF's trauma-informed approach and help proactively manage evolving expectations whilst providing consistent support.

- The Audit heard of the DBF's collaboration with an individual who shared their experience to help raise awareness of non-recent abuse and demonstrate that the passage of time does not preclude reporting. This is a powerful narrative and a good example of how victims / survivors can actively help the DBF improve its safeguarding arrangements. In this example, the importance of reporting and the support available were key messages. Another example includes the crucial role of an associate parish priest who represents survivors as part of the Task and Finish group established to oversee and implement the recommendations of the Makin Report. Such engagement and communications are essential for elevating the visibility and experiences of victims and survivors.
- 7.9 The Diocesan Bishop released a public statement on the Diocesan website concerning the publication of the Makin Review. This communication served as an important opportunity to unequivocally affirm that safeguarding is a collective responsibility shared by everyone within the Church community. This proactive stance helps to reinforce a culture of vigilance and accountability, underscoring that the principles of safeguarding extend to all individuals and roles, and are not confined to designated safeguarding personnel.
- 7.10 The DBF is in the process of introducing a formal Survivor Participation Framework as part of its Survivor Strategy, aimed at improving collaboration through the setting up of dedicated groups and projects. This will enable victims / survivors to jointly develop new policies and review existing processes, participate in important panels, and contribute to creative and awareness-raising efforts. This marks a positive change, as previous capacity





issues hindered the formation of such groups. This new approach is a positive step towards incorporating survivor perspectives into safeguarding practices and addressing concerns from some Audit participants who felt their views were not adequately sought. The Audit believes that the Cathedral could also benefit from inclusion within these plans.

Recommendation D18: The Audit recommends that the DBF actively includes the Cathedral as a location within its strategic plans for establishing dedicated groups and projects. These initiatives should prioritise creating safe and supportive spaces specifically designed to hear the authentic voices of victims and survivors of church-based abuse. This inclusive approach is crucial for building trust and ensuring the Cathedral, as a significant entity within the Diocese, fully contributes to a survivor-focused safeguarding culture.





8 Learning, Supervision and Support

Safeguarding Learning

- 8.1 Safeguarding learning across the whole Diocese is a clear priority. It is underpinned by a comprehensive three-year training strategy aligned with the CofE's Safeguarding Learning and Development Framework. The strategy is supported by a detailed training needs analysis which informs course planning and deployment. This includes projections for all required modules and is refreshed periodically to ensure relevance and alignment with Diocesan priorities.
- 8.2 Training is primarily delivered in person by a dedicated safeguarding trainer, supported by a DSA with allocated training time, and an experienced administrator who coordinates logistics and tracks completions. A co-trainer model further strengthens delivery. This involves both DSAs for leadership courses and a carefully selected pool of parish-based co-trainers for Basic and Foundation modules. All co-trainers undergo a structured onboarding process including observation and feedback to support consistency and fidelity to national content.
- 8.3 The DBF delivers training via a blended model, offering in-person and online options. The Audit found accessibility to be a noted strength. It also operates a compassionate and structured 'pass' system for those unable to engage with training due to lived experience. Exemptions are managed sensitively on a case-by-case basis ensuring that safeguarding awareness is still appropriately assessed. The annual conference showcases further commitment to safeguarding learning, previously covering topics such as dementia, safeguarding culture, inclusion neurodiversity, mental health and addiction.
- 8.4 It is positive that training is supplemented with contextual additions. For example, the





safeguarding trainer is actively engaged in regional and national networks, including consultation on training content - this supports consistency with national priorities while allowing local amendment to content where appropriate. The DBF has developed training in Spiritual Abuse (in varying modules for different roles) which is now being delivered for other areas. Previous conferences have included valuable input from Multi-Agency Public Protection Arrangements (MAPPA) and specialist charities, particularly benefiting those working with individuals subject to Safety Plans. Maintaining this kind of targeted learning on offender behaviour will help ensure those in relevant roles feel prepared and supported.

Recommendation D19: The DBF should continue to provide access to training and expert input for those working with individuals subject to safeguarding agreements or Safety Plans, ensuring this remains a regular feature of the safeguarding training offer going forward.

- 8.5 The Audit is aware that the DBF plans to commission trauma-informed training for staff and to further incorporate survivor input into course design both of which reflect national priorities and learning from the Makin Review. The Audit supports these plans.
- 8.6 Training is regularly evaluated for impact and satisfaction. Post-course reflections and evaluation forms directly inform practice, and the DSAP receives learning reports to support continuous improvement. The DBF intend to carry out a longitudinal study on the impact of training and similarly, the Audit supports these plans.

Clergy Support

8.7 Clergy in Portsmouth have access to a range of support options when dealing with the demands of safeguarding. Archdeacons are described as key sources of pastoral support, and clergy can also draw on supervision, case discussions, and informal check-ins with the DST. For those affected by more complex or distressing matters, free counselling is available via the Diocese's Health Assured service, and the counselling team linked to the





discernment process can also be accessed. Within the newly refreshed MDR framework, the Audit was informed that safeguarding is to be a standing item, with curates supported through ongoing engagement with the Ministry Development Officer.

Supervision and Support of Safeguarding Roles

- 8.8 New safeguarding staff in Portsmouth receive a structured induction, including shadowing, an overview of policies and procedures, and system training. PSOs have access to a tailored induction programme that explores common challenges, including resistance within PCCs, and builds practical skills for managing conversations around training and compliance.
- 8.9 Supervision for safeguarding staff follows the national supervision model. Staff receive regular one-to-one sessions from an external, appropriately trained supervisor, with access to additional support if required.
- 8.10 Professional development is embedded into the DST's approach, with staff attending national webinars, regional networks, and additional learning based on local needs. The Audit found the team to be connected, knowledgeable, and committed to continuous improvement.
- 8.11 The Audit recommends that the Lead Trainer's title be reconsidered to more accurately reflect the breadth of responsibilities already undertaken including supervision of other trainers, strategic contribution, and the curation of a safeguarding learning culture across the Diocese.

Recommendation D20: The DBF should review and revise the title of the Lead Safeguarding Trainer to reflect the strategic and supervisory scope of the role.





9 Conclusion

- 9.1 Portsmouth DBF has undergone a substantial and positive transformation in its safeguarding culture, establishing a firmly embedded and robust framework. This success is primarily attributed to the Diocesan Bishop's clear, committed, and effective leadership, which has strategically positioned safeguarding as a core theological concern and gospel imperative. His consistent 'safeguarding first' philosophy permeates the Diocese, driving demonstrable acts of support and real investment.
- 9.2 Significant improvements in safeguarding arrangements are evident right across the DBF, parish workforces, and wider community. All respondents reported feeling secure and confident in raising concerns without apprehension. This positive shift is further underscored by qualitative feedback describing environments as 'Supportive', 'Collaborative', 'Transparent', 'Welcoming', 'Respectful', and 'Inclusive'.
- 9.3 Central to this progress is the Head of Safeguarding, their team (DST) and the Diocesan Secretary who has so consistently supported their work. The DST's proactive approach has notably strengthened the local safeguarding framework, addressing historical challenges and supported by the wider DBF leadership team, they have driven real change.
- 9.4 The dedication of volunteers, particularly Parish Safeguarding Officers (PSOs), is supported through good training and positive initiatives such as annual safeguarding conferences and networking sessions that foster collaboration and information sharing. The 2024 conference specifically acknowledged PSOs' dedication and well-being, reinforcing a culture of appreciation.





- 9.5 Furthermore, the DBF demonstrates a strong commitment to victim and survivor support, both within and outside Diocesan boundaries. The DST is widely recognised for its effective assistance, providing trauma-informed resources and actively collaborating with external services.
- 9.6 Safeguarding is appropriately prioritised within the Diocese's governance structure, consistently appearing as a standing agenda item at key meetings, with the Head of Safeguarding, capacity permitting, playing a pivotal role ensuring its consideration across the Diocese.
- 9.7 To further build upon the good work undertaken and realise additional potential, the recommendations in this report focus on further strengthening leadership and governance; appointing a Suffragan Bishop to support the Diocesan Bishop and creating a unified, independent Safeguarding Directorate, as well as optimising the opportunity to reset and refocus the DSAP. A refocused DSAP should further diversify membership, enhance survivor engagement, and capitalise on capturing data that evidences impact.
- 9.8 There are other areas highlighted within this report that further reinforce the good safeguarding arrangements that already exist, but it is entirely appropriate to underline why the Diocesan Bishop has been highlighted as an exemplar. It is the fact, that he has made safeguarding the priority, not one amongst many. It is the fact, that along with his senior leadership team, he has invested in growing the DST and it is the fact that so many people were able to reiterate this quote:

"If we don't have our safeguarding house in order, then we should simply close the doors."

Diocesan Bishop of Portsmouth





Part Two - Portsmouth Cathedral





10 Context

- 10.1 Portsmouth Cathedral, originally a Church founded in 1180 and dedicated to Thomas Becket, has a rich history deeply intertwined with the growth of Portsmouth. It evolved from a parish Church in around 1320 to a Cathedral in 1927, playing a crucial role in shaping the city into the vibrant place it is today.
- 10.2 As the Mother Church of the Diocese of Portsmouth, which encompasses South East Hampshire, Portsea Island, and the Isle of Wight, the Cathedral serves as a central hub for numerous Diocesan services and events. These range from confirmation services to the ordination of new ministers. The Cathedral offers diverse worship styles throughout the year, including daily Holy Communion and the informal family service, #PompeySundays. It also functions as the Parish Church of St Thomas of Canterbury, serving its local geographical parish much like any other smaller parish Church.
- 10.3 Portsmouth Cathedral has borne witness to periods of war and peace, celebrated notable marriages, endured bombing, and undergone rebuilding. The Cathedral's architecture reflects the continuous evolution of the Christian faith, showcasing a harmonious blend of three distinct styles that create an atmosphere of light, warmth, and spaciousness.
- 10.4 Portsmouth is a highly urbanised island port city, notable for its naval base and a large university (28,000 students), which contributes to its young demographic. It is the second most densely populated local authority outside London, with strong road, rail, and ferry links. Economically, 79.7% are employed, and it is culturally diverse, though a 2023 report noted 23.9% of children live in low-income families. The city is also home to significant national museums like the Historic Dockyard and the Mary Rose.





10.5 Portsmouth has an estimated population of around 210,300 residents, with the Cathedral welcoming an average of 1,319 visitors each week. 68,602 routinely engage with the Cathedral for worship, school services, special services and events each year.





11 Progress

- 11.1 Overall, the SCIE Safeguarding audit and PCR2 made 32 considerations / recommendations for Portsmouth Cathedral. These covered a range of issues, including safer recruitment, records management, training and reviewal of policies.
- 11.2 The SCIE audit was published in August 2021, resulting in 28 considerations, all of which were accepted. A dedicated action plan was created in response, with the former Chief Operating Officer (COO) being responsible for its initial oversight followed by the Cathedral Safeguarding Management Group (SMG). Considerable progress was noted as having been made. Nine considerations were subsequently added to the Safer Cathedral Action Plan. Most actions are now complete, with some areas requiring further activity, such as a social media policy for children and young people and annual surveys for staff, volunteers and the congregation.
- 11.3 The Cathedral was also part of the Diocesan PCR2 process, which resulted in four recommendations. There is no record of an action plan being developed in response to PCR2, however, the recommendations have been included in the Cathedral's current Safeguarding Action plan. Two actions have been completed with two remaining as ongoing pieces of work.
- 11.4 The Cathedral Safeguarding Action Plan was recently compiled by the Chapter Safeguarding Lead (CSL). It consolidates actions from various sources including the SCIE Audit, PCR2, the safeguarding dashboard, SMG meeting minutes, Safeguarding Spotlight sessions feedback, and includes relevant recommendations from the INEQE audits of other Cathedrals. This comprehensive plan, which aligns with the National Safeguarding Standards (NSS), will be regularly reviewed by the Safeguarding Management Group





(SMG) as a working document. The Cathedral was noted to be taking positive steps in developing its safeguarding framework.





12 Culture, Leadership and Capacity

Culture

- 12.1 The Cathedral has made considerable advancements in its safeguarding arrangements, enabling a more embedded safeguarding culture that is largely recognised by both its workforce (staff and volunteers) and worshipping community.
- 12.2 There is clear acknowledgement of improved safeguarding arrangements across the Cathedral, where a significant majority of the workforce reported observing enhancements, a sentiment mirrored by the worshipping community. Only a small number remained neutral, and none disagreed with this positive view. This sense of an embedded safeguarding culture throughout the Cathedral was universally agreed by the worshipping community, with only a small minority of the workforce expressing a sense of disagreement. Crucially, the ability to raise concerns regarding conduct without fear of reprisal was also largely supported across all communities, though yet again a small number within the workforce were less certain.
- 12.3 The worshipping community's replies conveyed an overwhelmingly positive tone, highlighting a strong sense of safety and welcome. They frequently described the Cathedral as a 'sanctuary,' noting that "every minor concern is taken very seriously and acted upon without delay" and that it's a "very welcoming" place where they can "walk in and feel safe and see the members of the Church that always make you feel welcome." They also expressed a positive perception of leadership and responsiveness, observing that "the leadership seems to be collaborative and respectful to each other and the staff." When asked to describe the culture, the worshipping community frequently used terms like 'Welcoming', 'Empathetic', and 'Reflective'.





- 12.4 In contrast, the workforce's responses presented, a mixed picture, albeit in a very small number of cases. While they appreciated the enhanced safeguarding efforts, this feedback was somewhat tempered by some frustrations concerning communication, personal support, and other specific issues. However, despite these nuances, the workforce still frequently highlighted 'Supportive', 'Welcoming', and 'Inclusive' as key descriptors for the Cathedral's culture.
- 12.5 The Dean sees the culture as being on a positive trajectory and is making efforts to improve governance, safeguarding, and inclusivity. This is evident in the work he has done concerning the Cathedral's commitment to the Anti-Racism Taskforce and the role he has played in adopting, developing and delivering its action plan.

Recommendation C1: Given the limited but consistent concerns raised by a small number of staff, the Cathedral should adopt a proportionate approach to provide pathways for staff engagement and for Cathedral leaders to reflect on how these persistent issues can be resolved. In doing so, they should consider utilising surveys, one-to-one meetings, and / or externally facilitated workshops.

Cathedral Leadership

- 12.6 The Dean holds ultimate responsibility for safeguarding at the Cathedral, a responsibility and accountability he articulated unambiguously during discussions. He has personally engaged in addressing significant challenges and is actively developing a team and an overarching approach that will further enable an environment that is both welcoming and safe. The Audit observed and heard evidence indicating his reflective, inclusive and considered approach, as well as his ability to take authoritative decisions to mitigate risk.
- 12.7 The Dean maintains an excellent working relationship with the Bishop, which is built on mutual respect and the capacity for appropriate challenge. They engage routinely and





frequently to ensure the synchronisation of policy and practice across the DBF and the Cathedral.

12.8 The Dean's approach to safeguarding is well supported by his senior team, particularly by the highly motivated Canon Chancellor, who serves as the Chapter Safeguarding Lead (CSL). During the Audit, it was evident that they effectively collaborate, while covering what is essentially a combination of operational and strategic / governance roles. Moving forward, this dual responsibility is not sustainable. While the Memorandum of Understanding (MOU) with the DBF provides a point of contact from the Diocesan Safeguarding Team (DST), this is insufficient and in the opinion of the Audit there is value to be had in ensuring an operational safeguarding presence within the precincts of the Cathedral.

Recommendation C2: The Cathedral should appoint a Cathedral Safeguarding Advisor, situated within the Cathedral but professionally managed by the DSO (see recommendations for a consolidated safeguarding directorate).

- 12.9 The Cathedral Leadership Team also benefits from a focused interim COO who has relevant previous experience. This experience has been applied in conjunction with the Dean to address some legacy issues that had the potential to impact the Cathedral's culture.
- 12.10 Given the financial pressures faced by the Cathedral, some pragmatic leadership decisions have been made to balance the provision of vergers and access to maintenance activities via shared oversight. The Audit acknowledges that, with appropriate and mature leadership, this shared oversight model has the potential to operate successfully while maintaining the integrity of safeguarding protocols. That said, to test the longer-term operability and impact, the Audit makes the following recommendation:





Recommendation C3: The Chapter should evaluate the viability of providing vergers and maintenance activities via shared oversight after a period of six to nine months. This assessment should focus on the operational effectiveness of the arrangement and, crucially, confirm that it functions without diluting the safeguarding responsibilities of the vergers.

Governance

- 12.11 The Cathedral operates governance and oversight meetings that meet the expectations of the Church and other relevant requirements, such as those issued by the Charity Commission. The Audit's examination of Chapter's agendas reflects that safeguarding is a standing item, and relevant matters are briefed to Chapter and discussed. That said, the Audit notes, as does the Dean, that Chapter is currently transitioning from an observational oversight model to one that includes proactive scrutiny (testing the veracity beyond a briefing) and broadening meaningful engagement. The Audit welcomes and supports the continuation of elected members from the Cathedral community to Chapter.
- 12.12 The Chapter also benefits from a Senior Non-Executive Member (SNEM), a retired Judge, who brings significant relevant experience to the role. The Dean recognises the potential this offers and is keen to explore how the SNEM might be utilised to embed appropriate levels of independent oversight and challenge within Chapter. To support the Chapter's ambition to accelerate and deepen its scrutiny role, the Audit makes the following recommendations.

Recommendation C4: The Cathedral's governance oversight framework should be enhanced by:

a) Reviewing and restructuring existing committees and their sub-committees, clarifying their terms of reference and ensuring appropriate membership to facilitate a robust 'bottom-up' scrutiny process that complements 'top-down' oversight from Chapter.





- Revising and aligning scrutiny, agendas and reporting timelines across all governance layers to ensure timely and effective flow of information, supporting comprehensive oversight.
- c) Adopting a rolling program whereby Chapter members formally attend events, visit teams and host staff and volunteer clinics to build a meaningful relationship with the frontline staff and volunteers and a means to triangulate what they hear from briefings at Chapter with what they see and hear on the ground.
 - d.) The Safeguarding Management Group (SMG) should be enhanced and independently chaired by a suitably qualified safeguarding expert, thereby providing robust and impartial oversight.
 - Their reporting responsibilities should align between executive-level, operational oversight and a further formal reporting channel to Chapter.
 - ii. The SMG should engage at least on an annual basis in a planning event with the DSO, Archdeacons and any other relevant representative to plan and align safeguarding events, agendas and collaborative (joint) training opportunities.
 - iii. Create specific task and finish groups to address key safeguarding themes and drive continuous improvement.
 - iv. Conduct comprehensive skills, inclusion, and diversity audits within the governance structures to identify areas for development and to ensure the broadest appropriate representation.
 - v. All safeguarding tasks must be closely aligned with the CSO and CSLs agreed priorities, focusing on key themes and continuous improvement initiatives.
- e.) Following the appointment, of a Cathedral Safeguarding Advisor (CSA), implement a Safeguarding Oversight Group (SOG) to further reinforce day to day operational oversight and management of routine safeguarding issues.





f.) Fully utilise the Senior Non-Executive Member (SNEM) to embed independent oversight and challenge within Chapter. This should include the Dean recusing himself from chairing specific (agreed agenda items), allowing the SNEM to step in, and formalising the SNEM's role in chairing a 'wash-up' session at the end of every Chapter meeting. This 'wash-up' meeting will provide a dedicated forum for members to record their views on the process, further reinforcing independent scrutiny and confidence in Chapter's oversight.

Capacity

- 12.13 As previously noted, the Cathedral has operated based on a Memorandum of Understanding (MOU) with the DBF for the provision of safeguarding support. In reality, when tested, no one in the Cathedral could name the DST representative responsible for operational safeguarding within the Cathedral. However, everyone could readily identify the CSL the Canon Chancellor. Whilst this highlights a strength in direct leadership, it inadvertently increases the workload on one individual and creates confusion regarding the distinct responsibilities of strategic oversight and operational delivery. To address this, the Audit has made a recommendation for the provision of a Cathedral Safeguarding Advisor (CSA).
- 12.14 Moving forward, the Audit recommends that the Cathedral and DBF consider consolidating safeguarding within an overarching directorate, led by a Director of Safeguarding.

Recommendation C5:

- a) Create a single, unified directorate consolidating all professional safeguarding resources across the Diocese's geography, ensuring comprehensive and consistent support and direction.
- b) Appoint a suitably qualified Director of Safeguarding to lead the Directorate, embodying operational independence and serving as the ultimate authoritative voice on all safeguarding matters, accountable to the DBF, Bishop's Council, and Chapter.





- c) Ensure both the DSO and CSA report directly to the Director of Safeguarding, establishing a clear distinction between operational and strategic responsibilities.
- d) Develop a comprehensive Memorandum of Understanding/Service Level Agreement between the DBF, PCCs, and the Cathedral Chapter to explicitly define the Director's authority and responsibility for safeguarding advice, support, and ultimate authoritative operational decision-making across the entire Diocese.
- e) Ensure the directorate is adequately resourced and staffed, incorporating all professional safeguarding personnel, including those based at the Cathedral.

Chorister Safeguarding

- 12.15 There is a positive safeguarding culture around the choristers at Portsmouth Cathedral.

 Staff appear knowledgeable and committed, with safeguarding embedded into day-to-day routines. The Cathedral draws choristers from a wide range of local schools, and the logistics of transport, supervision and coordination are well managed.
- 12.16 Staffing levels are strong, with choir matrons providing continuity across rehearsals, services and trips. The use of gap year students from Portsmouth Grammar School to assist in supervision appears effective and is underpinned by appropriate inductions and training.

Scheduling and Wellbeing

12.17 The chorister schedule is structured and age differentiated. There is evidence that chorister workload is actively managed, especially during busy liturgical periods. Staff adjust rehearsal plans in response to pupil needs, and informal wellbeing tracking takes place. The Organist and Master of the Choristers and Sub-Organist both noted efforts to differentiate expectations for children with additional needs.





Parent and Chorister Views

- 12.18 Parents expressed high levels of trust in the Cathedral's safeguarding arrangements. They described the environment as kind, structured, and attentive. Communication with families is broadly effective however some parents expressed interest in more structured opportunities to discuss their child's wellbeing and development, beyond the logistics of rehearsals and events.
- 12.19 Choristers described feeling safe and well supported at the Cathedral. They were confident in identifying trusted adults, including the matron and choir staff, and understood core safeguarding rules such as those on photography and respectful behaviour. While most choristers recognised the term 'safeguarding', some had only a basic understanding. That said, embedding safeguarding conversations in routine interactions with choristers is a developing strength. The Canon Chancellor has led informal safeguarding sessions for chorister groups, helping them understand who to speak to, what a worry might feel like, and how the Cathedral will respond. This is good practice and reflects a proactive safeguarding culture.

Chaperoning and Staffing

- 12.20 Chaperoning and safeguarding supervision are provided by a team of three experienced, paid choir matrons. At least one matron is always present, including during rehearsals, performances, and tours. Volunteer choir matrons and gap year students supplement this coverage but are never left solely responsible.
- 12.21 The system is highly relational and depends on a small number of long-standing individuals with deep knowledge of the setting. While this creates consistency and trust, it also introduces a degree of vulnerability if key staff leave or become unavailable.





Recommendation C6: The Cathedral should develop contingency planning for staff absence or transition, including how safeguarding knowledge and oversight would be sustained in such a scenario.

Physical Environment

- 12.22 The physical environment is largely well supervised, with chorister-only toilets and clear routines for movement between buildings. The visibility of child-friendly safeguarding information is strong, with posters in the Song Room and Organ Loft.
- 12.23 The Organ Loft in Portsmouth Cathedral is unusually open, with a clearer line of sight compared to that in many other cathedrals. This design feature reduces some of the risks associated with supervision in elevated or enclosed spaces. Nevertheless, it remains important for the Cathedral to ensure that appropriate monitoring arrangements are in place across all key chorister areas, including the Organ Loft and the Song Room. It is positive to note that planning work has already begun on improvements to the Cathedral's CCTV provision (see Recommendation C12).

Information Sharing and Recording

- 12.24 Low-level concerns are logged in a central record and reviewed at termly safeguarding meetings involving key staff. Records are accessible to designated staff and stored securely. Concerns are escalated to the Cathedral Chapter Safeguarding Lead or directly to partner schools as appropriate.
- 12.25 There is evidence of joint safeguarding meetings between the Cathedral and some partner schools, particularly those with higher chorister representation. These allow for triangulated oversight and shared support strategies.





12.26 However, engagement is inconsistent across all schools, and there are cases where relevant information has not always been shared proactively with Cathedral staff. Only schools with ten choristers or more have a Memoranda of Understanding (MOUs) in place. The arrangements vary across the wider cohort of schools and not all schools with choristers have signed formal agreements. The absence of a consistent framework may hinder timely information sharing, particularly in relation to pastoral or safeguarding needs. Although the Cathedral team has established informal contact routes with some schools, this creates inconsistency and potential risk. A proportionate, simplified safeguarding agreement for all schools with choristers (regardless of pupil numbers) would strengthen mutual understanding, clarify responsibilities, and reduce dependency on informal or personality-based channels.

Recommendation C7: The Cathedral should ensure that a safeguarding agreement is in place with every school attended by a current chorister. Where a full Memorandum of Understanding is not proportionate, a simplified agreement should be developed to ensure consistent expectations around communication, information sharing, and safeguarding roles.

12.27 Additionally, the Audit found that not all schools with choristers fully understand the scale and significance of their role, which can affect the level of pastoral and academic support they receive. Greater awareness would help to ensure that choristers are appropriately supported during periods of high demand.

Recommendation C8: The Cathedral, in collaboration with partner schools, should develop a consistent approach to raising awareness of chorister commitments among school staff. This should include proportionate education on the role of choristers and formalised mechanisms for managing attendance, absence, and flexibility during peak periods.





Safeguarding Training

12.28 All matrons, organ staff and scholars complete appropriate safeguarding training. Gap year students undertake CofE Basic and Foundation training, alongside school-based modules and induction by the Cathedral team. Safeguarding responsibilities are clearly communicated and understood.

Policies

12.29 Safeguarding policies are in place and up to date, routinely reviewed and reflect good practice by seeking input from those who use them. That said, the use of mobile phones and social media is an area for development within both the Safeguarding Policy and Chorister Handbook.

Recommendation C9: The Cathedral should review and formalise its policy on chorister mobile phone use during residential trips, rehearsals, services and events. This should include clear guidance on access times, night-time storage, and appropriate use of social media while recognising contact needs with parents.

12.30 For unofficial chorister social media accounts linked informally to the Cathedral, there should be guidance issued around content and this formalised into policy. Additionally, maintaining appropriate and professional line of sight of these accounts is wise for the Cathedral, with consideration given to how this is monitored using official and shared accounts only (not personal ones).

Recommendation C10: The Cathedral should issue clear guidance on unofficial social media activity linked to the Cathedral choristers, including expectations around content and use. Oversight should be maintained through official Cathedral accounts only, with personal staff accounts not used to monitor or engage with chorister-linked platforms. This should be formalised within relevant policies.





13 Prevention

- 13.1 The Cathedral has in place a strong set of preventative measures as part of its safeguarding arrangements. These measures highlight safer recruitment, the creation of codes of conduct, ways to raise awareness and involve everyone, and provisions for both staff and visitors. Together, these show the Cathedral's ongoing dedication to putting the well-being and safety of its visitors, volunteers and staff first.
- 13.2 Recruitment processes are aligned with legislation, relevant policies, and guidance from the CofE. Those in identified roles undergo appropriate training on safer recruitment and have support readily available. The Cathedral follow the DBS processes established by the DST. Furthermore, job application packs include a clear statement of the Cathedral's 'commitment to safeguarding'.
- 13.3 Arrangements are also in place at the Cathedral to routinely re-check staff DBS certificates every three years. This is good practice. That said, in one instance, the Audit identified a small number of the workforce where this timescale had lapsed.

Recommendation C11: The Cathedral should review its records for DBS checks to ensure no other staff or volunteers miss the local requirement for three yearly re-checks.

13.4 At the Cathedral, meaningful and appropriate discussions about safeguarding take place regularly across various levels of the organisation. Safeguarding is a standing item at every Chapter meeting and SMT meeting, ensuring it is always on the agenda for leadership. Similarly, it is a fixed item at all staff meetings, with the Chapter Safeguarding Lead recently running a dedicated 'Spotlight on Safeguarding Session' for staff and volunteers. Furthermore, the launch of the new Safeguarding Handbook during a Sunday morning service, coupled with a pop-up stall during coffee time, shows a proactive effort to engage





the wider community on this subject matter.

- 13.5 The Cathedral actively collaborates with other Cathedrals to exchange best practices and develop mutual learning. For example, the Cathedral's Chapter Safeguarding Lead is a member of the Diocesan Safeguarding Advisory Panel (DSAP) and also participates in the Cathedral Safeguarding Network, attending its annual conferences. Additionally, there is ongoing communication between the DST and the Cathedral, typically addressing concerns and queries as they emerge. The DSA offers guidance upon request and is also a member of the Cathedral's Safeguarding Management Committee. Furthermore, the Precentor attends the bi-annual Precentors' Conference, where safeguarding is consistently a key discussion point. The Dean maintains strong connections with other Cathedral Deans through the College of Deans conference and also attends the Smaller Cathedrals' Conference. Finally, the Organist and Master of Choristers participate in the Cathedral Organists' Conference twice a year.
- 13.6 At the Cathedral, action is taken to raise awareness of different kinds of abuse. This includes Safeguarding Sunday, which incorporates preaching, an article in the weekly notices, and a paper flyer. Articles are also featured in the weekly email notices, and the Cathedral's website includes a safeguarding page as well as blog and news articles.
- 13.7 Furthermore, there is small group work, offering staff and volunteers regular opportunities to meet and discuss safeguarding practice, share questions, and consider scenarios together. The Cathedral has seen the relaunch of a new Safeguarding Handbook and the introduction of new safeguarding branding to refresh the visuals of signage. Other initiatives include a drop-in stall after Sunday services during coffee, 'Spotlight on Safeguarding' sessions, and specific Safeguarding Sunday initiatives. One-to-one conversations with staff, volunteers, and congregation members are also held, supported





by posters and physical signage, and lanyards for all staff and volunteers.

- 13.8 As with all good communication, this needs to be a two-way process. Actively seeking and responding to the views of children, young people and vulnerable adults is a key component to effective prevention planning. To facilitate this, the Audit supports the Cathedral's initiative to conduct a survey distributed to staff, volunteers, congregants, and visitors before the Safeguarding handbook is reviewed in February 2026. See also the relevant recommendation in the DBF's 'Prevention' section in Part One of this report.
- 13.9 Further procedures are in place to manage safeguarding risks that are associated with the layout of the Cathedral building, such as the management of school visits.
- 13.10 In terms of the arrangements to ensure that Cathedral staff and volunteers are sufficiently safeguarded and potential risks mitigated, the Cathedral has a Policy on Lone Working available in the Safeguarding Handbook. Volunteers are provided with personal alarms, designed to be worn around the neck for easy access. In addition, volunteers can readily obtain the contact number for the Canon in Residence from the welcome desk.
- 13.11 The Cathedral has also taken steps to review its CCTV coverage and reassuringly, acknowledges that this needs to be improved. The Audit concurs.

Recommendation C12: The Cathedral is encouraged to expand CCTV coverage across the site. This should include, but not be limited to, key areas within the Cathedral itself, various entry and exit points, and specific sensitive locations, e.g. the choristers; practice room





14 Recognising, Assessing and Managing Risk

- 14.1 The effective triaging of safeguarding referrals within the Cathedral is a structured process, primarily managed through the designated role of the Chapter Safeguarding Lead (CSL). All safeguarding concerns are initially received by the CSL, who acts as the central point of contact for such matters. This ensures that all concerns are channelled to a specific individual responsible for their initial assessment and subsequent management.
- 14.2 Following the receipt of a concern, the Chapter Safeguarding Lead undertakes an assessment to determine whether the issue necessitates a referral to the DST. This assessment involves evaluating the nature and potential seriousness of the concern to decide if expert advice or further steps from the DST are required. The CSL's judgement at this stage is key to ensuring that appropriate action is taken promptly.
- 14.3 Should the Chapter Safeguarding Lead have any doubt regarding the need for the DST's engagement or the precise next steps, an internal consultation process is initiated. In such instances, the CSL liaises with members of the SMT or the relevant Head of Department. This collaborative approach ensures that a broader perspective is considered, providing additional guidance and clarity before a definitive course of action is determined, thereby reinforcing the robustness of the triaging process.
- 14.4 In the past three years, 25 safeguarding concerns have been logged.
- 14.5 The Cathedral's strategic Risk Register was last updated in January 2025 and effectively addresses key corporate risks, including a component on safeguarding concerns. Risks are documented, and mitigating factors noted. While risks are documented and mitigating factors noted, the Audit observed that some of the safeguarding risks are high-level and





lacked specific detail. The Audit therefore recommends enhancing the Cathedral's Risk Register by incorporating more specific safeguarding risks. This would involve a more focused approach; for example, explicit reference to the potential risks associated with non-compliance with the DBS re-check process. Furthermore, these specific safeguarding risks should be clearly aligned with and overseen by the appropriate governance bodies, such as the Chapter, the SMG, and / or any operational safeguarding sub-groups.

- 14.6 Whilst the Cathedral does not have any active Safety Agreement (Safety Plans) in place, processes are in place should the need arise.
- 14.7 The Audit was advised there have been no Core Groups or disciplinary processes at the Cathedral over the past 12 months. The findings in relation to Core Group procedures are outlined in Part One of this report.
- 14.8 The Cathedral is registered as a charity and has a legal requirement to submit Serious Incident Reports (SIRs) to the Charity Commission. Whilst it has yet to make any SIRs, the Cathedral is alert to the need to follow the House of Bishops' guidance set out in 'Safeguarding Serious Incident Reporting to the Charity Commission'.
- The Cathedral currently has several information sharing agreements (ISAs) in place.

 These include a Partnership Agreement with the DBF and a SLA with the DST.

 Additionally, at the time of the Audit, the Cathedral is in the process of establishing a Memorandum of Understanding (MOU) with both Portsmouth Grammar School and Portsmouth High School. There's also an informal agreement with St Jude's CE Primary School.
- 14.10 There is no defined formal escalation process to help manage differences of opinion about





the decisions and action taken on safeguarding cases. Where such instances occur, the Chapter Safeguarding Lead would discuss it with the DSA. Alternatively, any other staff member could also contact the DSA directly. The DSA would then be responsible for managing and resolving the disagreement.

Recommendation C13: The partnership agreement between the Cathedral and the DBF should be updated to specifically incorporate protocols for addressing differences in opinion about safeguarding cases / issues and provide defined escalation routes

- 14.11 The Cathedral's approach to the security and storage of personal information, particularly sensitive safeguarding data, is designed to be compliant with UK data protection legislation and the UK General Data Protection Regulations (UK GDPR). This commitment is reflected in the established communication protocols and ongoing developments. For internal staff and communication between the Cathedral and the DBF, the primary system for sharing safeguarding information is the Cathedral's Outlook email.
- 14.12 However, a specific consideration arises concerning volunteers, who do not currently have access to a dedicated Cathedral email address. Consequently, when a volunteer reports a safeguarding concern via email or phone, they utilise their personal email account or mobile phone. To further enhance compliance and streamline the reporting process for all, the Cathedral is actively developing an online form for submitting safeguarding concerns, which will be accessible via a QR code. This future system aims to provide a dedicated and secure digital channel for all individuals, including volunteers, to report concerns, thereby strengthening the overall data protection framework.





15 Victims and Survivors

- 15.1 Portsmouth Cathedral has a Service Level Agreement (SLA) in place with the DBF and thereby is supported by a designated DSA from the DST. This designated DSA assists the Cathedral in supporting survivors who come forward to the Cathedral to access appropriate services.
- 15.2 The Cathedral aligns its practices with 'Responding Well to Victims and Survivors of Abuse', as outlined in their Safeguarding Policy Handbook. The 'Responding Well to Victims & Survivors of Abuse' section of the handbook signposts directly to the 'Responding Well to Victims and Survivors of Abuse' section of the Church's Safeguarding e-manual and recognises the Cathedral's crucial role as a place of sanctuary for those seeking support. Emphasis is placed on the Cathedral's commitment to working with victims/survivors in close collaboration with the DBF.
- 15.3 To build on this positive work and ensure this commitment is clear and easily accessible, the Audit believes the Cathedral should enhance its 'Safeguarding' webpage. This webpage is a critical point of contact and needs to be a highly visible and reassuring space for individuals seeking information and support. By creating a dedicated sub-section specifically for victims and survivors, the Cathedral can ensure that those in need immediately feel at ease and confident that they have found the right place. This subsection should clearly detail the Cathedral's unwavering adherence to national guidance on responding to abuse, making its proactive and supportive stance explicit. The goal is to make this online space a true reflection of the Cathedral's physical sanctuary a safe, visible, and easily accessible point of contact for anyone impacted by abuse.





Recommendation C14: To further strengthen its commitment to safeguarding and better serve victims and survivors of abuse, the Cathedral should enhance its existing 'Safeguarding' webpage by creating a dedicated, visible, and easily accessible sub-section specifically for victims and survivors. This new sub-section should:

- a) Clearly detail the Cathedral's adherence to national guidance 'Responding Well to Victims and Survivors of Abuse', explicitly outlining its proactive and supportive stance.
- b) Provide a reassuring and welcoming online space where individuals seeking information and support can immediately feel at ease and confident that they have found the appropriate resources.
- 15.4 Portsmouth Cathedral has clear and accessible reporting pathways in place which are outlined on the Cathedral's website and within its Safeguarding Policy Handbook. Contact information, including email addresses and phone numbers, are provided for both the CSL and DST. Further, the Cathedral signposts to out-of-hours support provided by *Thirtyone:eight* and explicitly instructs individuals to contact 999 in situations involving immediate risk of harm.
- 15.5 The Cathedral signposts a comprehensive range of external support services, including Age UK, Childline, National Domestic Abuse Helpline, Respect Men's Advice Line, Switchboard LGBT helpline, NAPAC, NSPCC, Samaritans, and Safe Spaces for Church-related abuse.
- 15.6 Building on its robust external signposting, the Cathedral actively collaborates with local organisations to extend its safeguarding reach and community support. The CSL maintains engagement with the Society of St James (homeless outreach) and Stop Domestic Abuse, leveraging their expertise and advice as needed. The Cathedral has also partnered closely with Portsmouth City Council, offering its premises for homeless overflow accommodation





during cold weather provisions. Complementing these efforts, the Precentor maintains essential relationships with the local hospice, hospital, and the Good Neighbours organisation, ensuring a holistic approach to community care and support. This is good practice.

- 15.7 The Cathedral has engaged in a range of activities focused on raising the profile of victims and survivors. In September 2024, the Cathedral hosted a Suicide Memorial Quilt exhibition with 'Speak their Name', promoting the voices of those affected by suicide and providing a safe space for sharing experiences through the exhibition, vigils, and services. This exhibition was organised by the CSL and representatives from Speak their Name.
- 15.8 The CSL participates in the Cathedral Safeguarding Network, attending their annual conference which in 2024 covered topics such as engaging with victims and survivors, trauma-informed approaches, and welfare for safeguarding personnel. The Dean and CSL maintain ongoing communication regarding safeguarding, particularly during the annual Safeguarding Sunday. The most recent Safeguarding Sunday coincided with the release of the Makin report. A range of communication methods were utilised, including sermons, articles, website statements, and flyers to provide information, reflection, and support to the congregation. The Dean also offered one-on-one conversations with members of the congregation during this service.
- 15.9 The Cathedral recognises that engagement with victims and survivors is an area for development. To integrate learning derived from the varied experiences of survivors, particularly within the context of the Cathedral, the Cathedral should work collaboratively with the DBF to avail of the benefits of established groups and projects. This joint effort would facilitate a more comprehensive understanding of survivor needs and perspectives. See Recommendation D18.





16 Learning, Supervision and Support

Safeguarding Learning

- 16.1 Safeguarding learning is clearly prioritised at the Cathedral. Staff and volunteers describe training as relevant, well-communicated and increasingly embedded in day-to-day practice. While the Cathedral does not employ its own safeguarding trainer, it benefits from a defined strategy set out in the Safeguarding Handbook and maintains strong links with the DBF to access both national and locally delivered training. Records reviewed by the Audit show high levels of engagement across staff and volunteer roles.
- 16.2 Regular internal learning opportunities such as the 'Spotlight on Safeguarding' sessions enhance this further. These informal and participatory sessions provide space to reflect on real-life scenarios. They discuss emerging risks and consider safeguarding in the context of the Cathedral's setting and mission. They are widely viewed as accessible and valuable.
- 16.3 The Cathedral has also drawn on external training in areas such as dementia awareness and mental health first aid, with further plans to introduce suicide awareness and domestic abuse training. However, there is currently no formal system for evaluating the impact of safeguarding training on confidence, competence or behaviour. Leaders have recognised this as an area for development and expressed openness to working with the DBF on shared approaches to evaluation.

Recommendation C15: The Cathedral should develop a formal approach to evaluating the impact of safeguarding learning, using tools that assess confidence, competence, and behaviour over time. This could be supported in collaboration with the DBF to promote consistency and shared learning.





Clergy Support

16.4 Clergy in Portsmouth have access to a range of support options when dealing with the demands of safeguarding. Archdeacons are described as key sources of pastoral support, and clergy can also draw on supervision, case discussions, and informal check-ins with the Safeguarding Team. For those affected by more complex or distressing matters, free counselling is available via the Diocese's Health Assured service, and the counselling team linked to the discernment process can also be accessed. MDRs carried out within the Cathedral do not currently consistently include safeguarding as a standard discussion point. This represents a missed opportunity to formally reflect on safeguarding responsibilities, confidence, and any need for support.

Recommendation C16: The Cathedral should include safeguarding as a standing item within MDRs to ensure clergy have routine opportunities to reflect on their safeguarding responsibilities, learning needs, and emotional wellbeing.

Supervision and Support of Safeguarding Roles

16.5 The Cathedral does not currently operate a formal supervision model for those in safeguarding roles as any case work is handled through the DBF as per the Partnership Agreement. However, the CSA and senior staff are accessible, and informal case discussions and reflective conversations do take place. Staff can engage with members of the DST where additional support is needed.





17 Conclusion

- 17.1 Portsmouth Cathedral has made significant progress in strengthening its safeguarding arrangements and culture, evidenced not least by a dynamic Cathedral Safeguarding Action Plan. The worshipping community consistently expresses an overwhelmingly positive experience, highlighting a strong sense of safety and welcome, and positive perceptions of leadership, frequently describing the Cathedral as a 'sanctuary'.
- 17.2 The Dean's unambiguous commitment to safeguarding, coupled with his strong relationship with the Diocesan Bishop, are notable strengths. As is the Chapter's ongoing transition from being primarily observational to being more professionally curious and proactive.
- 17.3 Strengths are evident in the safeguarding culture that wraps around choristers, who are supported by experienced staff, consistent supervision, and strong pastoral awareness. Further good practice is also apparent via the use of lanyards promoting safeguarding contacts, an accessible Safeguarding Handbook (online and print), and work to support victims and survivors through signposting, engagement with local organisations, and active awareness-raising. Furthermore, learning is prioritised, achieving high levels of staff engagement with strong Diocesan links supporting a broad training offer.
- 17.4 However, some areas could be developed and strengthened. Concerns persist among a small number of staff regarding communication and personal support and the current model for operational safeguarding presents a lack of clarity regarding roles and responsibilities. The excellent CSL carries an unsustainable workload, and there is an urgent requirement to recruit and appoint a suitably qualified CSA.





- 17.5 Whilst the Audit has highlighted the significant strengths that exist related to safeguarding choristers, the music department should strengthen agreements with associated schools, improve CCTV coverage, and formalise mobile phone and social media policies. Online outreach and pathways to support for victims and survivors could also be enhanced via the 'Safeguarding' webpage with a dedicated sub-section.
- 17.6 This short conclusion alone should not be taken as a sole judgment of the work undertaken and the commitment made by Portsmouth Cathedral. The detailed evidence in the full report demonstrates the extensive efforts by its senior leaders, and the dedicated staff and volunteers, who ensure that individuals can work, volunteer, and worship in an environment that is safer and committed to a continuous safeguarding improvement journey.





Appendices





18 Appendix 1 – DBF Recommendations

Recommendation D1: Appoint a Suffragan Bishop to Support the Diocesan Bishop.

To effectively capitalise on recent progress and ensure sustained leadership capacity within the Diocese, not least in support of the Diocesan Bishop's safeguarding engagement and influence, a Suffragan Bishop should be appointed.

Recommendation D2: The Archdeacon's role should be enhanced and supported by a strengthened framework for both formal and informal parish visits, alongside key improvements to core group meeting procedures.

Formal and Informal Visits:

To embed safeguarding more deeply into parish visits, the Audit recommends that the Archdeacons build on their existing strengths by working to a more structured safeguarding framework. This would involve pre (formal or informal) visit briefings and post visit debriefings.

Templated Pre-Visit Safeguarding Briefings should be provided by the Diocesan Safeguarding Officer (DSO) or a delegated member of their team. This will ensure Archdeacons are fully informed about specific concerns, relevant policies, and key areas of focus in the context of the area and / or purpose of their visit. This briefing should provide safeguarding guidelines and prompts to initiate conversations around practice, policies, and any potential concerns within the parish. For example, information on any recent good work completed by the PSO (an opportunity to provide encouraging feedback), how to test the veracity of Parish Dashboards and / or relevant and specific aspects of risk assessment and safety planning.





Post-Visit Debriefings with the DSO will enable Archdeacons to share vital insights and observations, directly informing and strengthening the Diocesan safeguarding strategy for timely interventions and continuous improvement.

Recommendation D3: Archdeacons should receive specific training on effectively chairing these sensitive meetings. This training should encompass essential facilitation skills, techniques for managing difficult conversations, and strategies to ensure all perspectives are heard while maintaining a clear focus on safeguarding outcomes.

To ensure impartiality and the integrity of these crucial discussions, a robust process for conducting conflict of interest checks should be implemented for anyone chairing a Core Group meeting. This should ensure, in the first instance, that the Archdeacon from a different area chairs the meeting (provided no relationship creates a conflict). When an Archdeacon cannot chair the meeting, a suitably qualified and unconflicted substitute Chair should be appointed, and the rationale for their substitution recorded.

Whilst there are mechanisms in place to ensure support for anyone subject to a Core Group, there should also be provision of support and reflective supervision for those responsible for chairing these complex meetings. If the recommendation for the provision of a Suffragan Bishop is accepted, they should fulfil this role. However, in the interim period such support should be provided by a suitably experienced individual, for example the DSAP Chair.

Recommendation D4: A programme of work should be established for the DSO to build upon their existing leadership experience. This should be focus on enhancing the development of their existing strategic skills and abilities. Such an approach should include mentoring from individuals in senior strategic safeguarding roles, providing valuable





insights and guidance. Additionally, the DSO's understanding of governance requirements should be further developed, enabling them to navigate and influence the broader organisational landscape effectively. Finally, opportunities for enhanced academic qualifications linked to senior leadership should be explored, cementing their strategic capabilities and ensuring their continued growth within the safeguarding domain. This investment will not only benefit the DSO but will significantly strengthen the Diocese's overall safeguarding framework.

Recommendation D5: To enhance oversight, membership and procedures, the DSAP should:

- a) Diversify its membership by including representatives from local charities (e.g., homeless support, foodbanks, mental health organisations) and improve engagement with statutory partners to ensure a wider range of perspectives.
- b) Proactively reach out to victim and survivor support groups, establish dedicated survivor focus groups or networks, and facilitate 'listen and learn' events to ensure their voices directly inform safeguarding practices.
- c) Develop structured, data-driven frameworks for insight and oversight. These frameworks should target agreed areas of need, development and risk to facilitate continuous improvement in safeguarding.
- d) Implement a cyclical approach to provide in-depth reviews of specific safeguarding areas. This activity should align with National Safeguarding Standards, ensuring comprehensive and systematic scrutiny over time.
- e) Enhance relationships through regular one-to-one meetings with key statutory leads, actively participate in multi-agency forums, and establish informal information-sharing channels.





- f) Strengthen oversight through practice audits and Risk Registers: Commission internal audits of safeguarding practices, maintain contemporary Risk Registers, and develop metrics to measure the actual impact of safeguarding interventions.
- g) Formalise DSAP Authority: Reinforce the independence and demonstrable impact of the DSAP's scrutiny functions. This may involve exploring restructuring options or establishing operational subcommittees to strengthen its authoritative role, addressing this national and local concern.

Recommendation D6: The DBF should:

- a) Introduce a robust system for tracking who accesses Blue Files, when, and for what purpose. This system should include mandatory sign-in/out procedures and be regularly reviewed.
- b) Develop and enforce the consistent use of comprehensive content sheets for each file.

 Additionally, ensure all files include appropriate and clearly visible safeguarding tags.
- c) Establish a clear process to ensure that all relevant and up-to-date MDRs are promptly included in the respective Blue Files.
- d) Implement a formal policy and procedure for identifying and managing duplicate documents and loose papers within the files, ensuring only necessary and relevant information is retained.
- e) Revise the current review process to include review on receipt or prior to dissemination to another area, examination of incoming and outgoing Blue Files by the DSO. This will strengthen safeguarding insight, oversight and support.
- f) Invest in and install suitable fireproof cabinets for the storage of all Blue Files. This is a critical step to ensure the physical protection and long-term preservation of these vital documents.





Recommendation D7:

- a) Create a single, unified directorate consolidating all professional safeguarding resources across the Diocese's geography, ensuring comprehensive and consistent support and direction.
- b) Appoint a suitably qualified Director of Safeguarding to lead the Directorate, embodying operational independence and serving as the ultimate authoritative voice on all safeguarding matters, accountable to the DBF, Bishop's Council, and Chapter (the Director of Safeguarding as the most senior safeguarding professional, would hold the authority currently vested in the DSO).
- c) Ensure both the DBF Operational Safeguarding Lead (formerly the DSO) and CSA report directly to the Director of Safeguarding, establishing a clear distinction between operational and strategic responsibilities.
- d) Develop a comprehensive Memorandum of Understanding / Service Level Agreement between the DBF, Parochial Church Councils (PCCs), and the Cathedral Chapter to explicitly define the Director's authority and responsibility for safeguarding advice, support, and ultimate authoritative operational decision-making across the entire Diocese.
- e) Ensure the Directorate is adequately resourced and staffed, incorporating all professional safeguarding personnel, including those based at the Cathedral.

Recommendation D8: To further consolidate and strengthen the DST, the DBF should:

- a) Appoint a part-time Parish Safeguarding Coordinator for the Isle of Wight to bolster local safeguarding support and presence on the island (this could involve an enhanced role for a current PSO).
- b) Re-evaluate existing roles within the DST to maximise added value, particularly for administrative staff, ensuring their contributions are fully utilised. For example, carrying out a broader review of current coordinator responsibilities, potentially refocusing their function to align with greater support to parishes (e.g., dashboards),





- Archdeacons (e.g., visitations), and the Learning and Development Officer (e.g., training evaluation).
- c) Develop and implement Key Performance Indicators (KPIs) to systematically measure the DST's overall effectiveness and inform continuous improvement.
- d) Outsource the Disclosure and Barring Service (DBS) processing from the
 Safeguarding Team to whoever is responsible for administration within the Diocese.

 This will free up DST resources for core safeguarding activities. (see recommendation D9).
- e) No later than six months after the publication of this Audit, conduct an evaluation of the 'Patch Work Approach' to assess its long-term effectiveness and inform future team alignment and composition.

Recommendation D9: The DBF should transfer DBS administration (as per recommendation, D8d), from the DST to the HR team and establish a clear protocol for information sharing between HR and the DST.

Recommendation D10: To assure itself of the quality and impact of Parish Dashboard data, the DBF should define and adopt a Parish Dashboard quality assurance process. While it should be built on the principle of 'working with' rather than 'doing to', it should involve dip sampling to test the veracity of Parish Dashboard data.

Recommendation D11: The DBF should develop engagement mechanisms to consider the needs, experiences and voices of children, vulnerable adults, and survivors within safeguarding prevention planning. They should also explore how the Cathedral can be involved in this process.





Recommendation D12: The DSAP should develop a standalone operational safeguarding Risk Register to allow for more focused scrutiny on the full range of safeguarding concerns, some of which might graduate to the strategic Risk Register held by the DBF. This should be reviewed and updated at a minimum cycle of quarterly.

Recommendation D13: DSA decisions on all cases triaged by the DST should be approved by either the Head of Safeguarding or the Deputy DSO.

Recommendation D14: On the appointment of the Deputy DSO, the DST should move to a system of direct worker allocation that functions around defined timescales for this to take place, as opposed to generic allocation. Whilst recognising that generic allocation to the DSO currently helps identify cases that require further action, this can potentially mask the workload of the DST and risks cases being out of sight.

Recommendation D15: The DBF should signpost directly to the 'Responding Well to Victims and Survivors of Abuse' section of the Safeguarding e-manual to utilise the helpful explainer videos embedded within.

Recommendation D16: The DBF should expand the signposting to support services to include a broader range of local organisations such as Solent Mind, NHS Mental Health Services: Hampshire and Isle of Wight and The Society of St James.

Recommendation D17: The DST should establish more structured and diarised check-in points with victims / survivors. This should enhance the DBF's trauma-informed approach and help proactively manage evolving expectations whilst providing consistent support.

Recommendation D18: The Audit recommends that the DBF actively includes the Cathedral as a location within its strategic plans for establishing dedicated groups and projects. These





initiatives should prioritise creating safe and supportive spaces specifically designed to hear the authentic voices of victims and survivors of church-based abuse. This inclusive approach is crucial for building trust and ensuring the Cathedral, as a significant entity within the Diocese, fully contributes to a survivor-focused safeguarding culture.

Recommendation D19: The DBF should continue to provide access to training and expert input for those working with individuals subject to safeguarding agreements or Safety Plans, ensuring this remains a regular feature of the safeguarding training offer going forward.

Recommendation D20: The DBF should review and revise the title of the Lead Safeguarding Trainer to reflect the strategic and supervisory scope of the role.





19 Appendix 2 – Cathedral Recommendations

Recommendation C1: Given the limited but consistent concerns raised by a small number of staff, the Cathedral should adopt a proportionate approach to provide pathways for staff engagement and for Cathedral leaders to reflect on how these persistent issues can be resolved. In doing so, they should consider utilising surveys, one-to-one meetings, and / or externally facilitated workshops.

Recommendation C2: The Cathedral should appoint a Cathedral Safeguarding Advisor, situated within the Cathedral but professionally managed by the DSO (see recommendations for a consolidated safeguarding directorate).

Recommendation C3: The Chapter should evaluate the viability of providing vergers and maintenance activities via shared oversight after a period of six to nine months. This assessment should focus on the operational effectiveness of the arrangement and, crucially, confirm that it functions without diluting the safeguarding responsibilities of the vergers.

Recommendation C4: The Cathedral's governance oversight framework should be enhanced by:

- a) Reviewing and restructuring existing committees and their sub-committees, clarifying their terms of reference and ensuring appropriate membership to facilitate a robust 'bottom-up' scrutiny process that complements 'top-down' oversight from Chapter.
- b) Revising and aligning scrutiny, agendas and reporting timelines across all governance layers to ensure timely and effective flow of information, supporting comprehensive oversight.
- c) Adopting a rolling program whereby Chapter members formally attend events, visit teams and host staff and volunteer clinics to build a meaningful relationship with the





- frontline staff and volunteers and a means to triangulate what they hear from briefings at Chapter with what they see and hear on the ground.
- d) The Safeguarding Management Group (SMG) should be enhanced and independently chaired by a suitably qualified safeguarding expert, thereby providing robust and impartial oversight.
 - Their reporting responsibilities should align between executive-level, operational oversight and a further formal reporting channel to Chapter.
 - ii. The SMG should engage at least on an annual basis in a planning event with the DSO, Archdeacons and any other relevant representative to plan and align safeguarding events, agendas and collaborative (joint) training opportunities.
 - iii. Create specific task and finish groups to address key safeguarding themes and drive continuous improvement.
 - iv. Conduct comprehensive skills, inclusion, and diversity audits within the governance structures to identify areas for development and to ensure the broadest appropriate representation.
 - v. All safeguarding tasks must be closely aligned with the CSO and CSLs agreed priorities, focusing on key themes and continuous improvement initiatives.
- e) Following the appointment, of a Cathedral Safeguarding Advisor (CSA), implement a Safeguarding Oversight Group (SOG) to further reinforce day to day operational oversight and management of routine safeguarding issues.
- f) Fully utilise the Senior Non-Executive Member (SNEM) to embed independent oversight and challenge within Chapter. This should include the Dean recusing himself from chairing specific (agreed agenda items), allowing the SNEM to step in, and formalising the SNEM's role in chairing a 'wash-up' session at the end of every Chapter meeting. This 'wash-up' meeting will provide a dedicated forum for members to record their views on the process, further reinforcing independent scrutiny and confidence in Chapter's oversight.





Recommendation C5:

- a) Create a single, unified directorate consolidating all professional safeguarding resources across the Diocese's geography, ensuring comprehensive and consistent support and direction.
- b) Appoint a suitably qualified Director of Safeguarding to lead the Directorate, embodying operational independence and serving as the ultimate authoritative voice on all safeguarding matters, accountable to the DBF, Bishop's Council, and Chapter.
- c) Ensure both the DSO and CSA report directly to the Director of Safeguarding, establishing a clear distinction between operational and strategic responsibilities.
- d) Develop a comprehensive Memorandum of Understanding/Service Level Agreement between the DBF, PCCs, and the Cathedral Chapter to explicitly define the Director's authority and responsibility for safeguarding advice, support, and ultimate authoritative operational decision-making across the entire Diocese.
- e) Ensure the directorate is adequately resourced and staffed, incorporating all professional safeguarding personnel, including those based at the Cathedral.

Recommendation C6: The Cathedral should develop contingency planning for staff absence or transition, including how safeguarding knowledge and oversight would be sustained in such a scenario.

Recommendation C7: The Cathedral should ensure that a safeguarding agreement is in place with every school attended by a current chorister. Where a full Memorandum of Understanding is not proportionate, a simplified agreement should be developed to ensure consistent expectations around communication, information sharing, and safeguarding roles.

Recommendation C8: The Cathedral, in collaboration with partner schools, should develop a consistent approach to raising awareness of chorister commitments among school staff. This





should include proportionate education on the role of choristers and formalised mechanisms for managing attendance, absence, and flexibility during peak periods.

Recommendation C9: The Cathedral should review and formalise its policy on chorister mobile phone use during residential trips, rehearsals, services and events. This should include clear guidance on access times, night-time storage, and appropriate use of social media while recognising contact needs with parents.

Recommendation C10: The Cathedral should issue clear guidance on unofficial social media activity linked to the Cathedral choristers, including expectations around content and use. Oversight should be maintained through official Cathedral accounts only, with personal staff accounts not used to monitor or engage with chorister-linked platforms. This should be formalised within relevant policies.

Recommendation C11: The Cathedral should review its records for DBS checks to ensure no other staff or volunteers miss the local requirement for three yearly re-checks.

Recommendation C12: The Cathedral is encouraged to expand CCTV coverage across the site. This should include, but not be limited to, key areas within the Cathedral itself, various entry and exit points, and specific sensitive locations, e.g. the choristers' practice room

Recommendation C13: The partnership agreement between the Cathedral and the DBF should be updated to specifically incorporate protocols for addressing differences in opinion about safeguarding cases / issues and provide defined escalation routes





Recommendation C14: To further strengthen its commitment to safeguarding and better serve victims and survivors of abuse, the Cathedral should enhance its existing 'Safeguarding' webpage by creating a dedicated, visible, and easily accessible sub-section specifically for victims and survivors. This new sub-section should:

- a) Clearly detail the Cathedral's adherence to national guidance 'Responding Well to Victims and Survivors of Abuse', explicitly outlining its proactive and supportive stance.
- b) Provide a reassuring and welcoming online space where individuals seeking information and support can immediately feel at ease and confident that they have found the appropriate resources.

Recommendation C15: The Cathedral should develop a formal approach to evaluating the impact of safeguarding learning, using tools that assess confidence, competence, and behaviour over time. This could be supported in collaboration with the DBF to promote consistency and shared learning.

Recommendation C16: The Cathedral should include safeguarding as a standing item within MDRs to ensure clergy have routine opportunities to reflect on their safeguarding responsibilities, learning needs, and emotional wellbeing.





20 Appendix 3 – Glossary of Abbreviations

BST	Bishop's Staff Team
CCSL	Clergy Current Status Letter
CCTV	Closed-circuit TV
CDM	Clergy Discipline Measure
CofE	Church of England
COO	Chief Operating Officer
CPD	Continuing Professional Development
CPS	Crown Prosecution Service
CSA	Cathedral Safeguarding Advisor
CSC	Children's Social Care
CSG	Casework Scrutiny Group
CSL	Chapter Safeguarding Lead
DBF	Diocesan Board of Finance
DBS	Disclosure and Barring Service
DSA	Diocesan Safeguarding Advisor
DSAP	Diocesan Safeguarding Advisory Panel
DSO	Diocesan Safeguarding Officer
DST	Diocesan Safeguarding Team
GDPR	General Data Protection Regulation
HR	Human Resources
IICSA	The Independent Inquiry into Child Sexual Abuse
ISA	Information Sharing Agreement
IT	Information Technology
LADO	Local Authority Designated Officer
LLR	Learning Lessons Reviews





MAPPA	Multi-Agency Public Protection Arrangements
MDR	Ministerial Development Review
MOSOVO	Management of Sexual Offenders and Violent Offenders
MoU	Memorandum of Understanding
NAPAC	National Association for People Abused in Childhood
NHS	National Health Service
NPCC	National Police Chiefs' Council
NSCMS	National Safeguarding Case Management System
NSS	National Safeguarding Standards
NST	National Safeguarding Team
PCC	Parochial Church Council
PCR2	Past Cases Review 2
PSO	Parish Safeguarding Officer
PTO	Permission to Officiate
RSL	Regional Safeguarding Lead
RSL	Regional Safeguarding Lead
SARC	Sexual Assault Referral Centre
SCIE	The Social Care Institute for Excellence
SCMG	Safeguarding Case Management Group
SIR	Serious Incident Report
SLA	Service Level Agreement
SLT	Senior Leadership Team
SMG	Safeguarding Management Group





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