



Presentation Sisters of Wagga Wagga

**Safeguarding Audit Report
December 2022**

National Catholic
Safeguarding Standards

Report prepared by:



A safe Church for everyone

Australian Catholic Safeguarding Ltd acknowledges the lifelong trauma of abuse victims, survivors and their families, the failure of the Catholic Church to protect, believe and respond justly to children and vulnerable adults, and the consequent breaches of community trust.

Australian Catholic Safeguarding Ltd is committed to fostering a culture of safety and care for children, and adults at risk.

This report is available on the Publications and Reports page of the [ACSL website](#).

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1. Context

Australian Catholic Safeguarding Ltd (ACSL) was established in 2020, to bring together the work of Catholic Professional Standards Ltd (CPSL), the Australian Catholic Centre for Professional Standards (ACCPS) and the Australian Catholic Ministry Register (ACMR). ACSL is a company limited by guarantee, owned by the Australian Catholic Bishops Conference (ACBC), Catholic Religious Australia (CRA), and the Association of Ministerial Public Juridic Persons (AMPJP).

ACSL is committed to fostering a nationally consistent culture of safety and care throughout the Catholic Church in Australia. ACSL maintains the National Catholic Safeguarding Standards (NCSS), undertakes audits and reviews of Church entities, and publishes reports which demonstrate a Church entity's commitment to the NCSS.

ACSL's core values are leadership, integrity, and compassion. These values guide the way we work and inform cultural change within the Catholic Church and the wider community. We take our duty to care for and protect all children and adults at risk seriously and have zero tolerance for abuse of any kind.

2. Background

The Presentation Sisters Wagga Wagga (PSWW) has 34 Sisters living in Wagga Wagga and the Sydney region. Of these 34 Sisters, 10 Sisters are in residential care; 14 Sisters have no contact with children and adults at risk; 6 Sisters have incidental contact with children and adults at risk and 4 Sisters have direct contact with children and adults at risk.

PSWW were audited in 2019 against the NCSS and at that time the audit included the PNG ministry, however the governance is now the responsibility of the Presentation Society of Australia and Papua New Guinea and outside the scope of this audit. PSWW will continue to hold governance over the Mount Erin Heritage Centre in Wagga Wagga until 2023 when the Catholic Education, Diocese of Wagga Wagga will take responsibility.

There are no formal ministries focused on children governed by PSWW and the Congregation's risk profile is assessed as requiring a limited audit. Thus, there are seven NCSS Standards, 37 NCSS Criteria and 88 NCSS indicators apply to entities under a limited audit, 16 of which are not relevant to the ministries of PSWW.

3. Audit Approach

The NCSS seek to build a culture of shared responsibility for safeguarding and to ensure that policies, practices, processes and codes of behaviour work in unison to prevent, detect and appropriately respond to potential or actual incidents of abuse.

In this context, the audit methodology we have undertaken are intended to provide reasonable assurance that safeguarding controls have been appropriately designed and are operating effectively. Accordingly, this report provides a point-in-time assessment of the safeguarding practices implemented by PSWW and the extent of compliance with the requirements of the NCSS.

This audit focused on:

- reviewing existing safeguarding practices in place within PSWW, for alignment with the NCSS.
- identifying best practices for potential sharing with other Church entities.
- assessing any gaps in compliance or requirements for remediation, including training and support.

Our audit approach included the following components:

- interviews, observations and enquiry with PSWW leadership, Sisters and relevant personnel.
- documentation and policy review.
- assessment of the design of safeguarding controls implemented by PSWW; and
- testing of the operation of safeguarding controls implemented by PSWW.

As part of the audit process, we inspected and assessed records, policies and practices at the PSWW office in Berala, NSW. We did not visit the Mount Erin Heritage Centre in Wagga Wagga since this ministry was included in the 2019 audit. We also interviewed the Leadership Team, the safeguarding team and a sample of eight (33%) PSWW personnel in Sydney and Wagga Wagga to assess how safeguarding practices are implemented within their various activities and ministries.

4. Findings

Table 1 summarises PSWW congruence with the NCSS.

National Catholic Safeguarding Standard	# NCSS Indicators (Category Two)	Not Relevant to PSWW (NR)	Assessment of Compliance			
			Managed & measurable (M)	Defined & developed (D)	Initial / Ad hoc (I)	Not addressed (N)
1: Committed Leadership, Governance & Culture	17	1	12	4	-	-
5: Robust Human Resource Management	22	13	8	1	-	-
6: Effective Complaints Management	18	-	17	1	-	-
7: Ongoing Training & Education	11	-	6	5	-	-
8: Safe Physical and Online Environments	7	2	3	1	1	-
9: Continuous Improvement	6	-	6	-	-	-
10: Policies and Procedures Support Child Safety	6	-	5	1	-	-
TOTAL	88	16	58	14	-	-
			72 (99%)		1 (1%)	

The audit findings indicates that PSWW has fully implemented or is well progressed in the implementation of 72 (99%) of the 73 indicators which are relevant to their context and ministries. Details of the NCSS indicators that were assessed as 'Defined and Developed' and 'Ad hoc' are listed in Appendix A.

Implementation for the one remaining indicator, which relates to the use of internet at the Mount Erin Heritage Centre, PSWW will address prior to the transfer of administration to the Diocese of Wagga Wagga.

5. Assessment

The recommendations from the 2019 audit have been implemented.

PSWW have appointed a safeguarding team and Safeguarding Coordinator at the highest levels of leadership, to implement and monitor the requirements of the NCSS. The Audit in 2019 noted there was no need for PSWW to convene a safeguarding team given their risk profile. PSWW’s commitment to establishing this team nonetheless provides evidence of a strong dedication to safeguarding.

All Sisters in ministry (except for those in aged care) and personnel have a current Working with Children Check and receive regular training and updates in safeguarding matters. PSWW is organising safeguarding training for all personnel in 2023. PSWW comply with ACSL requirements around movement of ministry since they do not exercise ministry outside of their particular diocese.

There is a formal risk management plan for the Mount Erin Heritage Centre (MEHC), which considers potential safeguarding risks arising from interactions with the public as well as visiting school groups. The governance of MEHC will transfer to the Catholic Education Office, Diocese of Wagga Wagga and ACSL recommends that a safeguarding dimension is included in the PSWW transition plan to provide and guarantee continuity to the current safeguarding framework. A Risk Register is in place and updated annually for the Sisters’ ministries and activities (many of which are in a volunteer capacity) to identify key areas of risk with respect to safeguarding and to ensure the appropriate safeguarding measures are in place.

PSWW has a clear and structured approach to complaints handling and records are well organised and have been maintained in perpetuity.

6. Recommendations

Recommendation #1 – Standard 1		Priority 2
Details of findings	<ol style="list-style-type: none"> 1. PSWW Code of Conduct indicates that a breach of the Code ‘should’ rather than ‘will’ lead to action. ACSL note this is the intention albeit unstated. 2. Indicator 1.4.3 does not refer to specific groups of children who experience particularly vulnerability as members of a marginalised group. 3. ‘Our Common Mission’ is not referenced in the PSWW Code of Conduct. 4. Safeguarding preparations needed for CRA Emerging Futures as the congregation progresses this strategy. 	
Recommendations	<ol style="list-style-type: none"> 1. PSWW will update their Code of Conduct to state that a breach will lead to action. 2. Indicator 1.4.3 will be updated to mention children who experience particularly vulnerability as members of a marginalised group. 3. The Code of Conduct will reference ‘Our Common Mission’. 4. PSWW will implement strategies to ensure they have confidence in handing over the safeguarding function of the Heritage Centre and what processes and recommendations will be implemented going forward. 	
Responsibility	Sr Susan Miller, Safeguarding Officer.	
Due date	31 December, 2023.	

Recommendation #2 – Standard 5		Priority 2
Details of findings	<ol style="list-style-type: none"> 1. The induction program does not refer to the potential ‘power imbalance’ that might exist for a victim or survivor when engaging with PSWW personnel. 2. Personnel induction program needs updating to refer to contemporary changes to PSWW safeguarding processes. 	
Recommendations	<ol style="list-style-type: none"> 1. The induction program will explain the concept of ‘power imbalance’ to personnel. 2. All third-party contractors will be required to provide details of the commitment to safeguarding or confirm in writing their willingness to commit to PSWW processes. 3. PSWW will update their Induction program. 	
Responsibility	Sr Susan Miller, Safeguarding Officer.	
Due date	31 December, 2023.	

Recommendation #3 : Standards 6, 7 & 8		Priority 2
Details of findings	<ol style="list-style-type: none"> 1. The Complaint Handling process does not refer to potential or actual conflict of interests or power imbalances PSWW personnel. 2. Complaint handling policy does not include a process that fully empowers personnel, in good faith to make a safeguarding complaint. 3. An annual refresher course on complaint handling processes and inclusion of needs of disadvantaged groups would benefit personnel. 4. Third party documentation could be updated to request contractors to supply or confirm in writing a zero-tolerance approach to safeguarding. 5. Mount Erin Heritage Centre uses gmail for their electronic communication. 	
Recommendations	<ol style="list-style-type: none"> 1. The Complaint Handling process will refer to potential or actual conflict of interests and power imbalances. 2. PSWW will update the Complaint Handling process to fully empower personnel to make a safeguarding complaint. 3. PSWW will facilitate annual refresher courses on complaint handling processes and the needs of disadvantaged groups. 4. All third-party contractors will be required to provide details of the commitment to safeguarding or confirm in writing their willingness to commit to PSWW processes 5. Mount Erin Heritage Centre will use a PPSW domain name email. 	
Responsibility	Sr Susan Miller, Safeguarding Officer.	
Due date	31 December, 2023.	

Appendix A: Assessment of Compliance with NCSS Indicators

Standard 1		Committed leadership, governance and culture			
<i>Child safeguarding is embedded in the entity's leadership, governance and culture</i>					
Criterion 1.1 - The entity publicly commits to child safeguarding and takes a zero-tolerance approach to child abuse.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.1.1	The entity has a Child Safeguarding Policy that is approved and endorsed by the Church Authority and/or relevant leadership body and is publicly available.	✓			
1.1.2	The entity publishes a Child Safeguarding Commitment Statement which is openly displayed and publicly available.	✓			
Observations: The policy was updated in 2021 and needs to be uploaded to the website.					
Criterion 1.2 - A child safeguarding culture is championed and modelled at all levels of the entity from the top down and bottom up.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.2.1	The Church Authority and leaders of the entity create and maintain an entity's culture of safeguarding by: <ul style="list-style-type: none"> • promoting child safeguarding regularly; • emphasising that child-safeguarding is everyone's responsibility; and • actively monitoring safeguarding compliance and risk management. 	✓			
1.2.2	The entity appoints a Safeguarding Committee at the highest level of leadership to oversee the effective ongoing implementation of child safeguarding practices including the Child Safeguarding Policy and related procedures and practices.	✓			
1.2.3	The entity appoints and promotes the role of Safeguarding Co-ordinator[s] with clearly defined responsibilities for safeguarding children at diocesan, religious or ministerial PJP level.	✓			
1.2.4	Personnel understand that child safeguarding is everyone's responsibility and are empowered to provide input on child safeguarding practices.	✓			
Observations: The 2019 Audit findings indicated that the PSWW did not need to facilitate a Safeguarding Committee given the entity's risk profile. Nevertheless, PSWW decided to facilitate a Safeguarding Committee to ensure oversight at the highest level of leadership.					
Criterion 1.3 - Governance arrangements facilitate implementation of a Child Safeguarding Policy across the entity's activities.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.3.1	Governance arrangements are transparent and include safeguarding roles and responsibilities to ensure accountability for safeguarding is clear.	✓			
1.3.2	Where the Church Authority's governance includes countries other than Australia, the entity must apply these Standards taking into account relevant international declarations and local legislation.	Not relevant			

Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 1.4 - A Code of Conduct provides guidelines for personnel on expected behavioural standards and responsibilities.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.4.1	The Code of Conduct explicitly and equally applies to all personnel and provides guidance on appropriate and expected standards of behaviour of personnel towards children.	✓			
1.4.2	The Code of Conduct is written in accessible language and communicated to personnel, children, families and carers.		✓		
1.4.3	The Code of Conduct takes into account the needs of all children, paying particular attention to Aboriginal and Torres Strait Islander children, children with disability, children from culturally and linguistically diverse backgrounds and children with particular vulnerabilities, for example, children who can't live at home.		✓		
1.4.4	The Code of Conduct outlines the importance of considering how power imbalances can occur in ministries and services.		✓		
Observations: 1. PSWW Code of Conduct indicates that a breach of the Code 'should' rather than 'will' lead to action. ACSL note this is the intention albeit unstated. 2. Indicator 1.4.3 does not refer to specific groups of children who experience particularly vulnerability as members of a marginalised group. 3. 'Our Common Mission' is not referenced in the PSWW Code of Conduct. Refer recommendation#1.					
Criterion 1.5 - The entity has risk management strategies focusing on preventing, identifying and mitigating risks to children.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.5.1	The entity has a clearly documented child safeguarding risk management plan, as part of its overall risk management strategy, which considers actual and potential risks relating to children.	✓			
1.5.2	The entity has appropriate risk management processes in place to assess, evaluate, review and oversee the safeguarding of children participating in, or receiving, ministries offshore including cultural immersions, pilgrimages, solidarity campaigns and world youth days.		✓		
1.5.3	Leaders of the entity manage safeguarding risks effectively, through regular identification, monitoring, reporting and review of risks.	✓			
Observations: PSWW will benefit from developing safeguarding preparations for CRA Emerging Futures as the congregation progresses this strategy. Refer recommendation#1.					
Criterion 1.6 - Personnel understand their obligations on information sharing and record keeping.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
1.6.1	Information sharing and record keeping policies and procedures which are communicated to personnel.	✓			
1.6.2	Information sharing and record keeping policies and procedures align with best practice.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					

Standard 5		Robust human resource management			
People working with children are suitable and supported to reflect child safeguarding values in practice					
Criterion 5.1 – Recruitment, including advertising, interview questions, referee checks and pre-employment screening emphasises child safeguarding.		Managed & Measurable	Defined & developed	Initial/ Ad-hoc	Not Addressed
5.1.1	The entity emphasises its commitment to child safeguarding and zero-tolerance approach to child abuse in all aspects of its advertising, screening and recruitment for personnel.	✓			
5.1.2	The entity documents its child safeguarding approach in recruitment and screening procedures and processes.	✓			
5.1.3	Positions are assessed for the expected level of contact with children and appropriate child safeguarding recruitment procedures are implemented.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 5.2 – Relevant personnel (including all seminarians, clergy and religious) have current working with children checks) or equivalent background checks.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
5.2.1	The entity has a policy which is implemented that ensures: <ul style="list-style-type: none"> ■ Personnel have a current working with children check as required by legislation prior to working with children; and ■ Where a working with children’s check is not required by legislation, other background checks for personnel are conducted prior to working with children. 	✓			
5.2.2	The entity keeps records and monitors the status of working with children checks and/or background checks for all personnel	✓			
5.2.3	Records of all checks are maintained and monitored in accordance with legislation, for all personnel	✓			
Observations: Requirements of the Indicators are in place. No recommendations for improvement noted.					
Criterion 5.3 - Personnel receive an appropriate induction and are aware of child safeguarding responsibilities, including reporting obligations.		Managed & Measurable	Defined & developed	Initial/ Ad-hoc	Not Addressed
5.3.1	All personnel participate in a safeguarding induction program, which occurs as soon as possible after commencement.		✓		
5.3.2	All Church Authorities who are a signatory to a Service Agreement with ACSL are required to participate in the NCSIS Introductory Session for Leaders within four months of commencement.	✓			
Observations: <ol style="list-style-type: none"> 1. The Induction program does not refer to the potential ‘power imbalance’ that might exist for a victim or survivor when engaging with PSWW personnel. 2. Personnel Induction program needs updating to refer to contemporary changes to PSWW safeguarding processes. Refer recommendation #2.					

Criterion 5.4 - Ongoing supervision and people management is focused on child safeguarding		Managed & Measurable	Defined & developed	Initial/ Ad-hoc	Not Addressed
5.4.1	Support, mentoring, oversight and professional supervision processes for personnel include child safeguarding.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Standard 6		Effective complaints management			
<i>Processes for raising concerns and complaints are responsive, understood, accessible and used by children, families, carers, communities and personnel</i>					
Criterion 6.1 - The entity has an effective Complaints Handling Policy and procedures which clearly outline the roles and responsibilities, approaches to dealing with different types of complaints, reporting obligations and record keeping requirements.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
6.1.1	The entity's policies, procedures and practices ensure that all mandatory reporting obligations are met.	✓			
6.1.2	There are clear procedures that provide step-by-step guidance on what action to take for different types of complaints, including breaches of Codes of Conduct, disclosures, allegations or concerns of abuse of a child, be they historic or current.	✓			
6.1.3	There are clear procedures for identifying and mitigating actual and perceived conflicts of interest in complaint management.		✓		
6.1.4	The entity works in cooperation with relevant organisations and seeks specialist advice from statutory child protection services when necessary	✓			
6.1.5	Key roles and responsibilities in relation to handling complaints are articulated within the Complaint Handling Policy and procedures.	✓			
6.1.6	The Complaint Handling Policy and procedures differentiate, where appropriate, between a child victim and an adult bringing forward a complaint of abuse suffered as a child.	✓			
Observations: 6.1.3. Procedures for complaint handling are clear and records are well maintained, however PSWW policy does not mention a process to manage actual or perceived conflict of interests. Refer recommendation #3.					
Criterion 6.2 - The entity has a child-focused complaints handling system that is understood by children, families, carers and personnel.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
6.2.1	The complaints handling system prioritises the safety and well-being of children.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 6.3 - Complaints are taken seriously and responded to promptly and thoroughly.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
6.3.1	The Complaints Handling Policy requires that, upon receiving a complaint of child abuse, an initial risk assessment is conducted to identify and minimise any risk	✓			

	to children. Ongoing risk assessments are required throughout all investigation processes.				
6.3.2	The Complaints Handling Policy requires that at the completion of the initial risk assessment, where a complaint of child sexual abuse is plausible, and there is a risk that the person may come into contact with children, the person be stood down from their role and/or ministry while the complaint is investigated.	✓			
6.3.3	The Complaints Handling Policy is aligned, and operates in conjunction, with the entity's documented disciplinary and grievance policies and processes, in such a way that at the completion of the initial risk assessment, a breach or breaches of the Code of Conduct in relation to inappropriate behaviour towards a child are effectively investigated and managed, and include provisions for personnel to be redeployed, stood down and/or dismissed.	✓			
6.3.4	Complainants are responded to promptly and kept informed as to the progress of dealing with their complaint.	✓			
6.3.5	Support and care are provided to a child who has experienced or is alleging abuse, and other affected parties.	✓			
6.3.6	Appropriate confidentiality is maintained with due regard for the Australian Privacy Principles and relevant legislation in relation to information sharing in the context of child safeguarding.	✓			
6.3.7	There are documented policies and processes empower and support personnel to raise, in good faith, concerns and allegations about unacceptable behaviour towards children by other personnel.	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 6.4 - The entity has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether the law requires reporting, and co-operates with law enforcement.					
		Managed & Measurable	Defined & developed	Initial/ Ad-hoc	Not Addressed
6.4.1	The Complaints Handling Policy requires that: <ul style="list-style-type: none"> concerns and complaints of child abuse occurring within the entity be reported to the appropriate statutory authority/ies, regardless of whether the reporting is mandated; and personnel cooperate with law enforcement procedures and directives. 	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 6.5 - Reporting, privacy and employment law obligations are met.					
		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
6.5.1	The Complaints Handling Policy requires that all relevant reporting, privacy and employment law obligations are met.	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					

Criterion 6.6 - The Church Authority ensures mechanisms are in place to care for adult complainants.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
6.6.1	The entity offers appropriate pastoral care to adult complainants, which recognises their unique needs. This should include an offer from the Church Authority to meet the complainant in person.	✓			
6.6.2	The Church Authority facilitates adult complainants' access to appropriately trained personnel whose clearly defined roles are to listen to and represent the pastoral needs of the complainant. This is done in consultation with the complainant.	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					

Standard 7		Ongoing education and training			
<i>Personnel are equipped with knowledge, skills and awareness to keep children safe through information, ongoing education and training</i>					
Criterion 7.1 - Personnel are trained and supported to effectively implement the entity's child safeguarding policies and procedures.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
7.1.1	The entity provides regular opportunities to educate/train personnel on its Child Safeguarding Policy and procedures including through: <ul style="list-style-type: none"> ■ induction; and ■ refresher safeguarding training (at least every three years). 	✓			
7.1.2	The entity's induction and refresher safeguarding training must as a minimum cover: <ul style="list-style-type: none"> • Code of Conduct. • safeguarding risk management. • Child Safeguarding Policy and procedures. • Complaints Handling Policy and procedures; • reporting obligations; and e-safety training, and • e-safety training. 	✓			
7.1.3	The entity keeps records of participation to ensure all personnel attend induction and refresher safeguarding training.	✓			
7.1.4	The entity ensures that personnel who have specific child safeguarding responsibilities, such as those appointed to the role of safeguarding co-ordinator and those appointed to the Safeguarding Committee, receive ongoing support and professional development relevant to their role.	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 7.2 - Personnel are supported to recognise the nature and indicators of child abuse, including harmful behaviours by a child towards another child.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
7.2.1	The entity provides regular training to relevant personnel which equips them with knowledge to: <ul style="list-style-type: none"> • understand the nature and impact of child abuse. 		✓		

	<ul style="list-style-type: none"> • understand the nature, factors, and impact of institutional abuse. • identify risk factors, such as grooming behaviours; and • understand, identify, and respond to abusive behaviours by a child towards another child. 				
Criterion 7.3 - Personnel receive training to enable them to respond effectively to child safeguarding risks, concerns, disclosures, and allegations of child abuse.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
7.3.1	The entity provides training to equip relevant personnel to appropriately respond to and support those bringing forward concerns, disclosures and allegations of child abuse.		✓		
Observations:					
7.2.1 & 7.3.1. PSWW are updating their training resources and these dimensions will be covered from 2023. Refer recommendation #3.					
Criterion 7.4 - Personnel have the information and skills to respond effectively to safeguarding risks, concerns, disclosures, and allegations of abuse.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
7.4.1	Education and training programs equip relevant personnel to appropriately respond to and support anyone bringing forward concerns, disclosures, and allegations of abuse.		✓		
7.4.2	Personnel receive training on information sharing and record keeping policies and procedures.	✓			
7.4.3	Personnel receive training on reporting obligations under Commonwealth, State/Territory legislative and canon law, which includes: <ul style="list-style-type: none"> • reporting suspected criminal behaviour to police • mandatory reporting to child protection authorities • Reportable Conduct Scheme • reporting to other regulatory authorities or government departments; and • Canonical reporting requirements 	✓			
Observations					
7.4.1 PSWW will facilitate annual refresher courses on complaint handling processes and the needs of disadvantaged groups. Refer to recommendation #3.					
Criterion 7.5 - Personnel receive training and information on how to build culturally safe environments for children and adults.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
7.5.1	Cultural safety training is provided to equip personnel to create, culturally safe environments for Aboriginal and Torres Strait Islander people.		✓		
7.5.2	Training is provided to relevant personnel to equip them with the knowledge and understanding of diverse cultural backgrounds and how to create safe environments for people from these groups.		✓		
Observations					
7.5.1. & 7.5.2. PSWW will facilitate annual refresher courses on complaint handling processes and the needs of disadvantaged groups. Refer to recommendation #3.					
Standard 8		Safe physical and online environments			

Physical and online environments promote safety and contain appropriate safeguards to minimise the opportunity for children to be harmed

Criterion 8.1 - The Safeguarding Risk Management Strategy addresses both physical and online risks, without comprising the individual's right to privacy or wellbeing.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
8.1.1	<p>Both physical and online risks are addressed within the provision of ministry and/or services, including risks arising from:</p> <ul style="list-style-type: none"> • one-to-one interactions between an adult and a child. • ministries and/or services such as counselling, home visits, outreach, one-to-one tuition, the sacrament of reconciliation, spiritual direction, and mentoring. • potential physical contact between the penitent and the confessor where the sacrament of reconciliation is celebrated. • one-to-one interactions with adults at risk • child-to-child interactions. • adult-to-child interactions. • adult-to-adult interactions (with consideration of power imbalances); and • the nature of physical spaces. <p>Wherever possible that these interactions are conducted in an open or visible space, or within the clear line of sight of another adult.</p>	✓			
8.1.2	The use of online applications for children and adults to learn, communicate and seek help is managed.	Not relevant			
8.1.3	Personnel are involved in identifying and mitigating physical and online risks to children and adults.	Not relevant			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 8.2 - The online environment is used in accordance with the entity's Code of Conduct, and Safeguarding Policy.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
8.2.1	Personnel access and use online environments in line with Code of Conduct, Privacy Act and relevant communication protocols			✓	
8.2.2	The online environment is monitored, and breaches are managed in accordance with disciplinary, or other relevant policies and reported to leadership.	✓			
Observations					
8.2.1. The Mount Erin Heritage Centre uses gmail for their electronic communication. Refer recommendation #3					
Criterion 8.3 - Risk management plans consider risks posed by the entity's settings, activities and physical environments.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
8.3.1	The entity assesses safeguarding risks in the physical environments under its control or management including buildings, structures, open spaces, grounds, homes of religious and clergy, and arrangements for live-in carers/caretakers.	✓			
Observations:					
Requirements of the indicators are in place. No recommendations for improvement noted.					

Criterion 8.4 - Entities that contract facilities and services to and from third parties have procurement policies that ensure safeguarding of children.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
8.4.1	The entity considers the risks posed to children arising from any third parties engaged by the entity and conducts sufficient due diligence to ensure that the third party has appropriate child safeguarding practices and policies in place.		✓		
Observations: 8.4.1. Not all third-party contractors have provided details of the commitment to safeguarding or confirmed in writing their willingness to commit to PSWW processes. Refer recommendation #3.					

Standard 9		Continuous improvement			
<i>Entities regularly review and improve implementation of their systems for keeping children safe</i>					
Criterion 9.1 - The entity regularly reviews and improves child safeguarding practices.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
9.1.1	The entity has a clearly documented Safeguarding Implementation Plan which outlines the monitoring and continual improvement of child safeguarding practices. The Child Safeguarding Implementation Plan is regularly reviewed, progress is tracked, and actions/strategies updated.	✓			
9.1.4	The entity's Child Safeguarding Policy is subject to regular review – at least every three years.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 9.2 - The entity analyses concerns and complaints to identify causes and systemic failures to inform continuous improvement.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
9.2.1	Processes are in place to analyse individual incidents or complaints relating to child safeguarding practices and/or failures.	✓			
9.2.2	Processes are in place to identify systemic issues or patterns and drive continuous improvement.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 9.3 - The Church Authority reports on the findings of relevant reviews to personnel, children, families, carers and community.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
9.3.1	The Church Authority promotes to all its stakeholders any audit reports relating to the Church Authority, and related entities, published by ACSL/CPSL.	✓			
9.3.2	The Church Authority reports on findings of relevant reviews of safeguarding policies, procedures and practices to its stakeholders.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					

Standard 10		Policies and procedures support child safety			
<i>Policies and procedures document how the entity is safe for children</i>					
Criterion 10.1 - Policies and procedures address National Catholic Safeguarding Standards.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
10.1.1	All relevant policies and procedures reference appropriate safeguarding approaches, requirements and responsibilities.		✓		
Observations: Requirements of the indicator are in place. No recommendations for improvement noted.					
Criterion 10.2 - Policies and procedures are accessible and easy to understand.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
10.2.1	The entity's policies and procedures relevant to safeguarding are readily available and accessible to all personnel	✓			
Observations: Requirements of the indicator are in place. No recommendations for improvement noted.					
Criterion 10.3 - Best practice policy models and stakeholder consultation inform the development and review of policies and procedures.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
10.3.1	The entity has processes in place to monitor adherence to policies and procedures relevant to safeguarding.	✓			
10.3.2	The entity has processes in place to develop and review its policies and procedures relevant to safeguarding. These processes include consulting with and incorporating advice from experts, children, families, carers and communities.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 10.4 - The Church Authority and leaders model compliance with policies and procedures.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
10.4.1	The Church Authority and leaders promote and enact all policies and procedures relevant to safeguarding.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					
Criterion 10.5 - Personnel understand and implement the policies and procedures.		Managed & Measurable	Defined & Developed	Initial/ Ad-hoc	Not Addressed
10.5.1	The entity encourages regular discussion and feedback from personnel on their understanding and practical implementation of policies and procedures.	✓			
Observations: Requirements of the indicators are in place. No recommendations for improvement noted.					

Appendix B

COMPLIANCE ASSESSMENT SCALE

The compliance assessment of the entity's performance against each indicator will be determined using a four-point scale, as follows:

	General	Processes	People/Resources
Not Addressed	<ul style="list-style-type: none"> The entity has not addressed the required Indicator or is unable to demonstrate that the requirements of the Indicator are in place and/or are operating effectively and continuously. 	<ul style="list-style-type: none"> Processes are non-existent. Processes exist however the specific requirements of the Indicator have not been addressed. 	<ul style="list-style-type: none"> No resources have been assigned.
Initial/Ad-Hoc	<ul style="list-style-type: none"> The entity has commenced to address the Indicator, however processes are ad-hoc or are applied on a case-by-case basis. 	<ul style="list-style-type: none"> Some relevant processes have been implemented which align with the requirements of the Indicator, however they are: <ul style="list-style-type: none"> siloes; and/or undocumented; and/or inconsistent; and/or lack clarity. 	<ul style="list-style-type: none"> Capabilities vary across the entity. Resources are not formally assigned.
Defined and Developed	<ul style="list-style-type: none"> The entity has addressed the Indicator and is in the process of implementing the requirements across the entity. 	<ul style="list-style-type: none"> Relevant processes have been defined and developed, however are yet to be rolled out across the full operations of the entity. 	<ul style="list-style-type: none"> Resources have been assigned and responsibilities defined, however there is no formal training or communication of standard procedures and it is unlikely that deviations will be detected.
Managed and Measurable	<ul style="list-style-type: none"> The entity has demonstrated that Indicator requirements are formally embedded and are operating effectively and continuously. 	<ul style="list-style-type: none"> Relevant processes are integrated and coordinated, including remote operations and activities. 	<ul style="list-style-type: none"> Personnel have been trained to detect and report on deviations or break downs in processes. Resources have been assigned to monitor and address non-compliance.

Appendix C

AUDIT FINDING PRIORITIES

The following priority ratings have been used to assess findings arising from this audit:

Priority 1	Priority 2	Priority 3
<p>Gaps or control weaknesses have been identified resulting in non-compliance with the indicator.</p> <p>Mitigation actions are required to be developed and initiated as soon as practicable but no later than 30 days from the issuance of this report, with expected resolution within 3 months.</p>	<p>Progress has been made with respect to implementation of the required indicator, however full compliance is yet to be achieved.</p> <p>Mitigation actions are required to be developed and initiated within 3 months or earlier from the issuance of this report, with expected resolution within 6-9 months.</p>	<p>Issues have been identified which represent minor procedural weaknesses or improvement opportunities with respect to the operation of the indicator.</p> <p>Expected resolution is within 12 months or earlier from the issuance of this report.</p>