



THE CHURCH  
OF ENGLAND

**Diocese of St Edmundsbury  
and Ipswich**

Version 2

## **Past Case Review 2-Survivor Care Strategy**

### **1. INTRODUCTION AND CONTEXT**

1.1 Past Case Review 2 (PCR2) is a central part of the Church's proactive approach to identifying where abuse allegations have not been managed appropriately or safely or with the needs of the vulnerable at the centre of its decision making. The welfare of children and adults at risk of abuse is of paramount importance in the planning and execution of PCR2.

1.2 This strategy has been written by St Edmundsbury and Ipswich, Diocesan Safeguarding Advisor (DSA) in consultation with the Founder of Survivors in Transition. It is based on the Diocese of Peterborough's "Survivor Care Strategy". Notice has also been taken of the National Church's 2011 practice guidance document - 'Responding well to those who have been sexually abused'

1.3. The purpose of the strategy is to ensure that during the PCR2 audit the Diocese of St Edmundsbury and Ipswich is engaging with and providing support for all who may be impacted upon by the review of old cases and the discovery of new concerns. The audit is scheduled to commence summer 2020 and a six to eight-week timescale has been estimated for the reading of all files.

1.4 Work with survivors will not be limited to this eight-week timescale, as it is anticipated that some individuals may not feel able to immediately respond to offers of assistance based on their previous experiences or current circumstances. Each case will be assessed on an individual basis regarding the level of support and intervention required and the pace at which the intervention needs to progress.

1.5 The Diocese of St Edmundsbury and Ipswich is responding to the PCR2 policy in respect of survivors, by appointing a PCR2 advocate from Ipswich based Survivors in Transition, to provide the lead for survivor support and engagement.

1.6 Local Safeguarding Partnership Board Managers and police leads for the local authority areas have been notified that PCR2 is taking place and have been provided with a copy of this practice guidance for information.

1.7 Contact details for the DSA and Survivors in Transition will be made available on a dedicated PCR2 section of the diocesan website.

1.8 A dedicated telephone helpline operated independently from the church, by the NSPCC, has been set up for those affected by issues which may arise as a result of PCR2, and who may not wish to contact someone in the local diocese. The telephone helpline number can be found on the safeguarding sections of both the Church of England and local Diocesan websites.

### **2. ROLE OF ADVOCATE FOR SURVIVOR SUPPORT AND ENGAGEMENT**

2.1 Ipswich based Survivors in Transition has agreed to take on the role of advocate for cases identified during the PCR2 audit in St Edmundsbury and Ipswich Diocese. Referrals will be made to them from three main sources, - the Independent Reviewers, the Diocesan Safeguarding Advisor and self-referrals from survivors.



THE CHURCH  
OF ENGLAND

**Diocese of St Edmundsbury  
and Ipswich**

Version 2

The advocate role is to-

2.2 make sure that the concerns and needs of survivors are heard and responded to.

2.3 identify and provide appropriate support for individuals who have previously asked for help, but where there is no evidence that support was either offered or provided.

2.4 ensure the support needs of all those impacted by PCR2 are considered and provided for.

2.5 act as liaison between the Survivor and the Independent Reviewer (IR's) to ensure the voice of the survivor is heard.

2.6 liaise with the DSA to ensure that support (if appropriate) is offered from within the diocese.

### **3 ENGAGEMENT**

3.1 In every case when engaging with survivors their well-being will be the paramount consideration. It is very important that time is taken to consider the current circumstances of the individual and whether they have previously indicated their willingness to be contacted by the diocese.

3.2 When someone makes contact seeking to make representations to the PCR2 process, the DSA will liaise with Survivors in Transition and the IR to plan how best to receive their representations.

3.3 Where safeguarding professionals or diocesan clergy are in current contact with victims and survivors, who have experienced abuse by clergy or church officers, an invitation will be extended to victims and survivors to have contact with the IR if they so wish. Any such approach will be planned by the DSA and Survivors in Transition.

3.4 Consultation with the Children and Young People's services will take place to agree how approaches may appropriately be made to parents or guardians of people under the age of 18 who have been identified as victims of abuse.

3.5 Consultation with the Adult Social Care Team will take place to agree how an approach can be made to an individual who has been identified as having been abused and is assessed as having diminished capacity.

3.6 Any contact with an individual inviting them to express their views to the IR will be made aware that the IR is not able to pursue any personal concerns or issues which individuals may have.

3.7 If there are unmet support needs or unmitigated risk identified, then the IR will pass these to the DSA. The DSA will address these as per the usual work of the diocesan safeguarding team in line with House of Bishops' current practice guidance.

3.8 Those survivors who, after consideration of their needs, are approached, will be made aware that the purpose of their invitation to engage with the IR is to generate information about how victims and survivors have been responded to by the church.

They should be invited to:

- Comment on how helpful they found the response
- What could have been done differently to assist them more



THE CHURCH  
OF ENGLAND

**Diocese of St Edmundsbury  
and Ipswich**

Version 2

3.9 Any survivor engaging with the PCR2 process will be assured of support and of anonymity. Any sensitive information shared will be protected, unless specific details of criminal activity are reported, or to not share the information could cause greater harm to the individual or others. Information received will be stored securely, either in locked cabinets or encrypted electronic folders.

#### **4 SPECIFIC CASES**

4.1 Where contact with named individuals is deemed necessary because the PCR2 has identified previously recorded incidents of abuse where risk mitigation, statutory reporting, criminal investigation or survivor support has been inadequate; then a clear survivor focussed plan needs to be put in place. No survivor should be contacted by the DSA, the advocate for survivor care, police or the local authority without a plan in place to offer them immediate care and support.

The plan should take into consideration:

- The current circumstances and needs of the individual
- Access to support and care that is provided independently from the church context for those that need it. Some people may need both pastoral and psychological support and one should not be offered at the exclusion of the other
- The availability of planned pastoral care within the church, should the individual request it.

4.2 In all such cases planning should be in partnership with the police and/or the local authority who will be responsible for carrying out statutory investigations of a criminal or safeguarding nature.

4.3 The DSA will discuss with Survivors in Transition and with statutory agencies such as the police or local authority, the level of support which is required so there can be a coordinated response with the survivor at the centre.

4.4 The establishing or cementing of effective local partnerships (e.g. with Victim Support, Rape Crisis, local counselling providers etc.) will be undertaken by the DSA, with support from the PCR reference group and Survivors in Transition.

#### **5. CONCLUSION**

5.1 Findings from PCR2 will be utilised to assist the dioceses and the National Safeguarding Team to improve their responses to victims and survivors of abuse within the church.

May 2020