**Past Case Review (2) – Survivor Care Strategy**

1. **Introduction**
	1. 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 vulnerable people at the centre of its decision making, The welfare of children or of adults at risk of abuse must be of paramount importance in the planning and execution of the PCR2. A full outline of the Protocol and Practice Guidance for the Past Cases Review 2 can be found on the Church of England’s website [here](https://www.churchofengland.org/sites/default/files/2019-08/PCR2%20Protocol%20and%20Practice%20Guidance.pdf).
	2. The Diocese of Canterbury is responding to the PCR2 policy and the requirement to ensure that support and care is available to any survivor who would like support or indeed anyone affected in any way by the undertaking of the PCR2. To that end the Diocese of Canterbury has within in it access to the Living Well, access to the Authorised Listeners services or they can also be put in contact with the Heal for Life organisation which also supports survivors of sexual abuse. Access to any of these services can be made through contacting one of the Diocesan Safeguarding Advisors.
	3. Local Adult and Children’s Social Services, Police and the Kent and Medway Health Trusts have been notified that the PCR is taking place and have been provided with a copy of the practice guidance for their information. This document has also been made available to them.
	4. 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. This information is on the National Safeguarding Team’s website as well as the Diocese of Canterbury and both Guernsey and Jersey Deanery websites. The telephone helpline number and details of how to make contact directly with the Diocesan Safeguarding Team has been promoted in the Diocese and both Guernsey and Jersey.
	5. This strategy should be read alongside ‘Responding well to those who have been sexually abuse practice guidance (2011, Church house Publishing).
	6. As part of the PCR2 process a Reference Group has been established whose role it is to:
	* ensure robust risk management
	* provide dispute resolution when there are differing professional opinions between the Diocesan Safeguarding Advisers and the Independent Reviewers
	* ensure that the right care and support is in place for anyone that is impacted upon by the undertaking of this review.
	* Review the recommendations from the DSA regarding the exemption of a proportion of previously reviewed cases/files and ensure that agreement to seek exemptions is unanimous.
	1. A central part of the PCR process is to not only ensure that any survivors are supported but that their views and voices are incorporated into the process and any learning afterwards. To that end survivors are encouraged and welcomed to make their views known to the Independent Reviewers, by making contact with the DSAs. In addition to this other mechanisms are being established so that anyone wishing to remain anonymous can do so and still make their views known. The DSAs will advise the PCR2 Reference Group in regards to what mechanisms have been established and how they are being publicised.
2. **Engagement**
	1. In every case where engaging with those with lived experience of abuse is considered, 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 in this way.
	2. Planning the approach to any individual will involve a gently, non-intrusive contact to see if further discussion or involvement would be welcomed. Independent sources of support will be available through the PCR2 advocate for survivor care. Communication with the advocate will be immediately available to anyone that the diocese seeks to engage with in this way.
	3. Where someone makes contact seeking to make representations to the PCR2 process, the DSA will liaise with the PCR Reference Group lead for survivor engagement and the IR to plan how best to receive the representations.
	4. 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 should 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 with the survivor representatives on the PCR reference group, where the reference group has responsibility for oversight for survivor support and well-being:
		* + Consideration will be given as to how approaches may appropriately be made to parents or guardians of people under the age of 18.
			+ Consideration will also be given to approaching those with advocacy or support roles for individual with diminished capacity.
			+ Any contact with an individual inviting them to express their views to the IR should make them aware that the IR is not able to pursue any personal concerns or issues which individuals may have.
	5. 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 the House of Bishops current practice guidance.
	6. Those survivors who after consideration of their needs, are approached, should 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
	* comment on what could have been done differently to assist them more
	1. Any survivor engaging with the PCR2 process will be assured of support an of anonymity and that any sensitive information sharing will be protected
	2. These insights will be utilised to assist the dioceses and the NST to improve their response to victims and survivors.
3. **Specific cases**
	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.
	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.
	3. It is the role of the Diocesan Safeguarding Team to ensure that there is a broad spectrum of support options available to meet the needs of those who may be seeking support. Provision of support will be discussed with the survivor and with statutory agencies where there is police or local authority involvement, so there can be coordinated response with the survivor at the centre.
	4. No survivor should be contacted by the DSA, police or Local Authority without a plan in place to offer the immediate care and support. There should be:
	* planned pastoral care available within a church context for those that want this
	* access to support and care that is provided independently from the church context for those that need it. Some people may need both pastoral ad psychological support and one should not be offered at the exclusion of the other
	* a discussion with the survivor about what would best meet their needs
	* assurance of support and of anonymity and that any sensitive information shared will be protected.
	1. The establishing or cementing of effective local partnerships will be undertaken by the DSA with support from the PCR Reference Group.