The Diocese of London Survivor Pathway

Introduction

The Past Cases Review 2 (PCR2) was commissioned following a report from the Independent Scrutiny Team led by Sir Roger Singleton in 2018. All national church institutions and dioceses are required to complete the review and all parishes, cathedrals and other church bodies are required to participate.

The PCR2 protocol and practice guidance has been approved by the House of Bishops. All dioceses and church bodies are required to have ‘due regard’ to this guidance in completing the review. It makes specific provision for the involvement of victims, survivors and those with a lived experience of abuse. We recognize that the welfare of children or adults at risk of abuse must be of paramount importance in the planning and delivery of the PCR2 and we want to ensure that we are using this as a framework for improvement for our ongoing work with victims and survivors.

The specific objectives of PCR2 are:

- To identify all information held within parishes, cathedrals, dioceses or other church bodies, which may contain allegations of abuse or neglect where the alleged perpetrator is a clergy person or other church officer, and ensure these cases have been independently reviewed.
- To ensure all allegations of abuse of children, especially those that have been recorded since the original PCR, have been handled appropriately and proportionately to the level of risk identified and with the paramountcy principle evidenced within decision making.
- To ensure that recorded incidents or allegations of abuse of an adult (including domestic abuse) have been handled appropriately demonstrating the principles of adult safeguarding.
- To ensure that the support needs of known survivors have been considered.
- To ensure that all safeguarding allegations have been referred to the Diocesan Safeguarding Advisers and are being/have been responded to in line with current safeguarding practice guidance.
- To ensure that cases meeting the relevant thresholds have been referred to statutory agencies.

Appendix 3 sets out the checklist for implementing PCR2 guidance for survivors. This covers:

- Reference Group responsibilities
- Communications
- The involvement of victims, survivors and those with a lived experience of abuse
- Survivor engagement
- Survivor support plan

Each diocese is expected to put systems and services in place and to bring the appropriate agencies together to support victims and involve them in the programme, whether as contributors or as participants of the reference group. Both NAPAC and Victim Support are members of the Diocese of London PCR2 Reference Group and they are partnering us with the delivery of this pathway and our engagement with victims and survivors.

We have also reviewed the current literature to understand what is important to survivors (see Appendix 4).

As an institution, abuse has had a major impact on the churches’ reputation and trust. Abuse can have a significant impact on people’s lives, increasing the risk of poorer physical and mental health and poorer social, educational and criminal justice outcomes. Supporting someone who has been abused can be a
complex and long-term intervention that needs specialist skills and knowledge.

Often agencies who are funded to work with victims to improve their outcomes are health and social care professionals eg. Counsellors, therapists etc. Our duty towards victims of all abuse, not only that perpetrated by church officers, is to support them to disclose the abuse and help them to access appropriate support by signposting and referring to more specialist support as required.

In the past clergy and laity have often wanted to support people in their own congregation and while this can be appropriate in a general way, specialist support will need to be found outside of the local church community.

The role of the diocesan safeguarding team in relation to victims is important to set out, so that both the duties and the limitations of the team are clear.

To ensure people get the support they need the Church of England guidance requires each diocese to have listening services. These are intended as short-term support to provide victims and survivors of abuse within the church settings with support during the disclosure process.

To meet the needs of victims appropriately we have mapped a survivor pathway for the PCR2 review process in the Diocese of London, to ensure victims and survivors are well supported.

Mapping our development priorities

We have used the document called: STRATEGIC DIRECTION FOR SEXUAL ASSAULT AND ABUSE SERVICES: Lifelong care for victims and survivors: 2018 – 2023 that sets out the strategy for NHS England and represents a shared vision and focus for improvement in support for victims and survivors.

We have set out the PCR2 survivor pathway using this framework so that all the facets of this work are presented in a way they can be measured by the Past Case Review Reference Group (PCRRG). We will also use this as the foundation for the Diocese of London Survivor Strategy.

Based on the six core priorities identified in this NHS framework, we have identified the priorities for the Diocese of London as follows:

1. Building our Safer Churches Strategy to help prevent future abuse
2. Promoting safeguarding and the safety, protection and welfare of victims and survivors
3. Involving victims and survivors in the development and improvement of what we do
4. Developing key performance indicators to ensure timeliness of our response and the quality of what we do
5. Developing our partnerships with Napac, Victim Support and other service providers
6. Ensuring that our clergy, and all those involved in the life of our churches receive safeguarding training appropriate to their roles.

Appendix 1 - A map of the survivor pathway
Appendix 2 - The Survivor and Victim Framework Summary for 2020/2021
Appendix 3 - How the priority outcomes will be achieved.
Appendix 4 – what victims tell us


2 NHS England leads the National Health Service (NHS) in England
Appendix 1 - Survivor Pathway

Self Referral

Professional Referral (Including Clergy)

PCR2 generated referral

Disclosure coming from the individual could be done via any of the following: Clergy/church officer, another congregant, directly to the DST, through the Truth Project.

All cases reported into Diocesan Safeguarding Team (DST) within 24 hours

Initial Assessment of case and survivor services on offer:

If case doesn’t meet criteria to launch investigation

Support on offer: Signposting to other relevant organisations, e.g. Mind or Napac, Victim Support.

Meets Criteria and investigation is launched

Police support: Victim Support
DST Support: Individual Survivor support plan - could include Napac group service (12-week program), counselling, listening service etc

During investigation

Listening service

Post investigation

Include EIG and how accessed as option and any other support still on offer

PCR2 cases

NSPCC helpline, and In addition to any of the above - opportunity to meet with Independent Reviewer

Historic cases could appear for whole process or if case has already been acted-on, they could receive post investigation support.
## Appendix 2 Summary plan

### The Survivor and Victim Framework Summary for 2020/2021

<table>
<thead>
<tr>
<th>Priority outcomes</th>
<th>2030 Vision</th>
<th>We aim to</th>
<th>These priority outcomes are supported by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOL is Strengthening its approach to prevention</strong></td>
<td>Promoting safeguarding and the safety, protection and welfare of victims and survivors</td>
<td>Ensure that people are free from harm in our churches through safer recruitment practices.</td>
<td>DOL Continuing to improve the delivery of services and reliability of contractors through contract monitoring.</td>
</tr>
<tr>
<td><strong>Promoting safeguarding and the safety, protection and welfare of victims and survivors</strong></td>
<td>Promoting safeguarding involving victims and survivors in the development and improvement of services</td>
<td>Ensure staff and volunteers are adequately supported and that safeguarding is integrated into their work.</td>
<td>Use our learning from PCR to extend our networks and partnerships.</td>
</tr>
<tr>
<td><strong>DOL is Introducing consistent quality standards</strong></td>
<td>Responsible governance and partnership are in place</td>
<td>Review the case work within the DST to evaluate against practice standards and implement recommendations from the Independent Reviewers.</td>
<td>To work with police, social care health to improve survivors and victims’ experience when disclosing.</td>
</tr>
<tr>
<td><strong>DOL is Driving collaboration and reducing fragmentation</strong></td>
<td>Everybody in our churches enjoys physical safety and feels secure</td>
<td>We aim to keep victims and survivors safe and support them to cope with the direct impacts of abuse when disclosing by working closely with agencies.</td>
<td>Ensure that clergy and church safeguarding officers have capacity and skills and expertise in safeguarding to each episcopal area.</td>
</tr>
<tr>
<td><strong>Ensuring an appropriately trained volunteer and staff workforce</strong></td>
<td>People are free from harm in our churches</td>
<td>Sign post victims who come to us to access our listening and support services.</td>
<td>We aim to commission e learning and development and improve of this client group.</td>
</tr>
<tr>
<td><strong>We encourage incumbents and church communities to focus on prevention of abuse through the work of the DSSG and their PCC’s</strong></td>
<td>Victims and survivors receive adequate support through their disclosures and are offered support through the DST and church community where appropriate, work with independent advocates.</td>
<td>CFPS recommendations are implemented to ensure effective survivor opportunity to influence governance and the way things are done around here.</td>
<td>Ensure that clergy and church safeguarding officers have capacity and skills and expertise in safeguarding to respond well and they understand the complex needs of this client group.</td>
</tr>
<tr>
<td><strong>Supports in place</strong></td>
<td>Improved collaboration with health services for victims to access lifelong services for victims and survivors through referral mechanisms.</td>
<td>背部* 673x147 through referral mechanisms.</td>
<td>We aim to commission e learning and provide choices in relevant safeguarding to each episcopal area.</td>
</tr>
<tr>
<td><strong>Improving collaboration with health services for victims to access lifelong services for victims and survivors through referral mechanisms.</strong></td>
<td>Everybody can access training to help them feel confident with their safeguarding duties.</td>
<td>Ensure that people are protected as far as possible from avoidable harm by well trained safeguarding volunteers and members of clergy.</td>
<td>Encourage volunteers in church settings to take responsibility for their own learning within and outside of the church.</td>
</tr>
</tbody>
</table>

*These priority outcomes were supported by:*

**Operational plan 2020**
Appendix 3-Checklist PCRRG PCR2 guidance for survivors

Reference Group responsibilities

☐ The DSAP chair must nominate a member of the diocesan PCR reference group to lead for survivor support and engagement.

☐ The DSA, DSAP chair and diocesan bishop must agree survivor-care strategy at Phase One

☐ To regularly review the survivor-care strategy

☐ Local Adult and Children’s Safeguarding Partnership Boards to be notified of PCR2 with a link to the guidance.

☐ To establish local partnerships (e.g. with Victim Support, Rape Crisis, local counselling providers etc.) are in place

Communications

☐ The diocesan safeguarding team is the point of contact for the review/survivors

☐ The NSPCC helpline number and how to contact with the DST must be promoted locally

The involvement of victims, survivors and those with a lived experience of abuse

☐ The DSA will liaise with lead for survivor engagement and IR when someone wants to make representations to PCR2

☐ Where safeguarding professionals or diocesan clergy are in current contact with victims and survivors, an invitation to be offered to engage with the IR

Survivor engagement

☐ Individual who we are working with should be invited to express their views to the IR

☐ Any survivor engaging with the PCR2 process will be assured of support and of anonymity

☐ Advocacy or carers for individuals who lack capacity or under 18 should be in place

Survivor support plan

☐ Any investigations should have a multiagency survivor support plan in place prior to contact.

☐ Pastoral care should be included in the survivor support plan if required

☐ If the IR identifies unmet support needs, they should pass to the DSA
Appendix 4

The needs of victims and survivors

Victims and survivors tell us that, both before and after disclosure, they frequently find it difficult to navigate a confusing and disjointed array of services at the time when they need them most and at times when they are often in crisis. They also tell us that their experience can be compounded both by difficulties in knowing which services to access to get the help and support that they need, and by inconsistencies in the quality of care that they receive once they do access services. This heightens the risk of compound trauma that can occur as a result of repetitive, prolonged and sustained abuse and/or re-traumatisation, which is the reminder of a past experience resulting in re-experiencing the initial trauma.

Heightening the risk further, disclosure and identification of sexual assault and abuse often takes place in a more formal setting rather than within an environment dedicated to the care and support of victims and survivors. This can often mean that, whilst support is available, there may be little emotional and physical support longer-term and over the individual’s lifetime.

The Diocese of London have engaged the support of Victim Support and Napac with the intention of gaining their specialist insight and knowledge as we work to ensure the needs of victims and survivors are central to our past cases review. They will help us to ensure that joined up support for individuals, as well as for their families and carers and that victims and survivors are directed to the most appropriate service at the right time in their journey to recovery.