

**Church of England  
Past Cases Review 2**

**Report of The Diocese of St Edmundsbury and Ipswich**

**Independent Reviewers: Josie Collier, Angelina Crook,  
and Carol Wells**

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## **1. Introduction - Overview and Governance:**

This is the report of the Past Cases Review 2 (PCR2) undertaken in the Diocese of St Edmundsbury & Ipswich by Independent Reviewers (IRs) Josie Collier, Angelina Crook and Carol Wells. The structure of the report follows the guidance provided by the Church of England's National Safeguarding Team and sets out to meet the objectives therein.<sup>1</sup>

The PCR2 was delayed as a result of the Covid-19 pandemic, which made it impossible to review the clergy blue files until the national restrictions were relaxed. There were also a number of changes to the team of Independent Reviewers due to undertake the review - each change required the Diocesan Safeguarding Officer (DSO) to recruit another available Independent Reviewer (IR). The review commenced on 21st September 2021 with one IR, joined in mid and late October by two additional IRs. PCR2 was completed in February 2022.

PCR2 was supported by an Independent Project Manager, Ailsa Reid-Crawford, working initially 1 day a week, increasing to 2 days a week towards the end of the review.

It is the understanding of the Independent Reviewers this report will be submitted to the National Safeguarding Team (NST) for inclusion in Church of England's Overview Report which will be provided to the Independent Inquiry into Child Sexual Abuse (IICSA) later in 2022. In principle, the Diocese wishes to publish the report, and a final decision regarding this will be taken once the Church of England's Overview Report is published.

### **1.1 Organisational structure of The Diocese:**

1.1.1. The Diocese of St Edmundsbury and Ipswich was formed on 23rd January 1914 from part of the Diocese of Norwich and the Diocese of Ely. It covers Suffolk (excluding Lowestoft) serving the main town of Ipswich, a number of market towns, rural villages, seaside resorts and one port, Felixstowe. A mixture of areas experiencing economic deprivation and relative affluence. There are 482 churches in 446 parishes. Most of which are combined into one multi-parish benefices with one incumbent. The Diocesan office and the Bishop's office are based in Ipswich.

1.1.2. St Edmundsbury Cathedral and its offices are in Bury St Edmunds.

1.1.3. The Diocesan Bishop, since 2015, is Rt Revd Martin Seeley, supported by the Suffragan Bishop of Dunwich, Mike Harrison. The Episcopal Senior Team consists of the two Bishops, four Archdeacons, Bishop's Chaplain. The Diocesan Secretary since 2017 was Anna Hughes.

1.1.4. In addition to the parochial structure, Suffolk has a network of new worshipping communities that work alongside more traditional ways of doing church. A number of small groups called 'Lightwave' meet in homes, pubs, offices, schools and other places.

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<sup>1</sup> Past Cases Review 2 – Protocol and Practice Guidance July 2019 p3.

<https://www.churchofengland.org/sites/default/files/201908/PCR2%20Protocol%20and%20Practice%20Guidance.pdf> accessed here 14.02.2022

Although these are outside of the parochial structure, they are under the remit of the Bishop's Mission Order. The DSO works with and has assisted in developing their safeguarding policies. They are encouraged to refer any safeguarding concerns to the DSO. Lightwave groups are not within scope of the Diocese PCR2.

1.1.5 The IRs are advised that there are no religious communities, theological educational institutions or Peculiars to include in the PRC2.

## **1.2. Governance and safeguarding arrangements in the Diocese.**

1.2.1. The Diocesan Bishop holds accountability for safeguarding children, young people and vulnerable adults worshipping in the Diocese of St Edmundsbury and Ipswich, with the Bishop of Dunwich deputising.

1.2.2. The Diocesan Safeguarding Advisory Panel (DSAP) has an independent Chair, membership from clergy, lay representatives, statutory agencies and the Diocesan Secretary. There are currently 2 vacancies. The Terms of Reference have strategic focus and the DSAP offers advice to the Diocesan Bishop and his senior leadership team. It meets 4 times a year.

1.2.3. When the current DSO was appointed in 2019, there was no template for risk assessing church officers whose DBSs held relevant content. The DSO designed a template and DSAP agreed those individuals considered to be high risk e.g. sex offenders, would be considered at DSAP. Decision letters post-risk assessment are not ratified by signature of the Bishop, Diocesan Secretary or the Chair of DSAP.

1.2.4. The Social Care Institute for Excellence's (SCIE) independent safeguarding audit in 2016<sup>2</sup> recommended that the Diocese develop a quality assurance process. Although not identified in the action plan, this presented as a driver to establish the Quality Assurance Group (QAG) which started meeting in June 2021. It is chaired by the DSAP chair and has representation from police and social care services. It currently meets quarterly.

1.2.5. The DSO can present cases she wishes to seek QAG overview. The IRs understand that QAG does not take formal responsibility for endorsing risk assessment decisions nor are the decision letters signed by the chair. The IRs further understand that work is underway to develop the role of QAG in risk assessment decision endorsement. There is further comment on this at section 5.4.

1.2.6. Prior to the appointment of the current DSO on 23<sup>rd</sup> July 2019, the Assistant Diocesan Secretary held responsibility for safeguarding. He set up processes and provided the strategic information for the Bishop's Safeguarding Panel, between 2009 and 2017. In 2017, this panel became the DSAP with an independent chair. Initially the Diocese paid an amount of money for the professional advice from an employee of Suffolk County Council Safeguarding team. She also provided training. A Diocesan Safeguarding Advisor was appointed in October 2016 and left in June 2019. He was

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<sup>2</sup> SCIE audit – action plan only sourced on Diocesan website. Audit report not found publicly:  
<https://d3hgrlq6yacptf.cloudfront.net/5f214e41ab1e4/content/pages/documents/1592301796.pdf>

employed 4 days per week. He had responsibility for safeguarding casework and delivering safeguarding training.

1.2.7. A Diocesan Safeguarding Trainer and Training Co-ordinator was employed in February 2017 and left in April 2019.

1.2.8. The Diocese has one full-time Diocesan Safeguarding Officer (DSO) who has substantial experience as a probation officer and manager within the National Probation Service and a Community Rehabilitation Company. The DSO has a good knowledge and understanding of relevant legislation and procedures, as well as links with the local statutory agencies, including Children's Social Care and the Local Authority Designated Officers for Managing Allegations (LADOs), Adult Social Care, Probation and the Police, including the Offender Managers.

1.2.9. The DSO role includes both the work of a Diocesan Safeguarding Advisor and the strategic work which the previous Assistant Diocesan Secretary completed. Because of the timing of their appointment, the DSO did not have a complete handover.

1.2.10. The DSO also holds management responsibility for safeguarding training. Since September 2021, two permanent part-time trainers have been in post, providing safeguarding training weekdays, evenings and weekends. There is a comprehensive list of the courses provided and who they are aimed at on the Diocese website. Safeguarding training modules are compliant with the National Church Safeguarding Framework.

1.2.11. The Diocese is meeting the requirement as set out in the Diocesan Safeguarding Advisor Regulations 2016 for the DSO to receive professional supervision '*at an appropriate level from a person with experience of work that is concerned with the safeguarding of children or vulnerable adult*'. The DSO states satisfaction with the current supervision arrangement. The Diocese should consider a formal agreement with the supervisor to ensure the role, responsibilities and lines of accountability are clear.

1.2.12. The Diocese recognises the need to extend capacity in the Diocesan Safeguarding Team (DST) in order to support an effective safeguarding response. An additional part-time assistant safeguarding officer is being recruited, building on recent increase in the capacity to deliver safeguarding training and the use of an out of hours enquiry service.

1.2.13. To date there has been no formal arrangement in place for the DSO to have regular planned safeguarding meetings with the Diocesan Bishop. Meetings take place as required and are facilitated quickly and it was also evident there is a strong commitment on both sides to ensure these meetings take place when needed. A formal arrangement and a record of the meeting would promote further governance and consolidate the position of safeguarding as a priority for the Diocese.

1.2.14. A Diocesan Safeguarding Administrator working four days a week, supports the work of the DSO and training function and the administration of the DBS applications for those who will hold the Bishop's licence.

1.2.15. Since August 2021, the Diocese contracts with 'thirtyone:eight', a charity that offers an out-of-hours helpline for reporting safeguarding concerns when the diocesan office is closed, or the DSO is on leave. Thirtyone:eight has not received many enquiries but the DSO reports that colleagues have positive feedback from using this helpline to discuss concerns. The DSO reports anecdotally that the responses by 'thirtyone:eight' have been consistent with the approach that she would take.

1.2.16. As well as the information regarding out of hours reporting, the Diocesan website is informative and has an accessible section on Safeguarding. The resource page includes a list of signposting organisations where people can get assistance from depending on their need, for example Lighthouse for survivors of domestic abuse. There is also information for those involved in safeguarding in parishes, including guidance and procedures. The PCR2 is mentioned as is Survivors in Transition, the charity with which the Diocese is working to support survivors of abuse.

1.2.17. There is evidence of a very effective DBS system in place seen through the review of the clergy and PtO files. The Diocese outsources for DBS checks. In addition to this, the Clergy Safe to Receive Letters (CCSL) are evident in clergy files and there is evidence on the whole that these are used effectively within the safe recruitment systems when a member of the clergy moves diocese or role within the diocese.

1.2.18. An area for improvement, highlighted through the review of the safeguarding files, is the case management system. The St Edmundsbury and Ipswich Diocesan Board of Finance (DBF) does not have an electronic case management system for recording safeguarding referrals. Maintaining the safeguarding files relies on manual systems that have been in place for many years. In the absence of this, the DSO has developed her own electronic filing system to support her practice.

1.2.19. St Edmundsbury Cathedral Chief Operating Officer (COO) is the Cathedral's safeguarding officer and as such has day to day responsibility for safeguarding. There are close links with the DSO. The COO has developed her own safeguarding recording system through the use of a tracking sheet but there is no integration of emails or other papers. Introducing a record keeping system that all relevant people can access and input into when required was a recommendation in the Cathedral's SCIE audit of 2016. It is encouraging that the view of the IR was acknowledged, and the COO is to develop a more robust recording system.

1.2.20. It is positive that the Cathedral has implemented the recommendation of their 2016 SCIE Audit to formalise the safeguarding arrangements. An Operational Working Agreement was signed in 2019 to ensure clarity of roles and responsibilities between the two organisations. The cathedral has a safeguarding committee with terms of reference.

1.2.21. The Cathedral undertakes DBS checks and any with content are discussed with the DSO. There is also regular liaison and advice sought from the DSO with any safeguarding concerns. There is a more formal meeting 4 times a year.

1.2.22. There is no Cathedral school, the choristers are auditioned from local schools. As the adequacy of safeguarding arrangements for the choristers has not been subject of review the IRs wish to comment that a review of the safeguarding arrangements for these children should be considered.

1.2.23. The IRs noted the Cathedral provided a nil return for safeguarding cases. This was queried, and an IR went to the cathedral to meet with the COO. It was confirmed with the IR that there were no past or current paper safeguarding files held. There was retention of only two non- current Worshipping Agreements. All files are held by the DSO.

## **Recommendations**

**Rec. 1- That the Diocese should review the agreement for the supervision and ensure that the role, responsibilities, and lines of accountability of the supervisor is clearly articulated.**

**Rec. 2- A formal arrangement for a regular, recorded meeting between the Diocesan Bishop and DSO on safeguarding matters.**

**Rec. 3- Whilst the National Church are working towards a national electronic case management system for all dioceses, St Edmundsbury and Ipswich should review the effectiveness of the current case management system and file management processes. As an outcome this should refresh the procedure, policies, roles and responsibilities in relation to case management and consider whether an electronic system, as an interim measure, would be of benefit.**

**Rec. 4- St Edmundsbury Cathedral to complete the work on their own recording keeping and consider bringing this in line with recommendation 3.**

### **1.3. Governance and oversight of PRC2 arrangements in St Edmundsbury and Ipswich:**

1.3.1. The PRC2 has been undertaken in line with the Church of England's national guidance. A PRC2 Reference Group was established with the following membership:

- Independent Chair of the Safeguarding Management Group (DSAP)
- Diocesan Bishop
- Suffragan Bishop
- Bishops Chaplin
- Diocesan Secretary
- Diocesan Safeguarding Officer
- PCR2 Project Manager
- Co-Founder of Survivors in Transition (representing victims)
- County Safeguarding Manager
- Suffolk Police Public Protection Unit Supervisor
- Diocesan Communications Officer
- Cathedral Safeguarding Lead

1.3.2. There have been 5 meetings of the PCR2 Reference Group; October, November and December 2021, February and March 2022. The IRs attended 4 of these meetings and the December 2021 considered an interim report on emerging themes in December 2021. A draft of the final report was presented on 21<sup>st</sup> February 2022 with feedback comments considered for the final report presented on 2<sup>nd</sup> March 2022.

1.3.3. The PCR2 Project Manager provided full project documentation including a full project plan, highlight reports, risk log, actions and decisions registers, all of which reported on the status of the project to the Reference Group. In addition, the Reference Group had its own Terms of Reference which were drafted and agreed. The Project Manager established the data management system for the review and populated this with the information provided by the Diocese. Excel was used for the data recording, including spreadsheets regarding safeguarding cases and a master tracking spreadsheet of all cases reviewed. The data informed the weekly meetings between the IRs, the Project Manager and DSO. This meeting was also the forum to discuss individual cases which required follow up work.

1.3.4. Day-to-day the lead responsibility for PRC2 has been held by the DSO, who has taken a key role in dealing with the day-to-day queries from the IRs and acted as a conduit as necessary. The IRs would like to acknowledge Ms Galloway's important contribution to the progress of PRC2 in the diocese.

#### **1.4. Commissioning arrangements for Independent Reviewers:**

1.4.1. Two of the IRs were identified from the National Safeguarding Team's list of approved reviewers who had capacity to undertake the review at short notice. All three were interviewed by the DSO prior to starting. None of the reviewers had prior contact or involvement with the Diocese. The review work commenced in September 2021 with one IR, joined in mid-October 2021 by Carol Wells and in early November Josie Collier joined. The delayed start was due to the restrictions of the Covid-19 pandemic, which made it impossible to review the clergy blue files until the restrictions were relaxed. The review work was completed in February 2022 with the draft report presented to the PRC2 Reference Group in February 2022.

1.4.2. Ms Crook spent 30 years in the Police Service having recently retired as a serving Police Inspector. Her career in the Police saw her undertake many varied investigative roles. One of which was in Child Protection as the Officer in the case, investigating and proceeding to Court all matters relating to child abuse and adult survivors. During her Police service Ms Crook was also seconded to Her Majesty's Inspectorate of Constabulary (HMIC). There she worked as a Staff Officer to HMI Robin Field Smith, working as part of team Inspecting and Reviewing other Forces regarding 'Training Matters, a Thematic Inspection undertaken by HMIC into National Police Training. Ms Crook also served on the Professional Standards Department as an Investigating Officer. Managing a team and undertaking investigations and serious case reviews. The investigations and reviews often related to public complaints and breaches of the Codes of Conduct. Culminating at times with matters being taken to Court and or a public hearing.

1.4.3. Ms Collier is a qualified social worker (1996), manager and independent safeguarding consultant (since 2015). She has been involved in quality assurance and Safeguarding case reviewing for local authorities and Safeguarding Children Partnerships and Safeguarding Adult Boards. She works as a SCIE associate involved in project work and training with statutory and third sector clients as well as delivering on similar projects on a freelance basis.



1.4.4. Ms Wells is a qualified Social Worker with 35 years' experience with a background mainly in children and young people's services in local authorities and multi-agency environments as a practitioner and manager. She has recent experience as an associate developing and facilitating action learning for local authorities, private and third sector organisations. Currently working part time as an independent chair for child protection conferences and child in care reviews, including monitoring and auditing of practice.

1.4.5. The IRs' combined background knowledge of the PRC2 process and of the Church of England systems has been helpful. Ms Wells had already undertaken the PRC2 in three other Dioceses and Ms Collier in one.

1.4.6. The appointment of an independent Project Manager, with experience of PCR2 from another diocese, enabled the IRs to focus on the core task of reviewing records which has proved helpful.

1.4.7. The IRs were required to use their own laptops and to ensure confidentiality requested a secure system for the review work. A diocese of St Edmundsbury and Ipswich email addresses and Microsoft Teams was used. Office space was made available at the Diocesan Office and the Bishop's office.

1.4.8. The IRs would like to express their gratitude to the administrators at the Bishop's Office in their manner and approach in supporting the work of the IRs and in their very quick responses to queries and actions.

## **2. Purpose and Objectives of PRC2:**

2.1. The guidance for the PRC2 process is contained in the Protocol and Practice Guidance: Past Cases Review 2<sup>3</sup> (PCR2) which was published by The Management Board of the Past Cases Review (PCR2) in July 2019. It sets out the purpose and objectives as follows.

### **2.2. Purpose:**

*The overall purpose of the review is to identify both good practice and institutional failings in relation to how allegations of abuse have been handled, and to provide recommendations to the Church of England that will lead to improvements in its response to allegations of abuse and in its overall safeguarding working practices; thereby ensuring a safer environment for all.*

### **2.3. Objectives:**

*i. 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.*

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<sup>3</sup> <https://www.churchofengland.org/sites/default/files/2019-08/PCR2%20Protocol%20and%20Practice%20Guidance.pdf>

ii. 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<sup>4</sup> evidenced within decision making.

iii. To ensure that recorded incidents or allegations of abuse of an adult (including domestic abuse) have been handled appropriately demonstrating the principles<sup>5</sup> of adult safeguarding.

iv. To ensure that the support needs of known survivors have been considered.

v. 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.

vi. To ensure that cases meeting the relevant thresholds have been referred to statutory agencies.

#### **2.4. Parameters of the review:**

2.4.1. In the Diocese of St Edmundsbury and Ipswich, the review was not a repeat of PCR1 which took place in 2008-9. Deceased clergy, in line with the Protocol, were not in scope. There were no requests made for any files to be exempt from the review and no additional aspects were added. There was some divergence in the number of files predicted as in scope by the Diocese – some of the storage boxes in which files were kept yielded more information than noted. Everything extra in scope was subject to review.

2.4.2. It is important to note that the practice in most of the safeguarding cases reviewed took place after the completion of PCR1 in 2009, therefore the analysis of practice in sections 5 – 9 is based mainly upon this period. Some of the blue clergy files and other church officers e.g. LLMs contain historical information prior to that which was subject to review.

#### **3. File administration system:**

3.1.1. There are several file administration systems across the Diocese – this section describes the different arrangements and makes observations about the standard of file administration.

3.1.2. The blue clergy files, including the Permission to Officiate (PtO) and retired/non-active/deceased clergy files, are stored in locked cabinets in the Bishop's Office. The IRs have not yet received confirmation but understand that the managerial responsibility for these records lies with the Diocesan and Suffragan Bishops, but the practicalities of this is delegated to the administrative team.

3.1.3. All the safeguarding files were housed in a locked cabinet, within a locked room which required a coded entry.

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<sup>4</sup> Children Act 1989 enshrined in law the principle that the welfare of the Child is a paramount consideration when weighing competing needs and rights.

<sup>5</sup> Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Care Act 2014

3.1.4. A form for newly appointed clergy used by the administrators in the Bishop's Office was evident in most of the clergy files. This provides a checklist for safe recruitment e.g. Confidential Declaration Forms received; CCSLs received etc. The IRs consider that safe recruitment practice is a fundamental aspect of preventative safeguarding and so relevant for this review.

3.1.5. The safeguarding administrator forwards the DBS to the Bishop's office to be placed on file. The DSO designed the safeguarding training checklist was seen in nearly all clergy files.

3.1.6. The Mission and Ministry Team maintains the files of Lay Readers, Lay Elder and Local Licensed Ministers (LLMs), which are stored securely at the Diocesan Office. Upon initial inspection the files were a mixture of current Readers and Lay Ministers, Lay Elders, (who were either Retired, Resigned and or persons honoured with the title Reader Emeritus). No DBS is required for a Reader Emeritus. The files were in alphabetical order, although upon closer inspection, some of those in roles had retired or resigned, some a number of years ago. These files were not in good order.

3.1.7. On further enquiry, the IRs were informed of a decision made in 2019 to tidy, rationalise and digitise these files, included relevant DBS certificate and references. Some of this work had been undertaken prior to the review, however the Covid-19 pandemic had prevented completion of this piece of work. Currently the vast majority of files are still in hard copy format, most that are on the electronic system are the files of those more recently commissioned to the role. The files stored electronically are accessed only by the Mission and Ministry Senior Administrator.

3.1.8. In summary, a significant number of these files require an update to evidence current DBS certification. Where the Lay Readers had ended their role, it was not clear what the end date had been. The IR then made enquiries to ensure none were still ministering. Some these files lacked references and DBS certification. There were a number of loose-leaf documents pertaining to new Readers which had not been digitised.

3.1.9. The Diocesan Director of Ordinands has responsibility for the recruitment of curates and for the relevant paperwork which is held on an electronic system and a clergy file held at the Bishop's Office. The review of the files of recently ordained priests was partial because there were only very limited papers in the clergy file. Most of the records relating to the discernment process and training were still held on an ordinand electronic record and had not been transferred to the clergy file. There was not consistency in what papers were or were not included in the new clergy file. On request, the electronic records were scanned and sent to the IR and then placed on the clergy file. If this practice continues, there needs to be an agreed policy on these records which determines timeliness in what is retained or deleted, what information is transferred and how any records regarding safeguarding follow through to the clergy file.

3.1.10. The Archdeacon of Suffolk has responsibility for organising the ministerial reviews, supported by the Bishop's administrative staff. These were seen consistently in the clergy files and the IRs consider this an area of strength in the Diocese.

3.1.11. The IRs understand there are no separately held Clergy Discipline Measure (CDM) files. The IRs did not see any CDMs in the clergy files but noted there were to CDMs being considered but not taken forward. The current DSO has not been involved with any CDMs. The agreed procedure would be for the DSO to be sent CDMs to review for safeguarding then report back to the Diocesan Bishop.

## Recommendation

**Rec. 5. The Diocese should ensure compliance with the Data Protection Act 2018 and the requirements of GDPR.**

### **4. Methodology:**

#### **4.1. Parish Returns:**

4.1.1. A letter from Rt Reverend Tim Thornton, Bishop at Lambeth, with a template (Appendix A) for completion, was sent to all parishes at the beginning of 2020. As this was just before Covid-19 lockdown restrictions, the Archdeacons sent a further letter in 2021 when churches started to have access to their records again. The letter gave the details of the DSO as the point of contact if support was needed who could then signpost on to appropriate support services.

#### **4.2. Recording methods:**

4.2.1. In consultation with the DSO, the IRs used a customised template front sheet used for each of the files reviewed, which was adapted according to the individual's role, e.g., active clergy, PtO, retired. One of the IRs had experience of successfully using these for PCR2 in another diocese. Once completed these were placed at the front of the files, noting any outstanding queries. The progress of the review was recorded on the excel master spreadsheet by the IRs, with a RAG system to identify files where queries were being followed up or further work by DSO had been recommended.

4.2.2. The IRs accessed Crockford's Clerical Directory to confirm the employment history of active and retired clergy, although not all clergy have an entry.

4.2.3. Basic queries, e.g., DBS, were raised with the Bishop's Secretary. Safeguarding concerns were raised directly with the DSO. There were also occasions when queries or concerns were raised directly with the Diocesan Bishop.

4.2.4. Where the IRs had serious safeguarding concerns about the past or current management of a case which could not be resolved through further inquiry, they raised a case of concern, as per Appendix D of the Protocol, which states:

*'Any cases where the IR considers that different or further action is required should be summarised briefly by the IR. The IR should make a recommendation for whatever action they consider necessary. In cases where it was identified there was need for urgent action and the IR referred this to the DSO during the review, the IR should subsequently record their assessment of the action taken. These summaries should be*

submitted via the DSO to the DSAP PRC2 Reference Group for oversight and validation.'

**The 12 cases of concern (reported via Appendix D templates) are briefly summarised in Appendix 1 at the end of this report.**

#### **4.3. Standardisation and Quality Assurance:**

4.3.1. The IRs met twice to discuss issues which assisted with standardisation around safeguarding threshold and there were weekly meetings with the PCR2 Project Manager and DSO. Towards the end of PCR2, two meetings between the IRs and the DSO reviewed the safeguarding file list and agreed the Known Cases List (KCL).

### **5. Safeguarding of Children and Young people and Vulnerable Adults:**

#### **5.1 Initial response to safeguarding concerns:**

5.1.1. The key day-to-day responsibility for safeguarding children and young people and vulnerable adults' rests with the DSO.

5.1.2. At this present time the relationship between the DSO and key personnel in the local statutory agencies is effective. The IRs have not been able to confirm if the Diocese has a formal Information Sharing Agreement with statutory agencies. If this is not in place then there is an over-reliance on individuals to ensure effective working together, with a risk that good working relationships may not transfer to new employees.

5.1.3. Referrals are made to the DSO by the Parish Safeguarding Officers, Archdeacons, or from external agencies. These are either dealt with by/through telephone advice or trigger further inquiries within the Diocese and/or with other agencies.

5.1.4. There is evidence that the response to referrals is timely and there is good communication across the Diocese. Discussions are held with, and referrals appropriately made to, the LADOs and the DSO attends Positions of Trust meetings. She also attends multi-agency strategy meetings, Child Protection Conferences and core groups when appropriate.

5.1.5 Cases reviewed included a diverse range of risks to children and adults, historical and current. These included the sexual abuse of children, and the spiritual abuse and financial abuse of adults.

#### **Recommendation**

**Rec. 6- If not in place the Diocese should consider a formal Information Sharing Agreement, including signatories of the Diocesan Secretary as Head of the Organisation and which seek to improve the way personal information is shared by local public services in Suffolk.**

## **The review of the safeguarding files informs the following sections.**

### **5.2 Quality of investigation:**

5.2.1. There was evidence in some of the safeguarding files of joint working with statutory agencies.

5.2.2. The review of the safeguarding files found some evidence of the investigation process in terms of decision making has been varied, in some circumstances good and in some absent and in others sometimes confusing and contradictory. The most recent safeguarding investigation in response to an allegation date from 2018.

5.2.3. Most of the cases reviewed within the safeguarding files did not have a final outcome documented upon the file. Extensively, the enquires raised within this part of the review required the final outcomes to be confirmed either with an external agency like the police or within the Diocese.

### **5.3 The quality of case management of safeguarding cases:**

5.3.1. A standardised content safeguarding file was not seen and if one had been used this would have assisted with:

- the reading of the file
- preparation of a chronology for any reason
- knowing whether or not a file had been closed

5.3.2 The review of the safeguarding files found a case management system was not in place to identify when a file had been closed or completed.

### **5.4 The management of those who pose a risk:**

5.4.1. The management of safeguarding to risk is a key task for the DSO, supported by senior members of the Diocese team. The IRs considered risk assessment practice and the management of risk in some depth, as the quality of practice in this area has emerged as a theme across the cases reviewed. There are two key areas where the IRs found areas for improvement. One is in the initial response and assessment of risk where concerns are raised regarding a church officer which require investigation or inquiry; the other is in the ongoing management of risk where adults are known to pose a risk to children or vulnerable adults. In the former area, 8 of the 12 cases referred were of concern due to the absence of risk assessment. In the latter area, these are subjects where there has been a conviction and statutory agencies are involved (police, social care) or where someone is identified as potential posing a risk but is not subject to statutory processes.

5.4.2. Where there was the investigation of a church officer, it was evident to the IR that risk was informally assessed and that this formed part of the investigation. Risk management decisions were based upon this. There was evidence in meeting minutes, reports and emails where it was clear that risk management had been discussed, sometimes implicitly or explicitly. However, formal risk assessments were lacking in most cases, even where a risk assessment had been identified as required in order to mitigate and manage the risk. The current DSO has not identified any new

cases where an initial risk assessment was needed, so this judgement is based upon the period prior to her taking up the post. This means that no new cases for possible risk assessment have been presented to DSAP. The DSO has undertaken a review of an older risk management case and the IRs found that the risk assessment was very pertinent and of good quality.

5.4.3. One of the objectives of PCR2 is to ascertain whether cases are responded to in line with current guidance. Overall, the evidence as described suggests that safeguarding practice in Suffolk has not always been in line with the current national guidance especially around risk assessment practice. This is also evident where there are cases which should have been subject to an Independent Risk Assessment – *this applied to where the subject is a church officer[s] who are ordained, licensed, authorised, commissioned or holding permission to officiate*<sup>6</sup> (2017; 5.3).

5.4.4. It is understood by the IRs that the DSAP is the forum through which the Diocese is engaged at a strategic level by the use of DSAP, effectively the 'strategic arm' of safeguarding used by the Diocese. There is some evidence of this being effective where DSAP has considered risk arising from positive DBS checks, or where PtO is being considered following recent allegations of historic child abuse by a member of the clergy. Whilst accepting that the DSAP function is at a strategic level, the IRs consider there is a need to develop practice supported by an operational group for safeguarding which currently does not exist. This could be remedied by the formation of a risk management group which supports the operational side of risk management in respect of standard and independent risk assessments, and commissions external risk assessments where required. The establishment and purpose of such a group should be governed by the principles which are clearly set out in "*Responding to, Assessing and Managing concerns*" Section 5. The risk management group would hold accountability for the successful implementation of this guidance.

5.4.5. The management of sex offenders who wish to worship should be more robustly managed. Whilst there is evidence of statutory agencies working well with the Diocese when sex offenders are released from prison and thus subject to statutory management processes, there is a 'grey' area where agreements are voluntary. The Diocese puts monitoring agreements (locally called 'worshipping agreements') in place as a means of managing risk, where there is no longer statutory management or where the subject was not convicted, but the behaviours suggest a potential risk. The agreements seen by IRs are generic and do not address changing circumstances or the unique conditions of worship in each context. They are sometimes managed by parishes and are not subject to review. Worshipping agreements should be subject of yearly reviews in addition to when significant circumstances change. All worshipping agreements should encompass all the known risk factors and their mitigation in practice. It is the IRs' understanding that the DSO is already underway with plans to undertake a review of the worshipping agreements with a view to risk assessing the current position and ensuring practice consistent with "*Responding to, Assessing and Managing concerns*."

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<sup>6</sup> <https://www.churchofengland.org/sites/default/files/2017-11/responding-to-assessing-and-managing-concerns-or-allegations-against-church-officers.pdf> section 6.1

## Recommendations

**Rec. 7- The Diocese forms a risk management group that can take ownership of risk management and implement the Church's guidance.**

**Rec. 8- All worshipping agreements are reviewed annually at a minimum. Consideration should also be given to dip sampling worshipping Agreements throughout the year.**

### **6. Engagement with Survivors:**

6.1. In May 2020, the DSO prepared and drafted a survivors' strategy with the representative from the local survivors' organisation, Survivors in Transition. This set out clearly the arrangements for the response to any survivors that came forward seeking help and support and provided a clear route for those who wished to contribute their views to PCR2, through meeting with an Independent Reviewer. The CEO of Survivors in Transition was invited by the chair of the Reference Group to be the lead for survivors for the PCR2.

6.2. There is evidence that the Reference Group considered the voices of survivors at every meeting, acknowledging the national steer on their centrality to the PCR2.

6.3. As the review progressed, the IRs recommended that consideration would be given to renewed efforts to publicise the review. This was discussed with the DSO and also the Reference group meeting of 17<sup>th</sup> December 2021 where publicising to have the survivor perspective in this report was felt to be very important. However, the timing of this report as well as the Covid-19 pandemic hindering progress between December 2021-February 2022 has not allowed for a renewed effort to publicise the offer to survivors to meet with an IR. This is not to say that working with survivors is not a priority for the DSO and DSAP, the Diocese plan to conduct a more rigorous project to engage survivors in all safeguarding developments in the Diocese to ensure that engagement by all involved is meaningful and meeting the needs of survivors in Suffolk.

6.4. At the time of writing, no survivors have come forward to share their perspectives on the diocesan response to their cases. One survivor has been clear about not wishing to have contact with the Diocese in any way.

### **7. Management of domestic abuse:**

7.1. The management of domestic abuse cases is in the scope of PCR2, (see para 2.3 above). On 29<sup>th</sup> of April 2021 the Domestic Abuse Act was passed by parliament. It creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.<sup>7</sup> This is based upon the previous non-statutory (but cross-cutting for

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<sup>7</sup> <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet>



all government departments) definition in used since 2012 “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”.

7.2. Domestic abuse concerns were only evident in very few of the safeguarding files reviewed. In some cases, it was noted that domestic abuse was known or suspected but had not been dealt with, by means of early intervention or through seeking appropriate guidance and intervention from other agencies. It is not clear to the IRs whether those engaged more widely in safeguarding across the Diocese are clear as to how to respond to domestic abuse.

7.3. The Diocese offers the NST online training in respect of domestic abuse. This programme is on-going. The IRs would encourage the DSO to review the safeguarding training programme in respect of domestic abuse and ensure that the NST training does equip those to respond effectively. Also, to evaluate the impact that this training has to ensure that the learning is being applied in the handling of domestic abuse cases.

7.4. Given the recent Domestic Abuse Act 2021, the IRs would also wish to highlight the need to ensure that the NST review this training to incorporate and reflect the statutory requirement of the Act, which criminalises this as an offence but also emphasise the support that survivors must have.

## Recommendation

**Rec. 9 - That the Diocese review the safeguarding training programme around domestic abuse and evaluate the impact this training has.**

### **8. Review work undertaken:**

*The themes in the following sections were identified by the IRs based on the suggested list of themes provided by the NST.*

#### **8.1. Diocesan Human Resources files:**

8.1.1. The Diocese has for the past twelve months used a consultant as the HR manager, assisted by a part time administrator. Recently the Diocese have entered a joint arrangement with a neighbouring Diocese to employ a shared HR manager. Files for HR are held at the Diocesan office.

8.1.2. Four relevant HR files were reviewed that fell within scope. These included the DSO and the Diocesan Secretary, who manages the DSO. All files were well presented, evidencing good safe recruitment practice. The Diocesan Secretary did not have a DBS, because when initially employed in role did not line manage the DSO. However, since assuming this role, a DBS has not been obtained. Given this person's role in line managing the DSO as well as being involved in DSAP and accessing sensitive information, the IRs recommend that this post is subject to DBS checking.

## Recommendation

**Rec. 10 -The role of Diocesan Secretary should include the requirement for a DBS check.**

### **8.2. Active Clergy Blue files:**

- **225 files reviewed (this figure does not include the review of clergy files 'In transit'-see 8.7). 12 of the 225 were already known to safeguarding and were reviewed as part of the safeguarding files.**
- **2 Cases of Concern**

8.2.1. A very good standard of current DBS checks having been completed with confirmation of the result in the clergy files.

8.2.2. There was excellent evidence of the safeguarding training undertaken on each clergy file through the use of a training log which has been instigated by the current DSO. The IR was confident the DSO had a very good understanding of the safeguarding training needs of active clergy.

8.2.3. Ministerial Development Reviews were seen in the majority of the clergy files, although very few examples of any discussion about safeguarding.

8.2.4. In the majority of files, documents were filed in date order, making it easier for the IR to note the individual's employment journey. However, there were some that had loose papers waiting to be placed in the file, but this was a workload issue for the administrators that had built up during the Covid-19 restrictions. This last point should not detract from the very good standard in which the files are maintained.

8.2.5. General findings for the Church of England include the observation that some files (mainly those of older clergy) have documents in duplicate or even some triplicate; some letters/emails contained reference to other members of the clergy and documents were often not signed with the person's name, role and date.

8.2.6. There were some very slim files and where there was no entry on Crockford's Clerical Directory this made it impossible to review employment history. The IR was informed by the Bishop's office administrators that it had been the practice of a previous Director of Ordinands to hold separate files with the associated paperwork not transferring to their clergy file (see above 3.1.9)

8.2.7. 17 clergy files were confirmed as reviewed for PCR2 in another diocese with no safeguarding concerns.

### 8.2.8. Cases of Concern:

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

### 8.2.9 Key themes:

- Overall there is evidence that DBS checking has been standard practice.
- Safe recruitment practice appears in place.
- Files are maintained to a very good standard with files securely stored.
- The Diocese should be assured of the effectiveness of the approach of the administrative team to file administration.

### 8.3 Lay Readers/Local Licenced Minsters (LLMs)

- **283 files reviewed: Queries raised on 158 files (54.06%)**

8.3.1. Lay Elders are unique to Suffolk, so they are not named in Canon Law. However, their ministry falls within what Canon Law permits lay people to do. Lay Elders began in Suffolk Diocese in the late 1960s as a pioneering experiment in lay ministry in the North Suffolk Deanery. Elders are men and women chosen by the local church and authorised by the Diocesan Bishop for ministry in the local church and community. They work mainly in the area of pastoral care and or leading worship. Their Commissioning takes place at any appropriate date in their parish church. They serve initially for a maximum of three years and may be re-commissioned for further periods of up to three years. Anyone who is baptised and confirmed, a regular communicant, in good standing in the local church and community, and able to fulfil the tasks of an Elder, may be considered for this ministry. There is no lower or upper age limit.

8.3.2. The files were a mixture of current Readers and LLM, Lay Elders (who were either Retired, Resigned and or persons honoured with the title Reader Emeritus). No DBS is required for a Reader Emeritus.

8.3.3. As noted earlier, the files were not in good order. They were in alphabetical order, however, upon closer inspection some files had persons retired or resigned and had been so for a number of years.

8.3.4. In the main the files contained details of the Lay Reader, Lay Elder or LLM in the form of their original application, an accompanying curriculum vitae. Some also contained yearly reviews. In addition to any re-commissioning documents. Some files contained training updates and others did not.

8.3.5. These files are administered by the Senior Administrator for Mission and Ministry. The DBS administration is undertaken by Diocesan Safeguarding Administrator. Concerns.

- The files were quite slim in content and without exception none had any known safeguarding matters recorded within them.
- There were no cases of concern raised in respect of these files.

### 8.3.6 Queries raised:

- Of the 158 files requiring further action, 111 files (70.25%) were in relation to expired or absent DBS certification. DBS certificates had not been included in paper files onto files due to Covid preventing staff entry into the office. It is acknowledged the Administrator for Safeguarding has already placed Lay Readers and Lay Elders onto a spreadsheet in an effort to monitor this.
- Clear ownership of these files and roles is needed, in particular the Lay Elders who are commissioned by the Archdeacons. The review has shown that some incumbents do not necessarily understand the full process that is needed to appoint a Lay Elder in terms of a DBS application and approval before being commissioned. The Suffolk DSO is aware of this and already seeking to address this having raised the matter with DSAP.
- There were also enquiries raised in relation to lapsed Readers who it was later established had either become ordained or had left the Diocese and or resigned or who had retired or were deceased.
- There were a number of loose-leaf documents which after enquiries were made transpired to be new Readers who were not in hard copy files format. In addition, these files lacked references and DBS certification. All enquires were dealt with swiftly and an answer provided within a few days of the request being made by the Independent Reviewer.

#### 8.3.7 Process Themes from the review of these files:

- The application of the Data Protection Act 2018 and GDPR
- The effectiveness of the DBS/Safer recruitment systems.
- The information management systems.

### Recommendations

**Rec. 11- File organisation: to sort into those that are live and current, retired, resigned ordained and recorded and retained in line with the church file retention policies.<sup>8</sup>**

**Rec 12- File content: uniformity within the file contents should be established and maintained. A simple checklist at the beginning of each file would assist in keeping such files.**

**Rec 13 -Storage of files and access: completion of the electronic filing in effort to consolidate the work that has already been undertaken and access to this database open to both the Administrators for Safeguarding and Missions and Ministry.**

**Rec 14- A system to review the DBS certification to ensure that renewal of a new certificate can be applied for and obtained before the old one expires. Ideally this review system should be enabled within the electronic system that holds the files.**

**Rec 15 - Agreement to make changes to the website setting out the process and providing information to prospective applicants to these lay roles.**

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<sup>8</sup> <https://www.churchofengland.org/about/libraries-and-archives/records-management-guides>

## 8.4 Permission to Officiate (PTO)

### ➤ 196 files reviewed: Queries raised on 2 files.

8.4.1. Of the information held on 196 clergy holding PtO, there were 174 full clergy files and 22 brief sets of papers only as the clergy files were elsewhere, and 174 of these had full clergy files.

8.4.2. 9 had been known by Diocesan Safeguarding over the years. All of these safeguarding concerns had resulted in inquiries with the outcome of no further action although one was subject to a current safeguarding concern in another Diocese.

8.4.3. Concerns:

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

8.4.4. Queries raised:

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

8.4.5. Key themes from the review of these files include:

- Overall, these 'live' PtO files evidenced that DBS checking has been standard practice in most cases from 2010 onwards.
- Safe recruitment practice appears to have improved over the years and currently those wishing to maintain PtO in the Diocese are subject to rigorous and consistently applied processes, with evidence on the file of appropriate challenge to clergy being made where safeguarding training is not up to date.
- There is also evidence of the current consistent application of the guidance around renewal of PtO on the basis of age – those over 80 have their PtO renewed each year.
- Overall, these files evidenced that good systems are in place and the Diocese should be assured of the effectiveness of the approach of the administrative team supported the Bishop in granting Permission to Officiate.

## 8.5 Retired/Non-active files:

8.5.1. At the commencement of PCR2, 135 named cases were given to the review. However, the information reviewed amounted to more than this number. The retired archive consisted of 11 boxes, stored securely, of retired clergy information (including PtO).

8.5.2. There was information in 11 boxes regarding 262 different clergy members. This included:

- 6 files regarding clergy had been initially identified as known to the DSO.
- 111 were blue files regarding clergy known to be alive and subject to PCR2, where there were no concerns.
- 66 clergy had PtO papers only – blue files were held in other dioceses.
- 54 were confirmed to be deceased upon checks and so files not subject to PCR2.
- 10 were listed as eligible for PCR2 review but there were no papers or not enough to review (ie a letter only).
- 4 had not been evident as ever ministering in Suffolk and the papers held were minimal.
- 5 were Church Army officers and were not reviewed.
- 5 had left recently and their files were PCR-ed elsewhere.

8.5.3. There was a further box with information regarding 13 members of the clergy who had resigned:

- 8 clergy had blue files which raised no concerns
- 4 sets of papers related to resignations where there were no concerns

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

8.5.4. There were no particular themes relating to safeguarding in these files. The only suggestion to the Diocese would be to ensure a re-organisation of this system so that the information regarding the deceased clergy, identified during the course of the review, is stored separately and according to the Church of England's retention policy.

## **8.6 Ordinands**

8.6.1. The files of 23 current ordinands were reviewed. There were no concerns apart from the evidence of a current DBS not being found on the file.

## **8.7 Clergy in Transit**

8.7.1. A box containing 12 Blue Clergy files of clergy who had moved to other dioceses was reviewed prior to being sent to the receiving diocese. As per a national issue, the transfer of some of these files had been delayed due to the Covid-19 pandemic, as the files were to be subject to the review prior to transfer. However, there was evidence on those files of CCSL letters having been sent in a timely way to the receiving diocese.

8.7.2. 11 of the files were not of concern. This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

## 8.8 Parish Returns

8.8.1. It is a positive that there has been 100% in the parish returns requested (see 4.1.1)

8.8.2. A total of 41 concerns were raised by parishes as part of the appendix A completion; 21 of these met the criteria for them to be included in the PCR2. Only 3 of the 21 PCR2 concerns were not previously known to the DSO.

8.8.3. The 7 cases involving church officers that did not meet the PCR2 threshold and the 13 non-church officer concerns (mostly pertaining to parishioners) have been reviewed by the DSO to ensure there is no outstanding risk.

## 8.9 Known Cases Lists (KCL):

8.9.1. This section includes data, analysis and the key themes arising from the KCL. The IR was not provided with any documents from the diocese PCR1 (2007-2009) nor was there a KCL from the PCR 1 that was obvious to the either the DSO or the IRs. There was an A4 spreadsheet with seven names that could be recognisable as a KCL from PCR1. However, there were no other documents with this. Therefore, there was no available rationale regarding the names that appeared on the list; if this document was in fact representative of the Diocese PCR1 KCL; or if the list was complete. The main reason for this is the Diocese does not have an electronic case management system for recording safeguarding practice.

8.9.2. Safeguarding cases concerning allegations against church officers for both closed and open cases up to 21<sup>st</sup> September 2021 were included in PCR2. Over the course of the review, some cases were reviewed and then removed from the list as it was found that the subject was recently deceased and thus not in scope.

8.9.3. No concerns were raised within this review that required immediate attention. The following data is provided regarding these cases.

- **211 files reviewed: Percentage of files that reached the PCR2 threshold was 70 which equates to 33.17%.**
- **Of the 70 files that reached the PCR2 threshold, 13 cases where further action should have been taken this equates to 18.57%.**

**Table 1**

Total Number of Safeguarding Cases Reviewed	Number of cases meeting PCR2 criteria	Number of cases (PCR2) demonstrating good practice	Number of cases (PCR2) where further action should have been taken
211	70	0	13

***Of the 211 safeguarding cases reviewed, only 70 were in the scope for PCR2. 37 of the 70 PCR2 safeguarding cases have been recorded on the KCL.***

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

In reviewing the KCL, the following themes have arisen.

#### 8.9.4. KCL Process Themes:

- The application of the Data Protection Act and GDPR.
- The information and case management systems.

#### 8.9.5. KCL Concerns Themes:

- Investigation process – decision making.
- Investigation process – finalisation.
- Risk management included the absence of risk assessment

#### 8.9.6. KCL Overarching Themes

- Safeguarding workloads and capacity to effectively manage.
- The lack of action taken regarding risk assessments.
- Management of sex offenders.
- Domestic abuse and training awareness.
- Cross-referencing known sex offenders association.

***To Note: The examples provided below use the case identifiers on the Master Safeguarding File spreadsheet. They may also not appear on the KCL, as some will not have met the criteria for inclusion on the KCL.***

8.9.7. The absence of a case management system to support effective safeguarding practice is a significant gap. In reviewing the paper safeguarding files regarding the KCL, the IRs found no consistency in file structure. Most, if not all, contained a referral form which detailed the initial concern raised. Most of the concerns reviewed had been received either by telephone contact or in the main, via email. The remainder of documents viewed were either strategy minutes, file notes of meetings, reports, and email exchanges and these were often repeated, making it difficult to grasp the sequence of events in a particular case. The extent to which information remains unseen and unknown as it is held in email accounts is not clear to the IRs.

8.9.8. As noted earlier in the report most of the cases reviewed within the safeguarding files lacked a documented final outcome. The majority of the cases where concerns were raised required that the final outcome were traced, either with an external agency like the police or in the Diocese. A management system was not in place to identify when a file had been closed or completed. This was further frustrated by the fact that these files were paper-based and not electronically stored. Some documents gathered during Covid-19 were held electronically by the current DSO



who had been unable to attach these to paper-based files due to Covid-19 restrictions.

8.9.9. As highlighted earlier in the report, the rationale for the decisions made should be documented and signed. Good practice in recording the rationale should highlight all decisions that have been considered and the reasons why some avenues are being progressed and others not. The recording of such decisions should be evident within a case file.

8.9.10. This section of the report has been redacted as it contains data relating to a small number of cases which would lead to the identification of victims and therefore is not GDPR compliant.

## Recommendations

**Rec 16- That the Diocese undertakes a training needs analysis to identify who may require further or bespoke training in risk management and to what level this may be required. The training needs analysis should be utilised to ensure that training is offered to all persons managing and dealing with safeguarding risk management.**

**Rec 17 Once the national work on spiritual abuse has been ratified this should be subject of a training delivery to all, in order to raise awareness of this growing trend.**

8.9.11. IRs would like to highlight a finding for the Church of England: This diocese (like many others) holds a tremendous amount of information and or soft intelligence. Some cases reviewed included information regarding on-going associations by other clergy and/or church officers with members of the clergy convicted of offending behaviours. The IRs noted that there currently is no formal way of recording or flag this information should it be required for any type of investigation either by the Church or a statutory agency such as the Police. This gap was evidenced in cases which were subsequently researched and or investigated after another allegation comes to light, but key information which would add to the investigation was not shared.: A joint sharing arrangement could facilitate this at a Diocesan level. There appears to be no National position on this currently within the Church and it should be considered further.

## Good Practice Case Example

This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.

## 9. Diversity, organisational culture and attitudes:

9.1. The DSO enjoys a good working relationship with the senior episcopal team and feels she can approach them with safeguarding concerns. This is an area of strength.

9.2 The IRs also noted that the DSO is keen to continue to develop good working relationships with the parishes and so is available and approachable in her style so that parishes feel they can seek advice around their concerns. This open culture supports effective safeguarding in developing confidence and competence.

9.3. Some of the older files contain language that has been derogatory, assumptive and somewhat critical or at times dismissive, however, this has in the main been due to the age of these records. It is recognised that this has improved in more recent records. It is also recognised that point 1.4 of the SCIE Action Plan undertaken in November 2020 recommendations, highlights that training is a way forward in tackling poor practice in recording.

9.4. The IRs also found that some clergy files reference members of clergy feeling bullied. It is recognised that the Diocese has strengthened its Bullying and Harassment Policy.

## **10. PRC2 Recommendations**

### **For the Diocesan Safeguarding Advisory Panel**

#### **Governance and safeguarding arrangements in the Diocese.**

Rec. 1- That the Diocese should review the Agreement for the Supervision and ensure that the role, responsibilities, and lines of accountability of the supervisor is clearly articulated.

#### **The management of those who pose a risk**

Rec. 7- The Diocese forms a risk management group that can take ownership of risk management and implement the Church's guidance.

Rec. 8 - All worshipping agreements are reviewed annually at a minimum. Consideration should also be given to dip sampling worshipping Agreements throughout the year.

#### **The management of domestic abuse**

Rec. 9 - That the Diocese review the safeguarding training programme around domestic abuse and evaluate the impact this training has.

#### **Review work undertaken: Known cases list**

Rec 16- That the Diocese undertakes a training needs analysis to identify who may require further or bespoke training in risk management and to what level this may be required. The training needs analysis should be utilised to ensure that training is offered to all persons managing and dealing with safeguarding risk management.

#### **Review work undertaken: Spiritual abuse**

Rec. 17 Once the national work on spiritual abuse has been ratified this should be subject of a training delivery to all, in order to raise awareness of this growing trend.

### **For the Episcopal Senior Team**

#### **Governance and safeguarding arrangements in the Diocese**

Rec 2- A formal arrangement for a regular, recorded meeting between the Diocesan Bishop and DSO on safeguarding matters.

Rec. 3- Whilst the National Church are working towards a national electronic case management system for all dioceses, St Edmundsbury and Ipswich should review the effectiveness of the current case management system and file management processes. As an outcome this should refresh the procedure, policies, roles and responsibilities in relation to case management and consider whether an electronic system, as an interim measure, would be of benefit.

#### **Diocesan File administration system**

Rec.5 - The Diocese should ensure compliance with the Data Protection Act 2018 and the requirements of GDPR.

#### **Safeguarding of Children and Young people and Vulnerable Adults: Initial response to safeguarding concerns**

Rec.6- If not in place the Diocese should consider a formal Information Sharing Agreement, including signatories of the Diocesan Secretary as Head of the Organisation and which seek to improve the way personal information is shared by local public services in Suffolk.

#### **Review Work Undertaken: Diocesan Human Resources**

Rec. 10 -The role of Diocesan Secretary should include the requirement for DBS check.

#### **Review Work Undertaken: Lay Readers/Local Licenced Minsters (LLMs)**

Rec.11-File organisation: to sort into those that are live and current, retired, resigned ordained and recorded and retained in line with the church file retention policies.

Rec.12- File content: uniformity within the file contents should be established and maintained. A simple checklist at the beginning of each file would assist in keeping such files.

Rec.13- Storage of files and access: completion of the electronic filing in effort to consolidate the work that has already been undertaken and access to this database open to both the Administrators for Safeguarding and Missions and Ministry.

Rec.14- A system to review the DBS certification to ensure that renewal of a new certificate can be applied for and obtained before the old one expires. Ideally this review system should be enabled within the electronic system that holds the files.

Rec 15 - Agreement to make changes to the website setting out the process and providing information to prospective applicants to these lay roles.

## **For the Cathedral team regarding Safeguarding**

### **Governance and safeguarding arrangements in the Diocese.**

Rec.4- St Edmundsbury Cathedral to complete the work on the recording system and consider bringing this in line with recommendation 3.

## **11. Concluding comments.**

11.1.1 The objectives of PCR2 as outlined in the PCR2 Protocol are written out here in full and in summarising the key themes of this review, the IRs would suggest referring back to these objectives to see if they were met.

***i. 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.***

The Diocese offered the IR team access to all known records regarding clergy and church officers. The review team were satisfied that they had reviewed all of them, and their findings are discussed at parts 5 - 9 of the report. The bishop has a very skilled administrative team, and this was evident where these officers managed the records. The main challenge for the review team arose from the absence of a case recording/ case management system. Upon request, further information was sourced from the individually held records of Diocesan personnel, however this extent to which other information is held and not seen is not known. Therefore recommendations 3 and 4 support improvement in this essential area of safeguarding practice – the management of information.

***ii. 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<sup>9</sup> evidenced within decision making.***

As noted, most of the information reviewed evidenced an adequate standard of practice, with no significant concerns which suggested that risk had not been managed to the extent that a child had suffered or was likely to suffer significant harm. 75% of the cases on the KCL (n=37 in total) involved children as victims, both current and historical. Of the 12 cases escalated as unresolved, 4 related to children and 3 of these were historical and related to the absence of effective risk management – which appears as the main theme and focus for ongoing improvement in practice, as

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<sup>9</sup> Children Act 1989 enshrined in law the principle that the welfare of the Child is a paramount consideration when weighing competing needs and rights.

intended by Recommendations 7 and 8. Overall, the current response to concerns regarding children across the Diocese is effective and concerns are responded to a timely way. The report makes one recommendation (Rec 6) regarding strengthening practice with a local information sharing agreement.

***iii. To ensure that recorded incidents or allegations of abuse of an adult (including domestic abuse) have been handled appropriately demonstrating the principles<sup>10</sup> of adult safeguarding.***

Unlike PCR1 in 2009, risk to vulnerable adults and the risk from domestic abuse was in scope for this review. 25% of the KCL (total n=37) were related to adult safeguarding concerns, and this cohort featured cases of possible spiritual abuse, financial abuse and domestic abuse. The review team identified that there may be underreporting of domestic abuse and have made a recommendation regarding training in this area (16) These findings regarding the effectiveness of adult safeguarding echo those relating to children's safeguarding with risk management requiring focus.

***iv. To ensure that the support needs of known survivors have been considered.***

Section 6 of the report identifies that the Diocese has an offer via a third sector organisation for survivors of abuse within the church and as part of the response to all safeguarding cases there are embedded arrangements and a strong practice approach by the DSO to working with survivors to meet their needs. There was also an offer made for survivors to meet with the IR team to contribute to the review however none came forward who wished to engage.

***v. 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.***

The DSO has received all of the concerns raised by the review team – this amounts to 12 in total. All of these were accepted as necessary and the DSO, supported by colleagues, has initiated the appropriate safeguarding response. Some of these cases will require that the Diocese implement the Church Guidance regarding “Responding Well”<sup>11</sup>

***vi. To ensure that cases meeting the relevant thresholds have been referred to statutory agencies.***

The review found consistently good working practice with local statutory agencies over the period reviewed and currently, with the DSO engaging regularly with police and the Local Authority children and adults' services.

Whilst it can be said that the Diocese is on a journey regarding safeguarding practice, the direction of travel is positive. Senior clergy and senior management are engaged in developing both the strategic approach and operational effectiveness of PCR2 and the appointment of a skilled safeguarding professional as the Diocesan

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<sup>10</sup> Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Care Act 2014

<sup>11</sup> <https://www.churchofengland.org/sites/default/files/2017-11/responding-to-assessing-and-managing-concerns-or-allegations-against-church-officers.pdf>

Safeguarding Officer in 2019 has led to a more consistent embedded approach to both preventative and responsive safeguarding.

**Appendix 1** – This section of the report has been redacted as it contains data which could lead to the identification of victims and therefore is not GDPR compliant.