

## **Past Cases Review 2: Survivor Engagement Policy**

### Introduction

Past Cases Review 2 is a large-scale independent review of the handling by the Church of safeguarding cases over many years. It will involve a scrutiny of clergy and church officers' files to identify persons presenting on-going risks to children, adults at risk of harm and domestic abuse. It will also seek to identify those cases which have not been acted upon appropriately.

There are three key elements to PCR2:

1. To ensure that there are no outstanding and unmanaged safeguarding risks to children, young people and vulnerable adults posed by church officers.
2. To ensure that the support needs of known survivors of church abuse have been considered and met and
3. To ensure that the voices of survivors are heard and that the Church of England can listen and learn from their experiences.

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. The telephone helpline number and details of how to make contact directly with the diocesan safeguarding team has been promoted locally by the Diocese. Local Adult and Children's Safeguarding Partnership Board Managers and police leads for the three local authority areas have been notified that the PCR is taking place and have been provided with a copy of this practice guidance for information.

This strategy should be read alongside 'Responding well to those who have been sexually abused practice guidance (2011).

### Purpose of survivor care strategy

The purpose of this strategy is to provide a framework to:

1. To ensure that the support needs of known survivors of church abuse have been considered and met and
2. To ensure that the voices of survivors are heard and that the Church of England can listen and learn from their experiences

This strategy will ensure that where unmet support needs are identified, survivors have access to survivor focused plans and will provide a mechanism whereby survivors can engage and provide feedback on how they have been responded to by the Church.

The Diocese of Oxford will appoint a team of Advocates for Survivor Care to work throughout the Diocese to support and enable the survivor care strategy.

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### **The Role of the Advocate for Survivor Care**

The role of the Advocate for Survivor Care will be to provide survivor care, support and engagement.

The Advocate will:

- liaise with the survivor to identify whether they have any unmet support needs
- be responsible for developing and implementing a survivor focused plan
- liaise with the survivor to identify whether they would be willing to engage and provide feedback on how they have been responded to by the Church
- obtain feedback from those survivors who are willing to engage
- feed insights from survivors to the Diocese to enable lessons to be learnt and to improve the Diocesan response to survivors going forwards

### **Initial engagement with survivors**

The Diocese is committed to ensuring that the support needs of all those impacted by PCR2 are considered and provided for.

Under this strategy, survivors may be identified from the following categories:

1. Where the diocese is in current contact with survivors who have experienced abuse by clergy or church officers
2. Where survivors make contact with the Diocese having become aware of the PCR2 process or
3. Where survivors are identified as part of the PCR2 process

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.

Where the diocese is in current contact with survivors who have experienced abuse by clergy or church officers, the safeguarding team will make initial contact with them. Otherwise, the Independent Reviewer (IR) will be responsible for making initial contact with the survivor.

Planning the approach to any individual will involve a gentle, non-intrusive contact to see if further discussion or involvement would be welcomed. The IR will explain the purpose of the PCR2 and enquire whether the survivor would welcome further discussion on their support needs and whether they would be willing to be involved in the survivor engagement Policy.

If the survivor indicates a willingness to engage on either a discussion on their support needs and/or their willingness to be involved in the survivor engagement policy, the IR will immediately put them in contact with an Advocate for Survivor Care.

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### Identification of unmet support needs

It is the role of the Advocate 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 statutory agencies where there is police or local authority involvement so that there can be a coordinated response with the survivor at the centre.

Where a survivor has confirmed that they are willing or wish to be in contact with an Advocate, the Advocate should explore with the survivor whether they have unmet support needs and how the survivor feels those support needs might be best met. This could include cases where no contact has previously been made with the survivor or where the survivor has previously asked for help but there is no evidence that appropriate support has been provided or offered.

If unmet support needs are identified, the Advocate will, in liaison with the survivor, develop a survivor focused plan tailored to meet those needs. Wherever possible, the Advocate should have considered the outline requirements of any such plan in advance so that it can be implemented as soon as possible for the benefit of the survivor.

### Survivor focused plan

From the outset the survivor should be asked what would best meet their needs and the plan should be developed in direct liaison with the survivor.

The survivor focused plan should include (but may not be limited to):

- Planned pastoral care. Such pastoral care could be offered by the Advocate or another person within the Church context
- The development of a support network for the survivor. This may include friends and family, professionals involved with the survivor and/or members of the Church family
- Access to support groups and helplines relevant to the survivor. This should include contact details for local statutory agencies including the police and social care, where appropriate
- Access to support and care that is provided independently from the church context. Such support may be provided through local partnerships (e.g. Victim Support, Rape Crisis, local charities) and may include psychological support

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Once the survivor focused plan has been finalised and agreed with the survivor, it should be implemented as soon as possible and reviewed by the Advocate at regular intervals to ensure it is meeting the survivor's needs.

### **Survivor Feedback**

The Advocate should explore with the survivor whether they would be willing to provide feedback on how they have been responded to by the Church following their experiences. The purpose of the invitation to engage is to generate information about how victims and survivors have been responded to by the church.

The Advocate should make clear to the victim that:

- The offer of a survivor focused plan is not in any way conditional on the survivor providing feedback under the strategy and the two can exist independently of the other. For example, the survivor may wish to give feedback but not have a survivor focused plan or vice versa.
- In providing feedback, the survivor can be assured of support and of anonymity
- Any information shared will be protected
- In seeking feedback, the Advocate is not able to pursue any personal concerns or issues which individuals may have relating to how they may have been responded to in the past
- That the feedback will be shared with the PCR2 Reference Group to assist the diocese to improve their response to victims and survivors going forwards

In providing feedback, the survivor should be invited to:

- Share the response they received from the Church
- Comment on how helpful they found the response and
- Comment on what could have been done differently to improve the response
- Make any other representations which they feel may be helpful to the PCR2 Reference Group

### **Reporting to the PCR2 Reference Group**

The Diocese will appoint 4 Advocates to cover the regional spread of the Diocese. One Advocate will be appointed as Lead Advocate and will be responsible for collating feedback from the other Advocates and sharing it with the PCR2 Reference Group. All feedback shared will be anonymised and will be shared in a sensitive manner.

The PCR2 Reference Group will use the feedback shared by victims to develop a portfolio of lessons learnt to be shared with the Safeguarding Panel and Safeguarding Team with the aim of improving and strengthening the Diocesan response to victims and survivors going forwards.

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### **Additional considerations**

- 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 individuals with diminished capacity

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