



Diocese of Newcastle

Past Case Review 2 - Survivor Care Strategy

1. INTRODUCTION

- 1.1 PCR2 is a central part of the Church's proactive approach to identifying where abuse allegations have not been managed appropriately or safely or with the needs of the vulnerable at the centre of its decision making. **The welfare of children or of adults at risk of abuse must be of paramount importance in the planning and implementation of PCR2.**
- 1.2 The Diocese of Newcastle is responding to the Past Case Review 2 (PCR2) policy and the requirement to appoint a PCR2 lead for survivor care, support and engagement- the Diocesan Advisor for Counselling and Wellbeing is undertaking this role and is a member of the PCR2 Reference Group
- 1.3 Local Adult and Children's Safeguarding Partnership Board Managers and police within the three local authority areas have been notified that the PCR is taking place and have been provided with a copy of the national PCR2 practice guidance for information.
- 1.4 A dedicated telephone helpline operated, independently from the church, by the NSPCC, has been set up for those affected by issues which may arise as a result of PCR2. This information is on the National Safeguarding Team's website. The telephone helpline number and details of how to make contact directly with the diocesan safeguarding team has been promoted locally by the Diocese.
- 1.5 In addition the Independent Reviewer has her own dedicated email address created specifically for victims and survivors who might want to contact her.

2 ROLE OF THE PCR2 LEAD FOR SURVIVOR CARE AND SUPPORT

2.1 The role of the lead for survivor care will:

- Provide support to an individual who has previously asked for help where there is no evidence that appropriate support has been provided or offered
- Encompass working with the DSA to ensure the support needs of all those impacted by PCR2 are considered and provided for
- Act as liaison between the survivor and the Independent Reviewer (IR's) to ensure the voices of the survivor is heard

3 ENGAGEMENT

3.1 In every case where engaging with those with lived experience of abuse is considered, their well-being will be the paramount consideration. It is 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.

3.2 Planning the approach to any individual will involve a gentle, non-intrusive contact to see if further discussion or involvement would be welcomed. Independent sources of support will be available through the PCR2 lead for survivor care. Communication with the lead person will be immediately available to anyone that the diocese seeks to engage with in this way.

3.3 Where someone makes contact seeking to make representations to the PCR2 process, the DSA will liaise with the PCR Reference Group lead for survivor care, support and engagement and the IR to plan how best to receive the representations.

3.4 Where safeguarding professionals or diocesan clergy are in current contact with victims and survivors, who have experienced abuse by clergy or church officers, an invitation should be extended to victims and survivors to have contact with the IR if they so wish. Any such approach will be planned by the DSA with the lead on the PCR reference group who has oversight for survivor care, support and well-being:

- Consideration will be given as to how approaches may appropriately be made to parents or guardians of people under the age of 18

- Consideration will also be given to approaching those with advocacy or support roles for individuals with diminished capacity
- Any contact with an individual inviting them to express their views to the IR should make them aware that the IR is not able to pursue any personal concerns or issues which individuals may have

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

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

- Comment on how helpful they found the response
- What could have been done differently to assist them more
- Any survivor engaging with the PCR2 process will be assured of support and of anonymity and that any sensitive information shared will be protected
- These insights will be utilised to assist the dioceses and the NST to improve their responses to victims and survivors

4 SPECIFIC CASES

4.1 Where contact with named individuals is deemed necessary because the PCR2 has identified previously recorded incidents of abuse where risk mitigation, statutory reporting, criminal investigation or survivor support has been inadequate; then a clear survivor focussed plan needs to be put in place.

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

4.3 It is the role of the diocesan safeguarding team to ensure that there is a broad spectrum of support options available to meet the needs of those who may be seeking to support. Provision of support will be discussed with the lead for survivor care and

support and with statutory agencies where there is police or local authority involvement, so there can be a coordinated response with the survivor at the centre.

4.4 No survivor should be contacted by the DSA, the lead for survivor care and support, police or the local authority without a plan in place to offer them immediate care and support. There should be:

- Planned pastoral care available within a church context for those that want this
- Access to support and care that is provided independently from the church context for those that need it. Some people may need both pastoral and psychological support and one should not be offered at the exclusion of the other
- From the outset the individual needing support should be asked what would best meet their needs
- Any survivor engaging with the PCR2 process will be assured of support during and beyond PCR2 as appropriate and agreed with them

4.5 The establishing or cementing of effective local partnerships (e.g. with Victim Support, Rape Crisis, local counselling providers etc.) will be undertaken by the DSA, with support from the PCR reference group and the lead for survivor care and support.

Strategy agreed by PCR2 Reference Group

Date

To be reviewed