

Protocol and Practice Guidance for Past Cases Review 2 (PCR2)

July 2019

BACKGROUND AND OVERVIEW TO THE PAST CASES REVIEW 2019 (PCR2)

1. Background

In May 2007, the House of Bishops recognised the need for a review of past cases of child abuse. This followed court appearances by several clergy and church officers, charged with sexual offences against children. What became known as the Past Cases Review 2007-2009 (PCR) was considered necessary to ensure that:

- *Any current or future risk to children was identified*
- *Action was taken to address these concerns – e.g., referrals to the statutory authorities where necessary*
- *Where cases were identified support could be provided for the survivors of abuse where these people are known and still in contact with the Church*
- *Lessons from the past could be learned to inform the work of the Church today and in the future.*

The PCR 2007-2009 was a large-scale review of the handling by the Church of child protection cases over many years. It involved a scrutiny of clergy and church officers' files to identify persons presenting on-going risks to children but whose cases had not been acted upon appropriately. The PCR was implemented using a House of Bishops' Protocol and was carried out during 2008 and 2009 by all dioceses (44 at the time). A similar process was undertaken for the provinces in relation to information and files held at Lambeth and Bishopthorpe Palaces. Further details about the background and the review process of the original PCR are contained in the *"Note to accompany diocesan summaries"* which was circulated to Diocesan and Provincial Safeguarding Advisers between October 2017 and January 2018. [\[Insert link\]](#)

In 2015 concerns were expressed to the newly appointed National Safeguarding Adviser about how well the PCR had been conducted. Consequently, in consultation with the National Safeguarding Steering Group, he commissioned an independent assessment of the adequacy of the PCR. This was conducted by an Independent Scrutiny Team (IST) comprising Sir Roger Singleton, Amanda Lamb and Donald Findlater, all of whom had extensive safeguarding experience. They reported to the National Safeguarding Steering Group in April 2018. Following consideration by the Archbishops' Council and the House of Bishops, its full report was published and submitted to the Independent Inquiry on Child Sexual Abuse on 22 June 2018. Overall the IST found:

"... the Past Cases Review to be well motivated and thoughtfully planned given the limited resources available at the time. It led to hundreds of cases of concern being reviewed and additional actions taken where appropriate. There were some limitations in relation to its execution and the public statements which were subsequently issued. Recommendations have been made to address these shortcomings and to help the Church to build on the strong policy, procedures and training foundations which have now been laid."

2. The IST findings regarding the adequacy of the 2007-2009 PCR:

- Some files have subsequently been located which could not be found in 2008/09 and not all relevant files available in 2008/09 were reviewed in all dioceses
- The Protocol was not wholly consistent in relation to which roles were within the scope of the PCR. Moreover the Protocol did not state whether parish as distinct from diocesan employees and volunteers were to be included. In subsequent clarification the National Safeguarding Adviser at the time said that for parish employees “...we must encourage the employer to do the appropriate review”. Variable practice ensued.
- There were some serious shortcomings in the implementation of the PCR in 7 dioceses.

3. IST recommendations:

- *We recommend that ALL dioceses and the provinces ensure that relevant files (including those of diocesan lay employees working with children) which are known not to have been examined in 2008/09 or which have subsequently been located and not examined, are independently reviewed and any cases of concern which emerge, are dealt with by the DSA as if they were new referrals.*
- *We recommend that ALL dioceses should be asked to check with every parish that all safeguarding concerns about the behaviour of any parish employee or volunteer towards children both currently and historically have been notified to the DSA.*
- *We recommend that an updated version of the PCR, as prescribed by the National Safeguarding Steering Group, should be conducted in the 7 dioceses where further work is considered necessary.*

The above recommendations have been accepted in full by Archbishop’s Council. PCR 2 has been designed to enable dioceses to take a proactive approach to identifying cases of concern and to evaluating safeguarding responses.

4. The PCR 2 Objectives

It is the aspiration of the Archbishops’ Council that:

“By the end of the PCR 2 process, independent review work will have been carried out in every diocese and church institution within both the letter and the spirit of the protocol and practice guidance. Any file that could contain information regarding a concern, allegation or conviction in relation to abusive behaviour by a living member of the clergy or church officer, (whether still in that position or not) will have been identified, read and analysed by independent safeguarding professionals.

At the completion of the review process it will be possible to state that:

- all known safeguarding cases have been appropriately managed and reported to statutory agencies or the police where appropriate
- that the needs of any known victims have been considered and that sources of support have been identified and offered where this is appropriate
- that all identified risks have been assessed and mitigated as far as is reasonably possible”

5. Establishing a PCR Project Management Board and PCR Professional Lead

The commissioning of the IST arose from the Church’s steadfast promise to learn from the significant mistakes of the past. In accepting the recommendations and making plans to re-visit the PCR, the NSSG wanted to make clear the commitment of the National Church Institutions to ensuring that any concerns about abuse and all disclosures of harm have been investigated with appropriate rigour and that victims have received the very best care and support.

The NSSG realised that in accepting the IST recommendations, it needed to ensure that any further PCR work benefitted from comprehensive guidance and national leadership.

A Project Management Board was established to oversee and coordinate implementation of further PCR work delivering governance and oversight.

The three key aspects of the board’s purpose are to:

- Ensure that the PCR project achieves a balance between proportionality and rigor in the production of written guidance and in its implementation
- That the best interests of children and of adults at risk of abuse are given paramount consideration throughout the PCR process
- Ensure it operates a quality assurance function across all aspects of project delivery

The Project Management Board is a sub-group of the NSSG, to which regular up-date reports will be made.

It was also agreed that the undertaking of PCR work should be supported by a dedicated Project Manager within the NST.

The Right Reverend Mark Sowerby, Bishop of Horsham, has been appointed as Chair of the PCR Project Management Board. Bishop Sowerby is Vice-Chair of the NSSG and was appointed Deputy Lead Bishop for Safeguarding in 2014.

5. Extending the scope to include reviewing files in relation to the abuse of adults

The original PCR protocol defined its scope in relation to harm to children. Following the IST’s report in 2018 significant consultation took place regarding what was proportional for the scope of PCR 2. Considering both victim care and risk mitigation, the advice of both the NST and the PCR2 management board to Archbishops’ Council was that the addition of an adult safeguarding focus in PCR2 was the only way that the churches’ commitment to safeguarding everyone could be upheld. The protocol therefore

sets out terms that require dioceses to undertake an independent review of the files of all living clergy and church officers (whether in active ministry or not), or to provide evidence that previous independent reviews have included potential risk to adults within their scope.

7. Definitions

A child is defined in “Working Together to Safeguard Children – July 2018” as: *Anyone who has not yet reached their eighteenth birthday.* That is the definition to be utilised for the purposes of PCR2.

A vulnerable adult or adult at risk is variously defined in legislation and guidance. For the purposes of PCR2 the definition contained in the Safeguarding and Clergy Discipline Measure 2016 should be used:

“...vulnerable adult” means a person aged 18 or over whose ability to protect himself or herself from violence, abuse, neglect or exploitation is significantly impaired through physical or mental disability or illness, old age, emotional fragility or distress, or otherwise; and for that purpose, the reference to being impaired is to being temporarily or indefinitely impaired.”

It is acknowledged that this is a broad definition and that discretion will need to be exercised in some cases having regard to the person’s entitlement to exercise choice and their mental capacity. Instances of alleged domestic violence should be included as indicating vulnerability and therefore, all allegations in relation to domestic abuse should be included in PCR 2’s scope.

Church officer is used within the Church to refer to: *Anyone appointed/elected by or on behalf of the Church to an office, post or role, whether they be ordained or lay, paid or unpaid.*

The Church’s definition is open to some interpretation but for the purposes of PCR2 it will certainly encompass all clergy, including those with PTO and clergy such as hospital, school and prison chaplains who hold the Bishop’s licence, readers and licensed lay workers and volunteers and diocesan and parish lay employees and volunteers whose role includes (or has included) direct involvement with children and vulnerable adults. This is a wide definition, however the judgement to be made is whether the role has in the past, does currently, or is likely in the future, to provide opportunities for the abuse or neglect of children or vulnerable adults whilst engaged in church organised activities and whether the role involves a relationship of trust.

The files to be reviewed during PCR2

The files subject to review are those of every living clergy person and all living church officers whether or not they are engaged in ministry or in paid or voluntary work at the time of the review. Those who are not in ordained or licenced ministry become subject to review where their church role brings them into direct contact with children or with adults at risk of abuse. The practice guidance sets out how Dioceses may seek some exemptions where recent independent review work has been undertaken.

There is no expectation that files held in parishes will be reviewed but parishes will be asked to contribute to this PCR 2 process and this is set out within the detailed practice guidance.

8. The scope of the work to be undertaken in individual dioceses

The report from the IST placed each diocese into one of the following three categories:

- A. Those dioceses who do not need to carry out a repeat of the original PCR and who have done further review work since January 2007**
- B. Those dioceses who do not need to carry out a repeat of the original PCR but who have not conducted further review work since January 2007**
- C. Those dioceses which need to repeat the original PCR**

In all 3 categories of diocese PCR2 must take into account cases concerned with the abuse of adults.

The proportion of files to be included in scope is directly related to the extent of independent review work that has been previously undertaken.

9. The Protocol and Practice Guidance

The PCR Project Manager has developed a detailed protocol and practice guidance document for dioceses, which can also be used by other church bodies. The purpose of the Protocol and Practice Guidance is to provide the framework for Dioceses to implement the recommendations of the report of the Independent Scrutiny Team. The document sets out in detail the 'how to' in relation to the process for PCR2. Due regard should be paid to the Protocol and Practice Guidance.

The Protocol and Practice Guidance identifies 5 phases in undertaking PCR2, some of which may be carried out concurrently. It is essential that each Diocesan Bishop works closely with the safeguarding team and DSAP chair in each diocese. Each Bishop must ensure that these phases are planned for and undertaken within the spirit of pro-active case review and in line with the practice guidance.

Essential to this process is the commitment from each diocese that the review of files and past cases and the preparing of reports and recommendations at the conclusion of the process, must be undertaken by an Independent Reviewer as defined within appendix C of the practice guidance.

The DSA is the professional who should coordinate the preparation for the review and should be the liaison person for the diocese with their statutory partners and the independent reviewers. The DSA should be supported by the DSAP Chair and a PCR reference group. The setting up of the Dioceses' PCR reference group is detailed in the practice guidance.

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

Undertaking PCR 2 is central to 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. Within the practice guidance there is a section that provides advice on involving and consulting with survivors. The section has been written in the spirit of co-production, taking input from both those with a lived experience of abuse who have provided positive feedback about the churches response and from those who have raised concerns and complaints about the church's handling of abuse allegations. The PCR management Board has endeavoured to ensure learning from the SCIE report, 'How to improve the church's response to survivors' has been incorporated.

This section of the protocol applies to all dioceses whether they fall into Group **A, B, or C above and to all church bodies. The welfare of the vulnerable, whether they are children or adults, must be of paramount importance in the planning and execution of the PCR.**

The PCR Management Board has ensured that there is representation of survivor perspectives. The Board membership includes lived experience of abuse as well as professional expertise in trauma-informed practice and survivor advocacy.

11. Location of files and information

The Independent Scrutiny Team's examination of the original PCR found that information regarding allegations of harm, abuse and recorded concerns about behaviour was discovered in many different file locations. Much remedial work has been done over the past decade to rationalise record keeping in relation to safeguarding. Current DSAs however, will be aware that historically there has been an absence of systematic file keeping in many dioceses and some relevant but unexamined files may still be located in less obvious places. Proportionate efforts should be made to retrieve all material retained by former office-holders.

Supporting the DSA in their responsibility for identifying files to be reviewed is an important task for the DSAP PCR Reference group (see 12 below). Each diocese will have differing levels of confidence in their filing of clergy and church officer information. This PCR process is an opportunity to secure due diligence in all offices where information is held about clergy and church officers.

A full list should be created of every file reviewed and this should be held by the Safeguarding Team in every diocese. Additionally, a copy should be held by the Bishop's Office and/or Diocesan Secretary depending on each diocese's information governance arrangements.

12. Project Management and timescales

The implementation of PCR2 is anticipated to be on a rolling programme from April 2019¹ through to the end of October 2020. Information from dioceses will be analysed by the Project Manager during the last quarter of 2020. The PCR Project Management Board will then produce an overview report regarding the outcome of PCR2 which will include recommendations and proposals for practice improvement where this is necessary. If there is a difficulty in identifying sufficient reviewers, the overall review may take longer to report.

Each diocese should make their own arrangements for commissioning reviewers using the criteria at appendix C of the practice guidance. However, the NST through the PCR Project Manager, has recruited and verified the capabilities of a number of reviewers so as to provide a list of approved associates for dioceses to use if they so choose.

Each Diocesan Safeguarding Advisory Panel should set up a small PCR Reference Group and set their own timetable for undertaking this review. The diocesan timetable must sit within the overall timescale of the PCR taking place between 30th April 2019 and 31st October 2020.

The purpose of having the local reference group is to develop a diocesan approach that addresses the scope of the PCR and plans for the phases set out in the practice guidance. The PCR reference group must develop a survivor/victim support strategy. Another key task for each PCR Reference Group is to alert their statutory partners, at the earliest possible stage, that a review is taking place that may have resource implications for them in terms of their duties to investigate and manage risk.

13. Provinces and the NST

The role the Archbishops' Offices in keeping records relating to both past and current Clergy Disciplinary processes, and the other types of information held in provincial offices means there will be additional review tasks necessary. There is a commitment to ensure independent scrutiny of these records takes place within both the spirit and the reporting structures of PCR2. Additional and specific guidance will be agreed with the Archbishops' Staff and the PCR Project Management Board.

¹ Dioceses have been consulted on several drafts of the protocol and practice guidance and those dioceses who are repeating their PCR have commenced the file reviewing process working to the overall requirements of the PCR guidance which has been maintained throughout drafting and consulting. The guidance is written identifying 5 phases of activity for church bodies and providing these are all completed fully, there remains flexibility for dioceses regarding their local implementation planning.

Files held by the National Safeguarding Team will be included in the review. The Protocol and Practice Guidance sets out a process for the NST to identify those cases and the NST will make that information available to be reviewed as part of the relevant Dioceses PCR2.

14. Other Church Bodies

The PCR Project Management Board is clear that for the church to be confident in the findings of this PCR process, cathedrals, theological training institutions, religious communities and other church bodies, must engage with the PCR 2. Where there are already clear collaborative arrangements in place between institutions and the diocese in which they are sited, or where specific arrangements are in place for the management of safeguarding, this guidance note recommends that the church bodies approach PCR2 in a partnership with the diocese. The files belonging to the named institutions and cathedrals can then be reviewed as part of the diocesan PCR process. This can be achieved through established working agreements and information sharing agreements.

Where there are no formal safeguarding arrangements between an institution and its diocese, discussions will need to be held between the institution and the PCR Project Manager as to how they will engage with the PCR2. The advice to all church bodies is that they engage with the PCR2 and follow the approved practice guidance.

There will be discussions held by the PCR Project Manager and the leads for various church institutions, nationally, to explore the need for special, additional notes of guidance.

15. Financial contribution from the Archbishops' Council

The Archbishops' Council contribution will be 50% of the costs of each Diocese's review up to a maximum contribution of £30000 in any one diocese. There will be specific guidance and bespoke claim forms issues by the NST in conjunction with the NCI Finance department to ensure that there is parity and transparency across dioceses and church bodies in what costs are attributed to PCR 2 and how expenditure is accounted for.