

# **Protocol & Practice Guidance for Conducting Past Cases Review Work in Dioceses**

## **1. Introduction**

This Protocol and Practice Guidance is compiled to provide the framework for dioceses to implement the recommendations from the report of the Independent Scrutiny Team (IST). (See Background and Overview document). This practice guidance is written to provide a detailed and evidence-based approach for undertaking independent, safeguarding-led case reviews in each diocese. This churchwide process is referred to as Past Case Review Two (PCR2)

This guidance has been informed by the knowledge and expertise of DSAs and has been written to capture the lessons learned across different dioceses during the decade since the church's original Past Case Review (PCR1). It has also been informed by feedback from those with a lived experience of abuse within the church and has incorporated their advice. The guidance is written so that all the advice and information available in relation to conducting a proactive Past Case Review, is in one place and can be easily accessed by those managing the review process in their contexts.

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.

**The specific objectives of PCR2 are:**

- **To identify all information held within parishes, cathedrals, dioceses or other church bodies, which may contain allegations of abuse or neglect where the alleged perpetrator is a clergy person or other church officer, and ensure these cases have been independently reviewed.**
- **To ensure all allegations of abuse of children, especially those that have been recorded since the original PCR, have been handled appropriately and proportionately to the level of risk identified and with the paramountcy principle<sup>1</sup> evidenced within decision making**

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<sup>1</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.

- To ensure that recorded incidents or allegations of abuse of an adult (including domestic abuse) have been handled appropriately demonstrating the principles<sup>2</sup> of adult safeguarding.
- To ensure that the support needs of known survivors have been considered.
- To ensure that all safeguarding allegations have been referred to the Diocesan Safeguarding Advisers and are being/have been responded to in line with current safeguarding practice guidance.
- To ensure that cases meeting the relevant thresholds have been referred to statutory agencies.

This practice guidance is written with reference to current House of Bishops' Safeguarding Policy Promoting a Safer Church (2017).

Where cases are identified that require action then the practice guidance Responding to, assessing and managing concerns or allegations against church officers practice guidance (2017) is relevant.

Responding well to those who have been sexually abused practice guidance (2011) remains the published practice guidance that supports our work with survivors.<sup>3</sup> *Responding well* is being updated. However, there is additional information and advice included below that has been drawn from the contribution of survivors themselves and from professionals with expertise in trauma-informed practice.

## **2. Files in scope of PCR2**

Each diocesan bishop maintains Clergy Blue Files which are the equivalent of HR files for those in ordained ministry. Each Diocese/Cathedral/Church Body also maintains a variety of HR type files in relation to some Church Officers<sup>4</sup>. These may be employees, lay individuals who are volunteers, those who hold a licence or commission, and those who undertake pastoral care of children and/or adults

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<sup>2</sup> Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Care Act 2014

<sup>3</sup> Although within this document the terms "victims" and "survivors" are used for economy of words, the PCR manager recognises that these terms as labels are not always helpful. Both refer to "people with lived experience of abuse" which is a descriptive term but too long to use repeatedly within the document.

<sup>4</sup> A church officer is anyone appointed/elected by or on behalf of the Church to a post or role, whether they are ordained or lay, paid or unpaid.

who may be vulnerable. Every Diocesan Safeguarding Adviser maintains secure records in relation to specific safeguarding cases.

In order to identify written records which may contain allegations of abuse or neglect, files relating to every living clergy person and living church officer need to be considered within the scope of PCR2; whether or not the clergy or other church officers are engaged in ministry, paid or voluntary work at the time of the review. Those who are not in ordained or licensed ministry become subject to review because their church role requires them to have substantial contact with children and/or adults at risk of abuse.

The extent to which files need to be examined is dependent upon whether previous reviews have met the criteria.

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**

**Dioceses in Categories A and B need to review:**

- All clergy blue files and the equivalent personal files of diocesan staff, readers and other lay ministers and (where they exist) the files of other church officers, which **were not** reviewed as part of the original PCR and where the individuals are required to have substantial contact with children, within their church roles.
- All clergy blue files and the equivalent personal files of diocesan staff, readers and other lay ministers and (where they exist) the files of other church officers, where these individuals are required to have direct contact with adults at risk of abuse as part of their church role and: where

those files have not been previously reviewed **with a focus on identifying incidents of abuse of adults, including domestic abuse**<sup>5</sup>.

Particular attention must be paid to identifying and reviewing:

- The files of those individuals whose behaviour has been identified as potentially posing a risk to children whose file/information **was not** considered as part of the original PCR or whose behaviour has become of concern **since** the original PCR.
- Files relating to any clergy, lay minister, diocesan staff or church officer whose behaviour has been identified as being potentially harmful or abusive to adults including domestic abuse which is not caught by the above three categories.

**N.B.** It is possible for files that have been independently reviewed since 2007 to be exempted from further review. The diocese should obtain the consent of the PCR Board. The process for obtaining exemption is set out in **(3)** below.

#### **Dioceses in category C:**

Some dioceses in this category have already commenced their repeat of PCR1 ahead of the PCR2 guidance being available. Others have waited so that they could run their repeat of PCR1 concurrently with the scope of PCR2. Whichever route is taken, the process in these dioceses must ensure that by the end of their independent review work: all clergy blue files and the equivalent personal files of diocesan staff, readers and other lay ministers and (where they exist) the files of other church officers, whose roles within the church bring them into substantial contact with children or adults at risk of abuse, have been included in the independent review scope, whether or not they were reviewed as part of the 2007-2009 PCR.

Since 2007 there will have been significant movement of clergy from the dioceses repeating their PCR1. It is the responsibility of each diocese in category C to compile a list of all the clergy who should have been subject to PCR1 in their diocese. The DSA must then manage a process to identify the diocese to which any clergy person on the list has now moved. The DSA must send a notification to the DSA in the diocese where the Blue File is now held, to ensure that the blue file is reviewed in full. The

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<sup>5</sup> this means that files which were reviewed solely with a focus on identifying child abuse need to be re-reviewed with a focus on adult abuse

Independent Reviewer (IR) in the category C diocese must be provided with confirmation that this process has been followed in every case.

Where it is not possible to identify where clergy have moved to, the PCR project manager should be notified. See Background and Overview to the Past Cases Review, Section 5.

### **3. Process for obtaining exemptions**

It is the responsibility of the DSA to consider whether the scoping criteria above were matched when the previous review work was undertaken. There should be evidence that the previous review was independently undertaken; that it considered both child abuse and abuse of adults; and that the independent reviewers provided a written analysis of the safeguarding actions on the case. It is the evidence from the outcome of the review that is relevant rather than the detail in the previous terms of reference.

DSAs who consider that exemptions should be requested must then meet with their Diocesan Bishop, DSAP Chair and strategic lead for safeguarding (if such a role exists) as described in Phase 1, below.

The request for exemptions should be submitted to the PCR Management Board. The PCR Management Board will meet to consider exemption requests.

A diocese should address the following in any exemption request.

- Whether the approach to parishes at Phase One, part (2) below has been carried out or there is a clear plan in place for that work to be undertaken and whether appropriate action plans and support plans are in place
- Whether the previous review process included the scrutiny of all relevant files and cases and not just a sample
- Whether it is evidenced that the previous review was conducted by someone who was independent of the diocese (see appendix C)
- Both child and adult safeguarding concerns were considered within the review

The PCR Board may attach conditions to exemptions. This may include asking the previous independent reviewer to provide a signed assurance that exemption from PCR2 is appropriate.

Dioceses granted exemptions must ensure that any file in scope as described above has either a clearly recorded exemption or is reviewed as per this guidance.

#### **4. The Review Process and Task Specific Guidance**

There are 5 phases to 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 their diocese to ensure that these phases are planned for and undertaken within the spirit of this guidance.

##### **PHASE ONE**

There are 3 parts to phase one:

1. The Diocesan Safeguarding Adviser (DSA) and the Independent Chair of the Diocesan Safeguarding Advisory Panel (DSAP) should meet with the Diocesan Bishop and his nominated lead for safeguarding to agree the implementation plan for the review. Part of this preparation will be to set up a Diocesan PCR Reference Group that can support the work of PCR2 and manage any issues that emerge from the review.

The purpose of the reference group is to:

- 1.1 ensure robust risk management
- 1.2 provide dispute resolution when there are differing professional opinions between the DSA and the Independent reviewer
- 1.3 ensure that the right care and support is in place for anyone that is impacted upon by the undertaking of this review
- 1.4 review the recommendations from the DSA regarding the exemption of a proportion of previously reviewed cases/files and ensure that agreement to seek exemptions is unanimous

The Independent Chair will need to identify DSAP members to be part of the PCR reference group.

##### **Reference Group Membership:**

- At least half the PCR reference group should comprise of people who independent, experienced safeguarding professionals. There should be representation from both the police and a local authority
- The Bishop's nominated lead for safeguarding should be part of the reference group

- The Bishop should nominate an additional senior staff member to be a standing member of the group to ensure there is always a senior staff member as part of the decision-making group
  - The Diocesan Communications Officer must be included.
  - Wherever possible there should be an individual with lived experience of abuse or a named person from a group whose role it is to advocate survivor perspectives should be enabled to provide input to the reference group
  - The DSAP Chair must nominate a member of the Diocesan PCR reference group to have the lead for survivor support and engagement. Their role should also encompass working with the DSA to ensure the support needs of all those impacted by PCR2 are considered and provided for.
  - The DSAP chair must approach the DSAP members to ensure their availability and establish there are no conflicts of interests.
2. The Diocesan Bishop must send a letter to every incumbent. This letter should set out the Bishop's support for the PCR process and explain that for this review to be undertaken in the spirit intended parish input is essential. The support arrangements for incumbents and the pastoral care arrangements for anyone affected by this review must be included.

There is a suggested text for the content of the letter at Appendix A, together with a return form for incumbents to use. All the points listed in Appendix A need to be included in the bishop's letter.

Each Diocesan Bishop must agree with their PCR reference group, the process to be followed where parishes are in vacancy. This must be recorded as a policy decision and circulated to all relevant clergy.

The DSA with the DSAP Chair should write to the police and the local authorities in their locality to inform them of the PCR process. Sharing a copy of this protocol document is recommended.

3. An Independent Reviewer (IR) should be appointed (see Appendix C for specification) to read all files within scope. More than one IR may be appointed if preferred as this would provide opportunities for mutual support and consultation as well as potentially widening the experience and skills base. Based on the experience of the original PCR it would not be appropriate to appoint as the Independent Reviewer a retired member of the diocesan clergy, a member of the DSAP or the DSA of another diocese.

An agreement with the IR(s) should be drawn up (based on the template at Appendix C1)

## **PHASE TWO**

### **Children**

As part of the original PCR, child protection advisers drew up a list of all known child protection cases called the Known Cases List (KCL). Most of these lists have survived though not all and in 2008-09 dioceses recorded known cases in different ways. Where KCLs are still available they should be extended to include cases from January 2007 onwards and any cases prior to 2007 that are now known but were omitted from the PCR1 KCL. Dioceses should utilise the outline pro forma at Appendix B. Where no KCL exists, one should be created to include all known cases prior to 2007 as well as those identified since January 2007. This should be entitled Known Cases List (Children).

Once DSAs have received notifications from parishes, they should draw up an extended Known Cases List (Children) comprising all clergy and church officers where information exists concerning abuse or inappropriate behaviour towards a child in whatever context the behaviour may have occurred.

This will include:

- Behaviour which has harmed, may have harmed or is likely to harm a child, including neglect
- Possible commission of a criminal offence against or related to a child including the viewing, downloading or possession of indecent images of children
- Behaviour which indicates that the person is unsuitable to work with children
- More than one low level concern which would not, taken individually, meet the threshold for referral but taken together would justify further exploration
- Cases of young people over the age of 16 where they have stated they gave consent to sexual activity and where there has been no prosecution, but it is now acknowledged that the adult involved had a position of trust or authority
- Any other behaviour that could be considered to be a breach of a position of trust or authority
- Any cases where victims have reported abuse but where, following investigation, there has been insufficient evidence to substantiate the claim or report. This should be clearly stated on the KCL (Children).

### **Adults**

Once the DSA has received confirmations or notifications from parishes, they should draw up a Known Cases List (Adults) comprising all clergy and church officers that were previously known to the DSA



and add to this any of the cases that they have been made aware of through the approach to parishes.

This will include:

- Behaviour which has harmed, may have harmed or is likely to harm a vulnerable adult
- Behaviour which could be a criminal offence against an adult/vulnerable adult
- Behaviour which indicates that the person is unsuitable to work with vulnerable adults
- More than one low level concern which would not, taken individually, meet the threshold for referral but taken together would justify further exploration
- Cases of concern which have not led to prosecution or caution
- Behaviour which could be considered a breach of a position of trust and authority in relation adults who are vulnerable
- Any cases where victims have reported abuse but where, following investigation, there has been insufficient evidence to substantiate the claim or report. This should be clearly stated on the KCL (Adults).

These behaviours may include physical, sexual or emotional abuse, neglect, discrimination, theft, fraud and financial exploitation.

### **Tasks relating to both Children and Adult KCLs**

The DSA and independent DSAP Chair can agree to compile a combined KCL for children and adults as long as there is a note that identifies why the person is included on the combined KCL.

If there are cases where, for whatever reason, there has been an independent review, the DSA should indicate this on the KCL and note where the evidence for this review is held. The DSA must indicate the previous reviewer has been satisfied with the risk management and survivor support that was in place or was enacted in response to the previous review and that this meets current safeguarding standards. Where agreed exemptions are in place, known cases should still be listed but recorded as exempt. This is so that comprehensive records can be held in the diocese going forward and the need to undertake further clarifying work regarding past responses to safeguarding cases can be avoided.

The KCL for both children and adults **should include** any such persons who are no longer engaged in ministry or work with the parish or diocese **except** where a person is known to have moved to another

diocese. In these circumstances confirmation, wherever possible<sup>6</sup>, should be sought to ensure that the person is on the “receiving” diocese’s KCL. Only once it has been established that the name is on the KCL of another diocese, should that person be removed from the original KCL with a case note indicating the changed location and closing the case.

### **Cases where DSA action is required**

The DSA must ensure that if there are any cases identified by parishes during **Phase 1**, where there may be unmitigated risk or unreported harm, then these cases must be handled as per the current House of Bishop’s Practice Guidance. Necessary and proportionate action should be taken. Appropriate and timely support must be in place for anyone identified as requiring pastoral care, and the DSA must have ready access to the referral mechanisms for such support. No DSA should wait for the outcome of a review to take action that is evidently necessary and is part of the everyday work of diocesan safeguarding teams.

### **PHASE THREE**

The IR will need to be provided with access to all the clergy blue files within scope and all HR files or reader and lay ministry files that are in scope. Any HR file or equivalent in relation to church officers or diocesan employees within scope must be included in the review.

The reviewer should commence the work by reviewing the ‘HR’ files of those on the KCLs starting with those that have been identified by the National Safeguarding Team.<sup>7</sup> The DSA should make available any accompanying safeguarding records. The reviewer should then review all the other files that are within scope. A record must be kept of every file that has been read and an insert signed by the reviewer must be placed in every file that is reviewed. All diocesan files relating to inappropriate behaviours, or allegations of such, against clergy or church officers must be made available to the IR. There should be no file or source of information withheld from the review process.

The IR will not need to review any file held in parishes unless the DSA recommends that a review of that material is necessary. This should be limited to new cases that were only notified to the DSA under the arrangement at **phase one** above that had not had been previously known to the DSA, i.e.

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<sup>6</sup> Where lay officers have moved away it is rarely possible to identify where they have moved to. Efforts to locate individuals should be proportionate to the suspected or known risk. The PCR Reference group can offer scrutiny of this process.

<sup>7</sup> See Section 5 on page 13

if a parish notifies the DSA of a case previously unknown to the DSA, the DSA will request information from the parish to enable safeguarding action to be taken or to satisfy themselves that necessary safeguarding action had been previously taken in the parish. It remains the DSA's role in all newly identified cases, to ensure the necessary safeguarding procedure has been followed and the correct support and risk management is in place.<sup>8</sup> The DSA should always notify the IR of such cases and can then arrange for the IR to review the information supplied from the parish, including the records of actions taken/being taken. The IR, as in all reviewed cases, will comment as to whether the necessary standard has been met.

If the IR identifies any issues that require action to:

- I. mitigate risk,
- II. report offences to the police
- III. report concerns to the local authority or another body
- IV. provide support to an individual who has previously asked for help and where there is no evidence that appropriate support was offered,

The IR must inform the DSA immediately.

The DSA is the lead in the diocese for all safeguarding referrals and for ensuring any case whether new or emerging from the review is managed in line with the current practice guidance. Each diocese will have in place their own arrangements for liaison between the DSA and the Bishop and senior staff. The normal reporting processes should be followed. The independent chair of the DSAP should be kept informed of any cases that require action as part of the PCR.

#### **PHASE FOUR**

Once all the file reviews have taken place a meeting should be arranged between the DSA and the IR to consider the reviewer's reports on each case. The IR and DSA together should confirm the current arrangements for managing each case are satisfactory and make an appropriate entry on the relevant KCL.

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<sup>8</sup> Case management action on matters where risk is identified must always take priority over the review process.

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 DSA during the review, the IR should record their assessment of the action taken. Pro-forma to record these cases is at Appendix D. These summaries should be submitted via the DSA to the Diocesan Safeguarding Advisory Panel PCR reference group for oversight and validation.

Whilst Diocesan Safeguarding Advisory Panel members are not normally part of the case management process, these exceptional arrangements should provide a cost effective and appropriate measure of independent scrutiny and decision making. Whilst it is likely that discussion between the DSA, the IR and the DSAP Chair will result in agreement on the way forward in most cases, should it not be possible to resolve disagreements the DSA is entitled under para 4 (1)(j) of the Diocesan Safeguarding Advisors Regulations 2016 to refer the matter to the Archbishops' Council (in practice, the National Safeguarding Team).

If the IR encounters evidence of negligence, "cover up" or poor allegations management by senior clergy or other church officers, he/she should discuss the issue initially with the DSA and the Chair of the DSAP and agree what action should be taken. The advice of the NST Project Manager can be sought. If, for whatever reason, the IR does not wish to discuss the matter with the DSA and/or the Chair then a direct approach to the Project Manager can be made.

## **PHASE FIVE**

Once the IR has finished his/her work and the DSAP has made its decisions on referred cases, the ongoing monitoring and management of the cases should be taken forward in the usual way by the Diocesan Safeguarding Team. The IR should provide a short report to be shared with the Diocesan Bishop and the Chair of the DSAP and then the PCR Project Management Board. The content of this report is prescribed at Appendix E and should include anonymised copies of the KCLs and any recommendations the IR considers it appropriate to make.

The PCR Project Management Board will consider the reports and may seek clarification from the IR or the DSA on any aspects which are unclear or give rise to questions.

The PCR Project Manager will provide an overview report for the National Safeguarding Steering Group and the House of Bishops. A copy of this report insofar as it relates to children will be sent to the Independent Inquiry into Child Sex Abuse (IICSA).

## **5. Reviewing the cases held by the NST**

All safeguarding casework since the inception of the NST in 2015 will be included in PCR2. There is clear value in the inclusion of the safeguarding records held by the NST. The casework undertaken by the NST involves complex cases often handled between several dioceses and the NST. Including this work in PCR2 enables the same assurances regarding the quality of response in relation to safeguarding to be provided across every context of the church's safeguarding work. In order to connect the PCR work in Dioceses with the files held by the NST the following approach will be applied:

- The NST will prepare, diocese by diocese, a list of all cases referred to it since its inception in 2015
- The relevant list will be sent to each of the DSAs. Where there are cross-diocesan cases more than one DSA may receive information about a single case. Each DSA will also be asked to identify any further such cases which their records indicate were referred to the NST but which have not been included on the lists they have received.
- Diocesan independent reviewers will be asked to review these cases first, looking particularly for evidence of communication or of agreed actions being taken forward. In some cases, this will be without access to the blue clergy file which may be held by another diocese. It is the role of the DSA in the dioceses that do not hold the relevant file, to ensure that cases where evidence is found of any failures of communication or of actions not being followed through, are listed and sent to the National Director of Safeguarding.
- The Director of Safeguarding will arrange for the appointment of an IR to review all the NST information held on those cases referred by diocesan IRs. The IR in the NST may liaise with the diocesan IR and they will jointly agree any recommendations for remedial actions.
- The NST IR should prepare a short report on the number of cases and the broad outcomes. This report will be sent to the Director of Safeguarding and the PCR2 Management Board.

## **6. The involvement of victims, survivors and those with a lived experience of abuse**

This section is based on advice and comments from survivors and those with lived experience of abuse. 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. This section of the guidance is important and applies to all dioceses and to all church bodies. **The welfare of children or of adults at risk of abuse must be of paramount importance in the planning and execution of PCR 2.**

The Diocesan Safeguarding Team is the point of contact for anyone wanting to disclose information or contribute to the review. The DSA, DSAP Chair and Diocesan Bishop will have agreed their survivor-care strategy at Phase One and must keep this under constant review with the DSAP PCR Reference group throughout the PCR process.

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. As part of the preparation for this review the Archbishops' Council has published a statement providing information for anyone who wishes to make representations to the church as part of PCR 2. The telephone helpline number and details of how to make contact directly with the diocesan safeguarding team should be promoted locally by each diocese. For example, these two sets of contact details might appear on the front page of the diocesan website during the review period. Where a survivor makes contact with the helpline or the diocese disclosing new information they will be supported in line with current policy.

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

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 Independent Reviewer if they so wish. Any such approach should be planned by the DSA with the nominated person on the PCR reference group who has oversight for survivor support and well-being. Consideration must be given as to how approaches may appropriately be made to parents or guardians of people under the age of 18. Similar consideration must be given to approaching those with advocacy or support roles for individuals with diminished capacity.

### **Notes on best practice in direct engagement**

In every case where engaging with those with lived experience of abuse is considered, their well-being must 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. Planning the approach to any individual should always involve a gentle, non-intrusive approach to see if further discussion or involvement would be welcomed. Independent sources of support should be available and contact with these supporters must be immediately available to anyone that the diocese seeks to engage with in this way.

Any contact with an individual inviting them to express their views to the IR should make clear that the IR is not able to pursue any personal concerns or issues which individuals may have. 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. 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; and what could have been done differently to assist them more. These insights will be utilised to assist the dioceses and the NST to improve their responses to victims and survivors.

**In Specific Cases:** 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. 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.

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

No survivor should be contacted by the DSA, the 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. There must also be 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 and of anonymity and that any sensitive information shared will be protected.

The establishing or cementing of effective local partnerships (e.g. with Victim Support, Rape Crisis, local counselling providers etc.) is a role for the DSA, with support from the PCR reference group.

Planning the delivery of support services and developing multi-agency investigation or case management protocols is supported within statutory safeguarding procedures. Local Adult and Children's Safeguarding Partnership Board Managers should be notified that the PCR is taking place and they should be provided with a copy of this practice guidance for information.

## **7. Facilities for Independent Reviewers**

Experience shows that the best use is made of the IR's time if the following are provided:

- A list of all files to be examined – preferably electronically
- Location of files clearly identified with arrangements for the IR's access to them
- Arrangements for access to files outside office hours if IRs will be working extended days
- Confidential work space, Wi-Fi connectivity, phone access, safe document storage space and access to IT equipment, printer and photocopier.
- Details of key contacts
- The name of an identified person(s) in addition to the DSA who can provide advice to the IR on the diocesan structure, Who's Who and local policies and procedures

## **8. Diocesan, Cathedral and other Church Body Data Protection Responsibilities.**

To fulfil the specific objectives (set out in section 1 above) each Diocese/Cathedral/Church Body will commission a suitably qualified professional to read information in files. This person is referred to as an independent reviewer (IR). The IR may also communicate with individuals using email, face to face meetings, video calls and telephone calls.



Each Diocese, Cathedral and Church Body is required by law to have its own information governance procedures in place. These will cover how each part of the church shares information with each other and how those with responsibility for maintaining clergy files and HR and safeguarding files maintain accurate records. The National Safeguarding Team is working with the Information Governance and Data Protection Officer of the NCIs to offer advice to dioceses regarding safeguarding information-sharing agreements and privacy notices. Each Diocese, Cathedral and Church Body must ensure the individuals they commission as independent reviewers, are commissioned in such a way that they are compliant with the data protection law that is relevant to their location. As this PCR 2 guidance is issued across the whole Church of England this includes:

- EU Data Protection Regulation 2016 (GDPR)
- The Data Protection Act 2018
- Isle of Man- GDPR and LED Implementing Regulations 2018
- The Data Protection (Jersey) Law 2018
- The Data Protection (General Provisions) (Bailiwick of Guernsey) Regulations 2018 (the “2018 Regulations”)

In addition to the work of the NCI Data Protection Officer, helpful information can be found at <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information> and from the Government's own website either the website of the Information Commissioners Office (ICO) or Government guidance published in July 2018- ‘Information Sharing advice for safeguarding practitioners.’<sup>9</sup>

The Data Protection Act 2018 (GDPR) and Human Rights legislation have not been created as barriers to justified information sharing. The current law clearly includes ‘safeguarding children and individuals at risk’ as a condition that allows practitioners to share information without consent. In carrying out PCR 2 each Church Body is performing a task that is carried out substantially in the public interest. Preventing abuse of children and individuals at risk is in the public interest, as is promoting a safer church by improving safeguarding practice across the church.

In addition to identifying the public interest basis for undertaking PCR2, (processing sensitive data of individuals in clergy and church officer roles), the Church of England’s National Safeguarding Team has undertaken a Legitimate Interests’ Assessment. The legitimate interest summary table on the next

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<sup>9</sup> DFE-00128-2018

page sets out why each diocese, cathedral and church body has a legitimate interest in processing the personal data of its clergy and church officers to undertake a safeguarding review.

There is a specific purpose with a defined benefit	The processing is an essential part of the Church of England’s response to handling/dealing with safeguarding matters to protect individuals from harm, in particular those that are the most vulnerable (children and/or vulnerable adults).
The processing is necessary to achieve the defined benefit.	Without processing this data, it would not be possible to handle safeguarding matters/issues. Such processing is necessary to ensure effective investigations of allegations/concerns have taken place and to help improve safe working practices in and around Church activities, ensuring that the Church is a safer place for everybody.
The purpose is balanced against, and does not override, the interests, rights and freedoms of data subjects.	There is the risk of significant harm to others if unsuitable individuals are appointed to positions of authority and responsibility where they can be trusted by others. Similarly, there is a risk of harm to individuals where safe working practices are not adopted or cannot be reviewed and improved. This risk is greatest where relevant information is not reviewed in order to identify and/or properly address concerns. The duty to protect individuals from harm supports their rights and freedoms.

## **9. Specific Guidance for Independent Reviewers**

Independent Reviewers may find the following suggestions helpful as they approach their tasks:

- It is easy to under-estimate the types of business support which IRs may require. At the commissioning stage, IRs should clarify what support will be available including the place(s) to work, who will provide administrative assistance and who will be their key contacts.
- IRs who are not familiar with the structures of the church and the stylings, roles and responsibilities of different clergy and church officers are likely to benefit from time spent acquainting themselves with these before they embark on their reviews. Information will be made available to the IR via the PCR project manager.

- If IRs have grounds for thinking that further files or information exist which have not been provided they should put their request in writing stating the reasons they believe the file/information exists and why they require it.
- An important function for IRs is to assess whether, in cases requiring action, this has been taken or a credible plan exists for taking it. The implementation of these plans is for the DSA to undertake and the DSAP to monitor. The IR does not have an on-going role unless specifically commissioned by the Diocese.
- When reviewing clergy blue files, IRs should pay particular attention to the content of references and look for any relevant reservations in “safe to receive” letters or Clergy Current Status Letters (CCSL).
- In more complicated cases IRs may find it useful to construct a chronology. This can be a time-consuming task and consultation with the DSA is recommended to explore whether a member of the DST might be able to compile one.
- It is important that responses to reports, concerns and allegations are assessed against the expectations, requirements and guidance which prevailed at the time they were made<sup>10</sup>. IRs should highlight in their analysis where a response was adequate at the time but needs more to be done now to reach current safeguarding standards.
- During the course of their work IRs may encounter evidence of behaviours which, whilst not giving rise to safeguarding concerns, may cast doubt on the person’s suitability to work with children or vulnerable adults. IRs should consult with DSAs to make arrangements with the Diocesan Bishop for the reporting of such non-safeguarding matters.

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<sup>10</sup> There is a separate appendix available for reviewers that sets out a chronology of the more significant requirements emanating from both statutory and church sources.

## **10. Drawing the PCR to a conclusion in each diocese**

In completing the process set out in phase 5, the Diocesan Bishop must ensure that the specific objectives for PCR2, as set out at page one of this protocol and practice guidance, have been fully met. The Bishop should write a letter of certification to this effect which must accompany the Independent Reviewer's report and be sent to the PCR Project Manager. The DSAP should plan for an extraordinary meeting solely to consider how best to disseminate the learning from the PCR among diocesan bodies, the wider diocese and statutory partners.