



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 execution of PCR2.**
- 1.2 The Diocese of Liverpool is responding to the Past Case Review 2 (PCR2) policy and the requirement to appoint a PCR Advocate to provide the lead for survivor care, support and engagement.
- 1.3 Local Adult and Children's Safeguarding Partnership Board Managers and police leads for the Liverpool Diocese 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.
- 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 Diocese of Liverpool and 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 This strategy should be read alongside 'Responding well to those who have been sexually abused practice guidance (2011).

2. ROLE OF ADVOCATE FOR SURVIVOR CARE

- 2.1 The role of the advocate for survivor care will:
 - Ensure support is provided to an individual who has previously asked for help where there is no evidence that appropriate support has been provided or offered
 - Work 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 voice 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 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.
- 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 Advocate and the Diocesan Safeguarding Team for survivor care. Communication with the Advocate or Diocesan Safeguarding Team will be 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 Advocate for survivor care 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 Advocate:
 - 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. Where personal concerns or issues are raised these will be signposted back to the DSA, or statutory services.
- 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 following the 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?
- 3.7 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 have experienced abuse by clergy or church officers. Provision of support should always be discussed 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 Advocate for survivor care, 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 it. This will come from the Diocesan Authorised Listener Team.
 - Access to support and care that is provided independently from the church context for those that need it.
- 4.5 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.
- 4.6 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 the support from the PCR reference group and the Advocate for survivor care.