

Diocese of London response to the recommendations from the PCR2 report

Introduction

In 2007, the House of Bishops first recognised the need for a review of past cases of child abuse which was carried out between 2007 and 2009. In 2015, concerns were expressed about how well this had been completed and an independent assessment was commissioned into the adequacy of the initial review. The full background to this can be found in the following document on the Church of England webpages.

Reporting in 2018, the Independent Scrutiny Team identified that although the initial Past Cases Review had been well intentioned there were some significant limitations and following acceptance of the recommendations by the Archbishops' Council, Past Cases Review 2(PCR2) was agreed to enable parishes to take a proactive approach to identifying cases of concern and evaluating safeguarding responses.

The Diocese of London commissioned the past cases review in Autumn 2019 which was undertaken between late 2019 and August 2021. It was completed by a team of independent reviewers lead by Kevin Ball. It was overseen by a reference group comprising of independent representatives from various statutory agencies and survivor organisations, as well as two senior clergy, the project manager, and representatives from the diocesan safeguarding team.

From the outset, both the Diocese and subsequently the reference group were committed to ensuring that the review was thorough, compliant with both the detail and spirit of the PCR2 practice guidance and that all necessary files were examined to identify any cases that fell within the guidance. Indeed, the detail of the audit tool developed by the Diocesan Safeguarding Team (DST) and the Independent Reviewer went beyond that required by the practice guidance (this will be commented upon later) to ensure all safeguarding-related cases were identified.

The final report was accepted by the reference group and subsequently the Diocesan Safeguarding Steering Group (DSSG) in September 2021. The Bishop of London submitted the final report to the national steering group in October 2021.

We apologise unreservedly to every victim and survivor of abuse. We have read with sorrow the stories of those who were abused, and whose abuse was compounded by not being heard by the Diocese when they attempted to complain. We recognize that some clergy and church officers have been complicit in abuse when they have ignored what was often hiding in plain sight before their own eyes. We recognize that poor practice and poor and underfunded systems have contributed to the perpetuation of abuse and the inadequate treatment of survivors. We deeply regret that this has been the case. We acknowledge that apologies alone can never be enough, and we are focussed on acting and working towards lasting change.

Response to the report

As the Bishop of London and the General Secretary note in their foreword, the report identifies where our actions and those of our predecessors have fallen short, where further work regarding specific concerns or allegations is required, and where the needs of known victims require further consideration, as well as summarising areas for practice improvement.

Since Autumn 2021, considerable work has taken place to ensure progress and that learning from the review informs our developing practice. This response outlines the actions that have already been taken and the progress still to be made. Wherever possible, we will work with the National Safeguarding Team to ensure both that we are both able to share learning from our own review and practice improvement and that we are able to benefit from learning in other dioceses.

Publication of the London report has been delayed to await publication of the national report. It should be noted that all data and names in the report were accurate as at completion and submission of the report in September 2021.

In order to outline our progress, for ease of reading, and to save considerable repetition, we have drawn out overarching themes from the recommendations. These are: *governance and oversight of practice improvement; resourcing management and development of the diocesan safeguarding team; casework; clergy files; audit; survivors; and culture and leadership.*

Governance and oversight of practice improvement

(covering recommendations 2 and 3)

In September 2021, alongside the final report, the DSSG also received an action plan detailing the actions that we would be taking as a Diocese to respond to the particular recommendations from the Independent Reviewer, as identified at the end of the report. The DSSG now has responsibility for the oversight of risk, learning and progress of the PCR2 action plan which also forms part of the Safer Churches Programme of Work. At each of its quarterly meetings, the DSSG has received an updated version of the action plan and will continue to monitor implementation to ensure continued improvement in safeguarding practice across the Diocese. The action plan has been endorsed by the College of Bishops and progress will be reported to the Diocesan Bishop's Council.

Resourcing, management and development of the Diocesan Safeguarding Team

(covering recommendations 5, 7, 8, 12, 14 and 17)

The resourcing of the Diocesan Safeguarding Team has increased considerably over the last two years. We made these changes in response to our own understanding regarding the challenges faced and to ongoing complaints about the under resourcing of the safeguarding team, its consequent slow response rates, its lack of adequate recording of cases, and its inability to manage cases to ensure good outcomes for all involved. Indeed, the parish survey completed in Spring 2021 identified that whilst 76% of respondents described their satisfaction with their contact with the DST as adequate/good/excellent, 24% rated their experience as poor. Whilst there was much positive feedback from some, there was also significant criticism about the team being overstretched and reactive, with some finding the advice given as contradictory or confusing.

A new Head of Safeguarding role was created and in Autumn 2021, the Diocesan Synod endorsed the decision of the Diocesan Bishops Council to invest additional resource in the safeguarding team. There are now 9.6 FTE staff within the DST, providing both resilience and a mix of professional skills

to ensure we respond well to safeguarding matters. As a result, all episcopal areas now have a named Diocesan Safeguarding Adviser (DSA) so that proactive relationships with parishes and clergy can be developed to ensure we respond well and to ensure safer practice within all our parishes.

The Head of Safeguarding has reviewed practice within the team and put systems and practices in place to ensure sustained practice improvement. All new staff are supported and mentored, quarterly development days are held for the whole team, who are also taking part in the national programme of safeguarding training. A new role of casework supervisor is now in place which will ensure ongoing and sustained improvement in case management practice.

Casework

(covering recommendations 4, 6, 8 and 19)

Over 5000 files were reviewed during the course of the review and 488 PCCs or church bodies submitted a return. In all, 514 cases met the criteria for requiring further review by the safeguarding team and 113 cases were identified from the parish returns as requiring further review. All of these cases have been reviewed, and there are now just 25 cases awaiting completion. As of 30 October 2022, we anticipate that all these cases will have been completed.

Of these cases, 192 cases were initially identified as new cases, following completion of an appendix D form by the independent reviewer team. Following the work by the DSAs, 90 of the new cases were deemed to fall within the scope of the PCR2: the others related to clergy (non-safeguarding) conduct, or other HR matters, or deceased individuals. Where this was the case, all such matters were reviewed as appropriate for any further actions that were required. We are confident that this approach has been appropriately thorough on the part of both the independent reviewer team and the DSAs who have since completed the case work.

Whilst the DSAs have been working to a high standard, we have commissioned a further audit from the independent reviewer during the autumn to quality assure the work that has been undertaken. The results of this audit will be reported to the DSSG. More generally, our learning from this work is translating into overall practice development.

In line with recommendation 19, 23 cases have so far been passed to the National Safeguarding Team for further advice and action. So far, 22 have been resulted with one pending.

The DSAs have also been working with the Area Bishops to ensure completion of their area action plans. Area Bishops have secured additional resources to progress those administrative actions within the plans which are also nearing completion.

Over the last two years, the National Safeguarding Team has been developing and piloting an electronic national casework management system. The Diocese of London is discussing with the National Safeguarding Team how we might transition to this system during the Autumn.

Clergy files

(covering recommendations 9, 10, 11, 20, 21, 22, 23 and 24)

The national policy relating to the management of 'Personal files relating to clergy' was revised and approved by the House of Bishops in June 2021. It has been in existence since at least 1987 and updated periodically.

The management of files in the Diocese of London is delegated to Area Bishops (as permitted in paragraph 53 of the guidance), which is necessary in order for Area Bishops to exercise their episcopal responsibilities to clergy in their areas. All files are held securely.

Whilst work has previously been undertaken to ensure good and consistent practice, this review has revealed the considerable improvement still required, as a result of varying administrative and safeguarding practices by many bishops over many years.

The London College of Bishops is committed to ensuring sustained change and consistent practice across the Diocese. To this end, a small working group met to review practice and policy and identify where improvement was required. Bishops and their PAs have been receiving additional training to ensure knowledge and understanding; where necessary, additional administrative support has been made available to support any improvement work. Central systems have also been developed to ensure we are able to locate the files of clergy who are deceased or retired.

Audit

(covering recommendations 13, 15 and 27)

Since August 2021, the Head of Safeguarding has been reviewing all cases held on our diocesan safeguarding database (Safebase) and has been working with the DSAs to ensure practice improvement. In maintaining this overview, he has also developed a tool to ensure that, before a case is closed, the DSA reviews the case record to ensure that it is fully compliant with practice guidance and that there are no outstanding matters requiring attention. This has now been in place since November 2021.

Furthermore, the Casework Supervisor now has responsibility for oversight of the quality of all casework so that this is embedded in our ways of working and the benefit of practice improvement sustained.

The DSSG has discussed future quality assurance and audit activity. The first agreed phase of this is the review by the Independent Reviewer of the PCR2 casework. Once this has been reviewed by the DSSG at their December meeting, we will review next steps to maintain the focus on quality assurance.

In March 2022, we gave the opportunity to all parishes and church bodies in the Diocese of London to use the Parish Safeguarding Dashboard as a tool to support parish safeguarding improvement. within the Diocese. 47% of parishes have now actively using the dashboard and we will be looking at how this can be developed to help support progress with our Safer Churches Programme, as well as complementing data available to the DST, Bishops and Archdeacons regarding our progress.

Survivors

(covering recommendations 1, 16 and 17)

Those survivors who participated in the review have been contacted prior to publication of the final report and we have checked with them whether any ongoing support is required. The Head of Safeguarding has been reviewing our practice with survivors, in relation to the handling of disclosures, signposting to support agencies, and ongoing communications during the lifetime of the case. Having thoroughly reviewed the management of investigations and the operation of case management (core groups), we will now prioritise this area for practice improvement.

Recent House of Bishops Practice Guidance places clear obligations on dioceses in relation to survivors and we are currently in the process of implementing this. Several applications have been supported both to the national interim therapeutic support scheme and to Safe Spaces, which is provided by Victim Support. A number of survivors have also been provided with medium to long term therapeutic support. A budget has been set aside for survivors in 2023.

Culture and leadership

(covering recommendations 18, 25 and 26 and considerations a, b and c)

We recognise that in order to become a safer Diocese, DST relationships with clergy and parishes will also need to improve. With enhanced resourcing in the safeguarding team, we are now focussing on how our DSAs can develop good relationships with and ensure that parishes and clergy receive much more pro-active support. We believe that *everyone* has a role to play in making the church a safer place for all.

To that end we need to ensure that:

- everyone attends <u>safeguarding training</u> relevant to their role;
- parishes know about and are compliant with their roles and responsibilities (Please see safeguarding checklist and <u>parish safeguarding dashboard</u>).

The new national safeguarding training framework and the dashboard go beyond simple compliance and look to develop the behaviours and attitudes that create a healthy safeguarding culture where there is transparency and positive accountability in our parishes and Diocese. All senior staff have now completed the senior leadership training that focusses on the role that all senior leaders have in this process of change, including positive behavioural change and accountability.

To this end, we have made building a *safer church* one of our three priorities as part of our 2030 vision. The actions we are taking as a result of the PCR2 recommendations have been included in our Safer Churches Improvement Programme, along with learning relating to other reports, including the Lessons Learned Review into the death of Father Alan Griffin.

To further ensure that change:

- Once PCR2 casework has completed, we will develop a plan to ensure learning is
 disseminated across the Diocese. This will be considered in the first instance by senior staff
 to enable them to review their own behaviours and learning and how examine how they can
 support sustainable change;
- We will review the cases relating to churches which receive their episcopal oversight from the See of Fulham, where particular themes have emerged, to ensure learning;
- Our new Independent Chair, who began in September 2022, will be reviewing the effectiveness of the Diocesan Safeguarding Steering Group, including looking at how this can support accountability within the whole Diocese and act as a critical friend to senior leaders.

What next?

Our intention in carrying out the PCR2 review for the Diocese of London was to learn as much as we could about previous practice (within the safeguarding team, Bishops offices and across the Diocese) over many years, to understand where we had fallen short, and to ensure practice improvement and accountability. We believe that our review has been honest and thorough, and our intention in

publishing the full report has been to ensure transparency, to build confidence across the Diocese and nationally, and to support continuing progress in our journey to build a safer church.

There is much still to do. Indeed, PCR2 is just one of many steps on this journey. We continue to identify scope for ongoing improvement in all that we do and will continue to work hard towards our goal of every Londoner being able safely to encounter the love of God in our Diocese and churches.

3 October 2022