1. Introduction and General Principles:

a. The objectives of the Past Cases Review 2 (‘PCR2’) are that the Church of England will have taken all reasonable steps to ensure that the people ministering on its behalf are safe to do so, that all safeguarding concerns concerning children or adults at risk of harm have been adequately addressed and that the support needs of survivors have been considered.

b. There are a number of ‘other settings’ that are closely associated with the Church of England but separate from Diocesan or Cathedral structures. There may be information within those settings that is relevant to achieving the objectives set out above.

c. These are legally separate organisations from the National Church Institutions, Dioceses, and Cathedrals. As such, they cannot be required to participate in PCR2. However, they can be invited to assist the Church of England to meet the PCR2 objectives. Indeed, many have already expressed their willingness to do so.

d. The Diocese remains the primary setting for PCR2, and Dioceses will have a key role in facilitating the involvement of other settings in PCR2 within their geographical boundaries.

e. This guidance sets out the recommended approach, agreed by the PCR2 Project Management Board, to incorporating other settings in PCR2. In summary, it suggests adapting the approach provided in the PCR2 Protocol and Practice Guidance and the PCR2 Full Appendices for Practice Guidance for incorporating parishes into PCR2.
2. Theological Education Institutions

a. Background

i. Theological Education Institutions vary in size and geographical influence. Some train ordinands and readers for a small number of local dioceses, others from across the country. For the purposes of this guidance these are divided into ‘local’ and ‘national’ TEIs.

ii. In general, TEIs should not hold files on former pupils (beyond basic records such as years of attendance and course transcripts), although there is variance across the country on this point.

iii. However, TEIs should retain safeguarding information, including on former students. Holding that information does not convey upon a TEI the responsibility to conduct a separate PCR2 Review. Rather, TEIs should ensure that any safeguarding information they hold is made available to Independent Reviewers in the diocese in which the relevant church officer now ministers.

iv. In the event that a TEI locates safeguarding information on a church officer who currently ministers in a Diocese that has completed its PCR2 review, that information should again be passed to the DSA in that Diocese who will review whether the new information undermines the assessment of that case arrived at by the Independent Reviewer. In these instances, which are anticipated to be very rare, advice should be sought from the PCR2 Project Manager about how to proceed.

v. This principle also holds with ordained TEI staff (e.g. some academic staff). TEIs should ensure that any safeguarding information held in their HR files on staff who are also church officers should be available to the relevant Independent Reviewer.

b. Guidance for ‘local’ TEIs

i. The Bishop(s) of the Diocese(s) should follow the sequence of activities set out in the PCR2 Protocol and Practice Guidance for Phase One (as contained at the bottom of
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.

ii. Suggested wording and guidance regarding the content of this letter is found in the PCR2 Appendices. Dioceses should adapt this letter for the purpose of writing to the Principal(s) of the TEI(s) in question under the auspices of PCR2.

iii. The letter should include a reference to the requirement to complete a written return confirming that all known cases of concern have been reported to the relevant Diocesan Safeguarding Adviser, and to Table 1a, also included within the Appendices.

c. Guidance for ‘national’ TEIs:

i. The PCR2 Project Board Chair and/or Project Manager should write to the Principal of these TEIs, following the sequence set out in the main PCR2 Protocol and Practice Guidance for Phase One and similarly adapting the suggested letter in the Appendices. These TEIs should be asked to supply a return to the Project Board, confirming that all known cases of concern have been reported to the Diocesan Safeguarding Adviser in the Diocese where the relevant church officer now ministers.

d. Additional guidance for both local and national TEIs:

i. For all cases where information has been shared under the protocol set out above, TEIs should maintain a dated record on the relevant file. This will avoid confusion at a later date as it will confirm that the information has been properly shared.

ii. TEIs should keep a record of the number of records identified during PCR2 that had not previously been shared with dioceses. This information should be supplied to the PCR2 Project Board. This will enable both the present leadership of the TEI and the
PCR2 Project Board to identify if there has been a pattern of poor information-sharing that needs to be addressed.

3. Religious Communities

a. Background

i. Most religious communities, both acknowledged and recognised, have existing close relationships with their local dioceses with regards to ‘routine’ safeguarding work. There will also be some local communities that fall outside the formal definitions of ‘acknowledged’ or ‘recognised’ but which will operate along similar principles and have a level of relationship with their local diocese.

ii. Religious communities make less use of written records than dioceses. Most religious communities will have to rely on ‘organisational memory’ rather than written records.

iii. There are a small number of larger or more dispersed religious communities whose size and impact across numerous dioceses makes it impractical for them to be included within a diocesan PCR2. Some have already commenced PCR2 within their own community.

b. Guidance

i. Dioceses should work with religious communities by adapting the approach provided in the PCR2 Protocol and Practice Guidance and the PCR2 Full Appendices for Practice Guidance for incorporating parishes into PCR2. As with TEIs, dioceses should follow the sequence of activities set out in the main PCR2 Protocol and Practice Guidance for Phase One (as contained at the bottom of page 9 of that guidance), with suitable adaptation for the context of religious communities:

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.
ii. Suggested wording and guidance regarding the content of this letter is found in the PCR2 Appendices. Dioceses should adapt this letter for the purposes of writing to religious communities.

iii. The letter should include a reference to the requirement to complete a written return confirming that all known cases of concern have been reported to the relevant Diocesan Safeguarding Adviser, and to Table 1a, also included within the Appendices.

iv. If there is any doubt regarding whether a community is a recognised or acknowledged community, or whether it should be incorporated into a Diocesan PCR2 Review or approached at a national level, Dioceses should contact the PCR2 Project Manager.

4. Parachurch organisations

a. Background:

i. For the purposes of this guidance, the term ‘parachurch’ is being used to describe a multitude of organisations that have a close affiliation to the Church of England or one of its constituent bodies (e.g. dioceses, cathedrals, parishes). The majority of these will be relatively small and local such as homeless shelters, debt-counselling centres or food banks, or other similar social-outreach organisations. Some will be much larger with national impact and profile.

b. Guidance for Dioceses:

ii. Dioceses should make a list of the Anglican parachurch organisations within their geographical area.

iii. Diocesan PCR2 project boards should give consideration to inviting these organisations to be included within their PCR2 review.

iv. Where a parachurch organisation is to be included in the Diocesan review, the Diocesan Bishop should write to the relevant senior officer in that organisation, again using an adaptation of the letter contained within the appendices to national PCR2 protocol and practice guidance.
v. For those organisations which are to be included within PCR2, the purpose of inclusion is that relevant information held by these organisations with regards to church officers should be made available to Diocesan Safeguarding Teams in the dioceses in which those officers minister, so that the work of the Independent Reviewer is not undermined by incomplete or dispersed information.

vi. Diocesan PCR2 Boards and Diocesan Bishops should also give consideration to commending the overall goal and purpose of PCR2 to the parachurch organisations they write to. Many of these organisations will involve, on a paid or voluntary basis, people who are not church officers. These people are outside of the scope of PCR2, but these organisations may benefit from conducting their own, internal review of their files and memory to ensure that all safeguarding concerns have been dealt with appropriately.

5. Guidance for Cathedrals

a. Background

i. The majority of Diocesan PCR2 reviews have already incorporated their Cathedrals at this stage, although a few Cathedrals around the country are conducting reviews separately.

ii. It is acceptable for Dioceses to follow the same approach as outlined in this document, namely to approach Cathedrals as the equivalent of a parish. However, it is recognised that many Dioceses and Cathedrals have already gone well beyond this minimum requirement and have submitted all relevant Cathedral files to their Independent Reviews. This is an acceptable approach and reflects the seriousness with which PCR2 is being approached across the country.