



Pastoral Care & Assistance Scheme

**Anglican Deaconess Ministries
Limited**

2019

PASTORAL CARE AND ASSISTANCE SCHEME

1. OUR COMMITMENT

As a Christian organisation, we are committed to the mission of living out and extending the love, care and compassion of Jesus Christ to everyone.

Anglican Deaconess Ministries Limited (ADM) is committed to addressing disclosures of child abuse responsibly and proactively.

When a person makes a claim or disclosure of child abuse, we are committed to responding promptly with empathy, support and respect. We will seek to be compassionate to survivors, to provide assistance to help them with their needs and to help them rebuild their lives.

This scheme is intended to provide survivors with a voluntary alternative to litigation. Due to the passage of time and loss of evidence it will often not be possible for survivors of child abuse to establish the validity of their disclosures in court. In addition, court litigation can be costly and stressful.

The scheme aims to allow survivors a choice to pursue a claim outside the court process.

2. HOW ADM WILL ADMINISTER THE PASTORAL CARE AND ASSISTANCE SCHEME

The Pastoral Care and Assistance Scheme will be made known to the public and will be administered in conjunction with ADM disciplinary procedures.

When a disclosure of child abuse has been made, the Chief Executive Officer of ADM (or other appropriate officer) will be informed as soon as possible so that action can be taken in accordance with the protocols of ADM. As soon as practicable after receiving notice of a disclosure, ADM will:

- acknowledge the disclosure and express care and concern on behalf of ADM;
- acknowledge that all child abuse is grossly wrong and should never occur;
- enquire what needs have arisen for the survivor as a result of the child abuse and whether ADM can help in meeting those needs; and

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- inform the survivor of the existence of the Pastoral Care and Assistance Scheme.

Where the survivor has needs that may be met by monetary payment, they will be invited and if necessary assisted to make an application.

If the disclosure constitutes a criminal offence, the survivor will be advised that they may make a statement to the Police and that ADM will report the matter to the Police in any event. If the disclosure relates to reportable child abuse, the requirements of the law in relation to mandatory reporting will be complied with by ADM.

3. SURVIVORS OF CHILD ABUSE

Survivors of child abuse at the hands of an ADM worker have been violated and had their trust betrayed.

ADM has developed this scheme to detail how we will respond and provide pastoral care and assistance to persons (referred to as the “survivor”) who contact us with disclosures that an employee, volunteer or office holder (referred to as “worker”) has, during his or her time as an ADM worker, engaged in Child Abuse. “Child Abuse” and “Sexual Abuse of a Child” are defined in the Faithfulness in Service Code of Conduct (Anglican Church of Australia in the Diocese of Sydney see <http://safeministry.org.au/resource-documents/>) adopted by ADM for all workers.

An “ADM worker” includes workers of pre-existing entities of ADM and other entities for which ADM assumed responsibility. In particular, this covers the operations of Pallister House and Lisgar Hostel.

Pallister House refers to the building in the grounds of Greenwich Public Hospital at 95-115 River Rd Greenwich which operated as Pallister Girls Home (1946-1976), Pallister Young People’s Unit & Special School (1977- 1981) and Lower North Shore Adolescent Service and Pallister S.T.A.Y. residential unit (1981- March 1984).

Pallister Girls Home was controlled and managed by the Church of England Deaconess Institution Sydney Council (COEDIS). Pallister House Adolescent Therapy Unit was administered by Greenwich Hospital as a public health community program in close partnership with Health Commission of New South Wales Northern Metropolitan Region and Department of Youth and Community Services. The Special School came under the Department of Education North Sydney Region and closed in May 1981. Greenwich Hospital was one of the Home of Peace Hospitals coming under the responsibility of

COEDIS, the predecessor of ADM until the purchase of the hospitals by Hammond Care Group in 2008.

Lisgar Hostel refers to a hostel for young women (accommodating up to 10 girls) aged 15 to 18 years old who had reached school leaving age and were seeking work. The original building in the grounds of Pallister which opened in 1953 was destroyed by fire in 1955. The Lisgar Hostel was reopened at 38 Knight Street Arncliffe in 1959 and continued to be operated by COEDIS until 1987 when responsibility was transferred to the Anglican Home Mission Society.

4. RESPONDING TO CONTACT AND COMPLAINTS

When a disclosure of child abuse has been made, it will not usually be possible immediately to confirm the facts or extent of the claim. We recognise and acknowledge that child abuse has a tragic impact on a person's life. In addition, making a disclosure is in itself additionally traumatic and takes great courage. As far as possible we want to ensure that the person is properly cared for from the initial point of contact, even as we provide procedural fairness to the ADM worker regarding whose conduct disclosures are made. Our response will incorporate the following elements:

Pastoral care

Dealing with child abuse is likely to involve issues of emotional, psychological, spiritual and personal distress. We recognise that appropriate support needs to be available for the person to deal with all the issues which arise. As a first response the survivor will be contacted by the Case Manager who has been given responsibility for ensuring that survivors of child abuse receive ongoing care and support.

Professional Counselling

We will pay for the survivor to see a professional counsellor with appropriate qualifications and experience, so that the survivor can work through personal issues which arise for them. The counselling will be arranged with an independent practitioner either from an agreed panel of providers or from an approved counsellor, with appropriate qualifications and experience, selected by the survivor. After an initial period of counselling a progress report may be sought from the counsellor with the consent of the survivor.

Acknowledgement and apology

We recognise that an apology is the appropriate Christian response to a person who has had child abuse perpetrated against them and that it can aid in the healing process of the survivor. When a

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disclosure of child abuse has been made, it will not usually be possible to confirm the facts or extent of the claim immediately.

Before the substance of a disclosure has been established, a general acknowledgement will be given that all child abuse is grossly wrong and should never occur. This will include an empathetic expression of care and concern.

Once the substance of a disclosure has been established, an apology will be given to the survivor which will not include qualifications which may exacerbate the trauma experienced by the survivor. The form and wording of the apology and the context in which it is given must be acceptable to the survivor. It will normally be given by the CEO or ADM Chair in a context where the survivor has first been given the opportunity to tell their story and has been listened to. Often the complexity of issues in a person's life may be the result of many contributing factors, and it will not always be possible to attribute them all to one set of events. However, the tragic impact of child abuse on a person's life will be acknowledged and recognised.

Dealing with the perpetrator

An integral part of the response to the survivor is dealing appropriately and justly with the perpetrator.

If the disclosure alleges a criminal offence, the survivor will be advised that they may make a statement to the police and that the ADM will report the matter to the police in any event. If the disclosure relates to reportable child abuse, the requirements of the law in relation to mandatory reporting will be complied with by ADM.

ADM will otherwise deal with an alleged perpetrator in accordance with its employee protocol. For further information about the procedures to be followed in dealing with an alleged perpetrator, contact the ADM.

Other care and assistance

Where a survivor does not wish to pursue a claim for monetary payment, they will be offered appropriate pastoral care, an apology and counselling. These measures are intended to provide practical support to help survivors address issues that have arisen as a result of the child abuse and aid in their healing.

Monetary payment

The survivor will be invited to make a claim for financial assistance in the form of a monetary payment. A monetary payment cannot make amends for the harm caused by child abuse or sexual misconduct.

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Rather, the purpose of a monetary payment under the Pastoral Care and Assistance Scheme is to provide tangible recognition of the seriousness of the hurt and injury suffered by the survivor.

What information will a survivor need to provide?

Information in support of the survivor's claim will need to be provided. This may include personal accounts, any supporting documents or information from other persons, receipts or accounts for expenses hospital records, medical reports, psychological or psychiatric reports or any other information relating to any past or continuing needs. If a survivor is claiming to have suffered moderate or severe psychological effects, they will usually need to see an approved report writer.

Will the survivor's privacy be protected?

We will treat the survivor's information with complete confidentiality as far as is possible, except when we are legally obligated to provide it to a court or law enforcement authority. We may also need to inform the ADM worker that the claim concerns. If there are disciplinary proceedings, some information about the allegations will be given to the ADM worker.

5. ASSESSMENT PROCESS

Step 1: Completion of *Request for Pastoral Care and Assistance form*

A survivor will be invited and offered assistance by the Case Manager to complete a Request for Pastoral Care and Assistance form with supporting documentation.

The Assessment Schedule indicates the factors that will be considered in making an assessment of the monetary payment to be offered.

If moderate or severe psychological or psychiatric effects are claimed as an effect of the child abuse, the survivor must provide a formal written report from an approved report writer. An approved report writer is a currently practicing senior psychologist or psychiatrist having clinical experience with patients who have been survivors of child abuse and that has been approved by the Independent Panel. ADM will pay for this report.

Where a survivor claims less severe psychological effects of the abuse, the survivor will be invited to provide a statement from a counsellor or other appropriate professional to describe the personal impact of the child abuse on the survivor. ADM will pay for this

statement.

Step 2: Assessment of the claim by the Case Manager

Where the child abuse has not already been substantiated (by disciplinary, civil or criminal proceedings or by an admission by the perpetrator which has been accepted as the truth by ADM), the Case Manager will review all available evidence to assess whether in “reasonable likelihood”, the alleged child abuse was perpetrated by the ADM worker and whether it occurred in the context of their role as a worker.

Where child abuse has been substantiated, the Case Manager will review all available evidence to assess the following as described in the Assessment Schedule:

A. the severity of the abuse

The assessment of the severity of the abuse will be based on the matters listed in Factor 1 in the Assessment Schedule, and a value will be allocated accordingly, up to the maximum value of 40 (that is, the greater the severity of abuse, the higher the number in the range of 1-40).

B. the severity of the impact of the abuse

The assessment of the severity of the impact of the abuse will be based on the matters listed in Factor 2 in the Assessment Schedule, and a value will be allocated accordingly, up to the maximum value of 40 (that is, the greater the severity of abuse, the higher the number in the range of 1-40). If at the time of assessment, the survivor is a child or young person, the assessment of the impact of the abuse may need to be predictive of the likely impact rather than being limited to the actual impact to date.

C. any additional elements

The Case Manager will assess whether there are any additional elements to be taken into consideration based on the matters listed in Factor 3 in the Assessment Schedule, and allocate a value accordingly, up to the maximum value of 20 (that is, the more significant the additional elements, the higher the number in the range of 1-20).

The Case Manager will then add up the values for Factors 1, 2 and 3 to reach a value out of a total of 100. That total out of 100 will then be multiplied by the maximum payment amount of \$150,000.

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For example: $30(\text{Factor 1}) + 22(\text{Factor 2}) + 4(\text{Factor 3}) = 56/100$. $56/100 \times \$150,000 = \$84,000$.

The maximum possible total monetary payment under the scheme is \$150,000.

Following assessment of the claim, the Case Manager will make an offer of a monetary payment to the survivor accordingly.

Step 3: If the offer is not accepted

If the survivor does not accept the offer made by the Case Manager, the claim will then be assessed by an external Independent Panel. The panel, consists of two members:

(a) A senior medical practitioner such as a psychiatrist or clinical psychologist having current or recent clinical experience with patients who have been victims of child abuse; and

(b) A senior legal practitioner who has experience in arbitrations or other alternative dispute resolution procedures.

The panel will follow the same process as the Case Manager to assess the claim (outlined in Step 2 above).

Following assessment, the panel will recommend an appropriate monetary amount to be paid to the survivor. The panel will be asked to make their recommendation within 2 months.

The recommendation of the panel is final and there is no “appeal” from the assessment, however neither party is bound to accept the recommended assessment.

If the recommendation is accepted by the ADM, an offer will be made to the survivor accordingly. The survivor may accept or decline an offer made by the ADM.

Step 3: If the offer is accepted

As this scheme is an alternative to litigation the survivor will be asked to sign a deed to release ADM (including their employees but excluding the perpetrator) from being a party to any court proceedings arising out of the child abuse. There is no confidentiality provision in the Deed of Release and survivors are not prevented from “telling their story”.

Acceptance and signing of the Deed of Release will affect the

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survivor's legal rights. The survivor is required to get independent legal advice before signing the Deed of Release. ADM will pay for this independent legal advice.

Once the Deed of Release has been signed, the ADM will arrange for the payment to be made to the survivor.

Additional assessment for future counselling needs

At the time of the assessment under the Pastoral Care and Assistance Scheme, an assessment will be made for future counselling needs for the survivor of up to \$5,000 over and above the ADM payment. These funds may later be accessed by the survivor to contribute towards their future counselling costs, should this be required.

6. CONCLUSION

ADM is committed to addressing disclosures of child abuse responsibly and proactively. Persons making disclosures of child abuse need a compassionate and timely response, to lessen the trauma that survivors are experiencing. The scheme aims to allow survivors to receive appropriate pastoral care, counselling and assistance without resorting to litigation.

7. CONTACT

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ASSESSMENT SCHEDULE

Factors	Value as a %
<p>Factor 1: Severity of abuse</p> <p>The following matters, where relevant, are to be taken into account:</p> <ul style="list-style-type: none"> • Age of survivor at the time of first incidence of abuse ; • Intensity of the abuse (for example, penetrative, non-penetrative); • Duration of the abuse (for example, whether there were multiple occurrences over a long period of time); • The existence of multiple perpetrators; and • Use of physical force or coercion (for example, threats or intimidation). 	1-40
<p>Factor 2: Severity of impact of abuse</p> <p>The following matters, where relevant, are to be taken into account:</p> <ul style="list-style-type: none"> • Intrapersonal problems, including compromised sense of self- worth, sexual identity issues, deep feelings of guilt, shame and responsibility for the abuse; • Relational impairments, including impaired relationships, trust and intimacy issues; • Psychological functioning, including depression, anxiety, anger, fear, post-traumatic stress, suicidal ideation or attempts; • Social functioning, including issues with education, employment and housing; and • Physical health, including medical issues, disabilities, addictions, eating disorders. 	1-40
<p>Factor 3: Additional elements</p> <p>The following matters, where relevant, are to be taken into account:</p> <ul style="list-style-type: none"> • Whether survivor was in state care at the time of the abuse; • Whether survivor experienced other forms of abuse in conjunction with the physical or sexual abuse, including emotional abuse (this should not overlap with physical force or coercion to the extent this is already included in assessing the severity of the abuse in Factor 1 above); • Whether survivor was in a 'closed' institution or without the support of family or friends at the time of the abuse; and • Whether survivor was particularly vulnerable to abuse due to disability. 	1-20