Restorative Justice Programme – Theory of Change (10 August 2026)

Cross-cutting principle: The programme is designed to **do no further harm**. This means that all restorative justice activity, wellbeing support, use of the Support Fund, practitioner support and project governance must prioritise safety, voluntariness, informed consent, clear boundaries, trauma-informed practice and accountability.

How to read this model: This theory of change is a strategic model developed to inform the independent evaluation of the Horizon Project, not a full delivery plan. It sets out the core logic of the programme: the conditions, activities and outputs required to support safe restorative justice, relational wellbeing support, enabling funding and accountable delivery, and the outcomes these are expected to contribute to over time.

Purpose of this theory of change: This model has been developed to inform the independent evaluation of the Horizon Project. It sets out the programme logic, intended outcomes, enabling conditions, safeguards and possible indicators that evaluators may use to shape evaluation questions, baseline measures, data collection, analysis and reporting. Wherever practicable, baseline data should be established before or at the point of engagement and compared with follow-up data at appropriate intervals, so that the extent and durability of change can be assessed. The evaluation should use a proportionate combination of participant and practitioner self-report, programme records and relevant management information. It is not intended to predetermine findings, but to provide a clear framework against which implementation, participant experience, outcomes, learning and unintended consequences can be examined.

	Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Impacts	Possible Indicators
Restorative Justice Programme	• Skilled restorative practitioners, case management and safeguarding capacity. • Prepared participants and organisational representatives. • Clear governance, consent and evaluation arrangements.	• Identify participant-defined needs, readiness and preferred restorative pathway. • Prepare all parties safely and ethically. • Facilitate meetings, indirect dialogue or alternative restorative responses where wanted. • Record outcomes, follow-up and learning.	• Participant-defined needs and pathways recorded. • Restorative processes or alternative responses delivered where appropriate. • Questions, acknowledgements, information needs, commitments or other outcomes addressed.	• Participants feel heard, believed, respected and taken seriously. • Participants experience the process as safe, voluntary, meaningful and not causing further harm. • Organisations better understand harm, impact and accountability.	• Participant-defined needs are met, partially met or appropriately progressed. • Agreed actions or commitments are followed through. • Organisational learning and accountability are strengthened.	• Participants experience validation, recognition or reduced unresolved harm. • Trust is rebuilt where this is possible and chosen. • Institutional practice is informed by lived experience, restorative learning and accountable responses to harm.	• Participant-defined needs, pathways and outcomes recorded. • Evidence that needs were met, progressed or closed with reasons. • Participant feedback on safety, voluntariness, respect and meaningfulness. • Evidence of agreed actions, commitments, acknowledgements or organisational learning. • Evidence that no further harm concerns were identified, or that concerns were escalated and addressed.
Wellbeing	• Trained restorative practitioners able to offer relational, trauma-informed listening support. • Clear boundaries separating wellbeing support from organisational restorative meetings. • Referral and signposting routes to appropriate support services.	• Offer relational wellbeing conversations to postmasters and family members. • Provide space for people to be listened to and identify what support they may need. • Signpost or refer to other services where additional support is needed.	• Wellbeing conversations delivered. • Needs, concerns and support preferences identified. • Signposting, referrals and feedback recorded.	• Participants feel heard, believed and taken seriously. • Participants feel less isolated. • Participants understand available support options.	• Participants access appropriate support or onward pathways where needed. • Participants have greater clarity about next steps. • Learning informs future wellbeing support arrangements.	• Postmasters and families have access to relational restorative support. • The programme responds safely and humanely to wellbeing needs without causing further harm.	• Number of wellbeing conversations offered, delivered and completed. • Participant feedback on being heard, safety, usefulness and emotional impact. • Signposts or referrals made, accepted or followed up where appropriate. • Reported change in isolation, clarity or confidence to access support. • Evidence that wellbeing support maintained clear boundaries and did not create further harm.

Support Fund	• Controlled fund to remove barriers to restorative justice and wellbeing engagement. • Delegated authority, escalation and governance arrangements. • Practitioner assessment, participant declaration and audit-ready records.	• Identify support needs linked to restorative readiness, wellbeing or agreed outcomes. • Approve, decline or escalate requests within agreed scope and controls. • Provide time-limited emotional, practical, access or outcome-related support. • Monitor commitments, use of funds and emerging risks.	• Eligible participants receive approved support. • Barriers to participation or wellbeing engagement are addressed. • Agreed restorative outcomes are resourced where appropriate. • Decisions and rationale are recorded.	• Participants are better able to engage safely and meaningfully. • Practical, emotional, relational or access barriers are reduced. • Participants understand the fund is separate from redress, welfare or legal processes.	• Restorative or wellbeing needs are met, partially met or appropriately progressed. • Agreed outcomes are delivered in a timely and meaningful way. • Fund use remains fair, proportionate and controlled.	• More people can access restorative justice and wellbeing support safely and equitably. • Participant confidence is sustained without substituting for redress or welfare provision. • The programme maintains participant, public and funder confidence through transparent, ethical and accountable use of resources.	• Participants supported and type, purpose and value of support provided. • Requests approved, declined or escalated, with rationale recorded. • Evidence of link to restorative readiness, wellbeing objectives or agreed outcomes. • Participant feedback on accessibility, usefulness, fairness and responsiveness. • Budget commitments, remaining funds, duplication checks and emerging risks monitored.
Practitioner Wellbeing and Project Governance	• Independent wellbeing provision and reflective practice arrangements. • Supervision, line management and escalation routes. • Project governance, safeguarding and risk management frameworks.	• Provide supervision, reflective practice and wellbeing support. • Monitor caseload, emotional impact, safeguarding and delivery risks. • Operate governance routes for decisions, assurance and accountability. • Use learning to strengthen practice and project management.	• Practitioners and staff access support, supervision and escalation arrangements. • Risks, decisions and assurance activity are recorded and reviewed. • Delivery learning informs operational planning.	• Practitioners feel supported and able to raise concerns. • Wellbeing, safeguarding and delivery risks are identified early. • Project decisions are made within clear governance arrangements.	• Practitioner resilience and practice quality are sustained. • Governance provides effective oversight of risks, resources and delivery standards. • Learning strengthens future planning and assurance.	• The project remains safe, ethical, accountable, sustainable and grounded in the principle of doing no further harm. • Practitioner wellbeing is embedded as a condition of safe delivery. • Robust governance protects participant safety and programme credibility.	• Practitioner access to supervision, reflective practice and wellbeing support. • Practitioner feedback on workload, emotional impact, support quality and confidence to raise concerns. • Wellbeing, safeguarding and delivery risks escalated and resolved within agreed timescales. • Governance meetings, decisions, actions, assurance reviews and risk records maintained. • Evidence that learning from supervision, delivery review and governance improves practice and project management.

Assumptions and enabling conditions: This model depends on voluntary participation, informed choice, participant readiness, organisational willingness to engage appropriately, sufficient practitioner capacity and support, active safeguarding, and governance arrangements that remain responsive, proportionate and able to act on emerging learning or risk. Credible evaluation also depends on timely access to proportionate baseline and follow-up data, consistent recording practices, appropriate information-sharing arrangements, clear responsibilities for data collection and analysis, and safeguards for confidentiality, data protection and practitioner and participant welfare.

Measurement approach: The evaluation should develop an indicator framework that links each intended outcome and impact to a clearly defined measure, data source, baseline position, collection point and responsible data owner. Trust should be measured only where rebuilding trust is relevant and chosen by the participant, using baseline and follow-up questions that distinguish trust in the restorative process, participating organisations and wider institutional arrangements. Practitioner resilience should be assessed through confidential baseline and periodic follow-up measures of workload, emotional impact, confidence, access to support and capacity to sustain safe practice. These measures should be supplemented, where lawful, proportionate and available, by management information such as sickness absence, staff turnover, caseload, use of supervision and wellbeing support, safeguarding concerns, case pauses and practitioner withdrawal from delivery. Findings should be interpreted cautiously because changes in management information may have causes outside the programme and increased use of support may indicate improved openness rather than poorer wellbeing.

Limitations and safeguards: Outcomes will vary by participant and are not guaranteed. The programme cannot require reconciliation, trust, apology, forgiveness, organisational acceptance of responsibility or participant satisfaction. Its role is to create safe, ethical and meaningful conditions through which participant-defined restorative and wellbeing outcomes may be explored, supported and, where possible, progressed, while actively monitoring and responding to any risk of further harm.