



Restorative  
Justice  
Council

RJC  
Practitioners  
Handbook



## Restorative Justice Council

The Restorative Justice Council (RJC) is the independent third sector membership body for the field of restorative practice. It provides quality assurance and a national voice advocating the widespread use of all forms of restorative practice, including restorative justice. The RJC's vision is of a restorative society where everyone has access to safe, high quality restorative practice wherever and whenever it is needed.

RJC Practitioners Handbook

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## Introduction

I am very pleased to introduce the Restorative Justice Council (RJC) Practitioners Handbook.

The RJC is the independent third sector membership body for the field of restorative practice. It provides quality assurance and a national voice advocating the widespread use of all forms of restorative practice, including restorative justice. The RJC's vision is of a restorative society where everyone has access to safe, high quality restorative practice wherever and whenever it is needed.

The RJC's role is to set and champion clear standards for restorative practice. It ensures quality and supports those in the field to build on their capacity and accessibility. At the same time, the RJC raises public awareness and confidence in restorative processes. The ultimate aim of the RJC is to drive take-up and to enable safe, high quality restorative practice to develop and thrive.

This handbook has been developed specifically for our practitioner members to help support them in the delivery of high quality restorative services and the development of their professional practice.

The handbook is one of three covering trainers, practitioners and service providers. The aim of this handbook is to set out all of the relevant standards, guidance and resources in a single document which can be easily accessed as a reference text for daily use in practice.

The handbook is divided into seven sections and covers the overarching Standards Framework, the relevant aspects of the RJC Practitioner Competency Framework, the RJC Practitioner Code of Practice and practice guidance. The Code and guidance include the relevant aspects of the National Occupational Standards relating to restorative practice which practitioners may wish to refer back to in full if needed.

It also covers the relevant RJC policies and processes supporting the Standards Framework. It gives a brief overview of the different types of RJC membership available to practitioners, including detailed information on our accreditation scheme for practitioners. The handbook also contains several useful resources that practitioners can use in the course of their day to day work, in supervision and during conferences.

The restorative practice field is a developing one. We believe that this handbook will help our members deliver high quality restorative services to a nationally agreed standard. The publication of this handbook is an important step towards the professionalisation of the field both for those working in restorative service provision and, more widely, the public using those services.

As the leading body for quality assurance and standards in restorative practice, the provision of high quality restorative services is of paramount importance to us. I hope you will find this handbook informative and useful in supporting you in your practice.

A handwritten signature in blue ink, appearing to read 'Jon Collins', is positioned above the printed name.

**Jon Collins**

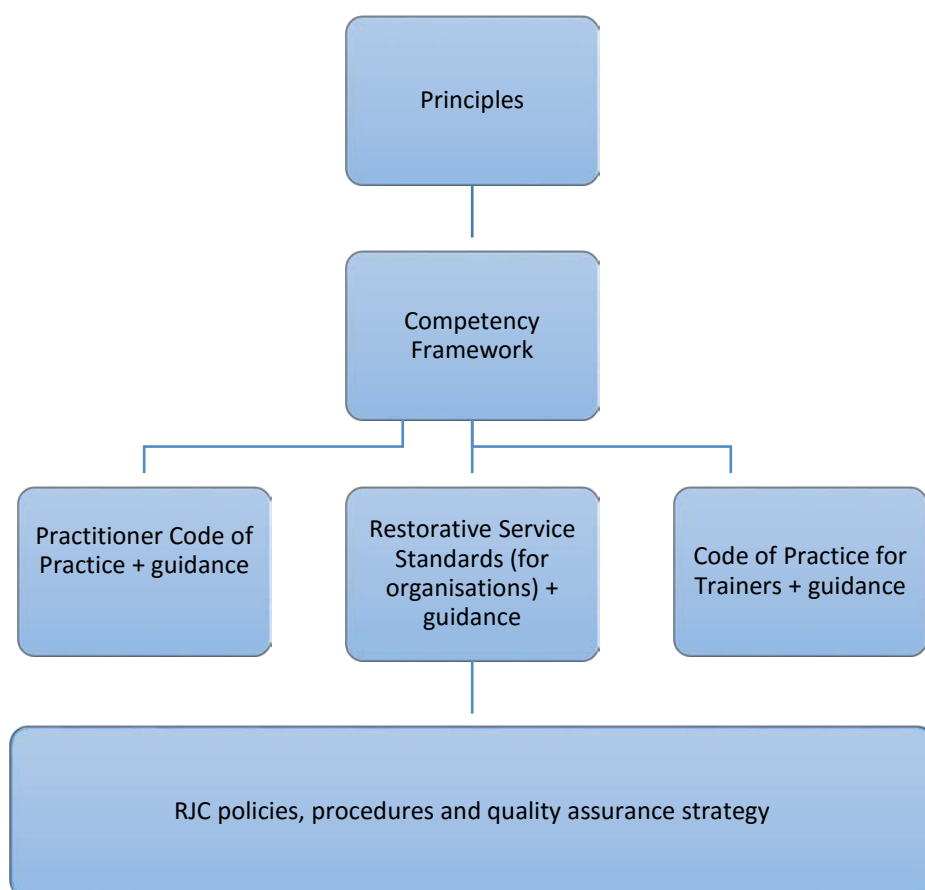
**Chief Executive**

**Restorative Justice Council**

## Section one – Standards Framework

The RJC Standards Framework comprises four key levels of standards activity relevant to the three different membership groups (service providers, practitioners and trainers). These four levels, and their relationship to the handbooks (of which this is one) are visually represented in figure 1 below:

Figure 1



The RJC principles of restorative practice is the overarching document setting out the core values that should be held by all practitioners in the field, which remain fixed. They cover six areas and should be applied in the course of restorative practice work by all RJC practitioner members.

Beneath the principles sits the RJC Practitioner Competency Framework, launched on 1 April 2015. This document sets out the skills, knowledge and behaviours that enable practitioners to undertake restorative practice at all levels. The Framework covers all areas of restorative practice, from informal approaches to formal conferencing in complex and sensitive cases.

Below the Framework sit the relevant standards which explain how the RJC expects practitioner, trainer and service provider members to conduct their restorative practice or deliver their service. These comprise the RJC Code of Practice for Trainers, the Practitioner Code of Practice and the Restorative Service Standards. The Codes and associated guidance include the relevant aspects of the National Occupational Standards to which practitioners may wish to refer back in full where necessary. Guidance on how those bound by the various sets of standards are expected to meet requirements is a core component of the Standards Framework and for this reason each set of standards is accompanied by RJC guidance on interpretation and implementation.

The handbooks detail the policies, process documents and strategies which support the RJC's implementation of the Framework. These include the various types of membership that are offered, the various approval, accreditation and quality mark schemes available and the processes by which the RJC will deal with appeals and complaints. They also contain information about how the RJC monitors compliance with its standards and how the information exchange that takes place during such monitoring can be of benefit both to provider members and the field as a whole.

The RJC's role in relation to practitioners is manifold. The RJC:

- sets the standards for admission to the Practitioner Register<sup>1</sup>
- sets the standards for the training of practitioners and regulates those who train them
- sets the standards for practitioner Direct Accreditation
- assesses and approves practitioners in relation to Direct Accreditation
- develops and runs an annual programme of continuing professional development (CPD) events
- monitors practitioner compliance with the standards
- deals with complaints against practitioners alleged to have breached standards
- deals with appeals from practitioners against decisions made by the RJC in relation to its standards and awards (for example, Direct Accreditation refusal)
- develops and publishes guidance aimed at supporting the delivery of quality restorative practice

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<sup>1</sup> The RJC maintains a register of both Associate and Accredited Restorative Practitioners. The admission criteria and process are set out in section six of this handbook. The Practitioner Register can be found at [www.restorativejustice.org.uk/practitioner-register](http://www.restorativejustice.org.uk/practitioner-register).



## Section two – RJC principles of restorative practice

The six principles of restorative practice are:

1. Restoration – the primary aim of restorative practice is to address and repair harm.
2. Voluntarism – participation in restorative processes is voluntary and based on informed choice.
3. Neutrality – restorative processes are fair and unbiased towards participants.
4. Safety – processes and practice aim to ensure the safety of all participants and create a safe space for the expression of feelings and views about harm that has been caused.
5. Accessibility – restorative processes are non-discriminatory and available to all those affected by conflict and harm.
6. Respect – restorative processes are respectful to the dignity of all participants and those affected by the harm caused.

These principles should be applied in the course of all restorative practice work.

Practitioners should make themselves familiar with each of the concepts and how they might apply them in their day to day work.

Restoration – practitioners should aim to ensure that restorative interventions they carry out are aimed at repairing harm that has been caused. An opportunity for addressing issues participants wish to raise in relation to the harm should be given.

Voluntarism – it is imperative that participants come to a restorative intervention of their own free will, having understood the reasons for, and methodology of, the process. It is the duty of the practitioner to ensure that everyone taking part understands why they are there and their responsibilities in relation to the process.

Neutrality – practitioners are human beings and in many cases may not be neutral to the harm that has been caused. However it is important that such biases are not permitted to affect the neutrality of the restorative process, which should not be conducted in such a way as disadvantages or discriminates against any one participant or party.

Safety – practitioners should aim to ensure that processes are safe by undertaking full and proper preparation in relation to each intervention they provide. Risk assessments are paramount whether conducted ‘on the spot’ (as may be required in the case of ‘street’ or ‘corridor’ restorative interventions) or via the use of detailed risk assessment spreadsheets (an example of which is set out in annex A). Practitioners should be appropriately trained.

Accessibility – one of the cornerstones of the RJC’s vision is that the offer of a restorative process is available to anyone who has experienced harm or conflict with the consent of all parties and where it is safe to do so. Practitioners must be mindful of any inherent biases that could affect their ability to offer a neutral restorative process to any person on the basis of their particular status or background – for example, their race, gender, offending history, disability, or socio-economic or political background.

Respect – restorative processes must be conducted in a manner which is respectful to those taking part. If the process, or anyone involved in it, is disrespectful to those taking part, the chances of a successful or positive outcome are significantly reduced. One of the many skills required of a practitioner is the ability to conduct an often highly emotional process in a neutral and measured fashion, and respect is key to delivering restorative interventions in this way.

## Section three – Competency Framework

The RJC Competency Framework was developed for use by restorative practitioners and those working in the restorative practice field. It sets out practitioner behaviours and skills and is intended to raise standards of practice while supporting professional development.

The RJC Competency Framework is a free resource and can be downloaded from [www.restorativejustice.org.uk/competency-framework](http://www.restorativejustice.org.uk/competency-framework).

Practitioners should use the Competency Framework to:

- ensure consistency of practice and service
- identify their development needs and plan to address them
- provide confidence to senior managers, commissioners and service users
- develop their practice to ensure it is in line with RJC standards and guidance
- guide and inform the supervision process
- demonstrate and raise the level of professionalism in the restorative practice field

The Competency Framework is divided into three clusters, each of which has a set of associated competencies as set out below:

### 1. Knowledge and understanding of restorative practice

This cluster is about the theoretical knowledge that everyone working in the restorative practice field should have. It provides the building blocks for restorative practice.

1.1 Knowledge of restorative practice – a practitioner should understand restorative processes and theories about how to apply this knowledge in practice.

1.2 Knowledge of the RJC principles of restorative practice and of RJC standards and guidance – a practitioner should understand the RJC principles of restorative practice and the implications of these on practice, including how to apply RJC standards and guidance.

1.3 Understanding of different contexts, cases and practice environments – a practitioner should have a knowledge of the varied contexts in which restorative practice is used, the different stakeholders and their needs.

### 2. Effective practitioner skills

This cluster represents the practical skills required to deliver restorative approaches.

2.1 Respectful practice – a practitioner should treat all stakeholders fairly and without discrimination. This area includes the principles of neutrality and confidentiality.

2.2 Preparation – a practitioner should be able to assess and prepare restorative approaches relevant to the participants.

2.3 Effective communication – a practitioner should have the ability to express themselves clearly and in a way that encourages confidence in others.

2.4 Reflective practice – a practitioner should engage in a cycle of self-observation and evaluation to support performance review exercises and professional development.

2.5 Building and maintaining relationships – a practitioner should have the ability to create restorative environments where there is mutual understanding and respect between participants.

### 3. Delivering restorative practice

This cluster covers the external processes that a practitioner needs to work within.

3.1 Risk and safety assessment – a practitioner should be able to review the risks involved in a restorative process and identify actions that may be required to mitigate those risks.

3.2 Overcoming barriers – a practitioner should be able to respond to issues arising during a restorative process in a flexible, creative and appropriate manner.

3.3 Evaluating practice and service – a practitioner should ensure that they regularly evaluate and reflect on their practice to support professional development.

### The Competency Framework levels

The Framework describes the skills, knowledge and understanding required at three levels:

- entry level practitioner (level C)
- intermediate level practitioner (level B)
- senior level practitioner (level A)

An entry level practitioner:

- can facilitate simple cases with significant guidance and support
- has limited or no case experience
- performs basic casework or restorative processes

An intermediate level practitioner:

- can facilitate simple cases without the need for significant guidance and support
- requires some guidance and support to facilitate complex and sensitive cases
- performs a variety of casework or restorative processes

A senior level practitioner:

- can facilitate all levels of case complexity without the need for significant guidance and support
- takes substantial responsibility for their own casework or restorative processes
- performs a variety of casework or restorative processes, and can apply a range of techniques in a variety of challenging contexts
- can mentor and support other practitioners

These levels have been designed as a guide and are used throughout the Competency Framework.

The opportunity to demonstrate the competencies in the Framework will differ according to the type of role the practitioner fulfils and the sector(s) in which they practise. The guidance in the Framework shows how practitioners can use examples from practice to demonstrate their achievement of the competencies.

## Section four – RJC Practitioner Code of Practice

### Introduction

Quality in restorative practice delivery is essential to provide the best possible chances of a successful outcome, to safeguard the wellbeing of participants and to build public and community confidence.

The RJC Practitioner Code of Practice has been developed to support restorative practitioners in the delivery of high quality restorative practice and sets out the minimum requirements for RJC registered practitioners. The Code reflects the relevant aspects of the National Occupational Standards, to which practitioners may refer in full where necessary.

A practitioner may not be a member of the RJC (either as an Associate or Accredited Practitioner) unless they can confirm that they adhere to this Code of Practice. The requirements in this Code are mandatory for RJC members. Supporting guidance (in blue) is not mandatory but is aimed at assisting practitioners to implement the rules.

### Aim

This Code is intended to:

- protect individuals receiving restorative services and those involved in the delivery of restorative services
- set out the minimum standards for restorative practitioners

### Use of the Code

- The RJC will not admit to its Practitioner Register, as an Associate or Accredited Practitioner, any practitioner who has not confirmed their adherence to this Code.
- This Code may be used by practitioners, employers, service users and the public to understand the minimum requirements of practitioners.
- Holders of the RJC Restorative Service Quality Mark are required to ensure that their restorative practitioners practice in accordance with this Code.
- The RJC may request further information from practitioners to verify that an applicant meets the requirements of this Code before an application to join the Practitioner Register is accepted and the practitioner listed.

### Definitions

For the purposes of this Code 'practitioner' shall mean restorative facilitators using restorative interventions, including formal and informal processes, and direct and indirect forms of restorative practice.

## Code requirements

These requirements apply to all RJC registered practitioners.

a) Practitioners must commit to work to the RJC principles of restorative practice.

Guidance: The six principles of restorative practice set out the core values of the field of restorative practice. They cover the following areas: restoration, voluntarism, neutrality, safety, accessibility and respect. The RJC principles apply to all those working in the field of restorative practice and can be downloaded from [www.restorativejustice.org.uk/RJC-principles](http://www.restorativejustice.org.uk/RJC-principles).

b) Practitioners must have completed, as a minimum, facilitation training delivered by an RJC registered training provider.

Guidance: Facilitation and practitioner training is training for those wishing to undertake formal restorative processes. Such training covers the full range of skills outlined in the core 2013 National Occupational Standards for Restorative Practice.

Facilitator and practitioner training will usually comprise a minimum of 20 hours of training. Training of less than 24 hours' duration should be preceded by mandatory pre-reading.

This training should cover the following key areas:

- an introduction to the concepts and philosophy of restorative practice
- informal and formal restorative processes, including restorative conferences, face to face restorative practice and/or family group conferencing
- relevant national standards, including the RJC Practitioner Competency Framework, the RJC Principles of Restorative Practice, the RJC Practitioner Code of Practice and the National Occupational Standards for Restorative Practice (Skills for Justice)

Facilitator and practitioner training should have a practical element, including at least one role play exercise demonstrating a restorative intervention. This should give participants the opportunity to practise and observe facilitation skills.

c) Practitioners must ensure that they undertake regular case supervision by a case supervisor.

Guidance: A case supervisor must be a fully trained, practising restorative facilitator. A case supervisor may be a peer of the practitioner. For the purposes of this Code 'regular' means at least once every three months. Case supervision is designed to support practitioners in their restorative work. It can take a number of forms, including:

- one to one supervision (either face to face, by telephone or virtually)
- group supervision (a group of practitioners within one organisation or team, or through a practitioner network forum)

Specific guidance on case supervision is set out in section five of this handbook.

d) Practitioners must ensure that they build on initial training by undertaking CPD to keep their knowledge and skills up to date.

Guidance: CPD may be undertaken in a variety of ways, including seminars, conferences, training courses, lectures, peer evaluation and private study of relevant materials such as academic journals and articles. It is recommended that an RJC registered practitioner undertakes at least 12 hours of CPD each year. Details of the RJC's CPD programme of events can be found at [www.restorativejustice.org.uk/events](http://www.restorativejustice.org.uk/events).

Practitioners are also encouraged to develop their professional knowledge and experience by working towards RJC accreditation. Details of the accreditation process can be found by visiting [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

- e) Practitioners must ensure that they have a good understanding of the RJC practice guidance and how it applies to their role.

Guidance: The RJC practice guidance may be found in section five of this handbook. It covers preparation for restorative processes, including risk assessment and management. It also covers conferencing, outcome agreements, indirect and informal processes, sensitive and complex case management, co-working and supervision.

- f) Practitioners must not undertake sensitive and/or complex cases unless they have the skills, experience and knowledge to do so. A practitioner must be at either intermediate (with support) or senior level to conduct sensitive and/or complex cases.

Guidance: For the purposes of this Code 'sensitive case' is defined as any case involving:

- actual, or threats of, serious or sexual violence
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- domestic abuse
- risk of continuing harm

For the purposes of this Code 'complex case' is defined as any case involving:

- harm caused over a substantial period of time (more than three years)
- more than three perpetrators and/or more than three victims
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- risk of continuing harm or intention to cause further harm
- multiple agencies

Determination as to whether or not an individual practitioner is at senior or intermediate level is largely a matter of personal judgement and is defined by the RJC Practitioner Competency Framework ([www.restorativejustice.org.uk/competency-framework](http://www.restorativejustice.org.uk/competency-framework)) in terms of the amount of support or supervision required to handle serious cases.

A practitioner should be satisfied that he or she has the knowledge and skills necessary to handle the case in question and such consideration should take place in respect of each case before the practitioner accepts it.

- g) Practitioners must not act in any case where there is a conflict of interest.



Guidance: Prior to accepting a restorative case, practitioners should consider whether or not a conflict of interest exists. A conflict of interest arises in a situation in which the practitioner's personal or professional experience has the potential to adversely affect the interests of participants in a restorative process. A conflict may occur in situations where a practitioner:

- knows or has social or family relationship with any of the participants
- has previously been in dispute with any of the parties or relevant agencies

h) Practitioners must comply with reasonable requests for information from the RJC.

Guidance: Such requests may be made by the RJC to support exercises aimed at monitoring Code compliance or to support the proper investigation of complaints and appeals.

Compliance with an RJC request for information includes responding to requests within a reasonable timeframe and providing information requested.

## Breach

- Evidence of breach of this Code by practitioners may result in suspension or permanent removal from the RJC Practitioner Register.
- The RJC Complaints Policy and associated Complaints Procedure set out the ways in which evidence of breach of this Code may be submitted to the RJC, how the RJC will investigate any alleged breaches and what sanctions may be applied. A copy of the policy can be downloaded from [www.restorativejustice.org.uk/complaints-and-appeals](http://www.restorativejustice.org.uk/complaints-and-appeals).

## Review

- This Code of Practice will be reviewed every three years through a process of consultation and amendment with the RJC Expert Advisory Group. The next review date for the Code is January 2019.

## Section five – Restorative practice guidance

### Introduction

This guidance is aimed at supporting practitioners in the workplace and covers the following areas:

- preparation for restorative processes
- face to face meetings
- outcome agreements
- indirect restorative processes
- sensitive and/or complex cases
- informal restorative processes
- co-working
- case supervisors

### Preparation for restorative processes

Preparation for restorative processes is of paramount importance and is often highly relevant to the outcome and ultimately the success of the intervention. Preparation involves a number of key areas including risk assessment and management, developing a rapport/relationship with the participants, securing the necessary consent(s), obtaining relevant information and understanding and managing expectations of the process.

### Risk assessment and management

In preparation for a restorative intervention practitioners should carry out an initial assessment of the incident and potential participants. Practitioners should consider the potential for risk of harm to participants and any others involved in the restorative process. Consideration should also be given to how these risks should be managed.

The purpose of such risk assessment is to:

- identify the risk of different types of process and determine the most suitable approach (including identifying the risk of potential emotional and/or physical harm to participants)
- create an opportunity for a safe dialogue between participants
- identify what needs to be put in place to enable a process to happen

The information available to a practitioner in making a risk assessment may vary depending on, for example, whether they are working in (or for) a statutory or voluntary agency. Practitioners should take all reasonable steps to access any information that will help them to assess the risk of harm during a restorative process.

Factors that may be relevant to an assessment of risk to participants in a restorative process include:

- communication skills of participants
- English language skills – consider the need for an interpreter
- age – young people may need to be accompanied
- disability or ill health of any participants, including any mental health issues
- level of violence involved in the harm (if any)
- prior offending history relating to any of the participants
- substance abuse history relating to any of the participants
- power relationships between any of the participants (or between any of the participants and the facilitator)
- participant expectations of the process
- any ongoing emotional impact of the original incident or harm likely to affect the restorative process or any of its participants
- the emotional state of the participants
- previous history between the participants
- significant disagreement between the participants as to the facts of the incident
- likely location for the restorative process (for example, if a meeting is likely to be held in a prison or secure residential setting, practitioners should consider both the practical issues associated with prison visits and potential psychological impact of this on the participants)

Once risk factors have been identified, practitioners should record them together with how each risk might be addressed. Such mitigation might include:

- working out with potential participants which type of communication will be most helpful at each stage of the process and any safety implications
- selecting venues to maximise participants' safety and to minimise their anxieties or concerns – in particular considering how participants will enter venues, where they will wait, whether it may be helpful to have additional facilitators present if there is a large group or people needing to be accompanied from different parts of the building, and whether there are break-out or time-out spaces available
- managing and balancing the presence/absence of supporters who can influence the emotional and physical risks of the process and its outcome

Risks may be identified by using the checklist and risk management table set out in annex A.

Practitioners should ensure that risk is continually assessed throughout the course of any restorative process. The risk checklist and management table should both be referred to regularly so new risks can be identified as they arise and appropriate mitigation activity put in place.

Practitioners should be aware that there will be cases where the risks posed by continuing with a restorative process, or aspect of the process, become unacceptable. In such cases the process, or relevant part of the process, should be closed down safely and the participants advised.

## Preparing and communicating with participants

Practitioners should ensure that clear and accurate information is provided to participants in a restorative process which will help them decide whether or not to take part. In particular, practitioners should provide information about:

- the purpose and potential benefits of a restorative process and a description of what actually happens
- the roles and responsibilities of those who will be involved
- how consent will be considered and secured (where the process involves participants who are children, parent/guardian consent will need to be secured)
- the links between restorative and other interventions
- how the restorative process would relate to any criminal justice or other proceedings, and the implications for the participants
- any risks identified and how these may be managed (see above)
- how information about participants and the process will be recorded and with whom it may be shared. Restorative processes cannot always be completely confidential, for example in cases where 'street restorative justice' is used or processes which result in participants wishing to write or speak publicly about their experience. For these reasons, where possible, confidentiality of the process should be discussed with participants during the preparatory meetings so that the appropriate level of confidentiality can be agreed before any contact between participants takes place.

Where a practitioner's risk assessment indicates that a face to face meeting would be unsafe or inappropriate in the context of the case, or where participants are unwilling to meet in person and safety can be managed through other restorative mechanisms, the practitioner should explain the options to participants.

Practitioners should support any participant in their right to opt out at any stage and should also support those who would have participated to cope with any disappointment.

In preparation for an intervention practitioners should communicate with participants in a manner which:

- acknowledges their situation and engages with their needs
- treats them fairly, with dignity and respect, while recognising the harm that has been caused
- is appropriate to the context
- encourages an open exchange of views
- is free from discrimination and oppression
- addresses each person in the way they wish to be addressed
- allows participants the time and space they need in which to make decisions

## Preparatory steps relating to other parties to a restorative process

Practitioners should first ask the victim(s) or person(s) harmed and the offender(s) or perpetrator(s) who they would like to be involved in the process, ensuring that no one is involved against their wishes.

Risk assessments of additional participants should take place, taking account of available measures to manage these risks.

Practitioners should ensure that additional participants are provided with clear information about the restorative process, its structure and potential outcomes to create a sense of safety and clear expectations.

## Preparing for a face to face meeting

When working with a co-facilitator, assistant or supporter, practitioners should ensure that everyone understands their roles and responsibilities throughout the process.

Practitioners should have already assessed the likelihood of strong emotions or conflicts during a face to face meeting and should have ensured that a plan is in place for separate meetings or time-out space, should this be needed.

Practitioners might find it useful to use a script or framework reflecting the chosen structure for the meeting. A sample conference checklist can be found in annex B.

An appropriate venue for the meeting should be selected taking into account any access needs identified at risk assessment stage (for example, disability, age or pregnancy).

Practitioners should consider drafting a seating plan for the meeting which adequately deals with any of the risks identified at risk assessment stage. The plan should be agreed with the participants.

If a practitioner wishes to invite observers to the meeting, she or he should:

- inform all participants about the possibility of observers being present and obtain consent
- inform participants about where in the room observers will be sitting and obtain consent

Practitioners should aim to ensure, where possible, that participants do not meet or wait together at the venue prior to the meeting. They should ensure that participants are not left on their own without access to support or information while waiting. If as part of the agreed process (for example, in a family group conference) participants will be leaving earlier than the end of the meeting, practitioners should ensure these transitions are handled with sensitivity to all involved.

## Face to face meetings

At the outset of the meeting practitioners should introduce themselves and explain their role. They should remind participants of the agreed structure and ground rules for the meeting and obtain consent from them.

Practitioners should ensure that during the course of the meeting, they communicate in a manner which:

- acknowledges the situation and participants' needs
- treats participants fairly, with dignity and respect
- is appropriate to the context
- encourages an open exchange of views
- minimises any constraints on communication
- is free from discrimination and oppression
- addresses each person in the way they wish to be addressed

Many practitioners choose to use a script to help them conduct conferences.

Practitioners should make constructive contributions to the process as it takes place with a focus on facilitating dialogue between participants in ways which:

- keep the focus on participants' communication with one another
- encourage everyone to contribute actively and fully
- move the process forward at a pace that balances the needs of everyone involved, taking into account the time and resources available
- encourage individuals to actively participate in identifying positive outcomes
- do not suggest the practitioner's own 'solutions' or opinions
- retain the focus on this being the participants' (rather than the practitioner's) meeting.

During a face to face meeting practitioners should be continually assessing the safety of the process and whether or not it is safe to continue. Practitioners should be confident to stop the meeting, call time out, or move to separate meetings where such risk is identified. Practitioners should also continuously monitor participants':

- emotional and physical wellbeing
- compliance with any meeting ground rules established at the start and taking appropriate action if the ground rules are not adhered to

Practitioners should ensure that space and time is provided during the meeting for participants to discuss what they would like to see in terms of meeting outcomes, and use these discussions to formulate an agreement.

Practitioners should encourage individuals to review what has happened during the meeting and confirm their perceptions of agreements reached and any unresolved issues.

## Outcome agreements

During the course of the face to face meeting practitioners should ensure participants are encouraged to consider and discuss the outcomes they want to see from the restorative process. Such agreements may include:

- restoration activity that is meaningful to the participants
- jointly made decisions, including any identified support needs relating to behaviour management, substance misuse, mental health, education or employment
- reparation, either to the individual who has been harmed or to the community

- any outcomes required by statutory agencies (including completion of identified programmes or adherence to curfews)

Such agreements may be written or oral. A sample written outcome agreement can be found in annex C.

In forming outcome agreements practitioners will need to take the following factors into consideration:

- the capacity, capability and resources of the person who has caused the harm
- the appropriateness and proportionality of any restorative activity suggested in relation to the harm caused
- the timing of any financial, practical or emotional restoration, and the need for an action plan
- any identified needs of any participant (such as support for physical or mental health issues, substance abuse or behavioural needs) and support available
- the need for reparation activity to be clearly defined and measurable and supported by the participants
- the availability of other services or input from other professionals and community-based agencies to support or undertake any rehabilitative or reparative activities
- the support available to help the person who has caused the harm to complete the agreement
- any health and safety implications of the proposed reparation
- whether insurance is in place to cover any practical work planned
- practical issues associated with completing the activity – for example, cost, transportation or an adult to accompany a minor to undertake any restorative activity
- practical limitations on those who have harmed who are in custody or whose liberty is restricted in any other way (for example, offenders on tag or under 18)

Restorative agreements are invalid without the full, informed and free consent of every participant to the restorative process. Practitioners should therefore ensure that no one is listed as a provider or recipient of reparative activity in the outcome agreement without their expressed consent.

Restorative agreements should include an agreed person or agency responsible for monitoring the agreement/contract.

If restoration includes financial reparation, practitioners should ensure that arrangements are in place to document the transfer of any money and ensure that such transfer is independently witnessed and recorded.

Practitioners should be clear about whether or not any outcome agreement forms a legally binding agreement, or whether completion is voluntary. All participants should be made aware of the position.

If it is deemed appropriate, an outcome agreement may set out what will happen if the activity contained within it is not undertaken.

Practitioners should make full and accurate records of all decisions and outcome agreements ensuring that all parties consent. Copies should be provided to all who need, and are entitled, to receive them.

Practitioners should ensure that all relevant statutory (inter-agency) procedures are followed and inform participants about any criminal justice system monitoring arrangements and the consequences of non-compliance. This includes making it clear who will be monitoring the contract and clearly setting out what actions will be followed if the contract is not complied with.

### Closing down a face to face meeting

Practitioners should allow time at the end of a face to face meeting for informal discussion between participants (with all parties' consent) and time for reflection.

Practitioners should remain present throughout the meeting and any informal time following it and should be alert to significant further exchanges or moments of restoration between participants, particularly if these should be recorded in the outcome agreement (for example, a request to stay in touch).

### Follow up/post conference support

Practitioners should ensure that supervision and monitoring progress of outcome agreements or action plans takes place. This may involve assisting and/or supervising the completion of the outcome agreement and assessing whether or not activities have been completed. It may also include supporting participants in the completion of outcome agreement activity (for example, ensuring the delivery of letters of apology).

Where deadlines for activities in the outcome agreement are not met, practitioners should consider what support they can provide to participants to ensure that such activities are completed within a reasonable time, while maintaining neutrality. Such support should be provided with the consent of the person with responsibility for the action to be taken.



If actions are not completed at all, practitioners should sensitively inform the other participant(s). In such cases, where relevant, practitioners should also ensure that structures are put in place for passing this information back to the appropriate criminal justice system (or other) agencies and the victim or person harmed.

## Indirect restorative processes

Practitioners should be able to identify where an indirect restorative intervention is appropriate and should support participants through their chosen restorative process. Where participants have chosen not to meet face to face, this choice should be respected and indirect options offered. These may include:

- indirect 'shuttle' conferencing
- video conferencing
- telephone conferencing
- audio or video recordings
- written communication

Even in cases where an indirect option has been chosen, practitioners should ensure that the option of a face to face meeting remains available to participants throughout, subject to any safety concerns.

## Video and telephone conferencing

Where participants choose to communicate through live video conferencing or telephone conferencing, these should be prepared for in the same way as a face to face meeting. Practitioners should ensure that they are not physically in the same room as either party and that they dial in from a separate neutral location in order to prevent any assumption of bias.

Participants should (where possible) be accompanied/supported during video/telephone conferencing so that they are not taking part in the conference on their own, which could be emotionally difficult for them. A supporter could be a parent, friend, family member or youth worker able to provide emotional or physical support required during the conference.

Practitioners should ensure that participants are prepared for the possible limitations of communicating via these methods, particularly telephone conferencing during which the participants will not be able to see the emotional or physical responses to the issues raised. If this is an issue for participants then the use of such conferencing methods should be considered carefully as the best outcomes may not be reached.

## Shuttle restorative practice

Participants may have chosen not to meet but wish to communicate via the practitioner and in such cases an indirect shuttle process may be beneficial. Shuttle restorative practice is where the participants are in separate rooms (often in the same building but not always) and the practitioner 'shuttles' between them, gathering information and passing it on so the parties are not obliged to meet face to face.

Shuttle restorative practice may be particularly suitable in sensitive and complex cases and may also be used as part of preparation for a face to face meeting at a later stage.

Practitioners conducting shuttle restorative practice should ensure that information gathered from participants during the process is clear and should ensure that the relevant participant consents to its disclosure to the other. Practitioners should also ensure that the method of such information sharing is agreed with the relevant participant. Practitioners should have consent to exchange each piece of information.

Practitioners are expected to exercise their professional judgement in considering whether or not to withhold information from either participant if she or he considers there is a serious risk of the information causing harm.

It is important that practitioners make clear that information passed on to a participant from another participant comes from that participant and not from the practitioner. The practitioner should remain neutral throughout and ensure that they do not significantly alter messages by paraphrasing, translating or attempting to improve and/or clarify.

Practitioners should ensure that accurate and complete records of agreements with participants are made, including records of any decisions that have been reached and the arrangements that have been made.

Practitioners should continually assess whether and when to bring shuttle restorative practice to a close and whether it is appropriate to move to a face to face meeting.

## Written communication between participants

Written communication between participants can be useful in cases where the parties do not wish or are not ready to meet, or be in the same building. In considering whether written communication is appropriate a practitioner should consider:

- participants' literacy skills, and possible need for support
- the need for letters to address the concerns of participants
- the need to manage expectations about the contents and style of the letter
- the need for letters to be both honest and respectful
- the need to risk assess letters for any hidden messages, such as threats

The following steps should be taken by practitioners engaging participants in written communication as an indirect restorative process:

- Confirm the recipient wishes to receive the letter.
- Provide the letter writer with clear information about how the letter will be handed over or read out to the recipient.
- Advise the letter writer that their letter will be read and risk assessed.
- Ask the letter writer what response they wish to receive.
- Ensure the letter is written in language the recipient can understand.
- Check any letter for evidence of risk of further harm. Practitioners should not hand over a letter to either participant in a sealed envelope without having read and risk assessed the contents first.
- Avoid drafting or suggesting content to either letter writer.

## Conferencing via audio or video recording

This sort of conferencing involves the recording of the account, views or questions of one participant and then the separate playing of that recording to the second participant, usually on a different day and in a different location. The process is then repeated with the second participant and the recording played back to the first. The difficulty with this sort of conferencing is the inevitable outcome that any questions recorded by the person harmed may not be directly answered in the reply recording made by the person who has caused the harm.

This makes the process lengthy but it may be ideal in cases where either or both of the participants do not wish to be in the same room together for the conference. It is a form of indirect 'shuttle' restorative practice. Practitioners undertaking this type of conferencing should ensure that participants' expectations are managed in relation to the areas they may expect the other party to cover in their response. Participants should be prepared for such conferences in the same way as other forms of shuttle restorative practice.

## Sensitive and complex cases guidance

The definition of a sensitive and/or complex case is set out at paragraph f) of the RJC Practitioner Code of Practice. It says:

For the purposes of this Code 'sensitive case' is defined as any case involving:

- actual, or threats of, serious or sexual violence
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- domestic abuse
- risk of continuing harm

For the purposes of this Code 'complex case' is defined as any case involving:

- harm caused over a substantial period of time (more than three years)
- more than three perpetrators and/or more than three victims
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- risk of continuing harm or intention to cause further harm
- multiple agencies

The Code requires that sensitive and/or complex cases may only be undertaken by practitioners at senior or intermediate level (with supervision).

Practitioners should take special care in such cases to proceed only if they are sure they can manage the process safely. It is particularly important to secure the consent of all participants before engaging in a restorative process in sensitive and/or complex cases.

Practitioners should be mindful of factors that can exacerbate the original harm caused during any restorative processes in relation to a sensitive and/or complex matter. These include:

- references to sensitive aspects of the offence
- lack of acknowledgement or minimisation of the impact on the victim or person harmed
- blaming the victim or person harmed
- overt or subtle forms of intimidation
- the possibility of participants manipulating the process to prevent others stating their needs and views and how this might manifest itself during a restorative process
- a pre-existing or ongoing relationship between participants which either increases the benefits of the restorative process or provides opportunities for further harm to be caused
- any cultural, political or religious attitudes to relevant issues in sensitive and complex cases, and how such attitudes might affect participants or successful completion of a restorative process
- any press coverage of the case and how this may affect the process and attitudes of participants
- the length of any process (particularly in relation to a complex case) and the impact of this on participants. Consideration should be given to the need to maintain continuity of case handling. Practitioners should aim to see a case through from start to finish.

Practitioners should take appropriate steps to manage the higher level of risk in sensitive and/or complex cases. This may include co-working with another restorative practitioner, close multi-agency working or specialist case supervision.

Practitioners should ensure that restorative processes prior to the conclusion of any related legal processes only take place:

- with the full and informed consent of participants, who have all been made aware of the potential impact on current or future legal proceedings
- following consultation with the senior investigating officer, relevant legal teams or relevant prosecuting authority

Practitioners should consider the impact of handling sensitive and/or complex cases on their personal wellbeing. It is important to access appropriate case supervision and personal support when necessary.

Practitioners facilitating sensitive and/or complex cases should make themselves aware of any relevant statutory implications arising from the type of case in question – for example:

- child protection legislation and regulations
- data protection considerations
- human rights protection
- civil and criminal court measures of protection
- parole and release of offenders on licence
- any potential implications of restorative processes for current or impending legal proceedings
- multi-agency public protection arrangements and public protection teams
- statutory duties of criminal justice agencies in relation to the service provided to victims
- legal requirements for information sharing and the limits on confidentiality

## Informal restorative processes

Informal restorative processes are used in a variety of ways in circumstances where formal processes are inappropriate or disproportionate to the level of harm that has been caused. Informal processes may be used in a range of settings including classroom disputes, in dealing with incidents of antisocial behaviour and as part of resolving neighbourhood disputes. They can also be used in custodial settings to manage internal conflicts and in the workplace to deal with staff grievances.

Informal restorative processes require the practitioner to be able to use a range of questions to enable individuals to reflect on their behaviour and its impact on others.

During an informal restorative process, practitioners should encourage the use of statements or brief comments by one person to another about how they were impacted by the other's behaviour – for example, used by a 'harmed' person to show a wrongdoer directly and immediately how they have been affected by their choices and behaviour.

## 'On the spot', 'corridor conferencing' or 'street restorative justice'

This type of restorative process involves the immediate application of a restorative

intervention as and when harm has occurred. Practitioners using this type of restorative process will need to make an instant risk assessment using existing professional skills to judge whether the people involved in the incident are calm enough to engage in an informal process. This is likely to involve an assessment of whether the parties are able to talk and listen respectfully to one another.

## Restorative circles

The use of circles (where participants sit in a circle) is a key element of informal restorative work in settings like schools and care settings, but is also part of any restorative working environment, such as team meetings.

Circles can be used proactively, to build empathy and community relationships, to share views and feelings and to build understanding and relationships within a group.

Proactive uses can also include decision making. Consensus and collective ownership of a decision can emerge through respectful listening to each person's viewpoint.

Circle processes can be used to deal with a specific conflict or incident of harm. This process is similar to a formal restorative meeting but a circle might be a more appropriate process in a situation where many people have been harmed and many are responsible for harm, within a particular community (for example, circles are used by some police forces and schools to resolve conflicts between rival gangs).

Key features of circle processes are:

- Every participant gets to speak in turn, rather than through a chairperson.
- Each person is listened to in turn without being interrupted or directly challenged.
- The voice of everyone in a group has equal 'airtime', not just the voices of the most confident.
- Participants have the opportunity to have eye contact with everyone else, helping to build a sense of trust, safety and equality within the group.

Practitioners using circles as part of a restorative process should ensure that a set of ground rules are agreed with all circle members at the outset. A list of example ground rules is set out in annex D.

Practitioners may wish to consider using a 'talking piece' to ensure that all participants are given equal time to speak if they wish to do so. A talking piece is a neutral object which can be passed between participants, allowing the person holding it to speak uninterrupted and pass on when they are finished. Practitioners should honour everyone's 'right to pass' and offer opportunities to participate when those who have previously passed are ready to contribute.

## Co-working

Co-working with another practitioner can have multiple benefits, drawing together different skills and strengths of individual practitioners to tackle issues particular to individual cases. Practitioners who wish to co-work cases should always be clear about the reasons for co-working that particular case. The rationale for co-working will often impact on the way in which it is done.

Co-working can be beneficial for a number of reasons:

- a) In sensitive and/or complex cases co-working can help provide:
  - additional specialist knowledge (for example, in relation to child welfare issues)
  - a counter to any perceived power imbalance among participants (for example, by having a mix of male and female co-workers)
  - safety or emotional support (for example, during preparation or assessment visits to participants' homes)
  - the ability to reflect with a co-worker throughout the case as it develops

- b) Professional development

Co-working can help to develop the skills of a less experienced practitioner and can assist in reflective learning for both practitioners. Co-working can provide:

- role-modelling and case supervision for a less experienced practitioner
- reflective learning through peer feedback and constructive criticism
- case supervision from a senior practitioner

- c) Practical support

Co-working can provide important practical support to practitioners in the course of their restorative practice. Such support can include:

- assistance with note-taking and preparation of outcome agreements during a restorative meeting
- emotional support during difficult or highly charged restorative conferences
- assistance with accompanying multiple participants to a meeting
- assistance with facilitation of separate meetings with participants where this is needed
- assistance with setting up of the venue and any access arrangements
- assistance with de-briefing and supporting participants separately directly after a restorative meeting

## Co-working preparation

Where a case is to be co-worked, all practitioners involved should complete the following preparatory steps:

- Agree the reasons for the case being co-worked.
- Jointly plan how roles and tasks will be shared for the duration of the case from pre-to post-conference stage, including informing any relevant agencies of outcomes.
- Assess any potential difficulties during the case and how co-workers can support one another (for example, if a participant leaves a meeting or one of the participants needs time out which practitioner will accompany them and which will stay in the room).
- Agree how co-workers will communicate during any meetings.
- Agree how feedback will be provided following the conclusion of the restorative process.
- Agree how the co-working arrangement will be explained to the participants and any other parties.
- Agree data sharing arrangements.

## Case supervisors

The role of the case supervisor is to provide advice and oversight on individual cases, to bring new ideas and a fresh perspective, and to check that appropriate and safe processes are being followed.

Case supervisors should be fully competent restorative practitioners. Ideally they should be senior practitioners as defined by the RJC Practitioner Competency Framework and registered on the RJC Practitioner Register, although this is not essential. A case supervisor does not (and often isn't) the line manager of the restorative practitioner. A case supervisor may be a peer of the practitioner – the priority is that a supervisor has the skills, knowledge and ability to provide appropriate supervision to the practitioner.

The role of a case supervisor includes:

- a) Checking that:
  - The supervised practitioner is working in accordance with the Code and good practice as set out in this handbook.
  - The case is progressing satisfactorily.
  - Adequate risk and safety management systems are in place.



- b) Working with the practitioner to identify suitability (in terms of knowledge and experience) to accept a case. In cases where the supervisor considers a practitioner is not at the sufficient level to accept a case, he or she should:
- Communicate this to the practitioner constructively.
  - Help the practitioner identify the support, professional development or additional training needed either to continue working on the case with support (for example, co-working with a more experienced practitioner) or refer the case on to a more experienced practitioner.
- c) Providing emotional and pastoral support to the practitioner, including identifying when referral to further independent sources of support, such as counselling services, may be appropriate. Where a supervisor considers such a referral is needed she or he should ensure that the issue is raised sensitively with the practitioner and facilitate the referral where possible.
- d) Where the case supervisor is not the supervisee's line manager, he or she should establish and maintain a relationship with the supervisee's line manager with the consent of the supervisee, taking into account:
- the need for a degree of confidentiality in the supervision process
  - the importance of providing feedback to the line manager on the supervisee's performance in restorative processes
  - the need to provide information to the line manager in cases where the case supervisor uncovers a serious risk of harm to the participants due to the actions or inaction of the practitioner. In such cases concerns should be raised with the line manager and if necessary the supervisor should recommend that the case be closed or passed to another practitioner.

## Case supervisees

All practitioners are required by the Code to ensure that they have satisfactory case supervision arrangements in place. Practitioners must ensure that they undertake regular supervision by a case supervisor.

Code guidance states that regular supervision means at least once every three months. It is recommended however that case supervision takes place more regularly than this if practicable. It is recognised that not every practitioner will have easy face to face access to a practitioner who can provide this support and so the Code guidance has a flexible definition of supervision which can take a number of forms, including:

- one to one supervision (either face to face, by telephone or virtually)
- group supervision (a group of practitioners within one organisation or team, or through a practitioner network forum)

Practitioners should ensure that they prepare adequately for supervision sessions. A sample checklist template that could be used can be found in annex E. Prior to each supervision session a practitioner should:

- Prepare a list of cases that have been worked and a list of those to be worked (to the practitioner's knowledge) over the period preceding the next supervision session.
- Ensure he or she has copies of all relevant (redacted) notes of the cases so that further information can be provided to the supervisor on request.
- Think about any areas of difficulty or challenge encountered that may need to be discussed at supervision and any learning points.
- Review the RJC Practitioner Competency Framework and identify any areas for further professional development, training or learning that can be discussed with the supervisor.
- Ensure copies of updated risk assessment/management tables (see guidance and sample table in annex A) are brought to the meeting for discussion.

## Section six – RJC policies, practices and procedures

### Membership of the RJC

All practitioners are strongly encouraged to join the RJC, the national standards body for the field of restorative practice. Practitioner membership is available to practitioners based in any sector, including criminal justice, community-based agencies, care and education.

There are two main types of membership for practitioners – Associate and Accredited.

Associate Practitioners have completed their initial training and are generally new entrants to the profession or people who only use restorative practice informally as an additional skillset to their main role.

Accredited Practitioners are generally more experienced and can provide evidence that their work meets national standards. They have an RJC approved qualification or they have been independently assessed by an RJC assessor. To apply for accreditation, a practitioner must already be an Associate member of the RJC.

Both types of practitioner are listed on the RJC Practitioner Register (Accredited Practitioners display the RJC Accredited logo) which can be found at [www.restorativejustice.org.uk/practitioner-register](http://www.restorativejustice.org.uk/practitioner-register).

Listing on the Practitioner Register publicly demonstrates that a practitioner is committed to delivering quality restorative practice.

To join the RJC as an Associate, a practitioner must provide the RJC with confirmation that they have undertaken facilitation training, are practising (formal or informal processes), have proper case supervision arrangements in place and that they adhere to the Practitioner Code. Membership costs £45 per year.

To join the RJC as an Associate Practitioner please visit [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

Information on applying for accreditation is set out below.

### Monitoring

The RJC's role is to set and champion clear standards for restorative practice. This involves implementing systems that promote quality practice and maintain compliance with RJC standards.

The RJC will monitor its Associate Practitioners annually. This monitoring will require Associates to provide confirmation that they are:

- practising (practice can be informal or formal)
- undertaking regular case supervision with a restorative practitioner
- in compliance with the Practitioner Code of Practice

The RJC will monitor Accredited Practitioners annually. This monitoring will require Accredited Practitioners to provide confirmation that they are:

- practising (practice must include the completion of at least one formal case in the past 12 months)
- undertaking regular case supervision with a restorative practitioner
- undertaking CPD activity
- in compliance with the RJC Practitioner Code of Practice

It is important that requests for information via monitoring exercises are complied with. The Practitioner Code of Practice specifically requires practitioners to respond to requests for information from the RJC. Failure to respond to a reasonable request for information by the RJC may constitute a breach of the Code. For further information about how breaches of the RJC Code are dealt with please see the section on complaints and appeals below.

## Complaints

A complaint against a practitioner may be made on the following grounds:

- A complainant has evidence that an RJC registered practitioner has breached the RJC Practitioner Code of Practice; and
- The complainant has exhausted the RJC registered practitioners complaints procedure and is dissatisfied with the outcome; or
- The RJC registered practitioner has failed to respond to the complainant within 28 days.

Complaints from individuals who are simply unhappy about the outcome of a restorative process will not be considered by the RJC unless there is evidence that one of the above grounds has been met.

If the grounds set out above are met then the complaint will be sent to the RJC Independent Complaints and Appeals Examiner (ICAE) and the procedure set out in the RJC complaints policy and procedure will be followed. A copy of the policy can be downloaded from [www.restorativejustice.org.uk/complaints-and-appeals](http://www.restorativejustice.org.uk/complaints-and-appeals).

The ICAE has the power to:

- a) reject the complaint on the grounds of insufficient evidence
- b) uphold the complaint, recommend that the RJC registered practitioner issues an apology and either:
  - issues a request for an action plan that addresses the identified weaknesses; and/or
  - temporarily removes the RJC registered practitioner until a satisfactory action plan has been submitted; or
  - permanently removes the RJC registered practitioner from the register or list

The RJC will aim to deal with complaints restoratively wherever possible.

## Appeals

A practitioner may appeal against a decision of the RJC (for example, registration refusal) where the following grounds are met:

- The appellant has evidence that the RJC improperly applied relevant standards.
- The appellant has evidence that the RJC did not follow relevant procedures.

If the grounds set out above are met then the appeal will be sent to the RJC ICAE and the procedure set out in the RJC appeals policy will be followed. A copy of the policy can be downloaded from [www.restorativejustice.org.uk/complaints-and-appeals](http://www.restorativejustice.org.uk/complaints-and-appeals).

The ICAE has the power to:

- overturn the appeal on the grounds of insufficient evidence
- uphold the appeal on the basis that RJC procedures were not followed (the RJC will be ordered to reconsider the application free of charge)
- uphold the appeal on the basis that RJC standards were not applied (the RJC will be ordered to register the appellant on the relevant register or award the relevant approval, accreditation or quality mark)

It should be noted that the ICAE will not consider:

- complaints or appeals that do not meet the grounds set out above
- complaints made against staff employed by the RJC. (Complaints about the service that has been provided by RJC staff should be in writing and addressed for the attention of the RJC's chief executive officer. They can be emailed to [enquiries@restorativejustice.org.uk](mailto:enquiries@restorativejustice.org.uk).)
- complaints that require criminal investigation

## Practitioner accreditation

The RJC encourages every registered Associate Practitioner to work towards achieving RJC Practitioner accreditation, where appropriate.

RJC Accredited Practitioners are practitioners who have demonstrated that their skills and knowledge meet the four core restorative practice National Occupational Standards, covering assessment, preparation, facilitation and evaluation – see [www.ukstandards.co.uk](http://www.ukstandards.co.uk).

There are many benefits to accreditation, including:

- demonstration that evidence-based effective practice standards are met and maintained
- increased senior management confidence in the service individual practitioners provide to the public
- external verification and independent recognition of the restorative service provided
- enhanced individual learning and continuous improvement through the Direct Accreditation process

Accredited Practitioners also enjoy a number of RJC benefits, including:

- listing on the RJC Practitioner Register as an Accredited Practitioner
- use of the RJC Accredited Practitioner logo on marketing materials
- use of the designation letters APRJC (Accredited Practitioner RJC)
- access to member-only RJC resources
- access to information about restorative practice from the RJC
- copies of the RJC's magazine, Resolution, three times a year, and monthly e-newsletters, including a dedicated practitioner bulletin
- discounted entry to RJC events and workshops, and discounts on training and events offered by RJC partners
- access to specialist practitioner networks.

RJC accreditation may be achieved in two ways:

1. by gaining a qualification approved by the RJC
2. via Direct Accreditation by the RJC

### The qualification route

If an RJC Associate Practitioner successfully gains an RJC approved qualification, this allows them to become an Accredited Practitioner immediately without undertaking the RJC Direct Accreditation process. The practitioner must, however, already be an RJC Associate Practitioner before applying for accreditation via the qualification route.

The RJC recognises a number of qualifications delivered across the UK. For a full up to date list of recognised qualifications please visit [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

If an Associate Practitioner has any of the above qualifications, she or he must advise the RJC of this, pay the £30 administration fee and provide evidence of having achieved the qualification. The RJC will process the application and following this the practitioner will be Accredited.

Further information about becoming Accredited via the qualification route can be found on the RJC website at [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

### Direct Accreditation

The RJC directly accredits practitioners who have demonstrated that they have met the relevant standards and satisfy RJC criteria.

To apply, a practitioner must:

- be an associate member of the RJC
- have at least one year's experience of practising
- have facilitated five restorative processes
- provide details of restorative experience and training
- provide at least three case studies worked on in the last three years

- provide four examples of work products, including a completed risk assessment relating to one of the case studies
- provide two references

The accreditation process is based on the core restorative practice National Occupational Standards, which are:

- Unit 1: Assess the circumstances of an incident towards identifying a restorative response
- Unit 2: Engage with and prepare participants for a restorative process
- Unit 3: Facilitate participants' interaction within a restorative process
- Unit 4: Evaluate the outcomes from a restorative process

The RJC has developed an online self-assessment tool which can be used by any practitioner to gauge readiness for undertaking Direct Accreditation. The tool can be found at [www.restorativejustice.org.uk/using-self-assessment-tool](http://www.restorativejustice.org.uk/using-self-assessment-tool).

Practitioners must score 100% on the self-assessment tool before an application for Direct Accreditation can be made.

### The fee

The fee for Direct Accreditation by the RJC is £300 plus VAT.

### The process

Once a practitioner has successfully completed the self-assessment, they will assemble an online portfolio of evidence which will be assessed by an RJC assessor. This assessment will be accompanied by a professional discussion with the practitioner, during which any questions the assessor has about the portfolio evidence can be answered.

Once the assessor has conducted the full assessment and is satisfied the practitioner meets all the standards, accreditation will be awarded.

On accreditation, the practitioner will receive the Accredited Practitioner logo and certificate. Accreditation is ongoing subject to compliance with the Practitioner Code of Practice and the RJC renewal process. Accredited Practitioners are required to renew two years after accreditation in the first instance and annually thereafter.

Details about how to apply for Direct Accreditation can be found at [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

## Section seven – Resources

The resources in this section are examples of documents that may be used in practice.

Use of these documents is not mandatory, they are intended only as a helpful tool to assist practitioners in their day to day practice. The text in red in each document is example text and is included for illustration purposes only.

The resources set out below may be adapted, copied and used in practice. ‘Clean’ versions of these documents may be downloaded free of charge for RJC members from the RJC website.

### Annex A – Example risk assessment mitigation plan

This checklist may be used in preparation for a restorative intervention to assess the risk of conducting the intervention. The text in red represents a criminal justice example and is for information and guidance purposes only.

**Name of practitioner:**

**Date of assessment:**

**Case number/reference:**

Risk factor or issue	Summary of risk/issue	Risk/issue mitigation activity
Communication skills of participants	Offender cannot read or write. This is a risk if written communication is used at any point.	Victim to be advised, with offender’s consent. Written communications including any outcome agreement to be read out and offender’s agreement confirmed.
English language skills	Victim is Polish with limited English.	Interpreter to be secured for conference.
Age of participants	No risks identified.	N/A
Disability/ill health issues	Victim is wheelchair user and may not be able to access the venue easily.	Ensure venue for meeting is accessible – ramp.
Violence associated with original harm	The harm was a violent assault. The victim was punched in the face. There is a risk the victim may feel uncomfortable sitting too close to the offender in the conference.  The incident involved a single punch to the victim’s face.	Develop seating plan for the conference – ensure victim and offender are not sitting close to each other.  Seating plan as above.  Ensure participants enter the venue separately and do not meet prior to the conference starting.



Offending/harming history	This is the offender's first offence and there is acknowledgement of the harm caused and full remorse – this has led me to assess the risk of violence from him at the conference as relatively low. The victim has one conviction for a public order offence suggesting he may react during the conference.	Seating plan should ensure participants are not near to each other. Ground rules should be set at the start of the conference and consent obtained.
Substance/alcohol abuse issues	There are no substance/alcohol abuse factors.	N/A
Relationship (if any) between participants	There is no prior relationship between the participants.	N/A
Participant expectations	Offender has expressed the desire for the victim to forgive him and to be able to move on. The victim has stated that although he is willing to meet the offender, he is still "feeling very angry" about what happened. The offender's expectations and hopes may not, therefore, be met.	I will meet with the offender prior to the conference and sensitively try to manage his expectations about what the conference can achieve. With the victim's consent I will advise the offender of the victim's continued high emotional state and the possibility that he will not be forgiven as an outcome of the conference.
Ongoing emotional impact	As set out above.	N/A
Emotional state of participants	As set out above.	N/A
Previous conflicts between participants	None	N/A

<p>Location of conference</p>	<p>Greenford Community Centre – low risk due to:</p> <p>Two break-out rooms – if emotions are raised these can be used during the conference.</p> <p>Two entrances and waiting areas – so victim and offender can enter separately and wait separately until conference starts.</p> <p>Kitchen area – tea/coffee and water can be provided if wanted.</p> <p>One entrance has a ramp – victim can enter building with dignity and ease.</p> <p>Several members of community centre staff working when conference is taking place – can be called upon if assistance is needed.</p>	<p>Ensure participants are clearly advised in advance of the relevant entrance to use and where to wait so that they do not meet prior to the conference.</p>
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Date of next risk assessment:

Signed:

## Annex B – Example conference structure checklist

### Room preparation

1. Ensure chairs are set out in accordance with seating plan.

Ensure refreshments are ready to be available immediately following the conclusion of the conference in an accessible space.

Ensure break-out rooms or spaces (if applicable) are accessible and there are chairs, tissues and water in each.

Ensure the environment in the conference room is comfortable (temperature, lighting etc).

Ensure location of toilets and any fire safety procedures are known.

Consider positions of windows and door and ensure there will be no distractions.

### Bringing the participants into the room

1. Collect participants from the waiting area in accordance with the conference plan. (This may be victim and supporters first, followed by offender and supporters second.)  
Refrain from bringing everyone in at the same time.

Ensure people are ushered politely to the correct seat in accordance with the seating plan.

### Starting the conference

1. Welcome all participants and thank them for coming.
2. Introduce yourself and explain your role.
3. Explain the purpose of the meeting – emphasise that the meeting is not to judge anyone present but to aim towards resolution of the conflict and harm that has been caused.
4. Introduce the participants by name and the reason for attendance (avoid referring to people as ‘offender’ or ‘victim’, use names and relationships where possible – for example, “this is Sue, Paul’s mum”). In some cases participants may wish to introduce themselves.
5. Go through ground rules for the conference and ensure that everyone understands and agrees to them.
6. Let all participants know that if they need a break they can request one through you.
7. Ask everyone to switch mobile phones off and explain the fire safety procedure, location of toilets and break-out rooms.

### Conference

1. It is often the case that conferences (where appropriate) start with the person who has caused the harm – ask for their account of what happened. Use restorative questions: What happened? What were you thinking? What were you feeling? Who has been affected? What do you need to do now?

Ensure everyone in the room has an opportunity to give their account, respond to what has been said and express their feelings about what happened.

### Outcome agreement

1. Ensure that any outcome activity is expressed by the person who wishes it to happen

and ensure that all those with responsibility for making it happen are aware of what they need to do and consent to doing it.

Prepare a list of agreed actions as they are raised throughout the meeting.

At the conclusion of the meeting read out the list of actions and gain verbal agreement from everyone present.

Prepare an outcome agreement detailing the actions that have been agreed, the person responsible for completing them (the template in annex C can be used for this).

Ensure everyone present understands and signs the outcome agreement. If copies can be made and provided to everyone present on the day then this should be done. If copies cannot be made then arrangements for ensuring everyone receives a copy should be made.

### Closing the meeting

1. Ensure that everyone has had the opportunity to have their say.

Ask everyone present if they have any questions or anything further they wish to add.

Summarise:

- what has been said
- what the expressed desired outcomes of the meeting were
- what actions were agreed, how these will be undertaken and by whom

Thank everyone for attending the meeting and where possible end with a positive statement. Direct participants towards the refreshments (if available).

Please note: Do not pressurise people to stay for refreshments. Make it clear that participants are free to leave immediately after the meeting if they wish. Ensure that you stay for the refreshments. Participants should not be left at any point in the meeting room alone without an independent person present.

## Annex C – Sample outcome agreement

This is a sample outcome agreement that may be modified and used to summarise key decisions made by participants in a restorative process. The red text is for illustration purposes only.

**(Please note: It may not be appropriate in every context to include surnames of participants in the outcome agreement where the agreement is disseminated to the parties, particularly in youth justice settings.)**

### Restorative meeting outcome agreement

This agreement is made on 25 April 2015

Between:

Louise Brown (the facilitator)

And

Timothy Porritt (victim of criminal damage to his car)

And

Frederick (Fred) James (responsible for the criminal damage to Mr Porritt's car)

And

Katherine James (Frederick's mother)

(Insert further names here if required to cover all participants to the agreement)

#### 1. Overview of the harm caused

On 3 February 2015 Fred James threw a brick through the windscreen of Timothy Porritt's car causing the window to break. Fred has admitted responsibility and has expressed full remorse for the incident.

#### 2. Restorative meeting details

A restorative meeting took place on 25 April 2015 at Greenwood Park Community Centre.

#### 3. Agreed outcome activity

It was agreed that:

- Fred James will write a letter of apology to Mrs Belinda Porritt who could not be present at the meeting. Louise Brown will ensure the letter is delivered to Timothy Porritt.
- Louise Brown will provide Katherine and Fred James with information about anger management courses.
- Fred or Katherine James will provide Louise with confirmation of enrolment on an anger management course.

- Louise Brown will provide Timothy Porritt with an update on progress Fred is making in relation to completion of the anger management course.

#### 4. Schedule of activity

Activity	Person responsible	Deadline
Write letter of apology to Mrs Porritt	Fred James	5 May 2015
Deliver letter of apology to Mrs Porritt	Louise Brown	8 May 2015
Provide Katherine and Fred James with information on anger management courses	Louise Brown	30 April 2015
Confirm in writing enrolment on anger management course	Katherine or Fred James	30 May 2015
Provide update to Mr Porritt on Fred's progress with the anger management course	Louise Brown	15 August 2015

#### 5. Confirmations and signatures

I confirm that I have read and understood the contents of this agreement. I confirm that I will carry out all the actions in the schedule of activity for which I am responsible and that these will be completed by the deadline set out in the schedule.

Signed:

Name (print):

Signed:

Name (print):

Signed:

Name (print):

## Annex D – Example ground rules for circles

These ground rules may be used in the facilitation of a restorative circle. A practitioner may wish to run through each of these rules in turn and secure consent from each individual present before the intervention begins. It is often helpful to have the rules written on a flipchart for everyone to see throughout the intervention.

Alternatively printed copies can be handed out to each participant which they can be asked to sign prior to the circle commencing.

Circle participants agree to:

1. Take turns speaking, give time for each speaker to say what they would like to say and not interrupt.

Call participants by their first names where these are known rather than referring to people as 'he' or 'she'.

Ask questions where this is needed in order to understand what is being said.

Express personal needs and interests and the outcomes we want.

Listen respectfully.

Try to understand the other participants' needs and interests. Accept that everyone is entitled to their own view even if it is not agreed with.

Be respectful and not to attack others and refrain from unproductive arguing, venting or narration.

Let the facilitator know if there are any issues that participants feel are making the circle unproductive for them.

Request a break when or if this is needed.

Work towards a productive outcome agreement.

## Annex E – Restorative practitioner supervision preparation checklist and supervision meeting action table

These documents may be used by a restorative practitioner in preparation for and during a supervision meeting with their supervisor. The first is a checklist which should be completed before the supervision session. The second is a table which should be discussed with the supervisor during the meeting and follow up actions agreed.

### Supervision preparation checklist

Practitioner name:

Supervisor name:

Date of supervision meeting:

### Preparation activity

1. Prepare a list of cases that have been worked over past X months and a list of those to be worked (to the practitioner's knowledge) over next X months.  Complete
2. Make copies of all relevant (redacted) notes of the cases so that further information can be provided to the supervisor on request.  Complete
3. Ensure risk assessment/mitigation tables and activity for cases conducted over past X months have been completed.  Complete
4. Identify areas of difficulty or challenge encountered in practice since date of last supervision to be discussed.  Complete
5. Review the RJC Practitioner Competency Framework and identify any areas for further professional development, training or learning that can be discussed with the supervisor.  Complete
6. Ensure copy of previous supervision meeting action table is available for reference during the meeting.  Complete



## Supervision discussion and action table

Practitioner name:

Supervisor name:

Date of supervision meeting:

Supervision area	Case no	Note of discussion	Post-supervision actions	Deadline	Person responsible
Cases that have been worked over past X months and those to be worked over next X months	56847	Case closed – outcome agreement secured.	Check victim has received letter of apology as per outcome agreement.	12.03.15	Me
	46375	Case closed – no outcome agreement secured.	Ensure closing letters are sent to participants.	18.03.15	Me
	68395	Sensitive and complex case – conference set for 24.04.15.	Secure co-facilitator for this conference. Agree plan, roles and responsibilities for the conference.	20.03.15 05.04.15	Supervisor Supervisor and me
	60585	Conference set for 06.06.15.	Ensure risk mitigation activity (set out in risk mitigation table) is carried out by 29.05.15.	29.05.15	Me
Areas of success or good practice	84637	Outcome agreement was particularly useful in determining actions for each party and was followed up 09.03.15.	Use outcome agreement drafted in this case as precedent for future agreements where appropriate.	N/A	N/A
Areas of difficulty or challenge encountered in practice since date of last supervision to be discussed	46375	Personally affected by issues raised in case no: 46375, emotions were high and insults were thrown at everyone in the room including myself. Still upset by some of the insults that were used.	Arrange for line manager to be informed. Use work-based counselling service.	01.03.15 ASAP	Supervisor Me

Review the RJC Practitioner Competency Framework and identify any areas for further professional development, training or learning that can be discussed with the supervisor	N/A	Sensitive/complex case due to come to conference in April.  Without support I still don't feel I fully meet the required competencies as set out in the RJC Framework.	Secure experienced co-facilitator for this conference.  Undertake refresher sensitive and complex case training course.	20.03.15  01.03.15	Supervisor  Me
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## Annex F – Sample victim contact letter

[harmed person's full name]  
[harmed person's address]

[your organisation's address]

[insert date]

Dear [insert harmed person's name]

I understand you were [a victim of crime or affected by (insert details)] on [insert date(s)].

I am a restorative practitioner working with [insert organisation]. Restorative justice is a process where people who have been harmed are given the opportunity to meet or communicate with the person who caused the harm so that they can explain the real impact of the harm on them. Restorative justice is part of a wider field called restorative practice.

I am [insert either: 'a Restorative Justice Council (RJC) Accredited Practitioner, which means I have demonstrated that I can deliver restorative meetings to national practice standards' or 'a registered practitioner with the Restorative Justice Council (RJC), which means I am committed to delivering restorative justice to national practice standards']. You can check my public registration at [www.restorativejustice.org.uk/practitioner-register](http://www.restorativejustice.org.uk/practitioner-register).

I would like to visit you to hear how you have been affected by the recent [insert crime/harm details], and how you and your family are doing now. I would also like to discuss whether you might be interested to meet [insert harmer's name] in a restorative meeting. If you decide to meet [insert harmer's name] my role is to provide a safe opportunity for you to do so. I can also assist you in thinking about what you would like to say to [insert harmer's name] and any questions you might like to ask.

If it is convenient for you I will call you on [insert date] to check you have received this letter and, if you would like, to arrange a time to meet you. If you would prefer an alternative date/time or if you would prefer that I do not call at all please let me know. You can contact me at [insert email] or [insert phone number].

If you would like to find out more about restorative justice meetings in the meantime you may find the RJC website useful – [www.restorativejustice.org.uk](http://www.restorativejustice.org.uk) provides information about this process and has interviews with and videos of people who have met the person who harmed them.

I look forward to speaking to you on [insert date]. Please do not hesitate to contact me in the meantime if you have any questions.

Yours sincerely

[insert name] [insert AP post-nominal if applicable]  
[insert job title]  
[insert organisation name]  
[insert AP quality mark if applicable]

## Glossary

**Accredited practitioner** – a practitioner who has undergone the RJC’s accreditation process by demonstrating that their knowledge and skills meet the four National Occupational Standards for Restorative Practice. RJC accreditation may be gained via completion of a recognised qualification or by undertaking the RJC’s own Direct Accreditation process. Information on accreditation can be found at [www.restorativejustice.org.uk/practitioner-accreditation](http://www.restorativejustice.org.uk/practitioner-accreditation).

**Case supervision** – oversight on individual cases conducted by a restorative practitioner. A means of checking that appropriate and safe processes are being followed. Case supervision should take place at least once every three months and may take place in person or remotely.

**Case supervisor** – a trained practising restorative practitioner who supervises the work of a practitioner.

**Complex case** – any case involving:

- harm caused over a substantial period of time (over three years)
- more than three perpetrators and/or more than three victims
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- risk of continuing harm or intention to cause further harm
- multiple agencies

**Conflict of interest** – a situation in which someone who has to act or make a decision in an official capacity stands to gain or profit personally from the decision. In a restorative process context this may occur if a practitioner:

- knows or has a social or family relationship with any of the participants
- has previously been in dispute with any of the parties or relevant agencies

**Continuing professional development (CPD)** – learning which enables a professional to maintain their knowledge and skills related to their professional lives. CPD may be undertaken in a variety of ways, including seminars, conferences, training courses, lectures, peer evaluation and private study of relevant materials such as academic journals and articles.

**Co-working** – where a practitioner works together with another person (usually another practitioner) to facilitate or run a restorative process.

**Independent Complaints and Appeals Examiner (ICAE)** – an independent person appointed by the RJC responsible for adjudicating on complaints against RJC practitioner, trainer and service provider members and appeals by members against RJC decisions. The ICAE is not a practitioner or a trainer. Information on the ICAE can be found at [www.restorativejustice.org.uk/ICAE](http://www.restorativejustice.org.uk/ICAE).

**Indirect restorative process** – a restorative process where participants do not meet face to face. Indirect processes can include ‘shuttle’ restorative practice, video conferencing, telephone conferencing, audio or video recordings and written communication.

**Offender** – in a criminal justice context, the person who has caused harm (usually a criminal offence) to the victim or victims.

**Outcome agreement** – a (usually written) agreement setting out the restorative activity that is to be undertaken by participants following a restorative process. The terms of the agreement are usually agreed during the conference.

**Participant** – a person involved in a restorative process who is not the facilitator or a supporter.

**Practitioner Register** – the RJC register of practitioners who have undertaken facilitation training and have agreed to adhere to the RJC Practitioner Code of Practice. The register may be viewed at [www.restorativejustice.org.uk/practitioner-register](http://www.restorativejustice.org.uk/practitioner-register).

**Restorative circle** – a circle of participants in a restorative process, brought together to share experiences and resolve issues.

**Restorative conference** – a restorative conference is a meeting (usually in person) between a participant (or participants) who has been harmed and a participant (or participants) who has caused the harm. The aim of the meeting is to ensure that all participants have an opportunity to express their feelings about what has happened and to facilitate (where possible) an outcome agreement.

**Restorative practitioner** – a trained restorative facilitator using restorative interventions, including formal and informal processes, and direct and indirect forms of restorative practice.

**Restorative trainer** – a person who delivers training in restorative practice.

**Risk assessment** – the process by which a person considers what the possible negative consequences of a course of action may be. This is usually followed by some consideration of mitigating activity to either reduce the risk or remove it entirely.

**Sensitive case** – any case involving:

- actual, or threats of, serious or sexual violence
- vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
- domestic abuse
- risk of continuing harm

**Service provider** – organisations which employ or contract with individuals to deliver restorative processes. Where an individual practitioner who provides restorative processes is self-employed or works on their own, they are also a service provider.

**Trainers Register** – the RJC register of training providers who have agreed to adhere to the RJC Code of Practice for Training Providers. The register may be viewed at [www.restorativejustice.org.uk/trainers-register](http://www.restorativejustice.org.uk/trainers-register).

**Training Provider Quality Mark** – an RJC quality mark for providers of restorative training.

**Victim** – in a criminal justice context, the person who has been harmed (usually via the commission of a criminal offence) by an offender or offenders.

