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Section 1 – Introduction

I am very pleased to introduce the Restorative Justice Council (RJC) Practice Guidance and Registration Frameworks for practitioners, service providers, organisations and trainers.

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 appropriate.

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.

Our guidance is divided into sixteen sections and covers the overarching Registration Frameworks and Codes of Practice for Practitioners, Restorative Organisations, Service Providers and Trainers. You will also find supporting Best Practice Guidance for each of the Frameworks.

Our Registration Frameworks and Practice Guidance have been designed to apply to all areas of restorative practice including formal and informal processes in the workplace, education, care homes, health, the community, criminal justice and within families. We have been careful to ensure that they do not constrain practice or hamper practitioner creativity and the need for practitioners and/or services to develop and exercise their professional judgement. The Frameworks have been designed to be flexible so that it applies across different types of restorative practice without being overly prescriptive.

The restorative practice field is a developing one. We believe that this handbook will assist our members in delivering 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 standards in restorative practice, the provision of high quality restorative services is of paramount importance to us. I hope you will find our Registration Frameworks and supporting Practice Guidance informative and useful in supporting you in your practice.



Jim Simon
Chief Executive
Restorative Justice Council

Section 2 – Definitions and key terms

Definitions

Restorative Justice is the broad philosophy which argues that those most affected by harm and conflict should be involved in communicating the causes and/or consequences and empowered to make decisions about how to respond to that harm and/or resolve conflict. This can take place in any setting i.e. criminal justice, education and health settings and even the workplace.

Restorative Practice includes all of those activities used to engage those affected by harm and conflict to communicate effectively about the impact of behaviour, explore relationships and mutually agree the steps that need to be taken to acknowledge and where possible repair the harm that has been caused. This takes place in a number of formats from restorative dialogue to restorative leadership techniques and direct and indirect restorative processes.

Key Terms

Advanced practitioner – an experienced practitioner who has undertaken additional training including sensitive and complex case management and case supervision. An advanced practitioner has the knowledge, skills and experience to facilitate cases at all levels.

Approved course / qualification – is a course or qualification which has been assessed by the RJC against the knowledge standards for foundation, intermediate and advanced level practitioners within their respective registration framework.

Basic case work – can include many aspects of case practice for straightforward cases but must be conducted under the direct supervision of an intermediate or advanced practitioner.

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 advanced restorative practitioner who supervises the work of another practitioner.

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.

Foundation practitioner – a foundation practitioner will have undertaken a 3-day facilitation training course. They will usually be newly trained practitioners who co-facilitate straightforward cases and informal or indirect restorative processes.

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.

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.

Intermediate practitioner – an intermediate practitioner will have gained experience in facilitating straightforward restorative cases. They will have undertaken additional training in managing sensitive and complex cases and will co-facilitate cases of this nature with an advanced practitioner.

Network Forum – typically a local or regional meeting of restorative practitioners working across a range of organisations and/or sectors.

NOS – The National Occupational Standards are statements of good practice which relate to functions carried out in the workplace.

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.

Practice Registers – the RJC register of practitioners, organisations, service providers and trainers who have undertaken practice registration and have agreed to adhere to the appropriate RJC Code of Practice.

Registration Framework - the RJC’s Practice Registration Frameworks comprises four key levels of standards activity relevant to the four different groups (practitioners, restorative organisations, service providers and trainers).

Registered practitioner – a practitioner who has undergone the RJC’s registration process by demonstrating that their knowledge and skills meet the standards set out in the practitioner registration framework.

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 have been harmed and a participant or participants who have 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 organisation – a restorative organisation is an organisation that works restoratively but does not necessarily undertake restorative processes outside of their organisation. This could be, for example, a school, care home or workplace environment.

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

Restorative Process – is the agreed way forward which best meets the needs of the participants. A process can vary in the degree of formality, this includes direct, indirect, formal and informal ways of working.

Restorative service provider – is either a commissioned service or provider that accepts external referrals and are delivering both direct and indirect restorative processes.

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 and complex 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
- Harm caused over a substantial period of time (over three years)
- More than three perpetrators and/or more than three victims
- Risk of continuing harm or intention to cause further harm
- Multiple agencies

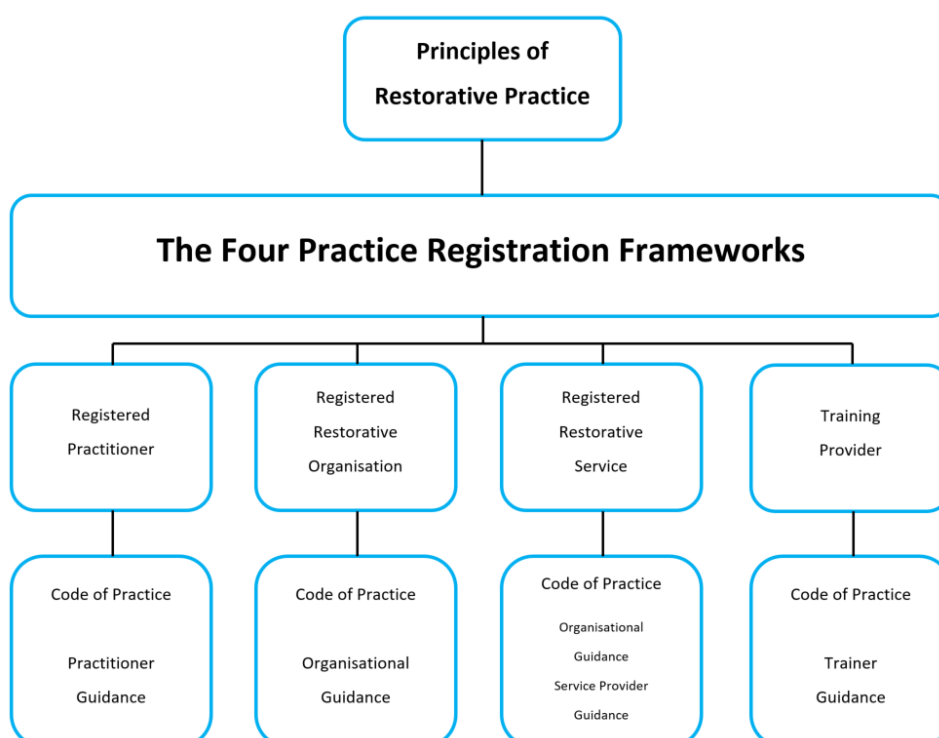
Straightforward case - is a case which is assessed as low risk of harm and does not meet any of the criteria set out within sensitive and complex case guidance.

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.

Section 3 – Registration Frameworks

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. They cover six areas and should be applied in the course of restorative practice work by all RJC practitioner members.

The RJC's Practice Registration Frameworks comprise four key levels of standards activity relevant to the four different groups; practitioners, restorative organisations, service providers and trainers. These four levels are visually represented in the diagram below:



Below each Framework sits the relevant Code of Practice which explains how the RJC expects practitioners, organisations, service providers and trainers to conduct their restorative practice or deliver their service. There is supporting Practice Guidance for each of the Frameworks to support implementation of high-quality restorative practice.

You will also find details of the policies, process documents and strategies which support the RJC's implementation of the Framework. These include the processes by which the RJC will deal with appeals and complaints, information about how the RJC monitors compliance with its Registration Frameworks 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.

Section 4 – RJC Principles of Restorative Practice

The six principles of restorative practice are:

- 1 Restoration** – the primary aim of restorative practice is to address participants needs and not cause further harm. The focus of any process must be on promoting restorative practice that is helpful, explores relationships and builds resilience.
- 2 Voluntarism** – participation in restorative practice is voluntary and based on open, informed and ongoing choice and consent. Everyone has the right to withdraw at any point.
- 3 Impartiality** – restorative practitioners must remain impartial and ensure their restorative practice is respectful, non-discriminatory and unbiased towards all participants. Practitioners must be able to recognise potential conflicts of interest which could affect their impartiality.
- 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 which must result in no further harm being caused.
- 5 Accessibility** – restorative practice must be respectful and inclusive of any diversity needs such as mental health conditions, disability, cultural, religious, race, gender or sexual identity.
- 6 Empowerment** – restorative practice must support individuals to feel more confident in making their own informed choices to find solutions and ways forward which best meet their needs.

Section 5 – RJC Policies and Procedures

Membership of the RJC

In order to apply for Practice Registration, applicants must hold a valid individual or organisational membership with the RJC, the national standards body for the field of restorative practice. Membership is available to individuals and organisations based in any sector, including criminal justice, community-based agencies, health, care and education.

Types of membership are listed on the RJC website which can be found at:

www.restorativejustice.org.uk/restorative-justice-council-membership

Individuals and organisations successfully completing the Registration process will be listed on the appropriate Practice Register, publicly demonstrating that they are committed to delivering high quality restorative practice.

To join the RJC as an individual or organisational member, please visit

www.restorativejustice.org.uk/restorative-justice-council-membership.

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 Registered Practitioners and organisations annually. This monitoring will require that the individual or organisation demonstrate that they:

- Continue to meet the requirements of the relevant Registration Framework
- Have fulfilled the registration requirements set out in the relevant RJC Code of Practice

In addition, Registered Practitioners will need to demonstrate that they have:

- Undertaken continued professional development in line with the requirements set out in the Practitioner Code of Practice

Registered Practitioners will also have the opportunity to provide additional evidence should they wish to be considered for registration at a higher level.

It is important that requests for information via monitoring exercises are complied with. Each Code of Practice specifically requires the individual or organisation 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.

Codes of Practice

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

The RJC Codes of Practice describe the minimum standards of professional conduct and practice required in the delivery of high-quality restorative practice. Each Code of Practice will refer to the appropriate RJC Registration Framework and relevant aspects of the National Occupational Standards.

The requirements of the Code of Practice are mandatory. A practitioner, organisation, service provider or trainer may not be entered onto the RJC practice register unless they confirm that they adhere to this Code of Practice.

Code of Practice breaches

The RJC will consider complaints made against registered practitioners, restorative organisation, service providers and trainers if there is evidence that the appropriate code has been breached.

Evidence of breach of this code may result in suspension or permanent removal from the RJC's practice registers.

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.

Complaints

A complaint against a Registered Practitioner, service provider, trainer or organisation may be made on the following grounds:

- There is evidence that an RJC Registered Practitioner, service provider, trainer or organisation has breached the relevant RJC Code of Practice
- The complainant has exhausted the organisation's complaints procedure and is dissatisfied with how the complaint has been managed
- The RJC Registered Practitioner, service provider, trainer or organisation has failed to respond to the complainant within the timescales stipulated in the relevant organisation's complaints procedure

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.

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

If the grounds set out above are met, then the complaint will be investigated by the RJC's Chief Executive Officer in the first instance. A copy of the full policy can be downloaded from www.restorativejustice.org.uk/complaints-and-appeals.

The Chief Executive Officer has the power to:

- Reject the complaint on the grounds of insufficient evidence
- Uphold the complaint
- Request that action is taken to address the identified weaknesses
- Temporarily remove registered status until a satisfactory action plan has been submitted
- Permanently remove registered status

Appeals

An individual, practitioner, service provider, trainer or organisation may appeal against a decision of the RJC Chief Executive officer where the following grounds are met:

- The complainant has evidence that the RJC did not follow relevant procedures

If the grounds set out above are met, then the appeal will be reviewed by the RJC's Standards Committee 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.

The Standards Committee 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 and request that action is taken to address the identified weaknesses

Individuals, practitioners, service providers, trainers and organisations may also appeal against the outcome of registration applications on the following grounds:

- The complainant has evidence that the RJC improperly applied relevant standards

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.

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 required to reconsider the application free of charge)
- Uphold the appeal on the basis that RJC standards were not applied (the RJC will be required to register the appellant on the relevant register)

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.)
- Complaints that require criminal investigation

Section 6 – Practitioner Registration Framework

Practitioner Registration Levels

The framework is for all restorative practitioners and can be equally applied to those new to the field and those with extensive experience. To make the framework inclusive, it consists of three levels that reflect the different knowledge, understanding and skills held by foundation, intermediate and advanced level practitioners.

Practitioners can apply for registration at a level commensurate with their role, level of training and practice experience as outlined below:

Level		In practice is likely to:
Foundation	Intermediate	<ul style="list-style-type: none"> • be new to the field • have under 6 months or no previous restorative case experience • not lead on facilitating restorative processes • co-facilitate a range of informal / indirect and direct restorative processes with guidance and support from an intermediate or advanced practitioner • undertake basic casework with guidance and support from an intermediate or advanced practitioner. This could include making initial contact with potential participants
		<ul style="list-style-type: none"> • have 12 months or more experience • be lead facilitator for direct restorative processes without the need for significant guidance or support • co-facilitate sensitive and complex cases with guidance and support from an advanced practitioner • mentor and support foundation practitioners in developing their practice
	Advanced	<ul style="list-style-type: none"> • have 18 months or more experience • be lead facilitator for restorative processes involving cases of all levels of complexity • perform a variety of casework or restorative processes and can apply a range of techniques in a variety of challenging contexts • mentor and support intermediate practitioners in developing their practice • be a trained case supervisor with a minimum of three months experience providing case support

It is expected that practitioners will move between levels as their experience grows. This will be reviewed annually as a matter of course. However, practitioners can apply to progress between levels at any point.

The RJC Practitioner Registration Framework

The Framework sets out how people in the restorative practice field should work. It puts the values of restoration, impartiality, safety and empowerment at the heart of practitioner casework. The Framework is broken into three performance indicators with each indicator relating to a specific aspect of restorative practice:

- Core training and knowledge
- Delivering restorative practice
- Maintaining professional standards

Each indicator consists of a number of standards which outline the requirements in terms of skills, knowledge and application. For each standard there is a list of indicators that practitioners are required to evidence.

The standards are intended to be discrete and cumulative, with each level building on the levels below – for example a person demonstrating a competency at Advanced Practitioner level should be demonstrating Intermediate and Foundation levels as a matter of course.

1. Core training and knowledge

- 1.1 Completing core training
- 1.2 Understanding and applying restorative practice principles, legislation and standards

2. Delivering restorative practice

- 2.1 Initial engagement with potential participants
- 2.2 Risk and safety assessment
- 2.3 Preparing participants
- 2.4 Delivering restorative practice
- 2.5 Co-working
- 2.6 Facilitating and monitoring agreed outcomes
- 2.7 Follow up support and evaluation

3. Maintaining professional standards

- 3.1 Adhering to the RJC's Practitioner Code of Practice
- 3.2 Commitment to and evidence of continued professional development

1.1 Completing core training

Indicator		Criteria
1.1 Completing core training	Foundation	The practitioner has completed a minimum of 3-day Facilitation training
		The practitioner facilitates, with significant guidance and support, cases which have been assessed as not being sensitive and complex. The practitioner may also perform basic casework or restorative processes
	Intermediate	The practitioner has completed, as a minimum, sensitive and complex case training and actively seeks training opportunities in specialist areas
		The practitioner has completed an RJC approved level 4 qualification in Restorative practice and / or can demonstrate through their portfolio that they meet all the requirements set out within this framework
		The practitioner facilitates cases which have been assessed as not being sensitive and complex. The practitioner also performs a variety of casework or restorative processes
		The practitioner co-facilitates sensitive and complex cases
		The practitioner supports foundation practitioners to develop their skills and experience
	Advanced	The practitioner has undertaken additional training, including case supervision and further specialist training in areas such as domestic violence, harmful sexual behaviour, mental health and relevant sector specific training to enhance their practice
		The practitioner has completed an RJC approved level 5 qualification in restorative practice and / or can demonstrate through their portfolio that they meet the knowledge requirements set out within this framework
		The practitioner facilitates all levels of case complexity. They perform a variety of casework or restorative processes and apply a range of techniques in a variety of challenging contexts
		The practitioner mentors and supports practitioners at intermediate and foundation levels

1.2 Understanding and applying restorative practice principles, legislation and standards

Indicator	Criteria	
<p>1.2</p> <p>Understanding and applying restorative practice principles, legislation and standards</p> <p>NOS Reference DJ101 DJ102 DJ201 DJ202 DJ203 DJ204 DJ205 DJ301 DJ302 DJ303 DJ304</p>	<p>Foundation</p>	Practitioners should explain how they reflect the RJC’s Principles of Restorative Practice within their practice
		Practitioners should explain which legislation and practice guidelines impact on their role. They should demonstrate that they implement confidentiality, data protection, equality, diversity and anti-discriminatory requirements within their practice
		Practitioners should explain their role, responsibilities and competence and demonstrate that they know who to seek assistance and advice from if necessary
		Practitioners must demonstrate that they undertake restorative processes in line with practice guidance
		Practitioners must demonstrate that they participate in internal practitioner meetings
	<p>Intermediate</p>	Practitioners must demonstrate that they keep up to date with new legislation and guidance
		Practitioners must demonstrate that they participate in external practitioner forums and/or network groups
		Practitioners should demonstrate that they have supported in the delivery of internal practitioner meetings and have shared good practice with other practitioners
	<p>Advanced</p>	Practitioners should provide examples of how they have disseminated internal policy updates to other practitioners
		Practitioners should demonstrate that they have led the delivery of internal and/or external practitioner forums
		Practitioners should demonstrate that they have participated in developing policies and procedures related to safe and effective restorative practice

2.1 Initial engagement with potential participants

Indicator	Criteria	
<p data-bbox="261 416 304 443">2.1</p> <p data-bbox="209 539 357 719">Initial engagement with potential participants</p> <p data-bbox="213 752 352 920">NOS Reference DJ101 DJ102 DJ301 DJ302 DJ304</p>	Foundation	Practitioners should describe how they initially engage with potential participants and how they ensure that all contact is participant led
		Practitioners should describe the range of restorative processes available, their relative advantages and disadvantages and the circumstances when they are most appropriate
		Practitioners should explain their understanding of the principles of informed consent and informed choice
		Practitioners should demonstrate that they have either led or supported intermediate or advanced practitioners during initial face-to-face meetings
	Intermediate	Practitioners should explain how they obtain and review information from participants relating to incidents
		Practitioners should explain how they empower participants to identify the most appropriate restorative process and, where the participant decides not to proceed, explain what other options are available to them
		Practitioners should demonstrate that they have led initial face-to-face meetings with potential participants
	Advanced	Practitioners should explain how they identify sensitive and complex issues which may influence the restorative process
		Practitioners should explain how they explore situations where there are sensitive and complex issues
		Practitioners must demonstrate that they have facilitated face-to-face meetings with participants of cases which have been classified as sensitive and complex

2.2 Risk and safety assessment

Indicator	Criteria	
<p>2.2</p> <p>Risk and safety assessment</p> <p>NOS Reference DJ101 DJ102 DJ304</p>	Foundation	Practitioners must explain how to approach risk assessment within a restorative process including where to find appropriate sources of information to inform an assessment of risk and how to mitigate any potential risks
		Practitioners must provide examples of when it may not be appropriate to progress with a restorative process
		Practitioners must demonstrate that they have, with support, completed an initial assessment of risk and planned how any identified risks will be managed
	Intermediate	Practitioners must explain the factors which could influence the vulnerability of participants and demonstrate that they understand what might constitute a sensitive and complex case
		Practitioners must demonstrate they have identified factors such as vulnerability and additional needs within their risk assessments
		Practitioners should explain what alternatives are available to participants should risks be too great
		Practitioners must demonstrate that, with support, they have undertaken assessments for cases which are sensitive and complex
	Advanced	Practitioners must explain what additional assessment they undertake for cases for sensitive and complex issues
		Practitioners must provide examples of the types of restorative processes they have facilitated for cases of a sensitive and complex nature
		Practitioners must demonstrate that they know when it is appropriate to end restorative processes
		Practitioners must demonstrate that they have completed enhanced risk and safety assessments for cases of a sensitive and complex nature

2.3 Preparing participants

Indicator		Criteria
2.3 Preparing participants NOS Reference DJ102	Foundation	Practitioners must explain how they prepare participants for a restorative process including how they engage with participants throughout a restorative process
		Practitioners must provide examples of when they have prepared participants undertaking indirect restorative processes in line with RJC Practice Guidance
		Practitioners must explain the case recording procedures followed throughout a restorative process
		Practitioners must provide examples of when they have supported intermediate or advanced practitioners to prepare participants undertaking direct restorative processes in line with RJC Practice Guidance
	Intermediate	Practitioners must explain how they encourage effective and active involvement of participants within restorative processes
		Practitioners must provide examples of when they have led on preparing participants undertaking direct restorative processes in line with RJC Practice Guidance
		Practitioners must provide examples of when they have supported advanced practitioners to prepare participants involved in sensitive and complex cases in line with RJC Practice Guidance
		Practitioners must explain how group dynamics and power imbalances can affect the delivery of restorative processes
	Advanced	Practitioners must provide examples of when they have led on preparing participants involved in sensitive and complex cases in line with RJC Practice Guidance

2.4 Delivering restorative practice

Indicator	Criteria	
<p style="text-align: center;">2.4</p> <p style="text-align: center;">Delivering restorative practice</p> <p>NOS Reference DJ201 DJ204</p>	Foundation	Foundation practitioners must provide two case studies which describe restorative processes they have co-facilitated
		Practitioners must explain how to manage any barriers identified during the restorative process
	Intermediate	Practitioners must provide examples of when they have assessed that venues for face-to-face meetings meet the needs of participants
		Practitioners must provide two case studies which describe direct restorative processes they have facilitated
		Practitioners must provide one case study which describes a direct restorative process they have co-facilitated with a foundation practitioner
		Practitioners must explain the processes followed to negotiate ground rules with participants
		Practitioners must provide examples of when they have managed a difficult situation including the action taken
	Advanced	Practitioners must explain how they adapt their own practice when facilitating cases involving sensitive and complex issues
		Practitioners must provide three case studies describing direct restorative processes they have facilitated

2.5 Co-working

Indicator		Criteria
2.5 Co-working NOS Reference DJ202	Foundation	Practitioners must explain how they co-work throughout a restorative process
		Practitioners must provide one case study which describes a direct restorative process they have co-facilitated
	Intermediate	Practitioners must provide one case study which describes a direct restorative process identified as sensitive and complex they have co-facilitated with an advanced practitioner
	Advanced	Practitioners must provide one case study which describes a direct restorative process for a case identified as being sensitive and complex they have co-facilitated with an intermediate practitioner
		Practitioners must provide one case study which describes a direct restorative process they have co-facilitated with a practitioner external to their organisation
		Practitioners must explain the procedures they would put in place for co-working internally and, where relevant, with external organisations

2.6 Facilitating and monitoring agreed outcomes

Indicator		Criteria
2.6 Facilitating and monitoring agreed outcomes	Foundation	Practitioners must explain the range of actions which might be progressed as part of an outcome agreement and how they support and empower participants to identify and agree these
		Practitioners must explain how they record any outcome agreements made
		Practitioners must provide examples of outcome agreements which demonstrate that they have gained consent from all parties

NOS Reference DJ203 DJ303	Intermediate	Practitioners must explain what additional support might be available to participants to enable them to fulfil the actions identified within an outcome agreement
		Practitioners must explain how they risk assess identified actions before implementing them and provide examples of such assessments
		Practitioners must explain how they monitor the progress of participants in meeting the actions agreed within an outcome agreement and the actions they would take should a participant fail to fulfil agreed outcomes
	Advanced	Practitioners must explain how they evaluate the impact of a restorative process on all participants and provide examples of such impact reports

2.7 Follow up support and evaluation

Indicator	Criteria	
2.7 Follow up support and evaluation NOS Reference DJ203 DJ205 DJ303	Foundation	Practitioners must explain organisational arrangements for providing follow up support to all participants
		Practitioners must provide examples of the types of follow up support provided to participants within their case studies
		Practitioners must explain at what point they would agree with the participants involved that the process has concluded
		Practitioners must explain how feedback is obtained from participants regarding their perception of the process and the impact on them
		Practitioners must explain how they review and reflect on their involvement in a restorative process, including how this reflection informs future developments and improves practice
	Intermediate	Practitioners must explain the processes followed to signpost participants, where appropriate, to external support agencies
		Practitioners must explain how they review and reflect on their involvement in a restorative process, including how this reflection contributes to organisational learning and understanding

		Practitioners must explain how they report the outcome of a restorative processes in line with their organisational requirements
	Advanced	Practitioners must explain how they review and reflect on all feedback received including how this reflection contributes to organisational learning, understanding and future development of practice

3.1 Adhering to the RJC's Practitioner Code of Practice

Indicator		Criteria
3.1	All	Practitioners agree to adhere to the RJC's Code of Practice for practitioners
Adhering to the RJC's Practitioner Code of Practice		Practitioners agree to submit a Professional Standards Record to the RJC annually to maintain their practitioner registration

3.2 Commitment to and evidence of continued professional development

Indicator		Application in practice
3.2 Commitment to and evidence of continued professional development	Foundation	Foundation practitioners are required to commit to undertaking a minimum of 6 hours continued professional development each year of which 50% must be RJC approved activities
		Practitioners commit to providing details of the continued professional development activities undertaken to the RJC annually
	Intermediate	Undertake a minimum of 12 hours continued professional development each year of which 50% must be RJC approved activities
	Advanced	Undertake a minimum of 16 hours continued professional development each year of which 50% must be RJC approved activities

Section 7 – RJC Practitioner Code of Practice

Introduction

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

The RJC Practitioner Code of Practice describes the minimum standards of professional conduct and practice required by registered restorative practitioners in the delivery of high-quality restorative practice. The Code will refer to the RJC's Practitioner Registration Framework and relevant aspects of the National Occupational Standards (where applicable) to which practitioners may refer in full where necessary.

A practitioner may not be entered onto the RJC practice register unless they confirm they adhere to this Code of Practice. The requirements of this code are mandatory for RJC registered practitioners.

Code requirements

These requirements apply to all RJC registered practitioners.

- a) Practitioners must commit to work to the RJC principles of restorative practice
- b) Practitioners must have completed, training in line with the level at which they are registered for. This should be delivered by an RJC registered training provider
- c) Practitioners must ensure that they undertake case supervision with an experienced case supervisor at least every 12 weeks and have a minimum of one observed practice per year
- d) Practitioners must ensure that they build on initial training by undertaking Continual Professional Development (CPD) to keep their knowledge and skills up to date

Practitioners are required to demonstrate that they have completed the following hours of CPD each year:

Foundation level practitioners: 6 hours

Intermediate level practitioners: 12 hours

Advanced level practitioners: 16 hours

At least 50% of this activity must be RJC approved CPD which will be listed on the RJC website:

www.restorativejustice.org.uk/events

- e) Practitioners must ensure that they have a good understanding of the RJC practice guidance and how it applies to their role
- f) Practitioners must not undertake sensitive and complex cases unless they have enhanced or additional training and skills, experience and knowledge to do so. A practitioner must be at either intermediate (with support) or advanced level to conduct sensitive and complex cases with regular supervision
- g) Practitioners must not act in any case where there is a conflict of interest
- h) Practitioners must comply with reasonable requests for information from the RJC within 28 days of the request being made

Section 8 - Restorative Practice Guidance

Introduction

This guidance is aimed at supporting all restorative practitioners and covers the following areas:

- **Preparation for restorative practice**
 - *Initial contact*
 - *Communicating with and preparing participants*
 - *Risk assessment and management*
 - *GDPR and confidentiality*
- **Direct restorative practice**
 - *Preparing for a face-to-face meeting*
 - *Supporters and Observers*
 - *Agreeing Ways forward*
 - *Closing a face-to-face meeting*
 - *Follow up support*
- **Indirect restorative practice**
 - *Shuttle restorative practice*
 - *Written communication*
 - *Conferencing via audio or video recordings*
- **Informal restorative practice**
 - *On the spot restorative justice*
 - *Restorative circles*
- **Sensitive and Complex cases**
- **Co-facilitation and co-working**
- **Case supervision**
 - *Case supervisors*
 - *Case supervisees*

Preparation for restorative practice

Preparation is of paramount importance and is often highly relevant to the outcome and ultimately the success of the process. Preparation involves several key areas including but not limited to:

- Initial contact
- Communicating with and preparing participants
- Risk assessment and management
- GDPR and confidentiality

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 particularly where cases are of a sensitive and complex nature.

In line with organisational guidance, where participants are under the age of 18 years old, contact should first be made with the parent / guardian to gain their consent before starting any restorative work.

Initial contact

Initial contact should be participant led and based on providing clear and accurate information that allows participants to make informed choices about engaging in restorative processes. The most appropriate form of initial contact should be considered on a case by case basis and in line with organisational procedures.

An Initial introductory telephone conversation is often undertaken prior to the arrangement of any face-to-face contact. Practitioners should aim to secure a visit in person. However, initial contact should always be participant led and therefore there may be times when a telephone call goes beyond a basic introduction.

Initial contact should focus on explaining:

- The purpose and potential benefits of a restorative process and a description of what happens
- The different restorative options and how these differ to other processes
- Explaining the voluntary nature
- How consent will be considered and secured
- The roles and responsibilities of those who will be involved
- How the restorative process would relate to the context in which it is being applied in for example criminal justice, schools, workplace etc
- How information about participants and the process will be recorded, stored and with whom it may be shared

Restorative processes cannot always be completely confidential, for example in cases where: **‘On the spot’** restorative justice is used or processes that result in participants wishing to write or speak publicly about their own experience. For these reasons, where possible, confidentiality 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.

Communicating with and preparing participants

In preparation for any restorative process, practitioners should communicate with participants in a manner which actively listens to their needs, builds rapport and:

- Acknowledges their situation and engages with their needs
- Treats them fairly with dignity and respect while recognising the harm that has been caused
- Encourages an open and honest exchange of views
- Is free from discrimination and oppression and is inclusive of all protected characteristics in line with the Equality Act 2010
- Recognises physical and emotional mental health needs
- Addresses each person in the way they wish to be addressed
- Allows participants the time and space they need in which to make decisions

As the restorative process unfolds, preparation work is ongoing and will often involve various forms of both formal and informal communication. This is essential to build a good relationship and rapport allowing the facilitator to fully assess and prepare all parties for engagement in a restorative process by exploring the following:

- The incident itself (considering any sensitive aspects, the timing of discussing what happened especially for sensitive and complex cases)
- Participants feelings, attitudes and behaviours, both at the time of the incident, before, during, after and now
- The level of harm caused and impact
- Initial indication of any fears, anxiety and concerns
- Current emotional resilience and support networks
- The needs and expectations of participants (it is important to prepare participants at the very beginning for the possibility that the process might not go ahead and that you may not be able to share the reason why)
- Ways forward

Practitioners should ensure that clear and accurate information is provided to participants that will help them decide whether or not to take part in a restorative process. No information should be shared between parties without the express consent of the other person. This includes sensitive information such as mental health needs, learning disabilities, language or speech difficulties and reasons for withdrawal.

Practitioners should make an assessment on whether factors such as the level of responsibility (If there is no responsibility taken, and this will cause further harm, then it will not be suitable), denial of harm and safety concerns such as coercion and control could be mitigated safely to enable a participant to make an informed decision on whether they still wish to continue. Consideration should be given to the extent, type and way this information is delivered in line with organisational confidentiality procedures.

Practitioners should respect any participant in their right to opt out at any stage and should support those who would have participated to cope with any disappointment. Practitioners, with consent, should refer to other agencies in situations whereby the stopping of a restorative process may have a profoundly negative impact on an individual's wellbeing.

Risk assessment and management

Practitioners should ensure that all processes and individuals are safe by undertaking full and proper preparation and risk assessment in relation to each process they provide. Risk assessments should be completed prior to any process taking place and reviewed / signed off by a supervisor or manager in line with their organisational policy. Informal practice should be guided by organisational policy with regards to risk assessments.

Risk should be dynamically assessed on an ongoing basis which looks at identifying but also mitigating the risks associated with any restorative process. It should also be informed by risk information held by partner agencies gathered in line with established information sharing agreements.

When undertaking risk assessments practitioners should:

- Identify the risk of different types of processes and determine in line with the participants wishes the most suitable approach (including identifying the risk of potential emotional and/or physical harm to participants, themselves and any others involved in the restorative process)
- Create an opportunity for a safe dialogue between participants
- Identify strengths that mitigate risks
- Identify what needs to be put in place to enable a process to happen safely

As the restorative process develops, it is imperative that the risk assessment is regularly reviewed and updated. Appropriate support before, during and after the process should be put in place for participants. Practitioners should be appropriately trained for the level at which they are practising. This includes receiving regular supervision and continued professional development in line with the Practitioners Code of Practice.

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

- Their motivation for being involved (consider who initiated the referral and their reasons for doing so)
- Any language or communication difficulties, physical or learning disabilities, mental health, substance and alcohol misuse or ill health issues
- Age – Where the process involves participants who are children, parent/guardian consent will need to be secured in line with local guidelines
- Impact of harm caused
- Prior offending history relating to any of the participants
- Intimidation and repeat victimisation
- Significant power imbalances between individuals (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 and / or vulnerable state of the participants
- Previous history between the participants
- Significant disagreement in accounts of what happened
- Any legal restrictions in place which could impact on the restorative process for example, the restriction of contact imposed via the court or social services
- Neutrality of 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
- Relationship of the supporters to the participants (supporters should be assessed and prepared around appropriateness to take part in any restorative process)

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

- Agreeing with potential participants which type of communication will be most helpful at each stage of the process and any safety implications
- How practitioners will safely manage any identified risks
- Consider strengths and resilience of participants such as those with good support networks and / or positively engaged with services and accessing support
- Attitudes and expectations of participants
- The evidence for safety and potential benefits that a restorative process brings
- 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
- Consideration should also be made to the physical arrangements of the room and seating plan in line with the participants wishes
- Managing and balancing the presence/absence of supporters who can influence the emotional and physical risks of the process and its outcome

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 unsafe and harmful. In such cases the process, or relevant part of the process should be closed down safely and the participants advised. If the process can be managed through other restorative processes, the practitioner should explain the options to the participants.

GDPR & confidentiality

Expectations of confidentiality should be managed with the participants from the beginning of the process. For example, if there are any disclosures of further offences or safeguarding concerns, this will need to be escalated in line with local guidance. The sharing of any details of the restorative process, including any outcome agreement, should also be managed on a case by case basis. This may include the sharing of the outcome agreement with the original referrer.

General Data Protection Regulation (GDPR) came into force on May 25 2018 and is designed to modernise laws that protect the personal information of individuals. Companies covered by the GDPR are accountable for their handling of people's personal information. This can include having data protection policies, data protection impact assessments and having relevant documents on how data is processed and stored. Practitioners should ensure that their practice is GDPR compliant. This includes obtaining consent, timely breach notification, right to data access and the right to be forgotten. More details can be found in our service provider guidance.

Direct restorative practice

Preparing for a face-to-face meeting

At the outset of a restorative meeting, practitioners should introduce themselves and explain their role. They should remind participants of the agreed structure and ground rules for the meeting. Practitioners are required to ensure that everyone, including participants, understand their and each other's roles and responsibilities throughout the process.

Practitioners should make constructive contributions to the process as it takes place with a focus on

facilitating meaningful dialogue between participants in ways which:

- Keep the focus on participants' communication with one another
- Encourages everyone to contribute actively and fully
- Moves the process forward at a pace that balances the needs of everyone involved, taking into account the time and resources available
- Encourages individuals to actively participate in identifying positive outcomes
- Does not suggest the practitioner's own 'solutions' or opinions
- Retains the focus on this being the participants' (rather than the practitioner's) meeting
- Practitioners should have already assessed the likelihood of strong emotions or conflicts being expressed during a face-to-face meeting and should have a clear plan in place that does not leave participants without access to support or information. Heightened emotions need to be handled with sensitivity and practitioners should aim to ensure, where possible, that participants do not meet or wait together at the venue prior to the meeting and have access to a time out space should this be needed

Consideration should also be given to:

- Who will speak first?
- Agreement to ground rules which create a respectful environment (ask participants how they wish to be treated) things to consider include no threatening or abusive behaviour, mobile phones to be switched off, time outs etc.
- Listening to each other without interruption
- A Neutral venue
- Access needs
- Arrangements for travel, childcare arrangements and/or carer responsibilities
- The Seating plan (which adequately deals with any risks identified)
- Agreement on names
- Who comes into the room first
- If either participant is comfortable with physical contact

Its good practice to check in with each of the participants the day prior to the face-to-face meeting to talk through any last-minute concerns and offer reassurances.

Practitioners might find it useful to use a script or framework reflecting the chosen structure for the meeting. Themes explored include:

1. What happened?
2. What were you thinking? How were you feeling? (before, during, after and now in the present)
3. Who has been affected? And how were they affected?
4. What do you need to feel better?
5. What needs to happen to make things right?

Practitioners should also continuously support participants':

- Emotional and physical wellbeing to identify any signs that indicate potential harm and intervene

immediately to protect participants

- Compliance with any meeting ground rules established at the start and taking appropriate action if the ground rules are not adhered to
- Practitioners should be confident to stop the meeting, call time out, or move to separate meetings where such risk is identified

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

Preparatory steps for supporters and observers attending a face-to-face meeting

Supporters are individuals or professionals who are present to support the emotional or physical welfare of either party. They often play a minimal role in the restorative process itself but provide a vital role in supporting the participant who has requested their attendance for their own benefit.

Observers are often professionals who have an interest in watching a restorative process to enhance their knowledge and understanding of restorative practice, they play no part in the meeting itself and should sit outside of the restorative meeting/circle.

Practitioners should ask all participants who they would like to be involved in the process, ensuring that no one is involved against their wishes.

If a supporter and / or observer wishes to be present, practitioners should:

- Risk assess their suitability, attitudes and consider their reason for participating
- Obtain written consent from all additional parties and if applicable their professional status
- Inform all participants about the possibility of additional parties being present and gain consent for their involvement
- Inform participants about where in the room supporters / observers will be sitting
- Suitably prepare the supporter / observer and provide clear expectations on the process, their roles and responsibilities and what to expect
- Check in around emotional resilience to hearing about certain harmful behaviours (i.e. sexual and / or domestic violence, homicide and against children etc.)
- Have a safety plan in place to keep them safe

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.

Agreeing ways forward

During 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 outcomes 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)
- A written acknowledgement of harm and/or apologies given

- Requests to continue communication, including meetings or indirect processes in line with the participants wishes all of which will need to be adequately prepared for and risk assessed. Such agreements may be written or oral

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 and informed consent of every participant. 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. Formal Restorative agreements should include an agreed person or agency responsible for monitoring the agreement.

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 would happen if the activity contained within it is not undertaken.

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. No personal information should be disclosed to either party without express permission.

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 agreement and clearly setting out what actions will be followed if the agreement is not complied with.

Closing a face-to-face meeting

Practitioners may wish to provide 'refreshments' after the formal restorative meeting has finished as this can often be the time where the most restoration happens. Practitioners need to be alert and present in this informal space and check that participants are happy for this to take place without feeling pressured to stay. It is therefore advisable that you discuss this in advance with all participants during your preparatory work.

Practitioners 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.

Facilitating and monitoring agreed outcomes

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. This may involve working with partner agencies who will be delivering aspects of the outcome agreement.

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 impartiality. 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 agencies.

Follow up support

It is good practice to provide follow up support to participants within 48 hours after any restorative process especially in sensitive and complex cases. Practitioners should:

- Inform participants that this will happen
- Check participants are not left feeling vulnerable or unsafe
- Explore their thoughts and feelings in the aftermath of the process
- With consent, signpost to specialist agencies where additional needs are identified
- Liaise with external agencies that are providing ongoing support to update and arrange additional check-ins for vulnerable participants
- Check that outcome agreements are followed up

Consideration should be given as to how practitioners manage follow up support with participants residing in secure settings. It may not always be possible to arrange follow up phone calls or face to face meetings, therefore it is important that practitioners allocate time at the end of a meeting to address the points outlined above. In addition, practitioners should ensure that participants have access to an appropriately trained individual within the secure setting with whom they can raise any concerns.

Indirect restorative practice

Practitioners should be able to identify where an indirect restorative process 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:

- Shuttle restorative practice
- Written communication between participants
- Conferencing via audio or video recordings

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.

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 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 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 they consider there is a serious risk of the information causing significant 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 impartial 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.

Using indirectly affected participants

When considering the wider ripple of harm, the use of indirectly affected participants, where appropriate, can be a positive adjustment to the restorative process. This can be considered in cases where the person affected does not wish to take part themselves but would like another person to step in on their behalf. Practitioners should consider carefully how they:

- Select potential participants
- Ensure that the participant shares their own experience or with the consent of the affected person, share relevant personal views and ask questions. They should not role play the person they are representing
- What support the participant requires throughout the process
- What, if any, information will be shared with the affected person

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. 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 or translated in a 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
- Deliver the letter in person (in exceptional circumstances some people may request this is sent in the post and with consent this should be respected but should not become the norm)
- Where letters are sent in the post, they should carry out a follow up telephone call with the participant in line with their wishes
- Letter writing should be participant led and practitioners should avoid writing or suggesting content to either letter writer

Practitioners should risk assess whether participants keep the letters. Whilst the aim is that practitioners should always be led by the participants wishes, it may be safer for them not to keep the letters. Reasons could include the letter being shared on social media, within the community or within a prison setting. Practitioners should manage the expectations of the participants accordingly.

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. 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 process's in the same way as other forms of shuttle restorative practice.

Co-facilitation

Co-facilitation with another trained restorative practitioner can have multiple benefits, drawing together different skills and strengths of individual practitioners to tackle issues and offer support to each other. Sensitive and complex cases and, where possible, basic cases should be co-facilitated. However, if this is not possible other practical support should be in place. For example, support with staggered arrival times, additional supervision and awareness of the added risk of lone working.

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

- Using two facilitators can 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
- A combination of facilitators may also help meet any cultural or diversity needs of the participants
- Safety or emotional support for example, during preparation or assessment visits to participants' homes
- To reduce the risks associated with lone working
- The ability to reflect with a co-worker throughout the case as it develops
- Professional development
- Developing the skills of a less experienced practitioner and can assist in reflective learning for both practitioners

Co-facilitation can also 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
- Practical support

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

- Assistance with notetaking and preparation of outcome agreements during a restorative meeting
- Emotional support during difficult or highly charged restorative processes
- 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 with another organisation

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

- Appoint a lead agency who will take responsibility for the co-ordination of the case
- Agree the reasons for the case being co-worked
- Agree data sharing arrangements and compliance with GDPR regulations
- Jointly plan how roles and tasks will be shared for the duration of the case from pre-to post-process stage including informing any relevant agencies of outcomes
- Assess any potential difficulties during the case and how co-facilitators in different organisations 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 who will undertake the risk assessment

Informal restorative practice

Informal practices 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.

A key feature of informal practices is that they are used to build relationships within a group or community to prevent or minimize the likelihood of harm or conflict. Informal restorative practices require the practitioner to be able to use a range of restorative questions to enable individuals to reflect on their actions 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.

Restorative conversations

This type of restorative practice involves the immediate application of a restorative process 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 can talk and listen respectfully to one another without further harm being caused.

Restorative circles

The use of circles (where participants sit in a circle) is a key element of both formal and informal restorative work in settings like schools and care settings but is also part of any restorative working environment such as team meetings. It can also be used for sensitive and complex cases.

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.

Circles can be used to deal with a specific conflict or incident of harm. This 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.

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.

Practitioners may wish to consider using a 'talking piece' to ensure that all participants are given equal opportunity 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.

Family work

Restorative Family work explores harm caused by family conflict. The focus of the work should encourage open and honest communication through positive family engagement to explore individual needs with the aim of repairing harm, strengthening relationships and improving overall communication.

Sensitive and complex cases guidance

The definition of a sensitive and complex case is set out in paragraph f) of the RJC Practitioner Code of Practice. The Code requires that sensitive and complex cases should only be undertaken by practitioners at advanced or intermediate level (with supervision) with relevant CPD training or demonstratable professional experience. Sensitive and complex cases should be identified as such during the initial risk assessment.

Practitioners, in agreement with their managers, should take special care to proceed only if they are sure they can manage the process safely. It is particularly important to secure and record the full and informed consent of all participants before engaging in a restorative process for sensitive and complex cases.

As with all processes, practitioners should be mindful of factors that can exacerbate the original harm caused during any restorative process particularly in relation to a sensitive and complex matter. These include:

- References to sensitive aspects of the offence
- Lack of acknowledgement, denial of the offence or minimisation of the impact on the victim or person harmed
- Domestic violence (current or historic)
- Trauma, vulnerability (as a result of the harm) and mental health conditions
- Gender of the restorative practitioners
- Blaming the participants

- Overt or subtle forms of intimidation or controlling behaviour
- 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
- Possible attitudes to sensitive and complex cases in the participants' communities and how this may affect them and influence how they participate in the restorative process, especially if the case is widely known
- 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
- Key memorable dates such as anniversaries, birthdays, funerals etc
- The length of any process (particularly in relation to a complex case) and the impact of this on participants
- The age and vulnerability of participants

Practitioners should take appropriate steps to manage the higher level of risk in sensitive and complex cases including:

- Undertaking additional/enhanced training in sensitive and complex cases which includes specialist knowledge and understanding in areas such as harmful sexual behaviour, domestic violence, mental health, child protection and safeguarding
- Co-working / co-facilitation with another restorative practitioner or suitably experienced professional
- Taking a trauma informed approach
- Close multi-agency working and risk sharing of information
- Demonstrating how to assess and balance the opportunities for harm reduction through a restorative process with any risks of further harm identified
- Applying a more thorough initial and ongoing assessment of safety and risk than would be required for less complex cases and ensuring that any relevant specialist risk assessment tool is applied
- Judging especially carefully what information may be given to one participant about another or to anyone else with the full informed consent of the individual involved given any identified risks to emotional or physical safety
- Specialist case supervision. Case managers providing supervision for sensitive and complex cases should always have relevant restorative knowledge and experience. Where they do not meet this requirement, external specialist supervision should be sought to cover specialist areas such as domestic and sexual violence

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 (in some cases it may not be appropriate to proceed until legal proceedings have been concluded).
- Following consultation with the senior investigating officer, relevant legal teams or relevant prosecuting authority

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

Practitioners facilitating sensitive and complex cases are required to 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 for example, restraining and non-molestation Orders
- Parole and release of offenders on license, for example, restrictions on direct and indirect contact or geographical restrictions
- Any potential implications of restorative processes for current or impending legal proceedings for further offences or matters relating to financial compensation
- Multi-agency public protection arrangements and public protection teams
- Statutory duties of criminal justice agencies as directed by the Victims Code of Practice in relation to the service provided to victims
- Legal requirements for information sharing and the limits on confidentiality

Case Supervision

All restorative practitioners (either paid or voluntary) are required by the Code of Practice to ensure that they have satisfactory case supervision arrangements in place. Practitioners should ensure that they undertake case supervision with a case supervisor at least once every three months. It is recommended however that case supervision takes place more regularly than this if practicable, especially for sensitive and complex cases.

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 of Practice has a flexible definition of supervision which can take several 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 across organisations)
- Any external supervision arrangements put in place for specialist supervision (these should be clearly documented.)

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 practice is being followed. Case supervision is dedicated time for a practitioner to discuss and reflect on their cases and is different to line management. All case supervision should be recorded and documented in line with local organisational policy.

Case supervisors should be fully competent and currently practising restorative practitioners. They should be advanced practitioners as defined by the RJC Practitioner Registration Framework and registered on the RJC Practice Register. A case supervisor may be a peer of the practitioner – the priority is that a supervisor has the enhanced skills, knowledge and ability to provide appropriate supervision to the

practitioner.

The role of a case supervisor includes 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
- 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, they 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

Case supervisors should also ensure that:

- They are 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, they should ensure that the issue is raised sensitively with the practitioner and facilitate the referral where possible.
- Where the case supervisor is not the supervisee's line manager they 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 practice
 - 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
- Where the supervisor is unable to provide specialist case supervision for sensitive and complex cases (i.e. sexual and/or domestic violence, hate crime, terrorism, cultural or racial abuse etc) they should arrange external supervision with a suitably qualified experienced professional

Peer group supervision, where used, should be in addition to the supervision expectations outlined above.

Case supervisees

Practitioners should ensure that they prepare adequately for supervision sessions. A sample checklist template can be found online in our resources section. 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 they have 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 Registration Framework and identify any areas for further professional development, training or learning that can be discussed with the supervisor
- Ensure copies of risk assessment are brought to the meeting for discussion

Section 9 – Restorative Organisation Registration Framework

The RJC Restorative Organisation Registration Framework

The Framework sets out how restorative organisations should work. It is broken into six performance indicators with each indicator consisting of a number of standards which outline the requirements organisations are required to evidence.

1. Leadership

- 1.1 Building a restorative community
- 1.2 Embedding restorative practice within strategic and operational planning
- 1.3 Processes are in place to evaluate the impact of restorative practice

2. Policies and Procedures

- 2.1 Organisational policies and procedures promote safe and effective practice
- 2.2 Arrangements are in place to ensure compliance with organisational policies and procedures
- 2.3 Arrangements are in place for reviewing organisational policies and procedures

3. Training and development

- 3.1 Staff are trained to a level commensurate with their role
- 3.2 Restorative practice is included within the organisation's induction procedures
- 3.3 Organisational commitment to continued professional development

4. Support and supervision

- 4.1 Provide opportunities for practice supervision
- 4.2 Provide opportunities to network with other restorative organisations

5. Delivering indirect and informal restorative practice

- 5.1 Identifying appropriate restorative processes
- 5.2 Risk and safety assessment
- 5.3 Preparing participants
- 5.4 Facilitating indirect and informal restorative practice
- 5.5 Facilitating and monitoring agreed outcomes

6. Maintaining professional standards

- 6.1 Adhering to the RJC's Organisation Code of Practice

1. Leadership

Indicator	Criteria
<p style="text-align: center;">1.1</p> <p style="text-align: center;">Building a restorative community</p>	The organisation is aware of the types of barriers which may be present within the organisation
	The organisation is aware of the benefits of adopting restorative ways of working
	The organisation has identified the contexts in which restorative practice processes are likely to be effective
	Leaders and managers at all levels are committed to restorative practice and understand its importance to achieving organisational objectives
	Staff at all levels understand how to develop a restorative ethos within the whole organisation
<p style="text-align: center;">1.2</p> <p style="text-align: center;">Embedding restorative practice within strategic and operational planning</p>	Restorative practice priorities are included within your strategic and operational plans
	Your strategic and operational plans are specific, measurable, achievable, realistic and timely
	You have sufficient resources allocated to allow strategic and operational objectives related to restorative practice to be delivered
	Processes are in place to review the progress being made towards achieving restorative practice priorities
<p style="text-align: center;">1.3</p> <p style="text-align: center;">Processes are in place to evaluate the impact of restorative practice</p>	Procedures are in place to evaluate the impact of restorative practice processes which are reviewed annually
	Evaluation data is used to inform the future development of restorative practice across the organisation
	Leaders and managers have analysed evaluation data and identified areas of strength and areas for future development
	Leaders and managers have recorded any identified actions
	Processes are in place to record the progress made towards addressing identified actions

2. Policies and procedures

Indicator	Criteria
2.1 Organisational policies and procedures promote safe and effective practice	Leaders take responsibility for ensuring that policies and procedures promote a restorative ethos which provides safe and effective restorative practice across the whole organisation
	Leaders have ensured that organisational policies and procedures take into account practice guidance requirements for the safe and effective delivery of restorative practice
2.2 Arrangements are in place to ensure compliance with organisational policies and procedures	Processes are in place to monitor that staff implement organisational policies and procedures
	Procedures are in place to quality assure the delivery of restorative practice processes which are reviewed annually
	The organisation has undertaken quality assurance checks in line with organisational procedures
2.3 Arrangements are in place for reviewing organisational policies and procedures	The organisation has a written policy review procedure in place which documents when organisational policies and procedures are due for review
	The organisation has a written procedure for disseminating revised policies and procedures to staff across the organisation

3. Training and development

Indicator	Criteria
3.1 Staff are trained to a level commensurate with their role	The organisation has provided awareness training to all staff and other appropriate stakeholders across the organisation which includes restorative practice principles
	The organisation has provided practising staff who deliver formal restorative processes with a minimum of 3-days facilitator training
	The organisation has maintained a record of all staff training
3.2 Restorative practice is included within the organisation's induction procedures	The organisation has provided all staff with an induction to the organisation's restorative practice policies and procedures
	The organisation has provided staff access to the organisation's relevant policies and procedures relating to restorative practice

3.3 Organisational commitment to continued professional development	The organisation has provided practising staff with opportunities for continued professional development in line with the requirements set out in the Practitioner Code of Conduct
	The organisation has maintained a record of the continued professional development undertaken by practising staff

4. Support and supervision

Indicator	Criteria
4.1 Provide opportunities for practice supervision	The organisation has a written practice supervision procedure in place
	The organisation has provided practising staff with either individual or group practice supervision every 12-weeks led by an appropriately trained practice supervisor as outlined within the RJC's Practice Guidance
4.2 Provide practitioners with line and performance management opportunities	The organisation has provided regular line management opportunities for practising staff
	The organisation has procedures in place for practice supervisors to feed into line and performance management processes

5. Delivering indirect and informal restorative practice

Indicator	Criteria
5.1 Identifying appropriate restorative processes	The organisation and their practitioners can explain the range of restorative processes available and their relative advantages and disadvantages
	The organisation and their practitioners can explain the circumstances when each process is most appropriate
	Practitioners provide clear and accurate information which allows participants to make informed choices around whether they wish to engage in restorative processes
5.2 Risk and safety assessment	Practitioners can explain the methods of managing safety and risk and how they approach risk assessment within a restorative process
	Practitioners can explain where to find appropriate sources of information to inform an assessment of risk
	Practitioners can explain how to overcome barriers to engagement

	Practitioners can explain when it may not be appropriate to progress with a restorative process
5.3 Preparing participants	Practitioners can explain how they prepare participants for a restorative process
	Practitioners can explain how they engage with participants throughout a restorative process
5.4 Facilitating indirect and informal restorative practice	Practitioners can explain how to deliver indirect and informal restorative processes safely
	Practitioners have led on facilitating a range of informal and indirect restorative processes in line with RJC Practice Guidance
5.5 Facilitating and monitoring agreed outcomes	Practitioners can explain the range of actions which might be progressed as part of an outcome agreement
	Practitioners can explain how they empowered participants to identify and agree suitable actions
	Practitioners demonstrate that they gain consent before recording agreed outcomes
	Practitioners record outcomes and actions agreed by participants in line with organisational requirements

6. Maintaining professional standards

Indicator	Criteria
6.1 Adhering to the RJC's Organisation Code of Practice	The organisation agrees to adhere to the RJC's Code of Practice for Restorative Organisations
	The organisation agrees to comply with RJC requests for information
	The organisation agrees to maintain an annual RJC membership

Section 10 – Restorative Service Provider Registration Framework

The RJC Restorative Service Provider Registration Framework

The framework sets out how restorative service providers should work. It is broken into six performance indicators with each indicator consisting of a number of standards which outline the requirements organisations are required to evidence.

1. Leadership

- 1.1 Building a restorative community
- 1.2 Embedding restorative practice within strategic and operational planning
- 1.3 Processes are in place to evaluate the impact of restorative practice

2. Policies and Procedures

- 2.1 Organisational policies and procedures promote safe and effective practice
- 2.2 Arrangements are in place to ensure compliance with organisational policies and procedures
- 2.3 Arrangements are in place to ensure compliance with external organisation policies and procedures
- 2.4 Arrangements are in place for reviewing organisational policies and procedures

3. Training and development

- 3.1 Staff are trained to a level commensurate with their role
- 3.2 Restorative practice is included within the organisation's induction procedures
- 3.3 Organisational commitment to continued professional development

4. Support and supervision

- 4.1 Provide opportunities for practice supervision
- 4.2 Provide line management
- 4.3 Provide opportunities to network with other restorative organisations

5. Delivering restorative practice

- 5.1 Managing new referrals
- 5.2 Provide practitioners with the resources to deliver safe and effective restorative practice
- 5.3 Working with external organisations
- 5.4 Commit to 60% of practitioners to be registered with the RJC

6. Maintaining professional standards

- 6.1 Adhering to the RJC's Organisation Code of Practice

1. Leadership

Indicator	Criteria
<p style="text-align: center;">1.1</p> <p style="text-align: center;">Building a restorative community</p>	Leaders and managers at all levels are committed to restorative practice and understand its importance to achieving organisational objectives
	Staff at all levels understand how to develop a restorative ethos within the whole organisation
<p style="text-align: center;">1.2</p> <p style="text-align: center;">Embedding restorative practice within strategic and operational planning</p>	Restorative practice priorities are included within your strategic and operational plans
	Your strategic and operational plans are specific, measurable, achievable, realistic and timely
	You have sufficient resources allocated to allow strategic and operational objectives related to restorative practice to be delivered
	Processes are in place to review the progress being made towards achieving restorative practice priorities
<p style="text-align: center;">1.3</p> <p style="text-align: center;">Processes are in place to evaluate the impact of restorative practice</p>	Procedures are in place to evaluate the impact of restorative practice processes which are reviewed annually
	Procedures are in place to manage complaints
	Evaluation data is used to inform the future development of restorative practice across the organisation
	Leaders and managers have analysed evaluation data and identified areas of strength and areas for future development
	Leaders and managers have recorded any identified actions
	Processes are in place to record the progress made towards addressing identified actions

2. Policies and procedures

Indicator	Criteria
<p style="text-align: center;">2.1</p> <p>Organisational policies and procedures promote safe and effective practice</p>	Leaders take responsibility for ensuring that policies and procedures promote a restorative ethos which provides safe and effective restorative practice across the whole organisation
	Leaders have ensured that organisational policies and procedures take into account practice guidance requirements for the safe and effective delivery of restorative practice
	Leaders have ensured that operational policies and procedures take into account specific requirements of external agencies with whom they may work
<p style="text-align: center;">2.2</p> <p>Arrangements are in place to ensure compliance with organisational policies and procedures</p>	Processes are in place to monitor that staff implement organisational policies and procedures
	Procedures are in place to quality assure the delivery of restorative practice processes which are reviewed annually
	The organisation has undertaken quality assurance checks in line with organisational procedures
<p style="text-align: center;">2.3</p> <p>Arrangements are in place to ensure compliance with external organisational policies and procedures</p>	Processes are in place to gather performance data in line with commissioning requirements
	Procedures are in place to ensure that practitioners comply with specific requirements required of external agencies with whom they may work
<p style="text-align: center;">2.4</p> <p>Arrangements are in place for reviewing organisational policies and procedures</p>	The organisation has a written policy review procedure in place which documents when organisational policies and procedures are due for review
	The organisation has a written procedure for disseminating revised policies and procedures to staff across the organisation

3. Training and development

Indicator	Criteria
3.1 Staff are trained to a level commensurate with their role	The organisation has provided all staff with training commensurate with their role as outlined within the requirements of practitioner registration
	The organisation has maintained a record of all staff training
3.2 Restorative practice is included within the organisation's induction procedures	The organisation has provided all staff with an induction to the organisation's restorative practice policies and procedures
	The organisation has provided staff access to the organisation's relevant policies and procedures relating to restorative practice
3.3 Organisational commitment to continued professional development	Provided practising staff with opportunities for continued professional development in line with the requirements set out in the Practitioner Code of Practice
	Maintained a record of the continued professional development undertaken by practising staff

4. Support and supervision

Indicator	Criteria
4.1 Provide opportunities for practice supervision	The organisation has a written practice supervision procedure in place
	The organisation has provided practising staff with either individual or group practice supervision every 12-weeks led by an appropriately trained practice supervisor as outlined within the RJC's Practice Guidance
	The organisation has procedures in place which ensure that practitioners managing sensitive and complex cases have access to enhanced case supervision
	The organisation has written agreements with external practice supervisors, where applicable, which outline practice supervision requirements
4.2	The organisation has provided regular line management opportunities for practising staff

Provide practitioners with line and performance management opportunities	The organisation has provided practitioners with the opportunity for an annual performance review
	The organisation has procedures in place for practice supervisors to feed into line and performance management processes
4.3 Provide opportunities to network with other restorative organisations	The organisation provides practising staff with opportunities to network with other organisations and/or service providers
	The organisation provides regular networking opportunities for practising staff to share good practice

5. Delivering restorative practice

Indicator	Criteria
5.1 Managing new referrals	The organisation has processes in place to manage new referrals
	Referrals are screened for suitability
	Procedures are in place to identify sensitive and complex cases
	Procedures are in place to ensure that cases are allocated to appropriately experienced practitioners
5.2 Provide practitioners with the resources to deliver safe and effective restorative practice	Practising staff have access to internal practice guidance which details how organisational policies and procedures should be implemented in practice
	Practising staff are provided with internal recording documentation
	Practising staff have access to an appropriate case recording system
5.3 Working with external organisations	External partners are identified and partnership agreements are in place
	Information Sharing Agreements have been agreed between organisations
	Organisational policies and procedures include all specific arrangements required by partner organisation

<p>5.4</p> <p>Commit to 60% of practitioners to be registered with the RJC</p>	<p>60% of your practitioners, including paid and unpaid, working within the service have undertaken practitioner registration at a level commensurate with their role. Unpaid practitioners who have been with the organisation less than 12 months do not need to be included in this figure.</p>
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6. Maintaining professional standards

Indicator	Criteria
<p>6.1</p> <p>Adhering to the RJC's Organisation Code of Practice</p>	<p>The organisation agrees to Adhere to the RJC's Code of Practice for Restorative Organisations</p>
	<p>The organisation agrees to comply with RJC requests for information</p>
	<p>The organisation agrees to maintain an annual RJC membership</p>

Section 11 – Restorative Organisations 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 Restorative Organisation’s Code of Practice describes the minimum standards of professional conduct and practice required by registered organisations in the delivery of high-quality restorative practice. The Code will refer to the RJC’s Restorative Organisation Registration Framework and relevant aspects of the National Occupational Standards (where applicable) to which organisations may refer in full where necessary. An organisation may not be entered onto the RJC practice register unless they confirm they adhere to this Code of Practice. The requirements of this code are mandatory for RJC registered organisations.

Code requirements

A registered Restorative Organisation must:

- Provide participants with full and impartial information on restorative processes. This must include information about the process, the potential outcomes and the procedures for supervising and monitoring the implementation of any outcome agreement that is reached between the parties as a result of their participation
- Confirm that all parties have acknowledged the basic facts of the case, taken responsibility and are willing to participate in the process
- Obtain written consent from all participants. Such consent must be free and informed and may be withdrawn at any time. It is important that no one is pressured into taking part in any process.
- Be satisfied that any restorative process is in the interest of all parties involved, taking account of the sensitivities of the case and/or the vulnerability of the participants
- Ensure participants’ safety by completing appropriate risk assessments and putting in place suitable safeguards
- Ensure participants are not automatically precluded based on the harm involved. However, the facilitator will consider a range of issues, including the risk of re-victimisation, and may decide that it would not be appropriate for restorative process to take place
- Make sure any restorative process is delivered in line with the Registered Restorative Organisation framework
- Make sure that appropriate safeguards are in place to protect the confidentiality of all discussions relating to or that are part of a restorative process. Such discussions must not be disclosed without the agreement of all parties unless there is an overriding public interest or legal requirement to do so
- Keep participants personal data securely and separate from each other in line with Data protection legislation and GDPR guidelines
- Ensure that any outcome agreement reached between participants as a result of a restorative process is reached voluntarily and all parties are kept informed of the progress of the outcome agreement

Section 12 – Restorative Service Provider 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 Service Provider's Code of Practice describes the minimum standards of professional conduct and practice required by registered service providers in the delivery of high-quality restorative practice. The Code will refer to the RJC's Service Provider Registration Framework and relevant aspects of the National Occupational Standards (where applicable) to which providers may refer in full where necessary. A service provider may not be entered onto the RJC practice register unless they confirm they adhere to this Code of Practice. The requirements of this code are mandatory for RJC registered service providers.

Code requirements

A registered Restorative Service Provider must:

- Provide participants with full and impartial information on restorative justice processes and how they can access a service. This must include information about the process, the potential outcomes and the procedures for monitoring the implementation of any outcome agreement that is reached between the parties as a result of their participation
- Confirm that all parties have acknowledged the basic facts of the case, taken responsibility and are willing to participate in the process
- Obtain written consent from all participants. Such consent must be free and informed and may be withdrawn at any time. It is important that no one is pressured into taking part in any process
- Be satisfied that any restorative process is in the interest of all parties involved, taking account of the sensitivities of the case and/or the vulnerability of the participants, particularly in cases involving sexual or domestic violence, human trafficking, stalking and child sexual exploitation
- Ensure participants safety by completing appropriate risk assessments and putting in place suitable safeguards
- Ensure participants are not automatically precluded based on the harm involved or crime type. However, the facilitator will consider a range of issues, including the risk of re-victimisation, and may decide that it would not be appropriate for restorative process to take place
- Make sure any restorative process is delivered by an RJC registered practitioner and is in line with the Registered Practitioner competency levels
- Make sure that appropriate safeguards are in place to protect the confidentiality of all discussions relating to, or that are part of, a restorative process. Such discussions must not be disclosed without the agreement of all parties unless there is an overriding public interest or legal requirement to do so
- Keep participants personal data securely and separate from each other in line with Data protection legislation and GDPR guidelines
- Ensure that any agreement reached between participants as a result of a restorative process is reached voluntarily and all parties are kept informed of the progress of the outcome agreement

Section 13 – Restorative Organisation & Service Provider Guidance

Ethos and culture

Restorative organisations and service providers should demonstrate that their staff understand the overarching ethos of restorative practice as articulated in the RJC principles of restorative practice and that they are committed to providing equal access to restorative processes subject to legislative and safety requirements. The guidance below details some of the areas restorative organisations and service providers should consider in the provision of restorative practice.

Organisation protocols

Organisations and service providers must have the relevant policies and procedures needed for successful restorative work to take place, including:

- Developing and implementing a robust risk assessment process for use by practitioners in the delivery of restorative processes
- Clear protocols about data protection including how and what information is recorded. Such protocols should be clearly drafted and made available to both practitioners and participants

Service providers should also ensure they have:

- Clear definitions of roles and case referral arrangements between restorative practitioners and others in the organisation
- Transparent multi-agency protocols covering information sharing and how and when cases and case information are passed between agencies
- Systems that ensure financial accountability for restorative services. These will include oversight arrangements for the handling of any financial reparation as part of an outcome agreement arising from a restorative process

Ensuring quality in service delivery

Organisations and service providers are responsible for ensuring quality in the delivery of restorative processes. It is expected that in meeting this responsibility, organisations and service providers should ensure:

- All restorative practitioners deliver restorative processes in accordance with the RJC's Practitioner Registration Frameworks and related practice guidance as set out in section 8 of this Handbook
- Formal and direct restorative processes are only delivered by intermediate or advanced practitioners. Restorative organisations must ensure that practitioners delivering formal restorative processes do so in line with the requirements set out in the Practitioner Registration Framework
- Staff are given the opportunity to develop their professional knowledge and practice via CPD
- Sensitive and complex cases are referred to an Advanced Registered Practitioner who is appropriately trained, skilled and experienced (please see page 6 for a definition) The RJC Practitioner Registration Framework requires that practitioners must not undertake sensitive and complex cases unless they have the skills experience and knowledge to do so. This includes having undertaken relevant training

- Practitioners have 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
- Practitioners have access to regular case supervision. The RJC Practitioner Code of Practice requires that a case supervisor be a fully trained, practising restorative facilitator. A case supervisor may be a peer of the practitioner. For the purposes of this guidance, 'regular' means at least once every three months

Case Supervision

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 online)
- Group supervision (a group of practitioners within one organisation or team)

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. They should be advanced practitioners as defined in the RJC Registration Framework. A case supervisor does not have to be the practitioner's line manager. The priority is that a supervisor has the skills, knowledge and ability to provide appropriate supervision to the practitioner.

All case supervision meetings should be documented, a copy of which should be held by the case supervisor and supervisee. Records should be kept in line with organisational requirements and GDPR legislation.

Practitioners should have access to emotional support where this is needed. Organisations and service providers should consider the provision of emotional and pastoral support, including identifying when referral to further independent sources of support such as counselling services may be appropriate.

Complaints and feedback

Organisations and service providers should ensure that there are complaints procedures in place for participants, staff and members of the public. Such procedures should allow for resolution of complaints through a restorative process where possible and this should be delivered by a person other than the individual(s) complained about. Feedback from participants to a restorative process provided by the organisation should also be collected.

Complaints data may be used for a wide variety of purposes and can be very useful to any organisation or service provider wishing to evaluate its service provision. For these reasons, records of all complaints should be kept and a central log of both feedback and complaints should be maintained. Complaints should be a core component of the data used by organisational monitoring and evaluation systems.

Accountability

Service providers should ensure that they are accountable to both those commissioning and receiving restorative services and that a clear policy detailing responsibility for service provision at each level in the organisational hierarchy is set out.

Data protection and storage

Organisations and service providers should be clear about how information gathered during the provision of a restorative process is collected, stored and used. Data usage policies should also be clear about when such data is destroyed if applicable.

General Data Protection Regulation (GDPR) came into force on May 25 2018 and is designed to modernise laws that protect the personal information of individuals. Companies covered by the GDPR are accountable for their handling of people's personal information. This can include having data protection policies, data protection impact assessments and having relevant documents on how data is processed and stored. Practitioners should ensure that their practice is GDPR compliant. This includes obtaining consent, timely breach notification, right to data access and the right to be forgotten.

Policies on the use and storage of data should be made available to participants and those working with the service provider in the delivery of restorative services. Participants of a restorative process should provide full, express and informed consent, use and storage of their personal data. Such consent should be obtained prior to a restorative process being provided.

Organisations and service providers should ensure that the content of communications relevant to a restorative process and any personal information is kept confidential, subject to any informed consent to share information more widely and the requirements of the law.

Service providers should ensure that accurate records are kept of each restorative case taken on, the nature of the incident, its referral source, participants involved, assessments of safety, the process, outcomes and feedback to participants and referrers (including the dates of each part of the process). Any party to a restorative process delivered by the provider should be able to request details of the process undertaken, the outcome agreement and action plan from the provider. This information should be provided on request unless the sharing of such information would cause the provider to breach the law or organisational protocol. Restorative organisations should ensure that records are maintained in line with their own policies and procedures.

Case progression reporting

Systems should be in place to allow managers to assess the progress of restorative cases and to ensure feedback to referral agencies is provided where requested/necessary.

Service providers should have formalised agreements with any agency from which they receive restorative referrals, detailing the type of reports that should be provided on restorative cases. Such agreements should be drafted with reference to organisational data protection and confidentiality policies. It is important that such agreements are drafted in a way that ensures clarity in relation to timescales, particularly where statutory or criminal justice system deadlines are involved. Complaints and/or feedback data may be requested of the service provider by a commissioning agency. Such requests should be complied with unless statutory or regulatory restrictions apply. However, the provider should ensure that all data is anonymised to protect the identity of participants.

Conflicts of interest

The RJC Practitioner Code of Practice requires that a practitioner must not act in any case where there is a conflict of interest. It is important that service providers are aware of this requirement so that where a conflict is declared, a referral to a different practitioner or service can be undertaken.

In the informal use of restorative practice, some conflicts of interest may be unavoidable as the process may be used to resolve conflict in the workplace or in the course of other work. However, when formal restorative processes are being used it is more likely that conflicts of interest should lead to the withdrawal of the practitioner and a reassignment of the case.

The Practice Guidance explains that 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 to a restorative process. A conflict may occur in situations where 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
- Is in a position of authority in relation to any of the participants
- Has responsibilities which prevent them from remaining neutral in a restorative process for example, a legal duty to prosecute, investigate or charge an individual involved in the restorative process

Line management of restorative practitioners

The role of the line manager is to ensure that the restorative practitioner has the support and resources to work effectively. Line managers do not need to be restorative practitioners as long as the practitioners they manage have access to case supervision by a practitioner.

Line management and case supervision may be provided by the same person. However, where the practitioner's line manager does not or is not able to provide case supervision, they should ensure that the practitioner is provided with case supervision from someone else. This may involve arranging supervision from a restorative practitioner in another organisation.

Line management duties

Those managing restorative practitioners should aim to do the following:

- Gain knowledge and understanding of restorative practice. Managers should have a general understanding of restorative principles and practice, including the ability to offer a definition of the different types of restorative process (formal/informal, direct/indirect etc). It is often useful for managers to attend restorative awareness training (an introductory course for those interested in the area of restorative practice) so that such knowledge and understanding can be gained. It must cover the following areas:
 - an introduction to the concepts and philosophy of restorative practice
 - the RJC Principles of Restorative Practice
 - the difference between informal and formal restorative processes

- Set objectives. Managers should ensure that personal objectives for practitioners are set in relation to their restorative practice work. These objectives should be specific, support the aims of the organisation and articulate a strategy for sustaining and developing restorative practice
- Ensure practitioners are practically supported in their work. This may be done by:
 - ensuring a realistic balance between case flow and time for quality work which responds to the needs of participants
 - ensuring wherever possible, continuity of case handling by practitioners, particularly in long-running cases and/or those of a sensitive and complex nature
 - where possible, assisting in the delivery of outcome agreements and monitoring progress
 - supporting restorative practitioners to develop their practice, including identifying and providing opportunities for training and CPD
 - partnering with other agencies working with participants
- Ensure that practitioners they line manage are not assigned a case where there is a risk of a conflict of interest. Where a conflict arises, the manager should ensure that they act on the declaration by the practitioner and that the case is reassigned to a practitioner with relevant skills and knowledge to act

Section 14 – Training Provider Registration Framework

The RJC Training Provider Registration Framework

The Framework sets out how training providers should work. It is broken into five performance indicators with each indicator consisting of a number of standards which outline the requirements organisations are required to evidence.

1. Course design and inclusive provision

- 1.1 Delivering inclusive and accessible training
- 1.2 Meeting learner needs
- 1.3 Designing course materials

2. Trainer expertise

- 2.1 Trainer skills and experience
- 2.2 Developing and maintaining trainer competence
- 2.3 Managing performance

3. Training delivery

- 3.1 Learner recruitment
- 3.2 Safe and responsive training
- 3.3 Assessing learning
- 3.4 Provide post course support to learners

4. Evaluation, reflection and improvement

- 4.1 Quality assuring delivery
- 4.2 Gathering learner feedback
- 4.3 Continuous improvement

5. Maintaining professional standards

- 5.1 Adhering to the RJC's Trainers Code of Practice

1. Course design and inclusive provision

Indicator	Criteria
1.1 Delivering inclusive and accessible training	Training is inclusive and accessible to all learners
	Equality and diversity are respected in the provision of restorative training
	Adjustments are made, where appropriate, to meet the needs of learners
1.2 Meeting learner needs	Learner needs and preferred learning styles are identified
	Training delivery and resources are adapted to meet learner needs and preferred learning styles
1.3 Designing course content and materials	Course content and materials are designed to suit a range of different learning styles
	Course content and materials are available or can be adapted to suit a range of sectors
	Opportunities are provided for learners to practice skills
	Trainers maintain a course file

2. Trainer expertise

Indicator	Criteria
2.1 Trainer skills and experience	Restorative training is only delivered by trainers with appropriate skills and experience
2.2 Developing and maintaining trainer competence	The provider implements procedures which are effective in developing and maintaining trainer competence
2.3 Managing performance	Trainer performance is managed effectively

3. Training delivery

Indicator	Criteria
3.1 Learner recruitment	Providers ensure potential learners are suitable to undertake their chosen course
3.2 Safe and responsive training	Training delivery is safe and responsive to learner needs
3.3 Assessing learning	Assessment methods are robust and provide opportunities for feedback to learners
3.4 Provide post course support to learners	Learners have access to post course support, advice and guidance

4. Evaluation, reflection and improvement

Indicator	Criteria
4.1 Quality assuring delivery	Training quality is reviewed on a regular basis
4.2 Gathering learner feedback	Learner feedback is routinely gathered and used by training staff to inform their own professional development
4.3 Continuous improvement	Learner feedback and quality assurance data informs continuous improvement

5. Maintaining professional standards

Indicator	Criteria
5.1 Adhering to the RJC's Organisation code of practice	The provider agrees to adhere to the RJC's Code of Practice for Training Providers
	The provider agrees to comply with RJC requests for information
	The provider agrees to maintain an annual RJC membership

Section 15 - Trainers Code of Practice

Introduction

This Code of Practice has been developed to support restorative trainers and training organisations to deliver high quality restorative practice training and to maintain and strengthen the quality of learning.

Training, particularly for practitioners, is the bedrock of quality restorative practice. It is imperative that training for future trainers and practitioners is delivered to a consistently high standard and covers the core principles of restorative practice in sufficient detail.

Trainers who sign up to this code do so because it is a recognised benchmark of quality and reassurance for the public, course participants, service providers and commissioners that trainers meet best practice guidance.

The RJC will not admit any trainer to its Trainers Register unless they confirm they adhere to this Code of Practice. The RJC may request further information from trainers to verify that an applicant meets the requirements of this code before an application to join the Trainers Register is accepted and the trainer listed.

The requirements of this code are mandatory for RJC registered trainers and training organisations.

Code requirements

The following requirements apply to all RJC registered restorative trainers:

- A. To deliver training courses, trainers must be experienced restorative practitioners operating at advanced or intermediate level and have a good working knowledge and understanding of the range of formal and informal restorative practices
- B. Trainers must not deliver training on any subject outside of their professional skillset, knowledge and understanding. Trainers should be trained and experienced in the area of expertise they wish to deliver
- C. Trainers must ensure that their knowledge and continual professional development is kept up to date and submitted annually to the RJC in line with the competency framework
- D. Trainers must ensure that they have Professional Indemnity Insurance (PII) in place for the period during which they are offering and delivering training services
- E. Trainers must ensure that they co-deliver training with at least one other trainer where the number of participants exceeds 12 or there is an identified need to have more than one trainer subject to the type of course being run
- F. In advertising training services to potential clients, trainers must make references and evaluations from previous courses available on request
- G. Trainers must set clear course outcomes and objectives for each training course they wish to deliver
- H. Trainers must complete the following steps before delivery of each restorative training course:
 - 1. Conduct a prior training needs assessment in advance to establish the learning needs of the participants
 - 2. Ensure that learners are assessed during the course and that learners are advised that feedback on this assessment where applicable, may be provided to their employer

- I. Trainers must maintain a course file which includes a session plan summary detailing:
 - 1. Course length and timings
 - 2. Associated training resources
 - 3. Method of training delivery
 - 4. Method of learner assessment
 - 5. Any access requirements if needed for example, interpreters or reasonable adjustments
 - 6. Evaluation processes
 - 7. Advice on setting up arrangements for ongoing organisational support following the training
 - 8. Pre-reading materials for participants covering the RJC principles of restorative practice and (if necessary) relevant RJC standards and guidance

- J. Trainers must make themselves available to learners during training to answer questions, provide feedback, areas for development and advice
- K. Trainers must ensure that information disclosed by participants during a training session is kept private and confidential, subject to the requirements of the law, and that written records relating to a participant are provided on request by that participant
- L. Keep learner personal data securely in line with Data protection legislation and GDPR guidelines
- M. Following delivery of a training course, trainers must provide written feedback to learners on the application of skills practice, communication and active listening skills and knowledge and understanding of restorative practice
- N. Feedback from training participants, covering training content and delivery, must be obtained by the trainer following delivery of a training session
- O. Trainers must ensure that courses are reviewed on a yearly basis to ensure content is kept up to date and is relevant to each learner group
- P. Trainers must ensure all learners are treated fairly and without discrimination
- Q. Trainers must comply with reasonable requests for information from the RJC

Section 16 – Training provider guidance

There are many different types of training in restorative practice. The main types are set out below.

Leadership and Management training

This training is aimed at those who supervise and manage restorative practitioners, enabling them to effectively support the delivery of quality restorative practice by those they manage or supervise.

Training should include:

- The RJC principles of restorative practice
- The RJC Registered Practitioner Framework
- Building a restorative community
- Developing and embedding policy & procedures for safe restorative practice
- Data collection and record keeping
- Evaluation, supervision and feedback
- The role of managers and supervisors in supporting the delivery of safe and effective restorative processes, including:
 - ensuring practitioners are properly trained
 - ensuring practitioners have access to case supervision
 - ensuring practitioners are allocated adequate time to undertake restorative process work to a good standard
 - ensuring practitioners have access to development opportunities

Awareness training

Awareness training is designed to inform participants about the principles and processes of restorative practice. Awareness training does not equip learners to facilitate restorative processes. It should usually comprise a minimum of two hours training and cover the following areas:

- An introduction to the concepts and philosophy of restorative practice
- Definition of Restorative Justice
- The difference between informal and formal restorative processes

Introductory restorative practice training

Introductory restorative practice training designed to provide the necessary background knowledge and skills that are required to use informal restorative practices in day to day work. Introductory restorative practice training should usually comprise eight hours of training and cover the following key areas:

- An introduction to the concepts and philosophy of restorative practice, including a definition of restorative justice practice and the RJC principles of restorative practice
- An introduction to informal restorative processes
- Using informal restorative processes to resolve minor conflicts in the course of day to day business to include an element of skills practice

Facilitator and practitioner training

This is training for those wishing to undertake formal restorative processes. This training covers the full range of skills relevant to practitioners as outlined in the core 2013 National Occupational Standards for Restorative Practice.

Facilitator and practitioner training will usually comprise a minimum of 20 hours 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
- Initial contact with participants and obtaining consent
- Risk and safety assessment
- Preparing participants
- Informal and formal restorative practice including restorative conferences, face-to-face mediation and/or family group conferencing
- Co-working
- Supervision arrangements
- Agreeing and monitoring outcomes
- 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 observed role play exercise demonstrating a restorative process. Participants should also actively practise and observe facilitation skills.

Sensitive and complex case training

This is training for those practitioners who have completed facilitator and practitioner training and are registered as intermediate practitioners with the RJC to undertake sensitive or complex cases. Sensitive and complex case training should comprise a minimum of two days training.

It should have a practical element including at least one role play exercise demonstrating a restorative process in relation to a sensitive and complex case. This will give participants the opportunity to practice and observe facilitation skills in a sensitive and complex situation.

Sensitive and complex case training should cover the following key areas:

- The definitions of sensitive and complex cases
- Identification of cases that are sensitive and complex
- The importance of multi-agency partnership working and supervision
- Enhanced risk assessments
- Enhanced skills set and knowledge
- Trauma informed practice and vicarious trauma
- Mental health and learning needs
- Co-working, mentoring and reflective learning in relation to sensitive and complex cases
- Support and specialist supervision for practitioners undertaking sensitive and or complex cases

Case supervisor training

This is training for those who wish to provide case supervision to practitioners and is suitable for prospective case supervisors who are appropriately trained at intermediate or advanced practitioner level. Training should consist of a minimum of one days training.

Case Supervisor training should include an element of observed skills practice and also include the following components:

- Structure and purpose of supervision
- Management and leadership styles
- Managing performance and handling conflict
- Staying safe and managing risk
- Co-facilitation and co working with other agencies
- Liaising with line managers
- Knowledge of different learning styles
- Reflective practice and giving effective feedback
- Managing information, confidentiality and GDPR
- Dealing with disclosures
- Trauma informed practice
- Specialist supervision for sensitive and complex cases

Training to become a restorative trainer

This is training for those who wish to train others in restorative practice and is suitable for practitioners working at a minimum of intermediate level. It is the responsibility of the training organisation to ensure that candidates are suitably experienced and have the required knowledge to effectively deliver training to others.

Training will usually comprise a minimum of 3 days of training followed by delivery, by the participant, of a facilitator training course at the appropriate level. This should be co-trained with and observed by the training provider.

Training to become a restorative trainer should include the following components:

- Principles of being a trainer
- Skills practice
- Presentation skills
- Assessing learning needs
- Adapting materials for different learning styles
- Observed and assessed mock training sessions delivered by the participant to fellow trainee trainers
- Detailed peer and trainer feedback

About the Restorative Justice Council

The RJC is the independent third sector membership body for the field of restorative practice. We provide a national voice advocating the widespread use of all forms of restorative practice, including restorative justice, and raise public awareness and confidence in restorative processes.

The RJC sets and champions standards for the restorative justice field, provides quality assurance, and supports organisations in the field to build their capacity and accessibility. The aim of the RJC is to enable safe, high quality restorative practice to develop and thrive.

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