



Restorative
Justice
Council

RJC
Service Providers
Handbook



Restorative Justice Council

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

RJC Service Providers Handbook

© RJC, 2016

Produced by: Restorative Justice Council

enquiries@restorativejustice.org.uk.

The RJC is a registered charity (no. 1097969) and company (no. 4199237)

Contents

Introduction	5
Section one – Standards Framework	7
Section two – RJC principles of restorative practice.....	10
Section three – Competency Framework	12
1. Knowledge and understanding of restorative practice	12
2. Effective practitioner skills.....	13
3. Delivering restorative practice.....	13
The Competency Framework levels.....	14
Section four – Code of Practice for Victims of Crime.....	16
Service provider requirements	17
Section five – RJC Restorative Service Standards	19
Standard 1 – Leadership	19
Standard 2 – Strategy, policies and plans	20
Standard 3 – Working together	21
Standard 4 – People, training and support.....	22
Standard 5 – Service delivery and users	23
Standard 6 – Monitoring, evaluation and performance improvement	25
Section six – Service provider guidance.....	27
Service protocols.....	27
Ensuring quality in service delivery.....	27
Complaints and feedback.....	29
Accountability	30
Data protection and storage.....	30
Case progression reporting.....	31
Conflicts of interest.....	31

Line management of restorative practitioners	32
Line management duties	32
Section seven – RJC service provider membership	35
Section eight – RJC Restorative Service Quality Mark	36
Introduction	36
The process	37
Further information	38
Section nine – RJC policies and procedures	39
Monitoring	39
Complaints	39
Appeals	40
Section ten – Practitioner resources	42
Annex A – Example risk assessment mitigation plan	42
Annex B – Example conference structure checklist	46
Annex C – Sample outcome agreement	49
Annex D – Example ground rules for circles	52
Annex E – Practitioner supervision preparation checklist and supervision meeting action table	53
Annex F – Sample victim contact letter	57
Glossary	59

Introduction

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

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

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

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

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

The handbook is divided into 10 sections and covers the overarching Standards Framework, the relevant aspects of the RJC Practitioner Competency Framework, the Restorative Service Standards, service guidance and the relevant RJC policies and processes supporting the regulatory framework. It also gives a brief overview of RJC membership and detailed information on the RJC quality mark scheme for service providers.

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

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



Jon Collins

Chief Executive

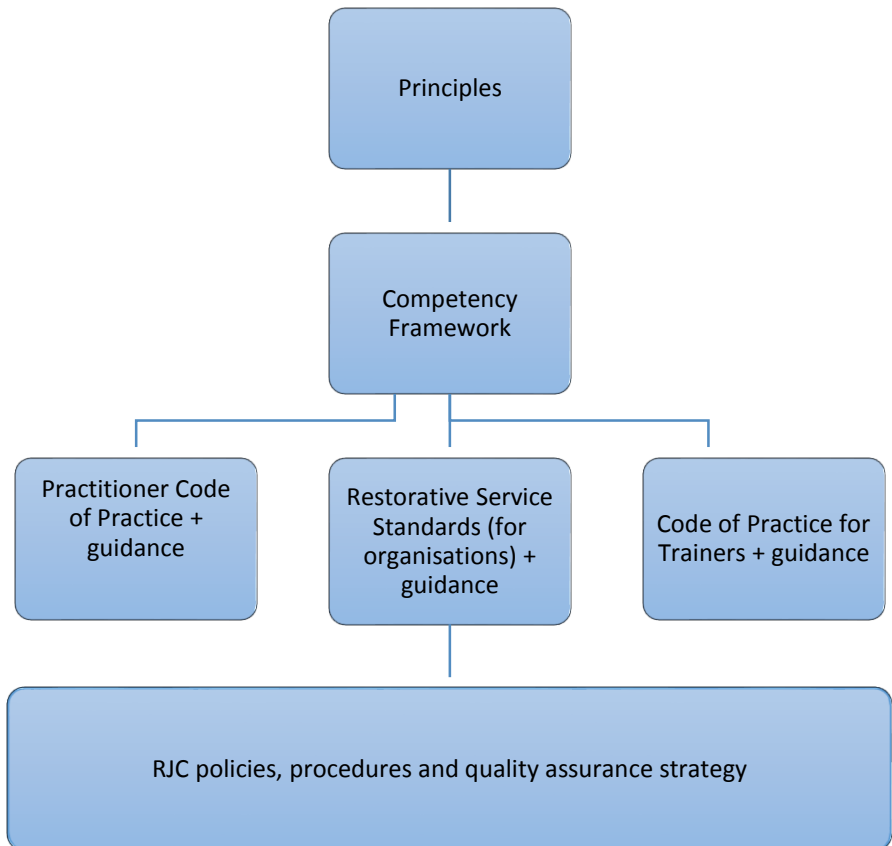
Restorative Justice Council

Section one – Standards Framework

Service providers are organisations which employ or contract with individuals to deliver restorative processes. Where an individual practitioner who provides restorative processes is self-employed or works on their own, they are also a service provider for the purposes of this handbook.

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

Figure 1



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

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

Below the Framework sit the relevant standards which explain how the RJC expects practitioner, trainer and service provider members to conduct their restorative practice or deliver their service. These comprise the RJC Code of Practice for Trainers, the RJC Practitioner Code of Practice and the Restorative Service Standards. Guidance on how those bound by the various sets of standards are expected to meet requirements is a core component of the Standards Framework and for this reason each set of standards is accompanied by RJC guidance on interpretation and implementation.

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

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

- sets the standards for admission to the RJC as a service provider
- monitors service provider compliance with the standards
- deals with complaints against service providers alleged to have breached standards

- sets the standards for, assesses and approves applications for the RJC Restorative Service Quality Mark (RSQM)
- deals with appeals from service providers against decisions made by the RJC in relation to its standards and awards (for example, RSQM refusal)
- develops and publishes guidance aimed at supporting the delivery of quality restorative practice

Section two – RJC principles of restorative practice

The RJC principles of restorative practice apply to every RJC restorative practitioner and should be upheld in the course of their restorative work. Service provider members should ensure that practitioners employed by them adhere and work to the RJC principles in the course of their restorative work.

The six RJC principles of restorative practice are:

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

These principles should be applied in the course of all restorative practice work. Service providers should ensure that practitioners are aware of each of the concepts and how they might apply them in their day to day work.

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

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

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

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

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

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

Section three – Competency Framework

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

The RJC Practitioner Competency Framework is a free resource and can be downloaded from www.restorativejustice.org.uk/competency-framework.

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

1. Knowledge and understanding of restorative practice

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

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

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

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

2. Effective practitioner skills

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

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

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

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

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

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

3. Delivering restorative practice

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

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

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

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

The Competency Framework levels

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

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

An entry level practitioner:

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

An intermediate level practitioner:

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

A senior level practitioner:

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

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

Service providers should ensure that practitioners working in their restorative service are familiar with the competencies set out in the Framework and that they understand the three levels of seniority – entry, intermediate and senior.

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

In developing the Competency Framework the RJC has been careful to ensure that it does not constrain practice or hamper practitioner creativity and the need for practitioners to develop and exercise their professional judgement. The Framework has been designed to be flexible so that it applies across different types of restorative practice without being overly prescriptive. It can be used by practitioners who deliver restorative services as part of their role as well as those providing services on a full time basis.

Service providers can use the Framework to:

- achieve consistency in practice by all practitioners working for the service
- enable line managers to work with practitioners to identify learning and professional development needs and plan to address them
- strengthen senior management confidence in the quality of services being delivered
- support line managers and HR teams in the recruitment of high quality practitioners
- market their restorative service to potential commissioners

Section four – Code of Practice for Victims of Crime

The Victims' Code is a code of practice setting out the key entitlements for most victims of crime. It is aimed at improving victims' contact with criminal justice agencies, by providing them with the support and information they need. The current version of the Victims' Code was published in October 2015.

The Code requires that any service provider (listed in paragraph 7 of the Code) must meet the relevant requirements of the Code. Providers listed in paragraph 7 are:

- The Criminal Cases Review Commission
- The Criminal Injuries Compensation Authority
- The Crown Prosecution Service
- The First-tier Tribunal (Criminal Injuries Compensation)
- Her Majesty's Courts and Tribunals Service
- Her Majesty's Prison Service
- The National Offender Management Service
- The National Probation Service
- The Parole Board
- Police and Crime Commissioners
- All police forces in England and Wales, the British Transport Police and the Ministry of Defence Police
- The UK Supreme Court
- Witness care units
- Youth offending teams

NB: Where a service provider funds or commissions an organisation to deliver restorative justice services on its behalf, they must ensure that the organisation meets the relevant requirements of the Code.

The Code requires that the police must pass the victim's contact details to the organisation that is to deliver restorative justice services to enable the victim to participate in restorative justice, unless asked not to do so by the victim.

Service provider requirements

A restorative justice service provider must:

- Provide victims with full and impartial information on restorative justice and how they can take part. This must include information about the process of restorative justice, the potential outcomes, and the procedures for supervising the implementation of any outcome agreement that is reached between the victim and offender as a result of their participation.
- Confirm the offender has acknowledged the basic facts of the case and is willing to participate in restorative justice.
- Obtain the written consent of the victim who is willing to engage in restorative justice. Such consent must be free and informed, and may be withdrawn by the victim at any time. It is important that no one is pressured into taking part in restorative justice.
- Be satisfied that restorative justice is in the interest of the victim, taking particular account of the sensitivities of the case and/or the vulnerability of the victim, particularly in cases involving sexual or domestic violence, human trafficking, stalking and child sexual exploitation.
- Ensure victims' safety by putting in place appropriate safeguards and consider the needs of the victim to make sure the victim is not re-victimised, particularly in the cases listed above.
- Where victims ask to participate in restorative justice, they should not be automatically precluded on the basis of the crime committed against them. 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 justice to take place. Where a request to participate is made by an offender, particularly an offender convicted of one of the offences listed above, the offender's motivation will be carefully examined and it is extremely unlikely that such a request would be progressed.

- Make sure any restorative justice is delivered by a trained facilitator and is in line with recognised quality standards, such as the Restorative Service Standards.
- Make sure that appropriate safeguards are in place to protect the confidentiality of all discussions relating to, or that are part of, a restorative justice 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 victims' personal data securely and separate from data relating to offenders.
- Ensure that any outcome agreement reached between the victim and offender as a result of restorative justice is reached voluntarily, and keep the victim informed of the progress of the offender in meeting the outcome agreement.

Section five – RJC Restorative Service Standards

The Restorative Service Standards are used to assess the quality of restorative service provision and delivery by service providers. They set out the minimum requirements needed to provide a quality, safe and effective restorative service.

All RJC service provider members must confirm that they are working towards meeting the Restorative Service Standards. This means that they have considered the Standards and have taken active steps towards achieving compliance with them.

Progress is monitored by the RJC via a 'progress check return', in which service providers set out the steps they have taken towards meeting the Standards on an annual basis. The RSQM is available for organisations that can demonstrate that they meet the Restorative Service Standards. See section eight for further information.

There are six Standards, each accompanied by a set of indicators detailing what the Standard might look like in practice.

Standard 1 – Leadership

Restorative practice is championed at a senior level, with leaders promoting the strategic importance of restorative practice and ensuring its delivery is safe and effective.

Standard 1 indicators

- 1.1 Leaders demonstrate a commitment to restorative practice, understanding its importance to the achievement of organisational objectives.
- 1.2 Leaders motivate and empower relevant staff to deliver good restorative practice communicating clearly its value.
- 1.3 Leaders take responsibility for ensuring the development and implementation of policies and procedures which promote safe and effective restorative practice.

Guidance: Standard 1 looks at the effectiveness of senior staff in championing restorative practice both within the organisation and externally. It also considers the role leaders play in ensuring a safe and effective service is delivered and embedded via organisational policies and procedures. Service leaders should be able to articulate their commitment to and understanding of restorative practice. Senior leaders in organisations meeting Standard 1 are likely to have delivered presentations, spoken publicly or published information about their restorative service.

Services meeting this standard are likely to have published restorative service guidance not only for staff members delivering restorative processes but also for service users and commissioners.

Standard 2 – Strategic and operational planning

Effective restorative practice is embedded within the organisation’s strategic and operational policies and plans.

Standard 2 indicators

- 2.1 The delivery of safe and effective restorative practice relates clearly to the strategic objectives of the organisation.
- 2.2 The delivery of safe and effective restorative practice is embedded in the organisation’s business planning and other relevant operational policies.
- 2.3 Restorative practice objectives and plans are realistic, measurable and deliverable having sufficient resources allocated to their achievement.
- 2.4 The organisation’s relevant policies and plans take account of stakeholder and organisational requirements relating to restorative practice.

Guidance: Standard 2 seeks to ensure service providers have a clearly defined strategies and plans in place for the implementation, delivery and review of restorative services. Providers meeting this Standard are likely to have

strategic objectives which link directly to the delivery of quality restorative services. They are also likely to have ensured that all staff members are identified in relevant plans and are aware of their responsibilities in relation to them.

Service providers meeting Standard 2 are likely to have integrated restorative practice into their internal policies and procedures (for example, HR policies) as well as externally facing processes and services. Standard 2 is aimed at ensuring stakeholder need is properly evaluated and services are delivered which meet that need. Providers meeting this Standard are therefore likely to have service user data which allows them to plan their restorative service appropriately and in a targeted fashion.

Standard 3 – Collaborative working

The organisation works collaboratively to deliver safe, effective and consistent restorative practice.

Standard 3 indicators

- 3.1 The organisation identifies and encourages effective collaboration with relevant external partners.
- 3.2 The organisation is clear regarding the outcomes sought from working with its external partners and the procedures to be followed towards achieving these outcomes.
- 3.3 The organisation works with relevant partners to deliver safe and effective restorative practice, encouraging the sharing of information in line with relevant RJC guidance and legislative requirements.
- 3.4 Active internal collaboration supports the provision of effective restorative practice.

Guidance: This Standard looks at effective working between the service provider and its partners. Service providers meeting this Standard will have clearly set out the ways in which they communicate with partners on the provision of restorative services and the roles of all those involved.

Standard 3 is focused on clear communication and collaborative activity between partners to deliver high quality services and provide clear information to service users about the service provided.

Service providers meeting this Standard are likely to have a clear referrals process in place and accessible information about it is likely to be disseminated to all partner agencies and service users.

Standard 4 – Supporting and Developing People

The organisation supports and develops its people in providing good restorative practice.

Standard 4 indicators

- 4.1 All individuals delivering restorative practice receive restorative training relevant to their role and development needs in line with relevant RJC guidance, codes of practice.
- 4.2 The organisation implements procedures which are effective in developing and maintaining the relevant levels of competence of all individuals involved in providing restorative practice in line with relevant RJC guidance.
- 4.3 Good restorative practice is identified and disseminated across all relevant individuals within the organisation.
- 4.4 Individual and team performance in restorative practice is managed effectively, in line with the organisation's policies and procedures and relevant RJC guidance.
- 4.5 The organisation has effective practitioner supervision arrangements in place for those delivering restorative practice in line with RJC guidance.

Guidance: This Standard is aimed at ensuring that those delivering restorative services are competent and capable to do so. A service provider meeting this Standard is likely to be able to demonstrate that all restorative practitioners working within the service have been facilitation trained. Facilitation training

is defined in the RJC Code of Practice for Trainers as “training for those wishing to undertake formal restorative processes”. Such training covers the full range of skills outlined in the core 2013 National Occupational Standards for Restorative Practice.

Facilitator/practitioner training usually comprises a minimum of 20 hours’ training. Training of less than 24 hours should be preceded by mandatory pre-reading.

Facilitation training should cover the following key areas:

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

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

This Standard aims to ensure that practitioners delivering restorative services are competent to do so. Service providers meeting this Standard are likely to have ensured that their practitioners are RJC members and are competent with reference to the RJC Practitioner Competency Framework (www.restorativejustice.org.uk/competency-framework). Service providers should also ensure that their practitioners are provided with a copy of the RJC Practitioners Handbook (www.restorativejustice.org.uk/practitioners-handbook) and that they meet the requirements of the RJC Practitioner Code of Practice.

Standard 5 – Service delivery

Delivery of restorative practice is safe, effective and accessible.

Standard 5 indicators

- 5.1 The organisation ensures that those delivering restorative practice act in accordance with relevant RJC guidance in relation to preparation, facilitation and follow up.
- 5.2 Restorative interventions are delivered only by those individuals with relevant skills, experience and knowledge.
- 5.3 Restorative interventions meet the needs of participants
- 5.4 Communications with potential and actual restorative practice users are appropriate for their needs.
- 5.5 The organisation makes sure that individuals and teams maintain records regarding restorative practice in line with organisational policy and procedures which fulfil relevant RJC guidance, codes of practice, and legislative requirements.
- 5.6 Agreed procedures for identifying and recording user feedback are understood and maintained by all individuals involved in providing restorative practice.

Guidance: This standard is aimed at ensuring services are delivered in accordance with RJC guidance and that practitioners are appropriately experienced. A service provider meeting this standard is likely to have ensured that the user voice is heard and that need is met in service delivery.

The standard is aimed at provision of inclusive services responsive to the needs of a wide range of users. A service provider meeting this standard is likely to have clear widening access and inclusion policies. It will be familiar with the provisions of the Equality Act 2010 and is likely to have clear reasonable adjustments policies in place to facilitate access to services by disabled people. Service providers meeting this standard will also have clear feedback and complaints processes that are well communicated to service users and staff. Data gathered from these processes is likely to be used to develop the restorative service and this will be easily demonstrated.

Standard 6 – Evaluating and improving

The organisation monitors and evaluates restorative practice performance and demonstrates a commitment to continuous development and improvement.

Standard 6 indicators

- 6.1 Progress against individual, team and organisational restorative practice objectives is evaluated to determine areas of strength and development.
- 6.2 The organisation implements quality assurance procedures which are effective in maintaining safe, effective and consistent restorative practice.
- 6.3 Relevant feedback from restorative practice users and/or partner organisations is used to inform the development of individual and organisational restorative practice.
- 6.4 The organisation maintains networks with other providers of restorative services, using relevant comparative information to inform the development of its own restorative practice.
- 6.5 The organisation uses the evaluation of its restorative practice and relevant developments in the field of restorative practice effectively in informing a programme of ongoing improvement.

Guidance: This standard considers the quality of service self-assessment against restorative objectives. Service providers who meet this Standard are likely to have systems in place which allow them to accurately measure progress towards organisational objectives in relation to restorative services. They are also likely to have robust quality assurance systems in place which maintain safe, consistent and effective service provision. It is likely that such services will be able to produce monitoring reports along with evidence that the data gathered via such monitoring is used to develop the service.

Such services might also conduct staff and service user surveys to gather data relevant to the measurement of progress towards organisational goals.

Standard 6 aims to ensure that service providers share and receive information on restorative service provision with partner agencies to learn and develop their service.

Section six – Service provider guidance

Service providers should be able to 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 service providers should consider in the provision of restorative processes.

Service protocols

Providers should consider instituting 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 services (see sample practitioner risk assessment checklist in annex A)
- 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
- 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 users of restorative services

Ensuring quality in service delivery

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

- All restorative practitioners deliver services in accordance with the RJC Practitioner Code of Practice (www.restorativejustice.org.uk/practitioner-code) and related practice guidance as set out in the RJC Practitioners Handbook (www.restorativejustice.org.uk/practitioners-handbook).
- Staff working for the service are given the opportunity to develop their professional knowledge and practice via CPD. Details of RJC CPD events can be found at www.restorativejustice.org.uk/events.
- Sensitive and complex cases are referred to appropriately trained, skilled and experienced practitioners. A 'sensitive case', for the purposes of this guidance, is defined as any case involving:
 - actual, or threats of, serious or sexual violence
 - vulnerable participants (for example, vulnerable because of physical disability, age or mental impairment)
 - domestic abuse
 - risk of continuing harm

A 'complex case', for the purposes of this guidance, is defined as any case involving:

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

The RJC Practitioner Code of Practice requires that practitioners must not undertake sensitive and/or complex cases unless they have the skills, experience and knowledge to do so. This includes having undertaken relevant training.

A practitioner should be satisfied that he or she has the knowledge and skills necessary to handle the case in question and such

consideration should take place in respect of each case before the practitioner accepts it.

- 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 Code, 'regular' means at least once every three months. Case supervision is designed to support practitioners in their restorative work. It can take a number of forms, including:
 - one to one supervision (either face to face, by telephone or virtually)
 - group supervision (a group of practitioners within one organisation or team, or through a practitioner network forum)

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

Case supervisors should be fully competent restorative practitioners. Ideally they should be senior practitioners as defined by the RJC Competency Framework, although this is not essential. A case supervisor does not have to be, and often will not 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.

- Practitioners have access to emotional support where this is needed. Providers may wish to 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

Service providers should ensure that there are complaints procedures in place for service users, 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 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 those providing 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

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.

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

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.

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 such request unless the sharing of such information would cause the provider to breach the law or organisational protocol.

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 providers are aware of this requirement so that where a conflict is declared, a referral to a different practitioner or service can be undertaken.

The Practitioners Handbook 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 her/him from remaining neutral in a restorative process (for example, a legal duty to prosecute, investigate or charge an individual involved in the restorative process)

In the informal use of restorative skills, 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.

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 within a service provider organisation should aim to do the following:

1. 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. Awareness training is designed to inform lay audiences about the principles and processes of restorative practice. It should usually comprise a minimum of two hours of training and 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

A list of training providers and courses may be found on the RJC website at www.restorativejustice.org.uk.

2. 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.
3. 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
4. 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 seven – RJC service provider membership

An organisation offering restorative services can join the RJC as a service provider member. There are many benefits to this, including:

- monthly members' bulletins
- access to restricted resources on the RJC website
- discounts on CPD events
- discounts on other RJC learning events and training run by RJC partners
- discounts on restorative practice-related publications for service provider staff members
- up to 50 copies per issue of Resolution, the RJC's magazine
- free vacancy advertising on the RJC website
- a 10% discount on practitioner membership for service provider employees/volunteers who are practitioners

Service providers will be asked to confirm that they are working towards the Restorative Service Standards. They will be asked to provide information relating to progress made towards meeting the Standards on an annual basis via the RJC's monitoring scheme.

The service provider membership fee is based on the size and sector of the organisation. Prices start at £120.

Membership rates

£250.00 Standard rate

£120.00 Small/charity rate

£450.00 Large/private sector rate

Most organisations will pay the standard rate. Charities and public sector organisations with very small restorative teams may apply for the discounted rate.

Section eight – RJC Restorative Service Quality Mark

Introduction

The RSQM is the quality mark for restorative services that can demonstrate they meet the RJC's Restorative Service Standards. Increasingly, the RSQM is sought out by commissioners of restorative services as the national indicator of quality service provision. Holding the RSQM shows that a service is committed to and can demonstrate its commitment to the delivery of excellence in restorative service provision.

Some of the benefits of gaining the RSQM include:

- External verification and independent recognition of a service.
- Increased commissioner confidence in the service.
- Greater marketability for providers in a competitive field.
- Increased participant confidence.
- Greater participant safety and higher quality of service.
- Public demonstration that a service meets evidence based national standards are met and maintained.
- An opportunity for organisational development and self-reflection.
- Enhanced opportunities for organisational learning and continuous service improvement.

Services achieving the RSQM receive a host of other benefits:

- Enhanced 'RSQM Accredited' listing of the service on the RJC Service Providers Register.
- An engraved RSQM trophy and certificate for the service.
- Free listing on the RJC Practitioners Register for all practitioners within an RSQM holding organisation.
- Free use of the RSQM logo on organisational materials and website.
- Copies of the RJC's magazine, Resolution, and monthly e-bulletins for RSQM holder staff.
- Discounted entry for RSQM holder staff to RJC events and workshops.
- Free access to the RJC practitioner mentoring scheme.
- Negotiated discounts on training and events held by RJC partners.

The RSQM is an optional quality mark. There is no intention to make it compulsory for service provider members, however the RJC encourages all restorative service providers to work towards the RSQM as part of their organisational development work.

A service provider may apply for the RSQM if it meets all of the following criteria:

- a. It delivers restorative services to the public which includes formal direct processes.
- b. It delivers at least one formal direct restorative process per year.
- c. It has achieved **28 points or above** on the RSQM Healthcheck tool (www.restorativejustice.org.uk/rsqm).

The RSQM is valid for three years.

Service providers can use the RJC Healthcheck tool to gauge whether or not they are ready to apply. Once a service provider has passed the Healthcheck, independent external assessors trained by the RJC will assess the organisation's evidence and provide a fair and balanced judgement about performance to determine whether the provider meets the Restorative Service Standards and should hold the RSQM.

The process

Services apply using the RSQM application form (www.restorativejustice.org.uk/rsqm) and paying the assessment fee. They will then be visited by an RJC assessor who will take them through the process and explain what evidence needs to be submitted. Services then submit documentary evidence showing how their restorative service meets the requirements of the Restorative Service Standards. This is followed by an assessment site visit by their RJC assessor during which key stakeholders will be interviewed and relevant documents will be reviewed.

At the end of the assessment process, the provider will receive a report from the RJC advising them of the assessment decision.

The length of time it takes to achieve the RSQM depends very much on the time and resources a service provider can dedicate to the process. However, as set out in the RSQM Terms and Conditions, the assessment site visit must take place within eight months of submission of the application form. The assessment in its entirety should be completed in 12 months (including any action plan activity) or it will expire.

Cost

The RSQM application fee is £4,000 plus VAT. This is reduced to £2000 plus VAT for not for profit organisations with a turnover of less than £200k.

Further information

Further information about the RSQM can be found at www.restorativejustice.org.uk/rsqm. Alternatively, service providers interested in achieving the RSQM can contact the RJC standards team at standards@restorativejustice.org.uk or phone 020 7831 5700.

Section nine – RJC policies and procedures

Monitoring

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

The RJC will monitor service providers annually on a sampling basis. This monitoring will require service providers to provide information about how they are seeking to meet the requirements of the Restorative Service Standards. RSQM-holding service providers are required to provide the RJC with annual data returns so that performance can be measured and to enable benchmarking to take place.

It is important that requests for information via monitoring exercises are complied with so that evidence can be gathered to inform RJC policy and standards. Failure to provide an annual data return may result in the RJC removing RSQM approval or listing on the Service Providers Register.

For further information about how breaches of the RJC standards are dealt with please see the section on complaints and appeals below.

Complaints

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

- A complainant has evidence that an RJC registered service provider has breached the Restorative Service Standards; and
- The complainant has exhausted the RJC registered service provider's complaints procedure and is dissatisfied with the outcome; or
- The RJC registered service provider has failed to respond to the complainant within 28 days.

A complainant who is simply unhappy about the outcome of a restorative process may not make a complaint to the RJC unless the above grounds are met.

If the grounds set out above are met then the complaint will be sent to the RJC Independent Complaints and Appeals Examiner (ICAE) and the procedure set out in the RJC Complaints Policy 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:

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

The decision of the ICAE is final.

Appeals

A service provider may appeal against a decision of the RJC (for example, refusal to grant RSQM) where the following grounds are met:

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

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

The ICAE has the power to:

- overturn the appeal on the grounds of insufficient evidence
- uphold the appeal on the basis that RJC procedures were not followed (the RJC will be ordered to reconsider the application free of charge)

- uphold the appeal on the basis that RJC standards were not applied (the RJC will be ordered to register the appellant on the relevant register or award the relevant approval or quality mark)

The decision of the ICAE is final.

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 to the RJC's chief executive officer. They can be emailed to enquiries@restorativejustice.org.uk).
- Complaints that require a criminal investigation.

Section ten – Practitioner resources

These resources may be disseminated to restorative practitioners working for a service provider. They are aimed at promoting good quality restorative practice and may be adapted for individual requirements or as the service requires. Their use is not mandatory.

Clean versions of these documents may be downloaded free of charge for RJC members from the RJC website.

Annex A – Example risk assessment mitigation plan

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

Name of practitioner:

Date of assessment:

Case number/reference:

Risk factor or issue	Summary of risk/issue	Risk/issue mitigation activity
Communication skills of participants	Offender cannot read or write. This is a risk if written communication is used at any point.	Victim to be advised, with offender's consent. Written communications including any outcome agreement to be read out and offender's agreement confirmed.
English language skills	Victim is Polish with limited English.	Interpreter to be secured for conference.
Age of participants	No risks identified.	N/A
Disability/ill health issues	Victim is wheelchair user and may not be able to access the venue easily.	Ensure venue for meeting is accessible – ramp.

<p>Violence associated with original harm</p>	<p>The harm was a violent assault. The victim was punched in the face. There is a risk the victim may feel uncomfortable sitting too close to the offender in the conference.</p> <p>The incident involved a single punch to the victim's face.</p>	<p>Develop seating plan for the conference – ensure victim and offender are not sitting close to each other.</p> <p>Seating plan as above.</p> <p>Ensure participants enter the venue separately and do not meet prior to the conference starting.</p>
<p>Offending/harming history</p>	<p>This is the offender's first offence and there is acknowledgement of the harm caused and full remorse – this has led me to assess the risk of violence from him at the conference as relatively low. The victim has one conviction for a public order offence suggesting he may react during the conference.</p>	<p>Seating plan should ensure participants are not near to each other.</p> <p>Ground rules should be set at the start of the conference and consent obtained.</p>
<p>Substance/alcohol abuse issues</p>	<p>There are no substance/alcohol abuse factors.</p>	<p>N/A</p>
<p>Relationship (if any) between participants</p>	<p>There is no prior relationship between the participants.</p>	<p>N/A</p>

Participant expectations	Offender has expressed the desire for the victim to forgive him and to be able to move on. The victim has started that although he is willing to meet the offender, he is still “feeling very angry” about what happened. The offender’s expectations and hopes may not, therefore, be met.	I will meet with the offender prior to the conference and sensitively try to manage his expectations about what the conference can achieve. With the victim’s consent I will advise the offender of the victim’s continued high emotional state and the possibility that he will not be forgiven as an outcome of the conference.
Ongoing emotional impact	As set out above.	N/A
Emotional state of participants	As set out above.	N/A
Previous conflicts between participants	None	N/A

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

Date of next risk assessment:

Signed:

Annex B – Example conference structure checklist

Room preparation

1. Ensure chairs are set out in accordance with seating plan.
2. Ensure refreshments are ready to be available immediately following the conclusion of the conference in an accessible space.
3. Ensure break-out rooms or spaces (if applicable) are accessible and there are chairs, tissues and water in each.
4. Ensure the environment in the conference room is comfortable (temperature, lighting etc).
5. Ensure location of toilets and any fire safety procedures are known.
6. Consider positions of windows and door and ensure there will be no distractions.

Bringing the participants into the room

1. Collect participants from the waiting area in accordance with the conference plan. (This may be victim and supporters first, followed by offender and supporters second.) Refrain from bringing everyone in at the same time.
2. Ensure people are ushered politely to the correct seat in accordance with the seating plan.

Starting the conference

1. Welcome all participants and thank them for coming.
2. Introduce yourself and explain your role.
3. Explain the purpose of the meeting – emphasise that the meeting is not to judge anyone present but to aim towards resolution of the conflict and harm that has been caused.
4. Introduce the participants by name and the reason for attendance (avoid referring to people as ‘offender’ or ‘victim’, use names and relationships where possible – for example, “this is Sue, Paul’s mum”). In some cases participants may wish to introduce themselves.
5. Go through ground rules for the conference and ensure that everyone understands and agrees to them.

6. Let all participants know that if they need a break they can request one through you.
7. Ask everyone to switch mobile phones off and explain the fire safety procedure, location of toilets and break-out rooms.

Conference

1. It is often the case that conferences (where appropriate) start with the person who has caused the harm – ask for their account of what happened. Use restorative questions: What happened? What were you thinking? What were you feeling? Who has been affected? What do you need to do now?
2. Ensure everyone in the room has an opportunity to give their account, respond to what has been said and express their feelings about what happened.

Outcome agreement

1. Ensure that any outcome activity is expressed by the person who wishes it to happen and ensure that all those with responsibility for making it happen are aware of what they need to do and consent to doing it.
2. Prepare a list of agreed actions as they are raised throughout the meeting.
3. At the conclusion of the meeting read out the list of actions and gain verbal agreement from everyone present.
4. Prepare an outcome agreement detailing the actions that have been agreed, the person responsible for completing them (the template in annex C can be used for this).
5. Ensure everyone present understands and signs the outcome agreement. If copies can be made and provided to everyone present on the day then this should be done. If copies cannot be made then arrangements for ensuring everyone receives a copy should be made.

Closing the meeting

1. Ensure that everyone has had the opportunity to have their say.
2. Ask everyone present if they have any questions or anything further they wish to add.

3. Summarise:

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

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

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

Annex C – Sample outcome agreement

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

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

Restorative meeting outcome agreement

This agreement is made on 25 April 2015

Between:

Louise Brown (the facilitator)

And

Timothy Porritt (victim of criminal damage to his car)

And

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

And

Katherine James (Frederick's mother)

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

1. Overview of the harm caused

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

2. Restorative meeting details

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

3. Agreed outcome activity

It was agreed that:

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

4. Schedule of activity

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

5. Confirmations and signatures

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

Signed:

Name (print):

Signed:

Name (print):

Signed:

Name (print):

Annex D – Example ground rules for circles

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

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

Circle participants agree to:

1. Take turns speaking, give time for each speaker to say what they would like to say and not interrupt.
2. Call participants by their first names where these are known rather than referring to people as 'he' or 'she'.
3. Ask questions where this is needed in order to understand what is being said.
4. Express personal needs and interests and the outcomes we want.
5. Listen respectfully.
6. Try to understand the other participants' needs and interests. Accept that everyone is entitled to their own view even if it is not agreed with.
7. Be respectful and not to attack others and refrain from unproductive arguing, venting or narration.
8. Let the facilitator know if there are any issues that participants feel are making the circle unproductive for them.
9. Request a break when or if this is needed.
10. Work towards a productive outcome agreement.

Annex E – Practitioner supervision preparation checklist and supervision meeting action table

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

Supervision preparation checklist

Practitioner name:

Supervisor name:

Date of supervision meeting:

Preparation activity

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

Supervision discussion and action table

Practitioner name:

Supervisor name:

Date of supervision meeting:

Supervision area	Case no	Note of discussion	Post-supervision actions	Deadline	Person responsible
Cases that have been worked over past X months and those to be worked over next X months	56847	Case closed – outcome agreement secured.	Check victim has received letter of apology as per outcome agreement.	12.03.15	Me
	46375	Case closed – no outcome agreement secured.	Ensure closing letters are sent to participants.	18.03.15	Me
	68395	Sensitive and complex case – conference set for 24.04.15.	Secure co-facilitator for this conference.	20.03.15	Supervisor
			Agree plan, roles and responsibilities for the conference.	05.04.15	Supervisor and me
60585	Conference set for 06.06.15.	Ensure risk mitigation activity (set out in risk mitigation table) is carried out by 29.05.15.	29.05.15	Me	

Areas of success or good practice	84637	Outcome agreement was particularly useful in determining actions for each party and was followed up 09.03.15.	Use outcome agreement drafted in this case as precedent for future agreements where appropriate.	N/A	N/A
Areas of difficulty or challenge encountered in practice since date of last supervision to be discussed	46375	Personally affected by issues raised in case no: 46375, emotions were high and insults were thrown at everyone in the room including myself. Still upset by some of the insults that were used.	Arrange for line manager to be informed. Use work-based counselling service.	01.03.15 ASAP	Supervisor Me

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

Annex F – Sample victim contact letter

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

[insert date]

Dear [insert harmed person's name]

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

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

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

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

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

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

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

Yours sincerely

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

[insert organisation contact details and footer]

Glossary

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

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

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

Complex case – any case involving:

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

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

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

Continuing professional development (CPD) – learning which enables a professional to maintain their knowledge and skills related to their

professional lives. CPD may be undertaken in a variety of ways, including seminars, conferences, training courses, lectures, peer evaluation and private study of relevant materials such as academic journals and articles.

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

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

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

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

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

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

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

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

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

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

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

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

Sensitive case – any case involving:

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

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

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

Training Provider Quality Mark – an RJC scheme which accredits restorative training providers that meet RJC standards and guidance. For more information about the scheme please visit www.restorativejustice.org.uk/tpqm.

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.

© Restorative Justice Council
www.restorativejustice.org.uk

July 2016