

# **A QUESTION OF QUALITY: A REVIEW OF RESTORATIVE JUSTICE PART 1 – SERVICE PROVIDERS**

March 2016



## FOREWORD BY THE VICTIMS' COMMISSIONER, THE BARONESS NEWLOVE OF WARRINGTON



This report is the first part of a two-report review I am undertaking on Restorative Justice (RJ). It follows my 2014 report on RJ and its potential benefits for victims, and is my third review looking at compliance with the Code of Practice for Victims of Crime (the Victims' Code).

This review is formed of two parts, the first examining and assessing the quality of service RJ providers are delivering; and the second report will focus on victims' experiences of RJ services.

RJ enables some victims to tell their story and communicate to an offender the impact of the harm they have caused. RJ can often be an empowering approach for victims, helping them to restore their lives. Victims I have met said that they felt a great sense of relief and satisfaction from participating in RJ. When victims engage in RJ, it needs to be the right approach for them, so they do not feel forced or pressurised into participating, and they must receive the right levels of support to help them through the process.

In my previous review into RJ, I was concerned by the focus of RJ on offenders' rehabilitation and that victims' participation appeared to be a secondary concern. Too often, victims' engagement in RJ was for the benefit of the offender – little attention was paid to victims' needs, the impact RJ might have on them and the support they might need as a result.

This independent review will assess whether victims' needs have been brought to the forefront of RJ service provision and how good quality services can be provided for the victims that do participate. This first report focuses on the RJ services that victims are provided with, and identifies what makes a good quality service for victims.

This report highlights that there are a number of excellent RJ practitioners, with a clear commitment to deliver good quality RJ services; however, a good quality service appears to mean different things to different people. This report therefore aims to highlight areas of good practice and consolidate how RJ practitioners can demonstrate that they are providing a good quality service. As a result, I have identified a number of good practice points for RJ managers and practitioners. I also hope that highlighting these practices will be helpful to those who commission RJ services.

I am grateful to all the RJ service providers who took the time to speak with my team, and thank them for candour and contributions. Their input will provide a sound basis for taking forward the next part of this review.

A handwritten signature in black ink, appearing to read 'Helen'. The signature is written in a cursive style with a long, sweeping underline that extends to the left.

## ACKNOWLEDGEMENTS

The Victims' Commissioner's Office would like to thank all the Police and Crime Commissioners and Restorative Justice practitioners that have contributed to this report. We would like to acknowledge the time they have taken to provide their views and experiences of delivering Restorative Justice, and are grateful for their assistance in completing this report.

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## EXECUTIVE SUMMARY

The role of the Victims' Commissioner for England and Wales involves encouraging good practice by criminal justice agencies and service providers, and regularly reviewing aspects of the Code of Practice for Victims of Crime (the Victims' Code). This report forms part of the third review of compliance with the Victims' Code.

Restorative Justice (RJ) has meant different things to different people; however, one thing has remained clear: for some victims of crime, RJ can provide a sense of empowerment and help them to restore themselves to the position they were in before the crime took place. The Victims' Code sets out the entitlement for victims to be given the opportunity to participate in RJ as a way 'to find a positive way forward' following a crime<sup>1</sup>.

The Victims' Code recognises that RJ services will be delivered by a number of different service providers; it sets out key principles to help service providers deliver a consistent approach to RJ for victims, irrespective of where they live. The number of providers and their varying approaches will undoubtedly result in a number of different RJ services being available to victims. However, there is no way to assess whether these varying services are delivered to a high standard or otherwise.

This report aims to assess how Police and Crime Commissioners, responsible for commissioning victim services across England and Wales, are managing RJ service provision. It aims to identify how a good quality service is defined and how effectively it is being delivered to victims. In completing this report, the Victims' Commissioner's team spoke with a number of RJ service providers responsible for delivering RJ services on behalf of Police and Crime Commissioners, all 42 of which were consulted. There were 31 direct interviews conducted with a number of service providers including criminal justice agencies, such as the police and National Probation Service, and a range of RJ organisations across the country. Feedback was received from 28 of the 42 Police and Crime Commissioner areas.

The review examined to what extent RJ services were victim-focused and of good quality. The findings in this report show that varying levels of attention are paid to ensuring these services are victim-focused.

In addition, whilst examples of good practice of quality services were found, services for victims were inconsistent in their accessibility, availability and inclusiveness. Examples of good practice have been highlighted as matters which RJ practitioners may wish to consider when developing their services.

Despite quality assurance frameworks being in place either through implementation of the Restorative Justice Council's (RJC) approach, or other methods, there is still much work to be done until it can be definitively said that good quality RJ services are being delivered to all or the majority of victims.

As the framework to commission victim services develops, and as further attention is given to the needs of victims, it is likely that the quality of service provision for RJ will have the potential to improve.

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1 'Code of Practice for Victims of Crime' – Ministry of Justice (2015) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470212/code-of-practice-for-victims-of-crime.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470212/code-of-practice-for-victims-of-crime.PDF) - para 7.1 (Part A: Victims' Entitlements)

## INTRODUCTION

1. The previous Victims' Commissioner's report on RJ<sup>2</sup> identified potential concerns about how the understanding and delivery of RJ affects victims. It is important that the delivery of RJ services is achieved in a way that demonstrates a good understanding of its aims and objectives and that those aims and objectives are met. It is also important that there is a degree of satisfaction for those taking part.
2. Too often, services which agencies are obliged to provide are delivered in a way which pays little attention to the recipient. The Code of Practice for Victims of Crime (the 'Victims' Code')<sup>3</sup> states that victims should receive information on how they can take part in RJ<sup>4</sup>. The understanding of what RJ is and what it can offer to those who participate in its approach are therefore very important, as well as the way RJ is delivered.
3. It has been found in previous reports that victims are not always made aware of their entitlements. As a result, they do not know when they should be informed of services they can access; what to expect if they access the service; or, where a service is taken up, what it involves and what the outcome will be.

### Rationale

4. RJ is defined by the Government as 'the process that brings those harmed by crime, and those responsible for the harm, into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward'<sup>5</sup>. By its definition, this suggests that victims, and those causing the harm (offenders), should have an equal opportunity to access RJ services to help them communicate and find a resolution.
5. RJ involves several agencies and organisations making victims aware of services available to them, not least Police and Crime Commissioners (PCCs), who are responsible for commissioning some localised services for victims, including 'victim-initiated' RJ. Whilst the service offered by PCCs is important, the ability for victims to access RJ remains a complex process across England and Wales. This is partly due to the 42 PCC areas operating in response to the local communities they serve and within a variety of different delivery models. However, victims can also access RJ services through national organisations and charities, or through independent RJ providers.
6. There have been many reports written on the availability of RJ services and the various formats that they take. There has also been much work undertaken on the benefits to offenders and links to the reduction in re-offending. RJ has also been seen to lead to reduction in trauma suffered by victims<sup>6</sup> and provide psychological improvements<sup>7</sup>.

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2 'The potential benefits of Restorative Justice for Victims' – Office of the Victims' Commissioner (2014) [http://victimscommissioner.org.uk/wp-content/uploads/2014/11/Restorative\\_Justice.pdf](http://victimscommissioner.org.uk/wp-content/uploads/2014/11/Restorative_Justice.pdf)

3 'Code of Practice for Victims of Crime' – *ibid*

4 'Code of Practice for Victims of Crime' – *ibid* – summary of key entitlements

5 'Restorative Justice Action Plan for the Criminal Justice System for the period to March 2018' – Ministry of Justice (November 2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/375581/restorative-justice-action-plan-2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375581/restorative-justice-action-plan-2014.pdf)

6 'Restorative Justice: the evidence' – LW Sherman and H Strang [Smith Institute] (2007) [http://www.iirp.edu/pdf/RJ\\_full\\_report.pdf](http://www.iirp.edu/pdf/RJ_full_report.pdf)

7 'Short term effects of restorative justice conferences in post traumatic stress symptoms' – CM Angel, LW Sherman, H Strang et al [Springer Science+Business Media Dordrecht] (2014) [https://www.researchgate.net/publication/271659858\\_Short-term\\_effects\\_of\\_restorative\\_justice\\_conferences\\_on\\_post-traumatic\\_stress\\_symptoms\\_among\\_robbery\\_and\\_burglary\\_victims\\_a\\_randomized\\_controlled\\_trial](https://www.researchgate.net/publication/271659858_Short-term_effects_of_restorative_justice_conferences_on_post-traumatic_stress_symptoms_among_robbery_and_burglary_victims_a_randomized_controlled_trial)



7. The Victims' Commissioner's review of RJ in 2014 focused on the benefits of RJ for victims. The key finding revealed 'a stark difference in the huge amount of support available to help offenders...and a lack of support for victims'. The report also showed that despite victims feeling vulnerable after a crime, the intention behind engaging them in RJ exploited their need to find solace and closure, by focusing almost exclusively on the rehabilitation of the offender. There was little or no attention paid to the impact on victims<sup>8</sup>. This remains an area of concern, and as a result is an issue that requires further examination.
8. The landscape for RJ practice and delivery has changed significantly since 2014. The Government's funding to PCCs (from November 2013) has enabled them to build their RJ services with an aim to deliver 'victim-initiated' RJ. PCCs received almost £23 million in funding to deliver RJ services for victims as part of the wider grant to commission services for victims<sup>9</sup>.
9. In addition, the Government has published a Restorative Justice Action Plan which focuses on 3 key issues:
  - ensuring victims have equal access to RJ and that it is available at all stages of the criminal justice process, 'irrespective of where in the country the victim lives and the where the offender is located'
  - increasing awareness and understanding so that 'people are aware of RJ and its potential benefits (particularly victims)...Victims and offenders can make informed decisions about participating in RJ and know how to access it'
  - delivering good quality RJ so that it is 'safe, competent and focused on the needs of the victim... with a particular emphasis on ensuring there is no re-victimisation'<sup>10</sup>.
10. In addition to the Government's Action Plan, the Restorative Justice Council (RJC) has undertaken to look at how restorative practice can be better delivered and with quality. The RJC, as an independent membership and quality assurance body supports the development of restorative practice across a range of sectors, including criminal justice, education and health so that quality practice is available to all. The RJC has developed evidence-based standards and guidance to support service providers in their delivery of RJ. They have also ensured accreditation mechanisms are in place for members to demonstrate that these standards are being met (through practitioner accreditation, the Training Approval Scheme and through the Restorative Service Quality Mark [RSQM])<sup>11</sup>
11. This review will focus on the quality of RJ services to victims and how good quality can be identified; it will assess whether changes to the RJ landscape since 2014 provide victims with a better service than that identified in 2014.
12. This review will look at the impact of the RSQM in shaping how quality RJ service provision is delivered, and will also look at others ways that quality is assured by service providers delivering RJ.

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8 'The potential benefits of Restorative Justice for Victims' – *ibid*

9 'Restorative Justice Action Plan for the Criminal Justice System for the period to March 2018' – *ibid*

10 'Restorative Justice Action Plan for the Criminal Justice System for the period to March 2018' – *ibid*

11 Restorative Justice Council – Standards and Quality - <https://www.restorativejustice.org.uk/standards-and-quality>

## METHODOLOGY

1. This report has been split into two parts. Part one focuses on the delivery of services by RJ practitioners and providers. It is an illustrative report focusing on how good quality can be identified and how service deliverers and practitioners ensure this is maintained. Part two will consider victims' experiences of RJ services and their views on the quality of that service. This work has been undertaken separately and will be published at a later date. The second report will provide a comparison between the actual experience for victims against the perspective of the practitioners and service providers.
2. Together, the two reports will combine our findings and provide an overall conclusion of what good quality RJ looks like.
3. The Victims' Code revised in 2015, sets out the entitlements of victims and the corresponding duties of specified service providers. It ensures the services provided to victims in England and Wales are now compliant with the EU Directive<sup>12</sup>. The Victims' Code requires that 'the police will explain to (a victim) that they will automatically pass (their) details to victim support services within 2 days of reporting the crime' to help a victim 'cope and recover after a crime'<sup>13</sup>. This will include services that deliver RJ, where victims will be entitled to 'receive information' on 'Restorative Justice services provided in (a victim's) local area, including how (they) can take part'<sup>14</sup>.
4. The focus of this report will be from the point of referral to an RJ service and will cover the entire process to what happens after the RJ 'activity' has taken place. It can therefore be summarised as:
 

***To what extent are RJ services for victims of crime of good quality – and how has this been demonstrated?***
5. The report has been informed by the collection of quantitative and qualitative information through interviews conducted with:
  - representatives from the Ministry of Justice, police and National Offender Management Service (NOMS) as national leads for RJ for their respective organisations;
  - a number of PCC offices and staff working as RJ practitioners (consisting of both paid staff and volunteers);
  - Restorative Justice Council (RJC); and,
  - various RJ service delivery partners<sup>15</sup>.
6. There were 31 interviews carried out for this review from mid-November 2015 to the end of January 2016.
7. In addition, a survey was distributed to all PCCs via the Association of Police and Crime Commissioners, on behalf of the Victims' Commissioner. There were 28 out of 42 respondents from PCC offices (a response rate of 66.7%). The survey asked PCCs:
  - about the type of RJ services they provide
  - how victims are made aware of RJ services

12 Directive 2012/29/EU of the European Parliament and of the Council – article 4 (1)(j) right to receive information about the availability for restorative justice services; article 12 (right to safeguards in restorative justice services); and article 25(4) (right to training of practitioners [initiatives enabling providing victim support and restorative justice services]) <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012L0029&from=EN>

13 'Code of Practice for Victims of Crime' – *ibid* – para 1.2 (Part A: Victims' Entitlements)

14 'Code of Practice for Victims of Crime' – *ibid* – para 7.7 (Part A: Victims' Entitlements)

15 RJ service delivery partners include: Fair Process, Remedi, Restorative Solutions, Victim Support, and Why Me.

- at what stage(s) of the criminal justice process RJ services were made available to victims and at what stage a victim is notified about RJ
- whether RJ services were made available to all victims (or whether any exclusions or additional services were in place)
- how PCCs were assured they provided a consistent and good quality RJ service
- about any methods used to identify whether improvements in quality need to be made and how they are implemented

8. The findings in this report are representative views of the respondents and do not necessarily represent the views of all service delivery partners and PCCs areas. However, these views provide a good indication of the practical issues in determining the extent of good quality in relation to the delivery of RJ.

## FINDINGS AND ANALYSIS

1. The findings in this report identified several factors which are indicative of good quality RJ service provision.

### RESTORATIVE SERVICE QUALITY MARK (RSQM)

2. The RSQM, an accreditation of Restorative Service Standards (see Annex A), developed by the RJC, provides a quality assurance framework for RJ practitioners. However, we found that very few service providers had achieved the RSQM status at the time of these investigations<sup>16</sup>. Only one PCC area had achieved the RSQM, though a number of PCC areas were in the process of applying<sup>17</sup>. Where the RJ service had been commissioned to an external service provider, the service provider in most cases had already achieved the RSQM.
3. Some service providers identified a number of issues relating to the RJC's RSQM application process. For example, some respondents said the fee charged by the RJC was often a deterrent, despite the discounts offered. As the RSQM was not a mandatory requirement for an RJ service provider, they felt there was little incentive to pay the fee for a measure which was not a core requirement. For example, one PCC area said:
 

*"Achieving the RSQM requires additional funds and time – at this stage both are better used to deliver the service"*
4. The RJC's quality mark (RSQM) provides one method of quality assurance for RJ service delivery. A number of additional practices carried out by service providers were identified which also demonstrated how a good quality RJ service can be provided.
5. Despite some service providers making the decision to not apply for the RSQM, they had standards in place which ensured they were delivering an RJ service to a certain level of quality and consistency. For example, this was the case when speaking with an independent RJ provider, some PCC areas and the British Transport Police. These providers were operating using the principles of the quality mark framework, without having achieved it.

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*Fair Process (an independent RJ provider) has a number of principles in place which are reflective of the RJC's Standards, to help ensure quality and consistency. These include, but are not limited to the following principles:*

- *the facilitator's primary responsibility to make an RJ activity safe*
  - *the facilitator's need to maintain a neutral and non-judgemental position throughout contact with a victim and offender so that an RJ activity can remain unbiased*
  - *ensuring that information exchanged between a victim and offender is sufficient for the level of intervention (for both the victim and offender), open and honest*
  - *that participation in an RJ activity takes place where neither the victim nor offender are forced or unduly pressurised into taking part*
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<sup>16</sup> We are aware that since our investigations in January 2016, some PCC areas may have achieved their RSQM status

<sup>17</sup> At January 2016 – Cheshire PCC area was recorded as the only PCC Office to have achieved the RSQM. Other PCC areas consulted (Avon and Somerset; Gloucestershire; Northumbria; South Yorkshire and Sussex) were all in the process of applying to achieve the RSQM

## OTHER QUALITY INDICATORS

6. The investigations conducted as part of this report identified a number of other factors which could also be considered as indicators of quality. This section sets out those indicators and how they can be considered as demonstrating good quality.

### 6.1 Communication and information

#### *Understanding RJ*

6.1.1 The Victims' Code clearly sets out what RJ is and how it will work<sup>18</sup>. There were several instances where service providers tried to ensure victims understood RJ and what it would entail. A number of PCC areas had proactive campaigns and awareness-raising in place. Examples included posters on bus stops, radio adverts, articles in local newspapers, all of which were not solely focused around International RJ Week<sup>19</sup>, but took place at various times throughout the year. The use of leaflets and other materials were given to victims when they were visited by the police after reporting a crime.

6.1.2 Service providers appeared to recognise that not all victims would be ready to participate in RJ immediately after reporting a crime, so information about RJ was left with them to consider in 'their own time'.

#### *Explaining the RJ process*

6.1.3 Varying approaches were seen when victims were contacted about RJ and how the process was explained. Evidence of good practice included:

- contacting victims by telephone at different times during the day and week to ensure a dialogue could be had, enabling victims to ask questions;
- ensuring victims understood that RJ was voluntary and that they should not be forced or pressurised to participate (this was also explained to the offender);
- explaining RJ can only take place where an offender has accepted responsibility for the crime committed;
- helping victims to understand the reasons for their participation and their anticipated outcome; and,
- communicating with victims in a timely and honest way so they were well informed of any possible delays and their reasons, or where specific requirements could not be met.

6.1.4 There was also evidence that felt worthy of highlighting as needing further examination:

- inconsistency in making victims aware of RJ. For example, there was no evidence found that demonstrated victims were informed that their details would be passed to RJ service providers or of the requirement to provide written consent in order to participate in RJ (as set out in the Victims' Code)<sup>20</sup>;
- little evidence was found to show that victims were notified of RJ at all stages of the criminal justice process despite their entitlement to participate in RJ at any time in the criminal justice process (some areas demonstrated the offer was made at different stages, the majority of PCC areas only offered the opportunity to participate once the offender had been convicted);
- variations in how victims were informed they could instigate an RJ activity. Despite self-referral options being in place, little explanation or awareness was provided to victims as to how they could make the referral.

18 'Code of Practice for Victims of Crime' – *ibid* – section 7 (Part A: Victims' Entitlements)

19 International campaign to raise awareness of RJ – usually takes place during mid-November every year

20 'Code of Practice for Victims of Crime' – *ibid* – para 7.8 (Part A: Victims' Entitlements)

## 6.2 Availability

### Resources

- 6.2.1 In some PCC areas, wider restorative approaches and techniques appeared to offer choices to the service provider in terms of resolving and restoring a situation where the lines between criminal and non-criminal activity were blurred. Examples seen included approaches used in neighbourhood conferencing and community justice panels.

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*Cheshire PCC operates mediation and restorative justice services side by side. The two services are located alongside the victim service hub enabling information to be better shared and allowing informed and effective decision making to take place on appropriate case handling. The final approach is decided after the teams have identified how best to meet the needs of the harmed person and the person that has caused the harm*

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- 6.2.2 Despite Government funding for victim-initiated RJ services being given at the same time to all PCCs, the provision of services and the stages at which delivery was made, varied between PCC areas. Some areas (such as, but not limited to, Avon and Somerset, Cumbria, Essex, Leicestershire, Lincolnshire and Warwickshire) had embedded processes where victims and offenders could instigate RJ themselves. However, a number of PCC areas were delivering a service which was determined by the offender's movement through the criminal justice system – for example, several PCC areas only provided an RJ service after an offender had been convicted. This was found to limit the victim's opportunity to instigate RJ.

### Skills matching

- 6.2.3 RJ facilitators in post varied across PCC areas, and consisted of a mixture of paid staff and volunteers. Irrespective of the staff composition, PCC areas were able to demonstrate an intelligent match between the facilitator and the participants.

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*Gloucestershire PCC is handling a case of domestic extremism. The RJ manager had matched facilitators with the most relevant experience to manage the RJ activity between the victims and the offender. Two facilitators have been assigned the case and have an understanding of the background of the religious and political situation between the participants. As a result, they are identifying how to best prepare the participants before they engage in their RJ activity*

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*South Yorkshire PCC managed a case where an incident of criminal damage occurred between two neighbours. The circumstances highlighted that an RJ intervention would be beneficial to assist with the ongoing issues leading up to the criminal damage and following it. The RJ manager allocated appropriate facilitators to the case by assigning one facilitator who lived in the locality and understood the local issues, and the other, by reflecting the age of one of the couples involved.*

*This helped the participants feel that the RJ facilitation was being dealt with by local people who had their interests at heart and that the facilitators had the experience, expertise and capacity to deal with the complexities of the case*

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- 6.2.4 Most PCC areas employed two facilitators to undertake each RJ activity, who continued to work together through the lifetime of the facilitation. This continuity provided reassurance and confidence to victims and offenders, as well as support and resilience for any unexpected absences by the facilitators. This approach was also seen to be beneficial to victims, building trust and forming open relationships with the facilitator. This was seen as a good way for the facilitator to understand the concerns and fears a victim may experience and also provide an assurance to the victim that they would not be 'passed from pillar to post'.

### Inclusiveness of available services

- 6.2.5 The availability of RJ services across PCC areas and the stages of the criminal justice process at which RJ was offered varied. The investigation found:
- some areas offered RJ services to all victims, irrespective of crime type;
  - some areas had strictly adhered to national police guidelines to not make RJ available for cases of domestic abuse and hate crime<sup>21</sup> and also excluded cases of sexual abuse/violence; and,
  - some areas complied with national police guidelines on domestic abuse and hate crime, however provided services on request where victims suffering from domestic abuse, sexual abuse/violence or hate crime requested RJ.
- 6.2.6 PCC areas providing an inclusive RJ service to victims of all crimes also recognised that victims of certain crimes needed enhanced risk assessments to be completed before a final decision about their suitability for RJ was made. The findings revealed that specialists in those crimes were also trained as RJ facilitators in order that they could identify whether a case was appropriate to progress to a full RJ activity. For example:
- for victims of domestic abuse who wanted to engage in RJ, facilitators demonstrated their specialist understanding of domestic abuse and recognised the possibility that a victim may be coerced or pressurised into participating in RJ.
- 6.2.7 This emotional intelligence to meet a victim's overall needs, as well as managing the RJ facilitation, illustrates the provision of a good quality and effective RJ service.
- 6.2.8 It is recognised that RJ may not be appropriate in all cases, however, victim engagement to participate in RJ needs to be addressed on a case by case basis. One service provider said:
- "Where victims of certain crimes are excluded from participating in RJ, such as where they've suffered from domestic violence, they are being denied their entitlement. We need to recognise that a victim has rights and to respect those rights. It is not up to us as service providers to block victims from having that right. If we have concerns, we should carry out thorough risk assessments and make sure that it is safe for a victim to participate. We should make sure we are satisfied that a victim hasn't been forced to participate by anyone"*
- 6.2.9 This position is also supported by a recent European research project studying the use of RJ in cases of domestic abuse<sup>22</sup>. The research highlights the need to ensure that cases are assessed on a case by case basis and that victims are always safe and properly prepared in the event that they participate; in achieving this, practitioners will also be meeting the minimum standards set out in the EU Directive with regard to RJ<sup>23</sup>.

### Take up of RJ

- 6.2.10 The findings reveal that take up of RJ is low. PCC areas were handling a low percentage of victims and offenders who wanted to participate in RJ, compared to the number of individuals who had become victims of crime.
- 6.2.11 The Crime Survey for England and Wales (CSEW) data shows the number of incidents where there was a victim of crime, only 7.2% of victims were offered the opportunity to meet with the offender:

21 'Restorative Justice Guidance and Minimum Standards' - Association of Chief Police Officers (2012) – para 5.0 and 6.0.

(We understand that this guidance is currently being revised with the intention to provide more discretion to police officers regarding cases of domestic abuse and hate crime, and where there may be circumstances that do not exclude the victim or offender from participating in RJ)

22 'Restorative Justice and Domestic Violence: A Practitioner's Guide' – European Forum for Restorative Justice (2016) [http://www.euforumrj.org/wp-content/uploads/2015/11/GUIDE\\_-\\_Restorative-Justice-and-Domestic-Violence.pdf](http://www.euforumrj.org/wp-content/uploads/2015/11/GUIDE_-_Restorative-Justice-and-Domestic-Violence.pdf)

23 Directive 2012/29/EU of the European Parliament and of the Council – article 12 (right to safeguards in restorative justice services); and article 25(4) (right to training of practitioners [initiatives enabling providing victim support and restorative justice services]) <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012L0029&from=EN>

- of the 7.2% of victims who recalled being offered a meeting with the offender, 44.2% accepted the offer
- of the remaining 92.8% of victims who said they were not offered the opportunity to meet with the offender, 24.7% would have accepted if offered, 5.3% were not sure<sup>24</sup>.

### 6.3 Accessibility

#### *Awareness of RJ services and ease of access*

6.3.1 A poll conducted for the RJC by Ipsos MORI during March-April 2015, revealed:

- 30% of those surveyed had heard of RJ (compared with 22% asked in 2013)
- of those surveyed, when asked if they became a victim of crime, would they want to meet the offender 38% indicated they would; for actual victims the response rate was 46%<sup>25</sup>.

6.3.2 These figures show few victims are aware of RJ. However, it appears that where RJ is explained, victims do want to participate. Without information on RJ services, victims are denied true accessibility to the service.

6.3.3 Where victims were made aware of RJ, there was a variation on how they could access the service. In most instances, victims were contacted by the police or an RJ service provider, soon after reporting a crime, to identify if they wanted to participate in RJ. All PCC areas consulted as part of this report had methods available for victims to self-refer.

6.3.4 However, the findings reveal that there are limitations to victim self-referral. Victims could only make a referral if they were made aware of RJ and could find sufficient information on what it was and what it could offer. An analysis of PCC websites showed that there was varying levels of information available to enable this. Other methods of raising victims' awareness of RJ also appeared limited, suggesting that victims may not be sufficiently informed to know they can self-refer to an RJ service.

#### *Notification and timing of RJ*

6.3.5 The stage in the criminal justice process when victims were notified of RJ varied. Some PCC areas only offer (and proactively contact) victims RJ once the offender has been convicted. Therefore, the only way victims would be able to access RJ services before this time, would be if they self-referred; this would only be achieved if they were aware of RJ and knew where to find relevant information.

6.3.6 The majority of PCC areas appear to be providing RJ services following the conviction of an offender. It was found that victims are being notified of the possibility of participating in RJ only at this time, and not before. It is understandable that RJ practitioners will want to ensure that RJ can be offered where there is an increased likelihood of it taking place – that is, when there is a clear indication of the offender's guilt/responsibility. However, by only making an offer of RJ to a victim after conviction means that victims are not able to participate in RJ at earlier stages, as they should be able to (as set out in the Victims' Code).

6.3.7 This limitation is contrary to the Victims' Code and Government Action Plan. Both emphasise that victims should be able to participate in RJ at any time during the criminal justice process - the findings show this is not the case, unless the victim self-refers and determines the timing of the RJ instigation themselves.

#### *Equality and diversity issues*

6.3.8 Facilitators were very aware of equality and diversity issues throughout the facilitation of an RJ activity, both for the victim and the offender. For example, several RJ practitioners informed us that translators and interpreters are provided where English is not a first language.

24 'Crime Survey for England and Wales: 2014-2015' - <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/crime/december-2015/index.html>

25 'Ipsos MORI poll summary' (2015) - [https://www.restorativejustice.org.uk/sites/default/files/news/files/Ipsos%20MORI%20polling%202015\\_0.pdf](https://www.restorativejustice.org.uk/sites/default/files/news/files/Ipsos%20MORI%20polling%202015_0.pdf)



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*In the case of an elderly victim with a hearing impairment who had been robbed whilst travelling on a bus, the victim wanted to engage in an RJ activity and meet with the offender. The RJ facilitator arranged for a registered sign interpreter who worked with them to understand the victim's needs and reasons for engagement in RJ.*

*The facilitator also met with the offender and explained the victim's circumstances that she was elderly and her impairment had meant that she was particularly frightened by his actions on the bus. The victim was guided through a pre-visit to the prison with the facilitator and the interpreter, who was present throughout the facilitation*

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### **Obstacles to access**

- 6.3.9 The investigations revealed several obstacles to RJ taking place where the offender was in prison. All PCC areas visited had experienced problems accessing prisons outside their geographical boundaries. This blockage only occurred where the offender was in a prison outside the area, as PCC areas had established good relationships with prisons within their respective geographical boundaries.
- 6.3.10 RJ practitioners said they were often blocked by prison governors and staff from conducting RJ conferences on the prison estate. RJ facilitators said they often endured protracted conversations with prison staff to enable the RJ to take place. As prisons had different processes, RJ practitioners found they had to manage different processes for each prison, often causing delays.
- 6.3.11 The moving of offenders between prisons was also said to cause delays to RJ conferences. Some practitioners told us they often waited until the offender was released from prison before the RJ activity could take place. This could have an adverse impact on the victim – however, practitioners said that victims were empathetic once the facilitator explained the situation, and that the RJ activity could proceed at a later date.

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*In one example, a victim who worked as a school head teacher had expressed that she wanted to engage in RJ with the offender. Arrangements were made for the victim to meet with the offender in the prison which was located within a reasonable distance from her home.*

*However, a short time before the meeting date, the victim had been told that the offender had been moved to a prison much further away and out of the area. The victim would have needed to arrange to take time off work, which was not easy given her occupation, and given the distance would also need to arrange an overnight stay close to the prison.*

*It took 18 months for a meeting to take place as the victim waited for the offender to be released so a meeting could be arranged at a location closer to her home*

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## **6.4 Assessment of victims' needs**

### **Risk assessments**

- 6.4.1 Practitioners generally conducted risk assessments of the victim first to ensure RJ was appropriate and safe for them. RJ practitioners regarded similar assessments of the offender as equally important – this ensured that a victim was safe and could have a good quality RJ experience.

### **Identification of vulnerabilities**

- 6.4.2 Whilst undertaking assessments with victims, RJ practitioners reported that they were able to identify whether the victim needed any additional support, and how they would help them achieve this. By identifying vulnerabilities, the practitioner assisted in making an informed decision for whether the RJ activity should go ahead or not.

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*After conducting the victim's and offender's assessments, the RJ facilitator found that the offender had some learning difficulties that had not been captured in detail previously. Through this identification, the RJ practitioner made the assessment that RJ may not be appropriate, as the offender may not fully appreciate or understand why he was participating in the activity. The practitioner explained this to the victim who understood that she may not be able to reach her expected outcome. She accepted that in her case the RJ activity could not go ahead*

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### **Identifying specific requirements**

6.4.3 Through detailed risk assessments and examinations of victims and offenders, RJ practitioners demonstrated how they were able to tailor their approach to ensure the best RJ experience and outcome. By providing a bespoke service specific to the victim and the offender and their unique circumstances, RJ practitioners provided a high quality service.

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*Gloucestershire PCC is handling the case of a 16 year old female, whose father was killed during an altercation. The bereaved victim was supported by a youth worker, who the facilitators liaised closely with, identifying that she needed additional support. Whilst the victim was receiving support from her uncle and grandmother, it became apparent that professional support would also be useful.*

*The facilitators have developed key relationships with the Probation Service victim liaison officer, and a local charity providing support to bereaved children who have a specialist service for those affected by murder and manslaughter. This will help to ensure that the victim can be supported before, during and after the RJ activity. The facilitators planned the RJ conference so it takes place during the victim's school holiday which meant that she would not have to go straight back to college.*

*Given the victim's age, and the knowledge that the offender was known to her father, special steps have been put in place to prepare the offender for the RJ facilitation. Facilitators have made the offender aware of the possible outcomes of RJ meeting, such as how the victim might respond to him, or that she may want to withdraw. The offender has also been supported by his mother and probation officer, ensuring that he too has continuing support from professionals*

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### **Signposting to other services**

6.4.4 In most PCC areas, partnerships had been set up with support services for all participants of RJ. All RJ practitioners confirmed that victims would be able to return to them for advice or further support as they had an 'open door policy' in place. For example, PCCs had formed agreements and close working relationships with the following groups (to note, this is not an exhaustive list):

- local authorities and social services, and charities to help with housing issues;
- substance misuse support organisations;
- health workers (including mental health support services);
- support organisations for specific types of crime, such as rape or domestic abuse; and,
- support organisations for certain groups, such as individuals with disabilities.

6.4.5 This multi-partner approach enabled multiple or changing support needs of victims to be identified. It also enabled victims' needs to be addressed in a co-ordinated way, without duplication or making the victim explain their circumstances numerous times to different people.

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*Northumbria's RJ services are run by their victim service, Victims First Northumbria (VFN). Contact will be made with a victim by a VFN Coordinator (also trained in RJ facilitation) who will make an assessment on whether a victim would like to participate in RJ. Where the victim has indicated that they would, the VFN Coordinator will work with the victim and other appropriate agencies to avoid duplication and deliver a successful restorative intervention*

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- 6.4.6 This victim-responsive approach has shown that close partnerships with other agencies and volunteer organisations can help support victims further and provide them with additional assistance. Effective relationships can assist victims in their recovery before, during and after an RJ activity.

### **Offender-initiated RJ activity**

- 6.4.7 Where offenders may have instigated the RJ activity, there was a mixed picture of understanding victims' needs. However, many practitioners emphasised the need for equal treatment of victims and offenders for RJ to be successful. The following comments were shared during the investigations:

*"For Restorative Justice to work there has to be the same level of preparation and focus for both participants. Without this RJ isn't worthwhile for the victim or the offender"*

*"RJ can be and has to be victim-focused, even if the activity is offender-led"*

*"RJ needs to be a holistic package to be successful. For a victim to get what they need out of RJ, the offender has to get the right support"*

- 6.4.8 An offender's instigation of RJ was also seen to be beneficial for some victims where they may have previously not considered participation in RJ. This allowed them to have a choice in how to deal with the aftermath of a crime. In this scenario, practitioners were able to demonstrate that victims' needs should be thoroughly addressed and that the offender clearly understood that their participation would not lead to any impact on parole or licence conditions. An offender's instigation of RJ also enabled the subject of RJ to be approached with other victims, where multiple victims were identified.

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*In one example, an offender who had committed crimes against 15 victims had expressed that he wanted to engage in RJ. RJ practitioners had contact details for six victims, all of which were contacted – three decided to take up the offer and three decided they did not want to participate at the time.*

*Of the victims who decided to participate, RJ practitioners ensured that all were engaged in RJ according to their individual circumstances, identifying support needs and ensuring regular communication. Risk assessments were carried out to ensure that RJ was appropriate.*

*In reaching out to the victims that decided to not take up the offer of RJ, practitioners informed victims that they could change their mind if they wanted to*

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### **Excluded victims (non-inclusive RJ services)**

- 6.4.9 Where PCC areas had not made RJ services available to victims suffering domestic abuse or sexual abuse/violence, their assessment of victims' needs was mixed. Where the decision to not provide these victims with RJ services had been made, this assessment was made on the basis that RJ was not appropriate for reasons such as safety, or not being able to guarantee voluntary participation. However, these victims were having a blanket approach applied to them, without their individual needs and circumstances being assessed.
- 6.4.10 In contrast, where PCC areas provided a discretionary service to these victims who wanted to participate in RJ, the needs assessments conducted were of an enhanced nature. Therefore, the decision to engage the victim in RJ, or not, was made in an informed way and based on the needs and circumstances of the victim and the offender.

## 6.5 Safety

### Identifying the appropriate RJ activity

- 6.5.1 RJ facilitators and practitioners were guided by the victim to identify the type of RJ activity that would take place. All practitioners confirmed that the victim's preference was paramount, as this was the method they felt most comfortable with, and therefore would feel safe. Practitioners appeared to effectively manage victims' expectations around the RJ facilitation and the possibility of whether the RJ would go ahead as planned.

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*Victims First Northumbria (VFN), handled a case where a face to face meeting had been arranged, as this was the victim's preference; however, the day before the meeting the offender changed his mind and wanted to write to the victim instead.*

*The VFN Coordinator (also the RJ facilitator) had explained that this may happen, and the victim was prepared for this change in approach. The victim was happy to participate in this different method of RJ, as they wanted to make sure they still achieved the outcome they had hoped for*

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### Venue

- 6.5.1 Identifying the most appropriate venue was an important part of the facilitator's considerations. For example, practitioners said that when RJ activities took place in prison, they would prepare victims in a number of ways, such as:
- undertake a pre-visit (with the victim if possible);
  - preparing a victim for visiting a prison (describing the experience so they would be not be as daunted or upset);
  - informing a victim of security processes (identity documents that need to be shown, number of checks, presence of sniffer dogs, etc);
  - describe the appearance of the room that might be used; or,
  - explain who would be present and what their role might be.
- 6.5.2 For other face to face meetings taking place outside of a prison, practitioners would identify suitable venues by considering issues such as:
- neutrality of the location, possibly a public building so that the victim would feel safe;
  - a private space so that victims would feel comfortable;
  - ensuring travel to the venue was appropriate and convenient.

## 6.6 Training

### Facilitators and practitioners

- 6.6.1 Practitioners who were able to demonstrate emotional intelligence and were responsive to the needs of the victim and the offender, were seen to provide a better quality RJ service. The role of the practitioner is therefore important - the findings show the following characteristics and approaches as indicators of quality in the practitioner:
- personality and personal experiences of the facilitator/practitioner can help victims and offenders develop good relationships, encouraging honesty and candour;
  - recognition of skills and ensuring appropriate 'matching' with victims and offenders where they can apply those skills most effectively;
  - experience of specialist crimes such as domestic abuse or sexual violence were seen to be helpful in building effective relationships with a victim; and,

- in some instances, such as in Cambridgeshire and Cleveland, practitioners were required to demonstrate they were trained to a specific standard; this was set out in local agreements where the areas rely on a dedicated pool of specifically trained facilitators, rather than training all staff<sup>26</sup>.

### Qualification in RJ practice

- 6.6.2 There was a variety of approaches seen with regard to the training of facilitators/practitioners, with some undertaking accredited training offered by the RJC<sup>27</sup>, and others choosing to work towards a BTEC qualification in restorative practice<sup>28</sup>. Despite the different approaches in facilitator/practitioner qualifications, the way in which they delivered the RJ service was seen to be of most importance.
- 6.6.3 In addition, accredited trainers held regular sessions with their colleagues to cascade training, such as in Northumbria and in Gloucestershire. Trainers in these PC areas used real-life cases to demonstrate different circumstances and increase their colleagues' knowledge. Practitioners said they valued the sharing of these experiences.

### Volunteers

- 6.6.4 Most volunteers involved in RJ service delivery had either been a victim or an offender who had participated in RJ previously, or had been working in RJ for many years. Volunteers were seen to draw on their own experiences to help others achieve the successes they had experienced during their own RJ activity.
- 6.6.5 Concern was expressed by some service providers around volunteers and the quality of RJ services delivered. These concerns related to the general lack of exposure volunteers had to the facilitation of cases. The findings show that some areas had found ways to overcome this. For example, in South Yorkshire, volunteers would work with an experienced facilitator, as the second practitioner and would 'learn on the job'. This collaboration helped ensure volunteers were developing their knowledge base and learning in real time, whilst also being exposed to RJ cases.

### Criminal justice practitioners

- 6.6.6 Criminal justice practitioners appeared to have less knowledge and experience of RJ and effective service provision, in comparison to dedicated RJ trained and qualified staff. For example, the findings revealed that police officers received no specific training on RJ. This was confirmed by PCC areas, who said there was confusion and a lack of understanding in the application and use of RJ, by the police.
- 6.6.7 This suggests neither victims nor offenders are receiving an RJ service that can be seen as good quality. However, it is encouraging to know that this issue is being examined further by a research project led by the universities of Sheffield and Leeds, by Professor Joanna Shapland and Professor Adam Crawford<sup>29</sup>, on 'how restorative justice is currently being delivered and how it can be improved, particularly its use by frontline police officers'<sup>30</sup>.
- 6.6.8 In addition, PCC areas and RJ service providers said that historically, RJ programmes and training for probation staff were focused on RJ aimed at rehabilitating the offender. As a result, inadequate attention was paid to engagement with victims and identifying detailed support needs.

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26 Cleveland has a Memorandum of Understanding in place with its respective RJ partners, setting out a requirement for facilitators need to be trained and accredited to the RJC's training programme. Trainers are required to take up refresher training to ensure they all always deliver to a certain standard. Cambridgeshire has a Memorandum of Understanding in place requiring trained RJ practitioners to facilitate a minimum of 10 RJ interventions over the proceeding 2 years from the date of their training

27 'RJC Practitioner Accreditation' - <https://www.restorativejustice.org.uk/practitioner-accreditation>

28 BTEC Qualifications are offered through a small number of organisations such as the Community Restorative Justice Academy in partnership with Restorative Solutions. Further details of the BTEC Qualifications can be found at: <http://www.cspacademy.ac.uk/BTEC-L3-RJ-Practitioner-Training.htm>

29 The 'Developing Restorative Policing' project led by Professor Shapland and Professor Crawford began in late 2015, and is expected to be completed by summer 2017. The project will assist the police in the three force areas of South Yorkshire, West Yorkshire and Humberside by identifying means for frontline officers to assess when to use restorative policing and how best to introduce RJ principles to victims of crime.

30 'Restoring evidence' Dr Emily Gray and Daniel Burn (2016) – Police Professional (issue 491)

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*Northumbria PCC has arranged for the co-location of staff from the local Community Rehabilitation Company (CRC) into their victims hub, Victims First Northumbria (VFN), to deliver RJ services where the offender has instigated the RJ.*

*They receive the same training as their colleagues working at VFN and have a good understanding of victims' needs and how both risk and needs assessments should be conducted on an equal basis. The joined up approach aims to maximise how RJ can be best delivered for all participants*

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## 6.7 Feedback and monitoring

### *PCC/service provider monitoring*

6.7.1 The findings reveal that there was no consistent method or approach in place across PCC areas to measure the quality of RJ services. However, the following approaches were of interest:

**Participant feedback:** almost all PCC areas requested participant feedback; however information sought focused on the overall experience, rather than aspects of the RJ service. Leicestershire requested that participants feed back information prior to their RJ activity, as well as after it had taken place. No evidence was seen where information was collected on the different elements of an RJ experience (for example - information about interactions with the facilitator/practitioner, timeliness, or venue). However, some areas had recognised this and said they were refining their questions to receive more detailed information about their services.

**Facilitator feedback:** some areas collected information from the 'frontline' by encouraging practitioners to feedback their experiences of RJ, for example in Avon and Somerset and Essex. These areas reported that the feedback received helped practitioners to identify areas of improvement especially in relation to an individual's knowledge.

**Contractual agreements:** some PCC areas had built in performance indicators and service level agreements with RJ service providers. For example, in Nottinghamshire, Hampshire, Lincolnshire and Merseyside agreements were in place requiring service providers to report on the following issues (this is not an exhaustive list): the number and percentage of victims who had engaged with the service and felt 'empowered'; the number and percentage of victims completing the (RJ) process; and, assessments of information sharing protocols with partner agencies to assess offender suitability. These measures were required to have been completed to a certain standard or by a certain date, and were used to provide a level of accountability from the service provider to the PCC.

**Number of referrals:** several PCC areas demonstrated their measures by recording the number of RJ referrals. Some PCC areas recorded only face to face facilitation; others recorded the wider range of RJ activities. Measuring the volume of RJ referrals should include all types of RJ activities – this would be especially helpful for future resource management, and to assess how good quality can be delivered to all victims.

**Area governance boards:** Derbyshire's and Kent's PCC offices had in place a performance delivery board which assessed the RJ service against key performance indicators.

### *Observer feedback*

6.7.2 Some PCC areas, as a result of their application for the RJC's RSQM were made aware of perceived weaknesses in their provision of a good quality service. As such, they had adopted parts of the RJC's RSQM framework assessment to make improvements. For example, in Sussex and Cheshire, the RSQM application process prompted both areas to reconsider the use of supervisors as observers in RJ facilitation meetings.

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*In Sussex, practitioners are encouraged, where appropriate, for face-to-face conferences to be observed by supervisors. During monthly RJ Hub meetings, good practice identified by supervisors is discussed and shared with all practitioners.*

*Practitioners told us the meetings helped them to develop their skills and also provided them with mentoring and support*

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### **Independent feedback and research**

6.7.3 The findings revealed that a number of PCC areas had commissioned independent research into their RJ service to help identify where to focus service provision. Derbyshire and Dorset had commissioned local universities within their respective areas to undertake the work; and North Yorkshire had commissioned an independent organisation to undertake a similar assessment.

### **6.8 Partnership working and importance of leadership**

6.8.1 Alongside the delivery of an RJ service, PCC areas have put in place and developed good partnership links and identifiable leaders. These elements have identified a number of quality indicators.

### **Information sharing**

6.8.2 Some PCC areas have developed strong relationships with their partners, and as a result are better able to share information with each other. These areas demonstrated a shared vision of the local RJ service with their partners and how to deliver seamless and professional service. Information sharing agreements and protocols formalised processes and appeared to help organisations within a local area to ensure a consistent approach could be applied to all cases.

### **Shared partnership goals**

6.8.3 In some areas, the findings revealed that collective groups of partners viewed themselves as a single entity to deliver RJ and provide an effective service. For example, in Cleveland, Gloucestershire, Northumbria and Sussex the ethos of RJ was embedded in the name of their partnership body, 'Restorative Cleveland', 'Restorative Gloucestershire', 'Restorative Northumbria' and 'Sussex Restorative Justice Partnership', respectively. With this joined-up and collective approach, practitioners in all four areas demonstrated a high level of enthusiasm and passion for making the partnership work, with the aim to deliver a good quality RJ service.

### **Leadership**

6.8.4 Where the PCC or senior managers were enthusiastic about the delivery of RJ, there was an emphasis on recognising the uniqueness of the victim, the offender and their circumstances. This mindset from senior managers, cascaded to all staff helped practitioners identify how they can deliver a good quality service to victims and offenders. In Sussex, staff used a clever analogy promoted by the PCC and senior RJ manager on how practitioners should approach RJ service provision.

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*Restorative Justice is always taken forward with the full consent of all participants. However, for some victims the prospect of participating in RJ and meeting the offender can be a daunting and scary prospect. It is important that victims are reassured that RJ will take place in a safe environment and that they will be supported at every step.*

*The role of the practitioner can be described as being very similar to the instructor leading a 'tandem sky-dive'; where a victim would have a similar level of support as a sky-diver being harnessed to an instructor. Using this analogy, victims can be assured the RJ facilitator leading them through the RJ process is properly qualified, experienced and trusted. Victims will want to know each step of the process and feel in control, informed of the contingency plan if things change, and build a relationship with the person.*

*As with a sky-dive, the outcome and the way a victim will feel after their participation usually provides the result they were hoping for and usually exceeds their expectations*

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- 6.8.5 This approach neatly summarises how victims can feel about RJ. We saw evidence that this analogy served as a useful example for practitioners in the area to understand how the dynamics of the RJ process might affect a victim. The use of the analogy by the area's leadership team was a significant tool to help practitioners understand how preparing the victim at all stages is so vital to the success of the RJ activity.

### **Working better together**

- 6.8.6 The investigations revealed that PCC areas had identified a number of ways as to how they could improve service provision through working better collaboratively. Examples include:
- annual or biannual meetings where all partner agencies would come together;
  - in Northumbria, agencies involved in RJ service delivery had formed a multi-agency steering group focused on how to improve their role in RJ service provision, and how by working together each individual organisation could apply for the RJC's RSQM;
  - in Sussex, the creation of an RJ advocates group, where practitioners shared their experiences, helped develop better RJ practice to increase awareness of RJ, and how the service could be better shaped to meet local needs;
  - in South Yorkshire RJ managers attended scrutiny panels to identify how successfully an RJ intervention has been used; and,
  - annual conferences attended by victims and offenders so practitioners could hear first-hand accounts of participants' experiences and identify areas for improvement.
- 6.8.7 This combination of good partnership working and strong leadership was shown to demonstrate an aspiration to continually improve RJ services provided.
- 6.8.8 Some areas said they would like better links with neighbouring PCC areas and from others around the country, to share their experiences in a co-ordinated way. The only existing way good practice was shared between PCC areas was on an ad-hoc basis through individual relationships.
- 6.8.9 For PCC areas and practitioners to ensure the sharing of good practice is taking place, a structured approach may be required. This would ensure that good practice is not developed in silos, and that victims were receiving a more consistent level of service for RJ around the country, irrespective of their postcode.



## CONCLUSIONS

1. The previous report on restorative justice revealed that the quality of RJ varied significantly and that too much emphasis was placed on the needs of the offender and the outcome RJ would bring them. The 2014 report concluded that to ensure a good quality RJ service for victims, their needs had to be considered as equally important to the RJ intervention.
2. In order to achieve this parity for victims, RJ services should be inclusive and offered to all victims. Decisions on whether an RJ intervention is appropriate should be assessed on a case by case basis, in order to comply with the Victims' Code and the Government's Action Plan. This report highlights that compliance with both the Code and the Action Plan vary at present.
3. A number of PCC areas demonstrated a number of good practices around delivering a quality RJ service, and a commitment to continually provide RJ services at a high level. However overall, practice varied and was inconsistent across PCC areas as well as within some PCC areas. As a result, victims in different parts of the country are receiving different services which ranged in their level of quality. For this reason it is not possible to say if RJ is now more focused on the needs of victims, compared to the position in 2014.
4. The fact that the RJC's RSQM is not a mandatory quality assurance requirement, coupled with the lack of any regulated quality assurance revealed that service providers do not need to guarantee a minimum level of service provision.
5. The quality indicators identified in this report, along with the RJC's RSQM and Restorative Service Standards framework, offer service providers clear guidance on how to deliver a quality RJ service. If implemented, PCCs can ensure a good quality service is being delivered to victims, irrespective of where they live. A summary of the good practice points are as follows:
  - Providing a bespoke approach – tailoring service provision to the victim's and offender's unique circumstances:
    - understanding when the victim is ready to receive information about RJ;
    - ensuring that facilitators can respond appropriately and intelligently to understand a victim's circumstances and their relationship with the offender; and,
    - identification of a victim's support needs – enhanced risk assessments used to inform additional support needs (before, during and after RJ).
  - Communication should be clear and readily accessible for all:
    - information on RJ should be sufficient, especially for victims who may want to self-refer;
    - RJ should be explained in a clear and consistent way; and,
    - interactions with victims and offenders should be clear and honest – enabling participants to achieve realistic outcomes.
  - Facilitators are vital in the provision of good quality RJ:
    - ensuring the same facilitator(s) manages an RJ case from beginning to end, provides continuity of support and enables better understanding of the victim's circumstances;
    - facilitators should be trained to be emotionally intelligent and responsive to participants' needs. Equal consideration should be given to both the victim and the offender to ensure that both have achieve the expected outcome: and,
    - RJ managers should ensure that where possible, facilitators are appropriately 'matched' to RJ interventions, based on their experience and expertise to enable a better understanding of the dynamic between the victim and offender.

- Effective evaluation of RJ activity should be conducted – desirable measures for evaluation include:
  - quality of service provision;
  - a holistic approach to capture the various elements of the RJ service provided;
  - evaluations should not be based solely on the outcome of the RJ intervention, or the overall experiences of the participants;
  - regular cycles of assessment and scrutiny to enable the identification of areas for improvement; and,
  - service provider to be accountable for any failures in quality service provision.
- Effective relationships with other PCC areas and services around the country can assist in supporting victims through all stages of their rehabilitation following a crime – not only limited to RJ.
- Working effectively locally and the PCC's leadership and planning of service provision is essential:
  - developing a single vision or aim of local RJ services will provide a consolidated approach to ensure an effective delivery of RJ;
  - identifying local issues and required skills will assist in providing appropriate support mechanisms for victims and offenders;
  - considered collaboration and meaningful relationships will enable local services to be delivered more effectively;
  - joint partner scrutiny will assist in identifying areas of improvement for one agency or organisation as well as identifying strategic improvements for the collective partnership; and,
  - the role of the PCC or senior leader demonstrates the RJ vision is led from the top of the service model, and will provide effective leadership and guidance to partners working in local RJ service delivery.

## Next steps

6. As outlined at the beginning of this report, this wider review is formed of two parts. This first report has identified indicators which could contribute to a good quality RJ service and commented on the extent service providers are taking these into account when offering RJ services to victims.
7. The second part of the review will report back on victims' experiences of RJ. It will identify what factors matter most to victims in giving them a positive RJ experience.
8. The findings of both reports will inform any recommendations or guidance that may be helpful for service providers and PCCs in their planning, delivery and monitoring of good quality RJ service for victims.

## Interim Recommendations

9. In advance of the second part of this report on the quality of RJ services, there are three main issues which service providers and criminal justice agencies may want to consider:
  - Access to prisons should be reviewed so that facilitators are able to effectively deliver RJ for victims and offenders
  - RJ services should be inclusive and available to all victims and agreed to proceed on a case by case basis in order to comply with the Victims' Code and Government Action Plan
  - Consideration should be given as to how good practice can be effectively shared across PCC areas and RJ service providers to prevent silo working and duplication of effort

# ANNEX A

## The Restorative Service Standards 2014

[www.rsqm.org.uk](http://www.rsqm.org.uk)

### The aim of the Standards

These Standards aim to:

- Improve the quality of services provided to users of restorative services.
- Ensure participant safety in the restorative work organisations undertake.
- Provide individual participants with confidence in the restorative work undertaken by organisations.
- Ensure standards of evidence-based effective practice are met and maintained.
- Provide a benchmark for organisations and a route map for development of restorative practice within an organisation and/or as a service to the public.

When used with the Restorative Services Quality Mark (RSQM), these Standards also:

- Provide independent recognition for organisations for the restorative work they undertake.
- Provide a badge of quality which gives the public, inspectors, commissioners, funders and other agencies confidence in the restorative service.

### Principles of the Standards

1. These Standards are a statement of good practice in the field of restorative practice. 'Good practice' is defined as the minimum quality of service required to ensure safety and effectiveness.
2. The Standards are designed to be used for both self-assessment by restorative service providers (to identify issues where they need to make improvements) and for the purposes of assessment against the RSQM.
3. The Standards can be applied to all types of service providers, although they need to be interpreted differently depending on the context. The Standards can be applied in two distinct organisational arrangements. Firstly, where there is a discrete project within a larger organisation that provides restorative processes and advice to the rest of the organisation and clients. Secondly where the whole organisation operates on restorative practice principles. In this document, when we refer to organisation it includes both these arrangements. It is appreciated that there will be organisations that fall between these two definitions. To aid in the interpretation of the Standards, further guidance is provided in the RSQM self-assessment and RSQM process.
4. There are six Themes in this document. Each Theme is laid out in the same way:
  - **The Standard** – this provides an over view of what the Theme is trying to achieve.
  - **The Indicators** – a number of definitive statements of requirements that must be met for the RSQM in particular.
5. There is a glossary of the main terms used at the end of the document.
6. Where an indicator requires the existence of a policy, procedure, guidance etc, then it also requires it to be understood by relevant staff/volunteers and followed.

## Theme 1: Leadership

### The Standard

Leaders champion restorative practice, ensuring it is clear how restorative processes support the organisation's aims and values. Leaders own restorative practice at a senior level and ensure that relevant staff/volunteers understand the value of restorative practice to the organisation and its aims. Leaders ensure that effective systems are in place for delivering restorative practices. Leaders are committed to continually improving the effectiveness of restorative practices and ensure that improvement takes place.

### Indicators

- 1.1 Leaders are committed to and effectively support and promote the use of restorative practice in their organisation, both internally and externally. They endorse the philosophy and communicate clearly how restorative practice helps to achieve the organisation's aims and values.
- 1.2 Leaders set aims for restorative practice and define the outcomes that should be achieved by it.
- 1.3 Leaders ensure that the values and principles of restorative practice are understood and upheld by staff/volunteers and that policies and procedures are in place to ensure that restorative practice is safe, effective and responsive to the needs of participants.
- 1.4 Leaders are committed to continually improving restorative practices and ensure that improvements to the service are identified and implemented.

## Theme 2: Strategy, Policies and Plans

### The Standard

Restorative practice is included in the organisation's overall strategy, business plan and other relevant policies and plans. Policies and plans with regard to restorative practice are based on consultation with stakeholders, the local context and national guidance. They are realistic and deliverable, and have sufficient resources allocated to them. Staff/volunteers understand the restorative practice policies and plans. Progress against plans is regularly assessed and action taken where necessary.

### Indicators

- 2.1 Restorative practice is explicitly included in the organisation's overall strategy and business plan. It is also included in other policies and plans that are relevant to it, including the wider policies of the organisation.
- 2.2 Restorative practice policies and plans are developed and reviewed based on stakeholder consultation and feedback, the local context, and any national guidance.
- 2.3 Restorative practice policies and plans are realistic and deliverable, with sufficient resources budgeted for restorative practice to ensure that policies and plans are met and activities can be delivered safely and effectively.
- 2.4 Staff/volunteers are told about and understand the policies and plans that relate to restorative practice.
- 2.5 Progress against plans is regularly assessed and action taken where necessary.

## Theme 3: Working Together

### The Standard

Restorative practice delivery is based on working together effectively with external organisations in order to deliver services properly and achieve the right outcomes for service users. There is also internal collaboration to ensure that restorative practice services are delivered effectively. Access to restorative processes is undertaken effectively and in accordance with a defined procedure.

## Indicators

- 3.1 The organisation identifies those external partners (including stakeholders) it needs to work with to deliver safe and effective restorative practices.
- 3.2 Where necessary, there are formal agreements with external partners that define how the two organisations work together and the outcomes they want to achieve. These agreements include the sharing of personal information and data in accordance with legislative requirements.
- 3.3 There is effective communication with external partners.
- 3.4 There is effective collaboration internally between teams and individuals involved with restorative practice that ensures that the desired outcomes for service users are achieved.
- 3.5 There is a procedure for internal and/or external access to restorative processes, which is clearly communicated to staff/volunteers and potential service users.

## Theme 4: People, Training and Support

### The Standard

Staff/volunteers who provide restorative services are properly trained and competent to carry out their role. They are clear about their role. They have access to effective support and supervision, line management, professional development and peer support. New staff/volunteers involved in restorative practice are given appropriate job descriptions and induction which covers restorative practice within the organisation.

### Indicators

- 4.1 All staff/volunteers who are involved in restorative practice services have been trained as defined by the latest version of the RJC Code of Practice for Trainers and Training Organisations of Restorative Practice.
- 4.2 All staff/volunteers who are involved in restorative practice services are competent as defined in Section A of the latest version of the Best Practice Guidance for Restorative Practice.
- 4.3 All staff/volunteers who are involved in restorative practice services are able to articulate how it relates to their role.
- 4.4 All staff/volunteers who are involved in restorative practice services have effective support and supervision as defined in Section E of the latest version of the Best Practice Guidance for Restorative Practice.
- 4.5 All staff/volunteers who are involved in restorative practice services have effective line management as defined in Section F of the latest version of the Best Practice Guidance for Restorative Practice.
- 4.6 All staff/volunteers who are involved in restorative practice services have opportunities to identify suitable training and are given continuing professional development.
- 4.7 All staff/volunteers who are involved in restorative practice services have the regular opportunity to reflect together on practice, suggest ideas, and identify actions to improve outcomes for restorative practice service users.
- 4.8 New staff/volunteers involved in restorative practice are given appropriate job descriptions and induction which covers restorative practice within the organisation.

## Theme 5: Service Delivery and Users

### The Standard

Restorative practice services are delivered safely, effectively and consistently by staff/volunteers in accordance with good practice and legislation. Services are focussed on the needs of users. Service users, and potential service users, are communicated with effectively. All services are inclusive and accessible.

## Indicators

- 5.1 All staff/volunteers involved in restorative practice services understand what to do and how to do it: all work is undertaken as defined by the requirements of Sections A to D of the latest version of the Best Practice Guidance for Restorative Practice.
- 5.2 All relevant requirements of legislation and relevant Codes of Practice are understood by staff/volunteers and are being followed.
- 5.3 All services provided are user-focused and the organisation meets the requirements of Section G of the latest version of the Best Practice Guidance for Restorative Practice.
- 5.4 Service users and potential service users are communicated with effectively. They are aware of what services are provided. All material about service delivery for users and potential users is kept up to date and is easily accessible in appropriate languages and media.
- 5.5 The service is inclusive and accessible, relevant legislative requirements are met, and the needs of different types of service user are reflected in policies, service provision and communications.
- 5.6 There is a clear and well-advertised complaints procedure, which all service users can understand and access. Records are kept of all complaints and actions taken.

## Theme 6: Monitoring, Evaluation and Performance Improvement

### The Standard

The organisation defines what its output and outcome measures are and makes sure that they relate to its aims for restorative practice. Monitoring is undertaken in relation to these measures and evaluations made of performance against the measures.

Targets are set where necessary. Data is collected and recorded accurately and in accordance with national guidance and legislation from RJC or the UK Government. The organisation networks with other organisations providing restorative practice and learns from them. Feedback and user satisfaction data form part of the performance measurement process.

Improvements to processes are made based on the data obtained and evaluations undertaken.

### Indicators

- 6.1 Output and outcome measures that demonstrate safe and effective delivery are set based on the organisation's aims for restorative practice.
- 6.2 Monitoring is undertaken in relation to these measures and evaluations made of performance against the measures. Targets for outputs and/or outcomes are set where necessary.
- 6.3 Data collection in relation to restorative practice is based on any national guidance and there are clear, secure recording systems and processes for data collection in accordance with legislation.
- 6.4 Staff/volunteers record data accurately, in line with the organisation's own data recording requirements.
- 6.5 The organisation networks with other organisations providing restorative practice and learns from them to improve performance.
- 6.6 Feedback is sought following formal restorative processes, and in relation to the overall restorative services of the organisation. Feedback is used to reflect on and improve individual practice, as well as to shape future policy and service delivery. User satisfaction levels and complaints form part of the feedback data.
- 6.7 Improvements to processes are made based on the data obtained and evaluations undertaken.

## Glossary

**Aims** – What the organisation sets out to achieve

**Business plan** – A document prepared by a service to summarise its operational and financial objectives for a one- to three-year period that shows how its aims will be achieved. It serves as a blueprint for policies and strategies and is continually updated and reported against

**Competent** – Having the necessary ability, knowledge or skill to do something successfully

**Inclusive** – Ensuring that service provision is inclusive and accessible to all requires a flexible approach that is responsive to people’s individual needs and wishes. In some circumstances this may entail a range of positive actions to ensure that no-one is excluded from taking part in a restorative process. Please see the RJC’s Guide to Inclusive Restorative Practice (forthcoming) for further information

**Leaders** – The top one or two levels of management in an organisation that direct its activities

**Organisation** – the whole organisation, which may be wholly involved in restorative practice, or which may just contain a restorative practice project or service

**Outcomes** – The changes, benefits, learning or other effects that happen as a result of service provision

**Outputs** – The amount of activities undertaken by the organisation

**Partners** – Other organisations that the restorative service provider chooses to work with in order to ensure effective delivery

**Plans** – A scheme, programme or method worked out beforehand for the accomplishment of an aim

**Policy** – A document that provides an overview and statement of principles in a specific area

**Procedure** – A written description of how a process or activity is carried out

**Staff** – In this document this includes volunteers, unless otherwise specified

**Service users** – Participants and their supporters within a restorative process. Service users could include staff, pupils and volunteers if they are involved with a restorative process internally in the organisation

**Stakeholder** – A person or organisation with a formal interest in the service provided. Stakeholders may include service users, the local community, partner agencies, commissioners, staff and volunteers

**Strategy** – A plan of action or policy designed to achieve a major aim

**Values** – The understandings and expectations that describe how people behave and upon which relationships are based (for example trust, support and truth)

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