



Restorative Justice Test Case Project Summary Report

March 2026

Introduction

This paper sets out summary findings from the Restorative Justice (RJ) Test Case project undertaken by Community Justice Scotland (CJS) and Children and Young People's Centre for Justice (CYCJ) between 2024 and 2025. The paper is designed to share key findings from the project whilst ensuring the protection of confidential and sensitive information from participating individuals and organisations. A fuller version of the report will be made available to key stakeholders.

Project aims

The project aimed to use RJ test cases to identify the emerging opportunities and challenges across key themes in restorative justice service delivery that require consideration and/or resolution in the future development of a nationally consistent restorative justice provision across Scotland. Funding was provided by the Scottish Government and administered by CJS. The key themes were informed by issues recurrently identified within research and operational development work in Scotland. These comprised: information sharing; risk management; partnership working; and tailoring to meet individuals' needs. Additional learning from the project is also captured within the report. The project did not seek to explore the benefits of participating in RJ, nor the practice and guidance of what constitutes 'good' RJ delivery – there is a substantial and robust body of literature supporting its effectiveness and impact, especially in promoting the satisfaction and healing of persons harmed; [Scottish guidance](#) for the delivery of RJ was published in 2017 and a Policy and Practice Framework is due for publication shortly.

Approach

The project aims were achieved through the identification and recruitment of RJ test cases across a range of harm types (with the exception of gender-based violence¹) and within different operational settings. Whilst 21 cases were originally identified, nine adult and seven children's cases progressed to some element of data collection. The context, learning and resultant recommendations from these are summarised within this report. Where possible, learning derived from excluded

¹ Cases involving persons directly involved in offences relating to gender-based violence (GBV) were not included in the test case cohort as the Scottish Government had agreed not to fund cases in relation to GBV until further work in this area has taken place. However, in recognition that harm caused by GBV goes beyond the index/immediate people involved in the offence, cases involving wider family or community members were considered. Decisions regarding the inclusion of these cases were taken in partnership with Scottish Government.

cases² was also captured. All adult cases were delivered by the third sector or an independent facilitator, with five of the seven children's cases delivered by the statutory sector. Test cases were recruited from local authority areas including Clackmannanshire, East Ayrshire, East Lothian, Edinburgh, Scottish Borders, Shetland and South Lanarkshire. Three of the adult cases were generated from an RJ provider funded by Scottish Government in an earlier project.

Cases progressed to differing stages in the RJ process: nine cases terminated at the referral stage, two cases ended during the preparation stage, three cases progressed to facilitated communication, one case resulted in a creative output as an alternative to facilitated communication, and one case remained ongoing at the point data collection for the project closed. Reasons provided for cases stopping varied: of the nine cases that did not progress beyond referral stage, five were due to the person responsible declining and four resulted from the person harmed declining. Both cases that ended during the preparation stage did so due to the person harmed withdrawing. One case ended when both parties withdrew immediately prior to planned face-to-face conference, and the remaining cases concluded naturally. A summary of the cases involved in the project is presented in a table on page five.

Information was collected from test case participants (RJ practitioners) via structured monitoring booklets relating to key stages of the RJ process and via participation in a semi-structured interview to explore these issues further. The focus on RJ practitioners, rather than those accessing an RJ service, reflects the focus and purpose of the project and in line with guidance from the project ethics panels. In total, seven semi-structured interviews were conducted (as some practitioners worked on multiple cases). These practitioners held a range of experience of RJ delivery – from those highly experienced to those delivering RJ for the first time.

Insights from test case recruitment

Stakeholder engagement and scoping work prior to the project outset suggested that there are limited pockets of RJ being delivered across Scotland. Factors determining the existence of RJ provision generally relate to whether any previous RJ initiatives remain live, whether social work departments have trained RJ

² Some cases were excluded due to project criteria relating to gender-based violence. One case could not proceed due to RJ facilitator recruitment issues, and another case was not progressed due to delays in securing relevant information-sharing agreements during which time the circumstances of the case had changed.

facilitators and possess capacity to deliver such interventions, and whether there are existing referral pathways between key agencies and those delivering RJ. Given this context, it was anticipated that recruitment of test cases would be relatively straightforward, if not simple. However, identifying test cases proved significantly more challenging than expected and many of the cases initially identified did not progress to recruitment.

Some recruitment challenges were intrinsic to the existence of limited RJ provision, however wider reasons identified included: a lack of cases within the majority of existing (non-statutory) providers; the significant time and resource required to set up necessary information sharing and data sharing agreements for new providers (during which time cases had changed or expired); the requirement to recruit from a broad sample of geographical and systemic contexts; the limited time available for RJ facilitators working in statutory settings to participate in research activities, and; some cases were excluded due to project exclusions related to gender-based violence.

Test Cases Overview

Case	Pathway / referral source	Harm Type	RJ Provider
Ch ³ 1	Early and Effective Intervention (EEI)	Assault	Local Authority Social Work
Ch2	EEI	Damage to property and vandalism	Local Authority Social Work
Ch3	EEI	Verbal Abuse	Local Authority Social Work
Ch4	Scottish Children's Reporter Administration (SCRA)	Assault; possession offensive weapon; Threatening or abusive behaviour	Local Authority Social Work
Ch5	Crown Office and Procurator Fiscal Service (COPFS)	Assault to injury	Local Authority Social Work
Ch6	COPFS	Threatening or Abusive Behaviour	Third Sector Provider
Ch7	Not known	Threatening or Abusive Behaviour	Third Sector Provider
Ad1	Third Sector/victim support organisation	Domestic Homicide	Independent Facilitator
Ad2	Social Work Services	Dangerous Driving (Serious Injury)	Third Sector
Ad3	Scottish Prison Service (SPS)	Homicide	Third Sector
Ad4	Self-Referral	Harassment	Third Sector
Ad5	Self-Referral	Homicide	Third Sector
Ad6	Social Work Services	Breach of the Peace	Third Sector
Ad7	Social Work Services	Theft and Vandalism	Third Sector
Ad8	Social Work Services	Threatening or Abusive Behaviour; Assaulting or Impeding Police Officers	Third Sector
Ad9	Self-Referral	Domestic Homicide	Third Sector

³ Cases titled 'Ch' correspond to children's cases and 'Ad' are adult cases.

Despite considerable interest in RJ from organisations and individuals working with both persons harmed and those who cause harm, CJS and CYCJ required to employ a range of methods and approaches to support system and organisational readiness to enable the recruitment of test cases. This included: RJ practice guidance, organisational support, establishing new referral pathways, service level agreement development, data sharing agreement support, and additional funding. Experiences from the project set-up and delivery realised a range of key lessons that are of relevance to the development of a national provision of RJ.

The current infrastructure for RJ (referral pathways, funding and experienced delivery of RJ) is limited at both a local and national level. Upscaling from this base requires significant development work to ensure a nationally consistent approach. Project findings suggest this should include building on existing awareness of the benefits and process of RJ amongst the workforce involved in supporting case progression, from referral and throughout, and those interested in accessing RJ. That said, the project highlighted that, when funding is made available, and with support from the national RJ teams in CJS and CYCJ, there are local areas and organisations keen and ready to develop RJ delivery. Setting up a nationally consistent approach will also require a significant lead-in to ensure that adequate data sharing and partnership protocols are able to be fully developed.

This project demonstrated that there appear to be few opportunities for individuals to access an RJ service where it is not initiated by a statutory care or justice process. Delivery models that offer flexible access should be considered to broaden accessibility, especially for persons harmed. The process of screening potential cases for the project also highlighted the need for any national service development to consider risk and potential consequences, to individuals and communities, should RJ not be offered or delivered. For example, in the context of cases involving gender-based violence.

Whilst not fully examined in this project, current funding structures appear to be patchy and inconsistent and do not support a stable and sustainable market for RJ service availability. For example, in the case of third sector providers, test case funding comprised a significant part of annual income for one organisation and with the others, short term and spot funding approaches reduced capacity for development work, learning and service expansion. It is of note that six of the sample's adult cases and two of the children's cases would not have taken place

without project funding. Of the eight cases that took place as a result of the test case funding, two new referral routes were developed as part of the project

Key findings from practitioners

Findings from practitioners (via workbook feedback and interviews) revealed a range of insights relevant to developing a nationally consistent RJ provision. These are outlined below around the four key themes of: information sharing, partnership working, risk management and tailoring to meet individuals' needs. As the themes of information sharing and partnerships were identified as being intertwined, these are reviewed collectively. Other themes arising from the data, and relevant to operational delivery of RJ in Scotland, are also briefly discussed.

Information Sharing and Partnerships

Obtaining sufficient information at referral was described as highly important by practitioners. Many instances of insufficient or incorrect information being provided to practitioners at the point of referral were reported. Having good relationships with referrers who understood RJ practice was reported as key to overcoming many of the challenges around information sharing and in delivering effective referrals.

For those that were part of new referral processes, developing new partnerships and new referral routes was found to be particularly time and resource intensive, in part due to the need to develop data sharing agreements and build understandings around provision. It is anticipated that the delays to engagement and barriers to progressing cases this presented are associated with service set-up and would become less of an issue once services and referral pathways were established.

Accessing the second party details in the RJ case was described as a significant challenge⁴ by many practitioners. This was primarily due to a lack of data sharing protocols and limited understanding of RJ practice and outcomes by those who held the data. Police Scotland were identified as a key stakeholder in cases where information-sharing challenges had been effectively and timeously resolved. RJ cannot progress if the second party cannot be engaged, therefore this represents a significant barrier to practice. To overcome this challenge, practitioners reported

⁴ This is a significant and ongoing barrier identified in other research Scottish research/literature (e.g. [Microsoft Word - The Local Provision of Restorative Justice in Scotland - A Report for Stakeholders FINAL](#))

developing ad hoc routes, although this was not viewed as first choice approach and was more time consuming. In relation to the sample involving children, none of the cases were initiated by the person harmed or via a self-referral route. Within the adult sample, there existed a more varied source of referral with some cases being initiated by the person harmed and via self-referral.

Risk Management and Safeguarding

It was clear from the interviews that managing and assessing risk in RJ cases is a dynamic and multi-faceted feature of good practice. Practitioners gave multiple examples of practice and were clearly skilled in this aspect of their work. This process was described as often being enhanced by 'buddying' with colleagues.

Practitioners described a range of different tools and forms that were used to support risk assessment and management, including ones that varied across different providers. That said, the lack of standardised forms was not viewed as a barrier to good RJ practice by experienced practitioners.

Risk assessments from referring agencies were reported as useful but were described by some practitioners as not containing the right information for RJ practitioners to use for the RJ process and they had to do subsequent work as part of the preparatory phase for RJ to have an adequate process. Links with partner support agencies was reported as being particularly important in managing, assessing and mitigating risks for RJ participants.

Tailoring to meet individuals' needs

Practitioners described tailoring and responsiveness to individual need as a core part of RJ practice. This was described as relating to a range of factors including pace of practice, locations for meetings, and alternatives to conference. The interviews also demonstrated evidence of practitioners adapting RJ practice to meet the specific needs of participants, including examples relating to language, long term health conditions, and neurodiversity.

Other findings

Although not a focus of the study, other important findings were identified.

Notably, the majority of cases in this sample did not progress to face-to-face communication. Indeed, many cases did not develop beyond the referral stage. However, the data gathered indicated some level of facilitated communication

between persons harmed and persons responsible, through the RJ facilitator, even at the referral stage. The impact and benefits of this were not fully examined in this project, however, some element of satisfaction was recorded. For example, a sense that something was being done in relation to the harm caused was expressed by one person harmed. Also, the opportunity for the person harmed to receive assurances that the harm had not been targeted at them as a specific individual and was unlikely to be repeated. This demonstrated the multi-faceted benefits of RJ, even if individuals do not choose to progress with the offer at any stage in the process, and if a case does not progress to face to face conference.

Furthermore, practitioners undertaking RJ as a small or occasional part of their normal practice reported finding it challenging to remain in an RJ role – for example having to resist an inclination to move from an RJ practitioner to a support worker role. In addition, concerns about associations participants may have with their other roles (e.g. as a social worker) also acted as barriers to engagement for those undertaking RJ. One practitioner reporting removing their ‘social work’ title from communication with participants to avoid this possible negative association.

It is also interesting to note that practitioners recognised a perception that there are many trained practitioners across Scotland not currently practicing RJ due to limited practice opportunities across the statutory and third sector. Given the range of experiences and learning identified across the test cases, organisations that wish to establish new RJ provision, or wish to develop current systems, may benefit from support and guidance based on the experience of established RJ provider organisations.

Opportunities and recommendations

Key opportunities and recommendations identified relate to the following three themes, which broadly correspond with the current priorities identified in the Scottish Government’s RJ Action Plan.

Build awareness of benefits and outcomes of RJ. A key first step for a nationally consistent approach to RJ is to build from the current patchy provision and improve awareness of the benefits and outcomes of RJ across key stakeholders potentially involved in referral, support or delivery of RJ. This also applies to those individuals and communities who may wish to access restorative justice themselves. This could

be achieved by a range of activities including increased promotion, training, utilisation of case studies, and networking events.

Build infrastructure for RJ referral and delivery: Building from the pockets of good practice across Scotland, a range of routes are suggested through which infrastructure should be enhanced, including: developing relationships, networks and pathways between potential referring and practitioner organisations across Scotland; developing lawful data sharing protocols and routes to enable information on other parties in RJ cases to be accessed rapidly; and, generating further guidance and development opportunities for organisations running, or setting up, RJ practice. Infrastructural investment should consider improved access to RJ provision for those harmed, and support more flexible access beyond a 'one-off' offer for all parties involved.

Support and enhance RJ practice: To achieve a nationally consistent approach, there is scope for the current and future cohorts of trained RJ practitioners to develop and share their skills and experience, through: increased practice, networking and learning opportunities, and curating, sharing and promoting tools, resources and guidance for undertaking RJ. Development of partnership and joint-working models, which enable more experienced organisations to mentor or support those less experienced, could support this.

Conclusion

This project demonstrated that with the right support and funding RJ can be expanded in Scotland and has set out some key themes in service delivery that require consideration and/or resolution in the future development of a nationally consistent restorative justice provision across Scotland.

The expansion of RJ beyond its current relatively low levels of delivery in Scotland requires targeted and sustained investment in the infrastructure that enables successful delivery of RJ delivery. For example, building on successful models of partnership approaches to referral pathways for both adults and children, especially those that allow for more flexible access to RJ regardless of where and how the harm is being processed through formal systems or who is initiating the process.

Furthermore, findings from this project make the case for partnership approaches to developing lawful and consistent information-sharing agreements to support the RJ process. This could help address a number of key identified issues, namely; the

promotion of more equal and consistent multi-agency procedures, reducing risk of 'postcode' lottery; reduce the issue of time as a risk factor to the RJ process by enabling cases to progress at the time that is right for all parties involved; and support worker, organisational, and practitioner confidence in information-sharing practices that are clearly defined in organisational protocols.

It is intended these findings will inform a focussed approach to addressing needs and gaps identified by the project, which will build upon existing work to support achieving the ambition set out by Scottish Government's Restorative Justice Action Plan⁵.

Published March 2026



⁵ [Supporting documents - Restorative justice: action plan - gov.scot](https://www.gov.scot/resources/documents/2021/06/Supporting_documents_-_Restorative_justice_action_plan.pdf)