

# **Restorative Practice in the Community Mental Health Service** Teams at The Prince Charles Hospital (TPCH) and the SMHRU

RESTORE

RFPAIR

RELATIONSHIPS

# Restorative practice principles

- Restoration –those most impacted involved
- Voluntary
- Non-judgemental supportive to all participants
- Safety do no further harm
- Accessible Empowerment and participation
- Do with (not 'for' or 'to')
- Respect

Social discipline window - the restorative framework

Adapted from Paul McCold and Ted Wachtel



# Restorative practice continuum

## AFFECTIVE STATEMENTS

- · Brief 'I' statements about how others affected by behaviour
- Inserting feeling and impact of behaviour into statement e.g. "I'm worried when you use that language that it is

hurftul for others" See poster for more details.

#### AFFECTIVE OUESTIONS

- One step further asking 'who' was affected and 'how'
- Using the Restorative Questions card with the person who caused harm (Qs1 on card), and separately with the person harmed if possible (Qs 2 on card)

## IMPROMPTU RESTORATIVE MEETING

· If safe, and consented to by both parties separately using the Restorative Questions, bringing the people most impacted by an incident to meet/ communicate to help resolve the issue

#### RESTORATIVE CIRCLE

 Group discussion allowing all participants to have a say, Check in/Check out circles can be used to support relationship building, goal setting, or to address a particular issue for example

## RESTORATIVE MEETING

(using external facilitator)

- Bringing the person who caused harm and the person who has been harmed (or a proxy/rep if appropriate) together to promote relationship repair, support repair of harm, and promote healing
- Using Adult Restorative Justice Conferencing to facilitate
- Shuttle communication also possible if appropriate

Informal/no or minimal preparation required RESTORATIVE PRACTICE CONTINUUM More formal/more preparation required



