

Family Group Conferencing Meets Offender Responsibility Planning- A Vermont Story

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The following case study begins with a brief overview of the current environment relative to the use of restorative practices in Vermont, particularly in the criminal justice system. The study then documents the referral, pre-planning, convening and initial feedback related to a family group conference in the case of an incarcerated woman held beyond her minimum release date and facing another 18 months in jail. While the process was time-consuming, the author, who was the lead coordinator / co-facilitator, concludes that the benefits justified the resources. The case has implications for family involvement in offender release in general but particularly when the offender is dealing with issues of mental health combined with substance abuse.

Background

There is a good deal of statutory and Agency of Human Services (AHS) / Department of Corrections (DOC) organizational support for the use of restorative processes in Vermont. The DOC has trained over 650 staff and community members over the past ten years to facilitate “family group conferences” in order to promote the wider use of this process. This effort has led directly to the convening of dozens of such conferences in a number of venues. The recent restructuring and resulting new strategic plan of the Vermont AHS also supports the expanded use of restorative practices. Additionally, there has been historic interest and recent developments within the Vermont Department of Children and Families (DCF) - another department within the AHS - to promote the use of such processes.

That said, a system-wide means to encourage if not require referrals for restorative practices like family group conferencing (FGC) has not been developed within the criminal or juvenile justice systems or, for that matter, within the child welfare or educational systems in Vermont. Given the clear interest in promoting the use of restorative practices, the question becomes, “How do we make this happen?” The case study that follows does not answer that question but, once again, supports broad-based efforts to institute such referrals as regular professional practice.

To put this specific application of the FGC process into perspective, language from State of Vermont Statutes Annotated is included below (Title 28, Chapter 1, section 2a):

“It is the policy of this state that principles of restorative justice be included in shaping how the criminal justice system responds to persons charged with or convicted of criminal offenses. The policy goal is a community response to a person's wrongdoing at its earliest onset, and a type and intensity of sanction tailored to each instance of wrongdoing.

Policy objectives are to:

- (1) Resolve conflicts and disputes by means of a non-adversarial community process.
- (2) Repair damage caused by criminal acts to communities in which they occur, and to address wrongs inflicted on individual victims.
- (3) Reduce the risk of an offender committing a more serious crime in the future that would require a more intensive and more costly sanction, such as incarceration.

It is the intent of the general assembly that law enforcement officials develop and employ restorative justice approaches whenever feasible and responsive to specific criminal acts, pursuant to sections 163 and 164 of Title 3, concerning court diversion, chapter 221 of Title 13, concerning sentencing, and the provisions of this title, concerning persons in the custody of the commissioner of corrections.

It is the further intent of the general assembly that such restorative justice programs be designed to encourage participation by local community members, including victims, when they so choose, as well as public officials, in holding offenders accountable for damage caused to communities and victims, and in restoring offenders to the law-abiding community.”

The re-organization of the Agency of Human Services (AHS) noted above has sought to promote changes to increase inter-departmental, inter-agency and community/family collaboration. The following are excerpts from the *2006 AHS Strategic Plan for Re-organization*:

- When we engage with individuals and families, we will... honor their expertise, respect and accept their values, support individual and family relationships, focus on the entire family,... assure partnerships which actively include individuals and families, practice open communication and recognize the importance of the community (p. 3).
- Service plans will be developed with the individual/whole family at the center of the planning process, based on strengths and tailored to the uniqueness of the individual/family (p. 15).
- Most of our resources (financial and human) are directed towards working with individuals, families and communities *proactively* to address issues which, if left unattended, could put people at future risk (p. 17).
- Individuals and families who are going through a period of transition... receive the necessary services and supports to make this transition successful. Examples... include: leaving corrections or treatment facilities to return to the community... (and) moving from victimization to safety and self-sufficiency (p. 20).

The DOC recently revised the Offender Responsibility Planning Directive #371.05. This directive includes the following language:

“The purpose of this administrative directive is to ensure that designated offenders receive high quality case planning services (Offender Responsibility Planning) that: enhance public safety, reflect restorative principles, encourage and support offenders in taking responsibility for their criminal behavior and case plan development, provide opportunities for victim input and participation if the victim is interested, provide

opportunities for community involvement, connect offenders to appropriate resources, build upon offender strengths and assets, and require case co-management for incarcerated offenders.

Offender Responsibility Planning (ORP) is a strength-based restorative method of case planning that seeks to balance offender accountability with positive support. ORP is a *restorative process*. It identifies the harm to the victim and the impact of the offender's behavior on the victim, their own family, affected parties, and the community; and it encourages the offender to accept responsibility for the harm their crime caused. Restorative processes seek to balance accountability of the offender with the repair of damage to the community and safety to the victim.

The restorative principles central to a high quality ORP process include:

- Those who are harmed/affected have an opportunity to participate in the development of the case plan if they so choose,
- Relationships are rebuilt to the degree possible with all the people who choose to be involved.

Identification of offender strengths and assets is critical to successful case planning. Offenders improve more readily through their strengths than through their risks. People stay sober ... because they ... make a commitment to sobriety that they pursue with discipline (strength). It is in their best interest then to be intentional in the identification of the qualities they can draw on to address risk areas.”

Finally, it is worth referencing language from DOC Family Services Policy # 381 and Directive # 381.01:

“The purpose of family services is to actively support the involvement of family members and significant others in reducing risk of offender re-offense and optimizing successful reintegration into the community. The Department of Corrections supports efforts which strengthen, stabilize and improve family relationships and promote collaboration between family members and the Department of Corrections in assisting the offender.

Family service programs shall be directed toward achieving the goals of:

- Reduction of offender risk,
- Successful reintegration of offenders into the community,
- Promoting the development of children and families,
- Reducing the risk of second generation crime/delinquency,
- Reducing family stress factors on offenders which can contribute to institutional behavior or security problems,
- Operating in a cost effective manner within the limits of the resources in each area.

Opportunities are offered for family members and significant others to be included in the initial case planning phase, when sufficient program change is pending or upon request of the family member.”

The Referral

The offender in this case, who shall be referred to hereafter as Ellen, entered DOC’s Intensive Substance Abuse Program (ISAP) under a “supervised community sentence” on November 11, 2003. The ISAP program is an alternative to incarceration that requires a certain sentencing structure. The charges were Driving Under the Influence #1, Unlawful Mischief, Unlawful Trespass and Violations of Conditions of Release. Her minimum release date on the one year, six month – five years, six month sentence was May 5, 2005. Her maximum sentence expiration date would be March 26, 2008. After coming under the supervision of the DOC, she compiled a significant record of failure to comply with conditions. In fact, there had been a total of 29 transfers between various field offices and correctional facilities between the date she was originally charged and her most recent return to jail.

I received a phone call in late September 2006 from the central office of the DOC asking if I could facilitate a FGC in this case. I was informed that the incarcerated woman was slated to complete her sentence in jail after being re-incarcerated on July 30 for a technical violation. There had been a central case staffing on August 3 that led to the recommendation that the entire sentence be served. A more recent staffing, however, was held on September 20 and recommended the FGC approach as an alternative to simply having this woman spend the next 18 months in jail. After considering the demands of my “real job” as a Community Corrections Program Supervisor in the Rutland Office of Probation & Parole, I agreed to at least make an initial assessment.

I read all 46 pages of the case notes in the DOC database. As most of my experience as a conferencing facilitator had been related to criminal offenses with victims rather than family group decision-making, I searched and consulted the Internet and spoke to colleagues whose specialty was more in the area of children and family services. I also spoke to a number of casework and supervisory staff within the DOC who had dealt or were dealing with this case.

I found Ellen’s case to be complicated and compelling. This 48-year-old woman comes from a “good” family and had a solid professional career until, sometime in her 30's, she began to abuse alcohol. She had also been struggling with mental health issues that preceded this alcohol abuse. These mental health issues were complex and included obsessive-compulsive disorder, anorexia nervosa and latterly bipolar disorder with psychoses concurrent with the alcohol abuse. I learned that Ellen has three children, at the time of the FGC aged 15 – 20, and an ex-husband, a successful professional who continued to be actively involved in her case. Her parents, who retired to Vermont, have been and continue to be supportive advocates for Ellen.

After this initial assessment, I agreed to organize and facilitate a family group conference in this case. To simply put this woman on a “max-out track” and “open the door for her” at the end of the sentence would not promote the kind of change that would alter her behavior and life circumstances. She had family members who had already been actively advocating for her and would presumably be open to becoming involved in the FGC process. The key questions then became when to convene such a conference and who exactly might be included as participants.

Pre-conference Planning

It quickly became apparent, given the fact that the new plan anticipated releasing Ellen prior to her “max-out date” in March 2008, that the location to which she would be released needed to be determined. The case had originated in a more rural area of the state than Chittenden County where Burlington, Vermont’s largest city, is located. For a number of reasons, such as the availability of appropriate programming, Burlington had been the re-entry location of choice the last two times Ellen had been released from jail back into the community. She had relapsed both times and immediately ended up back in jail. Thus, even though she had an apartment in Burlington and continued with her family’s assistance to pay the rent, it was far from certain that she would be returning there.

It was a challenge to get the necessary staff together to address this “location issue,” but we finally agreed that November 6 at 2:00 p.m. was a date and time that worked. Five DOC staff members were present at the Dale Correctional Facility in Waterbury that day, and four others joined us via teleconferencing. Prior to this first planning meeting, I shared the following perspective via e-mail with these DOC staff members to get them thinking about the FGC process:

“FYI, family group decision-making is a strength-based, family-centered practice that maximizes family input and decision-making with professional agency support. After the conference is convened, participants agree to the goal of the meeting. An explicit discussion of family strengths follows, primarily by the family members themselves (professionals may contribute if they wish). Next is a discussion by all participants of their concerns specific to the purpose of the meeting (in this case, presumably, to develop a plan for successful re-entry). The family is then given private time to consider how to craft such a plan. The plan must meet the goal, address concerns and be within the parameters set by the professionals. The family needs to define both what they will be able to do and what will require action by service providers. There are times that the family group decision-making process requires more than one family group conference/meeting.”

This perspective was formed primarily with input from these two Internet sites:

<http://humanservices.ucdavis.edu/resource/familygroup/facilitation.asp>
http://www.americanhumane.org/site/PageServer?pagename=pc_fgdm_what_is

While strong positions were taken at the meeting, all agreed that the re-entry location decision was a complex and difficult one. I spoke with Ellen’s parents, her ex-husband, and her eldest child prior to this meeting to be able to provide their input. I had also met with Ellen for about an hour prior to the meeting. By the end of the meeting, legitimate operational concerns were paramount to treatment concerns. The case had not originated in Chittenden County, and Ellen had twice been unsuccessful in reentry attempts there. Thus, the plan would be for Ellen to be released into the more rural county from which the case originated.

To the credit of the DOC field office staff in that area, the planning process to determine how best to support Ellen’s re-entry into the community began almost immediately. A DOC

caseworker was immediately assigned, and two non-DOC staff members associated with the community justice center in that area traveled to the correctional facility to meet with Ellen. At the same time, Ellen and some of her family members, along with some DOC staff members, expressed their opinions that the location decision should be re-considered. It was their belief that the re-entry location where Ellen would be more likely to be successful should be the primary driver as opposed to the operational concerns.

I arranged to have my first meeting with Ellen's family on November 29. This group consisted of Ellen's parents, her ex-husband and her three children. Between the "location decision meeting" noted above and that first meeting with the family, I learned that the initial decision was, in fact, being reconsidered. Thus, when I did meet with the family (which lasted for about one and a half hours), this was one of the major topics of conversation. I also finalized with them (regardless of re-entry location) the plan to hold a family group conference on January 9, 2007, (with a snow date of January 12) and answered questions they had about the process.

As it worked out, the same six family members attended the family group conference on January 9. There were other interested family members, such as Ellen's siblings, but they were living outside of Vermont and were unable to be actively involved. One brother ended up submitting a statement that was read by Ellen's mother at the FGC. When asked to consider other potential participants the family could think of no non-family members who might be asked to participate as supporters.

After this first meeting, I recommended to the DOC decision-makers that the input of family members after Ellen's release from jail should not "tip the scales" in the reconsideration of the location decision. It was not that they would be uninvolved - they would all be working with Ellen on some level. The message I received clearly from them, however, was that the decision should be driven by treatment concerns/issues rather than by what the family support system could provide. The majority of family members felt that Burlington was the more compelling choice. About a week after this initial meeting with the family, the location decision was, in fact, changed as it was determined that effective case planning could best occur in the Burlington area.

This initial meeting with the family was positive and engaging. While there was anger with the criminal justice system in general and a bit of skepticism about the process, there was also clear satisfaction that they were being brought into the decision-making process. I had already made arrangements to meet with Ellen again on December 18 and suggested to the family that perhaps they could be involved in that meeting. As it worked out, all six were able to meet that day with Ellen, her facility caseworker, her field caseworker, the facility mental health clinician and me for over an hour in a conference room outside of the correctional facility. Having these meetings with the family, along with extensive contact via telephone and e-mail in advance of the FGC on January 9, was an essential aspect of the preparation for the conference.

I felt strongly that holding the FGC "off-site" would be much better than convening the conference either at the Dale Correctional Facility or on other DOC / State "turf." I was fortunate to be able to arrange for meeting space at St. Leo's Hall, the parish center for St. Andrew's Catholic Church in Waterbury. This space is within walking distance of the Dale Correctional Facility and State offices so was ideal logistically. I had also learned that some family members were practicing Catholics. We agreed to convene the FGC at 10 a.m. and had

the space until 3 p.m. if we needed it. The Dale Correctional Facility agreed to supply (and deliver) bag lunches so we could all stay on site during lunch.

In addition to those of us who had met on December 18, the DOC-designated decision-maker and a therapist associated with a non-profit organization in Burlington were added to the list of participants. In addition to Ellen, there were six family members and six professionals at the conference. The “decision-maker” and I agreed to co-facilitate the meeting. This made sense as the FGC would be her first meeting with the family while I had already had a good deal of contact with all participants. Besides this fresh perspective, she also brought significant treatment and casework experience to the circle.

One item that surfaced just prior to the FGC is worth noting. The day before the conference, I contacted family members to see if there were any last-minute issues or concerns. Ellen’s mother wanted to bring either some family photographs or a short family DVD. I encouraged this but suggested that the photos might be the better option as we could convene the conference and then circulate them. The use of the pictures would allow us to stay in the circle and be more actively engaged than the showing of a DVD, which would preclude staying in a circle and would be more passive. In the end, I could tell that she preferred the DVD option, so I told her to bring it along and we would see if a DVD player was available on site.

The Conference

I arrived at St. Leo’s Hall at 8:30 a.m. the day of the FGC. I went about my business setting up the circle, putting the name tags on the seats where I wanted participants to be located, getting the drinks iced-down in the cooler, looking over my materials, etc. I then went downstairs to see if there might be a DVD player and found, in fact, that there was. I only had to re-arrange the chairs in the downstairs classroom to make viewing easier. I noticed a prayer on newsprint in the corner of the room; it was quite ‘to the point’ and potentially appropriate to our purposes that day. I quote this prayer below:

“Dear God,

Thank you for giving us this beautiful day. Help us to stay healthy. Help us to make good choices and to be kind. Forgive us for the ways we have disappointed you. Please help those who are hungry and homeless. Help those who have addictions. May the Holy Spirit give them the strength to overcome their weaknesses and make better choices. May the world be a more peaceful place for all.”

Everyone arrived early, so we were ready to start at 9:55 a.m. I got the DVD from Ellen’s mother and cued it up downstairs. I then went back up and welcomed everyone to come downstairs to watch the 18-minute DVD. We would convene the formal conference after we came back upstairs. After the participants were seated and ready to watch the DVD, I took the somewhat calculated risk to read the prayer quoted above aloud. I then started the DVD. This ended up being an excellent, albeit unplanned, way to start the day.

Upon returning upstairs to the circle of 13 chairs, I convened the conference using a prepared preamble that included introductions and the following:

“The goal of this conference is to involve Ellen’s family in the development of a plan that will support Ellen as she works to successfully re-enter the community. We are not here to judge Ellen or to judge the criminal justice system or the Department of Corrections. We are not here to dwell on the past and the difficulties that have been faced. While acknowledging our shared concerns, we are here today to focus on the strengths of this family and to contemplate the potential for a bright future for them. Does everyone understand this?

We will begin by giving everyone the opportunity to speak about the strengths of (this) family and the individuals who comprise it. Later on in the conference, there will be ample time for discussion and a more interactive exchange as we seek to finalize the re-entry plan. During this first part of the conference, however, I would ask that everyone simply listen to whoever is speaking.”

After the reading of this opening statement, there was nothing “scripted” in this conference. I simply started with Ellen, who was seated to my immediate left, and did multiple “rounds” to give everyone the opportunity to speak and to speak again if they chose to. We began with a focus on strengths, whether Ellen’s or the family’s in general. There were many strengths noted, including commitment, resiliency, humor, steadfastness, persistence, determination and more. Again, the showing of the DVD proved to be a good ice-breaker and springboard for this dialogue concerning strengths. All professionals present who had any prior contact with Ellen also contributed to this initial phase of the FGC, which lasted about 30 minutes.

From strengths, we moved to shared concerns. The following shared concerns, clearly with some overlap, surfaced during a 45-minute to one-hour time period:

- Asking for help is seen as a weakness.
- When a problem needs to be solved, Ellen believes she should be able to do it herself.
- The alcoholism in addition to mental health issues is particularly troublesome.
- Transportation in general is a big concern (walking, public transportation, etc.).
- Getting things set up is an issue (things needed at apartment, support networks, etc.).
- Ellen needs to reach out and is not inclined to do so.
- Ellen says “she is fine” when she is not.
- Being in jail may have contributed to “losing some fight” in her attitude.
- Using free time constructively could be a problem.
- Needs to get a job or do volunteer work.
- Might be overburdened by treatment-related obligations (self-help groups, etc.).
- Needs to get beyond her pride.
- Mental health symptoms may surface prior to / possibly lead to substance abuse relapse.
- Given that there is a good chance that relapse will occur, how will this be dealt with?
- Ellen needs to re-establish relationships, needs to become a mother again.
- Ellen tends to be a perfectionist but does not need to be.
- Needs to stay on top of medication to avoid alcohol use.
- Fear of mental health issues may precipitate the onset of symptoms.
- Need to establish identities that are “murky” - being a single person, sober, etc.
- Relationship with psychiatrist needs to be clarified / developed.
- Must stay busy - too much time on her hands.

- Ellen can be impatient, and patience is necessary.
- No long-term goals have been established (planning seems focused on immediate issues).
- Communication with professionals needs to be active (beyond minimum requirement).
- Family therapy may be desirable/necessary.

I took notes during this portion of the conference and read them back until no one had anything more to add to the list above. At this point, copies of the draft case plan that had been developed by the facility and field caseworkers, with input from Ellen, were shared with the group. Some initial questions were asked, and then it was time for lunch (about 12:10 p.m.). The family was left alone in the large hall and the other participants withdrew to another part of the building. We agreed to re-convene at 1:00 p.m. The participant who was associated with a non-profit community agency in Burlington and was the only non-DOC staff, non-family member in attendance needed to leave at this point.

Upon re-convening, the specifics of the case plan were discussed in greater detail. After almost an hour of discussion, it was clear that there was general acceptance of the plan, the biggest issue being what the response would be should a relapse occur. It was also clear that coming up with a target date for release was important to Ellen and her family. The following agreement/understanding was developed at the end of the FGC and signed by all present:

“We agree that a ‘response plan,’ with a range of responses, will be developed so that if a relapse occurs, the response will be predictable, appropriate and known to all parties. (Ellen, the community-based therapist and DOC staff members) will work together to develop this plan and fold it into the safety plan. This will be shared with (the field caseworker), who will finalize the plan with (management) at Burlington Probation & Parole.

We also agree that Monday, January 29, is a reasonable target for furlough reintegration/ release to Burlington. A ‘day furlough,’ potentially with family, will be arranged prior to this date.”

We spoke about potentially involving the family in the development of the “response plan” noted in the agreement above, but then decided that re-convening a conference similar to this one further out in the future would be more realistic/desirable. We will consider when this might make sense once Ellen has been “out” for awhile.

It was 2 p.m. when the formal conference was closed and the participants began to get ready to leave. It took me a few minutes to write up the agreement/understanding noted above. I had asked that everyone wait for me to do so in order that all participants could sign it. Participants were chatting, shaking hands, grabbing a soda, etc., during that time. Some helped themselves to a final piece of the coffee cake that Ellen’s mother had brought. The atmosphere in the room was convivial and respectful. We had clearly accomplished something here. If nothing else, human connections were either initiated or re-established at the FGC.

Feedback

Feedback forms were distributed to all participants, including the co-facilitator, within a few days of the FGC. A copy of the agreement noted above was also enclosed. Nine out of 12

participants returned this form to me within two - three weeks. To keep Ellen's and her family's identity anonymous, I did not include all narrative feedback. Other minor editing was done.

Participants were asked to rate the following categories on a scale of 1 to 10 (lowest to highest):

- Your overall satisfaction with the conference – average 8.5
- The process as to how fairly participants were treated during the conference – average 9.6
- Your level of satisfaction with pre-conference preparation efforts – average 9.5

Participants were asked whether they had personally experienced any benefits from participating and, if so, to explain. Eight of nine respondents indicated “yes.” A sampling of their explanations follows:

- It was of great benefit to me to have my family brought together to discuss their perspectives on how they could best be utilized in my support network.
- It has restored some communication between Ellen and me...
- It has provided an “external” structure/plan... to continue assisting Ellen in her recovery.
- It reinforced... efforts to keep (the children) informed/involved and to develop a voice of their own.
- I learned to express myself more openly for important things...
- It is important and refreshing to see an inmate in the family context.
- Having everyone involved and in person gave me a better understanding of Ellen and her family. Everyone was on the “same page.”
- I felt the conference was a good opportunity to see how the process works and also to view others' interactions with both the process and with Ellen and her family... The other benefit was to have an opportunity to “market” a different method of supervision of non-violent offenders, such as Ellen, and to address health issues from a treatment perspective and not a punitive one.
- Being able to express concerns to those empowered to help.
- Finally meeting those previously just a name.
- Found it reassuring to know there are others (not all) beside ourselves who have not given up on Ellen.
- Being able to express our opinions about Ellen's problems and what she has gone through for the past 15 years was very gratifying. It was also very helpful to hear what the rest of the family has suffered during this period.

All respondents answered “yes” to the following three questions:

- Were you given ample opportunity to have input?
- Did the facilitator(s) do a proper job in leading the conference?
- Would you like to see conferencing used more frequently in the future?

Respondents were asked to explain their response to the third question above, including any ideas as to how and in what situations the conferencing process might be employed. Their responses included:

- First-time offenders and those who score very low on “criminal thinking” tests...

- With other DOC cases that are “trapped” in the judicial/correctional system because of lack of understanding about mental health and addictions.
- With young persons so as to use family resources as a legitimate diversion from incarceration.
- As a pre-requisite process/advisory to a judge before various stages of court hearings through, to, and including sentencing.
- In mental health systems as an extension of case management versus family therapy.
- For placement/temporary care arrangements for incarcerated women with children to counterbalance DCF efforts and power.
- To address family systems issues that surround addiction. Most women at Dale Correctional Facility have addiction at the core of their incarceration. It is a generational issue.
- Great having family, inmate, probation officer and facility caseworker working towards the goals together.
- There are aspects of conferencing which can readily be used, although I would endeavor to shorten it a bit. Discharge planning is the primary utilization that I would suggest it be used for. In some situations, it would be very useful for working through unresolved issues in a restorative manner, for offenders and their families, etc.
- If implemented, conferencing should begin much sooner in similar cases (mental illness/substance abuse without criminal thinking).
- After any relapse, when possible.
- More conferencing would definitely help in the future. Giving everyone a chance to express their opinions certainly would help bring any family together.

Finally, respondents were asked to, “Please take some time to reflect on the experience of being a participant and share your thoughts with us in writing, including what you think was the worst/best thing about this specific conference and how we might improve the process for future applications.” The responses included:

- The best part was having my family together with many DOC representatives interested in the future welfare of both me and my family.
- Worst: 1) Travel distance (only because of age, weather and health factors. Otherwise, not a problem). 2) Not being permitted to address grievances of criminal justice system (useless Public Defender, threats by some individuals in power who should be reported and length of prison term for having an illness). These things must be addressed to prevent the de-humanization of the mentally ill, to save thousands of dollars and to provide a much better chance for recovery. Best: 1) After three years on an emotional roller coaster (bitterness, anger, frustration, helplessness), I looked around that room of professionals and felt so fortunate that they had set aside this large block of time from their busy schedules for us - for Ellen – and felt a rush of gratitude and hope for the first time in a very long time. 2) I felt the whole experience was good for the children. Including them has made it easier for them to talk about their Mom, and made them feel more a part of her chances for recovery. 3) Putting us all on the “same page” for expectations and keeping lines of communication open to everyone involved.
- Improve upon information systems so that more inmates/offenders are aware/informed that this kind of intervention is available to them.

- Education needs to occur re: the benefits of enlisting family members to support the offender. Many times, the family is isolated from the rehabilitative process. Inmates often feel far-removed from a family that wants to be supportive but feels ill-equipped and “left out” of the process.
- The non-threatening milieu of the group was good. No blame! No finger-pointing!
- I think that we should have probably done a bit of rehearsing beforehand... and also felt that the process was somewhat lengthy and, at points, redundant. The family could have worked through it more quickly, as they were ready to do. Also felt that the children were helpful in this process but may have been handed too much responsibility. Ellen seemed to be able to hear what they were saying to her...
- The best thing is that it happened at all. Chris Dinnan was amazing at pulling it together and I hope is acknowledged for his significant effort. These things (crimes, other problems) do not start in the vacuum of a “self” nor do they perpetuate themselves in such a vacuum. They are systemic, cultural and familial. But how could we do this on a larger level? The worst thing is that after all the work and the signed agreement, the whole thing was almost sabotaged by holding up the release. (Author’s note: It apparently looked like the agreed-upon release date was in jeopardy, but these issues were worked out and Ellen was ultimately released as agreed on January 29).
- The better part of the meeting was the family time, being able to discuss your feelings without the pressure of the professionals (no offense). There really was no BAD part. It was all well-organized and the professionals were not only involved professionally but emotionally somewhat as well, which means the world to my mother.
- I liked that our family received time by ourselves to reflect. This gave us more of an opportunity to share our input.
- The amount of time between appointments and family get-togethers was too long.
- It was great to have the opportunity to “fine tune” wanted outcomes in direct communication with people from DOC who could say “yes,” “no” or “we will find out.”
- The amount of time devoted to the conference itself did not seem long enough to cover all that needed to be covered.
- There was not much input from the two youngest children.
- It is much appreciated that the professionals involved devoted so much time out of their usually busy day schedules. The setting (church hall) was well-selected – gave a sense of being a neutral place while at the same time was consistent with the religious faith of the family. Giving each participant time to talk and letting them know of “second” go-arounds, etc., was of great help. The overall agenda provided for the day was good. However, other families may need a list of suggestions for how to start the conference with a process/ritual that makes sense for them. In hindsight, it might have been good for the facilitator(s) to meet with the three children alone as a sub-group during the pre-conference preparation (perhaps declaring it as a necessary step versus just an option). This may have reinforced that they are equal participants of the conference and would have given them some practice without parents/grandparents present. However, it worked out well in that sometimes just allowing for natural spontaneous involvement after initial shyness can be just as productive.

Conclusion

A number of recent articles and macro-research studies have confirmed that restorative processes are significantly more effective than traditional approaches in any number of different measurable areas such as recidivism rate, cost reduction, victim and other participant satisfaction, etc. From a correctional services' perspective, this extends from pre-sentence through probation to incarceration and release. It is not the intent of this case study to discuss the content of these reports - the results speak for themselves. Examples may be found at:

<http://www.smith-institute.org.uk/publications.htm>

<http://www.restorativejustice.org/research/>

<http://www.realjustice.org/library/>

The FGC documented above is simply one example of a restorative intervention that, based upon the feedback received and my own qualitative assessment, was a success. That said, it truly is a resource issue in that it took over 30 hours of my time alone, let alone the time, resources and efforts expended by the other participants. Travel distances for some were substantial and, whether professionals or not, everyone's time is of great value. With that said, and beyond any measurable factors, this conference was worth the cost. This particular woman, after all, was slated to spend the next 18 months in jail when the decision was made to employ a FGC as an alternative approach to get her out sooner and ultimately keep her out.

The potential for and the value of future FGC applications clearly need to be seriously considered and weighed by decision-makers. As one of the participants who provided feedback asked, "But how could we do this on a larger level?" That question really cuts to the cost/benefit issue that remains a key concern and that this case study cannot address. It can only be my hope that the question will be addressed by those in a position to prioritize needs, consider how best to meet those needs and then allocate resources accordingly. The fact that there is so much support in State statute and in organizational strategic plans and directives is certainly encouraging that the FGC process will be employed more widely in the years to come.