Coconstructing Community: A Conceptual Map for Reuniting Aging People with their Families and Communities

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CITATION
Co-Constructing Community: A Conceptual Map for Reuniting Aging People in Prison with Their Families and Communities

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This two-phase qualitative study explores key stakeholder perspectives on the historical roles of family and community that shape the current reunification experiences of older adults released from prison. In phase one, 16 service providers from 16 community reentry programs responded to an online survey that included open-ended questions about what factors influenced the community reunification of older adults. In phase two, 31 formerly incarcerated older men and women participated in one 90-min in-depth semistructured interview. The qualitative data were analyzed using constant comparative methods. The participants shared their personal experiences about the factors that influenced their life before, during, and after their most recent incarceration. Both staff and formerly incarcerated adults most commonly reported structural barriers, such as employment and housing (i.e., homelessness) that posed a challenge to successful reunification. They also reported personal and social barriers that included a history of substance abuse and lack of family and other social supports. These findings suggest that the quality of informal and formal caregiving before, during, and after prison had a powerful influence on formerly incarcerated elders’ notions of family and community and how they navigated their most recent community reunification experience. A conceptual model for reuniting returning senior citizens from prison with their families and communities and promotes health equity and justice is presented to guide prevention, assessment, and intervention.

Keywords: incarcerated older adults, community integration, social justice

Einstein said, “We cannot solve problems with the same level of thinking that created them.” These words of wisdom inspire us to think creatively about how to solve social problems, including the aging and prison crisis and the growing evidence of life course trauma before, during and after incarceration (Maschi, Viola, & Koskinen, 2015). The United States is the world’s largest incarcerator with 2.3 million people held behind bars, of whom 16% (n = 250,000) are aged 50 and older (American Civil Liberties Union [ACLU], 2012). As a society, we have witnessed the number of aging people behind bars increase by more than 1300% since the early 1980s. The mass incarceration of the elderly is projected to increase fourfold by 2030 (HRW, 2012). Correctional administrators and staff are grappling with how to manage the subgroup of older and chronically ill population with significant long-term health and social care needs in a system that was not designed to staff or provide specialized long-term care (Maschi, Viola, & Sun, 2012). Currently, we are at a crossroads and can redefine this trauma or crisis as an opportunity to identify solutions for the continued growth of aging people in prison and their release. A requisite first step is understanding the myriad traumatic experiences which so often are at the root of suffering, mental health issues, and choices that ultimately resulted in incarceration. Communities must recognize this reality, bring a level of empathy and compassion for these individuals and simultaneously deliberate on the costs and benefits of dismantling the stricter sentencing and parole release policies adopted in the 1970s and 1980s (Aday, 2003) that have robbed many individuals, families, and communities of healthy and productive elders and failed to provide compassionate care for the sick and dying with criminal conviction histories.

Interdisciplinary scholars and practitioners continue to seek data-driven solutions to enhance public safety and to break the cycle of poverty, trauma, and criminal justice involvement. In the United States, roughly 700,000 people of all ages are released from prison to return to their communities, often under community supervision or parole each year (BJS, 2014). Within three years, two of five will recidivate and return to prison for parole violations or new convictions (BJS, 2014). Age is an important factor influencing who will return to prison and who will not. Research suggests that adults aged 55 and older are less likely to recidivate than their younger counterparts (0–2% and 43%, respectively). That is, official statistics consistently show that the public safety risk for crimes committed by released inmates is much lower for those 55 and older compared with those under 55 (Jhi & Joo, 2009; Lansing, 2012; New York Department of Corrections and Community Supervision [NYDOCCS], 2013). Yet, despite a positive association between age and desistance from crime, elders released from prison often encounter negative societal attitudes, stigma, and discrimination confounded by their age and criminal conviction histories. These socially induced barriers may impede their efforts to gain access to services, housing, and employment and create...
unnecessary hurdles for them to surmount (Maschi, Morgen, Westcott, Viola, & Koskinen, 2014; Maschi, Viola, Harrison, Harrison, Koskinen, & Bellusa, 2014; Maschi, Viola, Morgen, & Koskinen, 2013).

**Value(s) Assessment**

If we fail to reform our current punitive practices and policies, the economic and human costs of sustaining strict criminal justice policies, which are already astounding, will likely become even more dramatic. In the United States federal and state governments spend a combined $77 billion annually to operate correctional facilities (ACLU, 2012). About 20% or $16 billion is spent on older adults in prison for health care (HRW, 2012). People aged 50 and older cost approximately three times more ($68,000) per year to incarcerate compared with younger persons ($34,000) (Kinsella, 2004). The human and moral costs also are also high. More than three decades of local and global media coverage has often shown haunting images of seriously ill and frail and elderly people in prison, including those chained to beds within hours of their death.

These images compel us to reevaluate our decision-making practices concerning crime and punishment (Finlay, 1998; Ridgeway, 2012). The media have also shared the stories and images of peer specialists or ‘inmate’ volunteers who provide compassionate end-of-life care (e.g., Baren, 2014). Their altruistic behavior stands in stark contrast to many community service providers, who deny services to this vulnerable population, often based on their criminal conviction histories.

The economic and human costs challenge communities to revisit a universal commitment to basic human rights for older persons, prisoners, and disenfranchised populations (Maschi, Viola, et al., 2012). These individuals, who include those with mental and physical disabilities, represent a large percentage of the aging prison population (BJS, 2006; HRW, 2012; Maschi, Sutfin, & O’Connell, 2012). Determining ethically appropriate sentencing policies and intervention practices that foster compassion and care, as opposed to punishment and incapacitation, are important areas for public debate and deliberation (Anno et al., 2004; Maschi, Kalmanofsky, Westcott, & Pappacena, 2015; Maschi, Marmo, & Han, 2014). A formerly incarcerated 50-year-old African American man describes his personal reaction to witnessing a fellow inmate near the end of his life:

> When I had my last surgery in prison, um, there was a 93-year-old man, white guy, he was a nice guy. He was in there, I believe, for, um, assault. He’s been in there for like 17 years or 18 years, but this guy is in a hospital. He cannot even hold his bowels, so I’m like what is a guy like this going to do? What is he going to do? He cannot, he can barely walk. He’s been in a hospital, in a hospital or infirmary, for a year. What is he going to do? You’ll see guys in there that just sit there staring into space.

After more than 30 years of punitive criminal justice policies, we urge fellow professionals and community members to reflect on the aging in prison crisis. Ask yourselves and then others: How did we create this human made disaster (or mass trauma)? Is this the situation we would want for our family members or for other people’s family members? Is this the kind of common humanity that we want our children to inherit or how we want to be treated as grandparents? Can we envision alternative strategies to rein-force personal accountability with compassionate care for those victimized or who committed offenses? Are there other ways to work together to forge new solutions that foster intergenerational family and community justice for all?

**Breaking the Cycle of Aging, Trauma, and Criminal Justice Involvement**

Prior studies have shown that older adults in prison experience both earlier and later life trauma, such as being a victim of or witness to family, community or structural violence. Other types of traumatic experiences include childhood abuse, neglect, exploitation, natural or human made disasters, war, the unexpected or expected death of a loved one, widowhood, and receiving a serious physical or mental health diagnosis (Maschi & Aday, 2014; Maschi & Baer, 2013; Maschi, Viola, Morgen, & Koskinen, 2013). Additionally, many incarcerated and formerly incarcerated older adults report a history of social/structural trauma, such as living in poverty and financial stress, homelessness, incarceration, separation or divorce, sudden unemployment, caregiver stress, historical or cultural discrimination, stigma, or oppression (Maschi & Aday, 2014; Maschi, Viola, Morgen, & Koskinen, 2013). Later life biopsychosocial consequences of trauma among older adults in prison may include revictimization, physical, cognitive or emotional impairment, dementia, serious mental illness, posttraumatic stress disorder, depression, psychological distress, substance abuse, social isolation, and/or early mortality (Maschi, Viola, et al., 2012). In later life, many older adults released from prison are particularly vulnerable to age discrimination and other barriers that impact their access to quality services and justice, especially if they reside in poverty-stricken and violent neighborhoods. Older adults released from prison may also be subject to elder abuse in public housing, community medical centers, social service agencies, or in short- and long-term residential facilities such as nursing homes.

Formerly incarcerated older adults also continue to be exposed to social injustices that often began with limited access to health, education, and employment opportunities before prison (Maschi, Morgen, et al., 2014). Once released, these same challenges often remain and are now compounded by age and other forms of discrimination. Frequently community service providers are reluctant to provide services to formerly incarcerated older adults, including terminally ill individuals, especially if they have criminal conviction histories, particularly serious violent or sexual offenses. As a community, we must be prepared to offer integrated services for health, social, and legal care to promote successful aging people and dignified dying; we must accept seriously ill and dying people in community care settings. A culturally responsive, holistic approach with coordination of care requires community preparedness and interdisciplinary cooperation, communication, and collaboration among professionals, paraprofessionals, and other key stakeholders while balancing the need for autonomy and support (Maschi, Kalmanofsky, et al., 2015).

This article challenges readers to think outside of the social structures of the ‘prison’ box to visualize communities of care that actually do ‘care.’ It conceptualizes prison release not as ‘community reintegration’ but rather the ‘reunification’ of older adults with their families and communities. In their community-based participatory action study set in the midwest, Perry and Ziemba (2014)
describe the challenges of defining community when multiple key stakeholders involved. The participants collectively defined community as “receiving services only within the county and by residents of the county” (p. 4). Other definitions of community vary across disciplines and are alternately conceptualized as a geographic location (e.g., group of people living in the same location), an emotional connection (e.g., a feeling of fellowship with others as a result of sharing common attitudes, interests, and goals; Chavis & Pretty, 1999), and/or cultural group (i.e., a unified body of individuals or spiritual connection; Jung, 1981). These collective definitions suggest that community can be a physical, psychological, emotional, social, and/or a spiritual experience. A formerly incarcerated older person describes his internal and external experience of connecting with community; it begins by connecting with himself:

I mean, at the end of the day it’s about doing what I can do to help myself. It’s a process, it really is. To me it is a system within itself. Doing what I can do for myself, then my family, then that immediate community that I may be in, and then subsequently, ultimately the greater community, because I mean, actually my mind says import, export. My mind says, I’m seeing my future, my mind says where can I go? Okay, can I go there? How can I take what’s going on here in America and take it and perhaps be of service to these folks that’s over here and these folks that’s over here, these folks that’s here and bring a full circle, absolutely, obviously. I’m talking about food, of course, clean drinking water, you know, that’s from the nonprofit aspect of it as well anyway.

As this quote suggests this elder described his personal development and makes a connection of himself in relationship to his family and local and global communities. This approach suggests that an experience is more of a psychological, emotional, and spiritual reunification process of the self with family and community. This description is broader than other commonly used terms, such as community reentry or community reintegration, emphasizing the release process as largely a change in physical and social geography (NYDOCCS, 2013).

Theories and Perspectives

Theories or perspectives that may illuminate the complex relationship between incarcerated and formerly incarcerated older adults and their families and communities include ecological systems theory, the person-in-environment perspective, and social support theory. Based on the work of the developmental psychologist Urie Bronfenbrenner (1979), ecological systems theory asserts that individual level and social/environmental factors affect human psychosocial development. The ecological system consists of many levels, which include the microlevel (individual biological level), the mesosystem (family, peers, and school), the exosystem (external social settings), and the macrosystem (culture). According to ecological systems theory, there is a reciprocal interaction among the different subsystems, such as older adults with histories of incarceration, their families, and local communities, and society at large. This reciprocal interaction suggests that a change in one system will bring about changes in other parts of the system (Bronfenbrenner, 1979). For example, if an older person with a criminal offense history makes amends and becomes of service to others he or she has affected change in the larger system. Similarly, if communities provide access to housing, employment, and other social services, this will increase the likelihood of an older person successfully reintegrating.

A modified version of the person-in-environment (PIE) perspective (Karls & Wandrei, 1992) has been advanced by Hooyman and Kiyak (2007). Their competence-based PIE model specifically addresses aging and life course development in a social environmental context. The perspective conceptualizes a person’s living energy unfolding across the life course in dynamic and reciprocal interaction with his or her social environment, consisting of community, neighborhood, and society. In the best of conditions, persons have access to rights and needs, self-mastery, or control, and are highly adaptable to changes in circumstances. The reality of aging is that age-related physical and mental decline is a part of a natural process. In the case of older adults released from prison, however, their physical and mental health may be significantly more compromised by poor health histories compounded by the trauma of incarceration. Thus, older people released from prison often face new challenges in navigating the social–environmental context that put them at a disadvantage to optimize their health and well being, especially after serving long-term prison sentences. The concept of the “environmental press” describes societal and environmental factors that place demands and stress upon the person (Hooyman & Kiyak, 2007). Care providers are expected to intervene by attempting to create a better fit between the person and the environment. Older adults released from prison may experience environmental press, such as discrimination based on their age and previous imprisonment. There is no guarantee that community care providers will offer services or have the capacity to address the diverse needs of these formerly incarcerated older adults and their families.

Social support theory can also explain the factors that influence successful community reintegration. Care providers’ formal and informal networks may be a source of important information for incarcerated and formerly incarcerated older adults as they navigate the transition from prison to community. The theory describes support as informational (e.g., which employers might be willing to hire formerly incarcerated older adults), instrumental (concrete services such as food, clothing, and access to housing), and emotional (empathy and understanding which fosters a sense of dignity and self-worth). These kinds of supports are factors that may influence the successful reintegration of older adults released from prison (e.g., Cohen, Gottlieb, & Underwood, 2000; Cohen & Wills, 1985).

Study Purpose and Significance

This qualitative study builds on the existing literature by exploring the perspectives of community care providers and formerly incarcerated older adults on factors that influence successful community reunification of older people released from prison. It extends the definition of the social environment or community beyond a physical ‘place,’ such as a group of people living in the same location, to one that includes a psychological, social, and spiritual state, such as a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals, and a unified body of individuals. As the quote earlier suggests, older adults released from prison describe a reunification process that is multidimensional involving physical, psychological, social, and spiritual components.
Research in this area has important implications for the gerontological professional community. The number of aging people behind bars has increased more than 1300% since the early 1980s and is projected to increase four times by 2030 (HRW, 2012). Correctional service providers are presently grappling with the task of managing a subgroup of older and chronically ill individuals with long-term health issues and social care needs in a system that was not designed or staffed to provide specialized long-term care or to prepare for their care transitions to the community (Maschi, Viola, Morgen, & Koskinen, 2013). A coordinated response and intersectoral collaboration can influence better health and better care for all older adults, including the incarcerated and formerly incarcerated, and reduce costs of care (Maschi, Viola, et al., 2012; Maschi, Viola, et al., 2014).

Method

This study was conducted in two phases from September 2013 to August 2014. It was approved by the Fordham University Institutional Review Board (IRB) to meet the ethical standards for research with vulnerable populations.

Phase One: Service Providers

In phase one, community corrections staff in a Northeastern region of the United States who provide services to adults aged 50 and older on parole or community supervision were invited to participate in an online survey questionnaire about their views and practices with older adults on parole (or community supervision). Participants were invited to complete a confidential Web-based survey if they met the following inclusion criteria: The individuals were professionals who had provided services for at least three months to parolees aged 50 and older.

Service providers were asked to complete the survey questionnaire using the secure Web-based survey service, Survey Monkey. The principal investigator was given permission to e-mail 16 community corrections program administrators who then forwarded the study announcement and invitation to their front line staff. The following four-step Dillman, Smyth, & Christian (2009) mail survey method was used to invite participants to take part in the study: (a) In step one [week 1], an e-mail study announcement was sent. (b) In step 2 [week 2], an e-mail invitation to participate in the study was sent. (c) In step 3 [week 3], an e-mail thank you and reminder was sent. (d) In step 4 [week 4], a final e-mail thank you and reminder was sent. Sixteen front line staff who met the study criteria responded to the survey. Participants were asked a series of 10 questions about their perspectives on what factors facilitated or created barriers to their successful reintegration. The interviews were recorded using a digital audio recorder and were transcribed verbatim. Participants who completed the interview were offered a 30-dollar gift card for their participation.

Data Analysis

The qualitative data from service providers and formerly incarcerated older adults were analyzed using Tuttyn, Rothery, and Grinnell’s (1996) qualitative data analysis coding scheme. The first step involved identifying ‘meaning units’ (or in vivo codes) from the data. That is, first level codes were assigned to the data to accurately reflect the writer’s exact words (e.g., family, community, care). Next, second level coding and first level ‘meaning units’ were sorted and placed in their respective categories (e.g., facilitators to success). A constant comparative strategy was used to ensure meaning unit codes were classified by similarities and differences and carefully analyzed for relationships, themes, and patterns. The categories were examined for meaning and interpretation. Conceptually clustered matrices and diagrams were constructed to detect patterns and themes and relationships within and across categories (See Table 1 and Figure 1; Miles & Huberman, 1994). A review of the major findings from both phases of the study follows.

Results

Service Providers

For phase one, 16 metropolitan New York community corrections front line staff (8 social workers and 8 parole officers) described the factors they perceived influenced the reunification process of older adults. As shown in Table 1, staff most commonly reported structural barriers, such as the challenges they experienced in assisting formerly incarcerated older adults in their efforts to obtain employment and housing. Staff also reported personal and social barriers that influenced reintegration, such as substance use problems and lack of family and other social supports. One staff member described, “When the family is not supportive it makes it a little harder for a person who honestly has a desire to get on the right path.” Staff reported other factors they perceived as facilitating successful reintegration. These included access to employment, social security, and transportation services. Social facilitators included family support (“family being part of their life”) and having a relationship with staff to provide guidance, structure, motivation, and understanding. Staff also described the greater
likelihood of successful community reintegration among older adults who had developed “higher levels of “mental/emotional maturity,” used interpersonal skills that reflected “positive communication,” and who had the potential to become mentors. One staff participant observed that for formerly incarcerated older adults, especially those who have served long-term sentences, it is important to “provide them with opportunities to be healthy role models.” Overall, the staff perceived internal and external supports or resources as helpful in facilitating the successful reunification of older adults to their families and communities. Balancing autonomy and empowerment with support, including leadership and mentorship opportunities, was described as essential.

**Formerly Incarcerated Older Adults**

For phase two, 31 formerly incarcerated adults aged 50 and older were recruited to participate in the study. The sample consisted of men ($n = 25$) and women ($n = 6$) from diverse ethnic backgrounds, such as African American ($n = 13$), white ($n = 5$), Latino/a ($n = 12$), and biracial ($n = 2$). Participants shared their life course experiences of family and community before, during, and after prison and what factors they perceived facilitated or created barriers to their current community reintegration experience. As shown in Figure 1, the results of the qualitative data analysis revealed two major categories or themes: (a) Person in a community care context and (b) Determinants (facilitators and barriers) to successful reunification. These themes are reviewed below.

### Person in the Community Care Environment

The first major theme that emerged from the life course experiences of older adults that shaped their experience after their release from prison, was identified as the person in the community care context. For many participants, the root of the problem as well as the solution was within the person in community care context. One formerly incarcerated 61-year-old African American man

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Table 1  
**Barriers and Facilitators To Successful Reintegration/Reunification Reported by Community Correctional Staff ($n = 16$)**

<table>
<thead>
<tr>
<th>Barriers to Success</th>
<th>Facilitators to Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Structural Level</td>
<td>Individual Level</td>
</tr>
<tr>
<td>1. Finding employment (4 responses)</td>
<td>9. Their mental/emotional maturity</td>
</tr>
<tr>
<td>2. Not finding a job</td>
<td>10. Having positive communication</td>
</tr>
<tr>
<td>3. No family they can count on or be able to see.</td>
<td>11. Motivation. Understanding</td>
</tr>
<tr>
<td>4. Not being able to find a job for those that are still able to work.</td>
<td>12. Following program guidelines</td>
</tr>
<tr>
<td>5. Finding a place to live</td>
<td>13. Because our individuals have done so much time in prison when they come home. They are thankful to be on parole and they strive to do what is required because they realize that they don’t have many years left. So once they get settled with a place to live some assistance their happy and completing parole because easy.</td>
</tr>
<tr>
<td>7. Lack of family support</td>
<td>15. Empowerment: Putting them in healthy role model situations in the community.</td>
</tr>
<tr>
<td>8. Lack of support system to help provide moral support and assurance that everything will work out.</td>
<td>9. Family problems</td>
</tr>
<tr>
<td>11. Substance abuse</td>
<td>11. Family, employment</td>
</tr>
<tr>
<td>12. Not able to adjust to the program standards</td>
<td>12. Social security</td>
</tr>
<tr>
<td>13. Non-compliance with authority figures</td>
<td>13. Transportation services</td>
</tr>
<tr>
<td>15. Integration, asking for helpful feedback</td>
<td>15. Family being part of their life.</td>
</tr>
<tr>
<td>16. Empowerment: Putting them in healthy role model situations in the community.</td>
<td>16. Family support</td>
</tr>
<tr>
<td>17. Support from family. When the family is not supportive it makes it a little harder for a person who honestly have a desire to get on the right path.</td>
<td>17. Support from family.</td>
</tr>
<tr>
<td>18. Staying on top of them and guiding them where they have to go.</td>
<td>18. Family being part of their life.</td>
</tr>
</tbody>
</table>

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**Figure 1.** Factors that facilitate or create challenges for a successful reunification process for aging people in prison to their families and communities.
shared the following life course perspective; he described the community as the root of the problem as well as the solution for all ages at risk or involved in the criminal justice system:

And until the community does its job and stops looking for other people [outside the community] to take care of their young and old then you’re always going to have a flawed criminal justice system. It starts in the community. It starts at home, then the community, and if all else fails the criminal justice system.

As this elder suggests, families and communities have a social responsibility to assist its citizens, especially vulnerable elders and youth. The criminal justice system is viewed as the system of last resort to address family and community disorder and conflict.

Life Course Experiences of Family and Community ‘Care’

Participants also shared their lifetime experiences with informal and formal care providers; these included family members and professionals. As illustrated in the quotes below, participants described the qualities of caregiving that were helpful at various stages in their life. Participants formed alliances with and benefited from family and professional care providers if their providers valued their human potential and transmitted unconditional love, dignity, worth, and respect toward them. Participants described past and current experiences as most helpful when caregivers were authentic, empathic, compassionate, solution-focused, responsible, resourceful, positive communicators (e.g., active listening), and provided guidance and care linkages. In the absence of one or more of these characteristics, participants perceived their social interactions with care providers as less helpful and in some cases neglectful and abusive. When these qualities were present, some participants described feeling loved and cared for and this had a focusing and motivating effect. One 59-year-old Latino participant described his earlier life experience as a teenager when remembering a ‘caring’ police officer and a ‘noncaring’ parent:

My experiences with professionals have varied. As a teenager, when I first got into the system, I met some very nice officers. “We do not even want to arrest you, you’re soliciting. Call your parents. You know, give me your number, let me call your mom and dad. If they come get you we’re not even going to finger print you.” Ma’s response was, “I could care less, keep her.” There’s good and bad in all.

This man went on to describe how one police officer listened and offered solutions:

There was one particular officer from my community that literally sat down and talked to me and listened to my problems. He’s like, “you know, here’s what you can do.” He was one of the first people I think within the system that reached out and said, “you know, we can find a solution to this.”

Another 51-year-old African American male participant described a neglectful care experiences with service providers during and after his most recent incarceration:

The staff would be sending everybody a paper for [his] birthday, to fill out to get a new birth certificate or social security card if you need it. However, they take these papers and they just sit in whoever’s desk. They do not let you have that stuff in prison, so they got to hold onto it. By the time you get released, guess what? It’s lost. So, you know, it’s like they, they do not, they do not take care of nothing in there. So once you got out, though, you are expected to navigate your way around the city with no problems and get your documents, food stamps, medication, and see a doctor?

I’ve been to Fortune Society reentry program. Staff over there they just love me. The respect I got from people, genuine love and caring. They go out of their way to help me.

Well, I, I happened to meet a good woman at my church, and that’s the woman I married, and she has these friends, and that’s how I got hooked up with some of the stuff.

In summary, the participants recollected care experiences before, during, and after prisons that involved family, peers, professionals, and community members. The term care or noncaring was described not only as an activity or task for help but an emotional experienced in which the individual felt a sense of dignity and worth and in many cases loved.

The Process and Processing of the Reunification Experience in Later Life

Participants described their most recent reunification as a physical, psychological, emotional, social, and spiritual experience that often began for many during their most recent incarceration. Their experiences varied based on their perceptions of safety and level of access to internal and external resources or supports which helped them to prepare, survive, and thrive in their reunification journey. In the narrative excerpts below, participants described the process of realizing a sense of community as they prepared for their most recent release. One 60-year-old Latino male described the following:

I prepared myself for my release date. So I was not, was not worried about anything because I had idea already. Uh, my friend, my, my best friend held all my clothes and property for me, so I really was not worried about that. About a couple of days after I got home, I was worried about a place to stay. But then I didn’t because my same best friend let me live at his apartment while he lived in his house.

Another participant had a very different experience with prison staff in which there was no parole or prerelease preparation provided in the prison. He described:

I was not prepared at all. They didn’t have anything, no prerelease situations hooked up for me. There was nothing there, except when you go to the parole board they said, well, you’re going to go home. Then they send you back to your cell and you get a release date. And maybe a week or two they’ll say you’re going to live here or you’re going to go with a family member or another relative.

During their most recent incarceration, the participants described variations on how prepared they felt being released from prison and how others, especially professionals, were often ill-prepared to help them. Several participants described situations in which staff’s response were quite inadequate in assisting with basic paperwork. Other participants described more instances where family members and peers were able to offer support as they prepared to be released from
prison. This pattern of tapping internal and external resources also continued after their release from prison.

**After Release From Prison**

Once released from prison, participants described drawing from internal and external resources/supports to assist them in navigating community reunification with their families and communities. Participants who felt they were “thriving” described internal resources that fostered their resilience despite the adverse conditions in their environment. These included positive thinking, self-awareness, self-compassion, self-forgiveness, and self-discipline. Other important internal resources were altruism, autonomy/independence, human agency, self-determination and regulation, adaptability, and resourcefulness. Many described having the intention to change with an action plan, such as using problem-solving strategies, particularly when faced with challenges after their release from prison. Samples of these internal resources are provided in the narrative excerpts below:

I am 51-year-old African American man. I did 16 years in prison for manslaughter and I learned a lot in prison. It took me time to learn about myself. I was a closet gay person and I am HIV positive. I didn’t want nobody to know who I was and now I’m learning how to live life and I’m in a relationship for six years and I love myself today. Now I am a peer support worker at a local agency.

The difficulty for me was changing my mindset. With me when I get stressed it’s so much easier just to think and jump and go back to the old behaviors. So I think to stay out you really got to change how you deal with your issues, how you deal with the stress.

Before and after their release from prison, several participants described a factor for success was changing one’s thought patterns and attitudes and building up their coping capacities to successfully navigating the personal and community reunification experience.

**External Resources and Social Supports**

Participants described external resources and social supports as important components that also helped them navigate the reunification process. These resources and supports included family, mental and physical health services, education, and training in areas such as basic living skills. One participant described the support he received:

My family, right now my family’s my biggest supporter because I can say that and I can say that freely. There was a time when the furthest I could go was on the stoop you know because of my behavior with the drugs and stuff like that you know. So, like my family and now I have my program, You know, the system is screwed up but one thing I have to give them credit for, they take care of their people who are HIV positive.

Another participant described the importance of social networks to assist him with successfully navigating the reunification process.

The most important thing for me was getting in contact with people who have the resources for me to survive. Trainings, mental health care—I learned computer skills. I went back to college. I did the footwork and found people who can help me navigate living in my community. Basic living skills that I didn’t have prior to my incarceration. And it took a long time, about a year, to put all this in place.

Another participant described obtaining meaningful employment and housing as assisting him making the prison to community transition.

Getting employment was my biggest challenge. Finding a job that not only could help me pay my bills, but pay my way through life. But also have room for me to grown in. I’ve had messenger jobs. I’ve had—worked as a dishwasher, but all those jobs were nowhere jobs, because I had to learn some skills to make myself more employable.

In summary, these participants shared about how access to external supports, such as peer network, housing, and obtaining meaningful employment helped them successfully navigate the reunification process.

**Challenges**

Participants also described the significant challenges to reunification and potential barriers to positive experiences of community. These challenges included living in unsafe housing, unsafe communities, and lack of access to quality care. Many participants were able to overcome these hurdles; they described the community’s inability to recognize and provide basic care needs to formerly incarcerated senior citizens. Excerpts of participants’ narratives about the challenges are as follows:

My community? Where I reside now is drug infested, dangerous, low income.

When I did get out at that time I ended up in the shelter, because I had no living relatives which to stay with or no friends that I could live with, so they placed me in a shelter. It was very rough. All they provided me was a roof over my head, and I was left to fend for myself.

One participant described the multiple problems he encountered after he was released from prison:

Well, I did have a lot of problems, um, as, as far as getting food, shelter, medications and all that. I, I did have problems. Uh, we had started the, the, the food stamp process while I was in prison. But even, this is months before, and by the Time I got out, I still had problems getting it because of, um, information that I didn’t have, like ID and, um, at that time, I didn’t have my social security card or nothing. So I, I had a lot of problems. So I had to go start from the beginning. I had to get ID. I had to go get social security card. I had to go get new birth certificate. Everything, because all this time in prison, my information is sitting there and they, they didn’t bother to correct it or anything, help me get it corrected or anything. And that’s sad because these people need these IDs as soon as they step out of prison. Without ID you do not exist. It is like you’re not living, so it’s important to have the ID. I had a hard time getting my social security card, passport, birth certificate, and driver’s license.

As noted above, many participants described challenges that involved the lack of quality care among professionals and living in unsafe social environments.

**Discussion**

The purpose of this study was to share the perspectives of formerly incarcerated older adults and community care providers on the topic of factors that influenced the reunification process. Generally, partic-
Participants reported that internal and external resources or supports influenced the likelihood of successful reunification with their families, peers, and communities and their ability to manage obstacles. The importance of external resources or supports is consistent with social support theory and research (Cohen, Gottlieb, & Underwood, 2000; Cohen & Wills, 1985). Participants described informational, instrumental, and emotional social supports as important to navigating their reunification process. Informational support from care providers includes, for example, how to complete an application or where to find a service provider. Instrumental support consists of concrete services such as transportation options available. Emotional support is that which family and care providers do to make these adults feel loved and cared for. This support (e.g., providing encouragement and positive feedback) helps foster a sense of dignity and self-worth (e.g., Cohen, Gottlieb, & Underwood, 2000; Cohen & Wills, 1985).

However, social support theories alone do not address the issues of power imbalances and internalized oppression. Nor do these theories address the role of human agency and internal resources that foster autonomy, resilience, and empowerment to navigate difficult social environments, such as prison and unsafe housing and community (Maschi, Viola, & Morgen, 2013). Other studies on older people both in the community and in prison have identified multidimensional coping resources or supports; in addition to social coping, these include physical, cognitive, emotional, and spiritual domains as well. Fostering leadership and empowering older adults has been shown to be beneficial in both settings, (e.g., Maschi, Baer, Morrissey, & Moreno, 2013; Maschi, Viola, et al., 2014).

These findings suggest that the responsibility for successful integration of formerly incarcerated elders into the community rests on both the individual and the community. It is in the interest of each community to provide adequate support services to ensure safer and healthier communities. It is well known on a state and federal level that empowering communities to address crime and public safety and health disparities at the local level is the most effective strategy. In his 2014 State of the State Address, Governor Cuomo underscored the importance of grassroots strategies that support reentry services as a key methodology to reduce crime and recidivism and make communities safer. He reminded us that, “we are part of one community, one fabric.” New York is of significant concern because it ranks in the top five prison populations in the United States (n = 54,000), of which 16% (n = 9,188) are aged 50 and older. New York’s number five position is only superseded by the federal prison system, which has the largest sentenced prison population (n = 196,600) followed by Texas (n = 157,900), California (n = 134,200), and Florida (n = 101,900; BJS, 2006). Coconstructing community at the local level is best facilitated by open communication, cooperation, and collaboration among community members, including service providers. This strategy will more than likely have beneficial effects and improve the quality of life for all individuals in the community including the formerly incarcerated older adults.

Visualizing a Roadmap for Success

So how can communities create a roadmap for success? Another group of incarcerated adults, in the True Grit senior structured living program (SSLP) in the Nevada Department of Corrections, offer their perspective on a conceptual roadmap for their successful reunification (Maschi, Viola, et al., 2014). The True Grit Program combines humanistic and rehabilitative principles with human development activities that foster holistic well-being in the physical, psychological,
emotional, social, spiritual, and empowerment domains. As part of the recovery process, program participants draw a map of two roadways; one path leads to rehabilitation, recovery, and reintegration (right side) and the other leads to recidivism (left side; see map in Figure 2). The metaphor is clear; a left hand turn down “Risky Lane” leads to more time in prison and a right hand turn down “Responsibility Way,” leads to a holistic senior structured living program. “Risky Lane” leads to “Destructive Drive” which is fraught with roadside distractions, such as gambling, drugs, reinforcement of criminogenic thinking, affiliations with gangs, and social segregation. This might then lead to “Expiration Avenue,” the parole board, and a maximum prison sentence. “Expiration Avenue” leads to “Recidivism Road,” with more roadside distractions, such as criminal thinking, relapse, emotional problems, abusive relationships, addictions, isolation, and a parole violation and the Way Back Highway.

If participants of the True Grit program choose “Responsibility Way,” they are headed to a structured, holistic senior living program. The beneficial effects of choosing “Accountability Way” are clear; they can participate in structured human, social, and spiritual development activities while in prison. On this path, incarcerated older adults will enjoy ‘attractions’ such as human and social development programming, vocational and educational training, including health literacy and practices, and self help programs. In addition there will be cognitive enrichment and specialized programs such as reintegration/reunification preparedness. “Accountability Way” leads to “Hope Avenue” and “Release Road” via the parole board. Finally, “Release Road” leads to “Success Road,” where there are more beneficial ‘roadside attractions,’ such as employment, housing, therapeutic support, physical and spiritual wellness, healthy aging, and healthy relationships, and charitable giving, restitution, and integrity (life review to attain personal wisdom). The handshake at the end of “Success Road” represents a social contract with their communities to be productive senior citizens.

Although this roadmap metaphor was created for the personal development and accountability of incarcerated older adults, it is also a metaphor for the community’s development and accountability. From this perspective, the diagram can be interpreted to represent a two-way street of social responsibility; prisons are part of the community regardless of their proximal or distal physical location. Based on the findings of the present study, there is no guarantee that all of the perceived resources on “Success Street” are available or accessible to older people with criminal convictions histories.

In states like New York, most of the people at highest risk for receiving long-term prison sentences often have lived in poverty and urban minority neighborhoods, such as Manhattan and the surrounding boroughs. These neighborhoods they left are likely where they will return as senior citizens. There is no guarantee that

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Figure 3. Person in community environment: prevention, assessment, and intervention planning.
incarcerated older adults will have opportunities to become involved in the kinds of programs that the research has shown to be beneficial. Further, there is no guarantee that they will be treated justly by their parole boards. While the individual may uphold his or her half of the social contract, if given services and opportunities, there is no guarantee that service providers will actually be helpful in connecting them with housing, employment, or short or long term residential care. From a human rights and community development perspectives (Ife, 2012), it is the obligation of the community to create a system of care that is collaborative and will promote a healthy and safe environment for all its citizens.

Coconstructing Community: An Aging and Trauma Recovery-Based Conceptual Model

So how do we coconstruct our own roadmaps that foster holistic well-being and justice across the life course? Both the problems and the solutions to providing quality care exist within the community; corrections and prisons each represent a part of it. As illustrated in Figure 3, the community has a primary roadway, which is ‘Unity Circle,’ and its secondary roadway is ‘Care Way.’ Unity Circle is populated by informal care networks (e.g., family, peers, and other social networks) and foundational supports (e.g., food, housing, and transportation). In the Unity Circle, there are two primary sectors of care that all individuals are entitled to: universal access to education and health care (Maschi, Smith Hatcher, Schwalbe, & Scotto Rosato, 2008). The Unity Circle of community is the source of self-care and informal caregiving; it is where individuals learn socially responsible behavior and accountability. Access to education is a key factor in opening up possibilities for future employment and obtaining a meaningful vocation. Access to health care is critical for prevention, clinical intervention, and treatment. People enter Care Way when they need professional assistance—physical or mental health services or substance abuse treatment. The criminal justice system is a system of last resort. The model presented can be used to conceptualize and plan more effective prevention and intervention strategies that will benefit all community members, including older adults who are released from prison.

In conclusion, the findings suggest that programs for aging people, implemented both in prison and after their release, will be more beneficial if they incorporate into the program design, the perspectives and lived experiences of these individuals. These recommendations, as described in their own words in Table 2, communicate the need for foundational supports for food, clothing, housing, and employment services or linkages, specialized health and mental health supports, family support, other social supports, guidance, and representation, and transformational community justice. Professionals in the aging, health, and criminal justice service networks can play a central role in prevention, assessment, and intervention to reunite aging people in prison to their families and communities.

Table 2

<table>
<thead>
<tr>
<th>Key Stakeholder Recommendations For Improving The Response To Formerly Incarcerated Older Adults and Their Families (N = 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundational Supports</td>
</tr>
<tr>
<td>• As far as food, you need your social service referrals unless you have a way to support yourself.</td>
</tr>
<tr>
<td>• Clothing I think they could help you better. I think we mentioned one time if you get picked up and it’s winter and you’re coming home and you’re released in the spring and summer at least give you, nothing major, three changes of clothes that are that I think weather appropriate.</td>
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<tr>
<td>• Housing I think coming out, unless you already have something that’s been established and you’ve been in there short term or long term you definitely need housing help. It’s difficult out there for housing and employment. And everybody’s doing the background checks now. So it’s difficult to get decent housing and a job. You need the referrals.</td>
</tr>
<tr>
<td>Specialized Health and Mental Health Supports</td>
</tr>
<tr>
<td>• Home care if they need it depending on both their physical and mental health. Those are the things that need to be setup before you release the person.</td>
</tr>
<tr>
<td>• In old age you need more mental—definitely more outreach for the mental health.</td>
</tr>
<tr>
<td>• You’ve got to look at their health history, their past mental health history, and they’re going to need—there’s Alzheimer’s on the rise with prisoners in there. You have to work on that. You can’t just send them back out cold. They especially need the support services.</td>
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<tr>
<td>Family Engagement and Support</td>
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<tr>
<td>• You got to reach out to their family members, help the family members understand</td>
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<td></td>
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<tr>
<td>• The connections or what we need, positive connections out there.</td>
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<tr>
<td>• We need guidance. I think a lack of guidance is what’s gotten us into this mess in the first place. And to stay out, the attitude, society needs to change the attitude. The workers need to change the attitude.</td>
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<tr>
<td>• We definitely need more senior reps. It’s hard enough to deal with things. And with senior issues it’s so much more complicated.</td>
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<tr>
<td>Transformational Community Justice</td>
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<td>• Look at the environment they’re going back to. Try to make changes. Let them spend their time knowing they are not going to just sent back to the same situation.</td>
</tr>
<tr>
<td>• The way our country goes about its corrections, its crime and punishment, is different than let’s say Norway. First of all you would never do the kind of crime and punishment that we do in this country. You’re only going to be able to do only to a certain point, and they consider that to me a lifetime, for example. The access to the computers, your living circumstance in there, and the professionalism of those folks who work there is like night and day</td>
</tr>
</tbody>
</table>

References


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