

Article

# “Wasn’t in Our Game Plan”: Reflections of Older Grandparents Navigating Child Welfare Systems

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**Abstract:** Kinship caregivers encounter complex issues when interfacing with the child welfare system. Most kinship care families are not connected to child welfare. The experiences and extent of child welfare connection among older grandparents raising adolescent grandchildren are understudied. This study describes in-depth reflections from older grandparents raising adolescent grandchildren about circumstances leading to kinship care and the extent of child welfare involvement. Nineteen older grandparents raising adolescent grandchildren participated in qualitative phenomenological interviews. Eligibility criteria included identifying as a primary caregiver aged 40 or older for a grandchild 12 years or older who lived with them at least three days during the week. Respondents were primarily married (58%), white/non-Hispanic (53%), and grandmothers (84%) and had some college education or were college graduates (79%). Older grandparent caregivers described three themes: the intensive child welfare path, the influence of indirect child welfare professionals, and guardians with influence. The onset of kinship care, with or without intensive child welfare involvement, stemmed primarily from child abuse and neglect linked primarily to adolescent pregnancies and parental substance use. Child welfare and other helping professionals must recognize and problem-solve with older grandparent caregivers to meet complex stage-of-life needs in and outside of traditional child welfare settings.

**Keywords:** kinship care; grandparents; child welfare; caregiving



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## 1. Introduction

Kinship caregivers encounter complex issues when interfacing with the child welfare system. General themes in the kinship care and child welfare-connected literature focuses on caregiver and children characteristics, children’s outcomes, and caregiver experiences with child welfare. Approximately one-third of kinship caregivers report child welfare involvement [1]. The kinship care and child welfare involvement literature suggests that kinship caregivers seeking probate guardianship tend to be single, older, have lower levels of education, and economically disadvantaged compared to kinship foster care placements and informal family arrangements [1,2]. Largely, these caregivers identify as African American or White grandmothers [3]. As awareness of kinship care increases, so does concern with the 1/3 to 2/3 of children whose path to kinship care included a child welfare placement [4,5]. Children from underrepresented racial and ethnic groups are overrepresented in kinship care [2,4]. One older African American grandmother described the unexpected circumstances of child welfare involvement leading to kinship care. “Social worker come get the baby. Dropped it off [at child welfare agency]. . . They were begging for somebody, family to get those two kids. . . I guess six weeks after we had them, she decided to terminate her rights. . . They never had daddies who cared. . . they were eligible for adoption. What do you do? It wasn’t in our game plan. We kept them. We adopted them legally”.

The two primary reasons child welfare becomes involved and children enter foster care are parental neglect and substance use [6]. Over time, researchers have described the reasons for kinship care as “Ds”, consisting of “divorce, desertion, drug use, death,

disease, delivery, detention, deployment, departure, diversion, destitution, danger, and desire” [1,7,8] (p. 42). The myriad of kinship care circumstances does not preclude the development of strengths including but not limited to attachment, legacies, identity, healing, adaptability, and co-parenting [4]. In terms of placement disruption, older caregivers experience less placement disruption and more stability in housing, employment, and leisure time compared to younger caregivers [5]. Kinship care is also linked to a reduced likelihood of returning to foster care, lower rates of disruptions, longer time in placement, and more legal guardianship versus adoption [9]. Households with children identifying as infants, older youth, or African American and a prior history of serious emotional disturbance face the highest risks for kinship placement disruption leading to another foster care stay [5,10].

Some research offers critical insight into the interactions between child welfare professionals and kinship care families. In a study of custodial grandmothers, Ref. [11] found that custodial grandmothers applauded the active engagement by case managers and attention to the needs of the family unit, including the biological parent. Caregiver-identified barriers were social service workers’ preoccupation with prematurely reuniting children with parents, exclusion of grandmothers in reunification discussions, and limited professional strategies directed to and oversight of the biological parents’ progress. Given the grandmothers’ primary concern with the safety of the grandchildren, negative interactions with court officials, case managers, and attorneys left grandmothers with the impression of not being taken seriously and having a voice in decisions [11]. Child welfare-involved kinship caregivers reported difficulty in asking for assistance, not receiving financial assistance though living below the poverty line [2,12], and the highest unmet service needs as “respite services, preservation services, and drug/alcohol use” [13] (p. 376).

Older kinship caregivers continue to play a prominent role in child welfare-connected families [1,6,12]. Responsibility for adolescent children poses a higher risk for placement disruption, yet kinship caregivers raising older children are often understudied [5,14–17]. The estimated cost savings to taxpayers for kinship care over foster care is USD 4 billion [18]. While the benefit to society is evident, a greater understanding is needed of how older kinship caregivers respond to family disruptions involving child welfare situations. This study describes in-depth reflections of older grandparents raising adolescent grandchildren regarding the circumstances leading to kinship care and the extent of child welfare involvement. Implications will be presented for research with and on behalf of older kinship caregivers.

## 2. Materials and Methods

A qualitative methodological approach was used. Grandparents were eligible for the research study if they identified as the primary caregiver for a grandchild who lived with them three days during the week, the adolescent grandchild was 12 years or older, and the grandparent was 40 or older. Interview sites varied based on grandparent preferences such as at home or a public library, worksite, or restaurant. Data collection occurred in 2015. Recruitment sites included three states in the Southeast and Midwest. A USD 10 gift card was provided to acknowledge grandparent caregivers’ time and willingness to tell their story. The Institutional Review Board (IRB) approved the research.

The sample included a diverse group of older grandparent caregivers. The racial and ethnic composition of the grandparents were White ( $n = 10$ ), Black/African American ( $n = 7$ ), Native American ( $n = 1$ ), and Filipino ( $n = 1$ ). Respondents were primarily married (58%), white/non-Hispanic (53%), and grandmothers (84%) and had some college education or were college graduates (79%). They reported household incomes within three categories: USD 10,000 to USD 30,000 (31.6%), USD 30,001 to USD 50,000 (40%), and USD 50,001 or more (31.6%). Older grandparent caregivers reported an average age of 66 years (range 56 to 88). Thirteen of the nineteen respondents disclosed never attending a grandparent support group. Two-thirds of older grandparents acknowledged custodial responsibility for the grandchildren. Slightly more than one-quarter also assumed caregiving responsibility

for another family member. Most adolescent grandchildren were female, high school-aged students, Black/African American (40%), and a median age of 14 years. In most cases, adolescent grandchildren moved in with the caregiver before they were six years old [14–17].

Data collection occurred in 2015. The three-state recruitment facilitated targeting a more diverse sample of older grandparent caregivers. Recruitment sites included grandparent support groups, churches, social service agencies, senior citizen centers, and one newspaper. Respondents completed screening interviews via telephone. The principal investigator completed all interviews, which lasted from 25 min to 1 hour and 45 min. All interviews were audiotaped, de-identified, and transcribed with assistance from a graduate-level social work research assistant. The older grandparent selected the targeted grandchild based on the adolescent with the most concerning issues. This study did not involve asking to interview the targeted grandchild [14–17].

Respondents completed a demographic information sheet (e.g., age, employment, relationship status, etc.). Questions in the semi-structured interview guide focused on caregiving circumstances, custody status, wellbeing-related issues, raising an older grandchild, support systems, and future caregiving concerns. An added step to ensure informed consent for older grandparents included the IRB requirement to complete a consent screener questionnaire [14–17]. The circumstances leading to kinship care and the extent of child welfare involvement was assessed by a single question from the semi-structured interview guide: “Tell me about the circumstances leading to you assuming caregiving responsibility for your grandchild(ren)”. Transcripts were reviewed according to content analysis procedures [19] to identify older grandparents’ description of circumstances leading to kinship care and statements pertaining to child welfare involvement. Similar to past research [1], transcripts were searched for child welfare involvement, including facilitating kinship placement by a social worker, child welfare and/or court monitoring or supervision due to safety issues, and/or parents initiating a voluntary placement. A data matrix was used to compile, sort, and repeatedly review information linked to child welfare involvement for each participant. Memos in the margins of the data matrix helped to identify key ideas and patterns indicative of child welfare involvement. The compiled data list was entered into a data matrix and repeatedly sorted by categorical, substantive, and theoretical themes. Final themes emerged after multiple reviews of the data [20]. Additional strategies to promote rigor in this qualitative, phenomenological study were negative case analysis, a systematic coding system, and the thick description of the data [21].

### 3. Results

Three themes characterized the nature of child welfare involvement of older grandparents raising adolescent grandchildren. The categories were an intensive child welfare path, the influence of indirect child welfare professionals, and guardians with influence.

#### 3.1. Intensive Child Welfare Path

Older grandparents with an intensive child welfare path ( $n = 6$ ) tended to have caregiving circumstances linked to substance use and/or adolescent pregnancies. On two occasions, biological mothers tested positive for substance use during pregnancy.

Mother, my daughter, having a baby born. . . exposed to drugs. . . I already was taking care of the two girls. . . two boys were sent to be taken care of, at that time, by the father. . . social workers contact me that if I did not take the baby at that time, that they were going to take all the children.

Older grandparents possessed a keen awareness of the negative impact of the deteriorating home environment and personal life of adult biological parents. Caregivers recognized that younger parents were unprepared to manage the financial, emotional, and personal demands of parenting a child. A few biological parents were married young, sent to prison, lost to premature death, or deported due to illegal drug activity. The birth of additional children placed additional strain such as poor bonding on younger, inexperienced

parents with limited resources. An extreme case of escalating allegations of abuse and neglect triggered multiple child welfare reports from various sources, including schools, acquaintances, and the police. Older grandparents provided increasing family support in the form of food, rent, childcare, children's items, and emotional support. A grandmother stated *"we've been doing it since he's lived here. So, I said there isn't much difference. Actually, it'd probably be easier you know. And so...we went and we got guardianship."* Although the contributions of these older grandparents seemed to result in limited success in improving adult children's negative behaviors, their proactive approach suggests older grandparents intervene early and progressively, before an active child welfare investigation.

Older grandparents with more intensive child welfare involvement recounted a complex path to kinship care. To qualify for kinship care placements, these older caregivers completed extensive foster care training lasting more than a month. When a sibling group was placed in different foster homes, an older grandparent prayed and consulted their spiritual leader before deciding on adoption.

They were taken into DHS custody and I inquired into what they were going to do with the children and they were looking for a foster home. They had each child in a different foster home and we said we would be glad to do whatever it is you have to do to become foster parents so I could keep them together. So, we had to do background checks... take classes, so it took about a month...

Caregivers spoke of receiving emergency kinship care or emergency custody in dire circumstances where parental rights were pending termination and adoption was the next step. Emergency placement frequently stemmed from a recommendation from a judge to prevent foster care placement and/or adoption by non-relatives. Only one older grandparent mentioned "supported guardianship", where a judge ordered financial benefits for an indefinite period of time due to the grandparent's widow status. Interestingly, this grandparent reported a higher socioeconomic status. Some older grandparents reported participating in kinship care placement for several years before the court recommended adoption. The sense of urgency to act for the wellbeing of the grandchildren propelled these older grandparent caregivers to a fulltime caregiving role that was not in their "game plan".

Older grandparent caregivers identified select issues that receive little attention in the conversation about kinship care and direct child welfare. First, information on non-involved grandparents is seldom explored. Although health crises prevented some non-involved grandparents from engaging in the caregiver role, other non-involved grandparents stepped in to care for one child among a sibling group. A non-involved grandparent expressed hesitancy to assist with a young expectant mother before and after the grandchild's birth due to concerns with alleged negligence.

Her mother also made the comment when she had the first one, I am not raising this kid. I am not babysitting this kid. She's yours... You had it you know and then she looked at me and well what are you gonna do... And I didn't say I was and I just said well it depends whatever it takes to take you know to support and help this grandchild.

Under these circumstances, a non-involved grandparent preferred to contact child welfare, whereas involved older grandparent caregivers favored a supportive approach. One older grandparent viewed the negative adult child's family situation as an opportunity to "steer them in the right direction". Second, child welfare systems can be perceived as abruptly returning grandchildren to biological parents. One grandmother reported she was uninformed about the reunification decision and information was withheld from her by the child welfare system during the court hearing. Another grandparent shared an ongoing court battle with the biological parents to continue supervised visits until the biological parents completed all court-ordered tasks. An external monitor supervised the court-ordered visits but disagreed with the biological parents' request to transition to monitored supervision. No other grandparents discussed any type of supervised visits.

These are less-understood topics related to the intensive child welfare path faced by these older grandparent caregivers.

### 3.1.1. Influence of Indirect Child Welfare Professionals

The circumstances leading to kinship placement can intersect with an array of systems of care, including child welfare, school, criminal justice, judicial, health care, and more. In these systems of care, older grandparent caregivers encountered the influence of indirect professionals ( $n = 7$ ) with mandatory reporting responsibilities. Precipitating factors among biological parents warranting contact with indirect professionals were drug use, homelessness and mental illness, shoplifting leading to prison sentence, pregnancy in college, premature birth, and a major health event. For instance, an older grandparent couple shared individual perspectives of interacting with the health care service system as their great-grandchild was born prematurely and was medically fragile. A hospital social worker along with a physician observed the frequent visitation of the older grandparents during the grandchild's hospitalization in the absence of the biological parents. *"The social worker called us in and said uh, I, I can't, uh, release her to her folks because they've never been here."* The parents' inaction contributed to safety concerns about whether the grandchild could be released to the biological parents. These older grandparents reported that the social worker initiated a conversation with them about guardianship due to the safety concerns. Subsequently, the older grandparents consulted their personal attorney, who facilitated the guardianship process.

Pursuit of legal options is another source of indirect professional contact. Legal options entailed obtaining informal or formal guardianship to access the immediate needs of grandchildren, such as school enrollment. Notably, older grandparents with financial and legal resources contacted their personal attorney to handle guardianship paperwork. This likely reduced some of the strain for caregivers with resources. The use of a personal attorney for guardianship was spoken of less often than going before a judge to petition the court for guardianship. *"We went and saw our attorney and our attorney he got us guardianship right off the back, no problem. And uhm, every year, we have to renew that."*

A few older grandparents pursued direct court-involved paths to kinship guardianship with no formal child welfare engagement. Older grandparents spoke of adult biological parents initiating conversations about transferring custody to them or turning over children to child welfare.

Two years ago... I went for legal custody, guardianship. And that was due to the fact that I knew something was wrong with my daughter. I been trying and trying to talk to her. My husband and I both had... I had no idea what was really happening there. I knew that, that something was getting worse. Uhm. She finally agreed to let me take the kids... temporarily. I did get her to sign some papers, which I found out, didn't do any good because we weren't in front of anybody. I ended up having to go to the judge and I was granted guardianship.

In another instance, a grandparent caregiver noticed escalating neglect issues and approached the parent about granting permission for the grandchild to temporarily live with them. Older grandparents with single adult children who experienced a health crisis pursued guardianship to avoid conflict with the other biological parent. The influence of other indirect professionals highlights the need to educate and train a multidisciplinary team of professionals about kinship care placement who might not have direct child welfare involvement.

When older grandparent caregivers interface with indirect professionals in multiple systems, the length of time in the caregiving journey is a missing aspect of "wasn't in our game plan." Their words conveyed the vast differences in temporal perspectives that emerged in court, hospitals, and other settings. A grandmother raising a 12-year-old stated, "... he was very excited to come with me. He didn't realize that it was forever, and he never seen or heard from his parents since." Another grandparent who had cared for a sibling group for ten years commented, "I was at court, we were totally unaware that it was going

to happen. . .and was told by the judge you need to take custody of these children right now. . .so we went and immediately moved them into our home.” Other grandparents might see a detour in their life events as a larger spiritual connection. “I’m 56 years old—and when I turned 50, I was going to live life the way I wanted to. That’s my plan. . . But that wasn’t God’s plan.” Thus, the reality of the length of time as a caregiver when interacting with indirect professionals might not be fully evident for older grandparent caregivers until later.

### 3.1.2. Guardians with Influence

Kinship care placement does not necessarily mean child welfare involvement. Guardians with influence refer to older grandparents ( $n = 6$ ) whose influence with the biological parent allowed them to assume the caregiving role before circumstances warranted child welfare involvement. Influence did not mean their family situations did not encounter conflict. Their caregiving stories revealed parental substance use, parents with one or more adolescent pregnancies, and assisting single or divorced parents. In these instances, older grandparents became involved out of fear of child welfare removal, as a safety precaution, or to provide a more secure home environment. “Mother’s my daughter. . . a drug user and I was scared that if I did not get these children, DHR would come in and take ‘em’”.

There is a need to understand the form of guardianship status held by older grandparent caregivers when handling routine business on behalf of minor children. This group of older grandparents reported a mixture of no formal guardianship, verbal arrangements or a notarized note, and court-approved guardianship. Only two grandparents held formal guardianship. Systems of care such as schools and health care providers accepted informal guardianship status. One grandparent refused to apply for child support from the biological parent, which affected their eligibility for financial assistance. A few of these older grandparents provided what [22] termed as “supplemental caregiving”—filling in on a limited basis when a parent is not available. For example, a grandparent reported living in a multi-generational household with a biological parent who financially supported the children while the older grandparent assumed supervision and caretaking responsibilities. Other professionals must be prepared for the constellations of kinship care that occur outside of the child welfare system. These older caregivers might require additional support and resources to navigate service delivery systems that only recognize formal guardianship.

## 4. Discussion

Past research suggests two emerging trends occurring in child welfare services: more emphasis on family empowerment and placing children in kinship care [12]. The current research reported perspectives of events leading to kinship care and child welfare involvement among nineteen older grandparents raising adolescent grandchildren. In-depth interviews with these older grandparent caregivers resulted in three themes centered on an intensive child welfare path, the influence of indirect child welfare professionals, and guardians with influence. The onset of kinship care, with or without intensive child welfare involvement, stemmed primarily from child abuse and neglect linked primarily to adolescent pregnancies and parental substance use. The revelation that “It wasn’t in our game plan” is consistent with past research that suggests older grandparents enter the caregiving role suddenly and underprepared for the magnitude of responsibilities [4,23]. Older grandparent caregivers encountered a multidisciplinary team of professionals including child welfare workers, attorneys, hospital social workers, physicians, judges, police, and auxiliary persons. These caregivers conveyed complex caregiving dynamics with a range of guardianship statuses filled with hope as well as strain amidst navigating inside or outside of the child welfare system.

It is widely known in the kinship care literature that caregivers attempt to intervene long before child welfare gets involved [4,23]. These findings revealed a similar pattern of older grandparents providing assistance to support adult children; in many cases, the biological parents were adolescents. Early childhood is when most of these older grand-

parents began the kinship caregiver role. When grandchildren were placed in foster care, older grandparents recalled attending foster care training classes to fulfill requirements for kinship care placements. Similar to other research, financial, food, transportation, emotional support, and childcare are common types of early help offered by grandparent caregivers [4]. Child welfare organizations must tune into population aging and critical issues influencing how older adults persist in prolonged caregiving. Thus, child welfare organizations and other professionals must recognize that the timing of supportive resources and services for kinship caregivers may occur late in the continuum of caregiving.

Child welfare workers and other professionals must repeatedly inform older grandparents of the various types of kinship care available to offset expenses and help reduce the barriers to accessing resources and services [5,6,13]. According to [5] (p. 84),

“public kinship care” refers exclusively to the out of home care arrangement in which a child welfare agency assumes the custody of children and places the child with kin with or without a subsidy. “Informal kinship care” refers to both private and voluntary kinship care arrangements made outside of the formal foster care system. formal foster care includes both public kinship care and public foster care with nonrelative foster parents.

Subsidized public kinship care was rarely reported among these older kinship caregivers. A typology of financial assistance for kinship care families showed that the receipt of foster care payments was linked to the following: kinship caregiver license, social service connected, children experiencing externalizing problems, youth with more severe allegations such as history of sexual abuse, substance exposure, parental domestic violence, married kinship families, children from historically underrepresented groups, and employed primary caregivers [13]. Two-thirds of these older grandparents bypassed allegation-specific child welfare involvement, which is consistent with research that suggests the majority of kinship families are not child welfare-connected [4]. In contrast to other research findings, no older grandparents caregiving for infants and adolescents reported placement disruption [5,10].

Older grandparent caregivers bring a wealth of knowledge, skills and values to kinship care. Caregiver interest in preserving family wellbeing is valuable, but child welfare and other professionals must follow ethical practices to avoid appearing to coerce older grandparent caregivers into caregiving without full disclosure [12]. Several older grandparents indicated child welfare workers or other helping professionals “encouraged” them to take custody of their grandchildren. Other researchers have expressed concern with the financial and emotional vulnerability of older kinship caregivers who seem pressured by helping professionals into caregiving under stressful circumstances [1]. A U.S. federal report, “Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers”, described similar major challenges for grandparents and other kinship care groups [6]. The special report stated that caregivers often lack awareness of the various legal paths such as adoption, guardianship, legal custody, and power of custody, which differ by state, to have formal decision-making power across systems of care. Child welfare involvement was mentioned to include no guarantee of insight on available resources and supports. Older grandparents and other kinship caregivers need sufficient time to weigh the impact of sudden caregiving decisions [6].

The strengths of this research are evident, with some limitations that warrant attention. The original data were collected in 2015. While these research data remain informative, the impact of major events such as COVID-19, the sociopolitical climate, persistent trauma, and heightened exposure to systemic racism might affect responses to current caregiving circumstances and child welfare involvement [4]. The sample reflected primarily the perceptions of older grandmothers with a higher socioeconomic status than is often observed in grandparent kinship caregiver samples [1]. The voices represented are older grandparent caregivers who voluntarily participated and might not be inclusive of the views and experiences of other non-voluntary grandparent caregivers from other backgrounds. Subsequently, an IRB is being prepared to update this research.

Several issues emerged as areas for future research. Who are older grandparent caregivers consulting before assuming the caregiving role? How are spiritual leaders involved in the decision-making process? What is the perspective of grandchildren regarding unexpected kinship care placement with older grandparents? Which caregiving arrangements result in severed relationships with no communication between older grandparents and biological parents? Which older grandparents receive or do not receive supported guardianship? What is the time frame associated with supported guardianship across states? What is older grandparents' experience with supervised visitation? Under what circumstances do older grandparents make the decision to stop providing unlimited support and pursue guardianship? How often and under what circumstances do child welfare workers ask for confirmation of guardianship during child welfare investigations? What prompts or inhibits grandparents to contact child welfare about issues affecting the welfare of their grandchildren? How can child welfare organizations improve engagement and interventions with biological parents involved with child welfare before contacting older grandparents about guardianship? As older grandparents engage with child welfare and other indirect professionals, more research will help to inform the establishment of best practices tailored to this caregiving population.

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**Data Availability Statement:** The data materials are not publicly available due to privacy issues.

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