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Reunification in Custodial Grandfamilies: An Examination of Resilient Family Processes

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Abstract

Objective: This study examined how custodial grandmothers navigated the process of their grandchildren being reunified with a biological parent.

Background: Prior research has focused on factors associated with unsuccessful reunification instead of resilient family processes that may support successful reunification. How custodial grandfamilies navigate reunification has not been examined, despite their unique relational configuration and grandparents' frequent involvement in raising their grandchildren.

Method: Guided by Walsh's model of family resilience, semistructured, in-depth qualitative interviews were conducted with a convenience sample of 17 grandmothers whose custodial grandchildren had been reunified with a biological parent. Data analysis was guided by grounded theory methodology.

Results: Grandmothers believed in parents fulfilling their obligations, prioritizing grandchildren's needs, and coping via their faith. Grandmothers supported reunified parents and children by providing emotional support and instrumental assistance, while maintaining clear role boundaries. Accessing resources and engaging in open family communication were helpful to the reunification, although there were still challenges in navigating family relationships.

Conclusion: Within custodial grandfamilies, not all reunifications were a positive outcome for the grandchildren. Grandmothers remained heavily involved in supporting and monitoring the reunifications, with the quality of the grandmother–parent relationship being paramount.

Implications: Practitioners should address family dynamics when working with custodial grandfamilies before, during, and after a reunification.

Keywords

Grandfamilies; grandparents raising grandchildren; kinship care; resilience; reunification

When children are living in dangerous circumstances or being maltreated, removing them from their homes and temporarily placing them in care of others—namely, custodial grandparents or other relatives (i.e., kinship care)—can help ensure their safety. In the context of child welfare policy, specifically the Adoption and Safe Families Act of 1997 (P.L. 105–89), reuniting children with their birth parents or family of origin is a primary permanency goal (Font et al., 2018; Kimberlin et al., 2009). Federal law also mandates permanency hearings within 12 months of a child entering care to mitigate the disruption associated with excessively long placements; this results in many reunifications occurring within a year of a child’s removal from the home (Bellamy, 2008; Kimberlin et al., 2009; Wulczyn, 2004). Ideally, reunifications will be successful, meaning that the child will be able to live safely and permanently with their biological parents (Kimberlin et al., 2009). Unfortunately, this is not always the case: Only half of children in foster care are ever reunified, and within 5 years, approximately 20% of those children return to foster care (Font et al., 2018).

For approximately 30% of the children in foster care, the permanency process involves reunifying them with their biological parents after being cared for by grandparents or other relatives (Generations United, 2018). However, for every child in formal kinship care via the child welfare system, another 20 children are being raised informally by relatives (Generations United, 2018). When reunification occurs for these children, it is negotiated within the family. Although state and federal child welfare policies emphasize placing children with relatives whenever possible (42 U.S.C. § 671(a)(19); Beltran, 2014), little is known about how custodial grandfamilies, or families in which grandparents are raising their grandchildren, navigate the reunification process. Even less is known about how grandfamilies engaged in informal care arrangements experience reunification. More broadly, because the reunification literature has primarily emphasized barriers to reunification, there is a need for information about *successful* reunification and resilience factors that help families maintain a reunification (Kimberlin et al., 2009; Lietz & Strength, 2011; Thomas et al., 2005; Wulczyn, 2004). Also needed are studies that capture reunification as a dynamic *process* (Wulczyn, 2004) that unfolds within a family system over time. To advance the understanding of reunification in grandfamilies, this qualitative study used a family resilience framework (Walsh, 2003, 2012) to address the following research question: “How do custodial grandmothers navigate the process of their grandchildren being reunified with a biological parent?” In considering this research question, we primarily focused on those family processes relevant to the maintenance of a successful reunification.

A Family Resilience Perspective on Grandfamilies

While much of the reunification literature could be characterized by a deficit focus, a family resilience perspective suggests that grandfamilies pursuing and maintaining reunification have the ability to confront adversity and emerge stronger than they were before the reunification (Lietz & Strength, 2011; Thomas et al., 2005; Walsh, 2003, 2012). Similarly, the grandfamilies literature has increasingly examined the ways in which custodial grandparents and their grandchildren are resilient, despite the many challenges and adversities they experience (Hayslip & Smith, 2013). Walsh’s (2003, 2012) family resilience model, which guided this study, emphasizes specific processes by which grandfamilies

adapt, grow, and change in response to challenges so that they emerge in a better position to cope with future adversity and can maintain a successful reunification.

According to Walsh (2003, 2012), various resilient or adaptive family processes may contribute to successful reunification within grandfamilies. One of these adaptive processes is the family's belief system, wherein the family is able to make meaning of their challenging circumstances and maintain a positive outlook via optimism, confidence, and acceptance of their situation (Walsh, 2012). Additionally, the family's spiritual beliefs also provide a sense of meaning and purpose and may aid in coping with stress (Lietz & Strength, 2011; Walsh, 2012). Within the context of grandfamilies, grandparents often make positive meanings of their family circumstances, for example, a second chance at parenting and giving the grandchild a better life, through benefit finding, empowerment, optimism, and positive caregiving appraisals (Castillo et al., 2013; Cox & Cheseck, 2012; Dolbin-MacNab & Keiley, 2006; Smith & Dolbin-MacNab, 2013; Waldrop & Weber, 2001). Additionally, grandparent spirituality and religiosity have been positively associated with enhanced coping with the stressors associated with raising grandchildren (Bachman & Chase-Lansdale, 2005; Lawrence-Webb & Okundaye, 2012; Neely-Barnes et al. 2010).

Another aspect of resilient family processes is organizational patterns that emphasize flexibility and adaptability in the face of challenges and interpersonal connectedness marked by family collaboration, support, and commitment (Walsh, 2012). Also important are adequate social and economic resources, including those derived from both formal and informal support systems (Lietz & Strength, 2011; Walsh, 2012). Grandfamilies embody all of these organizational patterns. With regard to flexibility and adaptability, grandparents navigate dual roles (i.e., that of parent and grandparent) with their grandchildren and reconfigure all aspects of their lives to provide for their grandchildren (Hayslip et al., 2019). In making these adaptations, grandparents frequently lack the financial, social, legal, and other resources necessary to meet their varied needs (Hayslip et al., 2019); however, utilization of both formal and informal supports has been shown to be protective for grandparents (Gerard et al., 2006). Whatever their particular circumstances, interpersonal connectedness also appears strong within grandfamilies: Grandparents routinely note a strong sense of commitment and obligation to their grandchildren and describe their relationships with their grandchildren as being personally fulfilling and emotionally close (Dolbin-MacNab & Keiley, 2006; Waldrop & Weber, 2001). That said, connectedness between grandparents, grandchildren, and the grandchildren's biological parents tends to be complex and marked by ambivalence, with some relationships being close and cooperative and others being more conflictual and distant, often due to the parent's difficulties (Dolbin-MacNab & Keiley, 2009; Goodman, 2003).

The final aspect of Walsh's (2003, 2012) framework is effective family communication and problem-solving. Effective communication includes honest and clear communication, open emotional expression, empathy, and tolerating differences among family members. Collaborative problem-solving entails family members sharing in decisions, resourcefulness, and working collectively toward established goals. Among grandfamilies, there is evidence that effective problem-solving, in the form of resourcefulness and active coping, benefits grandparents' well-being and mental health (Castillo et al., 2013; Musil et al., 2013).

Although less attention has been paid to communication within grandfamilies, communication may be challenging due to generational differences between grandparents and grandchildren as well as conflicts with extended family over the care of the grandchild (Dolbin-MacNab & Keiley, 2006, 2009; Weber & Waldrop, 2000). In one of the few studies specifically focused on communication in grandfamilies, Freeman and colleagues (2019) revealed that grandparents, in their interactions with their grandchildren, try to emphasize listening and dialoguing, allowing questions, and open emotional expression.

Factors Associated With Successful Reunification

Reunification as a desirable outcome largely derives from parent rights doctrine (Holtzman, 2002) and evidence that children have better physical health, mental health, social relationships, and scholastic achievement when they are in safe and stable family (vs. institutional) settings (Harden, 2004). That said, it should not be assumed that reunification is always a positive outcome because reunification is “a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left” (Wulczyn, 2004, p. 98). In fact, reunification can be a challenging process, requiring significant adjustment and renegotiation of roles and relationships, for everyone involved (Bellamy, 2008). Some have even suggested that, depending on the quality of the environment in which the reunified child is embedded, a reunification may actually result in more negative child outcomes (Kernan & Lansford, 2004).

Reunifications are likely to be unsuccessful when children are reunified with their parents before the factors contributing to their removal are addressed (Bellamy, 2008; Font et al., 2018). Children may be returning to risky environments, including dangerous neighborhoods, unstable housing, parental unemployment, poverty, and domestic violence (Bellamy, 2008; Fernandez et al., 2019; Lau et al., 2003). Or, they may be returning to unresolved parental problems—parental substance misuse and mental health problems, which frequently contribute to the formation of grandfamilies, are not quickly resolved, and because the probability of relapse is high, careful planning and post-reunification monitoring is necessary (Brook & McDonald, 2009; Carlson et al., 2008; Hayslip et al., 2019; Jedwab et al., 2018). In fact, Doab et al. (2015) found that the presence of a mental health disorder among women who misused substances negatively predicted the likelihood of reunification. Other parental issues, including ambivalence or a lack of readiness to resume care of the child, may further compound difficulties associated with reunification and contribute to an unsuccessful outcome (Bellamy, 2008; Carlson et al., 2008; Kimberlin et al., 2009).

The notion that reunification is not always a positive outcome is underscored by evidence that reunified children may experience a variety of negative behavioral outcomes. Taussig and colleagues (2001) found that compared with children still in foster care, reunified children have a higher risk for legal involvement, destructive behavior, substance misuse, academic problems, and internalizing and externalizing behavior problems. Other studies have documented higher rates of internalizing behavior problems among reunified children, as well as greater exposure to stressful life events including family conflict, illness, and unstable living arrangements (Bellamy, 2008; Lau et al., 2003). Bellamy (2008) and Lau et

al. (2003) concluded, however, that it is not the reunification itself that contributes to negatives behavioral outcomes for children. Rather, it is the exposure to family and environmental risks that results in the difficulties children experience upon reunification with their parents.

A number of child and parent factors also influence reunification success (for a detailed discussion, see Kimberlin et al., 2009; and Cheng, 2010). With regard to child factors, many of which are relevant to children being raised by grandparents, children with physical and mental health problems, behavioral difficulties, substance misuse problems, a history of physical abuse, and disabilities are at a greater risk for an unsuccessful reunification (Farmer & Wijedasa, 2012; Hayward & DePantfilis, 2007; Kimberlin et al., 2009). Although findings have been mixed, younger children and adolescents appear to have lower rates of reunification and higher rates of reentry into care (Brook & McDonald, 2009; Kimberlin et al., 2009; Shaw, 2006). In terms of child race, compared with White children, African American children are less likely to be reunified, are reunified more slowly, and are more likely to reenter care (Brook & McDonald, 2009; Connell et al., 2006; Harris & Courtney, 2003; Kimberlin et al., 2009; Shaw, 2006).

For parents, reunification is a complex process. In a study of reunification in the context of maternal recovery from substance abuse, Carlson et al. (2008) found that mothers had a desire to care for their children and valued being a parent. Nevertheless, after a reunification, parents must adjust to the parenting role and reestablish relationships, routines, and disciplinary strategies with their children, which may be difficult if they have been away from their children for a long time, had limited opportunities for visitation, lack parenting skills, or are trying to compensate for feelings of shame and guilt (Bellamy, 2008; Carlson et al., 2008; Leathers, 2002). The adjustment process can be further complicated by the fact that the child has changed developmentally since they last lived with the parent and may hold unrealistic expectations of the parent and the living arrangement. Also, children may not fully trust the parent or even want the reunification and they may have challenging behavioral problems or physical disabilities (Bellamy, 2008; Carlson et al., 2008). Difficulties associated with parenting after reunification may be compounded when parents are trying to maintain their own health and recovery, as in the case of substance use disorder or mental health difficulties, which have been associated with reentry into care (Bellamy, 2008; Brook & McDonald, 2009; Font et al., 2018).

Resilience, within the context of reunification, involves a complex intersection of individual parent attributes and broader family processes (Thomas et al., 2005). Reunifications are more likely to be successful when parents are prepared and motivated to resume care of their children, set boundaries with unhealthy influences, take responsibility for their actions, and have insight into their circumstances (Jedwab et al., 2018; Lietz & Strength, 2011; Wells & Correia, 2012). At the family process level, and as suggested by Walsh's (2003, 2012) family resilience model, successful reunification is associated with effective communication about the reunification and active problem-solving (Lietz & Strength, 2011). Further suggested by Walsh (2003, 2012), adequate resources, including financial resources and formal and informal supports, also are critical to a successful reunification. Informal supports that have been linked to successful reunification include spirituality as well as

family involvement in the reunification (Blakey 2012a; Carlson et al., 2008; Jedwab et al., 2018; Lietz & Hodge, 2011). With regard to formal supports, active caseworker involvement and careful monitoring of the child's safety have been related to reunification success, as have clearly delineated goals for change and parental engagement in recommended services (Blakey 2012a; Cheng, 2010; Farmer, 2012; Inchaurrondo et al., 2018; Jedwab et al., 2018).

Reunification and Grandfamilies

Although literature on reunification in grandfamilies is virtually nonexistent, particularly in terms of informal care arrangements, children in formal kinship care tend to be reunified with their biological parents at lower rates and more slowly than children in nonkinship care placements (Berrick et al., 1998; Kimberlin et al., 2009; Shaw, 2006; Wulczyn et al., 2000, 2007). Additionally, those children who are reunified with their parents following formal kinship care have lower rates of reentry into foster care compared with children in nonrelative care (Berrick et al., 1998; Kimberlin et al., 2009; Shaw 2006; Wulczyn et al., 2000, 2007). Both of these outcomes are thought to be due to the supports provided by the grandparent as well as the general stability of kinship care placements (Kimberlin et al., 2009).

In attempting to understand how grandfamilies navigate reunification, there are several factors that may be uniquely relevant to their reunification process. First, as noted previously, parental substance misuse and mental illness are common antecedents to grandparents assuming responsibility for the care of their grandchildren (Hayslip et al., 2019). Given that these challenges have been associated with unsuccessful reunification (Brook & McDonald, 2009; Carlson et al., 2008; Jedwab et al., 2018), grandparents may find themselves continuing to confront these issues well after a reunification. Similarly, because children raised by grandparents exhibit high rates of behavioral and emotional problems (Smith et al., 2019; Smith & Palmieri, 2007), it may be especially challenging for parents to adjust to their parenting responsibilities following a reunification. Third, some have suggested that due to the ongoing involvement of parents within grandfamilies (Dolbin-MacNab & Keiley, 2009), parent-child contact should facilitate reunification, but empirical support for this assumption is inconsistent (Blakey, 2012b; Vanschoonlandt et al., 2012). There are indications also that parent-child contact in grandfamilies before reunification can be detrimental to the child, especially if grandparents are inappropriately allowing unsupervised or excessive parent-child contact or are pressuring the child to recant statements about maltreatment (Berrick et al., 1994; Blakey, 2012b).

From a family process perspective, parents may be more accepting of their children being placed with relatives versus traditional foster parents (Vanschoonlandt et al., 2012). Linares and colleagues (2010) found that compared with nonkinship care, parents were more supportive, communicated more consistently, and coparented more often with kinship caregivers, although these relationships were also more conflictual. A conflictual parent-grandparent relationship may stem from interaction patterns that preexist the grandchild being raised by the grandparent, as well as the reunification itself. If these conflictual interaction patterns cannot be resolved or negotiated, it may be more difficult to achieve or maintain a successful reunification (Dubowitz et al., 1993). Difficulties in navigating

reunification within grandfamilies also may reflect a lack of clarity in roles and responsibilities between parents and grandparents (Vanschoonlandt et al., 2012). For these reasons, Blakey (2012b) indicated that custodial grandparents are uniquely positioned in their ability to block, support, or enable reunification.

In one of the few studies of family processes associated with reunification among kinship care families, Blakey (2012b) interviewed child welfare professionals and African American mothers with histories of addiction and found three interaction patterns that influenced whether or not a reunification occurred. The first pattern, family support with parameters, involved families providing mothers with clearly defined support that included an endpoint or limits. These mothers often achieved reunification because they were motivated to raise their children and used the available family support to focus on addressing their issues while also remaining involved with their children. The second pattern, limited family support, involved situations in which family members could not provide support because they lacked resources, had exhausted their capacity to raise children, or because their life circumstances prevented them from being long-term caregivers. This interaction pattern supported reunification, as the mothers were motivated to focus on regaining custody because they did not want their children to end up living with strangers. The final interaction pattern, enabling family support, was associated with failed reunification because the mothers were not held accountable for their behavior and, therefore, had no motivation to change to reunify with their children. Due to limitless and unconditional family support, mothers were able to maintain daily contact with their children without having to take responsibility for caring for them and providing for their needs. They could maintain their current lifestyle and interact with their children as convenient.

The limited literature on reunification in grandfamilies provides initial insight into how the reunification process might be unique for grandparents, parents, and children. However, because the broader reunification literature tends to focus on the challenges associated with successful reunification, less is known about how family systems are resilient and contribute to the success of a reunification over time. Blakey's (2012b) study of family interaction patterns within kinship care families provides some guidance, but what is still unclear is what specific family dynamics and processes within the relational context of grandfamilies influence reunification, including its success. This study attempts to fill these gaps by using Walsh's (2003, 2012) family resilience model to examine the research question: "How do custodial grandmothers navigate the process of their grandchildren being reunified with a biological parent?"

Methods

Sample

Participants included 17 grandmothers whose 21 custodial grandchildren had been reunified with a biological parent. The reasons the grandmothers were originally raising their grandchildren reflect parental issues common among grandfamilies—child abuse/neglect, substance misuse, adolescent pregnancy, incarceration, unemployment, and mental illness. Eleven (65%) grandmothers had been raising their daughter's children, three (18%) had been raising their granddaughter's children, and three (18%) had been responsible for their son's

children. Thirteen (76%) of the grandmothers had been raising one reunified grandchild, with the four remaining grandmothers raising two reunified grandchildren. See Table 1 for additional demographic information about the grandmothers and their families (as reported by the grandmothers).

To participate in the study, the grandmother had to have been primarily responsible for the full-time care of one or more grandchildren for at least 1 year. At the time of participation, at least one of the grandchildren, previously raised by the grandmother, was required to have experienced reunification by residing with and being in the full-time care of a biological parent. Participants were recruited by sending recruitment letters to former participants from two federally funded studies of grandparents who were fully responsible for the care of their grandchildren, without any biological parents present in their homes. Although the sample was recruited nationally, participants in the current study were from seven states (i.e., Arizona, California, Illinois, Ohio, Maryland, Michigan, and Texas).

Data Collection Procedures

After obtaining institutional review board approval, participants were recruited for the study. Interested grandmothers contacted the researcher by telephone and, assuming they met the eligibility criteria, a telephone interview was scheduled with the first author ($n = 11$) or a trained research assistant ($n = 6$). During the interviews, the interviewer first reviewed the consent information. After receiving consent, the interviewer obtained demographic information from the grandmother and then conducted the interview. All interviews were audio-recorded and ranged in length from 40 to 110 minutes. On average, the interviews lasted 70 minutes. Following completion of the interview, grandmothers were mailed a \$20 gift card as compensation for their participation.

Interview Protocol

Before beginning the interview, grandmothers provided demographic information related to themselves, the reunified grandchild(ren), and the grandchild(ren)'s parent(s) (see Table 1). Grandmothers also provided information about the caregiving arrangement, including the length of caregiving, their relationship (e.g., maternal vs. paternal) to the reunified grandchild(ren), and the number of reunified grandchildren. Finally, information about the reunification, including the length of the reunification and the number of reunification attempts, was gathered.

To gain insight into how the grandmothers navigated the reunification process, a semistructured interview protocol, informed by Walsh's (2003, 2012) family resilience model, was used. Specifically, the interview questions addressed grandmothers' belief systems about the reunification, organizational patterns within the family, and approaches to communication and problem-solving (Walsh, 2003, 2012). Within the domain of belief systems, example interview questions included "What does the reunification mean to you and your family?" and "What values and beliefs influenced your ideas about the reunification process?" For the organizational patterns domain, questions focused on exploring the family's connectedness (e.g., "How did the family support one another and work together through the reunification process?") and resources (e.g., "What resources

have helped you and your family navigate the reunification process?”). Finally, with regard to the grandmother’s perceptions of the family’s communication and problem-solving, example interview questions included “How did you handle areas of conflict or disagreement?” and “In what ways did the family work together to solve problems?”

Data Analysis

To examine how custodial grandmothers navigated and experienced the reunification process, data were analyzed on an ongoing basis, using grounded theory methodology (LaRossa, 2005; Strauss & Corbin, 1998). Data analysis began with open coding, in which the first author and a second coder repeatedly read each transcript and noted concepts associated with the research question in the margins of the transcripts. The major domains of Walsh’s (2003, 2012) family resilience model—belief systems, communication/problem-solving, and organizational patterns—were used as sensitizing concepts. Via a constant comparative process, the emerging concepts were then refined by the first author, and in the second phase of the analysis, axial coding was used to collapse and combine the concepts into higher order categories. During the process of axial coding, the properties of and relationships among the categories were examined (LaRossa, 2005; Strauss & Corbin, 1998). The final stage of the coding process was selective coding, in which the relationships among the categories were explored, final themes were developed, and interrelations among the themes were identified. Once the final themes were developed, possible variation in the themes was explored based on several grandmother and family demographic characteristics including child welfare involvement; time since reunification; time with the grandmother; grandchild(ren)’s age at reunification; and grandmother income, marital status, and employment status.

To ensure the trustworthiness of the data analysis, multiple strategies were implemented. First, the use of a second coder to develop the emerging concepts via discussion and consensus building helped ensure the credibility and confirmability of the analysis (Creswell, 2013; Lincoln & Guba, 1985). Credibility of the analysis was also enhanced by the use of peer debriefing, which allowed the authors to consider alternate explanations for the findings and contextualize the findings within the larger literature (Lincoln & Guba, 1985). Confirmability of the analysis was addressed through the use of reflexive memoing, as well as the maintenance of an audit trail related to the data analysis process. Finally, because no new themes emerged in the later stages of the analysis, it was possible to conclude that saturation had been reached (Creswell, 2013).

Results

The analysis of how custodial grandmothers navigated the process of their grandchildren being reunified with a biological parent revealed eight themes. These themes, which are summarized in Table 2 and illustrated in the text with direct quotes from the participants, are organized in accordance with Walsh’s (2003, 2012) family resilience model. Specifically, the themes reflect the family belief systems, organizational patterns, and approaches to communication and problem-solving that were central to understanding the reunification process. Before describing these themes, however, information about the reunifications is

presented. This information helps contextualize the themes and expand the understanding of reunification within custodial grandfamilies.

The Reunification Context

Grandmothers had been raising their grandchildren for an average of 5 years ($M = 4.94$; $SD = 1.17$; range: 1–18 years) before the reunification. Most grandmothers ($n = 8$; 47%) had raised their grandchildren for 2 years or less, four (24%) had raised their grandchildren between 3 and 5 years, and five grandmothers (29%) had raised their grandchildren for at least 5 years before the initial reunification. The vast majority of the 21 grandchildren ($n = 19$; 91%) had been reunified with their biological mothers, with the remaining grandchildren experiencing reunification with their biological fathers. All but four of the grandchildren (81%) were aged 12 years or younger at the time of the reunification. The average length of the reunifications was 3 years ($SD = .89$), although they ranged in length from 4 months to 13 years. Slightly more than half of the grandchildren ($n = 12$; 58%) had been reunified for 2 years or less. Twelve (57%) of the grandchildren had experienced one reunification attempt, with the remaining grandchildren ($n = 9$, 43%) having experienced multiple or failed attempts at reunification. For those families with multiple reunification attempts, the grandchildren typically experienced a complicated and chaotic “back-and-forth pattern” of living with their grandmothers (or other caregivers) and their parents, with the time between reunification attempts ranging from months to years. At the time of interviews, 17 of the 21 reunified grandchildren were residing with their parents full time; the others were living independently because they were of age, could not be located by the grandmother, or were in the grandmother’s care. Most of the families (12 of 17 reunified grandfamilies; 71%) had been or were currently involved with the child welfare system, which resulted in the initial removal of the children, formal placement of the children with the grandmothers, and oversight of the reunification.

Grandmothers indicated that the reunifications were precipitated by a variety of intersecting internal and external factors. Internal factors specific to the grandmother included physical health problems, overwhelming stress associated with raising grandchildren, and a belief in reunification as a desired outcome. Although grandchildren generally preferred to live with their parents, parental factors that facilitated the reunification included a desire to care for their children, maintaining contact with their children, addressing personal difficulties, and being prepared to raise a child (e.g., having a job and appropriate housing). With regard to external factors, nine (53%) of the grandmothers perceived that the child welfare system had “forced” the reunification. In these cases, a caseworker deemed the parents ready to resume care of the grandchildren, but the grandmothers believed the caseworkers were rushing to “check the box” of reunification without fully assessing the parents’ ability to care for children, making sure needed supports were in place, or obtaining adequate input from the grandmother. The remaining grandmothers ($n = 8$; 47%) reported that the family had made the reunification decision themselves, yet some noted that all parties did not necessarily agree on or contribute equally to the decision.

With regard to their perceptions of the reunification, eight (47%) grandmothers were opposed to reunification and 94% ($n = 16$, which included the eight grandmothers opposed

to the reunification) reported having significant concerns about reunification. One grandmother whose young grandson had recently reunified with his mother for the second time illustrated these concerns when she said, “I hope it’s successful ... they say it’s like the honeymoon period, everybody is wonderful and loving, and everything, and that didn’t last long ... I think it’s going to be a matter of time before I get him back.” Grandmothers’ concerns centered on their grandchildren’s safety, the poor quality of the living environment, and the parent’s lack of effectiveness in the parenting role. Additionally, grandmothers were concerned about the overall stability of the parent, and some did not have favorable impressions of the parents’ current partners. Even of the seven (41%) grandmothers who reported being supportive of the reunification, six still expressed significant concerns or reservations. For example, one grandmother stated, “I’m just hoping that they [grandson’s parents] continue to be stable enough that they both can give him love and care, and be responsible for his well-being and work together to get those things done.” Grandmothers generally perceived their grandchildren as being ambivalent about the reunification; most grandmothers felt that their grandchildren fundamentally wanted to be with their parents but that the reality of the reunification, which included new rules, a lack of attention, or conflict in the parent–child relationship, also meant that some would prefer to return to living with their grandmothers.

Regardless of their perceptions, 82% ($n = 14$) of the grandmothers indicated that they would take their grandchildren back if the reunification did not work out—or already had in the case of multiple or failed reunification attempts, as illustrated by the grandmother who stated, “I told him ... if you wanna go stay at your dad’s and you change your mind and wanna come back? The door’s always open and you got a key.” However, some grandmothers indicated that they would only raise their grandchildren again under certain conditions, such as the grandchildren following the grandmothers’ household rules or having limited contact with the parents. For example, one grandmother said that she would only take her granddaughter back if the biological mother was out of the picture: “You know the only way I think, I couldn’t ever say no, but I think we could consider that if she had no connection with her mother.”

Reunification and Contributing Belief Systems

Several belief systems contributed to grandmothers’ conviction that reunification was a desired outcome. These foundational beliefs also had specific behavioral manifestations that influenced how grandmothers interacted with their grandchildren and their grandchildren’s biological parents.

Fulfilling obligations.—Reunifications were born out of the belief that parents are responsible for raising their children. Almost all of the grandmothers ($n = 16$; 94%) believed that parents were obligated to provide for their offspring and function within the parental role. As one grandmother explained,

I tell my daughters and granddaughters, do not make any children that you do not plan on taking care of yourself. If you get in a situation, be woman enough to own up to it ... don’t bring a child into the world that you’re gonna put off on somebody else.

Another grandmother, whose adolescent grandson was reunified with his mother shared, “I just felt that every child should be with their parent. ... I never really wanted to take him from her.” Although grandmothers acknowledged that circumstances prevented their grandchildren’s parents from fulfilling their parental obligations, they still believed that parents should raise their children. Grandmothers also suggested that their grandchildren’s parents held these beliefs—describing how reunifications were often motivated (in part) by the parent’s desire “to do the right thing” and be with their children. One grandmother whose two adolescent granddaughters had been reunified with their mother explained, “My daughter feels that children should be raised by their parents ... if the parent is capable and willing to take on that child, that’s where that child needs to be at.”

Before the actual reunification, grandmothers enacted this belief by facilitating parent–child contact, which included coordinating visits and telephone calls, and by keeping parents involved in decision-making and the grandchildren’s school and extracurricular activities. For example, one grandmother explained how she told her daughter, “You can come and get her [granddaughter], you can visit her, you can do whatever, and we left it at that.” Another grandmother explained the arrangement she made with her daughter:

She’d [daughter] come by and she’d see [granddaughter] before she’d go to bed ... She would come by every day and talk to her after work. And when she didn’t come by ... she would call on the phone and talk with her.

In some cases, parental involvement before the reunification was inconsistent or dictated by the child welfare system, but grandmothers still hoped that by keeping parents involved in the grandchildren’s lives and by facilitating a parent–child emotional connection, the parents would eventually “step up” and fulfill their parental obligations.

Prioritizing the grandchild.—Most grandmothers ($n = 14$; 82%) approached the reunification by prioritizing the best interests of their grandchildren. Grandmothers’ considerations of their grandchildren’s health and safety guided their interactions with parents and grandchildren, as well as their decision-making. As one grandmother explained, “We have to protect the child and if we have to make a choice, we choose the child.” Another grandmother, who maintained legal rights to her two grandchildren following the reunification, described how she and her daughter approach decision-making: “We make decisions based on the well-being of the kids ... the goal is to make sure this child stay on the right path ... we just focus on what needs to be done for the child.” To the grandmothers, keeping their grandchildren at the center of all decisions was critical to the ensuring that the reunification would not be detrimental.

Behaviorally, grandmothers enacted this belief by closely monitoring the reunification and maintaining contact with their grandchildren. Through regular visits, phone calls, babysitting and other contact, grandmothers were continually assessing their grandchildren’s well-being and the parents’ behavior to make sure that problems were not developing or resurfacing. Grandmothers also monitored the appropriateness of parents’ discipline strategies, as well as the parents’ level of engagement with the grandchildren. One grandmother shared how she would use visits with her grandson to check on the reunification when she said, “I wanted the best for him, so you know I was always around and still around close where I do know

what's going on." Similarly, another grandmother shared her monitoring strategy: "I hop in and be around ... on more than one occasion I invited them all to dinner and thought this way I can see them interact. 'Cause you wanna make sure."

Through ongoing contact with their grandchildren, grandmothers also attended to the cleanliness of the parents' home, grandchildren's media exposure, grandchildren's relationships with their siblings and progress in school, and the appropriateness of parents' romantic partners. Some grandmothers even described creating contingency plans with their grandchildren in case the grandchild felt unsafe or was in a dangerous situation. For example, a grandmother who was vehemently opposed to her grandson's reunification with his mother due to her lack of involvement with him and her numerous boyfriends, explained, "If he needs me, he make that phone call to me. I'm there ... in fact, I told him what to do. He's been knowing what to do since he was 12. I've been teaching him."

Grandmothers' desire to monitor the reunification also influenced how they interacted with their grandchildren's parents. Several grandmothers described how they would "play nice" with the parents to ensure that they continued to have access to their grandchildren and could, therefore, keep monitoring the reunification. As one grandmother put it, "I remained on friendly terms with her [grandchild's mother] because I wanted to oversee the welfare of this baby." She went on to say, "Even though I didn't like her, I was willing to forgo that just to keep an eye on him. To make sure he wasn't beaten up or had black-and-blue marks." These grandmothers still felt strongly about intervening, if necessary, to ensure that their grandchildren's needs and well-being were prioritized. As one grandmother explained, "At the end of the day, he [grandson] knows I'm in his corner ... I'd die for him."

Relying on faith.—For the majority of grandmothers ($n = 15$; 88%), relying on their spirituality and faith helped them manage stress and cope with their concerns about their grandchildren's well-being and the long-term success of the reunification. One grandmother, who was concerned about the impact of her daughter's chronic mental illness on her two reunified grandchildren, explained how she used prayer to help her cope: "I just pray up to God, just please protect them." Similarly, another grandmother described how her faith helped her make meaning of the uncertainty of the reunification when she said, "I always talk to God ... when something's gone wrong, I always tell my friends, that's okay, God has plans. Good things come out of this." Some grandmothers also prayed for guidance or relied on their faith to guide them whenever they had to make decisions related to the reunification. For example, one grandmother, whose two school-age granddaughters were in a tenuous reunification, shared how her faith helped her know what course of action to pursue:

I just believe that things happen when they're supposed to when you're in tune with your spirituality. ... He [Christ] leads and directs you into everything and gives you an urgency to do or not to do certain things.

Organizational Patterns Underlying the Reunification

Several organizational patterns developed within the family system after the reunification. Two of these organizational patterns appeared to support the reunification, and one revealed significant relational challenges that made it difficult for grandmothers to maintain

productive relationships and positive emotional ties with their grandchildren and their grandchildren's parents.

Supporting the reunification.—After the reunification, all of the grandmothers continued to provide parents and grandchildren with significant emotional support. Grandmothers often provided advice related to parenting or child discipline. For example, a grandmother of a granddaughter who was having serious problems at school described how she encouraged her daughter to address the issue proactively:

I would tell [daughter], you have got to get up and do this. You live right down the street from the school and they need to see you. ... I said get your butt up and see what's going on with [granddaughter] at school.

Grandmothers also provided emotional support by listening to parents and offering them encouragement, as illustrated by the grandmother who said, "She [daughter] may talk to me about stressful things in her life. Like if she's having problems with work or she's having problems with the father [of the children] ... sometimes she gets a little anxious and we talk."

Grandmothers increased their emotional support when they perceived parents to be struggling or overwhelmed by their parenting responsibilities. Perhaps as a result of the parents' desire to raise their own children, several grandmothers found parents to be open to their input, with some grandmothers even noting that the parents came to them for guidance. Often, these grandmothers had close relationships with the parents (usually their daughters), marked by daily communication, feelings of love and mutual support, and a "we're in this together" mentality. As one grandmother shared, "I think [daughter] and I came to a fork in the road that it takes a village to raise a child, and I think she realized that she needs all hands on deck ... we don't want her to think that she's actually on an island by herself." Grandmothers believed that their ongoing emotional support was critical to the parents' ability to manage their personal issues and to reducing the stress of the reunification, which was ultimately foundational to its success.

Grandmothers also provided parents with instrumental support, including free childcare, sometimes on a daily basis, and occasionally for extended periods of time. For instance, one grandmother described how she cared for her grandson on a daily basis:

I still went every day and picked him up and went to his school after he moved in with her [the grandson's mother]. I would go and drive him to school and pick him up in the afternoon. And she picked him up from my house.

Grandmothers perceived their childcare assistance as contributing to the success of the reunification because it allowed parents to work, have some time to themselves, or take a break from the demands of parenting. As one grandmother explained, "I try to do whatever I can to keep things stable. If I think she [grandchildren's mother] is getting a little anxious or needs a little break, I go down there and stay a week or two." In addition to childcare, grandmothers also provided transportation, which supported the reunification by helping parents get to work or access support services, as well as getting grandchildren to and from school and other appointments and extracurricular activities.

Finally, grandmothers made financial contributions to the reunified family by paying the parents' rent, buying food and other household items, and purchasing items for the grandchildren. For example, one grandmother explained how she had been financially supporting her daughter's living situation to stabilize the reunification and ultimately protect her grandson: "I told her, you need five thousand dollars because you're going to be evicted. I give you the five thousand. Not because I wanted to pay her rent. I wanted him [the grandson] safe." Approximately one third of the parents were unemployed or worked part time, and thus grandmothers' financial support was a critical resource.

Although grandmothers universally reported supporting the reunified family, some grandmothers were so involved with their grandchildren after the reunification that they were essentially still functioning as the main parental figure. This arrangement was most common in families involved with the child welfare system and when the grandmother had raised the grandchild(ren) for at least 3 years before the reunification. Additionally, grandmothers tended to maintain parental roles in new reunifications of less than a year or in those reunifications that had lasted for 3 years or more. Intensive grandmother involvement was typically in response to parents not fully embracing or being unable to fulfill their parenting responsibilities, often due to ongoing personal difficulties or a desire for freedom and independence. As a grandmother of a young grandson who had been reunified with his mother for 2 years explained, "She's [mother] gone all the time. She's at work and then she goes and does her own thing. I feed him dinner, give him a bath, put him to bed." Most of the highly involved grandmothers helped parents make decisions about the grandchildren and some even maintained legal custody of the grandchildren. Highly involved grandmothers acknowledged that the reunification could be seen as artificial, as captured by the grandmother who stated, "He left my home ... but he's like, kinda like never left ... he wasn't with his mother."

Accessing resources and support.—All of the grandmothers described how informal and formal sources of support were essential to the success of the reunification, especially for parents with ongoing mental health problems and when grandchildren were experiencing behavior problems. Extended family members were common sources of informal support, especially for families involved in the child welfare system, in that they provided instrumental and emotional support to the newly reunified family. When extended family members offered unconditional love and support, advice and guidance, tangible support, as well as a sense of "being there for each other," grandmothers believed that the parents were more equipped to navigate the challenges associated with the reunification. For example, one grandmother gave the following reason for her two granddaughters' successful reunification with their mother:

I think that [family support] was the key to it all because you're willing to go to any lengths, and when you know it's family and somebody you love, you're going to do whatever you have to do in order to make it work.

Although extended family were the most commonly referenced source of informal support, grandmothers also described how friends, neighbors, and church members also supported

the reunified family. This type of social support appeared to take some time to develop, as it was less common among the very new (i.e., less than a year) reunifications.

Formal supports also reinforced the reunification, in that they addressed specific, ongoing parent and grandchild needs. Not surprisingly, utilization of formal supports was particularly common, and the major source of support, among families involved in the child welfare system. Grandmothers described how when parents accessed needed services, such as psychotherapy or medical care, for themselves or the grandchildren, the reunified family system seemed more stable. As one grandmother noted about her daughter's ongoing mental health issues,

She still has some anxieties but it's more controlled because she is consistently now seeing a psychologist and that's kind of helping with some of her [parenting] stress ... she hasn't gotten in a state like before.

Grandmothers suggested that problems arose when parents did not access needed services for themselves or the grandchildren. For instance, one grandmother whose reunified granddaughter had serious behavior issues explained,

The daddy was supposed to keep her [granddaughter] going to the psychiatrist. As soon as he got her back, she ain't been to another session since. I had her under control cause I was taking her to the psychiatrist twice a week.

Another grandmother suggested that her grandchild's parents "need to go to those [parenting] classes, that would help them both a lot but I know they not going. They don't think they need it." Ultimately, grandmothers worried that unaddressed parent or grandchild difficulties would be detrimental to their grandchildren's well-being and eventually make the reunification untenable.

Navigating triadic relationships.—Given the extensive support and monitoring provided by grandmothers, as well as their concerns about the reunification, it is not surprising that all of the grandmothers described challenges related to navigating post-reunification grandmother–parent–grandchild relationships. The challenges primarily manifested themselves as grandmother–parent conflict and problematic interaction patterns. Grandmothers attributed conflict to a variety of factors, including a lack of trust between the grandmother and parent, disagreements about how to best care for the grandchildren, concerns about the parent's behavior, and the resurfacing of old issues between the parent and grandmother. In some cases, grandmothers and parents were able to resolve the conflict, but more frequently, the conflict resulted in cutoff, avoidance, or triangulation.

In extreme cases, grandmothers described how conflict resulted in the parent completely blocking their contact with their grandchildren. For example, one grandmother explained, "We never got to see her [granddaughter] again ... after we said no several times with not helping her [mother] with money, she was not gonna allow us to have contact with [granddaughter]." Losing contact with their grandchildren was extremely distressing to the grandmothers, as they grieved the loss of their relationship with their grandchildren and were unable to monitor their grandchildren's well-being. In less extreme cases, grandmothers still had contact with the reunified family but perceived parents as avoiding

the grandmother and extended family members. This avoidance was most common in situations where the grandchild(ren) had been raised by the grandmother for at least 5 years before the reunification. One grandmother, whose young grandson had been reunified with his mother for a year explained, “She’s [the mother] slowly just kind of stepping away from the family, even her brother ... she’s having less and less to do with all of us.” Grandmothers attributed this behavior to parental stubbornness or spite, jealousy over the grandmother–grandchild relationship, or speculated that the parent was trying to avoid being confronted for inadequately caring for the grandchild(ren) or relapsing into problematic behavior such as substance misuse or criminal activity.

Triangulation (Bowen, 1978) was another common interaction pattern and occurred via parents putting the grandmothers in the middle of conflicts with the grandchildren, or the grandchildren complaining about the parents to their grandmothers. For example, a grandmother whose adolescent grandson had been reunified with his mother for 5 years shared, “When he first went back, I don’t think he really wanted to listen to her. He’d always call me—she is being mean to me.” In terms of parents triangulating the grandmothers, another grandmother stated, “[Parent] will call and she’ll say, can you talk to [granddaughter]? I said, well why can’t you talk to her? I said, I’ll talk to her because when she can’t reach her she think I can.” Grandmothers did not like being “put in the middle” in this way but struggled with how to handle these situations because as they did not want to risk alienating the parents or potentially losing their ability to monitor the reunification and promote their grandchildren’s well-being.

Living the Reunification: Approaches to Communication and Problem-Solving

Grandmothers’ beliefs about the reunification and the resulting organizational patterns had a direct influence on how grandmothers approached daily interactions with the reunified family. In particular, grandmothers described two strategies that helped them remain in contact with their grandchildren and the parents, support the reunification, and address any concerns.

Maintaining role clarity.—Following the reunification, 75% ($n = 13$) of grandmothers described how they intentionally worked to maintain the clarity of their new role, and associated role boundaries, within the reunified family. Instead of being a parent to their grandchildren, they shifted to supporting the authority of the parents by staying out of parent–grandchild conflicts, deferring to parents on decision-making, and making sure that their grandchildren understood that the parent was the person in charge. For example, one grandmother explained how she now interacts with her two grandchildren and their mother following the reunification: “I just let her be the mother ... I tell them [grandchildren] you gonna have to follow by her rules ... she is the parent so she has the last say so, but most of the time the stuff that she’s saying I mostly just agree with it because it’s what good for the kids.” Similarly, a grandmother who had concerns about her son-in-law’s ability to manage her granddaughter’s behavioral issues shared how she tried to stay out of their disagreements: “I didn’t wanna be the meddling mother-in-law and I didn’t want [granddaughter] to fight me against her dad. I didn’t want her saying I don’t have to listen to you [the father], I can go back to grandma.” Grandmothers explained how, after being

responsible for their grandchildren, changing roles was difficult, especially when they did not agree with the parent's choices or were concerned about their grandchildren's well-being, but that it was necessary to support the parent and legitimize the reunification.

Behaviorally, grandmothers maintained role clarity by setting boundaries with parents and grandchildren. To avoid becoming a de facto parent again and to enforce the idea that the parent was now responsible for the grandchild(ren), grandmothers set limits with the parent with regard to the amount of instrumental assistance they would offer, their availability to assist with childcare, and the intensity of childcare they were willing to provide. As one grandmother explained, "It was hard for [granddaughter] because whenever she wanted to do something ... they used me for a pit stop. I said no." Grandmothers believed that setting these limits encouraged (or forced, in some cases) parents to "step up" and function in the parental role and provided clarity to the grandchildren about who was responsible for their care. Ultimately, grandmothers felt that these boundaries were necessary if the reunification was to be successful over time.

Engaging in open communication.—As noted previously, conflict and relational challenges were a common part of the reunification process, especially as grandmothers tried to navigate supporting and monitoring the reunification, while also respecting the parent's role in the reunified family system. When difficulties inevitably arose, all of the grandmothers pointed to open communication as the means for resolving those difficulties and prioritizing their grandchildren. Open communication involved the grandmothers and parents, and sometimes the grandchildren, addressing issues openly and honestly and working together to make decisions and find solutions. For example, one grandmother shared how they communicated about issues together as a family:

Once we know there's an issue at hand, we sit down and talk about it and take advice from all and try to come up with the plan that works for everyone. Also making sure that the person who is having the issue understands we're only doing this out of love.

This collaborative stance was more likely when the grandmother and parent had a strong bond, the parent was open to the grandmother's advice and support, and the grandmother and parent had a shared understanding of grandmother's role in the reunified family system.

In other cases, open communication involved grandmothers directly (but not necessarily productively) challenging the parents' decisions and behavior, especially when they believed the grandchild(ren)'s well-being was at risk. When grandmothers were concerned about their grandchildren's safety, protecting them became the grandmother's first priority, and this took precedence over maintaining role clarity and not interfering with the parent's authority. Directly challenging parents often occurred within the context of new (i.e., less than a year) reunifications and resulted in significant grandmother-parent conflict and the relational difficulties described previously; however, grandmothers believed that the "tough love" was necessary to ensure their grandchildren's health and safety. One grandmother illustrated how she confronted her daughter over the people she was bringing in contact with her granddaughter: "I just told her [mother] ... please have [granddaughter] around a better class of people ... if you want your children to grow and you want them to be a certain way,

you can't just mix them with a bunch of trash. You gotta show them that there are better people out there." Another grandmother's "tough love" came in the form of "I just told her she's a lousy mother and when I thought she was doing the best she can I would tell her that. ... I usually say you don't try hard enough. I scold her like she was my own child." This level of confrontation was distinct from the "playing nice" described previously, as grandmothers in these situations felt that direct communication was their only option for intervention to protect their grandchildren.

Discussion

This investigation examined the research question: "How do custodial grandmothers navigate the process of their grandchildren being reunified with a biological parent?" By examining this research question, this study is among the first to examine reunification among custodial grandfamilies and to examine resilient family processes (Walsh, 2003, 2012) associated with successful reunification. Successful reunification can be defined as a child being able to live permanently, in a safe environment, with their biological parents and not return to foster care or some other care arrangement (Kimberlin et al., 2009). Although it is not possible to conclude that the reunifications represented in this study were ideal or would be successful long term, the findings are significant because they provide needed insight into family-based mechanisms associated with a successful reunification (Lietz & Strength, 2011; Thomas et al., 2005; Wulczyn, 2004). Additionally, given that significant numbers of grandparents raise their grandchildren, federal permanency planning requirements related to kinship care, and the unique ongoing relational dynamics in reunifying grandfamilies, these findings provide important insight into the unique family considerations at work when children raised by grandparents reunify with their biological parents.

Notably, our findings suggest that, according to the grandmothers, the reunifications were not necessarily successful or in the grandchildren's best interests. The vast majority of grandmothers had serious concerns about the reunification related to the parents' mental health, parenting skills, and lifestyle choices, with a significant proportion of grandmothers being overtly opposed to the reunification. Some grandmothers believed that the reunification was rushed or decided by the child welfare system to meet permanency timelines, instead of determining that the parent was actually ready to resume care of the grandchild(ren). In fact, in some cases, the reunifications were on the verge of failing, had failed, or were in name only. These findings align with literature highlighting the difficulties associated with permanency planning as well as literature suggesting that reunifications have a reasonable likelihood of failure and can be detrimental to children when parents' underlying issues are not adequately addressed (Bellamy, 2008; Carlson et al., 2008; Font et al., 2018; Kimberlin et al., 2009).

Despite the grandmothers' concerns about whether the reunification would be successful over time, many of the reunifications had been stable (but perhaps not ideal, for reasons noted previously, in terms of promoting grandchild well-being) for years. Using Walsh's (2003, 2012) family resilience model as a guide, we identified several family processes that explain the mechanisms by which the family was able to adapt to maintain a successful

reunification. With regard to belief systems (Walsh, 2003, 2012), reunifications appeared more successful when parents and grandmothers believed that parents should raise their children and fulfill their parenting responsibilities. Additionally, grandmothers described how focusing on the needs and safety of the grandchildren guided their decision-making and interactions with parents. Importantly, grandmothers enacted these beliefs, within the context of the reunification, by monitoring their grandchildren's well-being following the reunification. Believing in parental responsibility and prioritizing their grandchildren aligns with Walsh's (2012) conceptualization of how families might find a sense of purpose and make meaning of their adverse circumstances. These beliefs also align with findings that reunifications are more successful when mothers are motivated to care for their children (Carlson et al., 2008; Jedwab et al., 2018; Lietz & Strength, 2011; Wells & Correia, 2012). Our study extends existing work by highlighting how the grandfamily system collectively constructed meaning about the reunification and how grandmothers' behavior associated with their belief systems ultimately helped maintain the reunification. Specifically, faith emerged as a coping mechanism when grandmothers became overwhelmed by the stress associated with the reunification. The emphasis on faith reflects Walsh's conceptualization of spirituality as a source of comfort, direction, and coping, while Lietz and Hodge (2011) noted the protective value of spirituality to reunifying parents, just as spirituality is of importance to the well-being of grandparents raising grandchildren (e.g., Neely-Barnes et al., 2010).

Several family organizational patterns (Walsh 2003, 2012) also contributed to the overall success of the reunification. Although accessing informal and formal supports was helpful in maintaining the reunification, it was grandmothers' efforts in providing parents with ongoing and sometimes intensive emotional and instrumental support, as well as continuing to function as a parent to the grandchildren, that appeared to offer parents much of the support they needed to manage their issues and adapt to the demands and challenges of parenting. Having the grandmother remain in a parental role seemed particularly common for those families involved in the child welfare system, when the grandchild(ren) had lived with the grandmother for an extended period of time, and when reunifications were relatively recent or very long term. In these cases, it appeared that grandmothers maintained a parental role to monitor the reunification because they struggled to give up their parental authority or had determined that they needed to continue functioning as their grandchildren's parent for the reunification to be successful and to ensure their grandchildren's safety and well-being. In some cases, the grandmothers indicated that were it not for their involvement and support, they believed the reunification would have failed.

Given grandmothers' high level of involvement in the reunified family, it was not surprising that family relationships were complex and difficult to navigate at times. Of particular concern to grandmothers was grandchildren being put in the middle of grandmother-parent conflict or having their access to their grandchildren blocked by the parent. Certainly, it is possible that some grandmothers were providing enabling support, but many appeared to providing support with some parameters (Blakey, 2012b). More broadly, these findings reflect Walsh's (2012) emphasis on flexibility and adaptability within the family structure—that these families were able to realign their roles, and the boundaries associated with these roles, after the reunification suggests an underlying resilience, despite their relational

struggles. Grandmothers' intensive support of the reunification also reflects Walsh's (2012) focus on the importance of emotional connectedness in resilient families as well the ability of the family to access social and economic resources. In terms of accessing resources, extended family and formal support appeared to be particularly important for newly reunified families and families who were involved in the child welfare system. Although child welfare-involved families are typically provided with formal supports as part of the permanency planning process, these findings further align with research documenting the importance of family support and participation in support services to successful reunification for all families (Blakely 2012a; Carlson et al., 2008; Jedwab et al., 2018; Lietz & Hodge, 2011). By revealing the specific mechanisms through which grandmothers promoted a successful reunification, in combination with supportive resources, this study extends the understanding of the processes by which the larger family and social context, within which the parent and child are embedded, can support a successful reunification.

Finally, with regard to communication and problem-solving strategies, by maintaining clear roles and setting boundaries with parents and grandchildren, grandmothers legitimized the authority of the parent and encouraged them to function within the parental role, which appeared to promote a successful reunification. Accomplishing this was not always easy, as evidenced by grandmothers who challenged and confronted problematic parent behavior. Grandmothers appeared most likely to challenge parents who were newly reunified, perhaps as part of their close monitoring of the reunification and as part of trying to ensure that the grandchild's safety and well-being were being prioritized. The process was often complicated by the fact that many grandmothers were still functioning as de facto parents and were used to being the authority figure, yet no longer had full parental authority over their grandchildren. Grandmothers' own ambivalence or anger about the reunification, grief over the grandchild's return to the parent, or frustration over their inability to control the parent and the home environment, could further complicate the negotiation of roles and boundaries. The negotiation process appeared to go more smoothly when there was clear, open, and honest communication among the grandmother, parent, and grandchild(ren). Together, these findings reflect Walsh's (2003, 2012) emphasis on the importance of clear, honest communication and the family working together (by clarifying roles and setting boundaries, in the case of this study) to encourage the long-term success of the reunification. The findings also align with Lietz and Strength's (2011) focus on the importance of communication and problem-solving in reunifying families and provide new insights into how grandfamilies worked to resolve issues related to a lack of clarity in roles, boundaries, and responsibilities in the reunified family system (Vanschoonlandt et al., 2012).

Limitations

By only gathering data from grandmothers, the study did not capture the perspectives of parents and grandchildren. It is likely that grandmothers' viewpoints may have been biased toward their own position in the family and perspective on the reunification. Other family members would likely have had different views on the family processes that supported or challenged the reunification and the overall success of the reunification. Future research would benefit from obtaining data from additional family members involved in the reunification.

A related limitation is that the study relied on grandmothers' self-reports of their family interaction patterns. Grandmothers may not be fully aware of how they behave within their families or have presented themselves in socially desirable ways, both of which could have biased the findings. Still, obtaining grandparents' perspectives is valuable, given the need to understand the firsthand experiences of people going through the reunification process as well as the mechanisms associated with successful reunification (Blakey, 2012a, 2012b; Wulczyn, 2004).

An additional study limitation is potential selection bias related to how participants were recruited—it is possible that those grandmothers who responded to the recruitment letter differed systematically from the larger population of grandmothers of reunified grandchildren. Relatedly, broad variation in the families, in terms of their individual characteristics and the features of the reunifications, which were extremely complex, could potentially impact the transferability of the findings to other reunifying grandfamilies. For example, as the majority of the grandmothers were involved in the child welfare system, it is possible that the services the family received (or did not receive) biased the grandmothers' perspectives on the reunification or even shaped how they approached interactions with the parents and grandchildren.

Future Directions and Implications

Although the findings extend the understanding of reunification within the context of custodial grandfamilies, they also provide guidance for future research. One potentially fruitful avenue for investigation would be examining how family processes within reunifying grandfamilies are related to outcomes such as the grandchild returning to the grandparent's care or other indicators of child, parent, or grandparent well-being. Second, although the grandmothers in this study described how the reunification unfolded over time, it would be beneficial to investigate reunification in grandfamilies longitudinally, for the purposes of gaining greater understanding of predictors of reunification as well as reunification trajectories and grandfamily well-being over time. Additionally, because the reunification process appeared to be more challenging for some grandfamilies than others, future research should explore for whom and under what conditions reunifications are more or less likely to be successful. In particular, attention should be given to how the amount of time since the reunification and the length of time the grandchild lived with the grandparent influence the reunification. Finally, given grandmothers' perceptions that the child welfare system had inappropriately pushed for the reunification and variations in the themes based on family involvement with the child welfare system, it is important to consider the impact of child welfare processes and permanency requirements on reunification in grandfamilies. Part of this work could include examining caseworkers' perspectives on working with grandfamilies, within the context of reunification.

In terms of practice implications, given that the majority of grandmothers were worried about or opposed to the reunification, when grandfamilies are involved in the child welfare system, caseworkers should carefully assess the parents' ability to handle the stressors associated with reunification and monitor the family, initially and over time, for signs of distress. Having caseworkers obtain input from grandparents before and after the

reunification may be especially valuable, in terms of initial assessment and monitoring, because grandparents appear to be well-positioned to know what is happening within the reunified family. Relatedly, to promote the long-term success of the reunification, parents in and outside of the child welfare system could benefit from services focused on parent training and managing child behavior problems, as well as more intensive services related to maintaining their sobriety and mental health. Our findings suggest that reunified parents who are outside of the child welfare system may receive fewer formal services, and thus practitioners should explore ways to locate these families, assess their needs, and connect them and their children with appropriate resources.

Ultimately, findings indicate the need for services focused on enhancing the grandparent–parent relationship and family processes that support successful reunification including strategies for effective communication, setting boundaries and clarifying roles, conflict resolution, and guidelines for handling crisis or safety concerns. These services might be most useful for those families who are newly reunified and still establishing their roles and relationships, as well as those families in which the grandchildren resided with the grandparent for an extended period of time before the reunification. As the reunification represents a significant change in roles, grandparents and parents may also benefit from assistance related to negotiating a level of grandparent involvement that balances providing support versus interference. Additionally, given that many grandmothers indicated being opposed to the reunification and having concerns about their grandchildren’s well-being, it may be helpful for grandparents to process their feelings (e.g., ambivalence, grief, anger) and develop effective strategies for coping with stress. This content could be delivered in group settings via psychoeducational workshops or trainings or in the context of more individualized services such as individual or family therapy.

Conclusion

Grandparents raising grandchildren are crucial sources of support for children whose parents are unable to raise them. When children can be reunified with their parents, grandmothers remain central to the success (i.e., safety and stability) of the reunification over time. There is significant resilience also in reunified family systems because they adapt to challenges and their new circumstances. By making practical contributions to the reunified family system while still monitoring the safety and well-being of their grandchildren, grandmothers further demonstrate the critical nature of their contributions to their families.

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Table 1.

Demographic Characteristics of Participant Grandfamilies (N = 17)

Demographic variable	Grandmothers (N = 17)		Reunified grandchildren (N = 21)		Reunited parents (N = 17)	
	<i>M (SD, range)</i>	<i>n (%)</i>	<i>M (SD, range)</i>	<i>n (%)</i>	<i>M (SD, range)</i>	<i>n (%)</i>
Age (<i>M (SD, range)</i>)	64.29 (8.87, 53–78)		11.81 (5.74, 2–22)		35.29 (7.95, 24–54)	
Gender, female, <i>n (%)</i>	17 (100)		13 (76.4)		14 (82.4)	
Race/ethnicity, <i>n (%)</i>						
African American	9 (52.9)		11 (64.7)		9 (52.9)	
White/Caucasian	4 (23.5)		2 (11.8)		2 (11.8)	
Latino	3 (17.6)		2 (11.8)		1 (5.9)	
Other	1 (5.9)		6 (35.3)		4 (23.5)	
Marital status, <i>n (%)</i>						
Married/partnered	6 (35.3)				4 (23.6)	
Single	2 (11.8)				8 (47.1)	
Divorced	3 (17.6)				2 (11.8)	
Widowed	6 (35.3)				-	
Employment, <i>n (%)</i>						
Not employed	11 (64.7)				5 (29.4)	
Full time	5 (29.4)				5 (29.4)	
Part time	1 (5.9)				1 (5.9)	
Annual income, <i>n (%)</i>						
Less than \$25 K	8 (47.1)					
\$25–50K	6 (35.3)	3				
Above \$50K	3 (17.6)					

Note. Some data were missing for the reunited parents' race (*n* = 1), marital status (*n* = 3), and employment status (*n* = 6) because grandmothers were not always aware of this information.

Table 2.

Summary of Themes (N = 17)

Theme	Explanation	n (%)
Belief systems		
• fulfilling obligations	P should raise their children; P are obligated to fulfill their parental responsibilities; GM facilitating parental involvement	16 (94)
• Prioritizing the GC	Focus on GC safety and well-being; put GC needs ahead of all others; GM actively monitoring the reunification	14 (82)
• Relying on faith	Faith as a coping mechanism and guide for decision-making	15 (88)
Organizational patterns		
• Supporting the reunification	GM provides P and GC with emotional and instrumental assistance; GM continues to function as a parent	17 (100)
• Accessing resources and support	Seeking social support from community; accessing instrumental and emotional support from extended family; obtaining formal support and services	17 (100)
• Navigating triadic relationships	Interconnected relationships of GM-P-GC; challenges include conflict, avoidance, cutoff, and triangulation	17 (100)
Communication and problem-solving		
• Maintaining role clarity	GM works to allow P to function within the parent role; GM setting boundaries about role	13 (76)
• Engaging in open communication	GM challenges P on decisions and behavior; open communication within the GM-P-GC triad; GM-P conflict focuses on P decisions and behavior	17 (100)

Note. GC = grandchild; GM = grandmother; P = parent.