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Essay

Collaborative Alliances in Child Welfare: Cultivating Biological Parent–Placement Caregiver Coparenting Systems

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Abstract

Out-of-home placement reorganizes, rather than replaces, a young child's caregiving system. Although most child-welfare systems recognize the importance of family relationships, the relational connections among biological parents and placement caregivers—whether kin caregivers or foster parents—are not always systematically addressed within placement and case-planning processes. This conceptual essay advances a family-systems framework for a biological parent–placement caregiver coparenting alliance: a deliberately supported, multi-caregiver system organized around continuity of care, emotional security, and safe permanency. We describe why a multi-caregiver model is needed for infants and toddlers in care, distinguish alliance-building tasks in kinship and non-kin placements, and consider how practice-informed aids—a Parent Thoughts and Actions Assessment, a child-centered ecomap, and a Coparenting Progress Sheet—can support reflection, recognition of significant relationships, and ongoing conversations about coparenting. An Early Childhood Court practice illustration from Florida's Sixth Judicial Circuit highlights the importance of sustained judicial leadership, a community coordinator, shared preparation, and supported caregiver communication. Central to the framework is a system-wide stance that recognizes biological parents as consequential participants in the child's caregiving world, rather than treating them as outsiders. We conclude with testable propositions and a research agenda for evaluating multi-caregiver coparenting processes in Infant-Toddler Court Teams and, where comparable judicial and cross-system infrastructure is present, other child-welfare settings.

Keywords: coparenting; foster care; kinship care; biological parents; infant mental health; family systems; child welfare

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1. Introduction

When a young child enters out-of-home care, the place of daily care changes, but the child's family world does not simply begin again. In the United States, where the practice illustration detailed in this essay took place, 328,947 children were in foster care on 30 September 2024. Nearly 122,000 of them were younger than six, including about 22,000 infants under one year old (Children's Bureau, 2025). Parents, relatives, and other familiar caregivers often remain emotionally consequential to children while placement caregivers assume responsibility for their everyday care. From the child's perspective, these relationships cannot be understood solely through the legal arrangements that distinguish one household from another. The adults may have different responsibilities and unequal

authority, but their actions—and their relationships with one another—help organize the child's experience of family. A child-centered account must attend to that lived caregiving world, as well as to the authority under which care is arranged (McHale & Irace, 2011).

The question of substance is therefore not just whether a child can establish a relationship with a new caregiver. It is also how the adults surrounding the child can preserve knowledge, familiar practices, and important connections while providing protection and dependable care. Who knows how this baby is comforted? Who recognizes people the toddler might be missing? Who can help one caregiver understand what another has learned about the child? These are not peripheral questions. They concern the relational environment in which placement, visitation, and transitions unfold.

This essay advances the biological parent–placement caregiver coparenting alliance as a family-systems framework for addressing that environment. Coparenting concerns the ways adults share and coordinate responsibility for a child's care and upbringing. It is distinct from an adult couple relationship and cannot be reduced to the quality of separate child–caregiver relationships. Its particular focus is how adults' support, disagreement, coordination, and representations of one another enter the child's family experience (McHale & Lindahl, 2011).

Our central premise is that placement reorganizes a young child's caregiving system rather than simply replacing one caregiver with another. Where biological parents or other significant caregivers remain consequential in the child's life, their relationships with placement caregivers become part of that reorganization—even when the adults have little shared history, do not regard one another as family, or cannot safely communicate directly. Recognizing this system does not presume that a working alliance already exists. It identifies the relationships to which a child-centered system of care must attend.

The practical aim is the greatest feasible continuity, not collaboration at any cost. A coparenting alliance may involve direct communication and shared preparation for visits. In other circumstances, the work may be more limited: passing on child-specific knowledge, maintaining familiar routines, acknowledging an absent caregiver without disparagement, or arranging carefully bounded communication through a professional. The form coparenting takes must reflect the circumstances of the case. What should not disappear is attention to the child's important relationships merely because the adults in the two families cannot work together directly.

The alliance is therefore neither a single cordial encounter nor a requirement that caregivers overcome legitimate safety concerns or unequal authority. It is a supported pattern of child-centered communication, recognition, role clarity, and coordination. Courts, agencies, and clinicians cannot manufacture affection between adults. They can, however, make the relational work visible, provide support for it, and avoid treating the child's caregiving relationships as an administrative afterthought.

This is a conceptual essay, not an empirical report. It develops a family-systems argument, describes practice-informed tools and a court-based illustration, and states propositions for future testing. It does not establish the effectiveness of the illustration or present the tools as validated measures.

2. Biological Parent–Placement Caregiver Alliances as a Coparenting System

2.1. Coparenting Across Diverse Family Systems

Coparenting has been conceptualized across diverse family systems for more than two decades. McHale et al. (2002) examined coparenting in families beyond the two-parent nuclear household. McHale and Lindahl (2011) described coparenting as related to, but distinct from, the marital and parent–child relationships, and as a dynamic present in all family systems. In the same volume, McHale and Irace (2011) surveyed the many family

forms in which coparenting systems develop, and Montalto and Linares (2011) addressed coparenting between biological and foster parents directly, drawing on empirical work in foster care (Linares et al., 2006, 2010). The present framework extends that line of work to infants and toddlers in court-involved child welfare, where the adults sharing a child's care may be biological parents and placement caregivers who did not choose one another.

The framework also drew on coparenting work outside child welfare. Programs developed by Adler-Baeder, Shirer, and colleagues, among them Together We Can, a curriculum for parents raising a child together outside marriage (Shirer et al., 2009), treated coparenting as a relationship worth supporting across many family forms, including unmarried, low-income, and stepfamily households. Their evaluations relied on participants' own reports, most used quasi-experimental or pre–post designs, and none involved biological parents and placement caregivers (Adler-Baeder et al., 2018; Garneau & Adler-Baeder, 2015; Kirkland et al., 2011). We cite this work not as evidence about foster-care alliances, but because it showed that coparenting support need not be limited to married or formerly married parents. Where research on the families described here was thin, this broader work offered a way to think about who coparents a child and how that collaboration might be strengthened.

2.2. Legal Authority and the Child's Caregiving World

Understanding a child's coparenting system requires two related but distinct questions: who has authority to make decisions, and who actually participates in the child's care, socialization, and significant relationships? McHale and Irace (2011) explicitly distinguish these considerations. Drawing on Crosbie-Burnett and Lewis (1993), they contrast definitions of family organized around adults' legal status with a child-centered understanding that attends to the people involved in the child's ongoing nurturance and support, including across households. These differing perspectives need not identify the same people or assign them the same roles.

This distinction is especially important in child welfare. Placement arrangements specify where a child lives and who has the authority to exercise particular responsibilities. They do not, by themselves, describe the full relational world the child brings into care. Nor does recognizing that world diminish the authority needed to protect the child. Legal responsibility and relational significance answer different questions; a child-centered framework needs both.

Recognition also requires discrimination. Not every adult important to a child is a coparent. McHale and Irace (2011) distinguish people who contribute to the richness of a child's life from those who participate in an enduring system of care and upbringing. A child-centered ecomap—a visual map of the people important to the child and the relationships connecting them—may therefore identify a broader network than the coparenting alliance itself. A beloved relative may matter deeply without sharing caregiving responsibilities. Conversely, a placement caregiver may assume extensive daily responsibility before a close relationship with the biological family has developed.

We use "placement caregiver" to include kin, fictive-kin, and non-kin caregivers. The framework does not assume that every case has only two relevant adults. It asks which adults have caregiving responsibilities or continuing relational significance, how their roles intersect, and what forms of coordination can serve the child without compromising safety.

2.3. Why the Relationships Form a System

A family-systems argument requires more than listing the adults around a child. Its concern is their interdependence: what happens in one relationship or household can alter what happens in another.

A parent's knowledge about the baby's cues and sensibilities—being soothed by a familiar cartoon's theme song, or being afraid of Jell-O—may help a placement caregiver respond more effectively. Pre-visit preparation in the placement home may influence how a visit begins. Information exchanged afterward may help both caregivers understand a difficult transition. The way one adult speaks about another may either validate or dismiss a relationship important to the child. These are proposed pathways through which caregiving relationships intersect; they are not effects established by this essay.

Just as separate assessments of mother–child and father–child relationships do not adequately capture the child's everyday experience within the full family system (Minuchin, 1985), neither do separate assessments of a biological parent–child relationship and a placement caregiver–child relationship fully describe the relationship system in which both are situated. Coparenting theory directs attention to the child and caregiving adults together, including how the adults support, undermine, exclude, or coordinate with one another. McHale and Irace (2011) describe this as a triadic or polyadic perspective rather than an assembly of separate dyads (see also McHale, 2007).

The system need not be harmonious to be consequential (Teubert & Pinquart, 2010). Adults may communicate poorly, avoid one another, or work at cross-purposes. The absence of an alliance does not make these relationships irrelevant; it makes their organization a matter requiring attention. We reserve "coparenting alliance" for the supported pattern of functioning the framework seeks to promote, rather than using it as a synonym for every existing caregiving arrangement.

2.4. Membership, Absence, and Uncertain Roles

Placement can make family membership and caregiving roles difficult to interpret. Boundary ambiguity concerns uncertainty about who belongs to the family and what responsibilities accompany that membership (Boss & Greenberg, 1984). Ambiguous loss draws attention to circumstances in which physical presence and psychological presence do not coincide (Boss, 1999). A person can be absent from daily life while remaining important in the family's experience. These concepts help explain why changes in residence or authority do not necessarily settle the meaning of a relationship.

Applied here, they invite questions rather than assumptions: How does the biological parent understand the continuing parental role? How does the placement caregiver understand the responsibility to preserve connections? What does each adult believe the child is losing, retaining, or gaining? Where do their understandings differ?

The framework does not presume that every biological parent is an attachment figure, that every prior relationship should be maintained, or that contact is always appropriate. It does insist that relational significance be considered rather than inferred exclusively from legal status, current residence, or an adult's account of who should matter.

2.5. The Institutional Conditions of Coparenting

Ecological analyses direct attention to conditions outside the immediate coparenting relationship. Feinberg's (2003) framework situates childrearing agreement, division of labor, support or undermining of the coparental role, and joint management of family interactions within individual, family, and extrafamilial influences. In child welfare, those influences include the institutions arranging placement and contact, the resources available to families, and the practical support available for communication.

Power is not incidental to this setting. Biological parents and placement caregivers may differ in legal authority, access to information, institutional credibility, and freedom to refuse a proposed activity. Asking them to collaborate does not remove those differences.

A workable framework must clarify responsibilities, permit concerns to be raised, and distinguish supported participation from agreement produced by pressure.

Courts, case managers, clinicians, attorneys, guardians ad litem, and community coordinators are not coparents in this framework. They constitute the system of care that can support—or obstruct—the caregiving relationships. Their contribution is to establish clear expectations and safeguards, provide practical assistance, and help adults keep the child's needs in view without requiring the child or a less powerful adult to absorb unresolved conflict.

Five proposed dimensions organize the alliance: support and recognition; shared child knowledge; behavioral coordination; communication and disagreement management; and continuity work. These are conceptual dimensions of the framework, not validated domains of the practice tools. Continuity work may include familiar routines, photographs, objects, language, and appropriate contact. Direct collaboration is one possible means, not the definition of success. The guiding question remains what degree and form of child-centered continuity can safely be achieved.

3. The Importance of Caregiving Continuity in Early Childhood

The framework is especially relevant to infants and toddlers, who rely on consistency and predictability in caregiving for their developing regulatory capacities. Young children predict who will comfort them, when and how transitions occur, and who will organize their everyday routines. Studies of attachment in foster care have hence emphasized stable caregiving and structural continuity in permanency planning (Gauthier et al., 2004; Stovall & Dozier, 1998). A multi-caregiver coparenting alliance can build continuity through several hypothesized pathways. Biological parents can share their understanding of child routines, cues, health, development, culture, and comfort. Placement caregivers can share observations about the child's daily experiences, so that biological parents can remain informed, involved and participative.

If caregivers can be supported and encouraged to work collaboratively in preparation for visits, to compare notes following visits, and to converse respectfully about one another when with the child, they can co-create an experience of greater predictability and coherence for the child, reducing the degree to which family contact is experienced as a contest between households. These are theoretically grounded pathways for study, not effects established by this paper.

Positive coparenting alliances complement, but do not replace, dyadic intervention. Child–Parent Psychotherapy (CPP) and related dyadic interventions help support caregiver responsiveness, relationship repair, and young children's recovery following adversity, but systems must also address safety, mental health, substance use, housing, material hardship, and service access (Chinitz et al., 2017; Lieberman et al., 2006; Osofsky & Lieberman, 2011). The proposed framework addresses relational conditions under which such interventions are supported or undermined by the wider caregiving system.

4. Kinship and Non-Kin Alliance Dynamics

Kinship and non-kin placements each offer unique resources but create distinctive challenges. Kinship placements may preserve familiar relationships, cultural practices, neighborhood ties, and family history. A systematic review examined kinship care relative to non-kin foster care across safety, permanency, and well-being outcomes (Winokur et al., 2018). Such placement comparisons do not, by themselves, establish the quality of biological parent–caregiver coordination within either placement type. Familiarity does not inevitably yield a functional alliance, however. Kin caregivers may be entrenched in longstanding

conflict, divided loyalties, unclear boundaries, financial strain, health concerns, or pressure to manage contact outside formal plans.

Research with mothers recently released from jail and the maternal grandmothers who cared for their young children offers a useful kinship-care analogue. That work presented a method for observing coparenting in these multigenerational families. It argued that, during a parent's absence, the alliance between the absent mother and the child's other caregivers can affect whether the child copes successfully or becomes distressed and disorganized (McHale et al., 2013). In a pilot observational study of 40 mother–grandmother dyads, stronger coparenting during the mother's jail stay was associated with fewer concurrent child externalizing problems and predicted more positive coparenting interactions after release (Baker et al., 2010). These findings are suggestive, not definitive, given the pilot design and modest sample. They nevertheless underscore the importance of caregiver relationships during separation and re-entry.

In non-kin placements, biological parents and foster parents often begin without shared history. Early exchanges may be shaped by suspicion, anger, fear, grief, surveillance, and concerns about intentions. Research on birth–foster parent relationships highlights supportive agency structures, communication, role clarity, and trust as conditions that can promote cooperation (Chateauneuf et al., 2018; Hedin, 2015). Coparenting alliance formation in such placements often requires explicit institutional permission, preparation, safety planning, facilitation, and regular follow-through.

Across both settings, role legitimacy matters. Biological parents should be validated and approached as indispensable sources of knowledge about their children and as attachment figures whose relationship with the child remains central. Placement caregivers require acknowledgement of their own daily work and the emotional demands of care. A child-centered system can maintain clear safety boundaries while resisting narratives that require the child to choose between caregivers.

5. Translating the Framework into Practice

5.1. Early Relationship-Building and Shared Preparation

Early contact between biological parents and placement caregivers offers an opportunity to begin working together around the child. The aim of an icebreaker or alternative initial communication is not instant intimacy or agreement. It is to share knowledge about the child, discuss roles and boundaries, recognize important relationships, and begin a workable communication plan. Guidance from the Annie E. Casey Foundation, the Quality Parenting Initiative, and the Birth and Foster Parent Partnership provides practical starting points for such exchanges (Biehle & Goodman, 2012; Birth and Foster Parent Partnership, 2020; Quality Parenting Initiative, n.d.).

A coparenting orientation requires more than asking biological parents and placement caregivers to communicate respectfully. The professionals supporting them must adopt, embrace, and demonstrate that same orientation. How disparate actors within the system itself speak about parents, receive their knowledge, and recognize their contributions is a central condition and a determining factor in the potential for success. A parent cannot meaningfully be invited into a caregiving alliance while being treated as an "outsider" in the child's family. In parallel, the importance of placement caregivers' daily work and the importance of other significant adults must both be acknowledged, without making their legitimacy depend on diminishing the parent. The organizing stance remains one of shared responsibility for the child, not opposing camps (Casey Family Programs, 2020, 2023). This approach does not erase differences in legal authority or safety obligations; it requires that those differences be addressed within a shared commitment to the child.

Preparation must therefore extend beyond the caregivers. Case managers, clinicians, guardians ad litem, court personnel, and other involved professionals need a shared understanding of the child's caregiving relationships and of their own responsibilities in supporting them. The purpose is not simply to teach families how to cooperate, but to help the system stop working at cross-purposes with the cooperation it seeks.

In an Early Childhood Court (ECC) that embraces this framework, judicial leadership is essential rather than peripheral. The presiding judge can make clear that biological parents remain consequential members of the child's caregiving world while recognizing placement caregivers' responsibilities and maintaining necessary safety boundaries. Continuing attention at review hearings can keep the focus on whether communication, visit preparation, and support for important relationships are actually occurring—and what assistance is needed—not merely whether they appear in a case plan.

These conversations become concrete through sharing knowledge about the child's routines, food and sleep preferences, health, cultural and religious practices, familiar objects, and individual cues. Preparing for visits and attending to siblings and other significant people are also part of this work. The form and timing of contact must fit the family's circumstances and safety needs; no single timetable or format can substitute for thoughtful preparation.

5.2. Parent Thoughts and Actions Assessment

To obtain an initial understanding of caregivers' perspectives and openness to particular coparenting actions—sometimes referred to as "readiness"—a Parent Thoughts and Actions Assessment (PTAA) was developed as an aid to reflection and preparation. An introductory statement explained the Early Childhood Court's goal of supporting a coparenting alliance between the child's biological family and placement caregiver and assured respondents that there were no right or wrong answers. The questions invited caregivers to consider specific ways of working together on behalf of the baby, providing a starting point for discussion rather than a standardized assessment of their capacity to coparent.

The biological-parent version included ten sets of actions, including sharing knowledge about the baby, acknowledging the placement caregiver's contributions, speaking positively about that caregiver when alone with the child, and discussing disagreements with an effort to understand the other caregiver's perspective. Others addressed maintaining the baby's connections with important people outside the parent's household, openness to cultural traditions that the placement caregiver might introduce, and the possibility of continuing a relationship after reunification (Table 1). These topics helped bring the idea of a coparenting alliance into everyday caregiving: what a parent might share, say, acknowledge, or try to sustain for the child.

The purpose was to open a conversation about these possibilities and the support that might make them more attainable. Expressed openness could offer a concrete place to begin to build; understandable uncertainty or reluctance could be acknowledged while also opening a door for further and ongoing exploration. In neither case were initial perspectives meant to serve as a window into parental fitness. The PTAA is described here as a practice-informed aid, not a validated research measure. Its purpose and its questions helped make particular coparenting actions available for reflection without establishing that those actions were occurring or that an alliance had formed.

Table 1. Topics for Reflection in a Parent Thoughts and Actions Assessment.

Topic	Examples from the Biological-Parent Version
Sharing child knowledge	Talking with the placement caregiver about the baby and the parent's caregiving practices.
Recognition and positive representation	Acknowledging the caregiver's contributions and speaking positively about that caregiver when alone with the baby.
Discussing disagreements	Making an effort to discuss differences and understand the caregiver's perspective.
Maintaining significant relationships	Helping the baby remain connected with important people outside the parent's household.
Cultural openness	Considering cultural traditions the placement caregiver might share with the baby.
Connection after reunification	Considering a continuing relationship with the placement caregiver.

Note. These are editorial summaries of selected topics in the biological-parent version, not verbatim items or validated domains. The assessment is described as an aid to reflection and preparation, not a standardized measure of readiness or parental fitness.

5.3. Mapping the Child's Significant Relationships

A child-centered ecomap offers a visual starting point for considering who matters to the baby, including people whose importance may not be apparent from legal relationships or current living arrangements alone. The approach builds on Ann Hartman's development of the ecomap, described in her 1978 account of diagrammatic methods for understanding families and their connections with the surrounding social environment (Hartman, 1978). Its origins were practical: helping child-welfare professionals understand families' needs and relationships through a picture that could also support interviewing and intervention.

McHale and Dickstein (2019) described a child-centered adaptation for understanding the relational networks of infants and toddlers. The consequential shift is to place the child, rather than the household or an individual adult, at the center of the map. An adult's network and the baby's network are not necessarily the same. Asking about the child's significant relationships directs attention to relatives, nonrelative caregivers, and other important people whose roles might otherwise be overlooked.

Within the coparenting framework, such a map can guide conversation about the child's close, foundational "heart connections": who has provided care and comfort, who participates in familiar routines, and whose absence may matter to the child. These questions extend the discussion beyond identifying a biological parent and placement caregiver. They invite adults to recognize the wider relational world that the baby brings into placement and to consider how appropriate connections might be acknowledged and supported.

The value of a child-centered map lies in opening this inquiry, not settling it. It provides a way to bring family knowledge into discussion and to consider sources of familiarity, comfort, and support that may be available to the child. It is not a standardized attachment assessment, and identifying someone on a map does not by itself establish the quality of that relationship or the appropriateness of contact. Rather, the map helps keep an essential question before the adults: how can care in the present remain attentive to the people and relationships that matter to this particular child?

5.4. Sustaining Attention to Coparenting with a Coparenting Progress Sheet

An initial conversation about coparenting cannot carry the work of an entire case. A Coparenting Progress Sheet (CPS) provided a guide for returning to that conversation

over time, noticing emerging strengths, and considering where further assistance might help. Initial and ongoing sections offered places to record early contact, communication arrangements, and concrete efforts to preserve the baby's important relationships (Table 2). The concern was not simply whether adults had met, but how their developing relationship could support the child's experience of care and connection.

Table 2. Topics for Continuing Conversation in a Coparenting Progress Sheet.

Topic	Examples of Questions or Observations to Revisit
Early contact and preparation	Caregiver and parent–child contact; introductory information and training; an initial communication plan.
The child's significant relationships	Important people beyond the immediate caregivers; arrangements for appropriate connection; photographs and other reminders.
Helpful exchanges and everyday continuity	Useful parental input; positive references to absent parents; familiar objects and routines.
Communication around visits	Plans for preparation before visits and discussion afterward; caregiver participation and relevant support.
Caregivers' experience of communication	Whether parents and placement caregivers find the plan workable; concerns about frequency, usefulness, or supportiveness.
Emerging strengths and further assistance	Whether caregivers perceive a developing relationship and what might strengthen it.

Note. These are editorial groupings of questions in the progress sheet, not validated domains. The sheet is a practice guide, not a research instrument. Its questions are meant to help practitioners recognize caregivers' efforts, build on emerging strengths, and see where more support might help. Responses are not scores or outcome measures, and they are not grounds for judging parental fitness.

Initial questions addressed the timing of caregiver and parent–child contact following removal, preparation for coparenting, participation in an icebreaker, and development of a communication plan. They also encouraged giving attention to people important to the baby who were not present at the meeting: who those people were, how their absence was being addressed, and what arrangements or photographs might help preserve the child's connection with them. In this way, the guide kept the child's wider relational world in view rather than limiting discussion to the adults immediately involved in placement.

Ongoing questions invited attention to positive references to biological parents, photographs and familiar objects, routines, contact with absent family members, and helpful information shared by parents with placement caregivers. Questions about communication before and after visits offered further openings to discuss preparation and follow-through. These entries could make constructive efforts visible and provide something specific to build upon, while also identifying circumstances in which caregivers needed help.

The guide also prompted users to ask biological parents and placement caregivers how they thought communication was going and whether they felt a coparenting relationship was developing. Rather than assuming that more contact was always better, it allowed consideration of both frequency and the quality of exchanges. The accompanying checklist made the supportive purpose particularly explicit: what adjustments might help communication go more smoothly, and what else might strengthen the developing alliance?

Although many entries used a yes/no format, the purpose described here was not to assign a passing or failing score to caregivers. Rather, it was to sustain curiosity about what was happening, recognize efforts worth supporting, and keep the baby's relationships central to continuing conversations. A question about whether contact helped the baby keep an absent parent in mind, for example, directed attention to the child's experience; it

did not establish a measure of the baby's internal representations. The CPS was a guide to ongoing coparenting support, not a validated measure of alliance quality or an instrument for determining parental fitness or final case disposition.

6. Practice Illustration: Supporting Coparenting Alliance Development

Earlier efforts to bring coparenting ideas into child-welfare practice in the region and state helped set the table for the Sixth Judicial Circuit's Early Childhood Court initiative. Those efforts were intended to improve care for children more broadly, not to prepare for a court initiative that had yet to be envisioned, but they gave the later work a foundation of shared ideas and conversations on which to build. Within the initiative itself, judicial leadership, professional preparation, and continuing coordination were central to making coparenting support available.

The Early Childhood Court community coordinator was an important partner in this work. The role itself was not new: a community coordinator is a core component of ZERO TO THREE's Safe Babies Court Team approach, together with a dedicated judge and a court team trained in the specialty model (Faria et al., 2020). Working with the presiding judge and multidisciplinary team, the coordinator helped connect the court's expectations with the practical tasks of preparing caregivers, facilitating communication, addressing difficulties, and following through. Encouraging contact without offering such assistance can leave families uncertain about roles, boundaries, and what is expected of them. The framework therefore emphasizes preparation and support around early exchanges, whether these occur in person or through an appropriate alternative.

Judicial leadership involves more than convening hearings. In the practice illustration, the presiding judge repeatedly emphasized the need to remain child-focused and to preserve the child's important family connections. Such leadership gives the court team a shared expectation: biological parents' knowledge and relationships matter, placement caregivers need support in their daily work, and professionals must avoid conduct that diminishes either. For the framework to take hold, these expectations must be recognizable in the fabric of the work—the ongoing, everyday interactions between professionals and families—not just in the language of a hearing or training.

Caregivers may take on a placement with different levels of initial preparation for engagement in coparenting. Opportunities for orientation and assistance during a case are therefore important; a shared understanding cannot simply be presumed. A coordinator can help caregivers and professionals work through questions about communication, visits, family traditions, and the child's changing needs. This continuing assistance matters especially when an initial plan proves difficult to sustain.

Concrete practices can give caregivers something familiar to share around the child. One example described in the initiative involved providing the biological parent and placement caregiver with copies of the same book to read with the child, sometimes together and sometimes by telephone or video. The shared book offered a possible point of connection across households without requiring an elaborate intervention. Family photographs, transitional objects, recognized routines, and respectful mention of absent family members were discussed as means for strengthening continuity in everyday care. These examples illustrate the approach; they do not establish effects on child outcomes.

The practice aids described above offer complementary ways to keep these conversations going: reflecting on particular coparenting actions, recognizing significant relationships, and paying attention to improvements and challenges with communication and continuity. Their purpose is to help adults notice constructive efforts, build on emerging strengths, and consider what assistance might make coordination more workable. They also provide places to record knowledge about the child that might otherwise be lost as

professionals change. Their usefulness depends on the conversations they support, not simply on whether entries are completed.

A completed form cannot compensate for dismissive treatment of a parent, inconsistent expectations across professionals, or insufficient help with practical barriers. The question is not only what caregivers are doing, but what the system is doing to make child-centered coordination possible. This is where the shared stance described earlier becomes consequential: coparenting is work the system supports with families, not a test it sets for them.

Because the practice aids were used in court-involved cases, how their information was used matters. Families identified as qualifying for the program signed consent to participate, and the child-centered ecomap and other practice aids were completed with participating families as part of it. The ecomap was usually completed at the shelter hearing, when considerable information about the removal and the family's circumstances was already before the court. At that stage its purpose was practical rather than therapeutic: a parent could name relatives or other familiar adults who might care for the child or supervise visits. Identifying these adults early allowed any required screening to begin promptly and helped children keep contact with familiar, trusted adults during a stressful transition. Being named on an ecomap did not mean that a person was screened or approved. Some declined when contacted, and others were ruled out by circumstances already known to the agency or the court. Decisions about screening, including background checks, rested with the responsible agencies under their own requirements; the practice aids played no part in those decisions, and we cannot speak to the follow-up for any individual. The ecomap was not intended as a basis for judging a parent's fitness, and the Parent Thoughts and Actions Assessment and the Coparenting Progress Sheet were designed as aids for conversation and support, not as evidence for court determinations. Information gathered for any purpose can be used against a family. Guarding against that, and keeping the work strengths-based, was a continuing part of the community coordinator's role, with the presiding judge's support. Completed responses were available to the community coordinator and CPP clinicians; we cannot confirm the full extent of access beyond them, or how case management later reviewed or used the ecomap. Section 7 draws on this experience to suggest how future efforts might make expectations about participation and information use clear to families from the start.

7. Boundary Conditions

The ultimate aim of the approach we have been describing is cultivating the greatest feasible continuity in the young child's caregiving world. Direct collaboration is one way to pursue that aim, not a requirement every family must meet. What can be accomplished depends on the circumstances of the case, the adults' willingness and safety, and the support available to help them. A limited or fragile arrangement may still permit useful exchanges about the child. There can be cases, however, in which the work must proceed indirectly.

The conditions discussed below require careful assessment in each particular case. None should be presumed to exist simply because a family has entered child welfare. Professionals need to distinguish a demonstrated safety concern from an anticipation of potential danger, a disagreement from an inability to collaborate, and a practical obstacle from a lack of commitment. Otherwise, the assessment can unwittingly reproduce the very barriers the framework seeks to address.

7.1. Resources, Caseload, and Follow-Through

Coparenting support takes time. Someone must help caregivers prepare, clarify what communication is intended to accomplish, address difficulties, and follow up when plans do not work. A court cannot create those capacities simply by asking families to collaborate.

The practice illustration described here involved a relatively small number of cases, sustained judicial engagement, a dedicated community coordinator, and multidisciplinary involvement. These were central conditions of the work, not incidental features. The illustration does not establish effectiveness or show that the same approach can be implemented with equivalent support in high-volume settings.

Limited resources need not mean abandoning continuity work. They do mean choosing feasible tasks and identifying who will help carry them out. Passing along a baby's comfort routines, making family photographs accessible where appropriate, or helping caregivers exchange important information may be manageable even when sustained direct collaboration is not. The institutional expectation should be matched by practical assistance rather than added to families' responsibilities without support.

7.2. Culture, Class, and Unequal Standing

Biological parents and placement caregivers often arrive at a child's care from very different places in life. They may differ in language, religion, racial and cultural identity, income, housing stability, work schedules, and access to transportation or technology. A foster mother with a salaried job and a reliable car can return a call or make a weekday visit with relative ease; a parent working hourly shifts on a prepaid phone may find the same tasks far harder to manage. The two may also differ in how readily the court and case team hear and credit what they have to say. None of this is a reason to set coparenting aside. It is the very terrain on which the work must be done, and it calls for attention from the first conversation forward.

A child-centered approach asks what the child has known and what the family considers important. A hairstyle, a familiar food, a religious practice, or a way of settling the child to sleep may carry meaning that another caregiver does not immediately recognize. The task is not to make one household resemble the other. It is to understand what can safely and practically be preserved, what requires discussion, and where the adults need help finding an acceptable arrangement.

The same care is needed when interpreting participation. A parent may need several bus connections to reach a visit; one missed connection can undo the journey. If the parent does not then call to explain, the record may show only a missed visit, without revealing the effort made or what prevented arrival. Placement caregivers may also face practical constraints that make an agreed plan difficult to sustain. Professionals should ask what happened and what support is needed before treating an interruption as evidence of unwillingness.

Unequal legal authority does not disappear through cordial communication. Caregivers need clear explanations of who makes which decisions, how concerns can be raised, and what participation does—and does not—require. Respect for the biological parent's knowledge should not be confused with transferring legal authority; respect for the placement caregiver's daily responsibility should not make that household's preferences the unquestioned standard.

7.3. Intimate Partner Violence and Other Safety Concerns

Intimate partner violence requires explicit attention. It should not be folded into a general reference to "conflict," nor should willingness to participate be taken as evidence that contact is safe.

The relationships under consideration must also be specified. Communication between a placement caregiver and one biological parent is not the same arrangement as communication between biological parents who have experienced violence in their relationship. One may be possible when the other is not. Neither should be presumed safe without giving attention to the circumstances.

Where violence, coercive control, threats, stalking, protective orders, or disclosure of location creates risk, planning should draw on relevant specialist expertise and the knowledge of the person experiencing abuse. A joint meeting is not a substitute for that assessment. Nor should reunification, apparent cordiality, or completion of services alone be treated as proof that risk has ended.

Alternatives may include carefully mediated or indirect exchanges about the child, but indirect communication is not automatically harmless. Information can reveal whereabouts, enable unwanted contact, or place pressure on a caregiver. The form of continuity support must therefore respect legal restrictions and the safety of the child and adults involved. Where a proposed exchange cannot be made safely, it should not proceed.

7.4. Participation and Information Use

Caregivers should understand why a reflection form or relationship map is being used, who may see it, and whether information could enter reports or case decisions. These explanations should be given in language people can readily understand, with room for questions.

Agreeing to discuss the child is not the same as agreeing to unrestricted sharing of personal information. A map that helps adults understand whom a child may be missing can also contain sensitive information about other people. Its purpose and limits need to be clear.

The proposed framework does not treat agreement, cordiality, or willingness to complete a tool as a measure of parental capacity. Nor should refusal of a particular form of direct collaboration be interpreted without considering safety, legal restrictions, practical constraints, and the person's reasons.

8. Testable Propositions and Research Agenda

The framework makes claims that should be answerable to evidence. If deliberately supporting relationships among caregivers contributes something beyond arranging placement, services, and visitation, that contribution should be demonstrable. The following propositions identify what we would expect to observe, while allowing that the predictions may not hold.

Studies should distinguish the amount of contact from its quality and usefulness. They should also assess outcomes separately from whether recommended practices were completed: holding a meeting or filling out a form is not, by itself, evidence that a working alliance has developed.

8.1. Propositions

Proposition 1 (Clear roles make disagreements more manageable)**.** *Among cases in which inter-caregiver communication is appropriate, greater shared understanding of caregiving responsibilities, decision-making authority, and communication boundaries will predict less unresolved coparenting disagreement over time, after accounting for initial disagreement.*

The prediction is not that adults with clear roles will always agree. It is that they will be better able to address disagreements without repeatedly contesting who may contribute, who decides, or how concerns can be raised.

Proposition 2 (Recognition of each caregiver's contribution promotes useful exchanges about the child)**.** *When biological parents and placement caregivers feel that their respective contributions are recognized, they will exchange more useful child-specific information over time than caregivers who experience dismissal or disqualification, even when the frequency of contact is comparable.*

Useful exchanges concern what helps adults care for this particular child: how the baby signals discomfort, what soothes them, which routines are familiar, or whom the toddler seems to be missing. The prediction concerns the substance of communication, not simply whether adults speak often or cordially.

Proposition 3 (Coordinated preparation supports less distressing transitions)**.** *Greater coordination around visits and other caregiving transitions will predict lower independently assessed child distress during and after those transitions, after accounting for the child's initial functioning and relevant case circumstances. Greater consistency in preparation and caregiving practices is a hypothesized pathway linking coordination with reduced distress.*

This proposition does not treat distress as proof that a visit is harmful or a relationship should be curtailed. It asks whether adults' coordination helps make transitions more predictable and manageable for the child.

Proposition 4 (Consistent institutional support helps continuity practices persist)**.** *More frequent and consistent child-centered messages from court and agency personnel will predict more sustained continuity practices across the course of a case. This relationship will be stronger when a designated professional has sufficient time and resources to help caregivers follow through.*

The institutional expectation, reinforced by presiding judges and carried out by court and case-team members, includes regular encouragement, practical assistance, and clear responsibility for follow-up. The prediction is that sustained follow-through will matter more than a one-time introduction to the notion of coparenting.

Proposition 5 (Cultural responsiveness changes how caregiver differences affect coordination)**.** *Differences in caregivers' cultural practices and understandings of childrearing will be less strongly associated with unresolved coparenting disagreement when caregivers report greater opportunity to explain those practices and negotiate child-centered arrangements.*

The prediction is not that differences disappear or that every practice can be accommodated. It is that differences become less disruptive when neither household's preferences are automatically treated as the standard and each caregiver can explain what matters to the child and family.

Proposition 6 (Indirect continuity work can preserve knowledge when direct collaboration is not pursued)**.** *Among cases in which direct inter-caregiver contact is not pursued, structured, safety-compatible information exchange through a designated professional will predict fewer losses of important child-specific knowledge across placement or personnel changes than arrangements without such structured exchange.*

Knowledge retention should be assessed independently, for example, by examining whether a new caregiver or professional can accurately identify previously documented comfort routines, important relationships, or child-specific needs. Completion of a checklist alone would not establish that this knowledge remained available or informed care.

8.2. Research Priorities

Testing these propositions will require directing attention to placement type, changes in placement, family preferences, legal restrictions, and the resources available to support coordination. Studies should examine whose perspectives are represented, whether caregivers experience communication as useful or pressured, and whether the proposed relationships vary across kinship and non-kin placements.

Further development of these practice aids should begin with the people who will be using them. Biological parents, placement caregivers, and the professionals who work with them are best placed to tell us whether the questions make sense, feel respectful, and are worth asking: Do the questions help people see what is already going well? Do they open conversations that need to happen, and point toward needed help, without piling on paperwork that crowds out the relationships themselves? Above all, the aids should help adults attend more thoughtfully to the child and to one another.

Research should examine these possible contributions rather than assume them. Studies of the framework need to distinguish contact frequency from communication quality and intended support from demonstrated benefit. They must also distinguish form completion from meaningful coordination: the value of these aids lies not in a score or in what any particular response signifies, but in how practitioners use them to validate adults' efforts and guide them toward working together more effectively for the child. Coparenting processes and child outcomes should be assessed independently of the practice aids so that completing a checklist does not become its own evidence of success. Any future effort to develop standardized measures would be a separate undertaking requiring appropriate methodological and ethical justification.

Structured preparation, including role-play, may also be worth testing, provided that its design and delivery address legal restrictions, parents' safety concerns, and unequal power. No test of alliance support should require contact judged unsafe or use a caregiver's refusal to participate as a proxy for parental capacity.

9. Conclusions

Out-of-home placement changes where a young child lives; it does not erase the people, routines, and relationships through which that child has known family. A biological parent–placement caregiver coparenting alliance offers a framework for making the child's caregiving world more coherent, respectful, and child-centered. It does not assume that all adults can collaborate directly, or that relational repair can be achieved by following a protocol. It identifies the relational work that accompanies placement: preserving knowledge of the child, supporting continuity, clarifying roles, managing disagreement, and building conditions for safe and lasting connection wherever possible.

That work depends on how the system regards parents. Building on Casey Family Programs' efforts to move child welfare beyond the assumption that birth and foster parents must be adversaries (Casey Family Programs, 2020, 2023), the framework approaches biological parents as potential allies and indispensable sources of knowledge about their children. The circumstances of removal should not define everything the system believes a parent can contribute. Valuing a parent's contribution is not the same as deciding what contact is safe; both judgments are required. Systems that arrange placements without attending to relationships among caregivers leave a central part of the child's family environment to chance. The next step is empirical: to test the propositions advanced here, identify the framework's limits, and learn which forms of support are most useful for children, parents, kin, and foster families.

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