Improving Partnerships and Coordination Between Home Visiting and Child Welfare

Strategies to Support Case Management in Home Visiting

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Introduction

Home visitors support families with children from prenatal stages to age 5 and play a crucial role in reducing child abuse and neglect. They achieve this by providing parenting education, minimizing family stress, and connecting families to essential services and resources, among other activities that help create a safe, stable, and nurturing environment for children. This support is vital, as young children are particularly vulnerable to the harmful effects of neglect and abuse, which can contribute to lasting developmental, behavioral, and educational difficulties.[1,2] Children younger than age 5 are overrepresented in child welfare cases, with children younger than age 1 entering foster care at the highest rate of any age group.[3,4]

About This Brief

This brief describes strategies to enhance partnerships and coordination between home visiting and child welfare. Primary audiences include **home visiting leaders** from tribal, state, and territory home visiting programs; model developers; and local programs. Child welfare leaders, researchers and evaluators, and home visiting and child welfare advocates may also find the content useful.

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Child welfare agencies provide a continuum of services ranging from prevention to permanent care. The passage of the Family First Prevention Services Act in 2018 allowed child welfare funding to be used for prevention services such as voluntary home visiting.[5]

Partnerships between home visiting and child welfare support the mutual goal of strengthening families, ultimately reducing the need for child welfare services such as child protective services and foster care.[5] Yet despite strong interest, consistent collaboration between home visiting and child welfare has been limited.[6]

This brief identifies common obstacles to case management, specifically partnerships and coordination between home visiting and child welfare. It also presents potential strategies that both home visiting and child welfare leaders can use to reduce these obstacles and support family stability and well-being.

In home visiting, **case management** refers to a family-driven, collaborative, and strengths-based process focused on improving access and connections to needed services and resources in the community.

Obstacles to Partnerships and Coordination

Understanding the multi-level **obstacles** that affect home visitor-child welfare partnerships and coordination are critical to identifying strategies for improvement. For example:

- At the **home visitor-family level**, caregivers may not understand how the roles of voluntary home visitors and child welfare caseworkers are distinct; this may contribute to confusion and distrust for families that are engaged with both systems.7 Caregivers may also distrust home visitors because they are mandatory reporters,8 or distrust other health and social care providers—because of negative experiences they'd had with those systems in the past, or because of the stigma associated with child welfare involvement.9 Home visitors may struggle to balance concerns about child maltreatment with concerns that reporting a family to child welfare may affect their relationships with the family.[8,10]

- At the **home visiting program level**, obstacles may include a lack of clear procedures for communicating and coordinating with child welfare, resulting in confusion among home visitors and inconsistent coordination experiences for families.[11]
- Finally, although **home visiting programs and child welfare agencies** have some shared goals, they also differ somewhat in the priorities, organizational cultures, and operational procedures[12,13] that shape their approaches. Additionally, home visiting and child welfare often have limited time,[12] funding,[13] physical space,[14] and data systems[13,14] to support strong communication and coordination.

Potential Strategies

What is a Strategy?

Strategies are activities and supports to improve case management implementation or outcomes.

This section presents evidence-informed strategies from home visiting, child welfare, and related fields (e.g., early care and education, nursing, substance use) that home visiting leaders can adopt to strengthen coordination and collaboration with child welfare. These strategies were identified through a literature review and relate to the **Partnerships and Coordination** component of case management in home visiting. This component is described in the Overview of Case Management in Home Visiting brief.

Strategies to Clarify Roles and Build Understanding

Having a shared understanding and mutual respect for one another's roles and expertise is the foundation for strong partnerships and coordination. Strategies for building this foundation include the following:

- **Cross-training** for home visiting staff on what is considered child maltreatment, how to work with families who are at risk of or involved with the child welfare system, and how to collaborate with child welfare; and for child welfare staff on child development.[11]

- **Guidance** for home visiting staff on situations that may lead to foster care placement, steps caregivers can take to maintain custody, and how home visiting staff can advocate for families involved with child welfare (e.g., in court).[15]
- **Interprofessional training** that bring together providers from home visiting, child welfare, and other agencies and disciplines to enhance understanding of each other's professional roles, promote shared understanding, and create space for mutual problem solving.[11,16]

Example From Research: Interprofessional Training

In Maryland, child welfare, home visiting, and early intervention providers participated in interprofessional training to strengthen their knowledge, confidence, and collaboration when working with families affected by substance misuse. Providers completed seven brief online modules on maternal substance use, child development, mental health, addiction recovery, treatment options, and motivational communication strategies, then participated in an in-person session with interactive discussions and case-based activities focused on cross-system coordination. Pre- and post-training surveys showed increases in participant knowledge, confidence, and perceived ability to collaborate, particularly for home visitors and early intervention providers working with child welfare staff.[16]

Strategies to Strengthen Ongoing Partnerships and Coordination

Clear structures and processes are needed to support ongoing partnerships and coordination. Examples include the following:

- **Team-centered approaches** to working with child welfare caseworkers, families, and community-based medical providers to share information, support one another, and solve problems.[15,17]

- **Regular conferences** between home visitors and child welfare caseworkers to review and assess family needs (e.g., social, medical, immunization) and adjust services, as needed.[15,17]
- **Co-location** of child welfare caseworkers with home visiting to facilitate collaboration and communication, and increase family access to both sets of providers.[18]
- **Certified family peer mentors** who have lived experience with both child welfare and substance misuse recovery to support caregivers who are navigating both child welfare and behavioral health systems.[19]

Example From Research: Co-Locating Child Welfare Caseworkers

In one study, child welfare caseworkers were co-located in Early Head Start (EHS) centers, allowing families with an open child welfare case to access both services in the same building. Through the integrated program families received child development supports at the EHS center, 2 visits/month from an EHS home visitor, and help maintaining guardianship from a child welfare caseworker. These family-centered and coordinated supports helped families navigate services such as health care, housing, employment, parenting education, and early intervention. The study found that longer enrollment in the program, relative to shorter enrollment, was associated with increased attainment of developmental milestones in the areas of language and social emotional development.[18]

Strategies to Improve Child Welfare-Involved Families' Connections with Home Visiting

These strategies focus on strengthening the means by which families with initial or ongoing child welfare involvement can directly connect with home visiting services. For example, home visiting and child welfare leaders can collaborate to develop the following:

Example From Research: Warm Hand-Offs from Child Welfare to Home Visiting

In an evaluation of Early Childhood Connections, child welfare caseworkers introduced families to home visitors using an in-person "warm handshake" that capitalized on the rapport and trust that families had with their caseworker, and that eliminated families' need to follow through on their own. The Early Childhood Connections program was developed over three years by a multi-agency workgroup comprising a university investigator, regional directors from the state child welfare agency, and representatives from several local agencies providing family support services. Although the Early Childhood Connections program was not fully implemented due to extenuating circumstances (an economic recession and organizational changes), researchers learned that families were receptive to home visiting services, highlighting the potential of such programs to connect child welfare-involved families with voluntary home visiting.[11]

- **Protocols that establish clear eligibility criteria for a referral from child welfare to home visiting (e.g., universal eligibility, child exposed to drugs or alcohol, child with health challenges).**[11,17,18,20]
- **Protocols that ensure child welfare-referred families are connected to home visiting right away (rather than being placed on a wait list) by using external funding to hold open slots on home visitor caseloads.**[11]
- **Warm hand-offs** from child welfare to home visiting so that families don't have to follow through independently on a referral.[11]
- **Secure, electronic resource and referral data management systems** that facilitate timely connections from child welfare to home visiting and other community-based services, and can track families' referral statuses.[21]

Gaps in Evidence

The strategies presented in this brief were identified through a comprehensive review of the research literature and may not represent all strategies currently used in the field. Additionally, these strategies come from a small number of studies and evidence of their effectiveness is limited. Home visiting and child welfare leaders interested in applying these strategies should do so thoughtfully and critically, and consider documenting their approach to build evidence for the field. We did not find strategies to address all obstacles to coordination, including differing priorities and organizational cultures, and limited time, resources, and funding for coordination. Solving these challenges will likely require changes within broader maternal, child, and family-serving systems, such as legislation that provides additional motivation and resources for partnerships and coordination.

Selected Resources

The exhibit below presents publicly available resources that support partnerships and coordination between home visiting and child welfare. The first two resources offer include examples of partnerships and strategies to promote them. The last three include tools that support coordination between the Tribal Temporary Assistance for Needy Families (Tribal TANF) program and child welfare which may be useful in home visiting, including: a theory of change and logic model, data templates to measure indicators of coordination, and a toolbox of other relevant resources.

Exhibit 1. Resources for Partnerships and Coordination

Resource	Intended Audience	Description
Home Visiting in the Family First Context (Chapin Hall and Start Early, 2023)	Home visiting	Shares opportunities, challenges, and considerations related to the implementation of Family First nationwide, with recommendations to improve collaboration between child welfare and home visiting at the federal, state, and local levels.
Home Visiting: Resources for Effective Collaboration with Infant-Toddler Court Teams (ZERO TO THREE, 2023)	Home visiting	Provides tip sheets to support collaboration between home visitors and infant-toddler court teams, including strategies for effective collaboration.
State Partnerships to Coordinate Home Visiting and Child Welfare (National Home Visiting Resource Center, 2023)	Home visiting	Highlights state partnerships to coordinate home visiting and child welfare, including goals and purpose, collaborators, coordination efforts, accomplishments, and next steps.
Tribal TANF-Child Welfare (TTCW) Coordination: Theory of Change and Logic Models (Office of Planning, Research and Evaluation, 2019)	Child welfare and family services	Guides TTCW grantees in creating a theory of change and logic model that emphasizes measurable coordination outputs and outcomes.

Resource	Intended Audience	Description
Tribal TANF-Child Welfare (TTCW) Coordination: Data Templates (Office of Planning, Research and Evaluation, 2024)	Child welfare and family services	Helps TTCW grantees plan, collect, and report program data in an Excel workbook. It includes a data collection template, client anecdotes tracker, and reporting planner template that can be tailored to each grantee's use.
Resource Toolbox for Tribal TANF-Child Welfare (TTCW) Coordination Projects (Office of Planning, Research and Evaluation, 2021)	Child welfare and family services	Features research, evaluation, and program resources for TTCW grantee projects

Selecting and Tailoring Strategies for Specific Contexts

Home visiting leaders should work with child welfare leaders to take a systematic approach to strengthening partnerships and coordination that includes selecting, evaluating, and (if needed) tailoring strategies for local context. Contextual factors to consider include characteristics of families, home visitors, home visiting programs, local communities, and state and tribal home visiting and child welfare systems. For example, when working with families who are at risk of involvement in the child welfare system, or with those who are already involved, it is important to know your state's child maltreatment reporting requirements and what they could mean for both the caregiver and their children (e.g., foster care placement). Staff should be well-prepared to explain these requirements clearly and honestly to caregivers.

The general guidance and steps below for selecting and tailoring strategies apply whether you are a state lead, home visiting model representative, or local program manager interested in improving partnerships and coordination with child welfare.

1. **Assess current practices and gaps.** Review current practices with child welfare at multiple levels, such as processes for referrals from child welfare to home visiting, and structures, processes and implementation supports (e.g., training) to promote partnerships and coordination.
2. **Identify evidence-informed strategies that address current gaps.** Choose strategies that address your identified gaps and are grounded in theory, research, and/or lived experience. Consider your local context when selecting strategies.
3. **Test strategies on a small scale.** Try selected strategies with a small group of local programs, staff, or families and gather feedback before full implementation. Consider using methods such as Plan-Do-Study-Act cycles to make iterative improvements based on what you learn.
4. **Monitor implementation and outcomes.** Track process and outcome metrics, such as referral rates to home visiting, time to home visiting initiation, caregiver engagement in home visiting, and caregiver, home visitor, and caseworker reports of satisfaction with coordination. Regularly review data to identify what's working and what needs adjustment.
5. **Refine and scale successful approaches.** Once strategies demonstrate positive results, expand implementation while continuing to monitor quality and outcomes.

Home visiting and child welfare have an opportunity to work together to support families who are at risk of or involved with the child welfare system. By strengthening partnerships and collaboration, these families can be connected with home visiting services earlier, receive basic supports, and strengthen parenting skills, that reduce the risk of maltreatment and need for foster care placement. We encourage home visiting and child welfare leaders to share and apply the strategies and resources in this brief to foster improvements in partnerships and collaboration for families.

References

1. Font, S. A., & Maguire-Jack, K. (2020). It's not "Just poverty": Educational, social, and economic functioning among young adults exposed to childhood neglect, abuse, and poverty. *Child Abuse & Neglect*, *101*, 104356. https://doi.org/10.1016/j.chiabu.2020.104356

2. Turney, K., & Wildeman, C. (2017). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. *Child Abuse & Neglect*, *64*, 117–129. https://doi.org/10.1016/j.chiabu.2016.12.009

3. The Annie E. Casey Foundation. (2022, May 16). Child welfare and foster care statistics. https://www.aecf.org/blog/child-welfare-and-foster-care-statistics

4. Crouse, G., Ghertner, R., Madden, E., & Radel, L. (2021). *Foster care entry rates grew faster for infants than for children of other ages, 2011-2018*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. https://aspe.hhs.gov/reports/foster-care-entry-rates-2011-2018

5. Grewal-Kök, Y., Anderson, C., Gurolnick, A., Boyd, C., Goldfarb, K., & Boyd, C. (Chapin Hall) & Woodlock, K., Lowe-Fotos, A., Goldfarb, K., Jobe, J., Costello, A., & De Dios, L. (Start Early). (2023). *Home visiting in Family First context: Exploring opportunities to strengthen collaboration between home visiting and child welfare through Family First*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/FFPSA-HV-Brief.pdf

6. Jackie Walorski Center for Evidence-Based Case Management. (2025). *Interviews with home visiting model representatives* [Unpublished raw data].

7. Sandstrom, H., Gearing, M., Peters, H. E., Heller, C., Healy, O., & Pratt, E. (2015). *Approaches to father engagement and fathers' experiences in home visiting programs* (OPRE Report #2015-103). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.urban.org/sites/default/files/publication/76116/2000537-Approaches-to-Father-Engagement-and-Fathers-Experiences-in-Home-Visiting-Programs.pdf

8. Davidov, D. M., Jack, S. M., Frost, S. S., & Coben, J. H. (2012). Mandatory reporting in the context of home visitation programs: Intimate partner violence and children's exposure to intimate partner violence. *Violence Against Women*, *18*(5), 595–610. https://doi.org/10.1177/1077801212453278

9. Kleinman, R., Ayoub, C., Del Grosso, P., Harding, J. F., Hsu, R., Gaither, M., Mondi-Rago, C., Kalb, M., O'Brien, J., Roberts, J., Rosen, E., & Rosengarten, M. (2023). *Understanding family engagement in home visiting: Literature synthesis* (OPRE Report #2023-004). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/hv_reach_literature_synthesis_dec2022.pdf

10. Holland, M. L., Hutchens, B. F., & Sadler, L. S. (2021). Encountering child abuse and neglect in home visiting: A qualitative study of visitor and supervisor experiences. *Prevention Science*, *22*(8), 1108–1119. https://doi.org/10.1007/s11121-021-01223-w

11. Stahlschmidt, M. J., Jonson-Reid, M., Pons, L., Constantino, J., Kohl, P. L., Drake, B., & Auslander, W. (2018). Trying to bridge the worlds of home visitation and child welfare: Lessons learned from a formative evaluation. *Evaluation and Program Planning*, *66*, 133–140. https://doi.org/10.1016/j.evalprogplan.2017.10.001

12. Tung, G. J., Williams, V. N., Ayele, R., Shimasaki, S., & Olds, D. (2019). Characteristics of effective collaboration: A study of Nurse-Family Partnership and child welfare. *Child Abuse & Neglect*, *95*, 104028. https://doi.org/10.1016/j.chiabu.2019.104028

13. Williams, V. N., Ayele, R., Shimasaki, S., Tung, G. J., & Olds, D. (2019). Risk assessment practices among home visiting nurses and child protection caseworkers in Colorado, United States: A qualitative investigation. *Health & Social Care in the Community*, *27*(5), 1344–1352. https://doi.org/10.1111/hsc.12773

14. Williams, V. N., Franco-Rowe, C., Knudtson, M., Tung, G., & Allison, M. (2024). Changes in cross-sector collaboration between nurse home visitors and community providers in the United States: A panel survey analysis. *Health Services Research*, *59*(S1). https://doi.org/10.1111/1475-6773.14242

15. McConnell, M. A., Zhou, R. A., Martin, M. W., Gourevitch, R. A., Steenland, M., Bates, M. A., Zera, C., Hacker, M., Chien, A., & Baicker, K. (2020). Protocol for a randomized controlled trial evaluating the impact of the Nurse-Family Partnership's home visiting program in South Carolina on maternal and child health outcomes. *Current Controlled Trials in Cardiovascular Medicine*, *21*(1), 997–997. https://doi.org/10.1186/s13063-020-04916-9

16. West, A., Schultz, D., Schacht, R. L., Barnet, B., DiClemente, C., & Leonardi LaCasse, M. (2022). Evaluation of interprofessional training to strengthen communication and coordination among providers working with expectant mothers and infants affected by substance use. *Children & Youth Services Review*, *132*. https://doi.org/10.1016/j.childyouth.2021.106331

17. Lilly, A., Cavella, M., Roper-Lewis, A., Weglarz, M., Ayala, L., Cirillo Lilli, A., Greene, M., Colabelli, N., & Duggan, A. (2022). Improving outcomes for families of children with medical needs known to child welfare: A nurse care coordination program. *Child Maltreatment*, *27*(2), 267–278. https://doi.org/10.1177/10775595211044496

18. Wallace, L. E., & Manz, P. H. (2023). Addressing the needs of infants and toddlers exposed to maltreatment: Examining the impact of an integrated Early Head Start & children and youth services program. *Children and Youth Services Review*, *146*, 1–11. https://doi.org/10.1016/j.childyouth.2023.106808

19. Dellor, E. D., Allbright-Campos, M., Lee, J. Y., Bunger, A. C., Gadel, F., & Freisthler, B. (2024). Ohio START: An adaption of the National Sobriety Treatment and Recovery Teams model. *Children & Youth Services Review*, *160*. https://doi.org/10.1016/j.childyouth.2024.107575

20. Huling, J. D., Austin, R. R., Lu, S.-C., Doran, M. M., Swarr, V. J., & Monsen, K. A. (2022). Public health nurse tailored home visiting and parenting behavior for families at risk for referral to child welfare services, Colorado: 2018-2019. *American Journal of Public Health*, *112*(S3), S306–S313. https://doi.org/10.2105/AJPH.2022.306792

21. Dellor, E., Lovato-Hermann, K., Wolf, J. P., Curry, S. R., & Freisthler, B. (2015). Introducing technology in child welfare referrals: A case study. *Journal of Technology in Human Services*, *33*(4), 330–344. https://doi.org/10.1080/15228835.2015.1107520

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