Home Visiting

Looking Back and Moving Forward

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Two recent large federal investments in services for pregnant women and young children fuel the expansion of home visiting services and present opportunities and challenges to the existing early childhood service delivery systems at the state and local levels. The American Recovery and Reinvestment Act (U.S. Congress, 2009) provided $2.1 billion for Head Start and Early Head Start services, with $1.1 billion focused on expansion of services beginning in the prenatal period through 3 years. In fiscal year (FY) 2009 and FY 2010, Early Head Start added 50,000 program slots (Administration for Children and Families, 2010). Weekly home visiting coupled with monthly group socialization activities for parents and their children is expected to be the primary service delivery approach for many of these children and their families. The Patient Protection and Affordable Care Act (U.S. Congress, 2010) signed into law by President Obama in March 2010, includes $1.5 billion for states to fund the Maternal, Infant, and Early Childhood Home Visiting Program. Under this program, states are required to select specific home visiting programs or models to provide home visiting services to pregnant women and young children. The Act requires that the services be focused on improving children's outcomes in a range of areas and that the home visiting model the states select has evidence of effectiveness. If states select a model or models that do not meet the requirements for demonstrated effectiveness, they must include a rigorous evaluation of this effort in order to use these federal funds.

This article summarizes the history of home visiting and how the development and adoption of different program models emerged. It highlights the increasing emphasis on evidence-based programming and the emergence of national program models with an expanding evidence base of effectiveness, and it describes the infrastructure needed to support home visiting service delivery and integration across a spectrum of program models. It draws lessons for implementing home visiting on the basis of early findings from a grant program focused on supporting the implementation of evidence-based home visiting to prevent child maltreatment. And it looks ahead to the challenges and opportunities states face as new federal resources are devoted to supporting home visiting.

Definition and History of Home Visiting

Home visiting strictly defined is a service delivery strategy, but the term more generally refers to social service programs that use visits to the home as the core service (Rapoport & O'Brien-Strain, 2001). Depending on the specific program model implemented, home visiting aims to provide a range of supports for families, targeting outcomes such as strong relationships between parents and their children, safer and more stimulating home environments for children, and, ultimately, child well-being and school readiness. Home visiting services may also target parent knowledge of child development, parent well-being, and family self-sufficiency. Within the basic mode of service delivery—using home visits as a way to work with families and young children—home visiting program models vary in their approach, with some relying on a specific, visit-by-visit curricula and others providing practice guidelines. Visits may include home safety assessments, provision of materials for use with children (e.g., high

Abstract

Recent large federal investments in services for pregnant women and young children will fuel the expansion of home visiting services across states. In this article the authors summarize the history of home visiting and describe trends toward evidence-based and national program models. Moving to an integrated system requires supports for implementation with fidelity to the home visiting model, along with scale up and sustainability of services. Lessons from recent initiatives highlight the factors likely to affect states' efforts to expand and integrate home visiting services in the coming years.

chairs, cribs, books), and home visitors modeling positive interactions with children. Depending on the specific model and its staffing requirements, home visitors may bring a range of experiences and credentials to their work, from having a track record of working in the community providing family support to holding an early childhood education, human services, public health, or social work degree.

Home visiting has a long history as a way to deliver prenatal, parenting support, child maltreatment prevention, and education and early childhood services (Daro, 2009; Gomby, 1999). Though all share a common history, nurse visiting and teacher visiting can be traced back to England in the nineteenth century and represent two of the three main approaches to home visiting that are manifest today in the United States—public health and early education for young children (Wasik & Bryant, 2001). Baby clinic programs established in the early twentieth century often included follow-up visits by public health nurses to ensure hygienic principles were followed in the home. With the goal of promoting children's readiness for school and meeting the needs of rural families and other hard-to-reach populations, home visiting in Head Start began with a pilot program in 1971 and was approved the next year as a program option. When the federal Early Head Start program began in 1995, home visiting was one of the two main service options. The third approach addresses prevention of child maltreatment. Its recent history in the United States goes back to the work of Henry Kempe and colleagues in the 1960s focused on understanding the parent–child relationship and developing interventions to foster strengths and address behaviors associated with maltreatment (Daro & Donnelly, 2002). Home visiting was one of a number of approaches designed to decrease the incidence of child maltreatment.

The Shift to National Program Models

Another development in the home visiting field is the transition from locally developed, mostly ad hoc home visiting approaches to those developed by academic researchers and their program partners, some of whom have established implementation support for their models on a national level (hence the term *national models*). In the early days of child abuse prevention and family support, local communities (and sometimes states) developed their own approach to providing supports for new parents, often pulling together existing local efforts or augmenting them with ideas taken from another community.

At some point, this process shifted to selecting home visiting approaches that had a track record of providing services to families using a standard set of visit activities or program standards. In part the shift to these national models arose from the need to be more efficient in getting a program started in a new location (it took less time to expand services with an existing model to build on) as well as an emerging emphasis on evidence-based practice.

Those who developed national home visiting models are often referred to as purveyors. For the models with roots in academia, the purveyor organization is often separated from the developer yet some ties are maintained. The Nurse-Family Partnership (NFP) program is one example of this change. In 1977, David Olds, a researcher, led the development of the home visiting model (Goodman, 2006) and in 2003 established a separate nonprofit organization, the NFP National Service Office, to work with implementing agencies and provide all of the needed supports required to implement the model with fidelity to the developer's standards. John Lutzger and other developers of SafeCare, a home visiting model originally designed by researchers at Southern Illinois University and refined at the Centers for Disease Control and Prevention, recently founded a national office to support agencies interested in adopting the model. Other examples of models that have national offices to support implementation include Healthy Families America, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters.

Evidence-Based Home Visiting Models

Over the past two decades, policymakers across different federal agencies (e.g., the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the U.S. Department of Education) and levels of government began placing more of an emphasis on the role of evidence of effectiveness in funding and programmatic decision making. In practice this preference for evidence generally means emphasizing more rigorous evaluation and then encouraging agencies to select program models with a track record of rigorous evaluations demonstrating program effectiveness.

Over roughly the same period of time individual evaluations and meta-analyses of existing evaluations have provided mixed results about the effectiveness of providing home visiting services to pregnant mothers and young children. Research on the impacts of home visiting for parents is mixed, with some home visiting program models demonstrating impacts on birth outcomes, parent health, children's language and cognitive development, and child maltreatment and others not demonstrating impacts on targeted outcomes (Geeraert, Van den Noortgate, Grietens, & Onghena, 2004; Gomby, 2005; Howard & Brooks-Gunn, 2009; Olds, Sadler, & Kitzman, 2007; Sweet & Appelbaum, 2004). Some program models have not been subjected to rigorous, independent research that would support conclusions about their impacts on families and children. Others have been implemented mainly among narrow target populations and may or may not achieve impacts among groups with different cultures, languages, socioeconomic status, or other characteristics. Most have not been evaluated when scaled up to serve large numbers.

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Home visiting aims to provide a range of supports for families.

Moreover, simply adopting such a model and fulfilling the requirements of the model developers does not guarantee (a) that home visiting services will be implemented with fidelity to their models (e.g., at the frequency and quality of implementation achieved in the evaluation programs) and (b) that states and municipalities can scale up and sustain the model over time with continued fidelity.

The Current Environment

What we see today is a variety of home visiting approaches targeting different outcomes and rooted in different disciplines and philosophies about how to help families meet their needs and build on their strengths. Program coverage varies from stand-alone programs implemented by local providers to state-wide implementation of individual or multiple

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program models. Agencies and stakeholders interested in offering home visiting services invest in approaches that seem most likely to achieve their targeted outcomes and fit within state or local contexts and agency cultures as well as within the limits of available resources and capacities. The result is a complex web of home visiting services—sometimes multiple models operating under different auspices in a community or state, other times a single model operating in one or multiple locations and settings.

Lessons From a Current Evidence-Based Home Visiting Initiative

To broaden understanding of what the necessary supports for home visiting might be, in 2008 the Children's Bureau within the Administration for Children and Families at the Department of Health and Human Services funded 17 agencies across the country to participate in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) grant program. Grantees are to focus on supporting implementation, scaling up, and sustaining home visiting programs, with high fidelity to the program models selected as "evidence-based" under the criteria established for the grant program. As the cross-site evaluators for the EBHV grant program, we worked with the Administration for Children and Families and the grantees to plan the cross-site evaluation and provide evaluation technical assistance to inform the required local evaluation activities. The EBHV program is just one example of federal, state, and local interest in understanding the systems in which home visiting programs work and moving toward adequate infrastructure and service integration.

The remainder of this article describes what has been learned during the planning year for this project about the issues facing policymakers and providers in the new era of expanded home visiting services. First we review the system-level components needed to launch home visiting services, and then we discuss the supports for implementation with fidelity. (See Paulsell et al., this issue, p. 16 for additional information about how to measure the aspects of home visit service delivery most associated with quality.)

Building Infrastructure to Support Home Visiting

As part of the EBHV evaluation design, Margaret Hargreaves and Diane Paulsell (2009) applied systems concepts to home visiting and identified a number of infrastructure capacities needed to support evidence-based home visiting (see Table 1). Capacities included "the skills, motivation, knowledge, and attitudes necessary to support innovations" (Wandersman, Clary, Forbush, Weinburger, Coyne, & Duffy, 2006). They noted that infrastructure capacity does not simply refer to bricks and mortar—fixed structures and processes—but also to infrastructure functions (Holladay, 2005). Grantee efforts to build infrastructure capacities will be described as part of the cross-site evaluation and also need to be considered more broadly in the shifting environment of expanded dollars for home visiting combined with evidence-based principles.

Grantees are engaging with multiple partners and building capacity in these areas. For example, their systems might include multiple state-level agencies that work on the prevention of child maltreatment or community-level organizations that work together to develop referral systems for home visiting programs within their community. To build infrastructure, the grantees may need to engage in even a wider array of activities than they initially anticipated in planning their grant proposals and approaches.

Ensuring Fidelity

The point of emphasizing evidence-based practices and programs is lost if fidelity to program models cannot be sustained outside the hot-house of evaluation and demonstration programs. To maximize the benefits of their investment in such models, states and providers need systems to monitor home visiting operations, ensure fidelity, and guide ongoing practice.

Table 1. Infrastructure Capacity Categories

Infrastructure Capacity Categories	Types of Activities
Planning	Strategic planning, tactical planning, decision making
Operations	Outreach, intake, screening, assessment, referral procedures
Workforce Development	Training, technical assistance, coaching, supervision, retaining staff
Funding	Fiscal partnering, fundraising, researching funding sources, leveraging dollars to support direct services
Collaboration	Leadership, alignment of goals and strategies, development of relationships, working through existing partnerships
Communication	Information sharing, dissemination of lessons learned, policy advocacy, marketing, public awareness, disseminating information through the media
Community and Political Support	Building community awareness and support, building political buy-in and support
Evaluation	Data collection, storage, retrieval, and analysis for quality assurance, quality improvement, epidemiology, surveys, or program evaluation

Reproduced from Hargreaves, M., & Paulsell, D. (2009). *Evaluating systems change efforts to support evidence-based home visiting: Concepts and methods.* Sources: Coffman, J. (2007, April). *A framework for evaluating systems initiatives.* Build Initiative Evaluation Symposium, Des Moines, IA. Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology, 41*(3-4), 183-196. Koball, H., Zaveri, H., Boller, K., Daro, D., Knab, J., Paulsell, D., Xue, Y. (2009). *Cross-site evaluation of the Supporting Evidence-Based Home Visiting grantee cluster: Evaluation design volume 1.* Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Contract No.: GS-10F-0050L/ HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

Fidelity refers to the extent to which an intervention is implemented as intended by the intervention's designers, whether the intervention is implemented in the proper manner, and the quality of key aspects of the intervention such as the home visitor–family relationship (Daro, 2006). It comprises structural aspects of the intervention that demonstrate adherence to basic program elements such as reaching the intended target population and hiring and maintaining qualified direct service and supervisory staff, and dynamic aspects, particularly the quality and content of the relationship between the home visitor and the participant (Koball et al., 2009). Assessments should collect information on both aspects. On the basis of this principle and reviews of the home visiting and implementation literature, we identified program-, staff-, and participant-level data to be collected for the EBHV cross-site evaluation (see Figure 1). Data will be collected using a specially designed database implementing agencies can use to collect, store, and transmit de-identified data to the cross-site evaluation, combined with data from existing management information systems and clinical information databases already maintained by some program models, agencies, or states.

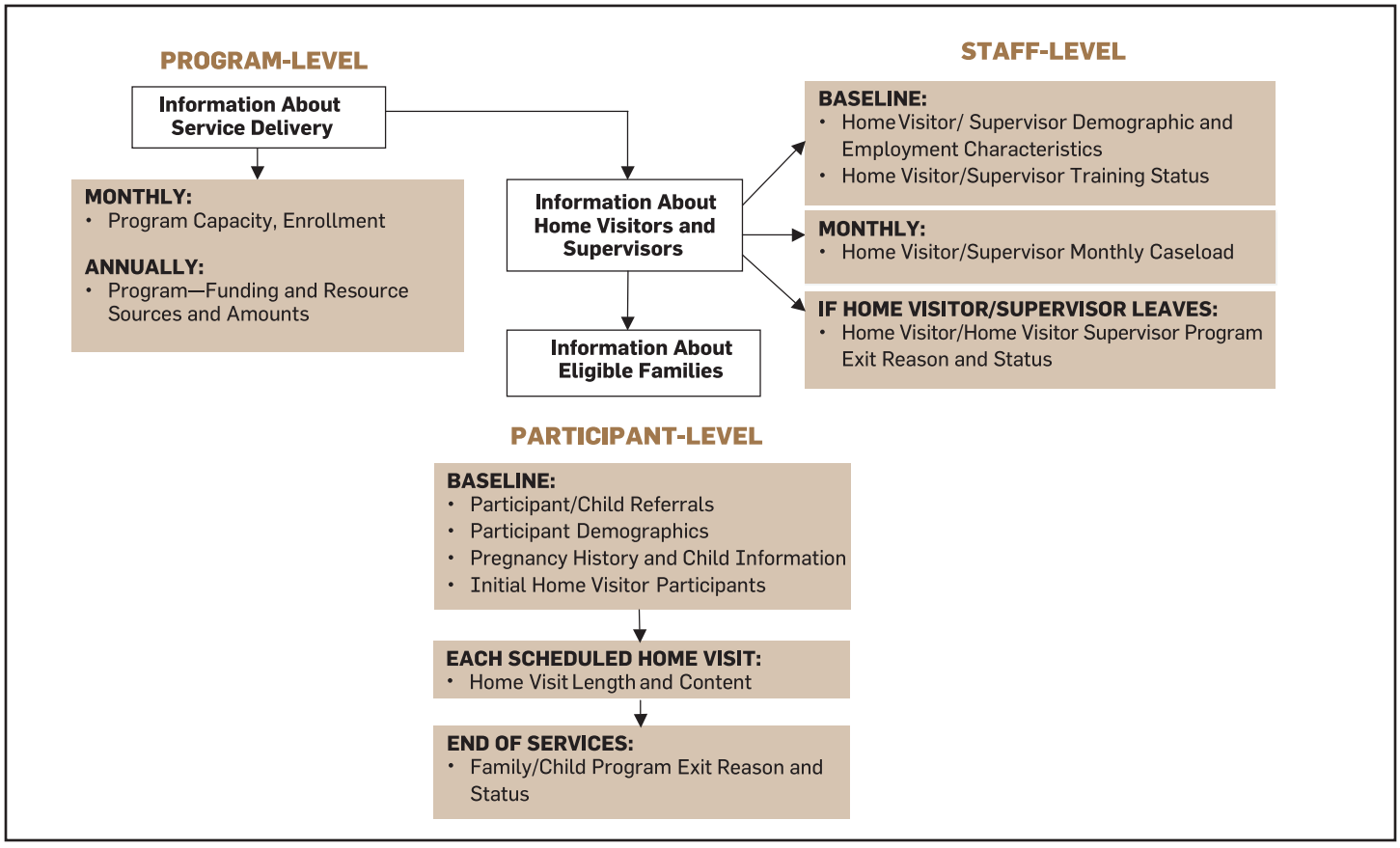
Assessing and Meeting Family Needs

In addition to monitoring fidelity, providers will need tools and systems for identifying the most suitable services to address family needs. Assuming the existence of multiple home visitation models, or the need to refer some families to alternative support services (because home visitation resources will only go so far), or both, states may benefit from the use of universal assessment tools and systems to triage families. Once families are referred to appropriate models—or enrolled in models or services are available to them—instruments to assess their needs will come into play. Although several states such as Hawaii and Florida have long used a universal risk assessment to determine program eligibility (Guterman, 2001), the use of such tools to match potential participants to the most appropriate intervention is more recent. For example, New Jersey is trying to scale up a universal perinatal risk assessment form that will eventually be used statewide in hospitals and other referral sources. Within a county (or, in some areas, across multiple counties), the forms will be submitted to a centralized intake center for processing and triage, with families then referred to the appropriate agency providing NFP, Healthy Families America, Parents as Teachers, or other home visiting models operating within the state.

Collecting and Sharing Data and Information

As states and local communities move from implementing individual programs to building systems to better identify, implement, and sustain these service models, the locus of control for collecting and monitoring program implementation data—including fidelity and assessment data, as well as other operational information—is also shifting. At present, much of the information regarding the characteristics of the target population, service delivery staff, and service delivery process has been defined by the individual national home visiting models. Although NFP operates the most highly developed and centralized system for implementation of a home-based intervention, all of the national models involved in this initiative have established their own systems for documenting the degree to which service implementation adheres to model-specific standards. Those states that are implementing multiple evidence-based home visitation programs such as Illinois, New Jersey and, more recently, Utah, are already engaged in ways to integrate the various model-specific

Figure 1. Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Evaluation Program-, Staff-, and Participant-Level Fidelity Data



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Home visitors bring a range of experiences and credentials to their work.

management information systems into a tool that can be used by state administrators and policymakers to better assess the combined coverage and level of effort achieved across all of the models being implemented. These types of integration efforts may become more common as additional states move toward creating a network of services that can address the diverse needs of their entire new parent population.

Evaluation

Programs seeking to attract or retain funding need to demonstrate that they have achieved impacts with their intended target population and among groups not part of original evaluations, such as those at higher risk for maltreatment or from racial/ethnic or cultural subgroups. Under the Maternal, Infant, and Early Childhood Home Visiting Program, if states select a model or models that do not meet the requirements for demonstrated effectiveness, states must conduct an evaluation of their selected model.

This trend has had an immediate and important impact on the scope and quality of emerging evaluation efforts. In developing the cross-site evaluation strategy for EBHV, particular emphasis was placed on encouraging the local grantees to adopt as rigorous an evaluation design as possible in conducting local evaluations to assess program impacts. On the basis of the standards used by the U.S. Department of Education's What Works Clearinghouse and the Campbell Collaboration, the cross-site evaluation team worked with the individual grantees to develop measurement strategies and research designs of the highest rigor possible, then classify them into one of three evidence groups: (a) strong evidence about effectiveness, (b) moderate evidence about effectiveness, and (c) exploratory evidence about effectiveness. Although still evolving, this process has underscored the importance of both raising expectations for evaluation and articulating the types of technical assistance and financial support required to ensure achievement of the evaluation standards and goals.

Learn More

Developmental Parenting: A Guide for Early Childhood Practitioners
L. A. Roggman, L. K. Boyce, & M. S. Innocenti (2008)
Baltimore: Brookes

Home Visitation in 2005: Outcomes for Children and Parents
D. S. Gomby (2005)
Washington, DC: Committee on Economic Development

Public Web Site for the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Grant Program
www.supportingebhv.org/

Shared Learning Across Home Visiting Program Models

We conducted individual and group calls with developers of the national models being implemented by EBHV grantees. These discussions uncovered several similarities across the models as well as some core differences. In terms of similarities, for example, all of the models share a commitment to program quality and to improving outcomes through the application of careful research and reflection on current practice. As such, these conversations created a forum for the national model developers to discuss the different strategies they have used to ensure high-quality replication of their efforts and the lessons they have learned as to how best to monitor service development over time. The conversations also provided national model developers an opportunity to share lessons they had learned with respect to the utility of various assessment tools and methods for monitoring participant process. In the competitive environment that may be created as states select program models from those meeting evidentiary criteria under the Maternal, Infant, and Early Childhood Home Visiting Program, efforts to maintain communication across model purveyors and foster shared learning may strengthen the overall system.

Conclusion: Moving Forward

For the new federal home visiting initiative, independent review of the evidence of effectiveness will inform funding decisions and will determine which models states can support through this funding source. At this point, we do not know how the emphasis on evidence-based home visiting programming will affect home visiting service integration and the adaptation of existing models for use with families and children that are hardest to serve and engage. States with a track record of funding a model they developed or a national model that is not eligible for funding under the new program may choose to direct their future investments to a different home visiting model or commit to conducting additional evaluation of their preferred model that does not meet the criteria for the highest level of evidence of effectiveness.

New federal investments provide the opportunity to serve some of the country's most vulnerable families and children. However, even with this unprecedented federal investment and the existing home visiting services funded through private and public funds, recent estimates project that only a fraction of those eligible and at greatest need can be served (Stoltzfus & Lynch, 2009).

In such a scenario families might benefit from integration and a true home visiting

service continuum designed to get the most intensive services to those at highest risk for poor outcomes while still providing some services to parents and children in lower risk groups and placing participants into program models best suited to their needs. Not all home visiting program models are designed for high-risk families. Targeting services to those most in need and those most likely to benefit from current national or evidence-based models as well as developing services for others requires development of an integrated system of home visiting and other early childhood services. The lessons derived early on from the EBHV grant program and cross-site evaluation highlight the challenges and opportunities states planning to expand and integrate home visiting services may face in the coming years.

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References

Administration for Children and Families. (2010). *Justification of estimates for appropriations committees. Fiscal year 2011.* Washington, DC: ACF. Retrieved May 19, 2010, from www.acf.hhs.gov/programs/olab/budget/2011/2011_all.pdf

Coffman, J. (2007, April). *A framework for evaluating systems initiatives.* Build Initiative Evaluation Symposium, Des Moines, IA. Retrieved May 19, 2010, from www.buildinitiative.org/files/BuildInitiativefullreport.pdf

Daro, D. (2006, September). *Home visitation: Assessing progress, managing expectations.* Written testimony for House Subcommittee on Education Reform, Committee on Education and the Workforce. Available at www.chapinhall.org

Daro, D. (2009). *Hearing on proposals to provide federal funding for early childhood home visitation programs.* Written testimony for the House Subcommittee on Income Security and Family Support, Committee on Ways and Means. Retrieved May 19, 2010, from http://waysandmeans.house.gov/Hearings/Testimony.aspx?TID=2181

Daro, D., & Donnelly, A. C. (2002). Charting the waves of prevention: Two steps forward, one step back. *Child Abuse & Neglect, 26*(6–7), 731–742.

Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology, 41*(3–4), 183–196.

Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment, 9*(3), 277–291.

Gomby, D. S. (1999). Understanding evaluations of home visiting programs. *Future of Children, 9*(1), 27–43.

Gomby, D. S. (2005). *Home visitation in 2005: Outcomes for children and parents.* Washington, DC: Committee on Economic Development.

Goodman, A. (2006). *The story of David Olds and the nurse home visiting program.* Princeton, NJ: Robert Wood Johnson Foundation.

Guterman, N. (2001). *Stopping child maltreatment before it starts: Emerging horizons in early home visitation services.* Thousand Oaks, CA: Sage.

Hargreaves, M., & Paulsell, D. (2009). *Evaluating systems change efforts to support evidence-based home visiting: Concepts and methods.* Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

Holladay, R. (2005). *Legacy: Sustainability in a complex human system: A resource for leaders in a changing environment.* Circle Pines, MN: Human Systems Dynamics Institute.

Howard, K. S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, (19)*2, 119–146.

Koball, H., Zaveri, H., Boller, K., Daro, D., Knab, J., Paulsell, D., . . . Xue, Y. (2009). *Cross-site evaluation of the Supporting Evidence-Based Home Visiting grantee cluster: Evaluation design volume 1.* Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

Olds, D., Sadler, L., & Kitzman, H. (2007). Programs for parents of infants and toddlers: Recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry, 48*(3), 355–391.

Paulsell, D., Boller, K., Hallgren, K., & Esposito, A. M. (2010). Assessing home visit quality: Dosage, content, and relationships. *Zero to Three, 30*(6), 16–21.

Rapoport, D., & O'Brien-Strain, M. (2001). *In-home visitation programs: A review of the literature.* Burlingame, CA: The SPHERE Institute.

Stoltzfus, E. & Lynch, K. (2009). *Home visitation for families with young children.* Washington, DC: Congressional Research Service (July 15).

Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development, 75*(5), 1435–1456.

U.S. Congress. *American Recovery and Reinvestment Act of 2009.* Pub. Law No. 111-5. (2009, February 17). Government Publications Office Retrieved May 27, 2010, from http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf

U.S. Congress. *Patient Protection and Affordable Care Act.* Pub. Law No. 111-148. (2010, March 23). Government Publications Office. Retrieved May 27, 2010, from http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Wandersman, A., Clary, E., Forbush, J., Weinburger, S., Coyne, S., & Duffy, J. (2006). Community organizing and advocacy: Increasing the quality and quantity of mentoring programs. *Journal of Community Psychology, (34)*6, 781–799.

Wasik, B. H., & Bryant, D. M. (2001). *Home visiting: Procedures for helping families, 2nd ed.* Thousand Oaks, CA: Sage.