Assessment of Families Experiencing Homelessness

A Guide for Practitioners and Policymakers

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About Homes for Families:

Homes for Families is a statewide advocacy organization committed to ending family homelessness through permanent and emergency solutions. We are a collaborative of families who have experienced homelessness, service providers and advocates. Together we educate, organize and advocate for improved public policies to address the root causes of family homelessness with holistic and community-based solutions.

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INTRODUCTION

It is time for a new approach to address family homelessness. Progress is possible.
(On Solid Ground Coalition, 2015).

The numbers of families experiencing homelessness have grown steadily in the United States since the 1980's and have now reached an historic high. Since 2010 family homelessness has increased nationally by 8%; the numbers have climbed in 31 states and the District of Columbia (Bassuk, DeCandia, Beach, & Berman, 2014). Based on the United States [U.S.] Department of Education's definition of family homelessness that includes literally homeless (sheltered and unsheltered) as well as doubled up families, an estimated 2.5 million children experienced homelessness in 2013. More than half are under age five (U.S. Department of Housing and Urban Development [HUD], 2009).

In Massachusetts, the rise in homelessness among families and children has been dramatic. According to *America's Youngest Outcasts: A Report Card on Child Homelessness,* in 2010 an estimated 28,683 children were homeless in the Commonwealth; by 2013 that number had grown to 31,516 (Bassuk et al., 2014a). A recent report - *On Solid Ground* - released by the Citizen's Housing and Planning Association along with a coalition of research, provider, and advocacy partners, documented a 94% rise in literally homeless families in Massachusetts from 2007 to 2014; by the end of 2014, 4900 families were living in shelters, transitional housing, and motels (On Solid Ground Coalition, 2015). Domestic violence was cited as the most common reason for homelessness (Department of Housing and Community Development [DHCD], 2014).

Consistent with the national profile (Burt & Aron, 2000; HUD, 2010), the majority of homeless families in Massachusetts are young single mothers in their twenties with young children; a disproportionate number are African American and Latino. These female head of households are extremely poor and have a host of interrelated issues that are both structural and psychosocial. The majority struggle with limited education, low wage jobs, unemployment, difficulties accessing affordable child care (On Solid Ground Coalition, 2015; Wood & Paulsell, 2000); interpersonal trauma -- primarily domestic violence and histories of child abuse (Bassuk et al., 1996; Hayes, Zonneville, and Bassuk, 2013); and clinical depression (Bassuk & Beardslee, 2014; Weinreb, Buckner, Williams, & Nicholson, 2006). Left unaddressed, these issues can have a profound and detrimental impact on children.

Over the years, scarce resources and underinvestment in addressing homelessness has created a climate where various subgroups are given higher priority and resources are preferentially allocated; these subgroups include veterans or those identified as "high need" such as chronically homeless individuals. There is no question that these priority populations require assistance and

that investing in them has led to a decline in their numbers (Bassuk et al., 2014a; HUD, 2014). However, for decades, homeless families have not been viewed as being in urgent need of immediate help and have been considered part of the large numbers of low-income families living on the edge—many of whom are in chronic crisis and have always been part of the landscape (Pavenstadt, 1965). Consequently, families, and the unique needs of children, especially very young children, have been overlooked.

Disagreement exists regarding the assessment of children and families. The federal position supports a primary focus on assessing housing and determining imminent safety needs with the goal of stable housing and minimal services, delivered in the mainstream. Others (Bassuk et al., 2014; Haskett, Armstrong, and Tisdale, 2015) argue for more comprehensive assessments that include housing as well as parental psychosocial issues and children's developmental status with the goal of identifying and providing needed services in shelter or in the mainstream while finding decent affordable housing. Although there is consensus in the field that affordable housing (in particular, housing subsidies) is essential to stem the tide of family homelessness (Bassuk, DeCandia, Tsertsvadze, & Richards, 2014b), the role of services in addressing family homelessness remains a topic of fervent debate (Bassuk, Volk, Olivet, 2010).

> ***Children are not just along for the ride.***
> ***They have experienced stresses similar to their parents,***
> ***but through the lens of childhood"***
> (Bassuk, Volk, Olivet, 2010, pp. 39).

Birth to Five:
Watch me Thrive!

"A coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them."

- ✓ ***A Housing and Shelter Provider's Guide to Developmental and Behavioral Screening***
- ✓ ***A Compendium of Screening Measures for Young Children***

http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive

The federal government has set a goal of ending family homelessness by 2020 (USICH, 2014). Just five short years away, the time has come to prioritize families in the fight to end homelessness. The science of early childhood development and the mounting neurodevelopmental evidence on the impact of adverse childhood experiences on human development (Center on the Developing Child at Harvard University, 2009 & 2010; Felitti et al., 1998; Shonkoff et al., 2012) is especially relevant to homeless children and families. This robust evidence base is beginning to inform an effective response to family homelessness.

The need for comprehensive assessments of children, especially those under age five, is beginning to be echoed among federal leaders and researchers. Notably, the U.S. Department of Health and Human Services Administration of Children and Families now recommends that homeless children receive routine developmental screenings (Moodie et al.,

2014) and offers providers a compendium of tools and resources.
Massachusetts has an ongoing commitment to meet the needs of homeless families (On Solid Ground Coalition, 2015); ranking third in the nation in addressing child homelessness largely due to its extensive state level efforts (Bassuk et al., 2014a) and a strong provider and advocacy community. The recent report – *On Solid Ground* - has expertly laid out the myriad of structural issues impacting extremely low-income and homeless families in Massachusetts. The report focuses on addressing the need for housing and economic supports through an integrated statewide system; the goal is to not just to reduce the numbers of homeless families, but to build a path to improved well-being for families. However, the nature of critical supports and services are not extensively explored.

In line with this goal, the state has called for the use of an ecological framework in its approach to family homelessness, one that pays attention to the "individual in context" (Commonwealth of Massachusetts Steering Committee, 2013). The "Five Domains of Wellbeing" (e.g. safety, stability, meaningful access to relevant resources, mastery, and social connectedness), created by the Full Frame Initiative (2011) focuses on the intersection of poverty, homelessness, violence, and trauma. This framework views families holistically, and argues against the trend towards "specialization" in practice – focusing on one issue at a time (e.g., a housing crisis) with the goal of targeting services to meet one specified need. Although specialization has many advantages (e.g., targeting resources; ease of tracking progress), doing so obscures the complex needs of highly marginalized populations who face multiple stresses. As a result, systems serving these groups can be underdeveloped and fragmented, and providers are left ill-equipped to meet the needs of their clients (Smyth, Goodman, & Glenn, 2006).

> ***"Breaking cycles of poverty, violence and trauma demands that we first and foremost recognize that what creates wellbeing is the same for everyone: Build assets in, and minimize tradeoffs between, the Five Domains of Wellbeing."***
>
> The Full Frame Initiative

To achieve its goals and ensure that families' needs are met, careful consideration must be given to the assessment process. Traditionally, assessment of homeless families has taken a resource driven approach; providers ask only about issues for which services or referrals are available (NAEH, 2015). However, by not screening for known risk factors in homeless families they remain inadequately served and are less likely to attain residential stability. Considering the growing numbers of homeless children across the country, and knowing the impact adverse experiences has on child development, comprehensive assessments are needed to effectively link families with both housing and services; for homeless families this necessarily includes maternal trauma and depression, and children's developmental needs (Bassuk et al., 2014a).

This brief is intended to be a guide for providers and policymakers, local leaders, and state agencies on the process of conducting a comprehensive assessment of homeless families. First, assessment is defined and current models and tools briefly reviewed. Next, the domains of a comprehensive assessment are outlined, along with the core principles underlying the process. Finally, implications for policy and practice are discussed.

WHAT IS ASSESSMENT?

> ***"Assessment is a continuous process whereby problems are identified and appropriate responses decided upon"***
> (Department of Health and Social Security, 1981, p2).

Assessment lies at the core of the work with homeless families. To provide the best service possible, providers must determine what families need. When done too narrowly, assessments only capture a small piece of a larger puzzle; done too broadly, assessments may not accurately and reliably capture the information needed to guide effective practice. But what exactly is meant by the term "assessment?"

Assessment is the process or act of making a judgment or forming an opinion about someone or something. Conceptually, any assessment needs to follow a particular model or framework. The framework is based in the existing evidence about the population or person being assessed. For example, based on the research to date, assessment of a homeless family will necessarily include questions about housing, education, employment, social supports, maternal health and mental health, and children's needs. An assessment is essentially a process that "assists practitioners in making sense of the information they gather" (Rose, 2010, p. 39).

There are many forms of assessment (e.g., housing, educational, employment, clinical or diagnostic) and various tools, tests, and instruments used in the process. The tools chosen are based on the purpose of the assessment and what type of information is being gathered (Hoswarth, 2010).

It is important to note that the term "assessment" is not synonymous with the term "clinical," which is akin to a mental health or diagnostic evaluation. Clinical assessments are almost always conducted by a trained professional such as a licensed social worker. In contrast, non-clinical staff using standardized instruments can screen for mental health issues (e.g., depression, trauma). These tools are brief, often take less than five minutes, and can reliably screen for the risk of a clinical disorder, alerting staff to the need for making timely and targeted referrals for further evaluation.

Depending on the population and issues being assessed, the process can be short or long and typically involves a structured interview with a client. Standard assessments require that everyone conducting the assessment use the same forms and seek the same type of information.

Assessment vs Screening

In the assessment of homeless families, at times, the term "assessment" has been used interchangeably with "screening."

Assessment refers to a process that is more in depth, and can occur over time, and involves gathering data from multiple sources to evaluate a person's functioning.

Screening is a quick snapshot of a person at a point in time and is generally used to determine the need for further evaluation. Anyone can conduct a screening with the proper tools.

For a list of assessment and screening tools for use with homeless families see Table 1.

Although a standard or common approach may be used, there is often variability in the process and its implementation, and thus the outcomes. Standardized instruments (e.g., developmental screeners) that are valid and reliable can aid the process of assessment by decreasing the variability across providers and improving the accuracy of information gathered.

The word "assessment" is often perceived negatively; providers may feel it is something that they do not have the time or the skills to do, and policymakers may fear that it is too costly or will lead to a demand for services that are not readily available. Despite these fears, assessment is necessary to guide effective practice.

Current Assessments of Homeless Families

Currently, federal policy requires that all Continuums of Care (CoCs) develop and implement a centralized or "coordinated assessment" that includes a "comprehensive and standardized assessment tool." Its purpose is to determine the type of assistance a client needs and may be eligible for, and appropriately matches the client to housing and services (HUD, 2013). HUD also requires that CoCs determine the unique needs of domestic violence survivors, and suggests that assessments can be done in multiple phases to best meet the needs of families in crisis. This includes initial triage to determine risk and immediate housing needs, followed by a more comprehensive assessment of service needs within a few days. However, HUD does not require that a psychosocial evaluation be completed to determine the type of assistance needed, though acknowledges "some standardized elements" are important.

To create a standardized process COC's are using tools to assess homeless families, the most common of which is the Service Prioritization Decision Assistance Tool (SPDAT). Originally developed to assess the housing and service needs of chronically homeless individual adults, the family version (F-SPDAT) has been developed to assess families experiencing homelessness (OrganCode, 2013). Research on the SPDAT and the accompanying Vulnerability Index (VI) is only just emerging. Reports suggest that as a process it appears to help providers assess the immediate need for housing in a streamlined and systematic manner (Organcode, 2014). Some Massachusetts Continuums have begun using this tool, including the F-SPDAT prescreen for families, though many programs continue to use their own intake or assessment tools.

The evidence base is not yet developed on the effectiveness of the SPDAT for families. A review of the tool suggests that it is well focused on housing needs, and identifies some high risk issues (e.g., domestic violence and assault; hospitalizations), but lacks a focus on specific risks relevant to homeless families. For example, mental health and cognitive functioning of the adult is assessed on the F-SPDAT via the parent's self-disclosure, or the suspicion of the interviewer based on observation. However, it is uncommon for homeless mothers to self-report mental health concerns for fear of child protection involvement. In addition, many homeless mothers have never been evaluated. They may be unaware they have a mental health condition requiring treatment. Increasingly, best practice dictates that practitioners use standardized instruments in addition to a client interview. Even among clinicians, judgment of a client's functioning is often inaccurate; the use of standardized instruments greatly enhances the reliability of any assessment (Kelley & Bickman, 2009, Kelley, Bickman, & Norwood, 2010).

Although the F-SPDAT may give providers a consistent way of assessing housing needs and imminent safety concerns, the need for services is not adequately assessed. The sole reliance on parent self-report and non-clinician judgment to determine the need for mental health services for homeless families is concerning. Although very high risk issues may be identified, the majority of homeless families will likely go without needed services. In addition, the F-SPDAT does not specifically screen each child's developmental level of functioning and thus is not family centered in design. To identify service needs for homeless families, it is recommended that the tool be supplemented by standardized screening tools for known psychosocial and developmental risk factors. In this way, housing and safety can be addressed, and the needs of all family members can be identified so that targeted referrals can be made.

Challenges

Assessment can be a challenging process; providing services to a high-risk group with an array of stresses is demanding work for anyone no matter how well trained. Homeless service providers, often the first line of response to homeless families, are under-resourced and receive minimal training and supervision (Mullen & Leginski, 2010). It is tempting to conclude that homeless service providers are stretched too thin, don't have the time, or do not possess the skills required to complete comprehensive assessments or use screening tools. However, when provided with training, staff often report feeling more confident and engaged in the work, and the quality of services improves. Investing in training of the homeless and housing workforce, and incorporating standardized screeners into the assessment process is required to ensure families receive the kind of responsive, quality care they need.

A COMPREHENSIVE APPROACH: A TWO GENERATIONAL MODEL

> ***"Resilience requires relationships"***
> (National Scientific Council on the Developing Child, 2015, pg. 7).

Two generational approaches offer services to help children while simultaneously working with parents to enhance and strengthen parenting skills, build economic self-sufficiency, and address health or mental health needs (St. Pierre, Layzer, Barnes, 1995). Single generation approaches (e.g., child only, or parent only) generally have not proven effective in combatting poverty or improving long-term outcomes for the next generation. Two generation approaches were designed in response to this need. In addition, these approaches are family centered, use a holistic case management process to assess for underlying issues impacting family functioning, and address the needs of each child and the parents (The Center for High Impact Philanthropy, 2014).

The health of the parent significantly influences family functioning and the health of the child. For children, the availability of at least one supportive relationship with a significant adult is a major factor in developing resiliency (National Scientific Council on the Developing Child, 2015); the strongest relationship is with a primary caregiver. Impairments in a caregiver's functioning, and delays in child development, are risk factors impeding the development of resiliency. Among homeless families, despite the high rates of maternal depression and PTSD,

and the prevalence of developmental delays among homeless children, these underlying issues are not routinely addressed.

An effective response to family homelessness requires a shift away from an adult focused, single generation model, to a two generational, family-centered approach that supports resiliency. Reliable screening tools can help providers better identify and target services for all family members. With training, homeless providers can successfully identify and refer families for needed services. A sample of tools and screeners for use in a comprehensive assessment of homeless families are outlined in Table 1.

Tools and Screening Instruments (Table 1)

Domains	Tools	Sources
Demographics of all family members.	NAEH Coordinated Assessment Toolkit;	http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit
History of housing and homelessness.	VI-SPDAT;	http://www.orgcode.com/product/vi-spdat/r
Parent- Education & employment needs, including income & benefits.	VI-F-SPDAT prescreen for Families F-SPDAT;	http://wnyhomeless.org/wp-content/uploads/VI-SPDAT-F.pdf http://azmag.gov/Documents/CoCPS_2013-08-12_Service-Prioritization-Decision-Assistance-Tool-For-Families-(F-SPDAT).pdf
Safety (e.g., Domestic violence).	Program Intakes.	Specific to programs.
Parental trauma and mental health screening.	PTSD Screeners: National Center on PTSD Chart on Screening Tools; Brief Trauma Questionnaire BTQ; Life Events Checklist (LEC): Depression Screener: Patient Health Questionnaire PHQ-9.	http://www.ptsd.va.gov/professional/assessment/screens/index.asp http://www.ptsd.va.gov/professional/assessment/te-measures/brief_trauma_questionnaire_btq.asp http://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
Child development screening	Ages & Stages Questionnaire; Brigance Early Childhood; Birth to Five: A Compendium of Screening Measures.	http://agesandstages.com/ http://www.curriculumassociates.com/products/brigance-early-childhood.aspx http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive

Why Assess Parental Mental Health?

Maternal depression is a major public health problem that impacts mothers, children, and family functioning (Freed et al., 2012); homeless mothers experience clinical depression up to four times the rate of the general population of women (Weinreb et al., 2006). When maternal depression is the sole risk factor in a family, it may be possible for a child to be protected from the impact of the disorder, especially if mild in nature. However, when maternal depression is combined with other risk factors (e.g., poverty, homelessness, single parenthood, younger parenthood, trauma exposure) the risk to the mother-child bond and the child's development is significant (Carter et al., 2001). Despite these risks, depression and trauma among homeless mothers has been largely ignored (Bassuk & Beardslee, 2014).

Depression often accompanies experiences of trauma for many women; both adversely impact child development. For example, among low-income single mothers receiving home visitation, those with co-occurring PTSD and depression demonstrate poorer maternal functioning and less responsive or harsh parenting (Ammerman et al., 2012). For mother's experiencing homelessness, the severity of trauma symptoms is associated with residential instability, maternal depression, and poorer outcomes for children (Hayes, Zonneville, & Bassuk, 2013). Taken together, this evidence indicates that assessing and addressing parental mental health among homeless families is long overdue.

Why Assess Homeless Children?

The impact of homelessness on children, especially young children, is potentially devastating and may lead to developmental delays, learning, and behavioral health problems (Haskett, Armstrong & Tisdale, 2015; Masten et al., 1993; Rog & Buckner, 2007). Residential instability, exposure to trauma, and poor parenting practices in homeless families adversely effects a child's development (Herbers et al., 2014). A recent meta-analysis of mental illness in homeless children found that between 10-26 percent of homeless preschoolers, and 24 to 40 percent of homeless school age children have mental health problems requiring clinical evaluation (Bassuk, Richard & Tsertsvadze, 2015). Haskett & colleagues (2015) recently reported on a sample of 328 sheltered children age 2 months to 6 years in central North Carolina. In this study, scores on standardized measures of child development indicated that overall functioning of the children studied were significantly below the norm. Language skills, critical to early childhood development and later academic success, were most affected. Although many homeless children are resilient (Gerwitz et al., 2008; Militois et al., 1999), especially those with strong parent-child bonds and effective parenting (Herbers et al., 2011; Herbers et al., 2014), most homeless children are never assessed. Their needs can go unaddressed for years until they reach school age and potential deficits become more apparent. There is also little doubt that children's needs often influence family cohesion and functioning.

HOW TO ASSESS: TIPS AND STRATEGIES

Assessment is a continuous process. Providers meet with families, establish rapport, and gather information to answer questions relevant to the purpose of the assessment. Initial assessments are often short and focused on imminent need; comprehensive assessments, generally completed within 1-10 days of the initial intake, allow for a more in depth exploration of pertinent issues.

Structured interviews, standard tools and intake forms, and valid and reliable screening instruments are all used in the assessment process. Questions are derived from the existing evidence for the subgroup being assessed. Well-tested questionnaires and scales are vehicles for collaboration between practitioners and family members, and also establish a baseline against which to measure change (Rose, 2012).

> ***"Assessment.. is not a paper exercise…in this sense [it] is a relational activity"***
>
> Rose, 2012, p.43

Questionnaires and instruments are tools. No matter how good they may be at detecting issues, people are at the center of the process. Assessments are best delivered in the context of a trusting and supportive provider-client relationship that is culturally sensitive. It is in this context that clients or consumers feel safe enough to share details of their lives. If individuals being assessed are likely to have a trauma history, the process should also be trauma-informed. It is incumbent on providers to actively listen to clients, understand their needs and what works for them, and be open to tailor the process to best identify services needed. For homeless families, providers need to relate to parents and children to fully assess the family's needs.

The assessment of individual adults and families differs; although both should be person-centered, when children are involved, assessments also need to be family-centered. In family-centered assessments, the needs of all family members are considered. Adults are viewed as parents first; child development is assessed in relation to the parent's functioning. In families with young children, a mother's desires and wishes for her family are central and should guide the process. In addition, the developmental status and needs of *each* child is assessed. The core principles of a comprehensive approach to the assessment of homeless families are outlined in Table 2 below. Tips and Strategies for each core principle are detailed.

Core Principles of a Comprehensive Assessment for Children and Families (Table 2)

Core Principles	Definition	Tips and Strategies
Family Centered/ Person Centered	Family-centered and person centered care is based on the following principles: 1) Understanding that the family is the child's primary source of support and that supporting parents and families ensures the health and well-being of children; 2) Information, perspectives, and wishes of the members of the family must be included in the decision making process; 3) Family members are part of the team with providers (Committee on Hospital Care and Institute for Patient and Family Centered Care, 2012).	✓ Attend and listen to each family member. ✓ Honor families' preferences and wishes. ✓ Implement flexible policies and practices. ✓ Facilitate choice. ✓ Share complete information so families can fully participate in decision making. ✓ Recognize and build on strengths on each family member, including the children.

Developmentally Appropriate and Relationally Based	Developmentally appropriate approaches incorporate an understanding of the client's developmental level (e.g., young adulthood, early childhood) into the process. Relationally driven approaches focus on developing a strong and trusting relationship between the provider and client (DeCandia, 2012a & b).	✓ Train staff in a basic understanding of lifespan development. ✓ Ask questions and tailor responses to match the client's developmental level of functioning. ✓ Empathize with client's perspective and experiences. ✓ Use active listening. ✓ Respect client's needs and wishes. ✓ Respect privacy and confidentiality. ✓ Establish and model healthy boundaries.
Trauma-Informed	Trauma-informed care is an organization-wide approach; policies and practices are adapted based on an understanding of traumatic stress. It requires that all staff, at all levels are trained to understand traumatic stress and recognize that behaviors may be ways of coping with past traumatic experiences. Staff work to minimize chance of re-traumatization of anyone who has experienced a trauma (Hopper et al, 2010; SAMHSA, 2014).	✓ Establish a safe physical and emotional space to conduct assessment. ✓ Ensure safety measures are in place. ✓ Respect confidentiality. ✓ Be consistent. ✓ Take a trauma history. ✓ Allow for breaks. ✓ Support needs of children during assessment.
Culturally Competent	Practicing in a culturally competent manner implies that individual staff and the organization interact with consumers within the context of the cultural beliefs, behaviors (Wilson & So-Kum Tang, 2007).	✓ Respect diversity of views and experiences. ✓ Conduct assessment in consumer's first language whenever possible. ✓ Honor cultural norms. ✓ Ensure assessments are "culture fair" and free from bias. ✓ Use interventions specific to cultural backgrounds. ✓ Provide opportunities for consumers to engage in cultural rituals. ✓ Be self-reflective and guard against own biases.
Evidence Based/ Evidence Informed	Evidence based interventions are scientifically proven to be effective for specific populations; evidence informed interventions are ones that have an emerging evidence base but have not yet met the empirical standard to demonstrate effectiveness (NREPP, 2015).	✓ Incorporate standardized screening instruments into assessment process to improve reliability and validity of overall assessment results. ✓ Assessment questions are derived from evidence base of population.

IMPLICATIONS FOR POLICY AND PRACTICE: TOWARDS A NEW FRAMEWORK

The prevailing view on assessment of homeless families tends to focus on housing and income supports. While critical, children's needs and assessment of adults *as parents* are also required. Research over the last few decades has identified three known risk factors for homeless families: (1) near universal experiences of lifetime trauma and elevated rates of PTSD for homeless mothers; (2) extremely high rates of maternal depression, and; (3) developmental and behavioral health concerns for homeless children. An estimated 80% of homeless families require housing *and* supportive services to address trauma, mental health, and child development issues (Bassuk, Volk, Olivet, 2010). This evidence, coupled with four decades of research in the developmental sciences on the mediating impact of early intervention and parenting support on children's development (Shonkoff, 2010), supports the need for comprehensive assessments of homeless families that are family and person centered.

> ***"When systems are put in place to monitor the development of all children continuously over time, problems that require attention can be identified early and appropriate responses can be made"***
>
> Center on the Developing Child at Harvard University (2007), pg.5.

The challenge for policymakers is to make use of these data to steer policy and practice in line with the emerging evidence base. One place to start is by comprehensively assessing all homeless families.

The goal of the assessment is to identify what a family needs, regardless of available resources. The lack of resources is a problem with which our political leaders, and society must grapple; need almost always overshadows resources. Ecological approaches including trauma-informed care and parenting interventions hold the potential to improve well-being and are not costly strategies (Bassuk et al., 2014a). As no evidence based services currently exist for homeless families (Bassuk et al., 2014b) the field is ripe with possibility; investments in research and training are required.

At this time, political will is needed to move beyond the status quo. Massachusetts is well on its way to taking these bold next steps, and may lead the nation in developing a holistic, family/person centered approach to the assessment of homeless families. Doing so holds the promise of helping families achieve housing stability *and* improved well-being, and preventing adverse outcomes for another generation of homeless children.

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