

Reducing Family Homelessness and Improving Child Outcomes: A Housing-First Approach

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Homelessness is a growing concern in the United States, and it has particularly detrimental consequences for children. Homelessness is a severe form of poverty that leads to increased vulnerability to traumatic life experiences and systematic challenges which rob them of their basic human rights and capabilities. Housing instability can further disrupt family routines and affect parenting behaviors, thereby increasing the risk of negative developmental outcomes for children. Although the detrimental effects of homelessness and severe poverty on child and family outcomes are undeniable, controversy exists in discussions of the services that should be offered to homeless families due to fundamental differences in attitudes towards homeless individuals. Finding effective strategies for relieving family homelessness is imperative, not only because this is economically beneficial but also because access to stable housing is a fundamental human right that serves as the foundation from which children and parents can grow to be productive members of society.

### **Family Homelessness**

Family homelessness is a serious human rights infraction and economic concern in the United States. According to the U.S. Department of Housing and Urban Development, nearly 600,000 individuals were experiencing acute or chronic homelessness on any given night in 2014, with families making up 37% of the homeless population (USDHUD, 2014). In addition, over 75% of these families are single-parent households, usually headed by young mothers with limited education and high rates of mental illness and domestic violence in their histories (National Alliance to End Homelessness, 2015; USDHUD, 2010). Family homelessness can be caused by a variety of failures in social and financial support systems. These failures lead to an unforeseen financial challenge, which leads to an inability to afford the costs of housing.

Examples of these failures are a costly medical emergency, the loss of a job, or the death of a family member (National Alliance to End Homelessness, 2015).

Systemic failures in support for impoverished families, such as the lack of affordable housing, can also lead to family homelessness. According to the National Low Income Housing Coalition, the United States is facing an extreme shortage in affordable housing, such that there are only 31 affordable homes for every 100 low-income families looking to rent (National Coalition for the Homeless, 2014). While this is in part due to high costs of housing, the providers of many families are also paid insufficient wages, making them unable to provide their families with safe and stable housing. The Economic Policy Institute's Family Budget Calculator offers a multifaceted approach to measuring a household's economic security by accounting for community-specific costs of living. This measure incorporates the costs of housing, child care, taxes, food, and transportation among others in 618 geographic areas in the country and estimates the income level needed for a family's basic needs to be met. In the median family budget area of Des Moines, Iowa, a family composed of one parent and one child requires \$3,854 a month to cover all costs of living. A full-time, full-year, minimum wage earner makes \$15,080 per month or \$1,257 per month. This wage makes it nearly impossible to support one child, let alone multiple children, in any community. Because many parents experiencing homelessness have limited education, they work in low-skill jobs that offer little to no benefits or job security for minimum wage (Gould, Cooke, & Kimball, 2015). Thus, a large portion of their income goes to paying rent, and even minor deviations from normal family functioning can put their housing in jeopardy.

## **Impacts of Family Homelessness on Children**

Homelessness is incredibly disruptive to the development of children, as it interferes with education, physical and emotional health, parent-child relationships, and household routines. Not only does homelessness itself imply that the child has already experienced a breakdown of social supports due to a traumatic event, but it also predisposes them to other traumatic events. These traumatic events have a cumulative effect on the physical development of the child through toxic stress, which occurs when the body's stress-response system is turned on for extended periods of time. Not only does this stress inhibit normal development of the body and neurological pathways, it can also lead to behavioral problems and difficulty learning to cope with future stressors (Shonkoff & Garner, 2011). Externalizing behavioral problems, such as antisocial behavior, aggression, impulsivity, and hyperactivity, in addition to stressors in the family environment, such as maternal mental health problems and domestic violence, also increase the likelihood of being diagnosed with anxiety and conduct disorders later in life (Koenen, Moffitt, Poulton, Martin, & Caspi, 2007). Children who experience toxic stress are also more likely to show internalizing behavior problems, such as depression and anxiety. The combination of externalizing, internalizing, and/or conduct disorders affect children's abilities to self-regulate emotions and to communicate with and interact appropriately with peers and authority figures. This can also interfere with a child to engage in productive play with peers and adults and lead to increases in punishment for a child, which can lead to setbacks in healthy socioemotional development. Externalizing and internalizing behaviors can also hamper success in school, which leads to additional cognitive and attentional deficits. Children who experience severe poverty, such as with homelessness, also have higher rates of chronic physical health conditions, such as asthma, diabetes, and hearing, vision, and speech problems (Magnuson and Votruba-

Drzal, 2009). They are also more likely to develop acute illness, which can lead to unforeseen medical expenses, and have higher mortality rates (Shonkoff, 2013).

### ***Effects on Household Stability***

A complete picture of the effects of homelessness on child outcomes must include consideration of the child in the context of family functioning as a whole. Family processes and parent-child relationships can mediate the effects of stressors and adversity on resilience and child outcomes. Homelessness is associated with a myriad of unique stressors that impact family functioning. Loss of housing prevents families from maintaining daily routines and schedules that can serve as a protective factor for children and adults in the face of extreme stress and adversity. The notion that stability and predictability in family life mediates the effects of housing instability and homelessness on child outcomes is empirically supported. Routines help to foster closeness and a sense of belonging among family members. Although loss of permanent, private residence can cause parents to feel powerless, the maintenance of family routines can even help maintain or foster feelings of control and self-efficacy as parents. The sustainment of family routines is indicative of overall family health. Unfortunately, there are numerous and, often, insurmountable obstacles that prevent the maintenance of routines in homeless families (Mayberry, Shinn, Benton, & Wise, 2014).

Homeless shelters offer refuge to over 90% of homeless families, but they are horribly disruptive to family routines and structures. Only about 50% of all available emergency shelter beds can accommodate families, and these facilities operate at nearly full capacity (National Alliance to End Homelessness, 2016). In an effort to serve as many people as possible while maintaining order, shelters and transitional housing programs often impose schedules and rules upon clients. These restrictions often impose upon parental authority and family routines. For

example, in one Baltimore city shelter, individuals and families are explicitly told what times they can leave the facility, when they can do laundry, how long their showers can be, how often children must be supervised, and even when to go to bed and wake up in the morning. Similar sentiments were expressed by 80 homeless parents interviewed across four states (Mayberry et al., 2014). Albeit unintentionally, these rules can strip families of important relationships and support networks by making it impossible to coordinate schedules with friends and family outside the shelter and preventing families from attending groups and services at their regular churches. Shelter rules about meals are also disruptive to family routines, as parents are unable to choose what foods and what times to feed their children. Because beds in the shelter are in high demand, failure to comply with these rules could lead to loss of housing. One parent expressed discontentment that their routines could not be oriented around family time and homework schedules anymore because “you were out of bed by 6:00, everybody, and kids weren’t allowed out of rooms if it was noon to 3:00 and you couldn’t feed them whenever you wanted to because it was set meal times and everybody had to be in their room and in bed by 10:00” (Mayberry et al., 2014). These mandatory scheduled activities and rules can prevent parents from having adequate time and flexibility to actively seek employment or more permanent housing.

Shelters can also physically alter household structure by separating family members, especially fathers who are not married to their children’s mothers. Often, women and children are separated from men as a safety precaution, but this also means that children can be separated from their fathers, further destabilizing the family unit. Another important family process is discipline, but shelter rules also disrupt this important parent-child interaction. Constant threats from Child Protective Services prevent parents from disciplining their children in their usual way, which not only undermines parental authority but also confuses children (Mayberry et al.,

2014). Parents in homeless shelters must comply with so many rules in exchange for housing that they often feel like they are “parenting inside a fishbowl” because they are always under the scrutiny of not only program staff but also other parents in the program (Holtrop, McNeil, & McWey, 2015; Mayberry et al., 2014).

### ***Effects on Parenting & Parental Mental Health***

Hausman & Hammen (1993) argue that the detrimental effects of homelessness on child outcomes result from the “double crisis” of housing instability and problematic parenting. Homelessness impacts parenting through two mechanisms: decreasing parents’ feelings of self-efficacy and increasing risk of parental mental health problems (Holtrop et al., 2015). They not only contribute to homelessness, but they can also impair parental functioning, thereby compounding the negative effects of homelessness and inconsistent or unsupportive parenting on children (Hausman & Hammen, 1993). Secure parent-child attachment is an important moderator in the relationship between early childhood adversity and negative outcomes. There are many individuals who are resilient, despite experiencing adversity and facing developmental setbacks during childhood. Parent-child attachment relationship moderates this resilience. Good parental mental health and supportive parenting practices, among other factors, fostered resilience in children exposed to trauma. Secure attachments to mothers and fathers were related to lower levels of cognitive and behavioral problems that are typically associated with traumatic experiences (Lowell, Renk, & Adgate, 2014). Secure attachment also maximizes learning, as it allows the child to explore his or her environment whilst using the caregiver as a secure base that is a source of comfort and support when needed. One characteristic of a secure attachment relationship is parenting style that is responsive, structured, and warm. Moreover, it is a relationship in which both the parent and the child anticipate the response that the other will have

to their behaviors and adapt accordingly. Children who have experienced adversity but also experience positive parenting practices have fewer post-traumatic stress symptoms and emotional and behaviors problems, as if secure parent-child attachment actually buffers them for the adverse outcomes of experiencing trauma (Herbers et al., 2014). Homelessness makes it increasingly difficult to develop and maintain secure parent-child relationships.

### **Capability**

Therefore, family homelessness robs children and parents of a form of positive freedom known as capability. A person's capability set is the sum total of his opportunities to achieve valuable functionings. Functionings that represent the things that he can do or be in his life. These functionings, such as accessing healthcare, eating, reading, going to school, working, and leading a productive life, give him the means and resources to live a fulfilling life and contribute positively to society. One's capability can be hindered by poverty, so it is important that services offered to families who experience homelessness foster capability and increase functioning. The concept of capability highlights the difference between effective freedom and negative freedom. Negative freedom simply means that people are not directly or formally blocked from living valuable lives, but it also doesn't foster capability. However, effective freedom requires the active provision of supports and resources so that people have real opportunities to live lives they value.

Martha Nussbaum proposes a list of ten central human capabilities that should be guaranteed for every individual in society: life; bodily health; bodily integrity; senses, imagination, and thought; emotions; practical reason; affiliation; other species; play; and control over one's environment (Alkire & Deneulin, 2009). By denying children these capabilities, they are being deprived of "means of competition" to be successful (Waldfoegel, 2009). Due to the



environments that homeless families inhabit, there is little opportunity for children to play and interact with nature. One 3-year-old boy attending a therapeutic nursery in Baltimore feared grass during outside playtime because he was not familiar with nature, having lived within the concrete structures of the city his whole life. Homeless adults have little means to control their living environment, so children have remarkably less ability to do so. Because detriments to parent-child attachment security prevent learning and explorative behavior, homeless children experience socioemotional and cognitive deficits that limit capabilities such as senses, imagination, and thought, emotions, and practical reason. Separation from family members and inability to form secure attachment relationships with parents or other adults deprives children and parents of the capability of affiliation. More to this point, the community that families develop relationships with can hinder recovery, as populations living in homeless shelters are rather heterogeneous. This can lead to the emergence or relapse of mental health disorders and the formation of relationships that make it difficult to leave a destabilizing lifestyle.

The violation of bodily health and bodily integrity further deprive members of homeless families from achieving the capability of life. Shelter environments negatively impact the physical and mental health of residents. Access to healthcare negatively is difficult for homeless adults and children. Services are an added cost and reduces one's disposable income. Children may not receive regular wellness check-ups due to this lack of monetary resource or simply due to lack of ability to coordinate a time to set up an appointment. However, lack of preventative care often causes an individual to incur higher costs for healthcare later on. These health problems that result from childhood traumas and capability deficits continue to manifest in adulthood as disabilities and chronic illnesses, including cardiac and renal disease that require costly maintenance and limit functioning (Harris, 2015). In severe cases, inability to afford or

limited access to quality healthcare can even lead to death due to untreated medical conditions. Children who don't have access to healthcare are more likely to have untreated illnesses that will impact their ability to succeed in school and social life, negatively affecting their capability. Homelessness also has a profound influence on children and their physical and academic development, which puts them at greater risk for poverty in adulthood as they will likely work low-skilled jobs for insufficient wages. The plasticity of a child's brain makes children particularly susceptible to environmental stressors. Poor children are often behind in school and therefore less likely to finish high school or go to college, limiting their job opportunities and future socioeconomic status (Magnuson and Votruba-Drzal, 2009). Through difficulties in access to services such as quality healthcare, education, and others, homelessness hinders the development of all these capabilities. Through the lens of capability failures, homelessness can also be found to directly impinge upon one's fundamental human rights, therefore imposing great amounts of risk onto children's development and well-being (Bourdillon 2012:3). Access to secure and safe housing is therefore a basic human right, as it is the foundation from which children and parents can grow to be productive members of society.

Furthermore, a child's capability to escape from the cyclic nature of poverty must be considered as an ultimate positive outcome to strive for. President Obama remarks, "The idea that so many children are born into poverty in the wealthiest nation on Earth is heartbreaking enough. But the idea that a child may never be able to escape that poverty because she lacks a decent education or health care, or a community that views her future as their own, that should offend all of us and it should compel us to action (Obama, 2013)." Jack Shonkoff of the Harvard School of Public Health adds that "healthy development in the early years provides a strong foundation for educational achievement, economic productivity, responsible citizenship, lifelong

health, strong communities, and successful parenting of the next generation.” Capability is essential for success. Having a higher income doesn’t mean that an individual has more capability than anyone else, but having higher levels of capability generally results in higher income potential un adulthood. Economist Amartya Sen’s contributions to the conception of capability and equality of opportunity indicate that the government has an obligation to “equalize and augment opportunity for each citizen,” ultimately establishing equality of capability (Sen, 1992). For homeless families, establishing equality of capability that aim to provide children with real opportunities for success includes providing opportunities to develop functionings not only for children but also for parents. “Where failures diminish capability, the renewing powers of grace mediated by human actions can sometimes enable renewed capability. Equal opportunity requires these efforts for renewal (Beckley, 2002).” The renewal of capability is just as important as fostering capability initially.

### **Housing-First Approach**

Therefore, this capability approach suggests that families experiencing homelessness should be provided with the adequate supports so that they have a proper foundation from which functionings and capabilities can be acquired. While few would argue that a family experiencing homelessness should remain homeless permanently, there are two fundamentally differing attitudes towards homeless individuals. They both believe that homeless individuals should be productive members of society that contribute to their families’ well-being, but they disagree on whether securing housing is foundational or consequential of this productivity.

### ***Housing-First Philosophy***

Housing-first programs offer immediate and ongoing access to housing without mandating compliance with treatment plans for mental health problems and abstinence from

substance use. This service model is based on the belief that providing stable and secure housing is the first priority for homeless individuals and families, as this will provide them with a foundation that is essential to their ability to experience personal and professional growth. In this model, housing is considered a human right rather than a product received as collateral for abiding to rules and regulations (Padgett et al, 2006; Tsemberis et al. 2004). The housing offered in these programs differs from housing offered in other housing programs because they are private residences that allow families to focus on integration into a community rather than treatment and rules. Proponents of housing-first programs assert that “program philosophies favoring choice over restrictions and empowerment over compliance deserve consideration as not only effective but humane” (Padgett et al., 2006). Pathways to Housing, Inc. in New York City was the first to implement the housing-first approach in 1992 (Padgett et al., 2006). They refer to their clients as consumers and encouraged them to identify their own goals and needs. Pathways to Housing offers their consumers 24/7 support from a multidisciplinary team that is made up of social workers, nurses, psychiatrists, vocational counselors, and substance abuse counselors. They consider housing and treatment for the other problems afflicting them (i.e. financial, mental health, physical health, etc.) to be separate domains, so consumers can choose whether or not they want to receive help in either domain without compromising the other. In this program, tenants are required to pay rent equivalent to 30% of their income, and they can receive help managing their finances through a money management program. They also must meet with a staff member twice a month, although the meeting times are flexible. Pathways to Housing “posits that providing a person with housing first creates a foundation on which the process of recovery can begin” and may even be a motivator for them (Tsemberis et al. 2004).

### ***Housing-Readiness Philosophy***

Contrary to the housing-first philosophy, traditional housing-readiness models centers on the idea that members of homeless families require treatment and training in order to prove that they are prepared to transition from shelters to transitional housing to permanent housing. Access to supportive services and housing is conditional – contingent on adherence to rules and treatment plans. This model offers many “Fail Points” that can result in termination of services and return to homelessness (Adobe Services, 2017). Rather than rapidly gaining access to a permanent housing arrangement and integrating into a community, families move to transitional housing programs from a shelter environment.

Key tasks for parents in transitional housing are preparing for employment, attending treatment for mental health disorders, learning to navigate the social welfare system, and acquiring the skills to find and maintain secure, permanent housing (Fischer, 2000). These programs “address the need or housing as well as the need to develop other skills, supports, and activities necessary for recovery” (Brunette et al., 2004). Parents living in such programs report that transitional housing is a positive alternative to homelessness that offers their children safer living spaces and has the potential to provide them and their families with opportunities for growth. Some boast incredible success stories like the following, “I’m already set up to go to counseling for substance abuse and I’ve already been to a couple of AA meetings. I’ve already been to a parenting meeting. I stand to be employed within the next week or so. Wow!” (Holtrop et. al 2015). Transitional housing also offers a peer support network for both adults and children that is based on shared experiences of adversity that have led to living in the same environment (Brunette et. al 2004). Parents in transitional housing programs often report experiencing a sense of community that was not present in shelters and non-sheltered living situations (Holtrop et. al 2015). Some transitional housing programs even provide healthcare and academic services to

children. Parents living in transitional housing in an urban area of a Mid-Atlantic state often expressed gratitude that the program provided their children with services that they would not have been able to provide to them, due to either lack of knowledge or lack of resources. The personally and academically supportive services offered to the children in the transitional housing led several parents to report improvements in the psychosocial development of their children. These improvements manifested in general improvements in academic achievement, self-esteem, social abilities, and emotional stability and expressiveness. Children expressed that they enjoyed the program services, and some even noted improvements in their parents' lives. Children were able to form positive relationships with peers and adult staff members and volunteers (Lorelle & Grothaus, 2015). These qualitative findings suggest that children and parents appreciate the services offered to them in the transitional housing program beyond simply providing them with housing, and the improvements in adult and child outcomes indicate that providing housing alone without the requirement to participate in services would not adequately address the needs of children transitioning out of homelessness.

Unfortunately, there were negative aspects of family life in the programs. Parents reported that they were unable to spend as much time as they would have liked to with their children due to the stringent program requirements. Even though their child's safety was ensured, parents often felt like they were being robbed of the relationship they wanted to have with their children. One mother, Sheree, said that she was grateful that volunteers were available to tutor her children and that they "don't have to worry about asking [her] about school supplies and things they need, because they know right now [they] are able to get that" from the program, but her confidence and self-efficacy as a parent decreased because she felt like she was not able to fulfill her responsibilities as a parent (Lorelle & Grothaus, 2015). Unfortunately, because much

of the caretaking of children is overseen by staff members, parents can feel like they are being separated from their children and stripped of their parenting duties. This can even lead to feelings of victimization, thinking that the staff members believe they are not capable of completing both treatment and parenting tasks. Consequently, one frequently reported problem was that parents were not being informed of conduct problems with their children and were left out of disciplinary processes (Lorelle & Grothaus, 2015). Furthermore, individuals and families enrolled are forced to relinquish control, comply with treatment plans, and experience general loss of privacy or else risk losing access to housing services. This service model has traditionally been the recommended model, as it centers on the idea that homeless individuals require treatment and training in order to prepare to transition to permanent, independent housing (Tsai, Mares, & Rosenheck 2010). They essentially need to prove that they are capable of maintaining permanent housing before having the right to attain it (Fischer, 2000; Padgett et al. 2006). Without these conditions, policy makers fear that housing services will be abused, increasing costs while negatively impacting patient outcomes (Tsemberis et al., 2004).

This approach follows a Continuum of Care methodology for targeting the needs of chronically homeless populations. Although this terminology typically applies to treatment programs for substance abusers, it can be applied here as well. The continuum consists of outreach and treatment combined with transitional housing that ultimately leads to “housing readiness” and subsequent permanent housing (Tsemberis et al., 2004). Housing stability for the individual and their family is contingent upon their strict adherence to treatment protocol and sobriety. While these treatment models should be commended for their efforts to provide aid to homeless individuals and families, they make two assumptions that can have detrimental consequences to the very same individuals’ well-being. The first assumption is that, because of

their current situation, these individuals cannot maintain an independent housing environment unless their problems that led to the situation are resolved first. The second assumption is that they can learn the skills they need for independent living while they are in transitional housing. Unfortunately, these assumptions can cause the well-meaning intentions of these programs to backfire (Tsemberis et al., 2004). Transitional housing programs often limit the amount of time a family can spend in the program to two years (Lorelle & Grothaus 2015). Moreover, target populations may perceive the program conditions as hurdles that they would be unable to successfully cross, given their histories. Moreover, the programs may not be completely effective because the skills that build towards housing readiness may not be applicable in transitional housing or generalizable to subsequent independent living situations.

### **Comparing Housing-First to Alternatives**

Several studies have sought to compare how successful treatment-as-usual programs are compared to the more radical housing-first programs in terms of addressing the well-being of families experiencing homelessness. One factor that is used to determine this is assessments of parental mental health. In the New York Housing Study, no significant differences in mental health symptoms or substance abuse symptoms were found between participants in the Pathways to Housing program and participants in several transitional housing programs throughout a period of four years. Although those in the transitional housing condition used the treatment services more often and more consistently, this did not produce any differences in outcomes (Padgett et al., 2006). Padgett et al. (2011) conducted another study amongst homeless individuals in New York City that had a history of substance abuse and depression. This is relevant to the argument that housing-first programs benefit children and families because many parents struggle with such mental health issues, and positive outcomes for parents trickle down



to positive outcomes for children. This study confirmed that housing-first clients were significantly less likely to engage in substance use behaviors and to drop out of treatment services altogether despite reporting less use of treatment services overall. This implies that it is not the quantity of treatment services utilized that is most important to an individual's recovery (Padgett et al., 2011). Instead, it is more important to provide the individual with the psychological resources, through housing stability and security, to benefit from the services offered to them. While comparing the Pathways to Housing program to a Continuum of Care program, Tsemberis et al. (2004) found that housing-first clients spent more time stably housed throughout a 24-month study compared to treatment-first clients, with a remarkable 80% housing retention rate, thereby showing more rapid decreases in their homelessness status. There were no significant differences in alcohol and drug use or psychiatric symptoms amongst the two groups at any of the 6-month checkpoints throughout the study, but the Continuum of Care clients reported greater utilization of substance abuse treatment programs at almost every checkpoint. Additionally, housing-first clients decreased service use over time while treatment-first clients increased treatment use over time. Higher levels of success of the housing-first programs could be attributed to greater levels of consumer autonomy that therefore increased the likelihood that they maintain these treatment methods even after they moved to into more independent housing arrangements (Tsemberis et al. 2004). Ultimately, these results provide no empirical evidence to support the myth that mental health problems are correlated with the inability to maintain independent living arrangements. In fact, withholding housing from these households can exacerbate negative outcomes for the children and adults in these situations.

House of Hope in Massachusetts is a housing-first program designed to make homelessness as brief and as rare as possible with a housing-first approach. Their services

include emergency shelter for parents and their children, workforce development with on the job training, rapid rehousing in local communities through housing partnerships, and stabilization services for families rehoused in the community (House of Hope, 2017). Families in this program experienced high housing retention rates, improved physical and mental health, increased income or employment, increased satisfaction with their services and housing, developed connections within the community, and built social support networks (Gornstein & Terrell, 2016). This piece of evidence regarding community connections and social networks is incredibly important for children, as it can provide them with protective factors for socioemotional and academic success as well as stability and opportunities for positive growth beyond the doors of their home.

The Family Options Study, conducted by the U.S. Department of Housing and Urban Development, used a random assignment design to investigate the effects of different types of housing interventions on outcomes for homeless families. Over 2,000 families were randomly assigned to one of four housing conditions: permanent housing subsidy (SUB), community-based rapid re-housing (CBRR), project-based transitional housing (PBTH), and usual care (UC). The SUB provided a housing voucher but no other supportive services, such as mental health treatment or child care assistance. CBRR, most similar to a housing-first program despite being temporary in nature, offered rental assistance and other supportive services need to find and maintain permanent housing within communities. PBTH provided transitional housing for up to two years in agency buildings and required participation in intensive supportive services. UC families stayed in the emergency shelter as if they were not referred to other additional services. This study found that children in SUB and CBRR families were more rapidly integrated into a community, moving across school systems less and therefore keeping on track in school and

maintaining relationships with peers. This improved both academic and psychosocial outcomes for children. Moreover, families assigned to CBRR incurred significantly lower costs compared to PBTH families (USDHUD, 2015).

Because resources are limited, it behooves the social welfare community to understand whether one program is more cost- and resource-effective. Padgett et. al (2011) revealed a positive implication for the funding of services because the same improvements in behavior can be achieved using fewer resources. In another observational study, clients in the treatment-as-usual program did not show superior clinical outcomes compared to housing-first clients, but they did incur higher costs for treatment and were more likely to be incarcerated, which is associated with additional costs (Tsai et. al 2010). Housing-first clients were also more voluntarily engaged in the services offered to them because they felt that they had more choice over treatment, decreasing need to expensive relapse-related services (Tsai et. al 2010; Padgett et. al 2011). Free will and freedom of choice are rights that even the impoverished should be able to enjoy. Moreover, providing permanent supportive housing to individual experiencing homelessness generally reduces overall costs incurred by that individual by reducing his need for costly emergency healthcare and shelter services, according to the national alliance to end homelessness (National Alliance to End Homelessness, 2010).

Because individuals in housing-first programs do show improvements in their mental health through utilization of treatment services offered to them, there is no conceivable reason that parents wouldn't take advantage of similarly helpful services that could improve the development of their children. Another debate within the literature on homelessness's effects on families is whether or not parenting programs should be required as a condition for receiving housing, as the health and well-being of the child is forefront in this conversation. In this regard,

it could be argued that housing-first approaches would still prove to be more successful and cost effective. One of the primary barriers to successful parenting in the case of homelessness is the parents' prioritization of more pressing matters of residential safety and the food security. It has been proposed that "mothers are too stressed, especially at the early stages of their homeless episode, to absorb structured information or acquire new skills," so offering families a respite through immediate, permanent housing can allow the family environment to stabilize naturally and give parents a chance to regain self-esteem and parenting self-efficacy that was lost through experiences of homelessness-related trauma and victimization (Hausman & Hammen, 1993). They may even be more inclined to voluntarily participate in parenting programs. Despite challenges, homeless parents expressed commitment to parenting because being a parent was central to their identity (Holtrop et al., 2015).

It is also important not to neglect to mention the incredible resilience of many homeless families. Despite the overwhelming nature and number of their hardships, many families showed tremendous perseverance and resilience by seeking shelter and services for themselves and their families, regardless of whether these were treatment-first or housing-first programs. These studies report that there were no significant differences in substance use behavior between housing-first and treatment-first clients, but they fail to emphasize that both groups showed significant improvements that will undoubtedly have positive impacts on their and their children's futures! Most importantly, housing-first programs suggest that individuals who have experienced bouts of homelessness can be reintegrated into communities and lead stable lives. There are profound implications for clinical and political practice in terms of how homeless families are treated. Contrary to the trepidations of policymakers and service providers, requiring compliance to rigid protocol and jumping through hoops may not be the most effective way to

serve the homeless population. Providing housing first may seem counterintuitive to the process of creating responsible and productive citizens, but it could actually be a personally and financially more effective method for initiating and sustaining these individuals' recovery processes. Unfortunately, there will always be a small percentage of individuals, possibly parents, who choose to abuse a housing-first system. However, if the goal is to provide homeless children who have little control over their environments with a real opportunity to succeed in society and lead the valuable lives they deserve, housing-first programs offer a unique opportunity to provide children with stable housing and a positive community environment.

### **Conclusion**

Family homelessness leads to increased vulnerability to traumatic life experiences and systematic challenges which rob children and parents of their basic human rights and capabilities. Finding effective strategies for relieving family homelessness is imperative, not only because this is economically beneficial but also because access to stable housing is a fundamental human right that serves as the foundation from which children and parents can grow to be productive members of society. Rapid access to permanent, unconditional, supportive housing, such as through programs that implement a housing-first approach, optimizes outcomes for children and parents experiencing family homelessness.

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