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How Art and Entrepreneurship Meet the Needs of Homeless Youth

Capstone Thesis

Lesley University

4/9/18

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Art Therapy

Donna Owens

Abstract

The following thesis focuses on the idea of how art can meet the needs of homeless youth. First, the literature is examined to answer the questions: Who are homeless youth? What are their needs? And, how have their needs been met? Then there is a look into resiliency, what it is and how it relates to homeless youth. Finally, the disciplines of social work, health care, entrepreneurship, art education, and art therapy are examined in how these disciplines can each meet the specific needs of homeless youth. This thesis concludes by presenting a theoretical program focused on art education and entrepreneurship for homeless youth.

How Art and Entrepreneurship Meet the Needs of Homeless Youth

“But a caged bird stands on the grave of dreams
his shadow shouts on a nightmare scream
his wings are clipped and his feet are tied
so he opens his throat to sing.

The caged bird sings
with a fearful trill
of things unknown
but longed for still
and his tune is heard
on the distant hill
for the caged bird
sings of freedom.”

-Maya Angelou
Caged Bird

I first became interested in the intersection of art and homelessness when I worked in a transitional day program for youth experiencing homelessness. Starting out, I agreed to lead an art group every Friday morning, as art groups had been successful with the clients in the past. As an art therapist in training, I was excited to bring art into the program in my own way and to see the impact it would make on the clients. However, at 10am on a Friday morning, my art group did not seem as interesting to my clients as I first hoped. Every week quickly became a struggle to get them engaged and motivated in art making, when they would much rather be getting another hour of sleep before lunch.

One Friday I remember beginning to set up the supplies and announcing that art group would be starting soon. Every client there was asleep as I began making my announcement and none of them seemed ready to wake up. With the help of my coworkers, most of the clients began getting up, but with much protest. One client voiced their frustration saying, “How is an art group going to help me? I don’t need to be doing arts and crafts, this is baby stuff. I am trying

to work on getting a job and housing, I have more important things to do. How is a stupid art group going to help?" I continued to say, "Well, just give it a try and tell me what you think." Several of the clients tried the activity, and a few appeared to enjoy it, telling me afterward it was "okay." Even though that group went from disaster to partial participation, I was struck by the fact that my clients were so focused on survival needs that the concept of art making seemed trivial and like a waste of time. I knew about the power of art making both from personal experience and observing the art making of others. But how could I get my clients to view art making as a healing tool, as a confidence builder, and as a way of accessing the creativity many of them had been using as a means of survival?

Homeless youth are individuals who society often treats as invisible and are too often not offered a platform to speak for themselves – nor are listened to when they do (Thompson, Bender, Windsor, Cook, & Williams, 2010). I knew from spending time with my clients, however, that they had much to say and important stories needing to be heard. They often had difficulty communicating these stories due to the vulnerability required to speak of the horrors they had endured. In many cases, there were no words for what happened or what was experienced. I wanted to provide them with the modality of art to express what they could not express with words. I also wanted to find a way to do this while taking seriously their survival needs, by using art to help them find ways to meet those needs. By further examining the research on homeless youth, art, and resiliency, I hoped to learn how art can help to meet the needs of homeless youth. In this thesis, I critically reviewed the literature on homeless youth, resiliency and art, discussed the implications for how to meet the specific needs of homeless youth through the disciplines of social work, health care, entrepreneurship, art education, and art

therapy, and made recommendations for a theoretical program for homeless youth that combines art making and entrepreneurship.

Literature Review

For this thesis, I examined the ways that art can meet the needs of homeless youth. While the definition of *homelessness* may vary, for the purposes of this thesis I am using Thompson, Bender, Windsor, Cook, and Williams' (2010) definition of homelessness as a state in which someone does not have a stable, reliable place to sleep each night. This would include individuals who sleep in shelters, those who "couch surf" – stay with friends or acquaintances, as well as those who sleep on the streets, in abandoned buildings, or public places (p. 194). There are several factors that can lead to youth becoming homeless. Some youth choose to leave home due to an unstable or unsafe home environment where they experience abuse and/or neglect. These youth are referred to as *runaway youth*. Youth who have been kicked out of their homes or abandoned by their caretakers are known as *throwaway youth*. Youth are referred to as being *doubly homeless* when they have run away from a home they were placed in by the state after being initially removed from their original home (Walsh & Donaldson, 2010, p.194).

Needs of homeless youth

Among individuals who experience homelessness, homeless youth are a highly vulnerable population. Research from Kipke, Simon, Montgomery, Unger, and Iverson (1997) shows that many individuals experiencing homelessness have also experienced violence prior to homelessness and continue to do so while facing many other significant safety risks on the streets. This includes physical and sexual abuse, which this population is found to have experienced very high rates of both before and after entering life on the streets. These dangerous encounters are often traumatizing, as evidenced by the amount of homeless youth who also demonstrate symptoms of post-traumatic stress disorder (McKenzie-Mohr, Coates, & McLeod, 2011; Walsh & Donaldson, 2010). Life on the streets is also a very high stress environment that

can often exacerbate mental health symptoms. This population is more likely than their non-homeless peers to suffer from anxiety, developmental delays, and depression; are more likely to contract STDs and to become pregnant due to unsafe sex practices; and, they typically have weakened immune systems that can lead to a heightened risk of chronic diseases (Kipke et al., 1997; Bucher, 2007). They exhibit higher rates of substance abuse, delinquent behaviors, and difficulties in school. Homeless youth often turn to substance use as a coping mechanism to deal with the stressors of homelessness (Sulkowski & Michael, 2014). Delinquent behaviors such as selling drugs, shoplifting, and burglary are highly correlated with youth experiencing homelessness. Such behaviors are typically coping skills to help these youths survive in homeless situations by providing them with income and other items they need for survival such as clothing or food (Walsh & Donaldson, 2010). Homelessness creates problems for youth, such as lack of sleep and access to resources and support that make it very difficult to continue attending, let alone succeed in a school environment (Sulkowski & Michael, 2014).

While there is a need for trauma work with this population, it must be acknowledged that the trauma homeless youth experience is ongoing, so a traditional trauma-focused model of therapy would not be practical for this population (McManus & Thompson, 2008). Also, homeless youth have many other specific and urgent needs that need to be addressed. This population's primary focus is survival, looking to meet needs, such as where to sleep and how to find their next meal. Similar needs include finding and accessing services for food and housing (Zlotnick et al., 2011). Other needs include feeling like an integral part of society, finding a job and/or housing, and building self-esteem (McKenzie et al., 2011; Stokrocki, Andrews, & Saemundsdottir, 2004; Griffith, Seymour, & Goldberg, 2015).

From the literature, it can be concluded that some of the specific needs of homeless youth are as follows: shelter; food; trauma informed care; access to mental health services; access to sex education, STI screening, and birth control; access to health care; access to substance abuse treatment; access to legal advice; tutoring and GED programs; access to showers and laundry; feeling like an equal member of society; assistance with obtaining employment; and building self-esteem. The question remains, are these needs being addressed by programs designed to help homeless youth?

How Needs are Being Met

There are numerous programs dedicated to providing services for and meeting the needs of homeless youth, such as youth shelters and drop-in centers. Such programs provide youth with food, short-term or long-term shelter, access to mental health counseling, substance abuse counseling, medical services, assistance obtaining education or a job, and referrals to other services. According to Thompson et al., (2010) the success of such programs has much to do with the beliefs the programs hold about homeless youth and the best way to address the issue of youth homelessness. Viewing youth homelessness as an individual problem versus as a societal problem greatly impacts the effectiveness of such programs in the lives of homeless youth. Other factors that prevent homeless youth from being able to effectively access available services are lack of transportation, distrust of adults and authority figures, and lack of knowledge about available services. Another setback for such programs is a lack of funding which has an impact on quantity and quality of services (Walsh & Donaldson, 2010).

McKenzie et al. (2012) critiques the rehabilitation approach taken by many programs that work with homeless youth, arguing that such an approach does not consider the many societal factors that lead to youth homelessness, and instead treats the homelessness that the youth are

experiencing as the core problem to be addressed. Unfortunately, without addressing the many factors that led to the youth's homelessness, the problem cannot be solved, and the issues will persist. McKenzie et al. argue instead for organizations to not only meet the immediate needs of homeless youth, but also to provide preventative services, as well as services aimed at societal change that will truly impact the lives of youth experiencing homelessness.

Most programs dedicated to working with homeless youth focus on addressing the many needs that arise from a homeless situation. Because services are typically not as readily available to individuals who are homeless as opposed to those who are housed, organizations that work with this population are required to do a great deal of case management to advocate for homeless youth to ensure they receive services that they need (Zlotnick et al., 2011). An approach of such programs that is becoming more and more prevalent as new research and findings have come forth about trauma is trauma-informed care. This perspective acknowledges the amount of trauma this population faces on a regular basis and recognizes the fact that trauma can prevent them from successfully exiting a life of homelessness. Such a framework trains providers to be aware of the ongoing effects of trauma, as well as how to interact with youth in ways that are not overly triggering or exacerbating of the trauma that they have and continue to experience. As it is a framework that can be taught to individuals who may not have advanced degrees and specialist training, it is easy and cost effective to implement. Trauma informed care also utilizes a strengths-based perspective, which ultimately empowers youth (McKenzie-Mohr et al., 2011). Such a perspective can help youth reframe their unhealthy behaviors as coping skills that have helped them survive.

Resiliency

One strength that is commonly found among youth who go on to overcome homelessness is resiliency. Bonnie Benard (as cited in Ryan & Hoover, 2005) defines resiliency as “an innate capacity for self-correction and survival in the face of adversity” (p. 117). She explains that though she initially thought of resiliency as a special trait obtained only by a few, it turned out to be a trait found in ordinary people, circumstance, and communities. She found that the trait of resiliency was more easily found and accessible than she first thought. Benard describes resiliency as coming from four underlying strengths: “social competence, problem solving, autonomy, and sense of purpose” (p. 117). According to Benard, these strengths are modeled by the adults that young people have in their lives. She also offers hope for children and adolescents who lack caregivers to model these strengths. Benard notes that *turnaround relationships* with adults who model resiliency can help children and adolescents who do not have positive caregiver relationships to develop those strengths (p. 118).

The traditional research on resiliency does not always transfer easily to adolescents experiencing homelessness and does not help to explain why some demonstrate qualities of resiliency and others do not. In fact, most existing research on resiliency focuses on being protected from hazards in life, the ability to adapt to unavoidable risks while increasing self-efficacy, and the importance of caring supportive adults in developing resiliency (Williams, Lindsey, Kurts, & Jarvis, 2001). Williams et al. (2001) interviewed five young adult women about their experiences of homelessness to take a closer look at which qualities were present among adolescents experiencing homeless that nurtured resiliency and helped them to overcome homelessness. Three of the women had experienced homelessness when they were adolescents and had successfully gotten out of homelessness, while the other two women were currently

experiencing homelessness and had been since they were adolescents. In comparing and contrasting the women who had overcome homelessness and the ones who had not: “The four themes that emerged, determination, meaning and purpose, caring for self and help from others, support and add to earlier resiliency models to varying degrees” (p. 249). The women who had exited homelessness had these traits in common. The theme *help from others* focused on the quality of the relationships that these adolescents had with their service providers and what an important impact those relationships had in their lives. This reinforces that the quality of relationships that homeless youth have with providers can make a great impact, enough so to help them to begin to cultivate resiliency.

Addressing Youth Homelessness in Five Disciplines

To help address the specific needs of homeless youth with ways they can be met, this thesis will examine five disciplines: social work, health care, entrepreneurship, art education, and art therapy.

Social Work. Within the field of social work, there is an emphasis on cultivating coping skills and resilience to help homeless youth overcome their homelessness. Coates & McKenzie-Mohr (2010) point out that many of the behaviors in which homeless youth actively engage, and which often perpetuate their state of homelessness, are coping skills. Behaviors such as substance abuse and shoplifting, while in the moment can be tools to help homeless youth cope with their circumstances, further entrench them in homelessness through creating addictions and creating involvement with the legal system. An intervention that the field of social work suggests with this population is to provide adolescents with coping skills that will help them to break the negative patterns that their high-risk coping skills have created.

Research within the field of social work has also called for the implementation of trauma informed care when working with adolescents experiencing homelessness (McKenzie-Mohr et al., 2011). Without being aware of the effects of trauma on individuals, it can be easy for providers to misunderstand the behavior that this population may be presenting with. Also, when providers are not aware of what may exacerbate trauma symptoms for individuals who have endured and continue to endure multiple traumatic events, they can cause huge setbacks for individuals who could otherwise be able to successfully overcome homelessness if they were provided with a trauma sensitive environment (p. 138). McKenzie-Mohr et al. (2011) argue though, that trauma informed care alone does not address the issues around treatment of homeless youth. They insist that trauma informed care must be coupled with preventative measures as well as viewing the systems that perpetuate homelessness as traumatizing themselves. This includes programs designed to help homeless youth that end up doing more harm than good (p. 139). It is important to continually exam the issues with a wide lens, considering factors that perpetuate youth homelessness, as well as what preventative measures can be taken.

Another intervention implemented by social workers is helping homeless youth to develop strengths and skills that promote resiliency. One way to do this is by helping this population to rewrite their narrative and reframe past experiences. Coates & McKenzie-Mohr (2010) state that “addressing the ways that youth have made meaning of their trauma experiences may also be a crucial element of this work” (p. 87). This can help individuals to gain a better understanding of themselves and their relationships and create a sense of hope where there might not have previously been any hope. Additionally, helping youth to cultivate strengths and skills that promote resiliency is another effective intervention when working with homeless youth.

Williams et al. (2001) emphasize in their research on resilience that relationship building between service providers and adolescents experiencing homelessness can have a positive impact in the lives of adolescents and can produce the modeling needed to help them to learn skills that promote resilience.

Health Care. The discipline of health care can be examined to determine the specific health and safety risks of homeless youth and how to prevent as well as treat these risk factors. Some of the specific health related needs of this population are high rates of STDs and pregnancies, heightened risk of chronic diseases due to weakened immune systems, and high rates of substance abuse (Kipke et al., 1997; Bucher, 2007; Sulkowski & Michael, 2014). Dawson and Jackson (2013) discuss practical ways to meet these needs through primary health care services. In terms of preventative measures, they focus on health education as well as support through drop in centers. In terms of treatment, they suggest providing services such as STI screenings, needle exchange, dental services, health promotion and education, access to showers, laundry, and meals, as well as financial, social welfare, legal, and employment advice (p. 64). These interventions not only prevent health issues among homeless youth through education, access to medical services, and maintaining hygiene, but they also help to treat existing medical conditions.

Homeless youth have unique health care needs that need to be addressed. Inger (2014) discusses ways that health care providers can support adolescents and families who are experiencing homelessness. He lists the six areas to address with this population as: “physical health, nutrition, mental health, sexual health, substance use, and victimization” (p. 39). He emphasizes the importance of acknowledging the vulnerability of homeless youth to experiencing victimization, how to identify the signs of victimization when working with clients,

and how to approach a conversation on the topic. Inger also highlights the vulnerability of sexual minority homeless adolescents who either leave or are kicked out of their homes because of rejection. These individuals are more likely to experience victimization and to contract STIs than their heterosexual peers. He concluded that because many homeless youths are already distrustful of authority figures and adults in general, it is important for health care providers to be knowledgeable about homelessness (what causes and perpetuates it) and to cultivate long-term relationships with patients to help address patient concerns as they navigate their homeless situation and/or begin the process of exiting homelessness (p. 39). It is pertinent that health care providers are trained to work with this population, especially providers who will most likely encounter persons dealing with homelessness in their work. The health care field can help to destigmatize poverty and homelessness through educating health care professionals about the various causes of homelessness, as well as societal factors that continue to perpetuate the cycle of homelessness. Through training, health care professionals can be better equipped to recognize signs of homeless among patients, such as “problems with personal hygiene, skin rashes, global constitutional complaints, and problems due to prolonged exposure to the environment” (p. 39). By knowing what to look for, and by being knowledgeable of existing local resources, these health care professionals can be better equipped to treat patients experiencing homelessness and be able to provide them with more resources and supports.

Another crucial need area of homeless youth is in mental health, particularly for youth experiencing mental illness. Inger (2014) notes that many adolescents who are experiencing homelessness have parents who suffer from mental illness, which can cause issues for adolescents such as anxiety and depression, among other things. While it has been difficult to obtain exact data, “between 48% and 98% are estimated to meet the criteria for a psychiatric

disorder” (Kozloff et al., 2016, p.1083). Common disorders found among homeless youth are depression, hypomania, post-traumatic stress disorder, alcohol abuse/dependence, and drug abuse/dependence. They are also more likely to contract hepatitis or HIV, and to suffer from traumatic brain injuries (TBIs) than their non-homeless peers. Also, the mental health symptoms that homeless youth suffer from are often exacerbated by being in a state of homelessness. This emphasizes the importance of mental health services for homeless youth experiencing mental illness. Other potential issues surrounding experiencing both homelessness and mental illness are not having access to mental health services, experienced increased stigma, and not being able to access psychiatric medication or not being able to manage medications while homeless. By being aware of the needs and risks of this population, health care providers can help to provide better care to patients who are homeless and experiencing mental illness. Providers can also educate patients on factors that can exacerbate their symptoms, as well as the importance of medication to their mental stability if medication is needed. Most importantly, health care providers are most effective when working to care for their patients from a holistic perspective, taking into account many different factors and working to help the individuals they serve receive excellent care in order to help build trust with patients who do not often have positive alliances with service providers (Edidin, Ganim, Hunter, & Karnik, 2012).

Entrepreneurship. Entrepreneurship is a discipline that can help to meet several needs of homeless youth. One study (Tingey et al., 2016) demonstrated the effects of an entrepreneurship education program with American Indian adolescents who were at risk of substance abuse and suicide. Tingey et al. (2016) define entrepreneurship education as “the pursuit of opportunity beyond the resources currently controlled” (p. 251). This is something that youth who are working to overcome homelessness are already doing: pursuing the

opportunity of overcoming homelessness beyond their current circumstances that have led to and are perpetuating their current state of homelessness. Some of the benefits of entrepreneurship education for under-served youth, according to Tingey et al., are increasing motivation toward completing education, promoting social skills and vocational skill, and being able to contribute to the local economy (p. 251). These benefits can also lead to increased self-esteem. The researchers highlight themes of connectedness in the article and found that adolescents who participated in the entrepreneurship education program felt more connected to one another and to their school. A sense of connection and belonging is very important for adolescents experiencing homelessness who often feel invisible and like they are on the outside of society. Learning entrepreneurship may help this population to feel more connected to those who participate in a training together, but it may also help them feel like they are a part of the larger community. Also, by training homeless youth in how to start their own businesses, their financial needs are also being met. Another benefit of entrepreneurship education is that it decreases recidivism and increases youth performance in school (p. 252). Since school attendance and performance are typically a challenge for homeless youth, promoting school performance could help to increase the likeliness of homeless youth to graduate high school and go on to pursue higher education.

Art Education. Art education may not be an obvious discipline that can meet the needs of homeless youth. However, art making has been shown to help individuals experiencing homelessness to express themselves, work through trauma, explore their identity and develop strengths, provide outlets for communication and emotional expression, and even facilitate survival (Thomas, Gray, McGinty, & Ebringer, 2011, p.430). Art making is something that is seen very regularly with this population (Luna, 1987; Kidd, 2009). The medium that is prevalent

among this population is graffiti. Those who see graffiti in the community might write it off as delinquent behavior, but I would argue that it is more than that. It is the art form of homeless youth, whose transience makes the side of a building the perfect place to express themselves or leave their mark (Luna, 1987). Much of the existing research about art and homeless youth focuses either on the art that homeless youth are already making in the community (such as graffiti or street art) or on art activities or art-based programs conducted with homeless adults (Prescott, Sekendur, Bailey, & Hoshino, 2008; Stockroki, et al., 2004; Clover, 2011).

Thomas et al. (2011) conducted a study in which homeless adults participated in an art program to provide a structured activity for these individuals to promote social inclusion, increase interpersonal function, and provide a means of expression (p. 429). After participants were interviewed to determine if and how the art program benefited them and what the value of art was to them, the results determined that art making helped individuals to “overcome adversity, construct positive identity, practice routines, and to engage in a community” (p. 435). The authors posit that providing structured activities is one of the first steps towards helping individuals to overcome homelessness. Participating in such groups is typically not something that homeless individuals are able to do as they often lack opportunities and resources to do so. By participating in art groups such as the one in this study, individuals experiencing homelessness express themselves through art making while being a part of a “positive and affirming group experience” (p. 435).

Kay and Wolf (2017) focused on at-risk adolescent girls by developing a program in a school setting in which an art therapist and an art teacher led an art group focused on resilience. The group promoted collaboration among members, which created a sense of synergy within the group. The collaboration within the group helped the group members to not only learn about

their fellow group members, but also to learn more about themselves (p. 32). Several authors have explored ways that art making can help to meet the specific needs of individuals experiencing homelessness (Griffith et al., 2015; Stokrocki et al., 2004). In an article interviewing women who have experienced homelessness and domestic violence, Stokrocki et al. (2004) found common themes of art making as a tool to find healing, express oneself, and speak out about social justice issues. Griffith et al. (2015) identified some of the needs of individuals experiencing homelessness as housing and meaningful relationships with others, but also a need to connect to their community and be a productive member of society. In their study they propose providing opportunities for individuals experiencing homelessness to develop their art work professionally to sell their work for monetary gain, and to gain support and community from other artists. Through this study they found that “art making was positively correlated with higher life achievement” (p. 39).

Prescott et al. (2008) conducted a study in which they tracked attendance and life achievements of homeless youth participating in a drop-in art program. Their results showed attendance at the art drop-in was positively correlated with life achievements. Life achievements were categorized as the following: “obtaining housing, obtaining employment, returning to school, substance cessation, pro-social skills development, taking initiative, and making art sales” (p. 158). Seeing the potential of art to help meet some of the needs of individuals experiencing homelessness, it seems that art making would be an appropriate intervention in working with this population. Considering the specific needs of this population and the importance of cultivating resiliency to help them get out of homelessness (Williams, et al., 2001), helping this population to cultivate skills in art making could also promote creativity and resiliency (Griffith et al., 2015; Stokrocki et al., 2004).

Art Therapy. Art therapy is the process of expressing oneself primarily with images and art making, in a therapeutic setting. Art therapy requires the presence of both *art* and *therapy* (Rubin, 2010, p.47). Within the field of art therapy, it is believed that images we create can emerge from our unconscious and reveal things of which our conscious mind may not have been aware. It is also believed that art and imagery can often express and communicate what words cannot. When words fall short, art therapists are there to provide other means of expression. Susan Hogan (2014) describes several different models of art therapy along an “art therapy continuum” (p. 89). Hogan’s continuum ranges from “Art as an adjunct to verbal therapy – including ‘gestalt’ style of art therapy” (p. 90) on one end of the continuum, to “aesthetically oriented art therapy – art therapy which privileges the art in art therapy with minimal verbal analysis” (p. 91). For the purposes of this thesis, I will refer to art therapy from the understanding of aesthetically oriented art therapy, in which the therapeutic work is understood as being held and witnessed by the art being made, without verbal processing.

One study conducted by Clover (2011) and colleagues involved developing an open art studio drop-in program in which women experiencing homelessness could come and make art in various mediums with the support and guidance of professional artists. The women were encouraged to make art on a regular basis to develop their skills as artists. The program focused on facilitating both individual art and group art made by members. This program helped to build trust among members within a population who is generally distrustful of others as a form of survival. It also helped to build a sense of community for the women participating. Additionally, the women who participated reported that they felt empowered, both as individuals and as a group. This study also reflected the overlap that is often found between art therapy and art education as the group facilitators struggled to define the purpose of the group as being more

educational or therapeutic. In the end, the facilitators acknowledged that the group was a bit of both, as the women who participated in the group “spoke of a mutual constitution between social empowerment and private healing” (p 23).

Griffith, Seymour, and Goldberg (2015) conducted a study to determine how art therapy could work to meet the needs of individuals experiencing homelessness. Recognizing that being seen as part of society and belonging to a community was just as important to the homeless population as their financial need, Griffith et al. wanted to examine how art therapy could help to meet these two needs simultaneously. In their study they developed two groups for adults experiencing homelessness to determine how to best address these needs. The first group was an art therapy group in which the goal of the art making was primarily therapeutic. The second group was an art making group designed to help artists grow in professional development and learn how to sell their art. Art making for the individuals in the first group helped them build confidence as well as practicing skills of creativity and resiliency. For those in the second group who sold their art, the monetary gain helped their homeless situation as well as connected them to a network of local professional artist. While art making alone was beneficial in developing important skills for this population, those in the second group had the advantage of also providing an income for themselves and were able to meet multiple needs at once.

Art therapy has also been shown to serve as a positive outlet for children experiencing homelessness. Feen-Calligan (2008) discusses a service learning project that art therapy students conducted at a homeless shelter. The students led an art therapy group for the children staying at the shelter with their families. The group was primarily unstructured, and the art therapy students noticed several themes emerging from the children’s artwork such as self-portraits, cartoons, houses, and family, among other things. It was noted by the art therapy students that

the process of art making was both a conduit for the children to express emotions, but also an opportunity to relax and have fun. While the art therapy group was short and the children who attended the group varied with each of the three sessions, this study was able to demonstrate the positive effects of art therapy for children living in a shelter. It also highlighted the aspect of giving the children autonomy in what they wanted to create with their art supplies (p. 27).

Perhaps the ability to choose what they wanted to make was a welcome change to their unpredictable lives that they have little control over. Such activities could help to give individuals a sense of autonomy amid circumstances in which they have little autonomy.

In summary, homeless youth are a vulnerable population with specific needs, some more obvious than others. Among youth who are able to overcome homelessness, resiliency is an overwhelmingly common trait. Individuals are typically taught about resiliency by adult mentors in their lives, which is why it is so important for providers to develop positive relationships with the youth with whom they work. While resiliency can help youth to exit homelessness, this population still has many needs that need to be met. Within the disciplines of social work, health care, entrepreneurship, art education, and art therapy, the specific needs of this population can begin to be addressed and met.

Discussion

To conclude my thesis, I propose a theoretical program for homeless youth combining the disciplines of entrepreneurship and art education. While ideally, I would like to propose a program that utilizes all five disciplines that I reviewed (social work, health care, entrepreneurship, art education, and art therapy), for the purpose of this thesis I chose to focus on the disciplines of entrepreneurship and art education. In order to do so, I review existing programs that incorporate these disciplines, and then propose a theoretical program geared to meet the specific needs of youth experiencing homelessness.

Existing Programs

There are several existing art programs that geared toward homeless and/or at-risk individuals. One such program is based out of Lynn, Massachusetts called Raw Art Works (RAW) (www.rawartworks.org) that is catered to at-risk youth in the community. RAW is a program that was started by art therapists to provide art education to children and adolescents from elementary to high school to help them develop their artistic talents as well as to provide an outlet for expression. Youth have the opportunity to work with professional artists in order to develop their artwork. They also are able to participate in art exhibits to display their work. Youth who have participated in RAW report building positive, nurturing relationships with staff that help to cultivate both a physically and emotionally safe place where they can express themselves and learn new skills. The youth are also able to rely on these relationships in order to help them navigate other aspects of their lives as well. The staff at RAW help the youth in the program to cultivate resilience through the relationships that they have built with them. While RAW works within a community with a very high rate of high school dropouts, through working with the youth they have developed their own programs to support members in applying for college and increasing the likelihood of students graduating and moving onto higher education.

Another program is the Royal Academy Community Art Club, an art program based out of London that is targeted toward adults experiencing homelessness (Jelly & Nunhofer, 2014). This art club helps individuals experiencing homelessness to practice and develop their artistic talents through the help of professional artists and by way of inspiration of past and current artists from the Royal Academy. By helping to develop members' artwork professionally, club members express having more confidence in their abilities and feeling like a part of the community at the Royal Academy. Club members have also gone on to be commissioned for artwork as well as move toward careers in the arts that might not have been possible without the support they received and connections they made at the art club.

A program that works with at-risk youth in Cambridge, Massachusetts on developing entrepreneurial skills is Project Possible (www.possibleproject.org) Possible Project partners with high schools in Cambridge to teach them skills in entrepreneurship as well as problem solving and collaboration skills. In addition to teaching students these skills, almost 100% of students at the Possible Project have gone on to graduate high school in 2014, 2015, and 2016. Additionally, 98% of the 2016 graduates went on to be accepted into college and matriculated. They also currently have about 200 open ventures spearheaded by students. As noted by Tingey et al. (2016) other positive benefits of entrepreneurship education programs are increased self-esteem, promoting social and vocational skills, and creating a sense of community and belonging for participants.

There are also existing programs that combine art making and entrepreneurship. One program, Artists for Humanity (AFH), provides paid apprenticeships in visual arts and creative industries for at-risk high school age youth in the Boston area (www.afhboston.org). Through paid apprenticeships, students are paired with professional artists to develop their artistic skills

and join a community of artists to improve their chances of getting into college and pursuing art professionally. Of students who participate in AFH, 100% of seniors graduate on time, 100% of those seniors are accepted into post-secondary education or vocational training, and 66% of AFH alumni have gone on to earn a college degree compared to the national average of 46%.

Another program that has combined art making and entrepreneurship is a service in the UK called StreetHeart (Vilaza, Mahonen, Hamon, & Danilina, 2017). The makers of StreetHeart partnered with an organization in the UK called 240 Project that provides opportunities for art making among individuals experiencing homelessness. An area that the 240 Project reported having a difficult time with was storing member art work as well as providing more opportunities for member artwork to be seen by more people in the community. The solution that was developed was StreetHeart, an online program that could scan member artwork, upload it to a database, and then could be shown from different digital screens placed throughout London. Viewers could then interact with the screens, pressing a heart icon to indicate appreciation for the artwork, and they could also access an online store where they could purchase a digital or physical copy of the artwork (p. 96).

While some of the existing programs mentioned focus on art education, another on entrepreneurship, and others emphasized both, the two populations that these programs focus on are either homeless adults or at-risk youth. None of the programs are designed to cater specifically to homeless youth.

Theoretical Program

According to the literature, homeless youth have specific needs such as: support in completing their education (Sulkowski & Michael, 2014), support in obtaining employment, feeling like an integral member of society, increasing their self esteem (McKenzie et al., 2011; Stokrocki, Andrews, & Saemundsdottir, 2004; Griffith, Seymour, & Goldberg, 2015), building community, developing supportive relationships, and expressing themselves (Williams, Lindsey, Kurts, & Jarvis, 2001). Existing programs such as RAW, AFH, and Possible Project that are designed for at-risk youth and focus on art, entrepreneurship, or both, have been found to help youth to build supportive relationships with caring adults, cultivate resiliency, increase self-esteem, create a sense of community and belonging, increase high school graduation rates, and help support youth in pursuing higher education after high school. Programs such as the Royal Academy Community Art Club that is catered to homeless adults has helped members to feel like integral members of society. In addition, this program also has created opportunities for members to sell artwork as well as pursuing a career in art.

In order to address the needs of youth experiencing homelessness, I propose a theoretical program that focuses on art education and entrepreneurship that is designed specifically for this population. Similar to RAW and AFH, such a program would be led by both professional artists and art therapists and take on an open studio design where youth can come in and choose what kind of art they want to make with the assistance of artists if they need additional support in their artmaking. The program would host classes at various times during the week to teach different techniques in various mediums for youth who have little to no experience in fine arts. In addition to classes focused on art education, program facilitators could host classes as well as work individually with youth in order to demonstrate how to exhibit artwork with regular

exhibits being organized by the program. There would also be classes provided to teach youth about developing an artist's statement and pricing their artwork to be sold.

By focusing on art making, this program would help provide youth with an outlet to express themselves, a place to build community, and a means to increase their self esteem as they gain new skills, such as at RAW and RA Community Art Club. While the art making in itself may be therapeutic for participants, the word "therapy" would not be mentioned in the program. Instead the focus would be on helping individuals to develop artistically and professionally. This would also help to alleviate any stigma that homeless youth might associate with the word therapy (Clover, 2001, p. 23). The entrepreneurship aspect of the program would provide an income for youth experiencing homelessness, as well as to teach them valuable vocational skills to help them obtain employment similar to Possible Project. I believe that combining art education and entrepreneurship would be an effective and unique way to engage with homeless youth and simultaneously help to meet needs that they have in order to help them to overcome homelessness.

References

- Bucher, C. E. C. (2007). Towards a needs-based typology of homeless youth. *Journal of Adolescent Health, 42*, 549-554. doi:10.1016/j.jadohealth.2007.11.150
- Coates, J. & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. *The Journal of Sociology & Social Welfare, 37*(4), 65-96.
- Clover, D. (2011). Successes and challenges of feminist arts-based participatory methodologies with homeless/street involved women in Victoria. *Action Research, 9*(1), 12-26. doi: 10.1177/1476750310396950
- Dawson, A. & Jackson, D. (2013). The primary health care service experiences and needs of homeless youth: A narrative synthesis of current evidence. *Contemporary Nurse, 44*(1), 62-75.
- Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry Human Development, 43*, 354-375. doi:-10.1007/s10578-011-0270-1bb
- Feen-Calligan, H. (2008). Service-learning and art therapy in a homeless shelter. *The Arts in Psychotherapy 35*, 20-33. doi:-10.1016/j.aip.2007.09.001
- Griffith, F. J., Seymour, L., & Goldberg, M. (2015). Reframing art therapy to meet psychosocial and financial needs in homelessness. *The Arts in Psychotherapy 46*, 33-40.
<http://dx.doi.org/10.1016/j.aip.2015.09.007> 0197-4556/
- Hogan, S. (2014). An overview of models of art therapy: The art therapy continuum – a useful tool for envisaging the diversity of practice in British art therapy. In S. Hogan & A. M.

- Coulter (Eds.), *The introductory guide to art therapy: Experiential teaching and learning for students and practitioners* (pp. 89 – 104). Hove, East Sussex: Routledge.
- Inger, A. (2014). Meeting the challenge: Responding to health care needs of youth. *Clinical Pediatrics*, 53(1), 38-40. doi:10.1177/0009922813499067
- Jelly, B., & Nunhofer, A. (2014). Community art club: Forging a connection. Retrieved from: <https://www.royalacademy.org.uk/article/community-art-club-forging-a>
- Kay, L., & Wolf, D. (2017). Artful coalitions: Challenging adverse adolescent experiences. *Art Education*, 70(5), 26-33. <http://dx.doi.org/10.1080/00043125.2017.1335542>
- Kidd, S. (2009). “A lot of us look at life differently”: Homeless youths and art on the outside. *Cultural Studies ↔ Critical Methodologies*, 9(2), 345-367. doi:10.1177/1532708608321402
- Kipke, M. D., Simon, T. R., Montgomery, S. B., Unger, J. B., & Iversen, E. F. (1997). Homeless youth and their exposure to and involvement in violence while living on the streets. *Journal of Adolescent Health*, 20, 360-367.
- Luna, G. C. (1987). Welcome to My Nightmare. *Society*, 24(6), 73-78.
- McKenzie-Mohr, S., Coates, J., & McLeod, H. (2011). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. *Children and Youth Services Review* 34, 136-143. doi:10.1016/j.childyouth.2011.09.008
- McManus, M., & Thompson, S. (2008). Trauma among unaccompanied homeless youth: The integration of street culture into a model of intervention. *Journal of Aggression, Maltreatment, & Trauma* 16(1), 92-109. doi:10.1080/10926770801920818

- Prescott, M. V., Sekendur, B., Bailey, B., & Hoshino, J. (2008). Art making as a component and facilitator resiliency with homeless youth. *Art Therapy, 25*(4), 156-163.
doi:10.1080/07421656.2008.10129549
- Rubin, J. A. (2010). What is art therapy? In J. A. Rubin (Ed.), *Introduction to art therapy* (pp. 25-48). New York, NY: Routledge.
- Ryan, C. A. & Hoover, J. H. (2005). Resiliency: What we have learned. *Reclaiming Children & Youth, 14*(2), 117-118.
- Stokrocki, M., Andrews, S. S., & Saemundsdottir, S. (2004). The role of art for homeless women and survivors of domestic violence. *Visual Arts Research, 30*(1), 73-82.
- Sulkowski, M. L. & Michael, K. (2014). Meeting the mental health needs of homeless students in schools: A multi-tiered system of support framework. *Children and Youth Services Review, 44*, 145-151. <http://dx.doi.org/10.1016/j.childyouth.2014.06.014>
- Thomas, Y., Gray, M., McGinty, S., & Ebringer, S. (2011). Homeless adults engagement in art: First steps towards identity, recovery and social inclusion. *Australian Occupational Therapy Journal, 58*, 429-436. doi:10.1111/j.1440-1630.2011.00977.x
- Thompson, S. J., Bender, K., Windsor, L., Cook, M. S., & Williams, T. (2010). Homeless youth: Characteristics, contributing factors, and service options. *Journal of Human Behavior in the Social Environment, 20*, 193-217. doi:10.1080/10911350903269831
- Tingey, L., Larzelere-Hinton, F., Goklish, N., Ingalls, A., Craft, T., Sprengeler, F., & Barlow, A. (2016). Entrepreneurship education: A strength-based approach to substance use and suicide prevention for American Indian adolescents. *American Indian And Alaska Native Mental Health Research, 23*(3), 248-270. doi:10.5820/aian.2303.2016.248

- Walsh, S. M., & Donaldson, R. E. (2010). Invited commentary: National safe place: Meeting the immediate needs of runaway and homeless youth. *J Youth Adolescence*, *39*, 437-445. doi:10.1007/s10964-010-9522-9
- Williams, N. R., Lindsey, E. W., Kurtz, P. D., & Jarvis, S. (2001). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies* *4*(2), 233-253. doi:10.1080/13676260120057004
- Vilaza, G. N., Mahonen, J., Hamon, C., & Danilina, O. (2017). StreetHeart: Empowering homeless through art and technology. *Computer Human Interaction Conference 2017*, doi:10.1145/3027063.3049273
- Zlotnick, C., Tam, T., & Zerger, S. (2011). Common needs but divergent interventions for U.S. Homeless and foster care children: Results from a systematic review. *Health and Social Care in the Community*, *20*(5), 449-476. doi:10.1111/j.1365-2524.2011.01053.x