Federal Democratic Republic of Ethiopia
Ministry of Women and Social Affairs

Psychosocial Support Guideline for Urban Destitute Project

(Final Version)

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Introduction

Purpose of the Guideline

As a training manual, the psychosocial support (PSS) guideline is developed primarily to empower the trainees with the necessary *know-how* (*theoretical* & *practical procedures) in* regards to providing PSSSs with a well-informed appreciation of the diversity of the clients/beneficiaries.

As a practical working document, this psychosocial support guideline is developed with the aim to help the practitioners develop the necessary knowledge, attitude and skills for providing services tailored to the specific cases and needs of the four target groups or homeless categories (HC, HA, HCW & HE) as efficiently and effectively as possible.

Beneficiaries of the Guideline

From this PSS guideline, three groups, mainly the trainers, practitioners or professionals, and target beneficiaries (the homeless urban destitute) will gain both theoretical and practical insights.

The trainer can use this guideline to further orient or acquaint the professional or paraprofessional staff of the service providers on the major components of PSS, procedures to be followed and principles to be incorporated into the planning and provision of the basic and specialized PSS services as well as interventions.

The practitioner can use this guideline for taking practical interventions or providing the actual PSS services for the beneficiaries in the rehabilitation center so as to help them get relief, improve resilience, maintain stability as well as develop psychological, physical and emotional readiness for the reunification or reintegration process.

The beneficiaries (homeless UD) can benefit from the contents of this guideline through the basic and professional psychosocial support services provided to them by the trained, experienced, skilled and professional experts in the temporary shelter or drop in centers.

Structure of the Guideline

This guideline is structured into three sections:

Section1: Basics of Psychosocial Support Services (PSSS)
Section 2: Components of Psychosocial Support Services
Section 3: Psychosocial Support Interventions

Section 1: Basics of Psychosocial Support Services (PSSS)

1.1. Importance of psychosocial support services

Psychosocial support is a continuum care and support that ranges from care and support offered by caregivers, family members, friends, neighbours, and extends to care and support offered by specialized psychological and social services. It is important to help the homeless persons experiencing difficult or disturbing events to significantly gain social and emotional wellbeing.

Generally, as individuals who are pushed into street life by a combination of *negative factors* including poverty, emotional and physical abuse, neglect and family breakdown may be exposed to violence, drug abuse, psychological distress and mental illness, psychosocial support is essential to help them heal, maintain good physical and mental health, regain trust in themselves and others, reintegrate into society, and build their coping mechanisms and life skills.

1.2. Principles of PSSS Interventions

In planning and implementing psychosocial interventions, SPs should be able to consider the following principles:

- A PSSS program should take into account the developmental stage of the homeless person (child, adult, or elderly)
- A PSSS program should consider the *fundamental human rights* – both in the circumstances of the homeless person and also in how the program is run
- A PSSS program should avoid stigmatizing the homeless persons affected by AIDS
- A PSSS program must acknowledge the critical role that potential care-givers play in the well-being of the homeless person
- A PSSS program should offer continuity upon which the homeless person can rely since follow-up, support and supervision are all critically important
- The *best support mechanism* for the homeless person is to be found in small consistent units of people who are able to offer on-going and sustained support and encouragement
- There needs to be a full acknowledgement of the existing expertise and wisdom in a community as a resource
- The community, family and children are fully consulted about what needs exist
- The homeless person need to have fun and we need to acknowledge the right of the child and of any human rights
- Opportunities should be given for the homeless person to speak, to be heard and to feel that they are being understood
- The homeless person's basic economic needs should be met in a *reliable fashion* (it is unlikely that the homeless person will be able to think about developing their emotional strength if they are starving and worried about their safety)
- PSSS program should focus on empowering the homeless person, improving their self-esteem and resilience, enhancing their life skills including knowledge about sexuality
- Assistance should be given to enable the homeless person to ask for help when they need it and know to whom to go for help

- The provision of psychosocial support needs community participation to succeed as there is no individual NGO, private organizations and government that can meet the holistic needs of the homeless person without the community involvement
- Some focus needs to be made on the emotional needs of the homeless person and ensure that each homeless person has a social connectedness, from where they can receive help, love and support
- PSSS should be able to promote opportunities for social interaction with peers
- PSSS should be able to accept and promote the current spiritual belief systems of the homeless person
- PSSS should be able to provide spiritual support and enhance the homeless person's sense of belonging
- Referral system should be in place in order for the homeless person's other needs to be met by the most appropriately qualified people

Section 2: Components of Psychosocial Support Services (PSSS)

PSSS program generally focuses on *three core aspects*: skills and knowledge; emotional well-being; and social well-being. At the same time, there are *three main approaches* to strengthening psychosocial support during crises, such as: recreation, play, non-formal education initiatives and safe spaces; training professionals on psycho-social issues and psychosocial support; and the introduction of new curriculum or learning content.

Generally, SPs should note that psychosocial support services targeting the homeless population consists of the following major components:

- *Basic accommodation services* (food, shelter, water, basic healthcare, control of communicable disease)
- *Counseling services*
- *Health care services*
- *Basic education* (non-formal & formal) and *vocational education services*
- *Life skills training*

2.1. Social Support

A key to the well-being of any person is his/her ability to nurture positive relationships with others, connect to communities, and become involved in activities that are meaningful and fulfilling.
Consequently, social support involves:

- *Developing social relationships and connections*
    - Homeless people should be supported in developing positive relationships with peers, employers, colleagues, and others
    - Involvement in communities (of choice) and feelings of belonging are strong *protective factors*
    - *Family reconnection*
        - Families are an important source of natural supports for homeless people throughout the life cycle

        - Given the various ways that family relationships are constituted and understood, reconnection (and reunification) with family for formerly homeless people is an important intervention that can contribute to longer term housing stability
- *Community engagement*
    - The opportunity to engage with communities of choice (whether people & institutions in the local neighborhood, or building cultural connections) is also important to well-being
- *Cultural engagement*
    - Cultural and spiritual connections are important for many people, in particular for homeless peoples who may have been cut off from their traditional customs, language, and values
        - If they desire this, they should be supported in engaging in cultural and spiritual traditions that support their growth.
- *Meaningful activities*
    - Homeless people should be provided with the opportunity to participate in meaningful activities such as arts, sports, and volunteering in order to learn skills, develop relationships, and foster social skills.

2.2. Counseling Service

Counseling is a psychological helping relationship between a professional person (trained psychologist) and the client (service seeker). This psychological counseling service makes the service recipient (urban destitute) feel they are members of the community, feel emotionally connected to neighbors and exercise influence in the community. As a professional helping relationship, the aim of counseling is to effectively deal with the psychosocial and emotional problems of homeless people in especially difficult circumstances. As a psychological service, it encourages and assists the client to deal with trauma and find a solution for his/her problem/situation. Moreover, counseling serves the purpose of enabling homeless people to experience love, feel protected, build meaningful relationships, and have a sense of self-worth and belonging.

Generally, the provision of standard and proper counseling services help the urban destitute readjust and become reinserted in the society or family of origin.

2.3. Support for access to income and education

It is clear that inadequate income and employment are well established risk factors contributing to people cycling in and out of homelessness. Supporting both those at risk, as well as formerly homeless people, to earn an income and obtain an education is key to addressing housing stability in the long term.

Generally, support for access to income involves:

- *Employment training*

    - Some individuals who are homeless have had few employment opportunities and may benefit from training that will support them to get the kinds of jobs they desire
- *Access to income support and employment*
    - Many individuals will not need support in the *form of education* and *training* – they just need access to employment
    - On the other hand, many other individuals will need *income supports* because they may not be easily employable in the short, medium, or long term due to illness, injury, or other forms of incapacitation

At the same time, *education* can offer homeless persons a safe, stable environment, and help restore a sense of normality, dignity, and hope by providing both some structure and supportive activities along with social and emotional learning. There is close link between psychosocial activities and education since schooling, whether formal or non-formal, is the main means through which support can be provided for the homeless people. This link has, of course, critical implications for teacher training to develop *classroom management skills*, basic knowledge of child, adolescent and adult development and *pupil-friendly pedagogic techniques*, as well as providing the homeless persons time and space for recreational and expressive activities.

Support for access to education includes connecting the street people with formal and non-formal school systems, offering vocational/technical skills or small business training, offering literacy & numeracy training, offering financial literacy training and support, including managing a home budget and opening a bank account. This is so because *basic education* (formal or non-formal) and skills training can make a significant difference to the homeless persons' chances of successful reintegration, supporting themselves, making a positive contribution to society and gaining self-confidence. Many of those who experience homelessness have not completed high school, which puts them at a competitive disadvantage in the labor market. As such, for those who are interested, there should be supports for re-engagement with education. It is clear that education is seen as central to this provision, together with sports and recreation activities.

Generally, key components of the education and awareness raising include:

- Establishing a routine and opportunities for regular learning activities, either in schools, or other safe spaces
- Providing opportunities for the homeless person to interact with their peers, and supportive adult interaction
    - This requires training of teachers and facilitators to provide supportive responses to conversations and facilitate appropriate group discussion activities according to age level
- The provision of sports, creative arts and opportunities for free play
- Structured opportunities for discussion, play, drama, music, art, writing etc. to process experiences
    - These can be conducted within *safe spaces* or by teachers in schools or non-formal education settings
- Providing training on psychosocial approaches for professionals

    - The key to success is in providing professionals with training that *integrates psychosocial issues* into pedagogy, *lesson planning* and *classroom management*
    - Training should provide professionals with:
        - Strategies for beneficiaries who are finding it hard to concentrate, such as using shorter and more active learning exercises
        - Strategies for providing inclusive learning environments and avoiding corporal or psychological punishment of beneficiaries
        - Structured psychosocial and non-formal activities such as collaborative games, art, song, dance, and drama adapted to beneficiaries' learning styles and needs and
        - The importance of scheduling sports for both sexes into the timetable
- Removing biased and inflammatory material in the curriculum
    - Incorporating peace education, reconciliation, social emotional learning, life skills and school based health activities into the curriculum
- Follow up support and feedback to professionals and facilitators after training to ensure implementation and integration into practice
- Providing tools for the identification of the homeless person who are in need of *specialist support* and providing training for their use for professionals and facilitators of psychosocial programs
- Activities to encourage families to participate in their homeless person's education through group discussions or peer-to-peer parenting circles to develop their psychosocial skills to support their children
- Advocating for community support to the homeless person's well-being

On top of this, the SP staffs are advised to create and promote *learning spaces* (both schools & non-formal spaces), as they provide a unique opportunity for trained adults and professionals to make assessments, provide counselling, make referrals, and follow-up with the homeless persons as needed. This clearly implies that by *integrating psychosocial services into an existing school system* that caters to the homeless persons and their families, learning spaces (particularly schools), with their existing curricula, structures, policies, and resources, offer promising locations where psychosocial interventions can be sustained.

2.4. Supports for Health and Well-Being

Homelessness is closely associated with poor health and premature mortality owing to complex interactions between reasons for homelessness (e.g., poverty & substance misuse) and consequences of homelessness. Besides, central to successful interventions such as *Housing First* is a recovery-orientation to *clinical supports* for the homeless persons. These clinical supports are basically designed to enhance the well-being, mitigate the effects of mental health and challenges of addictions, improve quality of life, and foster self-sufficiency of the homeless persons.

Generally, key areas of the *clinical support* for the homeless persons include:

- *Health care*

    - Obtaining access to good primary care is important for a population that often faces barriers to access, particularly for individuals with ongoing health challenges and disabilities
    - Access to *diagnostic testing* is also important, as many individuals may have disabilities or conditions for which they can receive additional income and health care supports
- *Mental health*
    - Considerable research identifies the degree to which many people who are homeless experience mental health challenges
    - As part of a *system of care*, homeless individuals with mental illness should be supported in accessing assessments for mental health challenges or learning disabilities, as well as finding effective, timely, and appropriate interventions, as required
- *Trauma-informed care*
    - Because many people who become homeless have *experienced trauma* either prior to becoming homeless, or once they are on the streets, it is essential that those providing supports practice *trauma informed care*
        - This is a different way of working with the homeless persons or clients based on the knowledge that the experience of trauma can be paralyzing, can affect behaviour and decision-making, and can lead to addictions
- *Substance use and addictions*
    - Many homeless people need ongoing support to deal with addictions and to reduce harm to them
        - *Harm reduction* is a humane, client-centered and evidence-based approach to working with homeless people with addictions, and such supports should help them retain their housing, reduce the risk of harms to themselves, people close to them, and the community
        - *Harm reduction* can also provide opportunities for homeless people to become more engaged with education, training, and employment, as well as other meaningful activities

Moreover, the shelter-based rehabilitation centers should be developed as a *sub-health center*, with a *pharmacy kit* consisting of *basic medicines* and *first aid materials* as well as with a *multi-purpose health worker* providing primary health services to the homeless persons.

By linking with *community health departments* of various public and private hospitals in the vicinity, there should be weekly visits by doctors to each shelter. Given the acute healthcare needs among this highly vulnerable homeless people, such a *linkage to healthcare facilities* is of vital importance. Apart from *fully equipped first aid kits* that need to be made available at every shelter, active linkages with the nearest hospital would be useful. A trained health worker attached to the nearest government health institution should attend to the health center in the *shelter on a daily basis* for fixed periods in the evening. In addition, *each shelter should be linked to a local hospital* with adequate travel support provided to take sick persons to the hospital. The SP administration should ensure health care and counselling, with regular periodic visits of doctors, nurses, paramedics, counsellors, psychologists and specialists, as required. All major public hospitals should create sufficient and appropriately designed shelters, both recovery

shelters for recovering homeless persons, and services to house families of poor resident patients. Community health departments of all such hospitals should also be organized to provide both *outreach* and *in-patient services* to homeless populations.

Hence, health care service providers, in the *drop-in* or *residential setting*, should be able to improve the health of people who are homeless, most powerfully by *following evidence-based initial steps*, and *working in collaboration with other communities* and *adopting effective health care systems* and practices. Similarly, the health care professionals of the service providers should also note that the treatment and rehabilitation of a severely mentally ill homeless person requires *specialty services*; enormous patience; considerable clinical skill; and the capacity to mobilize an array of treatment, residential, and rehabilitation resources.

2.5. Complementary Supports

Complementary psychosocial supports are supports designed to facilitate housing stability among those who have accessed housing with the goal to help individuals and families improve their quality of life, integrate into the community, and potentially achieve self-sufficiency.

Generally, these complementary psychosocial supports include:

- *Life Skills Training*
    - For those with *little experience of independent living* or stable housing, life skills training, mentoring, coaching and individual support that focuses on the enhancement of self-care and life skills should be made available
    - Reports indicate that life skills training improves homeless persons' self-esteem, enhances their status within families and communities, combats gender-based discrimination, and promotes successful reintegration of the homeless persons
- *Advocacy*
    - The homeless persons (children, adults & elderly) may face challenges in advocating for their own rights and access to services and supports because of language barriers, stigma, trauma, and discrimination
    - These individuals may also be reluctant to enter certain institutional settings such as hospitals or mental health facilities because of past experiences
        - In such cases, service providers can provide advice, support, advocacy, information, and transportation to assist these homeless people
- *Peer Support*
    - Having someone to talk to or support you who have lived similar experiences can be important for individuals who are marginalized or who have experienced trauma.
- *Legal advice and representation*
    - People who experience homelessness are in general more likely to be involved with the *criminal justice system* in one way or another
    - *Legal advice* and representation may be important in assisting homeless people deal with a range of problems, including addressing ongoing encounters with the justice system, dealing with accumulated debt resulting from ticketing (the criminalization of homelessness), among other difficulties

Section 3: Psychosocial Support Interventions

3.1. Early Psychosocial Intervention

Early psychosocial intervention strategies target individuals and families who are at imminent risk of, or who have just become, homeless, and involves policies, practices, and strategies designed to address the immediate risk of homelessness through the provision of *information, assessment*, and *access to necessary supports*.

Supporting early psychosocial intervention requires a range of strategies, including:

- *Outreach, identification, and engagement*
    - People who are in crisis may not know where to go, or what kinds of help are available
    - Communication and education strategies, emergency support lines, and community hubs are examples of approaches that can improve access to information for people in crisis
- *Intake and comprehensive assessment*
    - In-take assessment can involve *simple screening procedures* to identify immediate needs of the beneficiaries
    - *Comprehensive* or *in-depth assessment* can follow after initial needs and circumstances are identified. Comprehensive assessment is basically conducted to collect tailored and specific information which will serve as a baseline for planning and implementing basic psychosocial support services during the rehabilitation phase of the UDS project.
- *Case management*
    - As part of an early psychosocial intervention strategy, *case management* is a comprehensive and strategic intervention whereby a case worker assesses the needs of the client and, when appropriate, arranges, coordinates, and advocates for delivery and access to a range of programs and services designed to meet the individual's needs based on the comprehensive psychosocial assessment data
- *Place-based supports and shelter diversion*
    - When people experience homelessness they often rely on others to assist them through the crisis
    - Friends and family may take people in and help them address the challenges they are facing
    - When these supports are exhausted or if they weren't there in the first place individuals and families are often forced to move, sometimes to other communities, to access services and supports, or to seek other kinds of help. This often results in a rupture in their natural supports and to their connections to local institutions, both public and private, including health and social services, education, and employment
    - *Place-based supports* involve assessment and case management strategies designed to help homeless people stay in their communities, and at the same time support and build their natural supports and local connections

3.2. The Pyramid-shaped Approach to Psychosocial Support Interventions

Many organizations involved in providing rehabilitation services or interventions for the homeless people are now incorporating psychosocial support into their programs based on *a pyramid-shaped framework of intervention*. The pyramid approach to psychosocial interventions is grounded in *human rights* and *equity*, and operates with the principle of '*do no harm.*' This pyramid-shaped framework of intervention aims at building upon existing community resources and capabilities and the development of integrated and multi-layered support systems for affected populations. It recognizes the importance of implementing psychosocial programs through a *complementary, integrated* and *multi-sectoral approach*, having found *stand-alone services* to be unsustainable, generate stigma and further fragment what care systems may exist.

The pyramid approach provides a *layered system* of *diverse complementary supports* that meets the needs of different groups. The base forms a broad layer of social support in basic services to ensure participation and well-being, with the next layer aiming to enhance support mechanisms of the family and community. The smaller layer towards the top of the pyramid targets the provision of non-specialist support, with the apex being the specialist support provided by psychologists or psychiatrists for the relatively few people with a diagnosed condition.

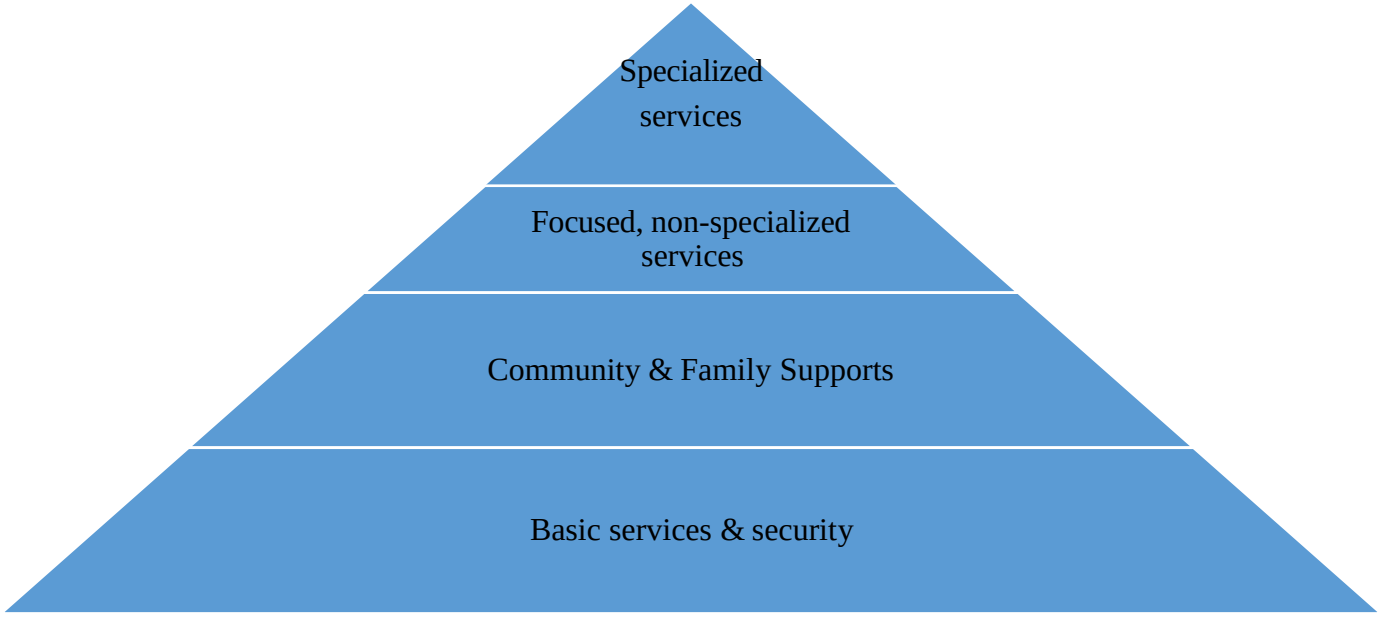
Relatedly, the pyramid approach recommends that psychosocial interventions ensure as safe an environment as possible and that *all layers of the pyramid* should be implemented concurrently. This moves the focus from *clinical diagnosis* of an individual to *holistic, broad-based preventative measures*, promoting the *development of resilience* across the entire group, while recognizing there will be a small number that require specialist services. In contrast to *clinical interventions* that require specialist personnel, resources and training, and focus only on the minority with diagnosed conditions, this broader, *preventative psychosocial approach* has been found to be beneficial to the wider homeless population, not only leading to improvements in general symptoms among persons both with and without specific disorders, but reducing symptoms below a threshold of clinical significance for large proportions of the homeless population.

Besides, the pyramid-based psychosocial approaches have been found to be more suited to *strengthening resilience*, using local capacities, and promoting coping and positive development. In addition to helping the homeless street persons develop self-esteem and confidence, a *focus on resilience* gives the advantage of directing attention to their strengths rather than their weaknesses. According to this pyramid-based approach to psychosocial intervention, applying a *resiliency-building approach* to promote psychosocial well-being focuses programs on the following objectives:

- Reducing risks to the homeless persons' safety and emotional well-being while promoting an environment conducive to positive development, effective coping, and resilience
- Promoting the homeless persons' *holistic development* and *age-appropriate* physical, cognitive, and emotional competencies
- Fostering a secure and stable environment for the homeless persons
- Strengthening family and community care-giving structures for the homeless persons

- Supporting children's and youth's voice and full participation in all phases of programming
- Strengthening local networks that enable the homeless persons protection, care, and well-being, such as women's groups or religious networks

Generally, *four levels of intervention* are involved in the *pyramid-shaped psychosocial support* and intervention programs for homeless people, where each level has corresponding psychosocial services and activities as presented follows:



Level 1: Basic Services and Security

These basic services focus on fostering a safe and supportive environment. These services guarantee basic needs of the homeless persons, such as food and nutrition, water and sanitation and livelihood and economic opportunities. The well-being of all homeless people should be protected through the re-establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic education, basic health care, control of communicable diseases). These basic services should be established in participatory, safe and socially appropriate ways that protect the homeless persons' dignity, strengthen local social supports and mobilize community networks.

Level 2: Community and Family Supports

This level of psychosocial intervention focuses on *prevention*. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. The affected population may then benefit from the strengthening of community networks.

So, support in this level/layer can include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive

parenting programmes, formal and non-formal educational activities, economic and livelihood activities and the activation of social networks, such as through women's groups and youth clubs, recreational activities, adult and peer support groups and cultural and religious activities. Because positive daily interactions with community members, teachers, neighbours, health care providers, and other service providers can help the homeless persons improve their well-being. Feeling accepted, being part of the community's social sphere, and feeling like they can contribute to the community are all very important aspects of building self-esteem and confidence.

Hence, SP staff who interact with the homeless persons may need *information* and guidance on how to respond positively and supportively to them.
Examples of this information are:

- Creating programmes aimed at reducing stigma and discrimination against the homeless persons
- Mainstreaming psychosocial support into teaching, nutrition and early child development provision
- Raising awareness in the community of how to advocate for rights
- Developing psycho-education programs for teachers and community members
- Using parenting skills programs

Level 3: Focused, Non-Specialized Services

Non-specialized psychosocial interventions or services for at-risk homeless person entail structured support groups and recovery, rehabilitation and reintegration programs. At this level, the groups of homeless people worst affected by the homeless situation may be supported through specific activities (family mediation, support groups, *psychological first aid*, safe spaces, etc.) implemented by *qualified, supervised professionals* (doctors, psychologists, qualified social workers.). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers.

Level 4: Specialized Services

The top layer of the pyramid represents the additional support required for the small percentage of the homeless population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in *basic daily functioning*. So, specialized services, at this layer/level, concentrate on *medical treatment* and *care intervention*. This includes clinic and hospital based mental health services (e.g. counseling services, medical treatment & psychiatric care) for homeless people with *severe mental health disorders* whenever their needs exceed the capacities of existing primary/general health services. Such problems require either:

- Referral to specialized services if they exist or
- Initiation of longer-term training and supervision of primary/general health care providers

Hence, SPs are encouraged to adapt this *holistic, complementary, integrated, multi-sectoral, broad-based* and *pyramid-shaped approaches to psychosocial support* and intervention into their rehabilitation programs since this approach helps them *foster resiliency* by developing supportive

environments and the provision of psychosocial support activities; *base their psychosocial interventions* on an inseparable combination of biological, emotional, spiritual, cultural, social, mental, and material aspects of experience; emphasize the *totality of homeless people's experience*; underline the need to view psychosocial interventions within the context of the wider family and community networks in which they occur, instead of focusing *exclusively on the physical* or *psychological aspects of health* and well-being.

Annex 1: Comprehensive Psychosocial Assessment Tool

Direction: Please, consider your current situation or status and tick in the column that reflects the reality you are in at a moment, using the following rating points: *1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree and 5 = Strongly Agree*

No	***Dimensions of Assessment***	***Rating Points***				
		1	***2***	***3***	***4***	***5***
	Psychological and Emotional Problems **During the past four weeks**:					
1	I often experience problems with my feelings					
2	I often experience problems with the way I think & perceive things					
3	I often feel severe fatigue or tired out for no good reason					
4	I often feel so worried, sad, frightened or nervous					
5	I often feel hopeless or worthless					
6	I often experience failure to sleep at night					
7	I often feel so uninterested in things that I used to like doing before					
8	I often think too much about death and dying					
9	I feel like losing self-confidence & self-esteem					
	Social problems					
1	I have no sense of belonging to a community					
2	I often feel loneliness or isolated, like I didn't have any friends					
3	I have difficulty relating to or communicating with peers and others					
4	I feel uncomfortable talking in social settings					
5	I do not have access to socially appropriate roles					
	Substance Abuse (Addiction) Problems					
1	I often use alcohol to make myself feel better or forget bad feelings & memories					
2	I often use drugs other than those required for medical reasons					
3	I often smoke cigarettes or chew tobacco to get out of crises					
4	I feel bad or guilty about my alcohol, drinking or drug use					
5	I experienced severe problems as a result of my alcohol, cigarette or drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)					
	Education Related Problems					
1	I was enrolled to formal education prior to experiencing the street life					
2	I have difficulty writing, reading and arithmetic					
3	I did not get access to enroll in formal school education due to:					
	• Financial constraints					
	• Peer pressure					
	• Long distance between the school and home					
	• Less value given to education by the community					
	• Lack of interest & motivation in learning					
	• Grade repetition					
	• Lack of access to formal education system?					

Behavior Problems ***In the past two months:***						
1	I often bully, threaten, or intimidate others					
2	I often initiate & engage in physical fights					
3	I often use a dangerous weapon to harm others					
4	I often force someone into sexual activity					
5	I deliberately destroy the property of others					
6	I often lie or deceive to obtain goods or favors, or to avoid obligations					
7	I steal items of a non-trivial value without confronting the victim					
8	I was easily distracted by noise, movement & day dream a lot					
9	I experienced problem of sustaining attention					
10	I often experience forgetfulness in daily activities					
11	I have difficulty waiting turn (e.g. waiting to speak in turn, waiting on line, cut through traffic)?					
Coping Problems						
Coping mechanisms employed to get out of the crises						
1	I often criticize myself for what has happened					
2	I often criticize others for what has happened					
3	I often pray or meditate					
4	I often drink alcohol or take drugs in order to think about the problem less					
5	I often try to accept the reality that it has happened					
6	I often try to get emotional support from friends, relatives or other people about what to do					
7	I often go to work or hobby or sports activities or movies or watching TV to think about the problem less					

Annex 2: Key Evaluation Criteria for Psychosocial Support Programs

No	*Criteria and the Corresponding Items*	*Response Options*	
		Yes	*No*
	Relevance		
1	Did the PSS program articulate objectives related to changes in the homeless people's wellbeing and lives, and that of their family and community?		
2	Were clear needs defined with respect to the required levels of the psychosocial support intervention or program?		
3	Were potential beneficiaries involved in developing the PSS program?		
4	Is the PSS program response relevant to identified needs?		
	Effectiveness		
5	Have the stated PSS program outcomes been achieved?		
6	What difference has come about for the homeless people in terms of skills and knowledge, emotional wellbeing, and social wellbeing?		
7	What difference has the PSS program made to the skills, capacities or attitudes of beneficiaries, families, and communities?		
	Efficiency		
8	Have the PSS activities been delivered cost effectively?		
9	Has the PSS program reached an appropriate number of beneficiaries, given the program costs?		
10	Was the PSS program implemented in a timely manner?		
	Impact		
11	Has the central goal of the PSS, the needs that provided the rationale for the intervention, been met?		
12	What enduring changes can be identified in the lives of the homeless people, families and the wider community engaged in the PSS program?		
	Sustainability		
13	What new capacities within the PSS services have been established or restored?		
14	Are these capacities being actively used in the psychosocial support and development of the homeless people?		
	Coverage		
15	Has the PSS program reached all the geographical areas targeted?		
16	Have potentially vulnerable or marginalized homeless people been reached?		
17	Have the needs and capacities of different age groups been appropriately addressed?		
	Coordination		
18	Have all the stakeholders worked well together towards the common goal of improved psychosocial wellbeing amongst the homeless people?		
	Coherence		
19	Has work been consistent with the stated approach of the guideline on psychosocial support?		
	Protection		
20	Does the PSS program contribute to protecting the homeless urban destitute by strengthening the protective environment?		