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TIME FOR NEEDS:

Listening, Healing, Protecting. A joint Action for an Appropriate Assessment of Special Needs of Victims of Torture and Violence
HOME/2014/AMIF/AG/ASYL/7836

QASN - Survivors

Questionnaire for the Assessment of the Special Needs of Survivors of Torture and/or Serious Violence Among Asylum Seekers and Beneficiaries of International Protection

Report on the test submission of the new pilot questionnaire - QASN

Portugal

During the transnational meeting in Rome (27th and 28th of March of 2017), the project coordination and the national partners decided, on the basis of the evaluation of the submission of the TARS, to elaborate a simplified version of the questionnaire in order to resolve important structural and methodological issues, with the final version being validated on the 17th of May of 2017. As per agreed during the transnational meeting in Brussels (29th of May of 2017), the testing of the new pilot questionnaire in Portugal required the submission of 5 questionnaires by the project team composed of the Portuguese Refugee Council (CPR)'s project coordination and a consulting psychologist. The testing of the new questionnaire was conducted between the 6th of June of 2017 and the 27th of June of 2017, with a total of 5 submissions, involving relevant experts from CPR and the Portuguese Red Cross (CVP). Nevertheless, the questionnaire submitted at CVP's Seixal Unit of the Humanitarian Centre of Estuário do Tejo (CHET) was later invalidated by the project team because, although being a beneficiary of international protection identified as a survivor of torture, the participant did not fulfil the eligibility criteria having arrived in Portugal as a resettled refugee.

The current report is based on the inputs collected from the professionals who filled the form as well as the project team's own experience and observations during the preparatory and implementation phase of the testing procedure. The main objectives of this report include identifying strengths and weaknesses of the new version of the pilot questionnaire (QASN), as well as in comparison with the previous version of the tool (TARS).

Accordingly, the present report is structured in six sections:

- A. General information on the final beneficiaries (p.2)
- B. Methodological Aspects (p.3)
- C. Main findings (p.7)
- D. Feedback on the use of the questionnaire from the organizations/professionals who participated in the testing exercise (p.9)
- E. Observations and comments on the efficacy of the questionnaire (p.11)
- F. Summary of results (p.13)



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A. General information on the final beneficiaries

The following information refers to the 4 submissions validated by the project team.

Countries of origin of the beneficiaries:

The participant sample included different countries of origin:

Country of origin	No.
Sudan	1
Liberia	1
Angola	1
Ukraine	1

Gender: **No. of male beneficiaries: 2.**

No. of female beneficiaries: 2.

No. of beneficiaries of international protection: 0.

No. of beneficiaries asylum seekers: 4.

No. of Dublin cases: 3.

No. of relocations cases: 0.

No. of questionnaires filled-in to date: 4.

No. of questionnaires filled-in in all their sections: 4.

No. of questionnaires filled-in in only some of their sections: 0.





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How many sections have been filled-in?

	SECTIONS				
	PROCEDURE	RECEPTION	HEALTH		SOCIAL
			MEDICAL	PSYCHOLOGICAL / PSYCHIATRIC	
No. of sections filled-in	4/4	4/4	4/4	4/4	4/4
What kind of organization (NGO, health service, reception centres etc.) the questionnaire has been submitted to	Submission to 1 NGO: CPR, including at its Refugee Reception Centre.	Submission to 1 NGO: CPR, including at its Refugee Reception Centre.	Submission to 1 NGO: CPR, including at its Refugee Reception Centre.	Submission to 1 NGO: CPR, including at its Refugee Reception Centre.	Submission to 1 NGO: CPR, including at its Refugee Reception Centre.
How many professionals used the final page NEXT STEPS/ TO DO LIST?	All professionals responsible for the individual cases filled-in the final page (4/4).				

B. Methodological Aspects

1. Selection of Individual Cases

In the absence of an identification procedure for victims of torture and serious violence implemented in a systematic and consistent manner by stakeholders in Portugal, the project team replicated the methodology used in the focus groups and in the selection of cases for the submission of TARS to identify individual cases eligible for the application of QASN.

As such the selection relied on CPR’s identification procedures consisting of the registration of individual vulnerabilities in an internal database in the framework of the legal assistance provided within the asylum procedure; and the identification by CPR’s Social Department of clients in need of mental health care and that had been referred to the Centre for the Support of Torture Victims Portugal (CAVITOP) for psychological and psychiatric care. Furthermore, the selection procedure also involved the Portuguese Red Cross (CVP) that agreed to identify relevant participants in the framework of its relocation programme. However, as per explained in the introductory section it came to the attention of the project team during the submission that the participant selected by CVP was a resettled refugee. For that reason, the submission was considered invalid by the project team.



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All final beneficiaries were individually contacted for a personal interview/submission of the questionnaire. Before the interview, the project team provided explanations and clarifications about the nature and aims of the pilot survey and highlighted applicable confidentiality standards.

2 - Development of an excel dynamic version of QASN

In order to simplify data collection and treatment as well as to meet the need for a user-friendly questionnaire as a critical factor to the effective use of QASN, the project team developed a dynamic excel version (QASN.xlsm) in English and Portuguese languages. The excel version of QASN guarantees increased **data protection and security** because it can be managed and controlled by the owner by protecting sheets, formulas and cells and also by controlling access and editing by other users (use of passwords to unprotect, unhide or edit).

The excel version includes all the contents of the word version while allowing for an easier navigation of sections and questions as well as an automatic processing of the Summary of Results (SoR), thus reducing time in registering and processing of the data and facilitating information sharing among professionals.

Each dynamic QASN corresponds to one individual case. The excel book is composed of six spreadsheets: Intro, IDprofs, ICdata, dbTool, ComProfs and SoR. An extra sheet, AC, was created to enable dynamic formulas and dropdown lists along the book.

Description of the dynamic QASN:

Intro: introductory considerations on QASN (pages 1 and 2 of the word version).

IDprofs: identification of the responsible professional completing the form (initial part of page 3 of the word version).

ICdata: personal data of the final beneficiary, with dropdown lists for the questions of multiple choice (pages 3 and 4 of the word version) and open fields to be filled in by the responsible professional. The lines of column A have the questions, correspondent cells in column B are for the answers and column C is used for additional specifications.

dbTool: dynamic form of QASN with all sections and corresponding questions, as well as a space for comments of the professional for each question (pages 5 to 17 of the word version).

- (Column A) **RegistBy:** name of the professional completing the corresponding line in the form.
- (Column B) **Date:** date of application.
- (Column C) **Ref. No.:** reference code number of the individual case/final beneficiary.
- (Column D) **Section:** selection of the relevant section by dropdown list.
- (Column E) **Question:** once the section is selected, it is possible to select a specific question within the section using a dropdown list.



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- (Column F) **Answer:** selection of a standardised option using a dropdown list, in accordance with the options provided for each question in the word version. The majority of the questions have four options: *Yes; No; Currently, not applicable/necessary; Has to be organised/secured*, while the remaining questions have small differences in the list of options, in accordance with the word version (question 6 of the section on special procedural needs, question 3 of the section on special reception needs and question 1 of the section on special health needs – psychological section).
- (Column G) **Comments (per question):** registration of notes and observations by the professional regarding each question/subject.

ComProfs: registration of the final comments/recommendations from the professional regarding additional needs and/or problems mentioned by the beneficiary, suggestions for general or structural changes in the work context to better address the beneficiary's needs and actionable recommendations for the management of the case (page 18 of the word version).

SoR: summary of results includes the reference code number of the beneficiary (column A and hidden B), the section of the questionnaire (column C), the automatic concatenation of all comments per question registered by the professional (column D), as well as the summary of the final comments/recommendations from the professional (sections of the spreadsheet *ComProfs* – columns E, F and G) and observations on the application of QASN from the project team (column H).

As per the guidelines received from the project coordinator pertaining to data privacy the sheet ICdata was later removed from the individual dynamic QASN and compiled in one new excel book (ICs_RefNo_QASN) for reasons of confidentiality.

3. Procedures

3.1 – Professionals involved in the submission of QASN

Organizations and roles of the professionals who submitted the questionnaire: one psychologist/consultant (assigned to the project), two legal officers and one social worker from the Portuguese Council for Refugees (CPR).

Interpreters involved in the submission of QASN: the interview with the Russian speaking final beneficiary was conducted with the assistance of a Russian interpreter; the interview with the Arabic speaking final beneficiary was conducted with the assistance of an Arabic interpreter.

Regarding the submission of QASN, all questions to the interviewer were answered by a professional who provides assistance to the individual case, while all questions to the beneficiary were submitted by a single professional, either the same professional providing assistance to the individual or a member of the project's team (i.e., 2 questionnaires were completed by a professional providing assistance to the beneficiary while in the other 2 submissions the questions were made by the consultant psychologist of the project's team).



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Support team: the Portuguese Refugee Council (CPR)'s project coordinator and the consultant psychologist of the project. At least one of the project team members was present during the application of the questionnaire to provide support to the interviewees/final beneficiaries and other professionals submitting the questionnaire.

3.2. – Timing and location of submission

The submissions took place between the 6th of June of 2017 and the 27th of June of 2017 at CPR's Refugee Reception Centre in Bobadela (1 submission by the social department) and at CPR's Refugee Children's Reception Centre in Bela Vista (3 submissions by the legal department).

3.3 – Submission of QASN

The questionnaire was submitted by different professionals who completed the form independently. The project team was present before and during the submissions to inform the professionals on the objectives, methodology and content of the questionnaire and clarify doubts that emerged during the process. Personal interviews were scheduled with the final beneficiaries to submit the direct questions, which were carried out before the completion of the rest of the questionnaire by the assisting professional. When possible, the interviews were conducted by a professional providing assistance to the beneficiary whereas in the rest of the cases the psychologist and/or the project coordinator conducted the submissions.

Average time per questionnaire (questions for interviewer and ICdata): 30 minutes.

Average time per interview (beneficiary, with interpreter): 60 minutes.

Average time per interview (beneficiary only): 30 minutes.

Average time per submission (total): 60/90 minutes (without/with interpreter).





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C. Main findings

Distribution of the item values for each section:

Procedure				
ITEM	YES	NO	Not Applicable	Has to be organised/secured
1	4	0	0	0
2	3	0	0	1
3	2	2	0	0
4	4	0	0	0
5	2	1	1	0
6	0	0	4	0
7	4	0	0	0
8	4	0	0	0
9	1	0	3	0

Reception				
ITEM	YES	NO	Not Applicable	Has to be organised/secured
1	2	2	0	0
2	2	2	0	0
3	1	3	0	0
4	3	1	0	0
5	2	1	0	1
6	0	0	4	0
7	4	0	0	0
8	4	0	0	0
9	0	0	4	0



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Medical				
ITEM	YES	NO	Not Applicable	Has to be organised/secured
1	3	0	1	0
2	3	1	0	0
3	2	1	0	1
4	1	0	1	2
5	1	1	1	1
6	0	3	1	0
7	0	0	0	4
8	0	0	4	0

Psychological / Psychiatric				
ITEM	YES	NO	Not Applicable	Has to be organised/secured
1	3	1	0	0
2	1	3	0	0
3	0	3	1	0
4	3	0	1	0
5	0	0	4	0
6	0	0	4	0



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Social				
ITEM	YES	NO	Not Applicable	Has to be organised/secured
1	1	3	0	0
2	2	2	0	0
3	2	2	0	0
4	2	0	0	2
5	1	0	3	0
6	0	0	4	0

D. Feedback on the use of the questionnaire from the organizations/professionals who participated in the testing exercise

Ease of use

The excel version of QASN, QASN.xlsm, was used by professionals with different levels of excel experience and was considered very easy to fill and comprehensive, provided that initial explanations were given about the questionnaire's structure, purpose and context of evaluation. Overall, QASN excel version was considered simpler and more user-friendly than the word version, allowing for reduced time in registering and processing of the data and facilitating information sharing among professionals.

Work context suitability

Overall, the professionals considered that the questions were suitable for their work context.

Nevertheless, some observations were made regarding the inadequacy of some items in the national context because to date Portugal lacks a formal identification system of survivors of torture and/or serious violence. For this reason, and as was already the case for TARS, some items of the questionnaire were perceived as being out of tune with existing resources and excessively sophisticated for the national context (e.g. questions to the interviewer regarding the access to services/service providers specialised in LGBTI cases and in the support and/or rehabilitation of torture and/or serious violence survivors - sections of special procedural needs, special reception needs and special health needs; question no. 4, section of special social needs).





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Observations

In general professionals considered the completion of the questionnaire useful because it allowed for increased awareness about one's work and the beneficiaries' needs the strengths and weaknesses of the services provided to meet the beneficiaries' needs, the articulation and communication among different departments/areas of intervention and the constraints related to the work context and national reality. In this regard, some professionals were not fully aware of the services provided by professionals of other areas of intervention, partly due to the absence of formal multidisciplinary teams and communication issues among departments of the same organization. Moreover, in this sample none of the beneficiaries had a case worker responsible for ensuring effective responses in all areas of intervention. Instead, within the same organization the beneficiaries had one professional responsible for providing legal support and other for providing social support, the latter also articulating with health providers/facilities from the national health service (medical and psychological).

During the completion of *ICdata* (personal data of the final beneficiary) some doubts emerged regarding the fields concerning the identification of the final beneficiary as a survivor of torture and/or serious violence. Given that in Portugal there is no formal identification mechanism implemented in a systematic and consistent manner it was not clear nor consensual among participants which source of information should be used as valid and reliable and/or which professionals should be considered responsible for such an identification. Additionally, the concept of survivor of torture and extreme violence itself raised many doubts.

Recommendations

1) Structure and methodology of the questionnaire:

- In the questionnaire, the list of standardised answers should include the option "to some extent" or similar, for situations where the response is only partly provided.
- In the questionnaire, the list of standardised answers should include the option "I don't know/I don't have enough information" for situations where the professional submitting the questionnaire is not aware of the services provided by other professionals or services.

2) Basic standards:

- A formal and systematic procedure for the identification of survivors of torture and/or serious violence ought to be created in Portugal in order to enhance the relevance of the questionnaire;
- The reception centre should have a resident psychologist and doctor to carry out health screenings (medical and psychological) and provide regular assistance to the beneficiaries.



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E. Observations and comments on the efficacy of the questionnaire

1. Observations on the efficacy of the questions to the interviewer:

Overall, the questions of QASN were perceived as more objective and clear than the questions of TARS. However, some questions remain out of tune with the existing resources, taking in consideration that to date Portugal lacks a formal identification system of survivors of torture and/or serious violence (e.g. questions to the interviewer regarding the access to services/service providers specialised in LGBTI cases and in the support and/or rehabilitation of torture and/or serious violence survivors - sections of special procedural needs, special reception needs and special health needs; question no. 4, section of special social needs).

Despite issues of inadequacy to the national context, the questions to the interviewer contributed to raising awareness about special needs as they required identifying responses to meet the special need that underlies the question in the particular circumstances of the beneficiary.

The use of yes/no/not applicable answers proved partly effective. For some questions the list of standardised answers was perceived as limitative or not accurate because there was no middle ground option (for instance, "to some extent") and in some cases the professional didn't have sufficient information to respond (e.g. when answering questions of sections pertaining to other areas of intervention than their own).

2. Observations on the efficacy of the questions to the beneficiary:

The direct questions submitted to the final beneficiaries proved very valuable. The involvement of the beneficiary in the assessment of his/her own needs enhanced the comprehension of personal problems and quality of assistance, adding clear value to the global results.

Nevertheless, the beneficiaries seemed challenged to easily understand some of the questions (e.g. question no. 3, section on special procedural needs).

Furthermore, some interviewees might not feel comfortable to discuss services provided by the professional that is conducting the interview. This raises the question about the neutrality of the interviewer and whether it should be an external professional to submit the questions directly to the beneficiary thus avoiding biased outputs. During the testing phase of submission, it was possible to experiment the use of a more neutral interviewer (psychologist), which proved to have a positive impact on beneficiaries' openness and communication. Also, it is important to ensure a minimum number of persons in session (interviewer, final beneficiary and interpreter, when necessary), to prevent distrust and closure, facilitating the expression of beneficiary's opinions. During the interviews of the testing phase of submission, there were a maximum of four and a minimum of two persons in session.



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3. Challenges encountered

Sample selection and relevance of questions to the interviewer

The main challenge was related to the absence of an identification procedure for victims of torture and/or serious violence in Portugal. This limitation hampered the selection of final beneficiaries as well as the completion of several items of the questionnaire by the professionals, as many imply formal identification procedures, specific intervention mechanisms and resources to meet the beneficiaries' special needs (e.g. questions to the interviewer regarding the access to services/service providers specialised in LGBTI cases and in the support and/or rehabilitation of torture and/or serious violence survivors - sections of special procedural needs, special reception needs and special health needs; question 4 of the section of special social needs).

Moreover, the number of individual cases of survivors of torture and/or serious violence potentially available for a second round of submissions decreased after the testing of TARS as it would have been unethical to submit this type of questionnaire to the same person twice within a short period of time. A double submission would have increased the probability of re-experiencing past traumatic events causing distress and activation of associated negative emotions..

4. Results of the submission - gaps in responses to special needs

On the basis of the submissions carried out in Portugal, the main special needs of survivors of torture and/or serious violence insufficiently addressed by service providers include:

Special procedural Needs:

- Provision of information to beneficiaries about the importance of telling their full story to the determining authorities, including forms of serious violence suffered before arriving in the country of asylum.

Special Reception Needs:

- Accommodation conditions, especially regarding privacy (e.g. in CPR's reception centre - CAR).

Special Health Needs:

- Medical screening upon arrival;
- The possibility to choose the gender of the physician/s;
- Presence of interpreters during health assistance;
- Psychological screening upon arrival;
- Regular psychological support.

Special Social Needs:

- Regularity of social appointments;
- Professional, social and personal development opportunities for integration.



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F. Summary of results

Based on the experience and observations of the project's team as well as the inputs collected from the professionals during the testing of QASN, it is possible to summarize some of its strengths and weaknesses, also in comparison with the previous TARS tool.

Strengths:

- The excel version of QASN can be used by professionals with different levels of excel experience and is user friendly, allowing for reduced time in registering and processing of the data and facilitating information sharing among professionals.
- The participation of the final beneficiary in the assessment of his/her needs (the questionnaire includes a total of 24 direct questions) proved very valuable, enhancing the understanding of personal needs and aspects of assistance that did not meet the beneficiary's needs as subjectively perceived.
- The experience of filling the questionnaire is a useful exercise because it allows for increased awareness about one's work, the strengths and weaknesses of the services provided to the beneficiaries and the constraints related to the work and national context, raising awareness about the need for improvements in the assistance provided to each beneficiary.
- Overall, the questions are suitable for different work contexts, allowing for an increased awareness about the special needs of the beneficiary and the responses that should be provided to meet them.

Weaknesses:

- In the section *personal data of the final beneficiary*, some fields lack clarity and/or flexibility to accommodate different national contexts, namely regarding the concept of torture and/or violence survivor and the date of identification of torture/violence cases. This is a structural weakness of QASN, partly derived from the absence of a clear definition of the concept of "survivor of torture and/or serious violence" in the introduction of the questionnaire notably about which cases of serious violence can be considered. Moreover, in countries where there is no formal identification system, the professionals need additional guidance in identifying the organizations/services that are entitled to conduct such an identification in order to complete the fields pertaining to identification (*identified through, place and date*).
- For some questions, the list of standardised answers can be perceived as limitative or inaccurate because there is no option to accommodate partial answers or instances where the professional doesn't have sufficient



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information to reply accurately (e.g. regarding questions of sections pertaining to areas of intervention other than their own).

TARS versus QASN

Criteria	TARS	QASN
Ease of use	<p>Excel version simpler than the word version but the questionnaire is time consuming and difficult to use in some work contexts.</p> <p>Average time per submission: 90 minutes (with/without interpreter?)</p>	<p>Excel version simpler than the word version and more user-friendly but is still time consuming.</p> <p>Average time per submission: 60/90 minutes (without/with interpreter).</p>
Work context suitability	<p>Some items were unclear and/or inadequate to the professionals' work context, partly because they were perceived as being out of tune with the existing resources and excessively sophisticated for the national context.</p>	<p>Some questions for the interviewer remain out of tune with the existing resources particularly regarding access to services/service providers specialised in LGBTI cases and in the support and/or rehabilitation of torture and/or serious violence survivors - sections of special procedural needs, special reception needs and special health needs; and question no. 4, section of special social needs.</p>
Structure and methodology	<p>The introduction of the tool lacked clear definitions of "survivors of torture and/or serious violence".</p> <p>The use of the Likert scale for measuring the beliefs and opinions of professionals regarding the assistance provided to address the special needs of final beneficiaries has proved effective.</p>	<p>The introduction of the questionnaire lacks clear definitions of "survivors of torture and/or serious violence".</p> <p>The use of a yes/no/not applicable standardised answer system proved partly effective. However in some questions the list of options was perceived as limitative or inaccurate, because there was no option for partial answers (for instance, "to some extent") and in some cases the professional didn't have sufficient information to answer (e.g. when</p>



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		answering questions of sections pertaining areas of intervention other than their own).
Involvement of the final beneficiaries	Little involvement of the final beneficiary in the assessment of his/her needs (the questionnaire itself didn't have direct questions for the beneficiary, but the tool included 2 extra questions per section to be submitted to the beneficiary, making for a total of 10 direct questions).	Enhanced participation of the final beneficiary in the assessment of his/her needs (the questionnaire includes a total of 24 direct questions). The direct involvement of the beneficiary in the assessment of his/her own needs enhances the understanding of those needs by both the beneficiary and the interviewer / service providers.
Relevance of the questions for the interviewer	The tool allowed for increased self-awareness of professionals about one's work; the strengths and weaknesses of the services provided to the beneficiaries; the coordination and communication among different departments/areas of intervention; and constraints related to the work context and national reality.	The questionnaire allows for increased self-awareness of professionals about one's work, the beneficiaries' special needs, the responses that are/should be provided to meet them and the service provision to the beneficiaries.

Amendment proposals:

Recommendation concerning the format of the questionnaire:

- The project's team proposes that QASN.xlsm (or QASN.xls, above explained, in item 2. of *Methodological Aspects*) be presented to professionals as an alternative version of QASN, allowing them to choose which format is more suitable for use in their work context.

Recommendations concerning the structure and contents of the questionnaire:

- QASN's introduction should include a clear definition of the construct "victim of torture and/or serious violence";
- The list of standardised answers should include the option "to some extent" or similar, for situations where the answer is only partly provided, and the option "I don't know/I don't have enough information" for situations where the professional submitting the questionnaire is not familiar with the services provided by other professionals or service providers.



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Recommendation concerning the interviewer:

- The interview should be carried out by a neutral professional, not directly involved in the assistance provided to the beneficiary to facilitate openness and honest expression of opinions.

Comments from the training seminar:

The training seminar is currently scheduled for the month of September due to time constraints resulting from the conclusion of the testing phase in late June. The current report will be updated accordingly.