Organisations working with the Multi-Family Approach

Part A
MANUAL FOR ORGANISATIONS

WARTRAUMA
FOUNDATION

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Collaboration

WAR TRAUMA FOUNDATION

War Trauma Foundation (WTF) was established in 1997 to provide support and opportunities for knowledge exchange in the psychosocial recovery of individuals and communities in the aftermath of war and organized violence. WTF joined the Arq Psychotrauma Expert Group (see www.arq.org) in 2011, a group linking organisations in the Netherlands that are working in the field of psychotrauma on a national and international level.

The contexts in which WTF operates are extremely complex. Individuals and communities may experience and witness interpersonal violence, terror, widespread destruction, displacement and innumerable personal losses. Conflict often fragments societies, and weakens the social fabric governing relationships and the capacity for recovery from painful experiences.

The causes of conflict may still exist and even worsen in the aftermath of violence, injustice, mistrust and deprivation. A post-conflict country may, therefore, be very vulnerable to a recurrence of violence, and may need to draw upon new and creative strategies for restoration of social bonds and psychological healing. It is here that the WTF finds its purpose: contributing to the hope, recovery and resilience of conflict-affected societies.

WTF implements programmes in partnership with national and international non-governmental organisations, academic institutions and local community groups in the Middle East, Caucasus, DR Congo, Sudan and Sri Lanka. WTF also hosts 'Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas' and is currently Co-Chair of the IASC Reference Group on Mental Health and Psychosocial Support.

FOUNDATION CENTRUM '45
Foundation Centrum 45 is the national centre for specialised diagnostics and treatment of people with complex symptoms of psychotrauma in the Netherlands. Knowledge and expertise on psychotraumatology is being developed through scientific research and shared by means of training and education.
Foundation Centrum '45 is partner of Arq, an umbrella organisation for institutes and organisations in the field of psychotrauma and the consequences of experiences of violence and severe disruption.

Sioo Interuniversitair Centrum voor Organisatie- en Veranderkunde
Mission: Sioo makes people and organisations more agile by allowing them to discover how to realise organisation and change management processes in a skilled and powerful way.

Vision: Organisations – and the people working in them – must continuously anticipate the questions they may be faced with. Their agility determines their success.
The question is how to do the right thing smoothly. Sioo is convinced that knowledge and organisational and change models alone are not sufficient. People and their organisations only become truly flexible when they learn about change management processes in their own context, based on their own queries, and in conjunction with their own development.

Contributors to the writing of this manual

This can only be achieved by weaving real-life queries into the science of organisation and change management. This is exactly what Sioo does.

INSTITUTE OF COMMUNITY AND PUBLIC HEALTH – BIRZEIT UNIVERSITY
The Institute of Community and Public Health (ICPH) is one of the institutes of Birzeit University. It aims to contribute to the protection and improvement of the health of the Palestinian population through research, teaching the Master of Public Health programme, and the capacity building of public health providers and planners.

COMMUNITY BASED REHABILITATION (CBR)
The Community Based Rehabilitation (CBR) programme provides medical, technical and psychosocial services for handicapped people and their families. In the north of the West Bank CBR is jointly administered by three Palestinian NGOs.
- Palestinian Medical Relief Society (PMRS) is a grassroots, community based Palestinian health organisation and a member of the People's Health Movement.
- The Palestine Red Crescent Society (PRCS) is a national humanitarian organisation catering to the health and welfare of the Palestinian people and others in need in the occupied Palestinian territory and the Diaspora.
- Patients Friends Society (PFS) provides public health services for Palestinian women through health education and counselling, early detection of disease through affordable health screening examinations, and by conducting research.

Introducing the series: 'Multi Family Approach'
This manual is designed to orient organisations, trainers and facilitators to develop and offer interventions guided by the Multi-Family Approach to vulnerable families in humanitarian settings.
The manual is structured in three parts:

A) Organisations Working with the Multi-Family Approach

B) Trainers Working with the Multi-Family Approach

C) Facilitators Working with the Multi-Family Approach

The three parts form one manual and refer to each other. The different parts can also be read and used separately by organisations, trainers and facilitators.

1
Introduction

This part of the manual in Multi-Family Approach (MFA) is for organisations exploring or considering implementing MFA. This chapter addresses whether MFA is suitable for the context in which your organisation operates. Chapter 2 consists of more in-depth information about MFA. Chapter 3 is the core chapter of this part, addressing the organisational demands for setting up and running MFA groups from an organisational perspective.

1.1 Is MFA suitable for your NGO and region?

In this first part of the manual, the Multi-Family Approach (MFA) with families in chronic stressful circumstances will be introduced for use with families in broad lines. Our aim is to motivate users to consider employing this intervention. First we describe what MFA stands for and how it works. MFA may be useful in the following situations.

› Contexts of (enduring) stressful living circumstances, (post) conflict areas, humanitarian settings.
› Family situations in which parents feel less able or in situations in which children have special needs (e.g. in the case of a disability or in a refugee setting).
The facilitation of development of vulnerable children in high-risk environments through working with the parent(s) and other community members.

❯ Communities that deal with consequences of political turmoil and upheaval in terms of social connectedness, communication and support; for example the occurrence of blaming and shaming as processes of exclusion and the need for reconstruction of the social fabric/community structures and trust.

Context and setting

Long-lasting stressful living circumstances and poverty create difficulties for families to take care of their children and of themselves. Daily practical necessities are difficult to arrange (for instance, travelling, medical care and education) at times, and frustration and disappointment may be present. For family members to cope with these challenges, social support may be crucial. Ongoing violence or political pressure and restraints cause serious hazards for social activities.

A lack of activities in the community that in a different situation might provide stress relief or social support may lead to withdrawn lives of family members. Family dynamics, patterns of communication and sharing roles within the family may change as a result. Individual family members sometimes suffer from stress-related complaints such as depression, anxiety (including stress-related symptoms such as nightmares) and anger outbursts.

Families on the West Bank

Many families on the West Bank in the occupied Palestinian territory are faced with situations of political, social and economic hardship. People with physical and/or mental handicaps are especially vulnerable within this setting.

The Community-Based Rehabilitation (CBR) programme supports people with handicaps and their families; this covers about 60% of the Palestinian population or about 320 communities, mainly villages, where no other services are available. Since the early 1990s, the programme has reached more than 33,000 people with disabilities (60% children) and their families. CBR fieldworkers, supporting the families through home visits, provide an important source of psychosocial support to the mothers, who carry the brunt of the care for the handicapped person(s) and the rest of the family. Many of the families, and especially the handicapped and their female caretakers, still suffer from stigma and social isolation.

CBR fieldworkers had worked with women's groups before but were not yet able to actually design and structure regular group sessions in a way that can help women to share their problems and to get ideas on how to deal with issues related to family dynamics and children–parent interactions.

Introducing CBR workers to the Multi-Family Approach allowed them to establish the support groups in a structured fashion and moreover provided them with the tools and knowledge to facilitate the type of interaction that allowed the group participants to learn from each other, while at the same time decreasing stigma and social isolation of families with members with a handicap.

The Institute of Community and Public Health (ICPH) of Birzeit University has a long-term working relationship with the CBR programme in the north of the West Bank. The ICPH team together with the War Trauma Foundation initiated this project, cofacilitated the training of CBR workers, provided on-the-job mentoring and are working with CBR on the set-up of a systematic monitoring and evaluation programme.

Table 1: Illustration of a MFA programme with families on the West Bank

Demands of parenting in challenging circumstances
Parenting is a challenging, rewarding and demanding task in the best of circumstances. For families in contexts of war, postwar or any other stressful series of events (e.g. unemployment, poverty, illness or disability), finding the energy to be attentive and take good care of children becomes even more challenging. It is not uncommon that, in such circumstances, family relations are affected, internal conflicts may arise and parents may not always know how to deal with certain types of their children's behaviour best. This does not mean that they necessarily need a professional to tell them what to do. Also, in many of the contexts mentioned above, such professionals are not always available in any case. The MFA groups start with the acknowledgement that parents usually know their children best. Acknowledgement of the responsibility that parents have in raising their children helps the parents to open up. Parents will use feedback and criticism as well as compliments more when given by fellow-parents than by professionals. Professionals may be perceived as 'experts' and feelings of failure may arise or be reinforced.

Consequences for the community
Chronic circumstances of unsafety, low income and stressful living conditions (such as lack of liberty) disrupt a community's structure as if it were an unravelled tapestry. For communities to maintain an inner sense of trust, communication is needed. People need to talk to each other and know each other (again). Social support begins with knowing each other. In particular in vulnerable groups (such as children with a disability), children run the risk of social exclusion. For instance, children with a physical disability may have reduced mobility; it is not as easy for them to go anywhere. Depending upon their type of disability, they need facilities. These may or may not be easy to acquire. Next, implicit or explicit shaming and blaming sometimes disrupt social connection.

Supporting parents to care for their children: it takes a village to raise a child
It is well known that each day, month and year of children's development is crucial for their well-being and later functioning as an adult. Children's capacities to think, plan and

act are dependent upon a caring, supportive (home) environment. Being fostered as a child provides one with the capacity to adequately regulate emotions and stress.

Within the context of the above considerations, MFA focuses on:
› Establishing a supportive atmosphere within groups of people who experience similar problems or challenges;
› Restoring family dynamics, including communication and sharing of roles and tasks within families and increasing a family atmosphere;
› Facilitating support in the community; groups increase cohesion and involvement. Meeting and communication are expected to increase cohesiveness.

The beneficiaries of an MFA support group intervention are many: the participants in the support groups are direct beneficiaries, but the fieldworkers of the implementing organisation are also beneficiaries as they learn new skills that may also be useful in other situations.

1.2 How to work with this manual

Using the manual
The Multi-Family Approach has been based on Multi-Family Work developed by the Marlborough Family Service in London (Asen & Scholtz, 2010) and Foundation Centrum '45. This manual has been developed following a 1-year pilot of applying the MFA as a method for the setting up of women's support groups in West Bank villages by Community-Based Rehabilitation (CBR) teams. It is part of a project of the Institute of Community and Public Health (ICPH), Birzeit University, the War Trauma Foundation (WTF) and Foundation Centrum '45.
Two trainings have been given to members of CBR teams in 2014, and six women's groups have been started in villages and towns throughout the West Bank. These experiences have fuelled development of this manual. The overall aim is to learn from these experiences and offer them to other regions.
The aim of this manual is to facilitate and support future projects that want to implement parent, women's or family groups in humanitarian settings. It has been written by a group of authors involved with the project: MFA in CBR.

The manual consists of three parts: (A) Organisations (considering) implementing MFA; (B) trainers in MFA; and (C) facilitators in MFA. The manual has been published in English and Arabic. The different parts contain cross-references and consist of building blocks that may be used back and forth in whatever way that is most useful. Especially parts B and C of the manual contain practical exercises; however, in particular, the manual is intended to support learning to employ the principles of MFA. As authors, we hope that this will encourage the reader to reflect on both learning processes and principles of change.

2
What is the MFA?

The MFA[1] is an intervention for groups of families (consisting of parents or parents with children – several combinations are possible). It is a combination of group and family work, since it includes more than one (preferably more than three to be able to call it a group) family.

The MFA has been derived from Multi-Family Therapy, a method developed by the Marlborough Family Service in London (Asen, 2002; Asen & Scholz, 2010) and later on the Anna Freud Centre. The presence of several families at the same time offers the opportunity to work with different subsystems, for instance with parents and children separately or all together. Since the beginning of multi-family groups in the 1960s by Laqueur (1964), they have been developed with different focuses (e.g. psychoeducation), for different target groups (adolescents with eating disorders, troubled mother–infant attachment relationships) and in various settings (e.g. schools). In general, it has been found that these groups are accepted well by the participants and lead to an increase of knowledge about the problem(s) at stake, a better collaboration with the mental health professionals or community workers and a decrease of stigmatisation. Multi-family groups have resulted in members showing more understanding toward each other and an improve-

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1 This chapter has been based on a selection and adaption of Van Ee, Mooren and Kleber (2014). Van Ee, E., Mooren, T., & Kleber, R. (2014). Broken mirrors: Shattered relationships within refugee families. In: R. Pat-Horenzcyk, D. Brom and J.M. Vogel (Eds.), *Helping Children cope with trauma, Individual, family and community perspectives* (pp. 146-162). New York: Routledge.

ment in family dynamics, the development of supportive relationships between families, reduction of stigma in relation to various issues and stress relief among group members.

We expect the MFA to work well for families coping with enduring and multiple stresses and parenting hardships because of the following elements:

› Multi-family format, enabling support and working with subgroups;
› The facilitation of mentalising (seeing oneself through the eyes of another);
› Bringing in the context.

We will discuss these three elements below.

2.1 Multi-family format

The central idea behind the MFA is bringing together different families (or members) suffering from (traumatic) stress, creating connections among them and thereby using their strengths and resources (empowerment). Creating solidarity as well as counteracting or overcoming stigmatisation and social isolation stem from this group work and will lead to a mutual understanding and acknowledgement of issues related to family dynamics or other common problems and of the efforts of dealing with these issues. As a result of sharing commonalities, the self-confidence of participants can grow within a group because of the feeling of hope ('others have problems as bad or even worse') and competencies can be discovered and practiced. Mutual recognition and feedback generate social support and sharing. Group members learn from each other and provide each other with new perspectives.

The presence of several families sharing similar difficulties provides the opportunity for both family and individual work. The group creates a kind of microsociety with certain rules and values, and this elicits different aspects of the roles of the members (e.g. being a mother, daughter, sister, professional, etc.). These different roles evoke various narratives that are needed to change disruptive family patterns. This means that, when you use a different perspective, it increases understanding and offers alternatives. A group setting in which parents and children feel comfortable and are curious to learn about themselves and others is the basis for the exchange of beliefs. Further, family narratives reveal how certain parental beliefs have prevailed throughout different generations or in different communities. In general: telling stories helps to generate meaning to the experiences of the families and gives a sense of control.

2.2 Facilitating mentalising

The type of MF groups that have been developed in London (Asen, 2002; Asen & Scholz, 2010) underlines the importance of mentalisation. This can be defined as the ability to distinguish one's own and the other person's mind as separate perspectives (having one's

mind in mind). The concept is grounded in attachment theory. The basis for developing healthy relationships with other persons lies in the first interaction between parent and infant. Being capable of mentalising contributes to the development of sensitivity and a good attachment relationship among adults, parents and children and will eventually lead to a healthy increase of autonomy, the sense of being an independent individual having own thoughts, wishes and actions. Viewing different perspectives and being curious about differences rather than similarities offers freedom of thinking. Reduction of problems and symptoms is achieved by allowing oneself to think differently, to see more alternatives than just the dominant idea (Allen, Fonagy, & Bateman, 2008; Asen, Dawson, & McHugh, 2001; Fonagy & Bateman, 2006; Schore, 2003). To increase mentalising capacities and parental emotional availability, the group can be used for 'mirroring' purposes and be encouraged to offer feedback. If, for example, the group is composed of parents with children, the parents may be encouraged in coaching each other when interacting with their child. In some activities, parents are invited to play with children other than their own – thereby increasing their critical observation and curiosity. The mirroring refers to giving back information on what is observed in a person's emotional expression, gestures or behaviour. This is what mothers constantly do when they interact with their newborn babies. In toddlers, this is called 'subtitling'. The mechanism is the same: the observed behaviour is being put into words.

2.3 Bringing in the context
In the traditional MFA, family members are invited to participate in a group session. This means bringing in the outside world while, at the same time, the setting remains representative of daily reality. In the group sessions, contexts for interaction that elicit representative family interactions are (re)created. Through explicit attention for the behaviour of families during the session, experiences are intensified and feedback of group members is used. New targets for parenting behaviour may be experimented with in a safe environment.

In the West Bank pilot, the MFA was adapted to the needs of Palestinian women taking care of children or other family members with a physical or mental handicap. The MFA groups provided the women with an opportunity to share problems and experiences not only directly related to taking care of a family member with a disability but also related to isolation, stigma or indirect consequences of the disability, for example how disability affects the dynamics among the other family members.

MFA may be used with open or closed groups. An open group leaves room for new members and has the advantage of having senior members or families who serve as models to newcomers. Closed groups may be preferred when trust is a significant issue to members and the opportunity to create strong bonding is aimed at. The number and duration of sessions differ.

In the classic version of the MFA, several subsequent phases may be distinguished: gathering and introduction; problem-focused work; relation-focused work; and relapse prevention (Asen & Bianchi, 2011).

In the West Bank pilot adaptation of the approach, the distinct phases were: forming of the support groups; performing of the groups over a period of time; and finalising or diminishing the role of the CBR in the sustainment of the groups.

MFA group sessions are manual based and have a defined structure. There is an ice-breaking introductory activity, which intends to be energising, pleasant and inter-active. This is followed by a core activity that usually develops around a theme that is of significance to the group. This activity is designed and prepared by the facilitator(s) and is meant to support the group in working together on a certain issue, usually an issue that has been brought up within the group in a previous session. The main role of the facilitator at this point is to facilitate interaction between families and/or individuals. Where needed, (s)he zooms in and focuses on certain interactions. Other than that, the facilitator refrains from interventions in the group activity as much as possible but remains observant to group dynamics and uses these observations in the reflection and exchange part of the session and/or in the preparation of subsequent sessions. In the reflection and exchange part of the session, the facilitator(s) needs to make sure that the group members have been able to have become aware of their experiences in the session. They may have a clear idea of what was the topic and the aim of the core activity (but at times this may have been missed), of what has been accomplished through the core activity (e.g. the members may have reached agreement or disagree-ment on a certain issue) and how this session related to a previous session or how it will be followed up in the next session.

The MFA may involve adults and children – however, also when working mainly with adults (as was the case in most of the West Bank MFA groups), it is important to create fun in the session, for instance by physical exercise or music-making. The fun parts of the sessions are an indispensable source of stress relief for the members.

Sensitivity, in particular, is of importance to the development of the child. A warm effect, an emotional connectedness and an ability to read and respond to the cues of the child is precisely the capacity that might be hindered by stress caused by daily hazards. It is clear that fostering attuning (sensitevely adjust to perceived needs) is an important starting point for intervention. To see one another with genuine interest and curiosity is a welcome experience for both adults and children. The frequently mentioned experience of hope fosters intimacy and growth, at the individual as well as relational level.

3

Organisation of
the MFA

The MFA is suitable for initiatives fostering social support and (re)strengthening of the social fabric in conflict-affected areas and humanitarian settings. This chapter gives guidance for organisations considering whether they alone or in combination with partner organisations are willing and able to set up and continue the MFA.

3.1 The phases of decision-making and implementation of the MFA

The ideal structure of the intervention entails the following steps.

Initial phase: setting up the organisation

> As initiator, make a judgement of the applicability and feasibility of the MFA in your context and whether using the MFA fits the mission, vision and business model of the organisation.
> Following this, decide whether your organisation is capable of implementing this approach by itself or whether a partner organisation is necessary. For instance, the combination of a university and a nongovernmental organisation (NGO) has proven to be successful.

› When a cooperation is necessary, the envisioned partner organisations should be approached in order to search for common ground and mutual understanding on the approach and way of working.
› After agreeing on cooperation, agreements on practical arrangements should be made, including roles, tasks, responsibilities, finance, work and project planning, and expected outcomes.
› Consider scaling up and whether the organisations have enough and the right staff, continuation of funding and the intention to continue of those involved on different levels.

Second phase: pilot and training of trainers

› Approach an experienced MFA professional who can be the trainer and coach in the pilot phase and who can work in close cooperation with the envisioned local trainer coach of the MFA programme.
› Select suitable participants who will take on the role of facilitating MFA groups.
› Training of facilitators and the supervisors by experienced professional(s) in the MFA. The basis will be the same for facilitators and supervisors. The facilitators will continue in the MFA training and the supervisors will continue in training in their competences in their guiding, learning and coaching skills.
› Organisation of pilot MFA groups and sessions:
  - The supervisors in their role as coach provide on-the-job support to facilitators;
  - The trainer coach facilitates learning, leading to deeper understanding of the MFA principles and techniques;
  - Initial evaluation and consideration of expanding the pilot;
  - Training of some of the pilot facilitators as trainers in the MFA for expansion of the pilot;
  - Providing follow-up and coaching to both facilitators and trainers;
  - Continued monitoring and coaching;
  - Evaluation (through research, or systematic monitoring), and share your experiences.

The above approach would be ideal. However, taking into account the constraints of working in humanitarian settings, these processes can also be fluid, for instance combining the training of facilitators and along the way, while working with groups, coaching some of them to become trainers and supervisors. Trainers and supervisors may be the same persons but can also be different persons with different roles. It is important to pay attention to the different roles of MFA trainers/coaches, MFA supervisors and MFA facilitators. Peer learning and on-the-job coaching and support of the facilitators by the trainer and supervisors is essential. Within each constellation of organisations, the situation can be adjusted to the context. However, it is important to strive for structural and sustainable solutions.

3.2 Organisations working together in setting up an MFA intervention

The involved organisations (NGO, university, hospitals, mental health facilities, social affairs departments, etc.) aim to create the necessary conditions for a MFA group to happen. This entails first of all establishing a mutual relationship of trust and respect. Goals and expectations need to be reviewed, and agreement is needed on the process of working together and the division of roles.

Support by local authorities and communities must be guaranteed. It is wise to build your programme on existing health or community structures.

Next, facilitators and trainers are to be selected, taking into account the criteria mentioned above and the needs of the community, keeping in mind the cultural setting with regards to cultural background, gender, age, etc. Conditions for training, such as follow-up of sessions, supervision and 'intercollegial consultation' (i.e. giving each other advice and guidance; see chapter 4.2), be learning requirements, monitoring and evaluation, should considered.

Last but not least, practical arrangements such as room, materials, time, invitations and internet facilities (back-up materials) need to be taken care off.

> **Box**
> In the West Bank, the ICPH of Birzeit University and the CBR programme have worked together on community-based interventions since the early 1990s. There exists a long-term relationship of trust between this local academic organisation and this local community-based service-providing organisation.
>
> In 2011, the WTF of the Netherlands travelled to the West Bank and visited the ICPH. This was the beginning of a relationship that resulted in the idea of working together in pioneering the MFA in a non-Western setting.

3.3 Competences of people involved

The generic structure of actors involved with a MFA programme is as follows:
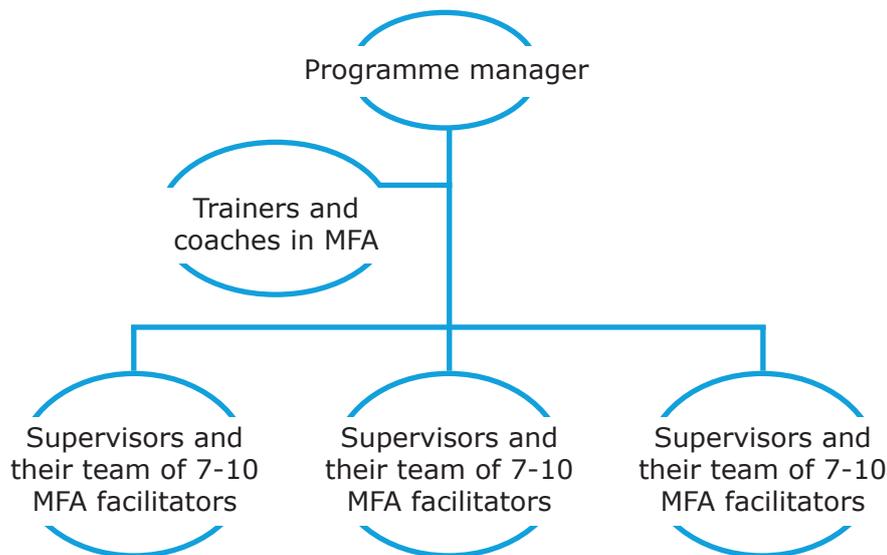
The indicated number of 7–10 facilitators is arbitrary and based on experience. The groups can be structured based on region or a group of villages for instance.

Preconditions for competences of coaches and trainers
As a prerequisite for becoming a trainer of MFA groups, it is generally considered necessary to have participated in a training in the facilitation of MFA and to have experience in working with groups and families.

In order to be able to train others in the method furthermore, having didactic skills, experience with training and the MFA method at hand will be very necessary. Moreover, once the MFA groups are in place, keeping an overall and also a critical evaluative view on the work performed is helpful to inform the ongoing learning activities for which they are responsible. The local trainers and coaches will need to be trained in MFA first. Most of them will have the experience then to train in MFA in their own organisation or region.

Preconditions for competences of supervisors
Criteria for the selection of supervisors, (e.g. coordinators/team leaders) are the following:
› They need to be able to abstract processes, or to think on a meta-level;
› They are familiar with the MFA method (although there is no need for extensive experience);
› They have above all an attitude of facilitating learning processes.

The aim that supervisors have is to facilitate solution-finding processes! They can help facilitators work out difficulties that they encounter in their group work, for example finding the right venues or dealing with local authorities. They work from a line-management position and are in charge for questions such as how many groups can we facilitate in this community etc. Supervisors also can facilitate learning processes for the day-to-day issues at hand in their team.

Preconditions for competences of MFA group facilitators
Especially at the beginning of an MFA intervention it is advisable to train community workers to work in pairs in co-facilitating MFA groups. Community workers who are interested in becoming MFA facilitators need to:

› Be acceptable to and trusted by the local community;
› Be experienced with family work;
› Be familiar with family dynamics and change;
› Have familiarity in working with groups.

4

Key indicators
for success

Learning and reflection are essential are key success factors for the cooperation between organisations and for the continuing professionalisation of community workers doing their work in difficult circumstances. Creating a healthy cooperation asks for a long-term strategy and, as we all know, in this sector this is greatly connected to fundraising and internal resources. For instance, see the online Worldwide Fundraiser's Handbook.

4.1 Learning as organisations

As organisations implementing a MFA programme, it is important to document what has been done in terms of organising the programme and what have been the important findings in and outcomes of the process. Opportunities to sit together, review goals and discuss progress and/or setbacks are an indispensable part of an intervention in which multiple organisations work together. It must also be recognised that learning is manifold and involves all organisations involved in the intervention.

Monitoring of alliances.
In the West Bank, the CBR programme taught a new skill that will help participants to facilitate support groups for women who take care of family members with a disability. These participants also learned how to use their own experience to train other CBR workers in the use of the MFA, and they learned how to write practical examples of the MFA experience for the manual. The ICPH learned that it is of vital importance to stay connected with the practitioners in the field. By attending group sessions, we realised what parts of the training sessions had not yet been entirely clear or understood. Re-explaining and using the example of the attended session to show the CBR teams how certain skills can be used in practice brings theory to the reality of the group.

The WTF experienced the importance of working with a coalition of organisations: the ICPH, which is part of the University of Birzeit; the CBR organisation; Centrum '45; Sioo; and the WTF. Combining the experiences, knowledge and skills of these academic and practical organisations brought added value to both the development and implementation of the programme as well as to the development of this manual.

A writing workshop with community workers was very valuable in the reflection and collection of lessons learned and documentation of knowledge and experiences obtained.

4.2 Intercollegial consultation of trainers and facilitators

As an organisation, you need to stress the importance of intercollegial consultation to the trainers and facilitators in the MFA programme. In humanitarian settings, paying attention to this approach of intercollegial consultation is even more important, as trainers and facilitators may be confronted with challenging situations in which they can be of much support to each other. Intercollegial consultation aims to contribute to improvement through joint reflection. Within this approach, participants learn to consult each other about their own working questions and to address these together in a learning manner, without judgement. Someone with a question or problem asks advice from his or her colleagues and learns from this. His or her colleagues can at the same time develop their advice-giving skills by jointly working on a question or problem of a colleague. Not only skills will be improved, but the approach of intervision also contributes to joint views on dealing with certain situations (De Haan, 2004).

Intercollegial consultation contributes to or even forms someone's professionality in relation to certain experiences and questions. It entails how a person is working together with others, deals with certain advice-giving situations, deals with difficult situations or persons and comes to a vision on a certain issue. These are all important components of the MFA.

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Relinde Reiffers

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