

MTD in Germany:

How to make children visible and strengthen families

– about the development of new processes, tools and good cooperation



The AWO Siegen addiction counseling center is located in the district of Siegen-Wittgenstein. We advise self-affected persons and relatives in a goal-oriented and client-oriented manner. So far, we mainly counsel adults and rarely see the children of our clients. Nevertheless, it is our goal to support our clients in their role as parents and therefore to help their children as well.

The statistics clearly show that children from families with addiction problems are an important target group for the development of new support services (in Germany, approximately every sixth child is affected). However, these children often only come into focus when the situation of the family is already very stressed and there is a potential threat to the child's well-being. In order to be able to recognize these children earlier, our focus was on adapting internal counseling processes on the one hand and on sensitizing professionals to the topic on the other. Another important point was a closer and more beneficial cooperation with the youth welfare office of the district of Siegen-Wittgenstein.

Our focus in the project was on the cooperation agreement with the Youth Welfare Office, the early identification of children, a training for professionals and awareness raising which are described below.

The cooperation agreement

The cooperation agreement states that a regular professional exchange will take place between the addiction counselors of the AWO addiction counseling center and the employees of the regional groups of the youth welfare office of the district of Siegen-Wittgenstein. The employees, who are in direct contact with the clients, have the opportunity to consult each other, for example through anonymous case discussions, and to constantly include a different professional perspective in their work. The goal is to provide early and comprehensive support to families under a high level of stress. In addition, the agreement also includes an annual steering group meeting at management level to discuss needs reported by staff working directly with clients and to further develop cooperation.

Early identification

Our addiction counseling center only sees the clients' children in the rarest of cases. Nevertheless, work processes have been adapted so that the topic of parenthood finds sufficient space in addiction counseling to be able to offer support to burdened parents and their children at an early stage.

We worked intensively on internal processes in relation to child protection. Flowcharts and process descriptions were developed and integrated into everyday work. We noticed that previous processes and risk assessment sheets only take effect when danger is already

imminent. It is ensured to be able to intervene in the case of a possible child welfare endangerment, but not to prevent it. We did not find any existing assessment form, especially in the German-speaking countries, that satisfied us in our need for early detection of these families. The successful Belgian model "Kindreflex", the "family focus toolkit" (Ireland) and the Dutch "SIK-Lijst" gave us the inspiration to develop our own assessment form. This resulted in our family situation form. The form has been practically tested in our addiction counseling center for more than a year now. The form contributed greatly to the increased confidence in dealing with families with addiction problems and ensured both the early recognition of risk situations and the early implementation of appropriate support options to stabilize the family situation.

Training for professionals

We developed a training program for professionals which offers the possibility of an intensive 3-day compact seminar as well as an individual in-house training tailored to the needs of the institution. Many institutions, such as kindergartens, report a high urgency for training on the topic of "children from families with addiction problems", but have very limited financial and personnel/time resources for implementation. The training program, which is very flexible in terms of time and implementation, is intended to enable many institutions to gain specific and practical knowledge about this vulnerable group.

Awareness raising

In order to increase awareness of the topic, we developed a poster series for 60 kindergartens on the topic of "Help for parents with addiction problems". In addition, we developed a campaign with the title "Every 6th child" which included several billboards in the city of Siegen, a symposium with the title "Recognizing and reaching children from families with addiction problems" and various social media posts.

The most important thing we have learned in this project is that change takes time. Especially if you are very motivated to work on changes yourself, it can be frustrating as soon as you come up against rigid structures that cannot be changed from one day to the next. It is helpful to proceed smart and in small steps, not to get discouraged and to invest the extra motivation in ideas that can be implemented more easily.

It is necessary that not only we as addiction counseling and youth welfare office adapt our structures and processes, but this must happen in the entire social and health sector. Only if we are all sensitized to the topic and its needs and work together across professions can the situation for children from families with addiction problems be changed in the long term.

„Our vision is to raise awareness of the issue among as many people as possible, to train those who work with families suffering from addiction, and to provide them with helpful tools and skills. We hope to create a network that will make it possible to identify children at an earlier stage and provide families with comprehensive, multi-professional support.“

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MTD in Belgium:

Connecting, collaborating and promoting expertise in addiction care and youth welfare work for children growing up in households with an addiction problem

integra



Snapshot: The Make the difference project in Belgium mainly focused on the cooperation agreement between adult welfare services and youth welfare. From a common focus, an agreement was drawn up with the child protection of “children growing up in households with addiction issues” in mind. From there, mutual expertise building was done. For the mentoring programme, there was collaboration with a local peer operation (Overkop Genk).

Introduction

In Belgium, the MTD project is implemented by the organisations Integra and Ligant. Integra is an ambulatory center providing specialized mental health care and drug prevention services for individuals of all age groups, including children, young people, adults, and the elderly. They focus on addiction, mental health, and psychiatric problems.

Ligant is a network dedicated to promoting the well-being and mental health of children and young people. They offer expertise, consultation, and advice to services supporting children and young people, including a crisis team that provides home visits. Ligant also facilitates referrals to long-term mobile care for families who have been avoiding seeking care.

Our needs and focus in the MTD project

The healthy development of children of parents with addiction issues is a priority for both youth care and addiction services. This task can only be accomplished together from a shared vision and theoretical framework. We work from a number of common frameworks to integrate the basic attitude of each welfare worker of the involved organisations.

Good enough parenting

Parenting is never perfect but should be “good enough”, i.e. guarantee basic care of the child and provide sufficient opportunities for bonding. A social worker must assume that even the least functioning parent feels responsible as a parent. It is also important to build a strong professional and social network around the parent and child. First and foremost, we look at the client as a PARENT with a problem.

Transparency and predictability

Informing the child appropriately about their parent(s)' substance use is crucial for their emotional and physical well-being. Establishing a safety plan and facilitating transparent communication between care providers, the child's network, and the parents enhances predictability of the situation for the child and by that fosters resilience in children.

KOPP/KOAP children are 'normal' children of parents with mental vulnerability.

We do not see KOPP/KOAP as a diagnosis, but rather as a collective term for a group of children who find themselves in a particular situation due to their relationship with their psychologically vulnerable parent.

Strengthening resilience

The child's resilience can be strengthened by four resilience pillars:

- Giving the child information about mental health problems and/or addiction.
- Giving children space to express their own feelings.
- Installing support from an adult confidant from the child's immediate environment.
- Giving opportunities to be a 'child'.

Actions

The cooperation agreement between Integra (formerly Zorggroep Zin) and Ligant includes the following **commitments**:

1. Focus on good enough parenting:

- Embrace the core principle of "good enough parenting"
- Familiarize social workers with the steps of the child reflex (kindreflex.be) and its application.
- Collaborate on common family goals.

2. Protection of children of parents with addiction issues (KOAP):

- Encourage caregivers to promote resilience in children.
- Equip every caregiver with the necessary knowledge and methodologies to support KOAP children (good practice: on a journey with Kriebel).
- Prioritize preventive measures for the well-being of children and young people, enabling early detection of signals and appropriate interventions (prevention-early intervention).
- Ensure every child's right to support.

3. Safety first!

- Maintain constant vigilance over risk and protective factors, aiming to reduce risk and enhance protective factors.
- Expect all counselors to adopt this fundamental approach.

4. Promoting referral opportunities:

- Create comprehensive solutions within the care continuum (from prevention to long-term care) to address family requests for help.
- Inform parents about the impact of substance use on children and consistently offer appropriate support to the child.
- Conduct training sessions and activities to reinforce these commitments among professionals and raise awareness of them.

There is ongoing structural cooperation between Integra and Ligant and the cooperation agreement is evaluated and adjusted as needed.

5. Mentoring programme

For the mentoring programme, a partnership has been formed with the "Overkop house" in Genk which serves as a drop-in center for young people aged 14 to 25, offering leisure activities. The center is staffed by a team of youth workers and social workers who provide support and arrange in-depth conversations. Overkop collaborates with a group of peers called the Chillambas, who act as a first point of contact, engage with young people and organize various activities. Similar to the Balloo und Du project in Germany, the Chillambas have a mentoring role. To enhance their abilities, a training weekend is organized on children growing up in households with addiction issues. Moreover, a "chillout" room is being constructed where visitors can relax and have conversations. The supervisors of the Chillambas will receive training on this topic.

Results

The cooperation agreement has prioritized addressing the needs of "children growing up in households with addiction issues" in youth welfare work and adult assistance. This is manifested through networking opportunities, promoting expertise and mutual consultation between the involved organisations.

Vision

To achieve sustainable impact, regular evaluation and adaptation of the cooperation agreement is required to meet current needs. The agreement is seen as a dynamic element that can be extended to additional services in the future. The promotion of expertise aligns with the development of the cooperation agreement. Regarding the mentoring program, there are plans to potentially expand to other surplus houses following the pilot project in Genk.

Conclusion

In conclusion, the project relies on the commitment of the services involved in the cooperation. It is crucial that the cooperation agreement is linked to the promotion of expertise and adapted to the specific needs and requirements of both organisations and the target group.

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MTD in Catalonia:

Working together to improve children's wellbeing. Implementing a joint working plan by protection and addiction services in Catalonia.



Make the difference project has been a very supportive component to produce a long-lasting change in the working procedures of addiction and protection services in Catalonia. The guidance, knowledge and best practice exchange among countries has extremely facilitated the work that had to be done in Catalonia. Our work will go beyond the project and we hope to have opportunities to continue the MTD collaboration.

Introduction

The Sub-Directorate General for Addictions, HIV, Sexually Transmitted Infections and Viral Hepatitis (SGAVITH) of the Public Health Agency of the Departament of Health of the Government of Catalonia is the main governmental body aimed at planning, implementing and evaluating addiction monitoring, preventing and treatment policies in Catalonia. Our final aim is to reduce the impact of addictions in the society as a whole, including the harm to the users and to others, specially the children. We work in close collaboration with all the governmental and non-governmental actors in Catalonia to achieve the objectives defined in the current Plan on Drugs and Behavioural addictions 2019-2025.

Our needs and focus in MTD project

Reducing harm to others resulting from addictions has been always a priority and we undertook several studies in the field together with the Catalan Federation on Drug Addictions. In that context, we detected the need to incorporate the children's perspective in the addiction services and the need to close collaborate with children protection services in order to improve the intervention with families with addiction problems and reduce the punitive responses on those seeking help. The "Make the difference" project was a very timely opportunity to establish a methodology of the working collaboration between addiction and children protection services. During the project, the focus has been to get to know each other better and establish a regular collaboration that could result in developing helpful tools to improve children's wellbeing. It has been key to develop several guides with specific steps for the detection of cases and for joint work between the addiction and child protection services; to include tools and indicators of child abuse in the information collected by addiction professionals; to increase knowledge about the protocols and actions of other services and synchronizing the intervention taking into account that timings of adult recovery are longer; to define coordination meetings to discuss cases, share doubts and experiences, and training addiction specialist on how to enhance their patients' parenting skills and competences.

Actions/solution

The signature of a working agreement within the main governmental managers on children protection and addiction services has been key and has been extremely helpful in order to implement the rest of actions:

- A leading group, constituted by technical people from both departments was key in order to coordinate and follow the development of all the actions, including the decision on the pilot experience.
- The development of the supporting tools for professionals such as guides and raising awareness materials.
- The deployment of a training package and program aimed at improving common understanding and better long-standing coordination between the services
- The development of a training package aimed at enhancing their patients' parenting skills and competences.
- The pilot in the Girona city with the participation of all the key actors from the addiction, child protection, social services, children and mental health services in order to test the feasibility and impact of the program before scaling it up throughout the whole territory of Catalonia.

Results

The agreement and the resulting joint plan between children protection and addiction services is a huge success. This has helped to create the basic conditions for a long lasting collaboration and for region-wide scaling up the project. The main lesson learnt is that it is not easy and all these actions require a lot of time and the mobilization of a lot of existing human resources in the territory. We will establish a basic curriculum based on the MTD contents in the regular training for protection and addiction professionals.

VISION

We would like to have a long lasting and effective coordination resulting in less duplication and higher professional satisfaction and most importantly a positive impact in the families, specifically more safety and wellbeing for the children and the reduction of cases of family separation among those seeking help.

Words of advice

"Get ready for hard but satisfactory work. Invest in building alliances with high level managers of protection and addiction services in order to ensure that this experience is more than a pilot and has a truly impact in the daily professionals' work and most specifically in the wellbeing of children living in families with addiction problems."

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Programme on Substance Abuse
Public Health Agency of Catalonia



Generalitat
de Catalunya

Salut/Agència de
Salut Pública de Catalunya



**Make the
difference**



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MTD in the Czech Republic:

Cooperation between addiction treatment facilities and the Department of Social and Legal Protection of Children in Prague



- The National Institute of Mental Health coordinated the **Make the difference** project in the Czech Republic.
- A cooperation was established with SANANIM, an organization focused on addiction treatment, and the Department of Social and Legal Protection of Children of the Municipal District of Prague 7.
- Cooperation was established and subsequently confirmed by a written agreement concerning mutual meetings.
- Organisations dealing with mentoring were approached for cooperation, and as a result they are currently cooperating with addiction services and child protection services (OSPOD).
- The project was introduced at a national conference. participants were particularly interested in methodological materials and education in this area. This is the direction we want to take in the future.



Introduction

The National Institute of Mental Health (NIMH) participated in the EU-funded project Make the difference as a coordinating unit. Among other things, the NIMH focuses on research and methodological work in the field of mental health, including addiction issues. Within the project, cooperation was established with SANANIM, an organisation focusing on addiction treatment, and with the Department of Social and Legal Protection of Children of the Prague 7 Municipal District. These two institutions have also signed a cooperation agreement.

Our needs and focus in MTD project

At the start of the project, we identified the needs of addiction services and child social protection services (OSPOD). From the side of the addiction services, the main concern was to have more information about the competences and powers of the OSPOD and to be able to consult cases (initially, e.g. anonymously) when a child in a family of drug addicts is involved. Clients of addiction services are often concerned that if OSPOD gets involved in a case, the children will be immediately removed from their care. There was a particular demand from OSPOD for information about the addiction care system, about different types of services and interventions, and for information about drug testing.

Actions & solution

Within the framework of the project, we worked on the format of the cooperation agreement during regular meetings. At the same time, we exchanged information and experiences related to working with addicted clients. The solution is better mutual communication and personal acquaintance of individual workers from addiction services and OSPOD. Subsequent cooperation then develops much better and faster. At the same time, we have established cooperation with existing organizations that provide mentoring for children and youth and have linked them with addiction services and the OSPOD.

Results

The agreement was signed in March 2023 after long negotiations. Within the framework of the cooperation agreement, Department of Social and Legal Protection of Children (OSPOD) and SANANIM NGO commit to regular meetings of the professional staff of both institutions once every three months and to joint training on pre-agreed topics once every six months.

The functioning of the Prague 7 City Council and the influence of the political representation on the functioning and cooperation of services was a lesson for us. Negotiating the agreement was not easy, also in view of the fact that due to the regional elections the leadership of the town hall changed during the project and negotiations with the new actors had to start basically from the beginning.

„We are happy to participate in the project and to connect the different actors in the care of children of addicts and addicts more closely. The key is not to be discouraged and to be patient in negotiating cooperation.“

Our vision

We would like to continue the established cooperation between addiction services and OSPOD. As the need for mutual cooperation and transfer of professional information is perceived by other addiction services and OSPOD in regions other than Prague, we would like to support the establishment of similar agreements and cooperation as we have established between specific facilities within the project. We would also like to participate in other similar projects focused on networking, education and prevention activities. We will certainly use the methodological materials produced during the project, which will be translated into Czech.

In June 2023, we presented the project at a national conference and the methodological materials are of great interest to experts in the field of addictionology.

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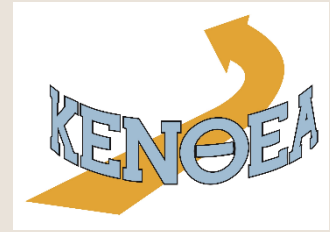
MTD in Cyprus:

Making a difference together

MTD project in Cyprus is implemented by KENTHEA and focuses on the cooperation of KENTHEA and the Social Welfare Services.

The cooperation entails that Social Services

identify families with addiction issues and refer them to KENTHEA. Those Families are then offered services according to their needs, incl. psychological support, addiction treatment, relapse prevention, psychiatric services, and other health and social care services. With the cooperation of KENTHEA and Social Services, we can provide participating families with the skills, tools, and support they need to improve their circumstances and well-being and to enjoy their rights like everyone else.



Introduction

KENTHEA (Centre for Education about Drugs and Treatment of Drug Addicted Persons) is a national non-governmental, non-profit, umbrella organization with expertise in addiction. KENTHEA works in addiction prevention, therapy, education, and research as well as on related public health and social issues.

Our needs and focus in MTD Project

For MTD the most pressing need identified was offering support for families in which at least one parent deals with addiction and in which children's care or experience, or family cohesion is at risk. We developed our own MTD program in such a way as to support these families at multiple levels, to empower parents in their roles, and to protect children's welfare needs.

Actions/solutions

The MTD project in Cyprus entails a collaboration between KENTHEA and the Social Welfare Services (governmental department). One of the main goals of the Social Services in Cyprus is to provide protection, support, and care for children and other vulnerable groups. In the MTD project, Social Services identify families with addiction issues and refer them to the program.

KENTHEA officers worked closely with Social Welfare Officers to develop a common Cooperation Agreement framing the procedures and responsibilities of the two organizations to ensure a productive partnership and quality of services for the families.

As part of this project, we organized trainings on drugs and addiction for Social Welfare Officers and we discussed possible cases that would be a good fit for the MTD project.

Following these, the Social Welfare Officers started to refer families who they felt would benefit from the project and who had consented to participate. For each referral, the MTD Project Officer (KENTHEA) arranges an introductory meeting between project staff and the parents. At this meeting, participants are informed about the project and their options, and an assessment of their needs is made.

The families are linked with various professionals and services, depending on their needs, and supported in actively receiving these services. These may include family doctors, psychiatrists, dentists, psychologists, or other health care providers. If needed, the family will also be linked with other governmental services. Children may benefit from KENTHEA's "I Deserve a Chance" project which provides educational support, therapy services, extracurricular activities of children's choice, etc.

The MTD Officer is in weekly contact with both the family and their Social Welfare Officer. Additionally, there is a monthly meeting between MTD Staff and Social Services for status updates and planning.

A mentorship program was also set up as part of this project to improve children's experiences in healthy and stable relationships. A mentorship training and relevant protocols were developed but are not currently active because the participating population would not benefit from this service. Elements of the mentoring programme have been adapted to our needs so that a child can spend time with a mentor while their parents receive treatment at our therapy centre.

Results

Currently, 11 adults are participating in the Cyprus implementation of the MTD project. For some families both parents were referred to the project, when for some other families only one parent was referred. The number of children cared for by these 11 adults is 15 (one of which was born after their parent joined the project) and one of the adult women is currently pregnant.

The adults who joined are receiving different services based on their needs and wishes and are all in regular contact with the MTD Officer. They were linked with psychologists from KENTHEA Centres (closest to their living area), psychiatrists, other medical professionals, and all of them needed to be linked with additional governmental services such as the Ministry of Labor. Most received psychological support, addiction therapy, and relapse prevention services from other experts, and support to develop their parental skills, mainly from our prevention experts or their therapists.

As most children of the involved families are very young, they generally benefit from indirect support, by the provision of resources and support to parents. Despite that, 3 children were connected to a Community Centre belonging to our network of Therapy Centres for psychological support. Children from 5 of the families are now included in KENTHEA's "I deserve a change" project and receive benefits from that program as well. These benefits include therapy, educational support, and extracurricular activities.



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A number of the participating adults have dropped out of their therapy, namely 4, but remain active in the MTD Project. They maintain their communication with the MTD Officer and remain active in other services offered by the Project. Two of the adults who dropped out of therapy, have now requested to return as they now feel that it would benefit them. Moreover, Social Welfare Services have proceeded with the necessary legal steps to remove parental rights from 2 of the participants (both from the same family). Until now, there were no dropouts from the MTD Project.

The successful outcomes of this implementation of the MTD project are based on the strong cooperation between KENTHEA and Social Services. This offers the ability to approach each case in a holistic way allowing for successful identification of the families in most need, allowing KENTHEA to offer constant support in many levels, and the Social Services to provide the necessary legal and procedural support required. This way, we are able to empower these families, and mostly their children, and support them in living a life closer the life they want to.

"Even if we help one family in need, that will be a success".

One challenge we faced was in supporting families in which both parents of children were actively participating in the project. We found that often, in these cases, maintaining a neutral third-party position without affecting their experience and bond with their support personnel required significantly more staff time, effort, and other resources. In the future, we aim in establishing relevant procedures including evaluation of the Project's ability to offer sufficient services to both members of the same family at the same time without being involved in issues that trouble the couple but might not be related to their function as parents.

Our Vision

Our vision for the MTD project is to continue and expand our cooperation with the Social Welfare Services. We consider it essential to have the available resources to successfully support these families for the time they need this closer care until they can maintain their well-being independently. The synergy between KENTHEA and Social Services is key in identifying families and children in most need and, ideally, we wish to implement the project in all cities and support this implementation nationwide.

Additionally, our vision includes fully implementing the Mentorship program so that we can provide more opportunities for children to benefit, especially if families with older children join the Project.

Children's well-being and welfare remains our top priority and it is important for us to, directly or indirectly, empower them and support their families to provide equal opportunities for them.



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Conclusion

„MTD project in Cyprus has given us the opportunity to cooperate with the Social Services for the first time.“

This cooperation has given us the chance to reach families with addiction issues and offer them appropriate, sufficient, and holistic support, and to help them successfully connect with the appropriate professionals and services. Each family is different and has different needs. Therefore, we need to assess the individual needs and act accordingly, with their welfare as our only guide.

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MTD in Finland:

Increasing understanding of addiction in Finnish social care



For the MTD project, EHYT Finnish Association for Substance Abuse Prevention organisation and Kymsote's child protection and social services for families with children joined forces to prevent the endangerment of the welfare of children living in households with addiction issues.

By means a cooperation agreement, trainings for social care professionals were developed and held. These trainings increased the understanding of parental addiction issues and how it affects children. A training for volunteers on a mentoring approach provided tools to promote children's protective factors.



Introduction

EHYT works throughout Finland to promote well-being and healthy lifestyles. In addition to alcohol, tobacco, and drug abuse prevention, our remit encompasses gaming and gambling. EHYT works with people of all ages, from children and young people to working age people and the elderly. Our target group is diverse: students, professionals such as teachers, health care and social workers, municipalities, NGOs, volunteers, companies, people who use substance and their close ones.

Our needs and focus in MTD project

The addiction disease of a parent affects many children in Finland. There is no exact estimate of the number of children who live in households with addiction issues, but it is estimated that this affects 10% of children. Addiction can cause significant negative consequences for the user, their children and other loved ones. A parent's addiction can affect the child's healthy growth, development as well as physical and mental well-being, which in turn makes these children a vulnerable group. Our focus is addressing this issue by preventing the endangerment of the welfare of children living in households with addiction issues.

Actions and solution

We have entered a cooperation agreement with the local partner Kymsote, specially with Kymsote's child protection and social services for families with children. Kymsote offers health and social services to more than 170,000 people. The main tasks of our cooperation were divided as follows: EHYT develops, plans and implements the trainings, and Kymsote offers its own expertise in training planning and takes care of recruiting professionals, volunteers and families. We increase the understanding of professionals working in social care about the issues of parental addiction and how it

can affect children. We train social care volunteers who act as mentors for children about addiction and provide tools to promote child protective factors.

Results

We trained almost all social care professionals (90 in total) in Kymsote. Due to the corona pandemic and long distances, the trainings were held remotely. The training sessions helped improve professionals' understanding of addiction. However, the training carried out remotely posed challenges for active joint discussion.

Out of the total 500 volunteers for the mentoring, 50 volunteers were interested in participating in the online course and only 10 of them completed the course. Although only a few volunteers completed the course, the online format of the course enables us to spread the training nationwide.

Our vision

Cooperation with a local operator strengthened the perception that knowledge about addiction issues should be increased in social care. In addition to increasing knowledge, special tools should be developed and added to social care and other environments where families and children are encountered, so that we can better prevent the well-being of children living in households with addiction issues from being endangered. We should also find a way to strengthen cooperation between social services and health care, such as child protection and substance abuse services. The cooperation agreement developed and used in the MTD project works as an excellent tool for dialogue and joint planning.

Conclusion

„These often invisible children have been brought into focus, but there is still a lot of work to be done.“

The MTD project triggered a strong initiative to consider children of families suffering from addiction issues. By improving understanding and thereby changing attitudes, we have taken many steps towards our common goal. However, we are aware that change will not happen in an instant, but we will continue to take important steps.

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MTD in Greece:

Let's work together! Because 'it takes a village' to support children living with adversity like parental addiction.



Snapshot: ΑΘΗΝΑ ΥΓΕΙΑ¹'s participation in the EU-funded project 'Make the Difference!' has been an educational experience on the importance of supporting children affected by parental addiction, a population often faced with multiple adversities. Working primarily in the prevention field, children and caregivers are main target groups with a focus on enhancing life skills, cultivating parenting skills etc.



Transferring this experience to the target group of children whose parents use drugs, has shown that no organization can address the complexity of this issue on its own. It is necessary to establish cooperation pathways between professionals and help systems for the better good of the children and their families.

Introduction

ΑΘΗΝΑ ΥΓΕΙΑ is a non-profit organization that operates with public funding in the area of Athens. It is one of a large addiction prevention centers network that reaches all over Greece. It has the supervision of the *ORGANIZATION AGAINST DRUGS*, Greece's national coordinator in the fields of prevention, treatment and reintegration. It focuses on raising awareness about health promotion and addiction prevention issues and implementing prevention interventions and activities. In Greece, there is a distinctive line between addiction prevention and addiction treatment facilities. As a prevention facility, ΑΘΗΝΑ ΥΓΕΙΑ addresses its services to the general population, most notably to individuals and groups within communities and educational environments (students of all ages, teachers / educators, parents / other caregivers). We design, implement, and evaluate primary prevention and psychoeducational programs on reducing risk factors and strengthening protective factors in people's lives, especially children's. In this context, ΑΘΗΝΑ ΥΓΕΙΑ's offers support to all children, including those living with parental addiction, through their participation in psychoeducational programs in which they cultivate and enhance important life skills.

Our needs and focus in the MTD project

Following the literature on children whose parents use drugs, one can easily understand the complexity of the issue, especially the high risk of developing severe lifelong psychosocial problems. It was early on made clear that participating in the EU-funded project 'Make the Difference!' (MTD) would be an educational experience. Children and caregivers are the main

¹ Full title in Greek: Κέντρο Πρόληψης των Εξαρτήσεων & Προαγωγής της Ψυχοκοινωνικής Υγείας 'ΑΘΗΝΑ ΥΓΕΙΑ' (Center for Addictions Prevention & Psychosocial Health Promotion 'ATHINA YGEIA')

target groups for prevention work, with a focus on enhancing life skills, cultivating caring parenting skills and promoting social and emotional learning. Making use of this experience, from also working with hospital schools and schools in burdened areas and with the additional knowledge acquired by *MTD*, the focus for a while was to raise awareness and educate ourselves as professionals on the matter at hand. And we did this in the company of other European professionals and other help systems in Athens, in particular the city's *Social Services Department*.

Actions & solutions

In this framework, *AΘΗΝΑ ΥΓΕΙΑ* began reaching out to services involved with parents suffering from addiction and/or their children. We became acquainted with the '*Support & Care Program for Dependent Parents & their Children*' and the '*Support Network for Dependent Women / Mothers and their Children*', in an effort to better understand the situation in Athens, while taking into account the work of the *Pompidou Group* about the situation in Europe. At the same time, following the guide developed by *MTD*, we began to intensify our cooperation with the *Directorate of Social Solidarity of the Municipality of Athens* and two of its departments: *Department of Equality & Antidiscrimination Policies / Substance Abuse Sector* and *Department of Social Services / Child Protection Sector*. This cooperation was validated with a written agreement with the main goal to cultivate a culture of a long-term communication and cooperation. Other goals included: enhancing protective factors and reducing risk factors related to the well-being of children living in families with addiction issues, designing and implementing a prevention program for the children based on a mentoring approach by '*Balu und Du*' in Germany, identifying families with addiction issues and raising awareness for the destigmatization of individuals and families associated with addiction and the visibility of children living in such families. We also felt strongly about further training, not only for the people involved in *MTD*, but also other professionals.

Results

The results of the cooperation have been fruitful: continuous communication with our partners from the *Municipality of Athens*, training events with professionals from a plethora of services and design of an online campaign called '*Let's Make the Difference! Let's talk about children living with caregivers who use drugs.*' with good reception. The most significant challenge has been the design and implementation of a prevention program targeting children with caregivers who use drugs. With a lot of support, material and good practices by the German mentoring program '*Balu und du*' and *MTD*, we have managed to frame a mentoring program, engage highly motivated young mentors and identify interested families. There are still concerns about limited resources (on staff and time as we are a small organization), safety and responsibility issues, and other. It is our experience that such an effort requires a lot of time (and funding) and more stability in the working environment of help systems, something that is not the case currently in our country.



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Vision

Having in mind the proverb *'it takes a village to raise a child'*, our vision from the start has been the cultivation of a cooperation culture between professionals and help systems, which is one of the main goals of *MTD*. Everywhere in the world, most families face not one, but multiple adversities such as mental illness, substance use and addiction problems, physical illness, domestic and community violence, poverty, insecure housing and war. *'Many of these problems are accumulative, with one problem, for example, parental mental illness, cascading into other problems, such as relationship breakdowns, unemployment and poverty'* (Reupert et al, 2022)². Preventing the impact of these problems on families is critical for their future and the future of their communities. No organization is in the position to address all these issues alone. These families need to have multiple supports because responding to and overcoming adversity occurs in a social context that extends beyond individual and family levels and social connections. One prevention direction to follow could be to offer services that include parenting support, which provide not only a safe space for parents to connect with others, but also information on parenting best practices and ways to coordinate and navigate services. Established, formal and continuous cooperation pathways between professionals and help systems is key for ideas like *MTD* to work and, most importantly, to last in time.

Conclusion

One thing that can be said with certainty is that it is worth it. Try it. Make time to meet professionals from other services, find ways to work together for the benefit of your beneficiaries, welcome their perspectives and approaches while creating a common ground to work on, educate and challenge one another, become the 'village' that will contribute to raising happy and resilient children through synergy! Because families, schools, community groups and services working together can achieve more than either could alone!

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² Reupert A, Straussner SL, Weimand B and Maybery D (2022) *It Takes a Village to Raise a Child: Understanding and Expanding the Concept of the "Village"*. *Front. Public Health* 10:756066. doi: 10.3389/fpubh.2022.756066



Co-funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020)

MTD in South Tyrol, Italy:

Working experiences with families with substance abuse - How cooperation will continue despite struggles and failures in Bolzano.



FORUM
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Dealing with the life situations of children growing up in families with addiction problems is a challenge for professionals from all fields, disciplines, and institutions. Dealing with substance abuse and addiction in connection with pregnancy, parenthood and childcare is a very complex topic. One of the issues being a particularly strong effect on the personal value system of it of the involved professionals, as well as the emotional aspect attached to the problematic. Therefore, it was a pragmatic decision to participate in the EU-project "Make the difference" (MTD) and to cooperate with the Addiction Service of Bolzano (Ser.D) and the Social Services of Bolzano (ASSB) in a binding and structured manner. This offers a realm of opportunities for the target groups in order to achieve improvements and a prospect for a better and more effective cooperation of the already existing help system with the target groups.

The leading project partner Forum Prevention

The Forum Prevention is an apolitical and non-denominational foundation and pursues its objectives in the social and health policy fields. The measures for prevention and health promotion do not only concern the affected people as creators of their own personal choices and behaviour, but they also create structural conditions, designed to have a beneficial effect on the actions of the individuals. The focus lies on the increase of knowledge and awareness, the activation of resources and skills, the prevention of dropouts and marginalisation, but also an increase in opportunities for integration and participation.

We work in contact with all social groups, however, paying special attention to young people as bearers of the future, both individual and as a community, as well as individuals belonging to risk groups and families, the latter being the functional nuclei of our social system. Our activities involve people of all languages, cultures, religious denominations, and nationalities. We offer a wide range of services, professional support, and cooperation in different forms: information through printed and online materials, information events and health promotion initiatives, project design, development and coaching, training and refresher courses for multipliers and practitioners, initial counselling and coaching, networking, specialist contributions in the public media and much more. The Forum Prevention consists of 6 specialised centres: health promotion and addiction prevention; eating disorders; youth promotion; violence and suicide prevention; street work and a specialised family centre.

Specific objectives and actions

The main objective in the MTD project in Bozen/Bolzano (Italy) is to offer direct and early support to children in at-risk families / with substance-abusing parents and with addictions.

Further objectives of the project are:

- Provide child- and family-friendly responses
- Pool the professional resources of all cooperation partners
- Implement what already exists territorially, to provide more informal and flexible support to families, interested in creating a good support network for the child
- Create a mapping of formal and informal resources (libraries, youth centres, music centres) present in the city of Bozen/Bolzano and strengthen network contacts
- Providing "bottom-up" answers by saving financial and other resources

The common vision of the cooperation partners is to give better answers in a short time to families with underage children, with parents who use substances and/or who live in at-risk contexts and who are not included in projects or followed by specialized organizations.

The three organizations Forum Prevention, Ser.D and ASSB have different focuses and approaches, which are useful for comprehensive work and individual accompaniment of families. The project aims to create a higher awareness of the services, both for practitioners and for the families using the service.

The cooperation includes networking activities and joint offers:

1. Three annual face-to-face meetings at one of the three locations on a rotating basis, with minutes.
2. Occasion-related exchange and communication according to the needs of the cooperation (online).
3. One service visit to all three institutions, preferably at the beginning of the cooperation.
4. An annual network meeting for the cooperation partners and other institutions involved and as a training opportunity.
5. Jointly developed trainings for professionals.
6. Offer of a mentoring program "A special friendship" in the city of Bozen/Bolzano

Results

Based on the project guidelines, the three partner organizations signed the cooperation agreement, which can be recorded as a great success. One of the biggest discussion points was the issue of privacy, caused by the different legal situations and regulations in the three different organisations.

Contrary to expectations, the implementation of the mentoring programme revealed a big challenge. After long research, we found 6 potential mentors, but after the preparation, they have cancelled their participation. Their feedback was reflective, revealing the issues being a request of commitment and continuity the participants were not able to provide. Therefore, the offer was discontinued after several attempts.

The Forum Prevention invited to a meeting with extended partners of the addiction work field of Bozen/Bolzano for an exchange of information and experiences with drug addicted families and their children in the city of Bozen/Bolzano. This working group will be maintained.

Conclusion

MTD was a challenging project for the participating partners, but even if the introduction of the mentoring programme failed, the cooperation agreement is an important basis for future cooperation, that will continue beyond the project period. However, the focus will no longer be on the mentoring programme, but on the professionalization of multipliers. The development and implementation of joint trainings will be the most important part of the cooperation in the coming years. In this way, the project goal – the improvement of the situation of families with addiction problems – may be achieved in the long run and... a difference can be made!

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MTD in the Netherlands: Being seen through collaboration!



The strength of the MTD project in the Netherlands lay primarily in the cooperation between the various organizations, aligning their different interests. This gave us a better picture of the target group, and made the children more visible.



Introduction

Our cooperation agreement has been signed by three organisations.

1. Tactus Addiction Care

Tactus Youth and Young adults Flevoland is an addiction care department focused on youth and young adults until the age of 24 with addiction problems and their families. The prevention department works on addiction prevention and in this capacity also provides care for children growing up in families with a parent suffering from addiction.

2. Safe Home Flevoland (Veilig thuis Flevoland)

Safe Home Flevoland is the regional advice and reporting centre for domestic violence and child abuse. Victims, bystanders and professionals can contact Safe Home for advice, support and reporting. Safe Home assesses all incoming reports for safety. In addition, Safe Home has a radar and investigative function and is tasked with post-hazard safety monitoring.

3. Amethyst addiction care (Amethyst Verslavingszorg Flevoland)

Amethyst is a specialist in addiction care in Flevoland region and is available for any adult with an addiction problem. Since they have parents in treatment who are struggling with addiction, they are an important partner in this project.

Our focus in MTD project

The objective was to set up a binding cooperation structure between Safe Home Flevoland, Amethyst and Tactus at the local level to identify children in families with an addiction problem and offer them appropriate help. In doing so, the already existing offers for the target group should be embedded and supplemented with new care, based on current local needs. In addition, the safety of the children in these families should be given greater focus.

For Tactus, the focus was on:

- Designating contacts so that direct communication can take place in future collaborations.
- Implementing Safe Home's expertise into the Tactus team.
- Better focus on children in families with addiction problems in order to provide them with easily accessible help.

At Safe Home Flevoland, the focus was on:

- More awareness of the consequences for children growing up in a family with addiction problems.
- Being better able to identify these children.
- Being better able to offer appropriate intervention and assistance to improve the safety of these children.

For Amethyst, the focus was on:

- More awareness of the consequences for children growing up in a family with addiction problems.
- Being better able to offer appropriate intervention and assistance to improve the wellbeing of these children.

Actions/Solution

Responding to our defined goals, our actions have been:

- Training of all employees of the 3 organizations in the reporting code by Safe Home and in recognizing, acknowledging and taking action regarding the target group by Tactus
- Monthly case consultations between the organizations to get a better picture of the target group and to keep connected
- Seeking cooperation with other organizations involved with the target group to provide a joint offer for the group
- Direct referrals of children or families to existing interventions, such as groups and/or individual counselling
- Education of parents with addiction problems in the addiction clinic
- Training of further professionals to recognize, acknowledge and take action regarding the target group
- Developing communication to inform new clients with children of the existing interventions
- Safe Home asking specifically about substance use in interviews.

Results

„It is good that we now have a better picture of these young people. Now that we see them, we can give them the attention they deserve.“

Our biggest success is that we now have a better picture of this hidden target group through the MTD project. At Tactus, there has long been a wide range of low-threshold interventions, but if the children are not identified, they cannot participate. It has also been a great success

that special attention has been paid to the safety of children in addiction treatment. However, the mentoring approach following the German Balu und Du program was difficult for us to implement; on the one hand, we could not recruit enough volunteers, and on the other hand, there were already similar initiatives in the region that focused on a broader target group. Therefore, we focused on contact with peers, teaching healthy behavior and psycho-education for affected children.

Specific results:

- 2 monthly case discussions and consultations between the organizations regarding children of parents with addiction problems
- Network meeting in Almere with 45 professionals
- Information for 30 parents who are clients at the addiction clinic
- Counselling of 10 individual young people by prevention workers
- Expertise promotion among more than 50 professionals
- Participation of 37 children in the Talk 'n Joy groups over the MTD periode.
- Participation of 6 youngsters in a weekend group offer
- Participation of 10 children in a week especially for children of parents with addiction.

„Every parent has their child's best interests at heart. Even someone who is suffering from addiction.“

Vision

Our goal is to continue the current cooperation in 3 to 5 years and to maintain the existing agreements. In addition to this stable basis, we hope that other organizations will participate. Together with several organizations we want to create a stable, low-threshold offer that is continuous and not dependent on temporary subsidies.

Together with several organizations and the municipality of Almere, these is already being discussed. At the moment, this project only takes place in Almere, however, we would like it to apply to the whole of Flevoland and perhaps even beyond in five years' time.

Conclusion

It has become clear to us that good cooperation requires a lot of personal contact and understanding for each other's interests and principles. It also requires a clear commitment from everyone involved, not only in management, but also at the implementation level. In addition, properly establishing a common goal is important. All parties have their own focus and interests, but it has been shown that it is important to regularly reflect on the common interest.

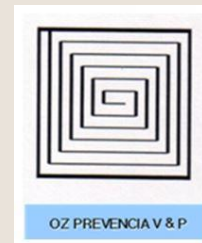
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MTD in Slovakia:

They see what the difference look like!

In Slovakia, the MTD project focused on implementing a mentoring approach as a low-threshold offer for children from families with addiction issues.

In the detailed picture, we (V&P Prevenca) provided contact between mentors and two children, who meet each other on a regular basis. From the broader perspective, the point is to give children some private space in a completely new relationship with mentors, so they can spend their time, talk and do whatever they feel like with the company of socially competent, sympathetic young adults. From a closer perspective, the point is to give children an opportunity to enjoy relational privacy which can be valued for them, since these children are growing up in a big family, where this privacy is mostly needed and valued.



Introduction

Prevenca V&P is the coordinator of the MTD project in Nitra, Slovakia. We cooperate with partner organisation BUDÚCNOSŤ n.o. in Nitra, in searching for clients suitable for joining this program. We were also communicating with the local university in order to find suitable volunteers, mentors that can accompany selected children in the program.

Our focus in MTD project

Our focus is to create a system of support for tandems of children and their mentors. That means to create a platform for sharing and communicating the needs of children, their parents and mostly the mentors, since the mentors are the key players in creating safety and trust in this new relationship. From that point of view, our position is also to create safety and trust in relationships with mentors, in order to support their truthful and honest reflection of their weaknesses and strengths. Only that way we can give them feedback and turn our cooperation into the learning process.

Actions & solutions

We contacted the head of the partner organisation, talked about their clients and selected those, who were suitable for the program – the clients have children at the age of first level elementary school students. Then we contacted the university in Nitra in search for suitable mentors. After we found both children and mentors, we organised mutual meetings and provided contact between children and mentors. With the help of the parents, we set up rules of communication, frequency and place of meetings. After

that, we left the tandems themselves to manage all practical aspects of the meeting. It is now working for three months with our support. We received feedback from both sides (family and mentors) and can say that the program is running pretty fluently and easily. Thanks to a natural matching process – influenced by common interests, previous experience of mentors with children of similar age, compatible temperaments and so on.

The tandems are spending time together with enthusiasm on both sides. We think that both mentors and children are satisfied and happy to be in the program. We will see how their relationship will continue to develop in the future.

Vision

Our long-term goal is to support the relationships as much as we can to help the children and mentors create the habit of the meetings. To create a trustful, close and stimulating relationships, so that after our “institutional” support will come to an end, the children, parents and mentors will still be willing to meet each other without our supervision. In other words, we hope that the relationships will become organic and spontaneous. So both, in the 3- or 5-year horizon we will be glad to receive spontaneous updates from the mentors or family on the relationships and how they are doing.

Conclusion

Looking back on what we have done so far, we have to say, that it surprises us personally, how simple it is to start this kind of program. We are grateful for the support and inspiration from the more experienced colleagues from other countries and for the support of the whole Make the Difference project.

Our advice is: *“Consult with others, do not be left alone in that, keep your courage in bringing something new to freshen up the “old” structures of social service system.”*

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MTD in Slovenia:

Family and addiction – Preventive program for children

The aim of the prevention program for children in Slovenia is to provide support and assistance to children aged 6 to 15 (attending elementary school) who have been identified as a vulnerable group because they are growing up in families where the parents abuse drugs, alcohol or pills or are in medical treatment for drug, alcohol or pill abuse.

Our goals were:

1. Establishment of continuous cooperation between two organizations (National institute of public health and Center for social work)
2. Establishment of network and structures of cooperation between different institutions (where early identification and support for children and families can take place)
3. Bringing the subject of this vulnerable group to the fore by educating professional and broader public
4. Establishment and implementation of mentoring approach JAZ in TI – MI ("I and you - WE") for children living in households with addiction issues.

In this way, we can improve children's psychological resistance and other protective factors for healthy development.



Introduction

The **National Institute of Public Health (NIJZ)** is the central institution in the field of public health in Slovenia. The main purpose of the Institute is to study, protect and increase the level of health of the population in the Republic of Slovenia by raising population's awareness and developing preventive measures. The NIJZ is the coordinator for MTD in Slovenia.

The **Center for Social Work Maribor** is a public social welfare institution for the performance of social welfare activities. The fundamental task of the Center are to organize and carry out activities that prevent or eliminate social difficulties of individuals, families and special groups of the population, and to coordinate social actions in the local environment, especially by cooperating with governmental and non-governmental carriers of social welfare programs. The Center serves as the expert co-implementer of the MTD project.

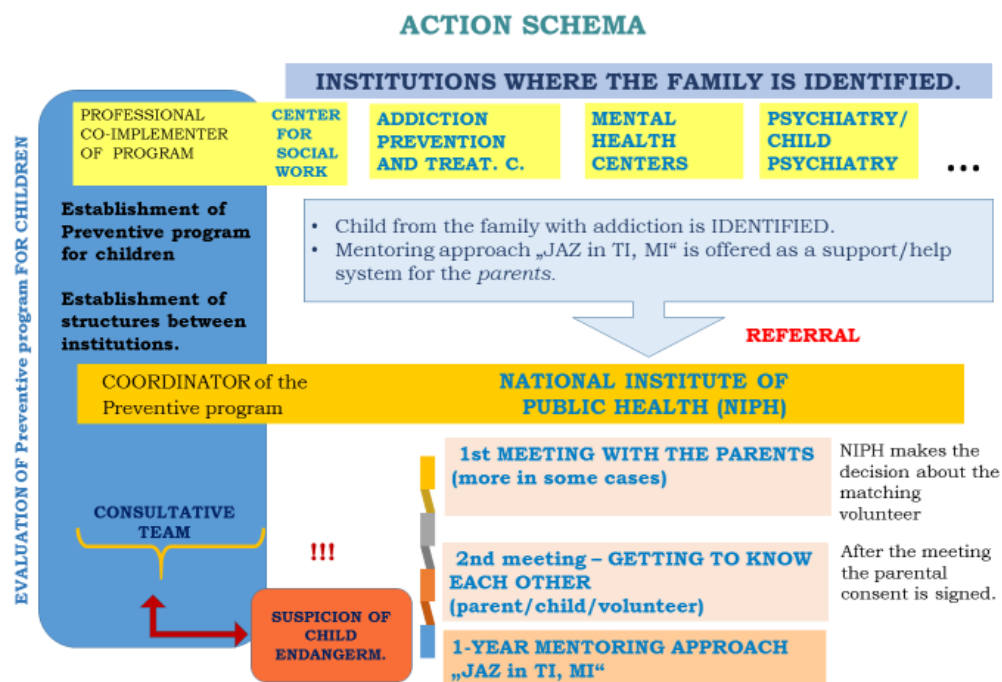
Our needs and focus in MTD project

Our main focus in MTD was the identification of children aged between 6-15 years from families with addiction issues, addressing issues they might have and giving them the proper help. Therefore, another target group were the professionals working with families and small children with the goal to empower them for being sensitive to this vulnerable group. A third target group were the volunteers for the mentoring approach »Jaz in TI - MI« (following the approach of Baloo and you), which was challenging and gave us new insights in how vulnerable these children are and how important the recruiting process for the volunteers must be.

Actions and solutions

Strategies to achieve the goals included creating a binding cooperation agreement between the institutions, promoting early identification and treatment, as well as implementing a mentoring approach, raising professional and general public awareness and work on reducing stigma of addiction.

One of the key tasks and activities of the project was to create a good, collaborative relationship between the institutions and **define an agreement** that would cover the important objectives of the project. The agreement covered the following points: Institution involved, purpose/goal of preventive program, Target group, action scheme of the preventive program, protocol of action in case of child endangerment, tasks and responsibilities, ethics and evaluation.



Action Schema, Slovenia (NIJZ).

It was important for us to specifically define how experts of our two institutions should work together and maintain a relationship that will ensure a successful achievement of the objectives. The tasks and responsibilities of both institutions defined in the agreement included:

- Permanent provision of staff members (experts) of both institutions on the project
- Regular meetings once every three months
- We defined the importance of respecting the professional identity and professional autonomy of all experts involved and emphasizing the work in accordance with individual codes of professional ethics of the profession and the code of ethical principles in social protection (under section "Ethics" in the cooperation agreement).

Another important part of the project was the education of experts working with children and families with addiction.

Concept of the training for professionals

Goals of training

- imparting specific knowledge in the field of addictology and child protection
- helping professionals adopt an appropriate attitude and increase their sense of self-efficacy
- addressing and resolving their dilemmas and fears in their work in the field of drug abuse/addiction
- sensitization for early detection (child reflex) and assistance to adolescents who have already started experimenting with drugs

Form of the trainings

- small groups of professionals (10-12 people)
- participant meet three times (each time 3-hour training) = altogether 9h training
- interactive form of work
- use of different methods: combination of lecture and guided discussions, case method, learning through stimulation (through the role play)

Results

In Slovenia, we succeeded in building a deeper understanding and knowledge of both organizations, an accepting, understanding and destigmatizing attitude towards drug users, greater sensitivity towards children from families with addiction issues and a training program for professionals working with families and individuals with addiction issues.

Our VISION

Our vision for the future is to maintain a good cooperation between organizations, to jointly prepare annual professional meetings on the topic of helping children from families with addiction issues, and to strengthen the awareness and knowledge of experts so that they will be more sensitive and equipped to act in this field.

Conclusion

To support children from families with addiction issues, to make them visible and recognized as vulnerable, we need a unified approach and response from professionals. They need to be sensitive, knowledgeable and skilled in addressing addiction. Establishing a strong network of institutions through collaboration is crucial. The "Make the difference" project emphasized involving stakeholders from the beginning and prioritizing fundraising. Finally, we need to emphasize the importance of raising awareness for the children and families at the national level and put the topic on the agenda.

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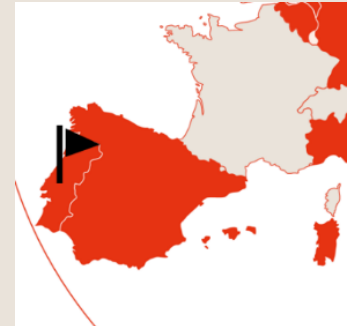
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MTD in Portugal:

IREFREA, Child Protection Services and Schools together for children welfare



- By implementing the MTD project, Portugal has the opportunity of providing professional education in order to respond to adverse childhood experiences at home and ultimately preventing mental health problem and the reproducibility of addiction.
- The reunion of two different areas (drug addiction and child welfare) made us improve the solutions added to families who have addictions. The possibility to share methodologies of work, try other techniques and involve other stakeholders was a way with ups and downs, but really fulfilling to everyone involved in this experience.



Introduction

IREFREA network was founded in 1988 with experts from several European countries and it is one of the oldest professional drug networks. The Spanish group has had the scientific leadership of the different research projects since the group's initiation. The areas covered by IREFREA include alcohol and drug prevention (research, evaluation and programme implementation) covering questions like risk factors, risky behaviours, related violence and programmes efficiency among others.

Our needs and focus in MTD project

Growing up in a household with addiction problems can lead to future mental health problems. "Make the difference" (MTD) joined IREFREA's prevention experts, Child Protection Services (CPCJ) and Primary Schools to improve children welfare, mainly those who live with addicted parents.

The project took place in Coimbra and began in 2021 with meetings to present the project to colleagues of the CPCJ who immediately got involved as the MTD project corresponded to their needs. The CPCJ assists several families with children living in households with addiction issues. However, they perceived this as late intervention. They also had no fitting offers for the children. In their opinion, early identification would prevent the endangerment of the welfare of children living in households with addiction issues.

Furthermore, in our region, addiction services normally do not address the topic of children and parenting, because the focus is the person with the addiction disease. We are also not aware of group offers for affected children or any guidance about how to implement a cooperation in-between addiction care and child protection services.

Actions & results

Considering these needs, a binding cooperation agreement was prepared. Among others, CPCJ's team also includes professionals from the Primary Health Centre and schools. Therefore, in order to ensure early identification and by that make preventive actions more effective, the cooperation focused on schools as the main structure where affected children can be identified.

Meetings between IREFREA and CPCJ were aimed at raising awareness about violence against children living in households with addiction issues (physical and psychological violence directed at them, or neglected children). Furthermore, professionals were qualified in order to increase their capacity to identify children living in households with addiction issues earlier, improve care for those children and act with an integral approach to prevent the endangerment of child welfare.

After the signature of the cooperation agreement we started to live that cooperation. Together with the schools we tried to implement a mentoring approach as a low-threshold offer to promote positive relationships to stable adults as a protective factor. We recruited and built capacity of 12 university students as mentors, and the school identified 3 children living in households with addiction issues. Unfortunately, the parents did not consent to their participation in the mentoring programme and therefore the mentoring unfortunately was not as successful as we had envisioned.

Conclusion

For the Portuguese context, MTD offers an integral approach, promotes early identification of affected children and encourages synergies. MTD provides the opportunity to provide professional education in order to respond to adverse childhood experiences at home and ultimately preventing mental health problems and the reproducibility of addiction.

However, their needs to be more investment in the call to action of the various support systems to use (or create) offers for the children at an early stage, and to allocate resources efficiently. Secondly, do not overlook expectation management, since we are dealing with such a vulnerable group.

The best advice our team can share is to keep up the communication between your teams and stay creative concerning people and organizations that could join your projects and add to your ideas and knowledge.

„This project as had a major impact on the way families and children are identified and really connected fields that were not involved in the past. New connections really do lead to better work, and therefore, to a safer world for these children.“

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