



Building Bridges of Support

Make the difference

A Collaborative Path of Different Help Systems to Empower Families with Addiction Issues






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




A guide towards a cooperation agreement between help services developed in the EU-funded project "Make the difference – Together for child protection in families with addiction issues!"

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1. Introduction

1.1. Background and context

Children growing up in families with addiction issues are exposed to various risks (Velleman & Templeton, 2016) and it is a challenge for professionals across all fields, disciplines and institutions to identify and support these children early on (Bella Donna, 2015). Cooperation between addiction care services, youth welfare and social services is necessary as families with addiction issues are usually noticed by these services. The healthy development of children of parents with addiction or using drugs is a priority concern of both youth welfare and addiction care and this task can only be accomplished through collaborative efforts.

To date, however, there have been few binding cooperation agreements on child protection in families affected by addiction between support services in Europe and, despite some established help offers in several EU countries, there is still a lack of comprehensive care, permanent funding and low-threshold access to support offers.

Children and adolescents often receive help only when they exhibit developmental and behavioral problems (Kölch et al. 2014). Seeking help and approaching authorities such as the youth welfare office can be associated with “lack of information and shame” for families with addiction issues (Council of Europe, 2022: 37). Therefore, support and assistance must be easily accessible, non-stigmatizing and free from major bureaucratic obstacles.

The Council of Europe (2022: 17) highlights the insufficient integration between social services, child protection and treatment services which hinders the support processes for the children.

To address this, cooperation agreements are crucial as they define the legal basis for working together with other organizations, facilitating efficient work (Interpol, n.d.) and providing assistance to families and children in need, especially when resources are limited.

The Council of Europe further emphasizes the importance of guaranteeing local services’ capacity to address vulnerabilities of children and families, consider parental drug use and work co-operatively with other services, e.g. through the development of protocols (Council of Europe, 2022: 85f.).

Collaboration of different help sectors has great potential for change and, at the same time, great challenges. It requires all parties to prioritize the broader common good over narrow organizational or sectoral interests (University of Kansas, n.d.). Developing binding cooperation is a time-consuming and effort-intensive process. Simply setting up and signing an agreement is not enough; the cooperation has to be constantly maintained, with regular reviews and modifications.

There is no one-size-fits-all solution to help children and families affected by addiction (Council of Europe, 2022: 84). Instead, a joint process of developing an individual cooperation agreement tailored to specific needs and available resources is essential to increase commitment and ensure continuous implementation. This guide aims to assist help services in the development of such a cooperation agreement.

1.2. Purpose of this guide

This guide is designed for professionals working with families with addiction issues from various help systems, e.g. addiction care, social services or youth welfare who consider a cooperation with another organization concerning these families.

The guide is intended to provide a comprehensive and practical resource that supports multiple help systems in a collaborative process to create a binding and tailored cooperation agreement. It further aims to:

- Encourage collaboration and cooperation between different help systems, in this case specifically addiction help services and social services or youth welfare services. The guide highlights the benefits of working together and emphasizes the shared responsibility in supporting these families.
- Increase awareness and understanding among the involved parties about the challenges and complexities faced by families dealing with addiction issues. “Give visibility to the children” (Council of Europe, 2022: 12).
- Promote knowing, appreciating and using the expertise, competences, and resources of the other help system and by that promote synergies.
- Provide a structured framework and step-by-step guidance for the development of a cooperation agreement. This guide assists in defining roles, responsibilities, and processes and points out relevant questions to ask and discussions to engage in.
- Promote commitment and dedication of the organizations involved in the cooperation agreement. By highlighting the value of joint development and emphasizing the benefits for the children and families, this guide aims to increase motivation and engagement in the collaborative process.
- Ultimately, the guide aims to contribute to reducing harm such as health and development risks for children from families with addiction issues, to identify them (earlier), to promote the interlocking of the areas of help and to give the professionals confidence to act and make decisions.

The guide was prepared as part of the EU-funded project [Make the difference – working together for child protection in families with addiction issues](#) and tested in practice by professionals from addiction support and youth welfare/social services. Their practical experience has been incorporated throughout this document.

More information about the [Make the difference](#) (MTD) project is available on the project website¹, including a description of the implementation of the project for each of the 12 partner countries².

Although the guide focuses on cooperation concerning families with addiction issues, this can easily be adapted to other areas of cooperation.



**Make the
difference**

¹ www.euronetprev.org/projects/makethedifference

² <https://www.euronetprev.org/projects/makethedifference/mtd-countries/>



“The Make the difference project has brought more awareness to our employees regarding the problems facing children of parents with addiction and the help that is available for them.”

– Behavioral scientist, Safe at Home, the Netherlands

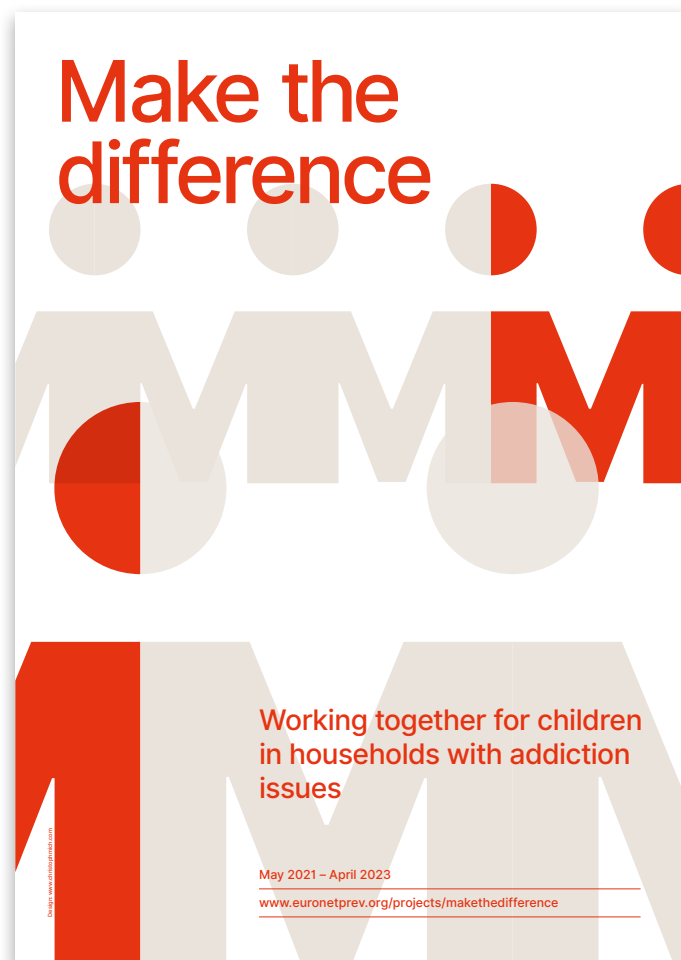
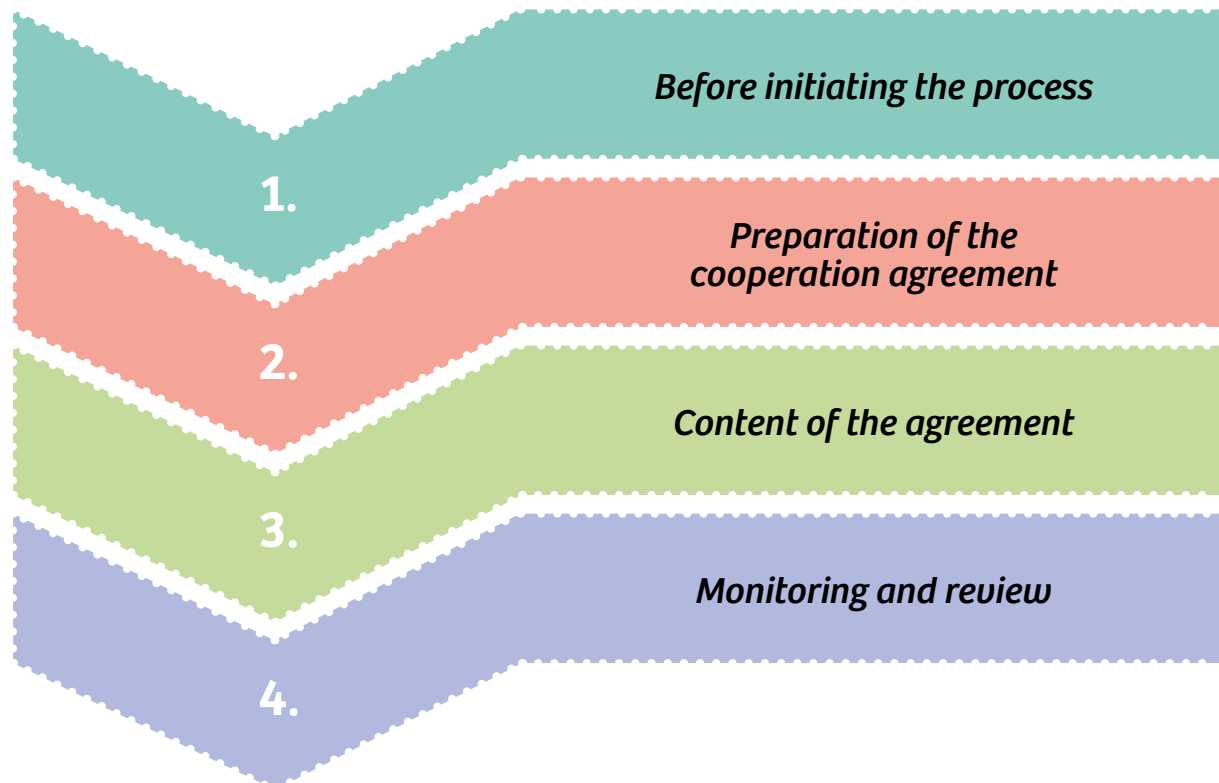


Figure 1: Make the difference Flyer by Christoph Mich.

1.3. Phases of a sustainable cooperation

The guide consists of four chapters, each outlining a specific phase of a sustainable cooperation built upon a formal cooperation agreement.



2. Before initiating the process

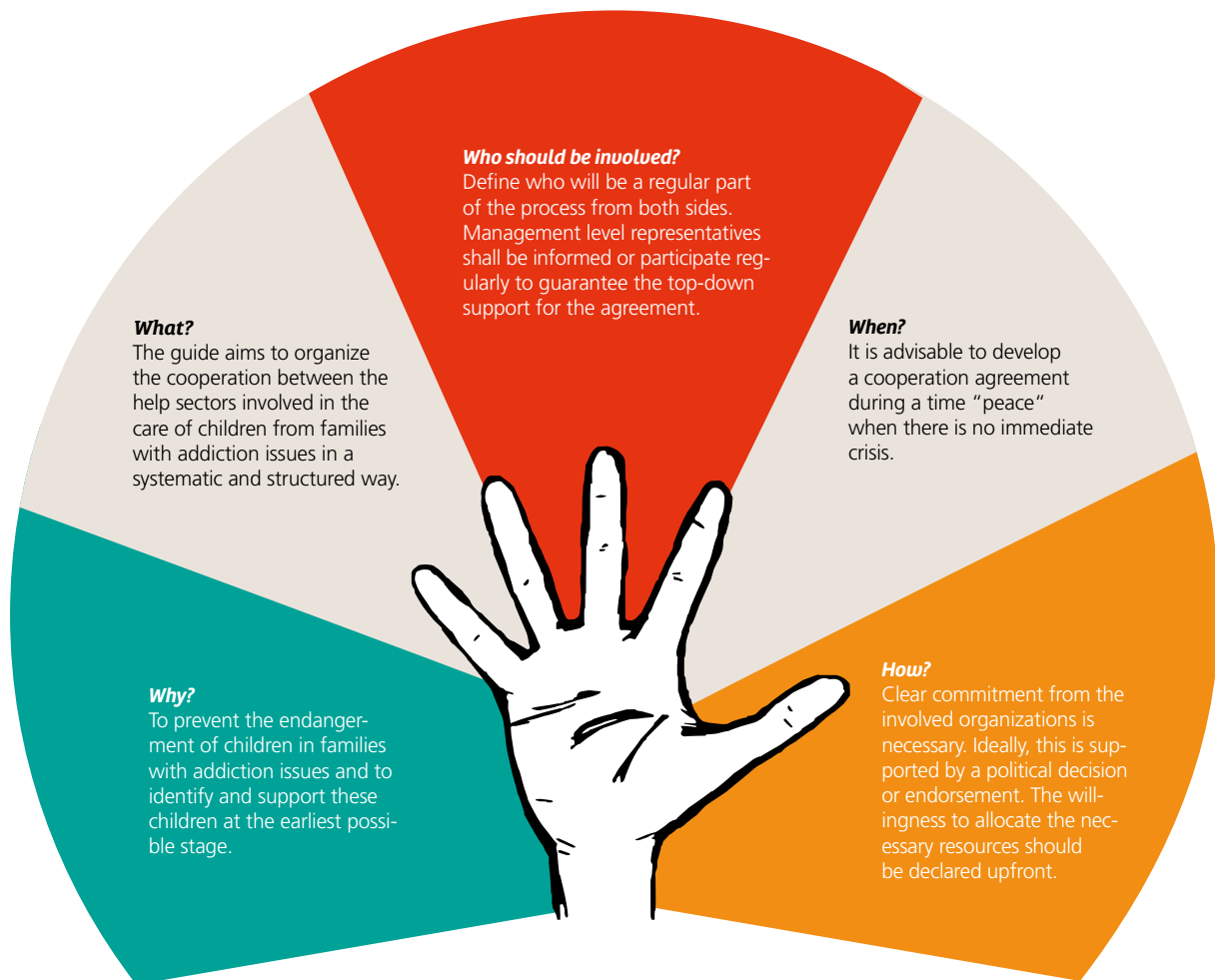


Figure 2: Considerations before initiating a cooperation process (LWL, based on 5-finger-method by Hanau & Engelage-Meyer for Conceptboard)

Situation analysis

Generally, before initiating a cooperation, a small-scale situation analysis should be done to get an overview of the situation, of the actors in the field and existing offers. Answering the questionnaire in attachment will provide a good start to the process and might provide answers concerning the right cooperation partners. ➤ **chapter 7.1**

Before initiating the process of preparing a cooperation agreement, the following questions should be answered (compare **Figure 2**):

- **Why?** Understanding the purpose and rationale behind the cooperation agreement is crucial. In this case, the goal is to reduce the harm to children in families with addiction issues and, in the best case, to prevent them from being at risk. To do this, they need to be identified and supported as early as possible.

“A child should never be collateral damage of addiction.”

– Cooperation partner, Slovenia

- **What?** Clearly defining the scope and purpose of the cooperation agreement is essential. Here, the purpose is to organize the cooperation between the areas of help involved in the care of children from families with addiction issues in a systematic and structured way.
- **Who?** Choosing the appropriate cooperation partner for your organization is crucial. This decision should be based on compatibility, shared objectives, and the ability to work together effectively. The key participants and stakeholders in the cooperation agreement should be determined from the beginning, including representatives from both sides who will regularly engage in the process. Management representatives should be involved or informed to ensure top-down support and commitment. **Roles and responsibilities** of participants should be clearly defined to ensure an effective collaboration.
- **When?** It is advisable to develop a cooperation agreement during a time “of peace” without an immediate crisis. This allows for careful planning, collaboration, and the allocation of necessary resources without the pressure of an ongoing emergency. It needs to be understood that this process will take time and the persons involved might need to be patient.

“Slow down, to go faster.”

– Local cooperation partner, Slovenia

- **How?** Before starting the process, a clear commitment from the involved services or organizations is needed. Ideally, this commitment should be supported by a political decision or endorsement. Additionally, the willingness to allocate the necessary resources should be declared upfront.

Success factors for a successful cooperation³

By considering and implementing the following principles, cooperation agreements can be established on a solid foundation, promoting effective collaboration and achieving mutually beneficial outcomes:

- 1. Mutually agreed action:** Cooperation is based on jointly agreed action, where all participants are willing to take part and contribute.
- 2. Joint process:** The development of a local cooperation agreement benefits from a joint process that includes all institutions or authorities involved. This process helps create familiarity and mutual support among the different systems.
- 3. Mandate and mission:** The authority responsible for child protection should actively recognize and address issues related to consumption and consumption-related problems. Their mandate should explicitly include the perspective of child protection in such cases.
- 4. Decision-making:** Clear decisions need to be made by the responsible body or institution to facilitate the necessary processes.
- 5. Resource allocation:** The management must allocate resources to support the structural and staff development required for effective cooperation. This includes designating responsibilities, providing necessary contact persons, and ensuring sufficient resources are available.
- 6. Attitude of acceptance and respect:** Successful cooperation requires an attitude of acceptance and mutual respect.
- 7. Clear goals, roles, and responsibilities:** Clearly defined goals, as well as negotiated and mutually agreed **roles, responsibilities**, and liabilities, are essential for successful joint action.
- 8. Continuity and commitment:** Continued commitment and dedication are necessary during the development, implementation, and maintenance of cooperation. This ensures that joint action is practiced and sustained over time.
- 9. Agreement on expectations and benefits:** Cooperation partners need to align their **expectations** and have a clear understanding of the benefits each party will derive from the cooperation.
- 10. Self-interest and mutual benefit:** Each cooperation partner should have a clear understanding of the benefits they will gain from the cooperation. Recognizing self-interest promotes credibility and long-term sustainability, with each partner contributing and benefiting.
- 11. Recognition and acceptance of differences:** It is important to acknowledge and accept differences among cooperation partners, as this helps create a framework for shared experiences and effective collaboration.
- 12. Opportunities and space for professional exchange:** The professional

³ In 2015, the German institution Bella Donna has published a guide for the development of a cooperation agreement between addiction care, youth welfare and medical care. The success factors listed are partly based on the success factors defined by Bella Donna.

requirements that arise in working with families with addiction issues are highly complex and require the bundling of professional expertise via formal and informal exchange (Prop e.V., 2019).

13. Building on existing structures:

Rather than creating duplicate structures, it is advisable to leverage and build upon existing structures, connecting with other organizations and learning from their experiences. This approach avoids wasting resources.

14. Working on structural aspects: Establishing confidence and enabling professionals to act requires willingness to invest effort in developing protocols and supporting structures. ➤ **chapter 3.6**

15. Qualification and competence: Professionals involved in the cooperation need to be qualified and competent in identifying potential risks and understanding the effects of specific issues. ➤ **chapter 3.7**

16. Self-reflection and attitude: It is important for professionals to engage in self-reflection, clarifying their own attitudes and biases. This self-awareness enhances their ability to assess situations accurately and respond appropriately in a non-stigmatizing way. ➤ **chapter 3.4**

17. Systematic development, preparation, and ➤ evaluation: Cooperation should be systematically developed, prepared, and periodically evaluated or reviewed to enhance its chances of success and allow for further improvement.

“Trust in the process; it takes time and effort & lots of frustration, but it’s worth it”.

– Cooperation partner, Slovenia

Communicate to decision-makers

To ensure the support of decision-makers, management on both sides should be constantly informed about agreements, decisions and the process. Management will either be signing the cooperation agreement or transporting it and its implications to the next level and/or policy makers. If it adds value and strengthens the support, management can actively participate in work meetings.

When reporting about the cooperation agreement, an action plan or a broader vision, it is important to know the audience and tailor the communication towards them. By that, it should be differentiated between different kinds of decision-makers as they have different needs and preferences in what they want to hear and how they want to receive the information. Here are some recommendations:⁴

⁴ Recommendations are based on:

<https://www.duarte.com/3-ways-to-effectively-communicate-to-different-types-of-decision-makers/>

- **Peers, team members, colleagues:** Rather use familiar language; use the visual and verbal shorthand your team uses on a day-to-day basis.
- **Managers:** Prove your point and do your research. “Managers must be confident that recommendations are well-informed and defensible”.
- **Executives:** Make your recommendations “brief, logical and rigorous” and “get to the point”.⁵ They can be the toughest audience and will not have a lot of time to dedicate to the issue. Questions and interruptions should be expected.

Involved parties & stakeholders

This paragraph highlights the parties and stakeholders that should be involved in the cooperation.

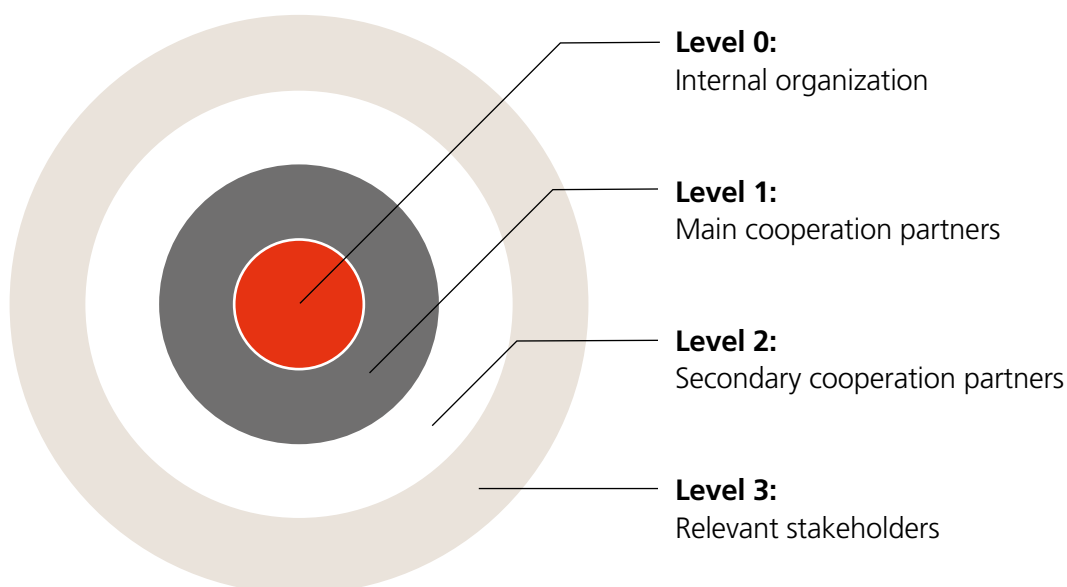


Figure 3: Different levels of cooperation partners (LWL).

By involving the appropriate parties at each level, the cooperation agreement can benefit from a wide range of expertise, resources, and support, creating a more comprehensive and effective response to the needs of families with addiction issues.

Level 0 – Internal organization: Begin within your own organization. Identify colleagues who need to be informed, involved, or engaged in specific tasks related to the cooperation agreement. Inform management and executives. Utilize the resources and expertise available within your organization to support the cooperation goals.

⁵ <https://www.isemag.com/professional-development-leadership/article/14267374/communicating-to-decisionmakers>

Level 1 – Main cooperation partners: This includes the primary cooperation partners who are actively working towards signing a binding cooperation agreement. In the context of the [Make the Difference](#) project, these partners would typically be the addiction care sector and the youth welfare or social services, whoever is responsible for child protection. They play a central role in the cooperation and collaborate closely to establish the agreement.

Level 2 – Secondary cooperation partners: These are additional organizations and stakeholders that play a supportive role in the cooperation. Examples include primary schools, health authorities, and medical care institutions. They contribute to the cooperation by referring families or children to appropriate care, identifying at-risk individuals, and offering necessary treatment or support services.⁶

Level 3 – Relevant stakeholders: This level includes stakeholders who have an interest in the topic and can support the cause through their channels or influence **decision-makers**. This may include individuals or organizations involved in public relations, policy makers, politicians, and other influential figures who can advocate for the cooperation and help drive necessary changes.

Recommendations



- ✓ *Assess existing connections and identify gaps. This analysis helps to ensure a well-connected network of relevant stakeholders who can contribute to the success of the cooperation.*
- ✓ *Explore any previous collaborations among the involved organizations. Understanding past experiences, successful partnerships, and challenges can provide insights into building effective cooperation for the present initiative.*
- ✓ *A visual mind map can be helpful to get an overview.*
- ✓ *Start with a feasible number of actors and gradually expand the involvement based on a local situation and network analysis.*
- ✓ *Decide who will be responsible for approaching these actors. This can vary depending on the specific context and existing protocols.*
- ✓ *To raise awareness and engage stakeholders, the plan to establish collaboration between services should be communicated externally.*

⁶ General practitioners, gynecologists, (social) pediatricians, psychiatrists and psychotherapists, institutional outpatient clinics, substituting doctors, care clinics, public health services (prenatal care, early child detection examinations, school entry examinations). But also day-care centres, family centres, schools, social welfare offices, job centres, police, self-help groups, residential groups, etc.

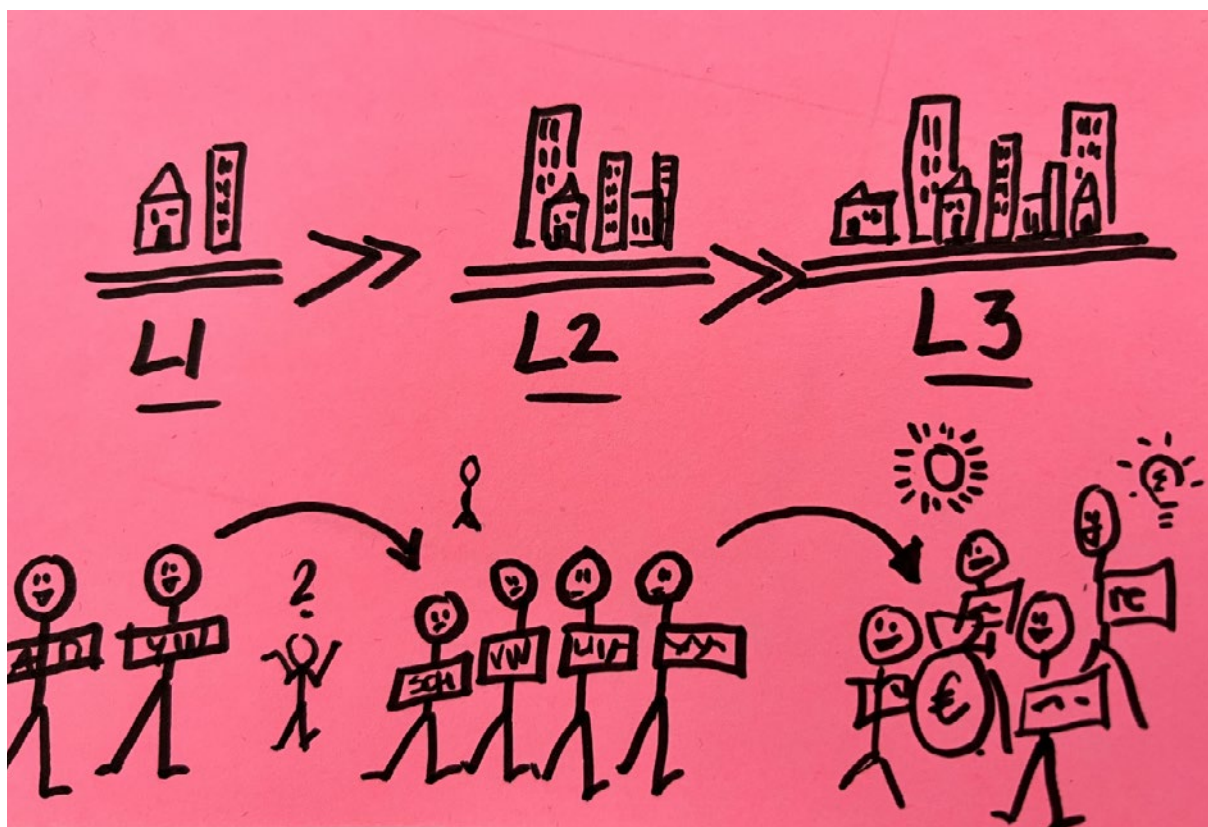


Figure 4: Primary & secondary cooperation partners & stakeholders (Integra Limburg/Zorggroep Zin, Belgium)

3. Preparation of the cooperation agreement

Chapter 3 highlights relevant aspects to discuss in the process towards a cooperation agreement. Cooperation partners should aim to find understanding and common ground. By following this joint process, exchanging views, learning about each other's field of work and system logic, commitment and dedication will be promoted.

Aspects to discuss in the process of preparing a cooperation agreement

1. *Scope of the cooperation*
2. *Synchronizing definitions*
3. *Rules, roles and responsibilities*
4. *Stigma-reducing attitude*
5. *Perspective of the target group*
6. *Processes and supporting instruments*
7. *Standards for staff qualification*

"Working through the guide (and following each step of the process described without skipping one!), made the actual writing of the agreement an easy and natural result of the whole effort!"

– Prevention expert, Athina Ygia, Greece

Instruction

Sufficient time should be dedicated to each of these aspects. Some of them will take longer to discuss (and agree on!) than others. In the MTD project, it has proven to be beneficial to dedicate a separate meeting to the discussion of a specific aspect for the cooperation to be able to fully focus on that. It is recommended to discuss those aspects face-to-face. All meetings need preparation and follow-up. **Figure 5** lists recommendations on what to prepare for the first meeting and all meetings.

The order in which the aspects are discussed is flexible and can be adjusted to individual needs and preferences. However, the first and second topic should be discussed in the beginning. None of these aspects should be skipped, however, further topics can be added.

Preparation for the first meeting

- Prepare information about your own organization (structure, tasks, responsibilities), your target groups and your help system in general for the cooperation partners. Ask them to do the same for you.
- Send the cooperation partners material and links to relevant social media channels.
- Prepare statistical information as well as information to engage emotions on the other side (case examples, film, songs, pictures).
- Do your own research about the other organization(s).

Preparation for every meeting

- Look at to dos and agreements made in previous meetings.
- Read the respective chapter of this guide and prepare the content for the meeting.
- Define a facilitator, a time keeper and a person who documents agreements, to-dos & next steps, set the agenda.
- Organize the meeting: date, room, technical equipment, catering, material.

Figure 5: Preparation for meetings (LWL)

“Several meetings are needed to get to know each other, to speak the same language, to start efficient work on creating a strong bond in the form of an agreement and to involve other partners in creating a sustainable and lasting help offer for this target group. Sometimes you feel like you are stuck and not going anywhere, but my advice would be – just do not quit and keep going, as things come together in the end.”

– Project partner, NIJZ, Slovenia

Chapters 3.1 to 3.7 go into detail on the aspects to discuss between co-operation partners. Every chapter includes goals, key questions, aspects to document for the cooperation agreement and further recommendations.

3.1. Scope of the cooperation

"I have learned a lot about the work of our cooperation partner. I have to admit that some of my previous assumptions were not accurate. Also, we realized that our expectations towards the cooperation were not realistic. We agreed to focus on basic aspects for now and continue to re-evaluate our goals on a regular basis."

– Addiction counsellor, Germany



Goals for this chapter

- Get to know each other & start building trust.
- Gain knowledge & understanding about the other field of work, its system logic & legal basis.
- Close knowledge gaps about the other help system.
- Align expectations towards the cooperation & promote transparency.



Mutual expectations of the organizations and individuals involved in the cooperation are natural. However, it can lead to problems if these expectations are diffuse, not expressed or not checked for their feasibility. Clarifying these expectations helps to avoid disappointments between the cooperation partners.

Furthermore, professionals often know little about the other help system and its system logic. This chapter helps to establish a basis for cooperation, to get to know each other and align expectations.

"It is very important to know the structure and the responsibilities of the other organization."

– Catalanian project partner, Gencat



Key questions:



- What does the other organization do?
- What is their mandate and governance structure?
- Which legal aspects are relevant for our cooperation?
- What services are available for families with addiction issues and what is missing?
- When is a child's security at risk?
- What expectations do we have of the cooperation?
- What will be the overall goal of our cooperation, what will be short-, medium- and long-term goals?

Agenda

Get to know each other

- Who is participating with what role and task?
- Share experiences with working with families with addiction issues: Do the professionals in addiction care keep an eye on the children of their clients? Have parents been supported by the youth welfare professionals?
- Get to know each other informally & establish contact.

"First contact, then contract!" – Rik Bes, MI trainer

Learn about the respective areas of work

- What are the respective tasks?
- What is the overall goal of your fields of work and your organizations?
- What legal basis are both sides working on?
- What are the structures and framework of the help systems and organizations?

"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."

– Project partner, Tactus, the Netherlands

Agenda

Existing help offers

Get an overview of existing services for families with addiction issues (for children and parents) and identify unmet needs. Make sure that the offers meet professional standards. Together, have a look at the **questionnaire** in attachment and answer the questions:

- Which support options are available?
- Which are missing?

Expectations for the cooperation

In the MTD project, the overall aim has been to identify children from families with addiction issues as early as possible and to provide suitable help offers for the children and the whole family.

- Discuss what you expect from the cooperation. Should the cooperation entail for instance joint risk assessments, consultations, transfer of clients, joint case discussions, regular obligatory meetings, etc.?
- Beware: Unrealistic expectations can lead to disappointment.

Consider making the agreement about supporting the whole family, including offers for children as well as joint offers for parents and children (e.g. promotion of the parent-child relationship, parenting skills, etc.) and offers for the parent (therapy offers, self-help groups or outpatient offers. Also address harmful consumption, not only manifested addiction.

Objective

To define an objective for the cooperation, discuss the following questions:

- What is required for basic care for a child?
- What is the definition of "basic care"?
- At what point is basic care no longer guaranteed and does that automatically pose a threat to the safety of the child?

The agreed **definition** provides an orientation that is measurable, verifiable and aligned, i.e. the same criteria apply to everyone.

Exemplary objectives for a cooperation agreement:

- "Promoting the healthy development of children from families with addiction issues" or
- "Preventing harm of parental substance use to children".

Agenda

Target groups

Clarity and mutual understanding is crucial for the cooperation. Therefore, discuss your target groups:

- Does your cooperation include pregnant women/expecting parents?
- Do you include parents with other mental illnesses?
- Discuss different age groups of the children as different laws might apply.

Governance and legal aspects

Discuss the relevant legal issues and their meaning for your collaboration:

- Legal basis of child protection
- Regulation on data protection and storage of data
- How to deal with duty of confidentiality?
- When do you need the consent of parents?
- Who is (legally) responsible for which service?
- On what legal basis do you and our partners work?

“One of the biggest discussion points was the issue of privacy, caused by the different legal situations and regulations in the three different organizations”.

– Italian project partners, Forum Prävention

Plan further procedure

And the end of this meeting, plan the further procedure. Discuss:

- Who will participate in the following meetings?
- Who will organize the meetings?
- Are more than two organizations involved? In this case, installing a round table is an option. Another option is to install working groups to prepare specific aspects.

Document for the cooperation agreement



- Common expectations (lowest common denominator)
- Relevant legal aspects
- (Preliminary) objective and target groups for the cooperation agreement

Recommendations



- ✓ *"Take it slow. Trusting relationships take a while to develop."
"Establish one-to-one relationships and begin to build trust"
(University of Kansas, n.d.).*
- ✓ *Keep in mind what is feasible while developing a common vision.*
- ✓ *Highlight the benefits of a cooperation agreement between your organization and the partner organization and share them with your colleagues and management.*
- ✓ *Mutual observation: Work shadowing is a great way to get to know the field of work of the cooperation partner.*
- ✓ *In preparation for the **next chapter**, terms that need to be defined should be documented when presenting the areas of work.*
- ✓ *Be committed to these meetings and ensure that the involved persons have the necessary time resources.*

"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."

– German project partners, AWO Suchthilfe Siegen



3.2. Synchronizing definitions

Goals for this chapter



- *Gain mutual understanding of “child welfare endangerment”.*
- *Clarify relevant terms for the cooperation.*
- *Lay the groundwork for further discussion.*

The overall aim of the organizations participating in the Make the difference project was to prevent child welfare endangerment, to maintain child security and to prevent harm to children living in families with addiction issues. “Child welfare endangerment”, “child security” and “harm to children” are not legally sound terms that can be interpreted differently by different help systems, individuals and on a case-by-case basis (John, 2022).

One approach is to define criteria for the “basic care of the child” (LWL, 2018). If these criteria are not met, the child’s welfare is per definition at risk and further action has to be taken (**chapter 3.6**). To jointly define these criteria and find a common understanding is key.

Professionals from different help systems will have different understandings about certain terms or will not be familiar with them at all. Factors influencing different understandings include the professional background, the internalized logic of the help system and the culture of the organization. In order to ensure mutual understanding, professionals from different help systems need to get to know each other and each other’s area of work. ➤ **chapter 3.1**

Key questions



- *What is our common understanding of “endangerment of child welfare”?*
- *What are the criteria for the “basic care of a child”?*
- *Which terms need definition & which are relevant for our work?*
- *Where do our definitions differ?*
- *How do we make this list available to everybody involved in the cooperation?*

"It was so important to speak the same language. During synchronizing definitions of two different help systems, we learned about each other's work and way of thinking and it was a big challenge to get on the same page, but it was worth it."

– Project partner, NIJZ, Slovenia



Agenda

Make a list of terms to clarify

- If you prepared a list in the previous meeting, check those terms for need for clarification.
- Check the relevant processes for unfamiliar terms.
- Check exemplary glossaries as a start.

Specific terms for addiction care

Consider what the cooperation partner needs to know, i.e. addiction/prevention-related terms. Examples: "Addiction", "treatment", "counselling", "relapse", "prevention", "substance" ...

This can provide the first opportunity to raise awareness for stigmatization and promote using a sensitive language.

Specific terms for youth welfare/social services

In focus should be terms from the field of work that may need a definition, e.g. child protection, endangerment of child welfare, protection plan/concept, help plan, basic provision/care, child well-being, child welfare risk, help process, etc. It is of enormous importance that all those involved understand the same thing by certain (technical) terms.

Glossary

- Prepare a glossary of terms specific to the cooperation, share with all involved parties and add it to the final cooperation agreement.
- This is an example of an English glossary concerning child protection: <https://www.glasgowchildprotection.org.uk/index.aspx?articleid=2104>
- An exemplary glossary of addiction-related terms: <https://www.ncbi.nlm.nih.gov/books/NBK424856/>

“Most concepts are defined in laws or are widely described in literature... The important thing is: how do we interpret it, from which personal or service (social or addiction/health) perspective?”

– Catalanian project partner, Gencat



Document for the cooperation agreement



- Include the list of relevant terms as a glossary in your cooperation agreement.
- Agree how the list will be updated and shared.

Recommendations



- ✓ Check if the exemplary glossaries are suitable for you, e.g. in your country and language.
- ✓ Share the list of definitions with colleagues in your own organization who will be involved in the cooperation.
- ✓ Include this in on-boarding processes for new employees. ➤ **chapter 3.7**
- ✓ Continuously verify if you have the same understanding of relevant terms.
- ✓ Professionals from child protection/social services should receive basic qualification in addition whereas professionals in addiction care should receive basic knowledge in child protection issues. ➤ **chapter 3.7**

3.3. Rules, roles and responsibilities

Goals for this chapter



- › Define roles and responsibilities for the involved organizations and individuals.
- › Reach common decisions about the structural aspects and organisation of the cooperation.
- › Define rules for the cooperation.

This chapter addresses the process of the actual cooperation, i.e. how the cooperation will be implemented and “lived”. Again, to avoid unmet expectations and promote transparency, roles and responsibilities should be clearly defined. This chapter further addresses ground rules and a culture of the cooperation.

Key questions



- › Which roles and responsibilities need to be defined?
- › Who is in charge for which tasks?
- › What are ground rules for our cooperation?
- › How can communication work well among each other?
- › How will decisions be reached? How will conflicts be handled?
- › What kind of meetings are required and how often? Who shall participate?

Agenda

Within each organization

Each side should clarify structures, roles and tasks **within their own** organization first!

Roles and responsibilities

Define necessary roles, responsibilities and tasks within the cooperation, including the process towards the signature AND after the signature:

- Who takes leadership of the cooperation? Who makes decisions?
- Will there be a steering group?
- Will there be sub-groups for specific tasks?
- Meetings: Who organizes meetings? Who facilitates them? Who takes minutes and sends them to the participants?
- Who is the primary contact person in case of a risk situation?

Agenda

Rules and culture of the cooperation

Discuss potential rules for your cooperation! These can be individualized, should fit the type of your collaboration and can be shaped by the cooperation parties. Examples are:

- **Conflict resolving:** Different kinds of conflicts will most likely occur, e.g. about individual cases, communication to stakeholders, commitment to the cooperation, meetings, etc. While in preparation, it is advised to discuss how you can resolve conflicts or prevent them in the first place!
- To define a **code of conduct** for the cooperation can be helpful. This can include communication, attendance of meetings, etc. An exemplary code of conduct can be found in **> chapter 7.2**.
- **Promote a culture of collaboration and knowledge sharing** among staff members from different organizations or sectors involved in the cooperation. Encourage the exchange of best practices, expertise, and lessons learned to enhance the overall quality of services provided. New information should be shared on a regular basis, e.g. new official guidelines or legal changes, new methods or tools for talking to parents or children or for addressing the topic of addiction.

Ground rules

“Early on in the relationship, establish ground rules for the cooperation such as:

- How decisions will be made?
- Who will speak to the media?
- What should be considered confidential?
- How information will be distributed?
- The role of representatives
- Any other important procedural guidelines

Ironing out these policies early will prevent mistakes and misunderstandings. It is especially important to avoid any decision-making that goes on in unscheduled sessions at which all partners are not included” (University of Kansas, n.d.).

Agenda

Meetings

Regular meetings after signature of the cooperation agreement are crucial (formal and informal). As in the beginning, answer the questions for each meeting:

› Why? What? Who? When? How?

- **How often** do you need to meet and what is feasible? It is recommended to meet on a regular basis even if there are no current cases (e.g. once a month/quarterly/bi-annually).
- **Participants:** Discuss who will participate in which meetings.
› **chapter 3.3**
- **Content:** During these meetings participants exchange information and inform each other about changes / innovations. An option is to combine these network meetings with case discussions which can save time and resources.
- **Case discussions:** During case discussions, necessary measures or adaptations of measures can be agreed upon. If there is no release from confidentiality, anonymous case discussions can be held. Professional positions are explained and a joint approach is agreed upon.

Monitoring & evaluation

Regular feedback and discussion about the cooperation is necessary. Especially at the beginning, the cooperation agreement may need to be adapted or modified.

- Agree on a process for monitoring and review. › **chapter 5**

Continuity and sustainability

It is crucial to not just focus on short-term tasks and agreements.

- Discuss how can you ensure that the cooperation is not tied to specific persons but will be embedded in the structures of your organizations.
- Take time to develop a (common) vision for the cooperation and the situation of the families. Discuss what actions are needed to realize that vision one day.

Helpful tools for sharing & organizing tasks

- Research tools and templates for efficient meetings. An exemplary meeting canvas is provided in **chapter 7.6**.
- A digital Kanban board can support the collaboration, e.g. the distribution of tasks and keeping track of the process.
- Consider the recommendations for meetings in **chapter 2**.

“It is difficult to organize the response bearing in mind the different professional profiles and their different point of view. We built a lead group that coordinated the actions of different working groups.”

– Catalanian project partner, Gencat



Document for the cooperation agreement



- Identify and define the roles, responsibilities, obligations, contributions and commitments of each participating organization or individual.
- Address any specific requirements or expectations regarding leadership, decision-making, communication, or resource sharing.
- Discuss and define ground rules of your cooperation.
- Discuss the culture of your cooperation: How do you want to work together?

Recommendations



- ✓ Remember the success factors for a successful cooperation in
➤ **chapter 2** and ➤ **chapter 7.8.**

3.4. Stigma-reducing attitude

Goals for this chapter



- › Learn about the attitude of the other help system.
- › Understand that you might have different attitudes.
- › Promote a stigma-reducing attitude.
- › Come to the lowest common denominator for the cooperation.

Challenges and stigma

Reaching families with addiction issues is challenging because the threshold to seek help is high, especially for mothers. The burden of feeling unfit for motherhood due to addiction, combined with shame, social and self-inflicted stigma, the fear of having their children removed from their care, fear of criminalization and past experiences with stigma reinforces the reluctance to reach out for support (Council of Europe, 2023a: 13f., Council of Europe, 2022: 11). Children refrain from reaching out for help due to stigma and fear of family separation as well (Chen, 2022). Therefore, addressing attitudes and reducing stigma of addiction is vital in order to reach the families, identify the children and reduce harm to children caused by addiction.

Good enough parenting

It is important to be aware that “not all parents with dependence issues have difficulty caring for their children (EMCDDA, 2012: 7). Valentine et al. (2019) for instance describe a range of strategies of parents who use drugs to minimize risk of harm from drug use to their children. In the [Make the difference](#) project, the participants from both help systems and twelve EU countries have engaged in discussions about “good enough parenting”, finding consensus in the following statement: “Professionals should address parenting skills and support parents who use drugs or alcohol in being a good enough parent.”

Influence of individual attitudes and history

Working with families with addiction issues affects the personal value system of the

professionals like hardly any other topic.

Substance use inhibits a personal dimension, it is often part of cultures and everyday life. The respective biographical background, personal consumption history, and individual attitude towards substance use influence the daily work of professionals, often unconsciously. Professionals working in this field and with families with addiction issues need to be aware of the influence of their individual attitude on their work with the beneficiaries. Clarifying questions of attitude can bring internal clarity.

Transparency

Discourse within one’s own organization and with the cooperation partner about a common professional attitude in dealing with families with addiction problems and the creation of transparency is essential for good cooperation. Attitudes cannot be dictated, but by establishing clarity and transparency about the attitude specific to the organizations a) clients cannot play professionals off against each other, b) professionals receive security of action and c) quality criteria can be designed and implemented accordingly.

In this context, addiction support has the role of raising awareness of stigmatization of addiction and the associated negative effects. Discussing attitudes and reducing the stigma of addiction is crucial due to the challenges and societal perceptions mentioned above. Reflecting on one’s own attitude, **acquiring knowledge about addiction** and taking the family context into account can help to develop an attitude that is conducive to the target group.

“Parenting is never perfect but should be ‘good enough’, i.e. basic care of the child is guaranteed and sufficient opportunities for bonding are provided.”

– Belgian project partners, Integra Limburg



Key questions



- *Self-reflection: What is our own attitude towards caregivers with addiction issues and what is the overall attitude within our organization(s)?*
- *How is our personal value system affected and how does it influence our work?*
- *Where do our (professional) attitudes differ?*
- *How can we jointly work towards reducing stigma for these children and families?*
- *What will be our common attitude for this cooperation? What should be documented in the agreement concerning attitude, e.g. as a preamble?*
- *How can we get others on board in terms of attitude, e.g. management, colleagues, external stakeholders?*

Agenda

Within our own organization

The professional attitude should be discussed between cooperation partners and within the individual organizations.

- This aspect often seems to be neglected and might be a necessary step before “getting started”.

Getting started

- Get started with an exercise, e.g. “okay or risky”, to warm up to the topic. This usually highlights that the attitude especially towards substance use even differs between individuals.
➤ **chapter 7.4**
- Another way to start the conversation is to collect pictures that describe your personal attitude on parents suffering from addiction or use sentences to describe “cultural-based” attitudes.

"This module was one of the most enriching. We talked about the differences in attitudes and worked to reach a common ground. We drew a conclusion, which could be our "motto": We all are child protection services, protection relies on the continuum of action from different stakeholders (in reference to addictions services and welfare services)."

– Catalanian project partner, Gencat



Agenda

Differences and similarities

Answer the key questions together and document the answers:
Where do your attitudes differ, where can you find consensus?
How can you find common ground?

Importance of non-stigmatizing attitude

"Stigma in health facilities undermines diagnosis, treatment, and successful health outcomes. Addressing stigma is fundamental to delivering quality healthcare and achieving optimal health" (Nyblade et al., 2019: 1).

- Discuss stigma of parental substance use and its consequences for reaching these children and families. Discuss the necessity to avoid stigmatization and how you might work towards that.
- Discuss the aspect of "good enough parenting" (see above).

Common myths

Collect common myths and verify or disprove them. Examples for common myths:

- "People with an addiction have to hit rock bottom before they can get better."
- "Cannabis is not addictive."
- "Using drugs or alcohol is a choice, so if someone has an addiction, it's their fault."
- "If someone has a stable job and family life, they can't be suffering from addiction."
- ...

Agenda

How to address the parents?

- Discuss the way of working with the families, especially the way of communicating with the parents and the children. Conversational methods such as Motivational Interviewing can be helpful.
- Discuss and agree on a conduct of a conversation with the families.
- Emphasize that every small improvement in parenting and the parent-child relationship counts and can improve the situation for the child.

Get into discourse

Discuss the following statements:

- A substance use disorder does not automatically result in the endangerment of child welfare – same as with other mental illnesses.
- Sobriety should not be defined as a condition to become a better parent.
- Affected children need information about their parents' disease to understand it.
- Parents who use substances can still be good (enough) parents.

... *add more statements*

Further procedure

It is unrealistic for everybody to have the same (personal) attitude. However, cooperation partners should stay in discourse about this and should know where the other side might have a different point of view.

- Agree on how to continuously discuss attitudes after the signature of the agreement. What should be documented in the agreement concerning attitude, e.g. as a preamble?
- How can you get others on board in terms of attitude, e.g. management, colleagues, external stakeholders?

Document for the cooperation agreement



- Define the common points – where do you have agreement?
- Where do your (professional) attitudes differ?
- How to stay in discourse about this, before and after the signature?
- What will be included in the agreement, e.g. in preamble?

Recommendations



- ✓ Discuss the attitude towards families with addiction issues within your own organization. This can bring additional benefits.
- ✓ Regularly discuss attitudes to different case constellations within the facility and with the institutions involved in the case.
- ✓ Revisit the topic of attitude regularly, even after signing the agreement (e.g. twice a year).
- ✓ Schedule follow-up meetings on the topic of attitude.
- ✓ Study cases in collaboration and discuss different assessments or views of the cases. Start with the examples in ➤ **chapter 7.3**.

“We spend a lot of time on the exchange of opinions, attitudes, arguments on the idea of ‘parents with addiction being good enough parents’. What helped us in gaining a mutual look ahead was diverting our attention to what children with parents who use drugs need within the family situation and how we can create this within our co-operation our help offers.”

– Project partner, NIJZ, Slovenia

3.5. Perspective of the target group

Goals for this chapter



- *Reach an agreement on how to involve affected parents and children in the process and decision-making.*

“Children’s participation brings many benefits to individuals and society. But beyond that, it is important to acknowledge that hearing children’s voices and taking their views into account is not optional” (Council of Europe, 2020: 9). The UN Convention on the Rights of the Child establishes the right of children to participate in decisions affecting them in Article 12. State authorities, including courts and legislators, are obligated to ensure children’s participation (Scholl, 2023). “It is both a child’s human right and an expression of democracy. It is therefore high time to step up the implementation of children’s participation rights” (Council of Europe, 2020: 9). When the aim is to protect children or prevent harm to children, “it is [...] mandatory to address children’s needs as rights holders” (idem: 11).

However, “shame, stigma and the fear of separation from their family often prevent the children from seeking help” (Giacomello, 2023). “The lack of sufficient spaces and tools to guarantee children’s participation, as well as the stigma that still surrounds people who use

alcohol and other substances still function as intangible yet concrete barriers to develop family-centred services that work both on children’s rights and empowerment, parents’ needs and, in the case of women, gender-based violence” (ibid.). Therefore, action is needed to “offer spaces of participation for children with parents who use drugs and for women affected by drug dependence, so that women and children’s opinions are heard and taken into account and actually have an impact on the services addressing their needs directly or indirectly, in fulfilment of human rights standards and their inclusion in drug-related policies” (ibid.).

Therefore, first of all, protocols for recognizing these children and families need to be in place and professionals must work on a stigma-reducing **attitude** and communication with these families. ➤ **chapter 3.4** and ➤ **3.6**.

Key questions



- *In which cases do we actively involve the people we are talking about and with what purpose?*
- *What further options are there? Where do we need to involve them?*
- *How do we make sure that our help offers meet the actual needs?*
- *How can we offer space specifically for the participation of children?*

Agenda

Why involve them?

- Discuss legal, pedagogical and ethical reasons for participation. Is there a legal basis for participation in your country?

Children's rights

- Discuss children's rights and the connection to your work. Refer to the UN Convention of the Rights of the Child (UNCRC) and the work by Dianova (2022).

How to involve them?

- Discuss the options within the cooperation:
- In which way do you usually involve clients, families, parents in decision-making?
 - When do parents need to give consent?
 - When do children need to give consent?
 - When and how can children be involved in decision-making?

Further thoughts

- "Involvement of adult family members [or children] of people with drug problems in policy and practice development, as well as in the provision of peer support, has the potential to improve the provision of service generally, as well as specifically for family members" (EMCDDA, 2022).
- Consider independent counselling/therapy for the children or include them in case discussions. Present them with options at hand and involve them in choosing help offers, set goals together. Consider goals like increasing self-esteem or increasing competences in parenting.

Document for the cooperation agreement



- › *Make a list of the key issues regarding beneficiaries' participation, e.g. benefits, consequences, previous experiences, possible ways of participation facilitation etc.*
- › *How are you planning to involve children, parents & families in decision-making?*
- › *How are you planning to adhere to children's rights?*
- › *How will you ensure to actually serve the families/children's needs?*

Recommendations



- ✓ *Research options for participation beforehand.*

3.6. Processes and supporting instruments

Goals for this chapter

- › Gain an overview of the relevant processes concerning the cooperation.
- › Take inventory of helpful instruments, tools and checklists.
- › Gain understanding about what instruments you will define in your cooperation agreement.
- › Agree on specific procedures for the cooperation that will be binding for both sides.
- › Work towards identifying affected children and families as early as possible.



The overall objective of the Make the difference project was to prevent child welfare endangerment in families with addiction issues. This is only possible when the children are identified, e.g. addiction care services ask their clients about their children. Ideally, in this setting, **good enough parenting** can be promoted, i.e. parenting skills can be improved and professionals can keep an eye on potential risks for the child. However, “substance treatment services may resist incorporating children and parental responsibilities into the therapeutic process, and see them as a ‘risk’ for the therapeutic alliance” (Council of Europe, 2022: 88).

The other way around, social and youth welfare services should check their protocols and incorporate questions about substance use in

the family and in case of concern, act according to protocol, e.g. discuss the case in their team or consult with a contact person from addiction care.

This chapter is essential for the practical aspects of the cooperation as the discussion of key processes, protocols and responsibilities in the cooperation agreement provides security for action. In this way, professionals will know what to do, whom to contact, etc. Furthermore, when discussing these issues, existing processes and structures can be supplemented with questions either addressing the children or parenting skills or about the substance use in the family.

Key questions

- › How can we ensure that a risk to a child will be identified and responded to?
- › What process or protocols are relevant?
- › Which existing process(es) should be adapted or can be added to?
- › What processes should be defined for the cooperation agreement, e.g. risk assessment?
- › Who is responsible for a specific case?
- › How do we handle documentation within the cooperation?



Agenda

The results of the **situation analysis** are the basis of the discussion about processes and tools to agree on.

Overview

- Check what processes are already in place at your organization and assess their practicability and utility. Research existing tools and processes. Take a look at good practices from other organizations or countries.
- Collect instruments, checklists and processes either of you already know and/or use and decide if this can be incorporated in your agreement. Adapt an existing process if necessary.

Discuss procedures for different aspects of the cooperation

- Discuss procedures and protocols that would be supportive and provide security of action in scenarios where professionals from both services get into contact with members of the target group

Consider options to use the expertise of the cooperation partner:

- Case discussions/consultation
- Risk assessment (e.g. checklist of criteria to define child safety)
- Help plan meeting/conference including the child, parents, counsellors, youth workers, and other professions involved with the family⁷
- Procedures for when child welfare is actually at risk: Define a binding procedure in the event of suspected risk to child safety, i.e. crisis situations. The aim is to identify affected children before(!) their welfare/safety is at risk. However, you need to agree on a procedure what will be done in case of actual endangerment of child safety. Discuss and agree on the necessary steps. This should be part of the cooperation agreement.
- Discuss the need for professional exchange (on current topics) in times of “peace”.

⁷ A helpers' conference is a useful instrument for clarifying the context of the task and the problem. It is valuable in order to create a differentiated diagnosis and a further assistance plan. A helpers' conference is indicated when several support professionals or services are involved in accompanying parents and their children in order to jointly achieve a defined goal.

Agenda

Identifying children with addiction issues and/or their families

- How can the cooperation support early identification of affected children?
- Discuss where these children usually appear. How are they identified? Where can you add a “nudge” to ask about the children or to ask about substance consumption in the family?
- Share advice for recognizing and addressing the issue of addiction or substance use with children and parents.

“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.”

– Project partner, Tactus, the Netherlands



Good practice

Examples:

- [Child Reflex](#) (Belgium) > **chapter 7.5** and [explanatory video](#)

In the [MTD](#) project, the Child Reflex ([Kindreflex](#)) from Belgium has been assessed as practical and useful. It has been transferred and adapted in other countries.

- Protocol developed by German MTD partner AWO > **Figure 9**

Addressing parenting

- “Address parental status with parents in treatment as part of the therapeutic process and strengthen parents’ skills to deal with the dual issues of parenthood and substance dependence” (Council of Europe, 2022: 89).
- Refer to a tool such as “Child Reflex” and methods to talk about parenting, the children and about the parental addiction with the children (psycho-education).
- Refer to Motivational Interviewing as a helpful approach to not only discuss changing substance use but improve parenting (e.g. Forrester et al., 2021).

Reflect

When do professionals experience insecurities in working with families with addiction issues and are these tools sufficient for certainty of action?



Document for the cooperation agreement



- *In the cooperation agreement you should define the process and responsibilities for the risk assessment.*
- *Binding procedure in case of potential risk to the well-being of a child (risk assessment)/ dealing with crisis situations*
- *It is recommended to add defined processes as flowcharts (as annex) to the agreement.*
- *How to proceed in case of a crisis should be openly communicated in advance. The procedure should be agreed and explained in a joint discussion (addiction support, youth support, parents) BEFORE a crisis situation.*
- *Define how and who will handle documentation (of meetings, of case discussions, consultations, etc.).*

Recommendations



- ✓ *Involve the other party to receive a comprehensive picture of a family, e.g. in help plan discussions or conferences.*
- ✓ *Describe the journey a child or the family goes through in the “system” (“client journey”). Along this “journey”, define the processes you and your local partners are involved in or where you could offer your expertise. Discuss how you can benefit from each other’s expertise and more important how the families and the children can benefit.*
- ✓ *Combine regular network meetings with a task, e.g. case discussions.*
- ✓ *Look at the explanatory video of the Child Reflex:
<https://www.youtube.com/watch?v=3w8n1fZqdZk>.*
- ✓ *Visualize processes as flow charts.*

3.7. Standards for staff qualification

Goals for this chapter



- › Define necessary and helpful qualification for professionals working with families with addiction issues.
- › Agree on a standard for staff qualification and how to ensure this within the cooperation.
- › Discuss possible formats for training professionals from different help systems.

This chapter highlights aspects to discuss between cooperation partners about the continuous qualification of professionals working with families with addiction issues. To work towards reducing stigma rooted in lack of knowledge, training to social and child protection services needs to be provided on addition and parenthood (Council of Europe, 2022: 86). Professionals working in addiction care services need to understand about the risks and effects the parental substance use can have on children and how to address the issue of parenting with their clients.

Key questions



- › Which professions are working with families with addiction issues and need to be qualified?
- › What qualification do professionals in both help systems need? How and when will they receive training?
- › How can we include regular qualification/training in your quality management? How can the qualification standard be embedded in the structures?
- › How can new staff members receive relevant knowledge about the cooperation and its content (knowledge transfer)?

Agenda

Required qualifications

- Specify the minimum qualifications and professional certifications that staff members engaged in the cooperation agreement should possess. This may include specific educational backgrounds, relevant training programs, or professional certifications.
- Different kinds of professions are working with families with addiction issues in the different help systems and services, e.g. social workers, psychologists, psychiatrists, medical staff, school staff.

Experience & expertise

- Outline the desired level of experience and expertise that staff members should have in their respective roles. This can be based on the specific needs of the cooperation and the tasks they will be responsible for.

Continuous professional development

- Emphasize the importance of ongoing professional development and learning for staff members. Encourage participation in relevant workshops, training programs, conferences, or other forms of professional development to enhance their knowledge and skills.
- When organizing training activities, an analysis of participants' level of knowledge and expertise is recommended to specifically tailor the training towards them. This will make a training more attractive and practical.

Evaluation & assessment

- Define processes for evaluating and assessing the qualifications and competence of staff members involved in the cooperation. This may include regular performance reviews, feedback mechanisms, or assessments to ensure the maintenance of high standards.

Compliance with regulations & standards

- Highlight the importance of complying with applicable regulations, professional codes of conduct, and standards relevant to the staff members' roles and responsibilities.

Quality management & assurance

- Involve quality management – where can aspects of qualification or the cooperation be added to existing structures?
- Establish mechanisms for quality assurance and monitoring to ensure that staff members consistently meet the required qualifications and standards.

Agenda

Training formats

- Different formats of training activities can be used. For instance, online formats can be a great addition especially for informing about facts, legislation, research, etc.
- The format should always take into account the participants and their needs and level of qualification.
- Another option is a “knowledge sharing” training where participants act as trainers and trainees at the same time (e.g. with participants from different help systems).

“We need regular trainings! The success of cooperation cannot rely on specific individuals but rather requires structural changes. This is what we need to achieve!”

– Catalan project partner, Gencat

The following topics are relevant when working with families with addiction issues and can be included in training activities (list is not exhaustive and can be adapted to needs):

- Basics of addiction care/prevention
- Addiction in the family: Family dynamics, roles of children, risks and stress factors, effects of parental addiction on the children
- Attitude & reducing stigmatization
- Protective factors for children & how to support affected children as professionals
- Working with parents with addiction issues, incl. how to address parenting with clients in addiction counselling
- Country-specific information, e.g. legal issues
- International and/or European guidelines (EMCDDA, UNODC etc...).
- Ensuring visibility for children from households with addiction issues
- Ensuring visibility for pregnant women with addiction issues
- Human rights issues (especially women’s, children’s, lgbtqi’s...)
- Theories & approaches on child protection work

The [Make the difference](#) training concept⁸ can serve as a basis to plan regular qualification for professionals working with families with addiction issues.

⁸ www.euronetprev.org/projects/makethedifference



“They need to be sensitive, knowledgeable and skilled in addressing addiction.”

– Project partner, NIJZ, Slovenia



Figure 6: Title of make the difference training concept (LWL, photo by SPLG Schutzinseln).

Document for the cooperation agreement



- *How will the cooperation partners ensure that professionals in both (or more) organizations/networks/help systems will receive adequate qualification?*
- *How will qualification of new employees be handled (e.g. in on-boarding)?*

Recommendations



- ✓ *The cooperation should be long-lasting and sustainable. That means that the success of the cooperation shall not depend on specific persons. By agreeing on structural changes and embedding the mandatory qualification in the structures, this will be supported.*
- ✓ *It is beneficial for the cooperation and networking to jointly participate in training activities.*
- ✓ *Set up a cloud with information material and literature for self-study and access for both parties (➤ **Rules, roles and responsibilities**).*
- ✓ *Hold annual information events/conferences. Discuss who will organize these events.*
➤ **chapter 3.3**
- ✓ *Implement a regular joint workshop for new employees with the goal to get to know them and explain about the cooperation.*
- ✓ *Use job shadowing/work visits.*

4. Content of the agreement

Goals for this chapter

- › Define the content for your cooperation agreement/contract.
- › Make decisions and specific arrangements for the cooperation.



The meetings and discussions between cooperation partners structured by **chapter 3** have built the groundwork for the agreement and have improved the chance that expectations will be met, the agreement will be implemented as agreed and the children and other target groups will actually benefit from it.

Based on this extensive preparation phase, including discussions of goals, expectations, roles and responsibilities, professional attitude, processes, the involvement of the target group's perspective and standards for staff qualification, this chapter gives instructions on what needs to be included in the actual cooperation agreement.

Important: The content and structure of a cooperation agreement varies depending on the specific context, objectives, and parties involved. The agreement should be tailored to the specific objectives, conditions and opportunities on site. Prepare the agreement in a simple and concise manner.

Key questions

- › What is the actual content of the agreement?
- › Who will put the agreement in writing?
- › Who will sign it on behalf of the cooperation partners?



Content

Introduction

- Explains the purpose and scope of the cooperation agreement.

Objective(s)/ subject matter & target group

This paragraph clearly states the goals and objectives of the cooperation agreement.

- What is your agreement about? In the MTD project it was about child protection and support for children from families with addiction issues.
- What is the lowest common denominator on which the help sectors/cooperation partners agree while maintaining their different tasks, e.g. child protection = best interests of the child is given = ensuring “basic care”?
- Guiding question: What is required for the basic care of a child?

Be precise and practical. Think of a SMART objective: specific, measurable, achievable, relevant and time-bound.

Target group

- Does the cooperation agreement include parents with addiction issues, substituted parents and/or expectant parents? Does it include mothers and fathers? In case, children are addressed, which age groups are covered by the cooperation agreement?
- Define your target groups specifically. > **Chapter 3.1**

Definitions

Clarifies key terms used throughout the agreement (glossary).

Structural and legal aspects

Addresses mechanisms for decision-making, coordination, and communication among the cooperating parties and relevant legal issues for the agreement.

Confidentiality and data sharing

Addresses the handling of sensitive information, ensuring compliance with relevant privacy laws and regulations.

Roles and responsibilities

Specifies the roles, responsibilities and tasks of all participating parties.

Practical agreements

Processes, meetings, qualification standards, etc.

Content

Documentation

- Observations, assessments and measures must be fully documented. In this way case histories can be better understood.
- Documentation supports risk assessment and quality assurance. Regarding the passing on of this information, see data protection / release from confidentiality. > **chapter 3.1**
- If there are strong indications that a child's well-being is at risk, the documentation can also be used to weigh up the interests of the child (justifying reasons for the right to disclosure).

Resource allocation

During the development of the cooperation agreement, it should be estimated which resources will be needed and approximately how high the personnel effort will be. This will make it possible to estimate whether the existing personnel resources are sufficient for the general fulfilment of tasks or whether additional personnel will be needed.

- Address the allocation of resources, such as funding, personnel, equipment, or facilities.
- Specify any financial arrangements, such as cost-sharing mechanisms, funding sources, or reimbursement procedures.
- Discuss how financial records will be maintained, audited, and reported.

Conflict solving

Establishes a process for resolving conflicts that may arise during the course of cooperation.

Evaluation and monitoring

Defines mechanisms for monitoring and evaluating the effectiveness and impact of the cooperation agreement, including regular reviews and reporting. > **chapter 5**

Duration and termination

Specifies the duration of the cooperation agreement and the conditions under which it may be terminated or renewed.

Signatories

Lists the participating parties and their representatives who are signatories of the cooperation agreement.

5. Keeping the cooperation alive – monitoring and review

“Has the cooperation agreement been signed? Congratulations! – this is an important step towards reducing harm of children in families with addiction issues!”

Now the actual work can begin. Early on in the [Make the difference](#) project, the project partners have discussed how to keep the cooperation alive and make it sustainable after the end of the project funding. This chapter attempts to answer this question.

The overall goal is to keep a cooperation alive and to design the cooperation in such that the target group, i.e. the children and the families will benefit from the cooperation as much as possible. Chances are high that protocols, roles and responsibilities, even objectives or involved organizations need to be adjusted over time. Circumstances will change, staff might change and external factors cannot be controlled. Therefore, the cooperation agreement should regularly be assessed concerning its actuality and if necessary, aspects should be adapted.

Ideally, cooperation agreements should be seen as “living documents [which] can be amended or replaced by new agreements, when needed and agreed by both parties” (Interpol). A process for regular reflection of the cooperation is helpful to keep the cooperation agreement close to reality and feasible. Following, a process of six phases is described that can support the monitoring and review of the cooperation (**Figure 7**)⁹.

“Our agreement is seen as a dynamic element that can be extended to additional services in the future.”

– Belgian project partners, Integra Limburg

⁹ partly based on this article: <https://www.linkedin.com/advice/1/how-do-you-evaluate-renew-your-partnership>

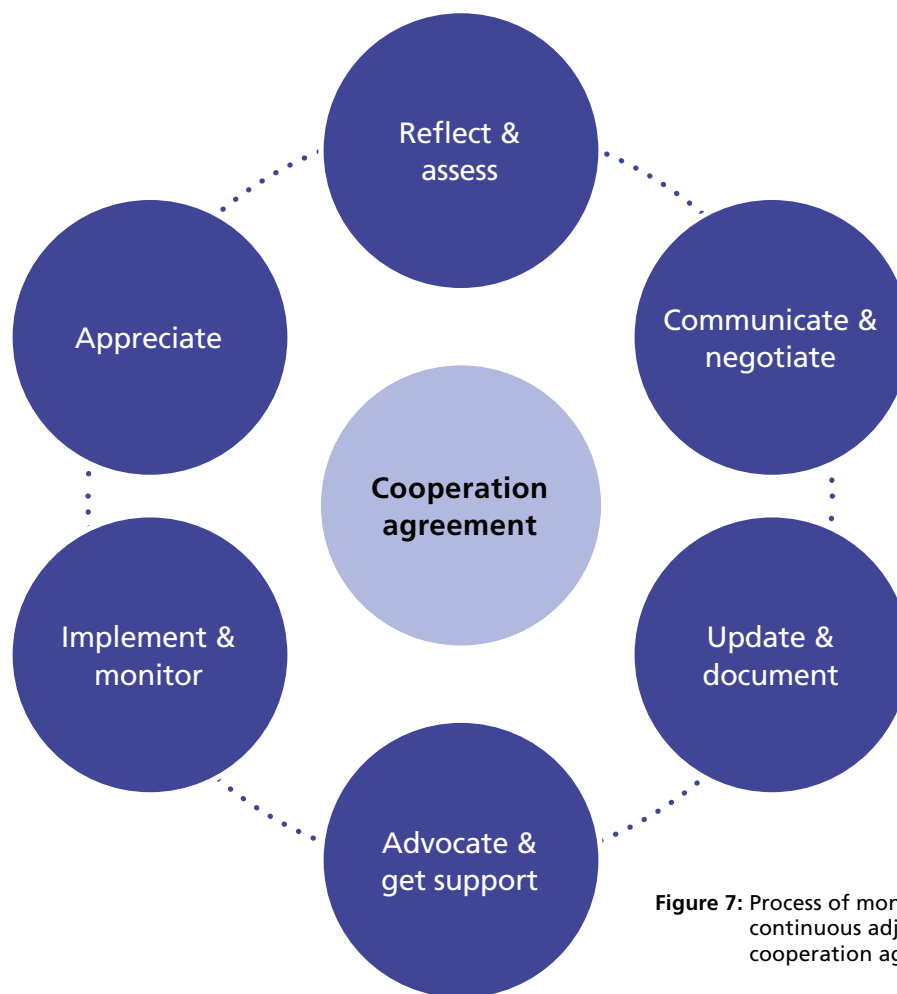


Figure 7: Process of monitoring and continuous adjusting the cooperation agreement (LWL)

1. Reflect & assess

This step should be done on a regular basis, for instance once a year by all cooperation partners:

- Assess the situation and define new needs: Do you have up-to-date knowledge of the needs of the children and families?
- External factors and current developments: What has changed since the cooperation agreement has been signed? Have there been any changes in the environment of the cooperating parties? Any legal changes? Trends that need to be considered? Crises? Monitor the external factors and (new) needs of involved parties and target group.
- Assess the performance and value: Are you meeting your goals? What has been good and what needs to be improved, i.e. success and potential?

2. Communicate & negotiate

- Share the assessment of the situation.
- Communicate with your cooperation partner open and honestly. Listen to their perspective and concerns. Be prepared to compromise and be patient.
- Re-visit your expectations – are they still in alignment? ➤ **chapter 3.1.**
- Does your cooperation still serve the target group?

“The key is not to be discouraged and to be patient in negotiating cooperation.”

– Project partner, NUDZ, Czech Republic

3. Update & document

Update and document the changes in your cooperation agreement. Hereby, consider the following points:

- Be practical: Focus on implementation and specific next steps (What can you change tomorrow?).
- Revisit the roles and responsibilities and processes. > **chapter 3.3** and > **3.6**.
- Promote transparency: Every person involved should know what to do, why and how to do it.
- Assess the network: Is it complete? Should other organizations be involved?
- Adjust your vision: What do you want to achieve with the cooperation in five years? Are you working towards that vision?

4. Advocate & get support

If a cooperation agreement is already in place, there is general support for the cooperation. However, any new agreements or adaptations need to be supported or even signed by **decision-makers** who will have to provide required resources.

- Be prepared: Prepare facts in terms of needs and proposed actions. As before, make sure to point out the benefits for the organizations as well as for the children.
- Act strategic: Get politicians on board, check current policies and act strategic.
- “Do good and talk about it”: Communicate your actions, invest in awareness raising measures towards destigmatization of addiction/parents who use drugs. > **chapter 3.4**

5. Implement & monitor

Implement the agreement as defined. Re-visit it repeatedly, either occasion-related or agree on a fixed period. Review and update the agreement periodically.

6. Appreciate

Appreciate the achievements and contributions of your partnership. Recognize the efforts of all actors involved. Share the success stories (e.g. cases) internally and externally. Use the success stories to build a positive reputation, trust and relationship with your cooperation partner.

“The guide has been a powerful tool to support the building of alliances among addiction and protection services in Catalonia. It provided us a road map with concrete steps to achieve it. It has been hard but a very satisfactory work. Achieving the agreement took long but now we have a good tool to guide our work and to be able to scale it up in the region and to sustain it in the future.”

– Project partners, Catalonia

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7. Practical tools and examples

- 7.1 Questionnaire for situation analysis
- 7.2 Exemplary code of conduct for collaboration
- 7.3 Case examples for discussion
- 7.4 Working on professional attitude – Okay-risky exercise (copy template)
- 7.5 Good practices
 - 7.5.1 The “Child Reflex”
 - 7.5.2 Exemplary process from Germany
- 7.6 Template for planning efficient meetings (copy template)
- 7.7 Checklists
- 7.8 Success factors for a successful cooperation (copy template)



7.1. Questionnaire for situation analysis

Questionnaire to assess the local situation before developing a cooperation agreement

Introduction: When potential cooperation partners are about to start a process towards a cooperation agreement, the initial situation and conditions can be assessed along a brief questionnaire in all partner countries.

Objective: Assessing the situation at baseline (beginning of process).

Participants: Cooperation partners from addiction services (organization 1) and an organization responsible for child protection (e.g. youth welfare office, social services – organization 2)

Instructions:

- Part I and part II of the questionnaire are addressed at organization 1.
- Part III is addressed at organization 2.
- The questionnaire can serve as an objective for a first meeting of the cooperation partners. You can take the questionnaire together and discuss your answers.

Organization 1

Organization 2

Part I: Questions for addiction care organization (organization 1)

1 As addiction care service, what is your experience with the target group of children living in households with addiction issues?

2 If applicable, as addiction care professionals, do you ask clients if they have children/live together with children? What is the protocol here? Please describe.

Part I: Questions for addiction care organization (organization 1)

3 *If applicable, describe the process that sets in when you notice that a client with addiction issues has children/lives together with children.*

4 *What is the procedure with pregnant clients?*

5 *Do you have any help offers in your portfolio specifically for children living in households/families with addiction issues? If yes, describe here:*

6 *Have you previously cooperated with local/regional organizations responsible for child protection (e.g. youth welfare/social services) concerning the issue of children from families with addiction issues (except for organization 2)? If yes, describe the cooperation with those organizations:*

7 *Do you already have any written agreements on cooperation with organizations concerning the target group of children from families with addiction issues (yes/no). Describe the agreement/share with organization 2:*

Part II: Questions for addiction care (organization 1) concerning organization 2:

1a *Have you previously cooperated with organization 2? If yes, briefly describe the history of the cooperation here:*

1b *On average, how often did you communicate with organization 2 on the matter of children from families with addiction issues in the past, e.g. annually, monthly?*

2 *Until today, which offers for children living in families/households with addiction issues provided by organization 2 do you know about?*

3 *Please describe your wishes/expectations for a successful cooperation with organization 2:*

Part III: Questions for organization 2 (youth welfare/social services):

1 Please describe your expectations concerning the cooperation with organization 1:

2 Please compare your expectations and document similarities and differences:

3 Do you have any experience in working together with addiction services, especially with this target group? If yes, please share your experience.

4 What kind of help offers for children living in families with addiction issues do you provide? Set up an overview together with organization 1 including name of offer, description, prerequisites for participation, age group, duration, objectives, content...

5 What are your specific tasks and responsibilities concerning child protection and specifically children living in households with addiction issues?

6 Are there protocols, guidelines or fixed processes concerning children living in families/households with addiction issues? Please provide a complete overview:

7 Which offers provided by organization 1 (addiction care) do you know about? Compare with the partners' overview and add the offers to the overview recommended in the previous question.

7.2. Exemplary code of conduct for collaboration

1. **Respectful communication:** Engage in conversations with respect, courtesy, and professionalism. Treat all individuals with dignity, regardless of their role or perspective.
2. **Active listening:** Practice active listening by giving your full attention to the speaker, maintaining eye contact, and refraining from interrupting. Seek to understand before responding.
3. **Open-mindedness:** Approach conversations with an open mind, being receptive to different viewpoints and ideas. Be willing to consider alternative perspectives and be open to constructive criticism.
4. **Constructive dialogue:** Foster a constructive and inclusive dialogue by expressing thoughts and opinions in a clear and concise manner. Avoid personal attacks, offensive language, or disrespectful behavior.
5. **Empathy and understanding:** Cultivate empathy and understanding towards others' experiences, challenges, and concerns. Show compassion and support when discussing sensitive or difficult topics.
6. **Confidentiality:** Respect the confidentiality of shared information during conversations. Only disclose information on a need-to-know basis and in alignment with relevant privacy and confidentiality policies.
7. **Conflict resolution:** Address conflicts or disagreements in a professional and constructive manner. Seek resolution through dialogue, mediation, or escalation procedures defined within the cooperative framework.
8. **Cultural sensitivity:** Be aware of and sensitive to cultural differences, norms, and practices. Foster an inclusive environment that respects and values diversity.
9. **Time management:** Honour agreed-upon timeframes for conversations, meetings, and discussions. Be punctual, prepared, and mindful of others' time constraints.
10. **Follow-up and accountability:** Take responsibility for following up on commitments jointly agreed actions and deadlines.
11. **Continuous learning:** Embrace a culture of continuous learning and growth. Share knowledge, insights, and resources that can contribute to the collective development of the cooperative.
12.

7.3. Exemplary code of conduct for collaboration

Case examples can help promote discussions and raise awareness for the stigma of addiction and its negative consequences.

Case example 1

Ms. A (36 years old) lives together with her partner (29 years old) and the two children from her divorced marriage (7 years and 11 years). Ms. A has no vocational training and is not working. Also her boyfriend, a trained bricklayer, is unemployed. The family lives on unemployment benefits. Ms. A spends most of the day in front of her laptop or mobile phone and buys clothes beyond their financial means. Her boyfriend sleeps during the day because he meets his friends in the evening to go partying. He and his friends use amphetamines daily. For some time now, Ms. A. has also been using. The consumption of both is increasing. Due to their use, both children are often left without supplies before school starts because their parents sleep until late in the afternoon. They then get up alone in the morning and make breakfast before going to school. Food is not always available in sufficient quantities, so the children have to leave the house without food. Child 1 attends the local secondary school, child 2 goes to primary school. Child 1 brings child 2 to the primary school in the morning and then cycles to the secondary school. After school (all-day schools), child 1 picks up child 2 and accompanies him/her back home.

There, the children spend most of their time in their rooms playing on their consoles or mobile phones. Their mother is usually at home, but hardly takes care of the children. Towards evening, Ms. A. takes the electronic devices away from the children to make sure that they get enough sleep. This repeatedly leads to verbal and physical confrontations and fights. Ms. A.'s partner does not feel responsible for the

children. Sometimes Ms. A. orders her children dinner, sometimes they prepare themselves a sandwich, sometimes they just eat a bag of chips or nothing at all. It also happens that Ms. A. goes away for a few days with her partner and leaves the children alone. Ms. A.'s divorced husband tries to take his children more often than every second weekend, but Ms. A. often refuses to let him. Ms. A. is not satisfied with her ex-husband's monthly maintenance payment and tries to get additional money from her ex-husband by withholding the children from him. This is difficult for the children to bear, as they like being with their father. Ms. A. and her partner are heavily in debt. Every day there are reminders and bills in the letterbox, but they never open them.

Child 2 appears conspicuous to his teacher, occasionally has bruises and shows delinquent behaviour, e.g. steals the school lunches of classmates and often reacts aggressively when approached by children and teachers.¹⁰

Case example 2

Ms C. (41 years old) is a single mother of two sons (9 and 15 years old). Due to a neighbour's report that Ms. C. was smoking cannabis on the balcony, the youth welfare office was called in. The general social service staff member arranged an appointment with Ms. C. at the local drug counselling centre to clarify whether her cannabis use poses a danger to the children. Ms. C. voluntarily agrees to the appointment at the drug counselling centre. There, Ms. C. reports the situation: She regularly uses cannabis at lunchtime and in the evening (½ g per day) because of severe back pain and because of concentration difficulties which prevented her from supervising her children's homework. She is restricted in her daily work, but organizes herself well with many breaks

¹⁰ Case example 1 and 2 have been translated to English from LWL-Landesjugendamt, Schulen und Koordinationsstelle Sucht (Ed.)(2020).

and external support. Ms. C. smokes the joints to relieve the pain and to be calmer and more concentrated so that she can take good care of her children. According to medical reports, the back disease is chronic and cannot be cured. The 9-year-old son has ADHD, which is treated with medication. He goes to primary school and has a large circle of friends. Due to the ADHD, an educational support service was set up for a year a few years ago, but this is no longer necessary. During this time, the mother's cannabis use was known of.

The 15-year-old son attends secondary school. He plays football in the sports club and also has many friends. Ms. C. herself has a good friend who supports her when Ms. C. is not well enough to go shopping, for example, because of the back condition. The family has a regular daily routine. The children's father has a severe drug addiction, but is not present in the family. Ms. C. receives social benefits and child benefit. She is not employed.

Case example 3¹¹

Ms. B. is a 36-year-old woman that lives with her two children, 7 and 3 years old. She has another two children from a previous marriage, 12 and 16 years old, that live in her country of origin with her mother. Ms. B. has left her country years ago for better job opportunities. In the past, Ms. B. reported using cocaine occasionally with her partner and father of her younger children. Since the birth of her 3-year-old child, she started using crack cocaine on a daily basis with her partner and developed an addiction. Her partner ended up in jail 8 months ago and she continued the use of crack cocaine until 3 months ago. Ms. B. realized that the drug use was significantly affecting her parenting, sometimes leaving her family without food supplies. The fact that she got to the point to steal money in order to get her drug dose and the fact that her child was asking why she was so unhappy, made her realize the seriousness of the situation and gave up the drug use. Ms. B.

reports that she has no more contact with her older children that live in her country of origin due to the fact that they have learned about her drug use. She has also reported abuse from her partner who is now in jail.

Ms. B. is unemployed and receives social benefits from the Welfare Office. She has poor money management skills, sometimes resulting in being left without money to buy the basic food supplies.

Ms. B.'s 7-year-old child attends the primary school and her younger child, a 3-year-old, is staying with her at home. She reported that she is willing to find a job so that she can be more productive and to increase her income. Also, Ms. B., has no access to free health care benefits and does not receive benefits for her children since they have no identification documents.

Ms. B. reported that at the age of 26, she attempted suicide. She reports having constant cravings for drug use and difficulty falling asleep/maintaining her sleep. She has expressed feelings of guilt, fear and anxiety.

Recommendation for group work:

Aim: Realizing that situations in families with addiction issues can differ and consumption or addiction does not always have to result in a risk to child welfare.

Instruction: Discuss in groups what is different between these two cases and how would you as a professional deal with either of the cases.

¹¹ Case example 3 has been kindly provided by project partners from Kenthea, Cyprus.

7.4. Working on professional attitude – Okay-risky exercise (copy template)

Practical exercise: Okay or risky¹²

The issue of parenting and addiction affects the personal value system like no other topic. Typically, in a group different attitudes are present. This can be the case whether you work with professionals from different help systems or even with participants from the same organization or team.

Aim of the exercise:

- Participants learn to differentiate between pleasure, controlled consumption, risky consumption and addiction.
- Multiple perspectives in the group become apparent.
- Discussion about a common professional attitude is promoted.

Method:

The participants draw cards face down on which they find described consumption situations around legal, illegal, substance-related and non-substance-related addiction. They have to classify and justify them according to their own thoughts and their own evaluation within the scale

“okay —————→ risky”.

The group listens carefully to each participant and waits until each participant has assigned a card. Then the group discusses whether situations should be classified differently. You can pick out statements that seem to be controversial and open this for discussion.

A goal can be to reach the best possible consensus in the group. Afterwards, the group can work out criteria for pleasurable consumption, risky consumption and addiction. Group work is recommended. The situation cards can be changed to suit the group.

Online alternative:

This exercise can be done online, e.g. via Mentimeter. The advantage of online tools is that participants can vote anonymously.

On the following pages, exemplary statements are provided, including statements directed at a younger group and statements directed at adults. More statements can be added; others can be omitted depending on the circumstances. However, do not leave out controversial statements.

¹²vgl. LWL, 2019

Smoking a joint with friends once a month.	Drinking three beers every evening after work.
Smoking a pack of cigarettes every day.	Being drunk once a week.
Taking speed to study before an important exam.	Going shopping after a class assignment.
Doing sports despite a knee injury.	Taking something to calm down before an exam.
Taking an aspirin for a very bad headache.	Watching four hours of soaps a day.
Going to the Netherlands every weekend to smoke pot.	Playing Counterstrike after a nasty fight with parents.

Playing drinking games with friends at camp.	Downing three tequila shots before talking to the girl.
Starting the weekend with a joint among friends.	Want to lose more weight at 42 kg and a hight of 1.65m.
Drinking four large beers on Sundays after the football game.	Drinking a glass of wine during lunch break.
Have a beer while playing cards.	Keeping a supply of alcohol in the cupboard.
Always soothing a headache with medication.	Chips and beer with Sunday night's movie.
After a dissatisfying work week, going out to celebrate with colleagues and getting drunk.	Smoking something with old friends at Christmas.

Constantly watching what you eat and running off every “excess calorie” on the treadmill.	The partner disapproves of excessive alcohol consumption. He ignores this and always risks fights over it.
Constantly thinking about the weekend and much looking forward to celebrating with lots of champagne, Aperol Spritz and Hugo.	Going to work in the morning with residual alcohol.

OKAY

Risky

7.5. Good practices

7.5.1. The Child Reflex

In the Make the different project the process “Kindreflex” from Belgium has served as a good practice example and inspiration. The road map of six steps has been translated to English and been disseminated as the “Child Reflex” in MTD partner countries. In some countries it has been adapted, for instance in Catalonia a seventh step has been added.

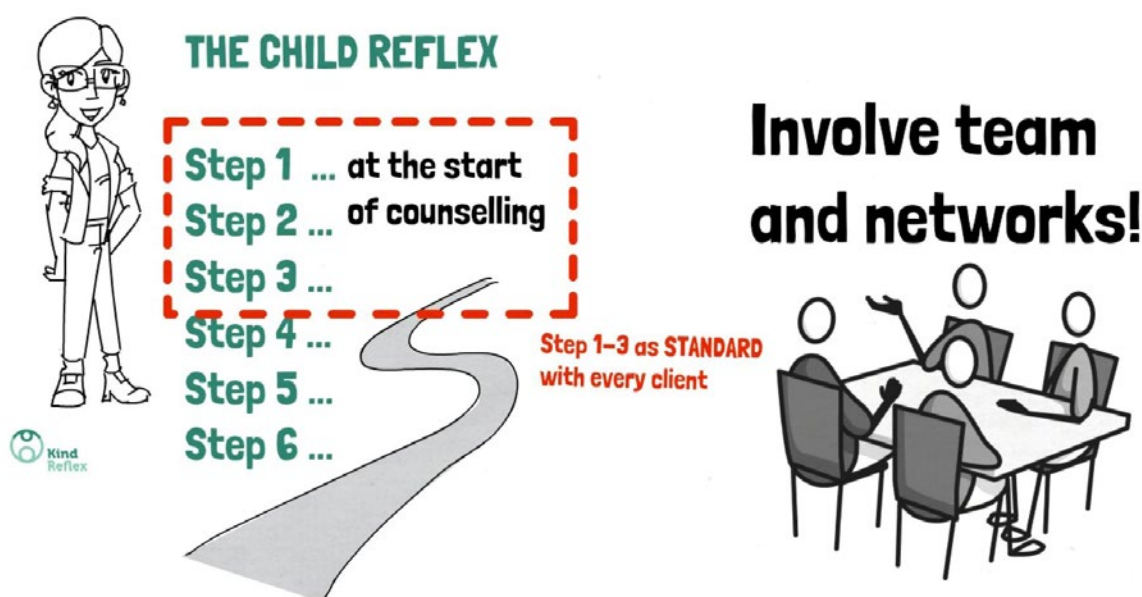


Figure 8: Screenshot of the Child Reflex explanatory video (LWL, Logo by Kindreflex)

The Child Reflex encourages social workers to have a conversation with their adult clients about the topic of parenting. In this way parents get the chance to talk freely about their children and the worries they experience as a parent. The Child Reflex helps social workers detect troubling family situations and restore safety. When necessary, social workers support parents in their role as mothers or fathers. Conducting the Child Reflex involves 6 steps.

Counsellors do the Child Reflex as a standard practice with every client. The first two steps of the plan are preferably done at the start of counselling and are part of everyone's expertise. Social workers do the first three steps as standard with every client. The three follow-up steps depend on the situation. They are not always necessary. The proposed step-by-step plan is a generic basic model. Each institution is free to develop a personalized version of the step-by-step plan to fit their own way of working.

The Road map of the Child Reflex

- › STEP 1: Have a positive conversation about children and parenting.
- › STEP 2: Look into the home safety and the well-being of the children.
- › STEP 3: Support the client in his role as a parent.
- › STEP 4: Check for concerns and willingness.
- › STEP 5: Restore safety.
- › STEP 6: Involve a mandated facility.

The complete step-by-step plan with extensive information can be found on the MTD website:

www.euronetprev.org/projects/Makethedifference

or in Dutch at

<https://kindreflex.be/over-de-kindreflex/>.

Here you can find an explanatory video in English:

<https://www.youtube.com/watch?v=3w8n1fZqdZk>

7.5.2. Exemplary process from Germany

The German partners in [Make the difference](#) from AWO Suchthilfe Siegen have worked intensively on their internal processes in relation to child protection. Flowcharts and a process description were developed and integrated into everyday work. The process displayed in **Figure 9** gives an impression. The process is inspired by existing tools, such as the [Kindreflex](#), the “Family focus toolkit”¹³ (Australia) and the Dutch “SIK-Lijst”¹⁴. In the end, each organization and partnership has to define an individual process which suits their own structures and needs.

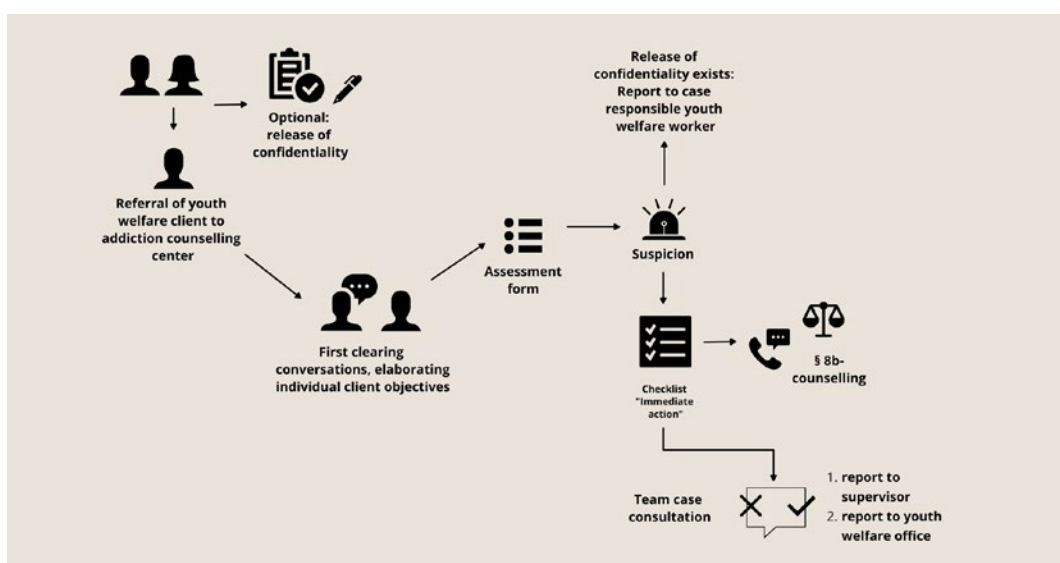


Figure 9: Exemplary process by German Project partner AWO Suchthilfe Siegen

¹³ [The Family Focus Toolkit \(PDF\) at drugsandalcohol.ie](#)

¹⁴ [SIK-Lijst \(PDF\) at richtlijnenjeugdhulp.nl](#)

7.6. Template for planning efficient meetings (copy template)

There are many tools and templates available online for organizing and structuring effective meetings. This copy template, a meeting canvas, helps with preparation, holding and follow-up of efficient meetings.

Title: ...		Date: __. __. 2023		Organisator / facilitator: ...	
Purpose: What do we want to achieve? (Report // Opinions // Ideas // Decision // Agreement // Announcement // Further development) <i>[Text]</i>		Agenda How will we achieve the goal and purpose? What will we talk about – who will lead and for how long? Check-in, framing, working phase(s), check-out, visualisation?		Preparation and follow up When? Date? Time? Duration? Where? Place booked? What preparations for it? Invitation sent out? Special instructions for it? Preliminary information to participants? Reminder sent? <i>[Text]</i>	
Form Digital // analog // ... <i>[Text]</i>	Contributors Who needs to participate and in what capacity? What is the expected contribution of each contributor?		Topic Responsible Duration	After the meeting: Finished canvas or minutes / documentation sent to all contributors?	
Key points What has been addressed? Which ones need to be followed up? What has been stored for later? <i>[Text]</i>		Who? For what? Role? Participated?		Actions What happens next? Who does what and by when? If there is to be a follow-up, who organises and facilitates it? Who? What? Until when? Completed	
Icebox (topics for later) <i>[Text]</i>					

LWL

Figure 10: Template meeting canvas (LWL)

7.7. Checklists

Here, several checklists are provided to support the process.

Before initiating a process

Why? Understanding the purpose and rationale behind the cooperation agreement is crucial. In this case, the objective is to prevent the endangerment of children in families with addiction issues and to identify and support these children at the earliest possible stage.

☐

What? Clearly defining the scope and purpose of the cooperation agreement is essential. It aims to organize the cooperation between the help sectors involved in the care of children from families with addiction issues in a systematic and structured way.

☐

When? It is advisable to develop a cooperation agreement during a time “of peace” when there is no immediate crisis. This allows for careful planning, collaboration, and the allocation of necessary resources without the pressure of an ongoing emergency.

☐

How? Before starting the process, it is important to have a clear commitment from the involved help sectors. Ideally, this commitment should be supported by a political decision or endorsement. Additionally, the willingness to allocate the necessary resources should be declared upfront.

☐

Who? Determining the key participants and stakeholders in the cooperation agreement is crucial. This includes representatives from both (or all) sides who will regularly engage in the process. Involving management-level representatives is important to ensure top-down support and commitment. Roles and responsibilities of participants should be clearly defined to ensure an effective collaboration

☐

Aspects discussed in preparation of the cooperation agreement

Scope of the cooperation

☐

Synchronizing definitions

☐

Rules, roles and responsibilities

☐

Stigma-reducing attitude

☐

Perspective of the target group

☐

Processes, protocols and supporting tools

☐

Standards for staff qualification

☐

Checklist “Content of the cooperation agreement”

1. *Introduction*

☐

2. *Objective(s)/subject matter*

☐

3. *Target group*

☐

4. *Documentation*

☐

5. *Definitions*

☐

6. *Roles and responsibilities*

☐

7. *Structural and legal aspects*

☐

8. *Confidentiality and data sharing*

☐

9. *Practical agreements*

☐

10. *Resource allocation*

☐

11. *Conflict solving*

☐

12. *Evaluation and monitoring*

☐

13. *Duration and termination*

☐

14. *Signatories*

☐

7.8. Success factors for a successful cooperation¹⁵ (copy template)

By considering and implementing the following principles, cooperation agreements can be established on a solid foundation, promoting effective collaboration and achieving mutually beneficial outcomes:

- 1. Mutually agreed action:** Cooperation is based on jointly agreed action, where all participants are willing to take part and contribute.
- 2. Joint process:** The development of a local cooperation agreement benefits from a joint process that includes all institutions or authorities involved. This process helps create familiarity and mutual support among the different systems.
- 3. Mandate and mission:** The authority responsible for child protection should actively recognize and address issues related to consumption and consumption-related problems. Their mandate should explicitly include the perspective of child protection in such cases.
- 4. Decision-making:** Clear decisions need to be made by the responsible body or institution to facilitate the necessary processes.
- 5. Resource allocation:** The management must allocate resources to support the structural and staff development required for effective cooperation. This includes designating responsibilities, providing necessary contact persons, and ensuring sufficient resources are available.
- 6. Attitude of acceptance and respect:** Successful cooperation requires an attitude of acceptance and mutual respect.
- 7. Clear goals, roles, and responsibilities:** Clearly defined goals, as well as negotiated and mutually agreed **roles, responsibilities**, and liabilities, are essential for successful joint action.
- 8. Continuity and commitment:** Continued commitment and dedication are necessary during the development, implementation, and maintenance of cooperation. This ensures that joint action is practiced and sustained over time.
- 9. Agreement on expectations and benefits:** Cooperation partners need to align their expectations and have a clear understanding of the benefits each party will derive from the cooperation.
- 10. Self-interest and mutual benefit:** Each cooperation partner should have a clear understanding of the benefits they will gain from the cooperation. Recognizing self-interest promotes credibility and long-term sustainability, with each partner contributing and benefiting.
- 11. Recognition and acceptance of differences:** It is important to acknowledge and accept differences among cooperation partners, as this helps create a framework for shared experiences and effective collaboration.
- 12. Opportunities and space for professional exchange:** The professional

¹⁵In 2015, the German institution Bella Donna has published a guide for the development of a cooperation agreement between addiction care, youth welfare and medical care. These success factors are partly based on the success factors defined by Bella Donna.

requirements that arise in working with families with addiction issues are highly complex and require the bundling of professional expertise via formal and informal exchange (Prop e.V., 2019).

13. Building on existing structures:

Rather than creating duplicate structures, it is advisable to leverage and build upon existing structures, connecting with other organizations and learning from their experiences. This approach avoids wasting resources.

14. Working on structural aspects: Establishing confidence and enabling professionals to act requires willingness to invest effort in developing protocols and supporting structures. ➤ **chapter 3.6**

15. Qualification and competence: Professionals involved in the cooperation need to be qualified and competent in identifying potential risks and understanding the effects of specific issues.

➤ **chapter 3.7**

16. Self-reflection and attitude: It is important for professionals to engage in self-reflection, clarifying their own attitudes and biases. This self-awareness enhances their ability to assess situations accurately and respond appropriately in a non-stigmatizing way. ➤ **chapter 3.4**

17. Systematic development, preparation, and evaluation: Cooperation should be systematically developed, prepared, and periodically evaluated or reviewed to enhance its chances of success and allow for further improvement.

8. Involved organizations



13 organizations from 12 EU countries have participated in the [Make the difference](#) project.

Belgium

Integra Limburg (formerly Zorggroep Zin)
Contact: Carlo Baeten; E: carlo.baeten@integra-limburg.be
www.integra-limburg.be

Catalonia (Spain)

Sub-directorate General for Addictions, HIV, Sexually Transmitted Infections and Viral Hepatitis (SGAVITH). Public Health Agency of the Department of Health of the Government of Catalonia (GENCAT).
Contact: Lidia Segura; E: lidia.segura@gencat.cat
<https://drogues.gencat.cat/ca/inici/>

Cyprus

Kentro Enimerosis Kai Therapeias Exartimenon Atomon Kenthea Limited (KENTHEA)
Contact: Elena Zarouna; E: secretary@kenthea.org.cy
www.kenthea.org.cy

Czech Republic

National Institute of Mental Health (NIMH/NUDZ)
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www.nudz.cz

Germany

AWO Suchthilfe Siegen
Contact: Cornelia Hartmann; E: c.hartmann@awo-siegen.de
<https://www.suchthilfe-siegerland.de/>

Germany

LWL-Coordination Office for Addiction Issues
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Greece

Athina Ygia
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Finland

EHYT Finnish Association for Substance Abuse Prevention
Contact: Ilmo Jokinen; E: ilmo.jokinen@nehyt.fi
<https://ehyt.fi/>

Italy	Forum Prävention / Prevenzione ONLUS Contact: Evelin Mahlknecht; E: mahlknecht[at]forum-p.it www.forum-p.it
Netherlands	Tactus Verslavingszorg Keulenstraat 3, 7418 ET Deventer, NL https://www.tactus.nl/
Slovakia	OZ Prevencia V&P Contact: Alena Kopanyiova; E: alena.kopanyiova[at]gmail.com
Slovenia	National Institute of Public Health (NIJZ) Contact: Karmen Osterc-Kokotovic; E: Karmen.Osterc-Kokotovic[at]nijz.si www.nijz.si
Portugal	Irefrea Portugal Contact: Fernando Mendes; E: geral[at]irefreaportugal.com www.irefreaportugal.pt

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- Ligant, Belgium
- Directorate General of Child and Adolescent Care (DGAIA), Generalitat Catalunya, Catalonia
- Social Welfare Services of the Deputy Ministry of Social Welfare, Cyprus
- Municipality of Prague 7, Czechia
- SANANIM, Czechia
- Kymnote, Finland
- Youth welfare office Siegen-Wittgenstein, Germany
- City of Athens, Greece
- ASSB (Azienda Servizi Sociali di Bolzano/Betrieb für Sozialdienste Bozen), Italy
- Servizio Dipendenze, Italy
- Veilig Thuis Flevoland, Netherlands
- Commission for the Protection of Children and Young People at Risk, Portugal
- BUDÚCNOST Nitra, Slovakia
- CENTER ZA SOCIALNO DELO MARIBOR, Slovenia

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**Make the
difference**

LWL

Für die Menschen.
Für Westfalen-Lippe.



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(2014-2020)

A guide towards a cooperation agreement between help services
developed in the EU-funded project "Make the difference – Together
for child protection in families with addiction issues!"