



# **FAMILY HEALTH ADVISOR**

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## **METHODOLOGY OF WORK**

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The document was created as part of the project "Family Health Advisor"

Project Number: 2021-1-PL01-KA220-VET-000028101

The project is implemented in partnership by:



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# FAMILY HEALTH ADVISOR

## METHODOLOGY OF WORK

### Summary of the Study

The consequences of demographic and epidemiological changes, along with related trends, pose significant challenges to existing healthcare systems at the international level. Notably, the prevalence of lifestyle-related diseases, such as physical inactivity, unhealthy living habits, and adverse living conditions, is increasing. Healthcare, particularly for vulnerable social groups, is becoming increasingly insufficient. This calls for new thinking and improved approaches to healthcare. In Europe, care facilities, family-related services, and childcare offerings are often still complex and inadequate. Consequently, there is also a noticeable lack of educational opportunities to organize highly fragmented knowledge around supporting family health processes. Furthermore, a family-system-based approach has been nearly absent in the public healthcare system.

#### Questions and Objectives

In this context, the concept of a Family Health Advisor (FHA) needed to be developed. The project's objective is to professionalize the Family Health Advisor model as a new healthcare service offering. The goal of the third work package was to develop a detailed concept for the Family Health Advisor's work, including theoretical and conceptual foundations, objectives, methods, techniques, tools, potential target groups, and the structure (process) of their work.



## Methods

To create the FHA work concept, a literature review (desk research) was conducted. To validate the findings, each country participating in the project (Poland, Hungary, and Germany) conducted six in-depth interviews (IDIs) with experts from various fields related to the project's topics.

## Results

The FHA advises families on health issues, builds networks, organizes further assistance, identifies care gaps, and intervenes to provide support during crises. The FHA can significantly contribute to ensuring and improving the quality and quantity of healthcare, particularly family care, in under-developed and/or rural areas as well as disadvantaged urban neighborhoods. As an integral part of multidisciplinary teams in health centers, FHAs can ensure coordination and continuity of family care. To meet these demands, adequate qualifications at the sixth level of vocational education and training (VET) are required.

## Methodology of the Study

The study was based on desk research and in-depth interviews (IDIs) conducted in all partner countries – Poland, Hungary, and Germany. The research was carried out to develop the methodology for the Family Health Advisor (FHA).

**Desk research**, also known as secondary analysis, is a method involving the collection, analysis, and interpretation of existing data and information from available sources. It is one of the fundamental research techniques used in social sciences, marketing, management, and market analysis.

In the context of the FHA methodology, desk research played a crucial role in theoretical preparation, defining the scope of competencies, and adapting health advisors' work standards to social and systemic needs. This method involves analyzing available, previously gathered data, reports, and publications concerning family functioning, health support, health prevention, and health education in an interdisciplinary context.

### The objectives of the desk research included:

- Analyzing work standards for health advisors in Poland, Germany, and Hungary.



- Identifying best practices in family support in the context of physical, mental, and social health.
- Comparing legal and systemic regulations related to healthcare and prevention in these three countries.
- Defining cohesive competency standards for the Family Health Advisor, considering the international context.
- Developing universal methodological and diagnostic tools for health advisors.

The scope of desk research was defined to include various aspects of the work of health advisors in Poland, Germany, and Hungary.

### **1. Analysis of family support systems in the area of health in Poland, Germany, and Hungary:**

- Review of family health support programs in the three countries.
- Description of roles and competencies of health advisors, including models of health advisory institutions' operation.
- Assessment of the effectiveness of health education and prevention programs in each country.

### **2. Analysis of legal and systemic regulations:**

- Regulations related to public health and health prevention in Poland, Germany, and Hungary.
- Analysis of data protection regulations and practices related to working with families in the health sector (GDPR and national data protection laws).
- Legal frameworks governing the work of health advisors and qualification standards.

### **3. Comparison of theoretical models of family health support:**

- The biopsychosocial model of health as the foundation for the FHA methodology.
- Analysis of concepts related to public health, family well-being, and systemic support.

### **4. Scope of competencies and role of the Family Health Advisor in Poland, Germany, and Hungary:**

- Analysis of required competencies in an international context.
- Core competencies: interpersonal communication, basic health diagnostics, motivational techniques.
- Specialized competencies based on legal and social conditions in the three countries.

### **5. Tools and methods used by health advisors:**

- Overview of diagnostic tools used in Poland, Germany, and Hungary.
- Work methods for advisors: motivational interviews, family resource analysis, and health intervention planning.

The desk research conducted in Poland, Germany, and Hungary provided the following results:

#### **1. Definition of Family Health Advisor (FHA) Work Standards:**

- A comprehensive description of FHA roles and tasks in the context of working with families.
- Identification of key areas of responsibility for FHAs based on national conditions.

#### **2. Recommendations for Health Advisors' Competencies:**

- Definition of common competency standards for FHAs in Poland, Germany, and Hungary.
- Recommendations for training and certification of health advisors in the three countries.

#### **3. Analysis of Systemic Differences:**

- Identification of differences in approaches to family health and advisory support in Poland, Germany, and Hungary.
- Proposals for adapting the Family Health Advisor methodology to the specifics of national healthcare and social assistance systems.



#### 4. Implementation Recommendations:

- Development of guidelines for implementing the FHA model in Poland, Germany, and Hungary.

**In-depth Interviews (IDIs)** are a qualitative research technique involving intensive, individual conversations with a small number of respondents to explore their perspectives on a specific idea, program, or situation.

#### Sample Selection

The research sample was purposefully selected—respondents were chosen from experts collaborating with university partners who possess knowledge and experience relevant to the project's subject matter.

The interviews were direct and computer-assisted, with the researcher recording respondents' answers in real time. The interviews were conducted in Polish.

#### Analysis Scope

A total of 18 expert in-depth interviews were conducted (6 in each partner country) with the following respondents:

- 6 experts from the social assistance field (2 experts per partner country).
- 6 experts from the healthcare sector (2 experts per partner country).
- 6 experts from the legal field (2 experts per partner country).

#### The interviews addressed the following topics:

1. The need for introducing the institution of Family Health Advisor (FHA) in partner countries.
2. Competencies necessary to perform the role of FHA.
3. Perception of daily work (duties, methods, techniques).
4. Connections of FHAs with other institutions.
5. Links between FHAs and other professions.
6. Potential target groups and areas of FHA activity.
7. Potential challenges and limitations in the work of FHAs in partner countries.



The research conducted within the context of the Family Health Advisor methodology was a key step in developing an effective model for supporting families in the health sector. Its essence lay in analyzing existing data, which allowed for:

- A better understanding of the FHA's role within the health support system.
- Refinement of the scope of competencies.
- Adaptation of work standards to local and international legal regulations.
- Development of effective tools and methodologies for working with families.

Thanks to the conducted research, it was possible to design an effective operational model for FHAs, addressing the real social and health needs of partner countries.

## Definitions of Family in Partner Countries – Legal, Social, and Health Contexts

Among all social groups, the family is the most important. It is the smallest yet most powerful and indispensable unit of our society. Therefore, the family as an institution is universal. The concept of family and the way it is defined is often the subject of heated discussions, with no consensus on a precise definition. Additionally, family structures within the European Union (EU) vary, reflecting cultural and normative differences. The notion of family has changed significantly over recent decades. Today, it encompasses not only blood relationships and marital unions but also friendships, blended families, and an increasing number of same-sex marriages.

As in many European countries, certain trends dominate the evolution of modern families. For instance, the number of single-parent families is increasing, extramarital unions are becoming more common, and the number of families with children is declining. Over time, the concept of family has broadened in understanding. Roles assigned to spouses and partners have significantly shifted. The concept of family is continuously evolving, losing some traditionally assigned characteristics but undoubtedly remaining a unique social group offering emotional and material support.

**In the FHA concept, "family" is defined as a group of people who consider themselves as such.**





Thus, the concept of family encompasses any form of social coexistence, including an individual's social network where people care for and are interested in one another. Families lay the foundation for health awareness and behavior. They play an indispensable role in health development and act as a socializing instance where health-promoting behaviors are learned, and health beliefs are formed. Families also act as caregivers during acute and chronic illnesses, providing the majority of long-term home care. Families shape healthy lifestyles as well as risky health behaviors, thereby playing a foundational role in our social system. Families pass through various stages, facing different challenges at each stage. Problems may vary in their intensity or not occur at all during these phases.

## GERMANY

In Germany, the definition of family is shaped by various legal acts and institutional approaches in the areas of social assistance, health protection, and family policy. The family is recognized as the fundamental social unit, playing a key role in child-rearing, value formation, and providing emotional and material support.

### Constitutional Protection of Family

The legal basis for defining family in Germany is Article 6 of the Basic Law (Grundgesetz), which states:

- Marriage and family are under the special protection of the constitutional order.
- The care and upbringing of children are the natural rights and duties of parents.

The Constitution emphasizes the fundamental importance of family for society, obligating the state to protect and support it.

### Definition of Family in the Civil Code (BGB)

The German Civil Code (Bürgerliches Gesetzbuch – BGB), particularly in Book Four on family law, defines family as:

- **Nuclear families:** Including marriage and their children.
- **Single-parent families:** Where a child is raised by one parent with full rights and responsibilities.
- **Blended families (reconstructed families):** Formed after divorce or the dissolution of a relationship, including children from previous relationships.



- **Partnerships and rainbow families:** Following the legalization of same-sex marriages in 2017, German law grants equal parental rights to same-sex couples.

### **Family in the Context of Social Assistance**

In the social assistance system, the definition of family includes not only biological ties but also co-habitation and shared responsibility for household members. According to the Social Code (Sozialgesetzbuch – SGB), particularly:

- **SGB VIII (Child and Youth Welfare):** Defines the family as a fundamental educational environment and provides support for families in difficult situations.
- **SGB II (Basic Security for Job Seekers):** Defines the family as an economic community, which may also include unrelated individuals if they share mutual responsibility.

The concept of family in social assistance also includes:

- Living communities where individuals share daily responsibilities.
- Foster and adoptive families.

### **Family in Healthcare**

In the German healthcare system, according to SGB V (Statutory Health Insurance) and the Prevention Act (Präventionsgesetz), the family plays a key role in health prevention and care for the sick. In the health context, the family is:

- A unit providing emotional support and care during illness.
- A group that can benefit from shared health insurance (family health insurance covering children and a partner).

### **Family in the Context of Integration and Migration Policy**

German migration law (e.g., Aufenthaltsgesetz) recognizes the family as a foundation for integration. This allows for:

- Family reunification within asylum procedures.
- Priority for shared housing for migrant families.

### **Family in the Educational Context**

According to the Early Education Act (Kita-Gesetz), the family is defined as a key educational entity and a partner to educational institutions in raising children.



## Summary

In Germany, the family is defined in a multifaceted manner, encompassing:

- **Biological ties:** Marriage, parents, children.
- **Social ties:** Blended families, partnerships, foster families.
- **Economic ties:** Shared living arrangements and responsibility for household members.

German legislation aims to protect diverse family forms and ensure equal access to social support, healthcare, and education, while emphasizing the family's importance as a key social unit.

## HUNGARY

In Hungary, the definition of family is shaped by constitutional provisions, the Civil Code, and regulations on social assistance and healthcare. The family is recognized as a fundamental social and legal unit, playing a key role in raising children, supporting the emotional and economic development of its members, and safeguarding social values.

### Constitutional Protection of Family

The main document defining the family in Hungary is the Constitution of Hungary (*Magyarország Alaptörvénye*), which in Article L states:

- "Hungary protects the institution of marriage as a union between a man and a woman and the family as the basis for the survival of the nation."
- Emphasis is placed on the family's role in raising children in the spirit of Christian and national values.

The Hungarian Constitution stresses the traditional family model, defining it as a community based on heterosexual marriage and kinship.

### Family in the Civil Code (*Polgári Törvénykönyv*)

The Hungarian Civil Code (2013) regulates family law matters in the section on family law:

- **Nuclear family:** Parents (mother and father) and children.
- **Single-parent family:** One parent raising children with full custodial rights.
- **Reconstructed families:** Families formed after divorce, often including children from previous relationships.



- **Registered partnerships:** Since 2009, Hungary recognizes registered partnerships for same-sex couples, though adoption rights remain limited.

The Civil Code provides detailed regulations on maintenance obligations, visitation rights, and parental responsibilities in child-rearing.

### Family in the Context of Social Assistance

The Hungarian social assistance system is based on the principle of protecting families in difficult life situations. According to the 1993 Social Assistance Act, family support includes:

- Family allowances (*családi pótlék*).
- Parental benefits and financial support for raising children (*gyermekgondozási segély – GYES, gyermekgondozási díj – GYED*).
- Support programs for large families (*Nagycsaládos támogatás*).

In the context of social assistance, the family is more broadly defined as a household community, encompassing both biological connections and cohabitation with shared household management.

### Family in the Healthcare System

In the Hungarian healthcare system, as stipulated by the 1997 Public Health Act, the family plays a key role in caring for children, the elderly, and chronically ill individuals.

- **Health insurance:** Hungary offers family health insurance coverage, allowing children and spouses to benefit from the system without additional contributions.
- **Health prevention:** Programs promoting a healthy lifestyle, such as vaccinations and screening, focus on families as key environments for health support.

### Family in Migration and Integration Policy

Hungarian migration law (the 2007 Aliens Act) defines the family as a key social unit, granting rights to:

- Family reunification within migration and refugee procedures.
- Prioritization of families with children in the social assistance system.

### Family in Education and Upbringing

According to the 2011 Education Act (*Nemzeti köznevelési törvény*), the family is the primary educational environment, and schools are required to cooperate with parents in the



educational process. Emphasis is placed on parents' responsibility to raise children in the spirit of national and Christian values.

### **Family and Pro-Family Policy**

Hungary has implemented one of the most extensive pro-family policies in Europe. Key measures include:

- Tax benefits for families with children.
- Financial assistance for purchasing property for large families (*CSOK*).
- Financial support for women giving birth to a second or subsequent child (*Babaváró támogatás*).

### **Summary**

In Hungary, the family is primarily defined within the framework of traditional Christian values, focusing on:

- Biological ties of kinship (parents and children).
- Formal relationships (marriage as a union between a man and a woman).
- Shared household management – in the context of social and healthcare assistance.

Hungarian family law is characterized by a strong emphasis on protecting the traditional family structure while addressing modern social needs, such as supporting single-parent or reconstructed families. The Hungarian state supports families through extensive social, healthcare, and educational benefits, recognizing the family as the foundation of social and national life.

### **POLAND**

In the absence of a unified definition of family in Polish literature, the prevailing view is that the family can be understood in various ways. In this context, the family can be seen as:

- A social group,
- A social institution,
- An educational environment,
- A system of emotional and social bonds.



Depending on the adopted definition, different aspects of the family are emphasized, such as its functions within society and for its members, relationships and emotional bonds, as well as the specific roles played by individual family members. However, the most accurate approach seems to consider both intrafamily relationships and the influence of external factors.

Polish educators Kawula and Janke (2007) identified five main theoretical and research trends present in the Polish tradition of family studies, representing different approaches to perceiving and defining the family:

1. **Interactional approach** – The family is viewed as a system where mutual interactions determine the survival or dissolution of the family system. The family functions as one of the systems that continuously interact with external systems.
2. **Structural-formal approach** – The family is treated as one of the social subsystems, whose primary goal is the proper socialization of its members, enabling the functioning of both the entire system and the individuals within it.
3. **Situational approach** – The family is understood as one of the social situations. The main focus of research in this approach is on environmental and social influences on the functioning of family members and their adoption of specific social roles.
4. **Institutional approach** – The family is perceived as a historical institution, and its functioning depends on the norms, values, and cultural patterns of a given society. In this context, the family fulfills specific cultural and social functions.
5. **Developmental approach** – The family is analyzed from a processual perspective. Emphasis is placed on the existence of different developmental cycles of each family and the specific roles assigned to a given stage of family life.

The concepts of family present in the above approaches and definitions differ partly depending on their approach to key criteria and decisions in the following areas:

1. Parenthood (social-legal, biological, psychological),
2. Emotional bonds (closeness, attachment, affection),
3. Community (shared household, shared interests, shared goals, group),
4. Marriage/Partnership (formal/informal relationship),



5. Formal structure (family roles, intergenerational relationships),
6. Kinship (blood ties),
7. Functions and their fulfillment (socialization, upbringing, care, procreation, security, etc.),
8. Scope/Boundaries (nuclear/small family, multigenerational families, extended families).

### Legal Definitions of Family in Poland

Polish law lacks a clear and unified definition of the family. Legislators use the term relatively rarely or without precise definition, often referring to specific family members in legal norms. Primarily, however, the family becomes a legal concern in cases where it has been established through marriage. Cohabitation between a man and a woman (concubinage) is outside the scope of civil law regulations.

In the Constitution of the Republic of Poland, the term “family” is used in two articles:

- **Art. 18 (Chapter I):** "Marriage as a union of a man and a woman, family, motherhood, and parenthood are under the protection and care of the Republic of Poland."
- **Art. 71.1 (Chapter II):** "In its social and economic policy, the state takes into account the welfare of the family. Families in difficult financial and social situations, particularly large and single-parent families, are entitled to special assistance from public authorities."

### Family in the Context of Domestic Violence

The lack of a clear definition of family is also evident in the Act on Counteracting Domestic Violence of July 29, 2005. However, it should be noted that the provisions of this act refer to so-called domestic violence, which may inadvertently stigmatize the institution of the family.

The act does not require kinship between family members. The definition of a family member in Article 2(1) of this act refers to the definition of a close person as specified in Article 115 § 11 of the Penal Code. According to this provision, a close person includes:

- A spouse,
- Ascendants (parents, grandparents),
- Descendants (children, grandchildren),
- Siblings,
- Affines in the same line or degree,

- Adopted persons and their spouses,
- A person in a cohabiting relationship.

Persons in a cohabiting relationship (Article 115 § 11 of the Penal Code) are those in a long-term, informal relationship (concubinage) characterized by physical, economic, and emotional bonds.

### **Family in the Family and Guardianship Code**

The Family and Guardianship Code (Act of February 25, 1964) also lacks a clear definition of the family. However, an analysis of the provisions where the term appears (e.g., Articles 10 § 1, 23, 27, 60, and 91) allows for the identification of different family models:

- **Nuclear family:** A formal, two-generational unit formed through marriage, including parents and their shared children or children from previous relationships of one spouse.
- **Single-parent family:** A family where one parent raises children alone.
- **Reconstructed family:** Formed after divorce or separation, including children from various relationships.
- **Multigenerational family:** Including grandparents, children, grandchildren, and lateral relatives.
- **Extended family:** Including not only related persons but also those connected through adoption or shared household management.

**According to Article 23 of the Family and Guardianship Code**, marriage is a legal event that directly leads to the creation of a new family. A family exists within the framework of marriage, even if the spouses do not have children.

### **Family in the Context of Social Assistance**

The only act that introduces a formal definition of the family is the **Act on Social Assistance of March 12, 2004**. In Article 6 of the act, which contains definitions of terms, it states:

*"Family – persons related or unrelated by blood who actually live together, reside together, and run a common household."*

This approach broadens the traditional understanding of family, including not only formal relationships but also people living together and sharing responsibilities.





## Summary

In Poland:

- **Lack of a unified definition:** Polish law lacks a single, universal definition of the family – various legal acts reference the concept of family in different contexts.
- **Prevalence of the formal model:** The Constitution and the Family Code promote the traditional model of family as a community established through marriage.
- **Broader understanding in social assistance:** The Act on Social Assistance introduces a broader concept of family, encompassing a community of cohabitation and shared household management.

Polish law addresses the family in both narrow and broad terms – from formal, two-generational families based on marriage to household communities that include diverse forms of cohabitation. However, the lack of a unified definition complicates consistent interpretation across different legal and social contexts.

## Definition of Health

According to the WHO, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The International Classification of Functioning, Disability, and Health (ICF) is used to record the functional health of each family member. The ICF is based on the biopsychosocial disease model, which views a person's functioning as an interaction between health problems and contextual factors, both environmental and personal. Changes in one of these variables always impact the entire system.

## Conceptual Foundations

The consequences of demographic and epidemiological developments and their inherent trends pose significant challenges to existing international healthcare systems. Foremost, the number of lifestyle-related illnesses, such as physical inactivity, unhealthy lifestyles, and living conditions, is increasing. This affects not only adults but also children, where growth in infectious diseases, allergies, and other psychological disorders can be observed. In the coming years, many regions will face bottlenecks in healthcare due to a structural shortage of doctors and qualified healthcare workers.



Healthcare, especially for vulnerable social groups in rural areas, cities, or districts with high disease burdens, is becoming increasingly inadequate. The **EU4Health program** (2021–2027) emphasizes the importance of healthcare and health promotion alongside a vision for a healthier EU. The program aims to address long-term health challenges by building stronger, more resilient, and more accessible healthcare systems. Furthermore, the World Health Organization (WHO) has highlighted the importance of healthcare and health promotion through the **Ottawa Charter (1986)** and "Health 21 – Health for All."

Particularly, the rapidly increasing demand for medical services, demographic changes combined with structural adjustments in care, economic shifts, and the prevalence of chronic and multiple diseases require new thinking and better approaches in healthcare.

In Europe, care facilities, family-related offerings, and childcare services are often still organized separately. They are typically located in different institutions, each with varying eligibility requirements, benefit levels, and responsibilities. Consequently, families are often under-informed about many services and/or unable to access them. Family policy must be more targeted toward the different stages of family life and begin with the family's immediate environment.

The Ministry of Family Affairs, Older Adults, Women, and Youth recognizes new forms of interaction between family and professional services as a key task for the future. However, there is a noticeable lack of educational opportunities for organizing the highly fragmented knowledge around supporting family health processes.

In other countries (e.g., the USA, Canada, and parts of Africa) with similar healthcare challenges, specialists with specific qualifications already exist, such as community health nurses, family health nurses, and public health nurses. Unfortunately, in many European countries, efforts to develop systemic family-based approaches in public health have been rare.

In this context, the concept of the **Family Health Advisor (FHA)** must be developed. The project's goal is to create specialized training focused on working with individuals, families, and family members at an advanced level. FHAs consult with families on health matters, build networks, organize further assistance, identify potential care gaps, and intervene to provide support during crises.

FHAs can significantly contribute to ensuring and improving the quality and quantity of healthcare, particularly family care, in underserved and/or rural areas and disadvantaged



urban districts. As integral members of multidisciplinary teams in health centers, they can ensure coordination and continuity of family care.

So far, the professional profile of the FHA has not been offered in Europe. While there are some courses and training modules for social workers that touch upon aspects of family health advising, these are insufficient to establish a full professional profile at the European level.

Due to the diverse characteristics of the FHA role, a specific role structure adapted to existing healthcare system frameworks is required. To meet these demands, appropriate qualifications at level six of vocational education and training (VET) are essential.

## Potential Target Groups

Depending on the region and environment, the target groups for FHA can vary significantly. Overall, it is important that all target groups have low-threshold access and are easily reachable, especially vulnerable groups. Potential target groups include individuals, families, and their relatives of all ages who are disadvantaged in terms of health, social, and economic conditions. They address individual needs as well as the needs of specific or entire population groups. Expert interviews indicate that families primarily relying on home care and families with members suffering from chronic illnesses may represent the largest potential target group for FHA. Ultimately, all families should be able to benefit from FHA support, but they should be prepared to receive advice.

Potential FHA target groups are:

- (Future) families with healthy children (in the sense of health promotion)
- Families with healthy elderly members
- Families with relatives of lower social status
- Families with relatives suffering from chronic illnesses
- Families with relatives experiencing acute illnesses and injuries
- Families with relatives suffering from multiple illnesses
- Families with relatives in need of care and support
- Families with relatives needing inclusion and participation
- Families from traditionally socially marginalized groups (including refugees)



- Families with relatives suffering from overnutrition or malnutrition
- Families with relatives struggling with addictions
- Families with relatives suffering from mental health issues
- Families from migration backgrounds

## Area of Activity

The focus is on families and their homes, where both health-promoting and unhealthy behaviors occur. A qualified FHA will work independently and be employed by recognized institutions/organizations. Organizations/institutions operating in multidisciplinary teams face more challenges in this regard. FHA aims for comprehensive, integrated, and close collaboration and coordination with other stakeholders in healthcare.

Local multi-specialty care centers offering nursing, preventive, medical, psychosocial, and rehabilitative services under one roof and coordinated within integrated care frameworks achieve the greatest long-term success. Team-based models leveraging the full range of activities and responsibilities of all actors play a crucial role. FHA has a significant role in this framework, taking on various new and demanding tasks and often serving as the central coordinating and controlling entity between families and institutions/organizations.

A nationwide distribution and proximity of centers to residential areas ensure patients and users easy, low-threshold access to healthcare. Multidisciplinary care offers integrated and localized healthcare that remains sustainable and easily accessible even for complex problems. Its cross-sectoral nature ensures continuity of care and avoids gaps in service provision. As a result, care is meant to be comprehensive and flexible.

Interviews show that FHA should have strong ties with primary, secondary, and tertiary care. Especially when primary care is no longer necessary, further advisory care is required. Interviews also highlight that FHA requires strong links with social workers, general practitioners, the education system, and local government decision-makers, while healthcare organizations and institutions should serve as the foundation of FHA's work.



A more detailed scope of activities and institutions related to FHA can include:

- Medical care centers
- General practitioners and pediatricians
- Specialists in the healthcare system
- Occupational therapy, speech therapy
- (Social) psychiatric services
- Family institutions
- Mother and child facilities
- Local institutions
- Schools / Kindergartens
- Parent meetings
- Clubs
- Churches
- Health information points
- Youth centers
- Health visitors (in schools)
- Primary care
- Migration centers
- Foundations
- Psychological-pedagogical counseling centers
- (Social) welfare centers
- Public health services
- Health insurance providers
- Employment centers



## Work Structure

The role of an FHA depends on the appropriate environment in which they operate. FHA begins in the family's living environment and implements a systemic approach. By focusing on the overall lives of family members, FHA supports families in decision-making processes and acts as communicators, opinion leaders, managers, and providers of various care services. Their tasks may include those suggested by interviews, indicating that the most important aspects are primarily advising on complex illnesses and providing (preventive) guidance from primary to secondary and tertiary prevention.

The main tasks of FHA include:

- **(Initial) contact with families and relatives**

FHA initiates initial contact with families and their relatives to perform a preliminary assessment of the problem/conflict.

- **Handling common routine tasks**

FHA takes over common routine tasks, such as in families dealing with chronic illnesses and/or multimorbidity. This includes monitoring health status, ensuring therapy adherence, collecting results, and checking for deviations. These are achieved by conducting assessments and regularly documenting findings.

- **Healthcare management (case management)**

This involves various tasks and functions for organizing and managing the entire healthcare process. Healthcare management includes leadership, coordination, and guidance of healthcare units to ensure families receive the best possible health services.

- **Health promotion and prevention**

This involves assessing health needs in a specific area to plan, implement, and evaluate interventions in subsequent stages. FHA supports families in maintaining and promoting health. They strengthen the health literacy of families and individuals, including providing necessary support in the healthcare system during illness, participation in treatment and care, and facilitating essential decision-making processes.



- **Advisory, consultation, and training**

Health counseling focuses on health promotion and prevention, involving caregiving relatives when needed. Such counseling should be characterized by professional accuracy, a reflective approach, the application of specialized knowledge, personal competence, and adapting general knowledge to specific cases. A key aspect of consultations is the advisor's behavior. Building trust-based relationships, cooperation, and lasting bonds rely heavily on the advisor's attitude and skills.

- **Promoting self-management/empowerment of patients and families**

FHA's role is to enable individuals and families to manage independently, cope with daily challenges, and adhere to agreements. FHA supports self-regulation and subjective, physical, and mental approaches to health and illness. The long-term goal is for families to independently manage the complex consequences of illnesses or problems.

- **Promoting self-management, connection, and coordination between care centers and local institutions, as well as task representation/management, resulting in inter-/multi-disciplinary teams and the empowerment of patients/families**

Due to the strict separation of different sectors in the healthcare system, interface problems frequently arise. The main task is to close this gap and coordinate the entire supply. FHA is responsible for ensuring comprehensive, coordinated care, integrating service provision and primary care. Care management is critical to providing optimal care for individuals and all healthcare sector workers. This includes presenting work results to interdisciplinary teams and conducting technical, specialized, and general discussions with key stakeholders. Ongoing collaboration will facilitate a continuous exchange of information from the community and provide opportunities to deepen health-related knowledge.

- **Assessment of health needs**

This involves studying the health issues of individuals or groups in a region. Examples include inadequate, excessive, or insufficient care for specific groups. FHA's task is to identify problems, quantify them, and initiate appropriate needs-based planning and treatment based on this analysis.

- **Support with formalities**

FHA provides assistance in completing documents for families. Elderly or disabled



individuals particularly require support with formalities, whether in paper or online formats.

- **Use of new technologies: E-Health, M-Health**

FHA should be familiar with new healthcare technologies and able to use them on behalf of families and their relatives. This includes the electronic exchange of test results and communication with families, colleagues, and other stakeholders in the healthcare system.

- **Application of scientific methods and implementation of research findings**

FHA is capable of accessing, understanding, and evaluating relevant data. This includes assessing specific datasets to identify the needs or health status of groups or individuals and initiating appropriate needs-based planning and treatment.

- **Representation/management of task results in an inter-/multidisciplinary team**

FHA works closely within an inter-/multidisciplinary team. Regular sharing of results, insights, and knowledge within the team is essential. This plays an important role in generalizing effective healthcare practices.

## Work Methods

The work of an FHA focuses on strengthening, restoring, and safeguarding autonomy and empowerment in daily life through education, training, assistance, and social interventions. The methods describe specific, planned, regulated, and goal-oriented approaches that can be applied depending on the problem or situation. For this purpose, FHA employs various methods that can be utilized in their everyday professional work.

Regarding forms of work, the following FHA methods can be outlined:

- Consultations / coaching
- Health promotion and maintenance
- Teaching health skills
- Needs assessment
- (National) healthcare system protocol
- Office hours
- Online consultation hours





- Virtual health advice
- Roundtable questions (help shift perspectives and explore new points of view)
- Reframing (viewing things in a new context, recognizing hidden potential, and interpreting it differently)
- Interactive exercises
- Motivational interviews
- Communication training

## Attitudes

To achieve these goals, FHA should be able to apply various attitudes and techniques depending on the situation and individual needs of the patient. Recognizing the situation, quickly accepting it, and applying an appropriate technique or attitude suitable for the context plays a crucial role. Important approaches and techniques that an FHA should possess include resource-focused thinking, solution orientation, goal/task orientation, and attention to daily life and the living environment.

Additionally, FHA must reflect on the current situation, critically evaluate their actions, and adjust them as needed. Communication is one of the most important aspects for building a stable and optimal relationship with patients and other care providers. This involves listening carefully, verbalizing, and tailoring information. In communication, the FHA should share and empathize with sensitivity and acceptance of other perspectives and experiences. FHA's (specialist) knowledge should remain client-focused, transparent, and balanced in terms of maintaining urgency while ensuring an appropriate balance between closeness and distance from the patient. Other key attitudes include mindfulness, showing interest, curiosity, and confidence. Interviews highlight that FHA should possess a flexible set of techniques and attitudes to adapt to the situation and client.

The following techniques and attitudes can be applied:

- Recognition
- Mindfulness
- (Reflective) listening and verbalizing

- Interest, curiosity, and confidence
- Contextual reference
- Resource orientation
- Solution orientation
- Goal and task orientation
- Daily life and living environment orientation
- Self-reflection
- Limitation and confrontation
- Information transfer
- Transparency
- Critical reflectiveness
- Capacity building
- Open-ended questioning
- Affirmation
- Summarization
- Kindness
- Openness
- Creativity
- Quick decision-making



## Work Tools

FHA has access to a variety of work materials designed to support their daily tasks, clarify objectives, and achieve goals. These include highly practical materials such as informational brochures, books, videos, apps, games, game materials, puzzles, mind maps, life maps, presentations, surveys, worksheets, or flashcards. Additional tools include extended office hours, (individual) group discussions, training sessions, and communication via phone, email, or video calls. The broad range of tools allows FHA to address the specific needs of patients and their families effectively.

The proposed toolkit for Family Health Advisors includes diagnostic, educational, communication, evaluation, and organizational tools. These aim to support comprehensive advisory work, enhance the effectiveness of interventions, and enable the measurement of outcomes. The use of these tools will lead to:

- Better diagnosis of families' health needs,
- More effective motivation for health-related changes,
- Improved control over the support process,
- Enhanced quality of services and FHA's efficiency.

Implementing a consistent toolkit will increase the professionalism of Family Health Advisors and contribute to the more effective realization of Family Health Advisor methodology goals.

Identified work tools include:

### 1. Family Functioning Assessment Sheet based on the ICF classification

- A comprehensive tool for analyzing family functioning in areas such as:
  - **Body functions:** physical health, cognitive, and emotional functions.
  - **Body structures:** physical health, body structure, potential limitations.
  - **Activities and participation:** ability to perform social, educational, and professional roles.
  - **Environmental factors:** living conditions, social support.



- The assessment identifies functional limitations and family resources.

## 2. **FHA Family Health Questionnaire**

- Assessment of physical, mental, and social health.
- Diagnosis of lifestyle, physical activity levels, and healthy eating habits.

## 3. **Psychosocial Resources Assessment Scale (FACES IV)**

- Tool for assessing emotional cohesion and family adaptability.
- Analysis of family cooperation, communication, and support levels.

## 4. **Child and Youth Needs Assessment Tools (ICF-CY)**

- Adaptation of ICF classification for children and youth, accounting for developmental and educational aspects.
- Assessment of developmental needs, group functioning, and mental health.

## 5. **Coaching Cards (Points of You, Insight Cards)**

- Tool for working on family values, goals, and motivation.
- Assistance in defining key areas for work on health and relationships.

## 6. **Motivational Interviewing Techniques**

- Structured questions to support changes in health habits.
- Techniques to strengthen family engagement and motivation.

## 7. **Health Life Wheel**

- Visual tool for analyzing life balance in terms of physical, emotional, social, and spiritual health.

## 8. **Relaxation and Emotional Work Techniques**

- **Perceived Stress Scale (PSS-10)** – Measures stress levels in the family.
- Breathing exercises and mindfulness as a form of support to reduce emotional tension.



## 9. Family Conversation Scenarios (GROW Model)

- Structured conversations to help families set health and social goals.
- **GROW Model:** Goal – Reality – Options – Will.

## 10. Communication Work Cards

- Exercises supporting open communication among family members.
- Techniques for practicing empathetic listening and expressing needs.

## 11. Family Health Progress Assessment Sheet (ICF-Based)

- Form for monitoring changes in family functioning in accordance with the ICF classification.
- Evaluates improvements in health, psychosocial, and relational functions.

## 12. Support Satisfaction Questionnaire

- Tool for gathering family feedback on the effectiveness of FHA support.
- Survey measuring satisfaction levels with health advisor services.

## 13. . Family Action Plan

- Document defining mutually agreed health goals and steps to achieve them.

## 14. Thematic Brochures and Guides

- Healthy lifestyle (nutrition, physical activity, mental health).
- Coping with stress and emotional difficulties.
- Health prevention and chronic disease management.

## 15. Workshops and Thematic Work Cards

- Work cards for children and youth on health, emotions, and communication.
- Sets for families to improve health habits.

## 16. Mobile Applications for Health Monitoring

- Digital tools enabling monitoring of physical activity levels, diet, and health progress.

The proposed tools for Family Health Advisors provide a comprehensive set supporting diagnostics, education, intervention, and evaluation. Including the ICF classification allows for a holistic assessment of family functioning, while coaching and psychological tools support effective changes and building sustainable health habits. This approach enables families to improve their quality of life and fosters healthy relationships and attitudes.



## Qualifications

To effectively participate in healthcare and provide appropriate and quality-assured care for families and their relatives, comprehensive qualifications are essential. Previous professional experience in the healthcare field is desirable/recommended.

The target groups for the educational program developed under the FHA project are individuals with vocational or higher education qualifications at Level 6 of the European Qualifications Framework (EQF). The educational program falls under Vocational Education and Training (VET), does not lead to an academic degree but results in certification, and focuses strongly on developing professional competencies and professionalizing the new profession. This is not an academic training program and is not evaluated through European Credit Transfer and Accumulation System (ECTS) credits.

The following competencies are additionally desired:

- Problem-solving skills
- Creativity
- Intercultural communication
- Resilience
- Independent action
- Complex problem-solving
- Critical thinking and analysis
- Empathy
- Patient-oriented attitude

## Summary

Research on the FHA concept highlights the potential benefits and positive impact such an advisor can have on families and their members. Through a review of literature and expert interviews, it was found that FHA can provide personalized guidance, support, education, and lead to improved health outcomes and increased access to healthcare resources.



The findings underscore the importance and value of having a dedicated FHA in promoting and maintaining family health and well-being. Moreover, training as an FHA can complement and alleviate the burden on healthcare systems. These findings support the implementation and further investigation of the FHA's role in healthcare systems.

