



FAMILY HEALTH ADVISOR

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**ANALYSIS OF THE CONDITIONS FOR IMPLEMENTING
FAMILY HEALTH ADVISOR ACTIVITIES IN FAMILY
SUPPORT SYSTEMS IN PARTNER COUNTRIES**

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ANALYSIS OF THE CONDITIONS FOR IMPLEMENTING FAMILY HEALTH ADVISOR ACTIVITIES IN FAMILY SUPPORT SYSTEMS IN PARTNER COUNTRIES

Introduction

This document presents an analysis of the conditions for implementing the Family Health Advisor (FHA) program within family support systems in the partner countries: Poland, Germany, and Hungary. The document was developed as part of the international project "Family Health Advisor" (2021-1-PL01-KA220-VET-000028101), aimed at developing a health support model for families based on a holistic approach to physical, mental, and social health.

The project focuses on increasing the availability of health support for families by introducing the new role of the Family Health Advisor (FHA) – a specialist combining preventive, educational, and health advisory functions. The FHA's primary task is to support families in maintaining and improving their health while promoting a healthy lifestyle, adapting the support provided to the needs of various age and social groups.

The purpose of this document is to:

- Analyze existing health support solutions and models in the partner countries.
- Identify the legal, organizational, and financial conditions necessary for the effective implementation of the Family Health Advisor model.



- Define key competencies and training standards for future FHAs, emphasizing the need for an interdisciplinary approach to family support.
- Identify barriers and challenges related to the implementation of this model in various national and local contexts.
- Provide recommendations and best practices that may be useful during the implementation process in Poland, Germany, and Hungary.

Each partner country involved in the project has unique systemic conditions that influence the possibilities for implementing the Family Health Advisor program. This document considers the following:

- **Poland:** The focus is on implementing the FHA model within psychological and pedagogical counseling centers, municipal health centers, and preventive programs conducted by local governments.
- **Germany:** Experiences with the Socio-Educational Family Support (SEFS) model, which plays a similar role to FHA, have been analyzed, including cooperation with youth welfare offices (Jugendamt).
- **Hungary:** Existing health support models in schools and health promotion programs have been reviewed, such as the support provided by school nurses and community care services.

The document includes:

1. **Analysis of current solutions in partner countries:** An overview of existing family health support models and preventive programs currently in place.
2. **Organizational and legal criteria:** A description of the formal and legal conditions necessary for the effective implementation of the Family Health Advisor (FHA) model.
3. **Competency and training standards:** Specification of the knowledge, skills, and competencies required for Family Health Advisors, including proposed training modules.
4. **Analysis of barriers and challenges:** Identification of the most common difficulties in implementing the program, such as financial constraints, shortage of specialists, and the need for changes in cross-sector collaboration.



5. **Implementation recommendations:** Proposals for a phased implementation of the FHA program in Poland based on international experiences and research findings.

The FHA concept arises from the need for comprehensive family support in response to growing health and social challenges, such as:

- **Lifestyle diseases:** Obesity, diabetes, hypertension.
- **Mental health issues:** Depression, anxiety disorders, family stress.
- **Health service accessibility inequalities:** Challenges in disadvantaged environments and marginalization of lower socio-economic groups.
- **Lack of service coordination:** Gaps between healthcare, education, and social welfare systems.

Benefits of implementing the FHA model:

- **Increased access to health prevention:** Early intervention and health education for families.
- **Integrated family support:** A comprehensive approach covering physical, mental, and social health.
- **Enhanced health competencies:** Raising health awareness in local communities.
- **Improved cross-sector cooperation:** Integration of efforts from educational institutions, healthcare services, social welfare, and non-governmental organizations.

The objective of this document is to present a comprehensive concept for implementing the Family Health Advisor model based on international experiences and to propose solutions that will enable the effective rollout of the program in Poland. The FHA model can significantly contribute to improving public health, enhancing the quality of family life, and providing effective systemic support in health prevention.

This document serves as a tool for policymakers, local governments, healthcare and educational institutions, and non-governmental organizations interested in implementing innovative family health support solutions.



Hungary

CURRENT SITUATION

The analysis conducted in Hungary focuses on the region where the Hungarian project partner operates. The results and recommendations can be generalized to apply to the entire country. Research on the Family Health Advisor (FHA) program was conducted based on current municipal regulations and interviews with professionals working in the field of family health support. The health counselling process and system should be based on a complex empirical methodology that provides a clear and precise understanding of societal needs and the tasks assigned to address them. Several elements of this system with harmonized functions and a coherent structure have already been identified in Győr, including:

- The application of a composite set of indicators in line with WHO recommendations.
- Dynamic, long-term trend analysis based on extended time series data (5-10 years).
- Service coverage.
- The broadest possible interpretation of health determinants.
- Identification of territorial and social inequalities and their specificities.
- Use of data and information at district and neighborhood levels.
- Consideration of the consequences of the COVID-19 pandemic and the refugee situation from Ukraine.

Target Areas of the Family Health Advisor Program

The Family Health Advisor program can be particularly effective in interventions concerning disease classification, cumulative health problems, and diseases showing a significant rise in incidence. In Hungary, it is recommended to implement the program in conjunction with existing support networks, potentially as part of a pilot project like the one in Győr.

Importance of Child Nursing and School Health Services

Child nursing services and school health services are crucial components of primary healthcare and should be integral to the family support model.



Both child nursing services and school health services form an essential part of primary healthcare. The primary responsibilities of nurses include prevention, early disease detection, and health promotion. Their tasks involve caring for children from birth to school age, supporting school-aged children who do not attend school, participating in school healthcare, providing care for pregnant women, and conducting various screening tests for women. In 2022, 58 child protection nurses operated in the city of Győr, 40 of whom worked in the local area, while 18 served as youth protection nurses in schools.

In addition to nurses, school doctors and general pediatricians also participate in school health services, focusing on preventive and curative health care for students, emphasizing prevention, screening, and health monitoring. In 2022, there were 24 pediatricians and 25 primary care dentists providing healthcare services in schools.

Health Education and Prevention in Education

Educational and training institutions actively participate in health education programs, starting as early as preschool age.

In the **“Healthy Hungary 2014-2020”** strategy, comprehensive institutional and school health promotion (CIHP) was identified as a priority function. Among its many objectives, the following stand out:

- Health promotion.
- Health maintenance.
- Effective disease prevention.
- Development of health-conscious behaviors and health education.

Activities include addressing children's physical needs and encouraging physical activity, promoting coordinated and harmonious physical development, supporting physical fitness, protecting health, promoting a healthy lifestyle, hygienic practices (e.g., tooth brushing), disease prevention, and establishing health-promoting habits. A key component is also collaboration with parents to collectively promote these values.

Győr is part of the "Healthy Cities" program and the WHO Healthy Cities Program Office, serving as a project city since 1994. Recently, the city has allocated 8 million HUF for participation in these programs.



Health Promotion and Addiction Prevention

A significant component of health promotion is the Municipal Drug Situation Survey, completed in 2020, which served as the basis for developing a new municipal drug prevention strategy and a three-year action plan, introduced in 2020 and 2021, respectively.

The Association for the Health of Győr was also a partner in establishing the "Family Circle" Family Center, operated by the Hungarian Maltese Charity Service. This center offers recreational and health-promotion programs for families with young children, providing various educational materials, information, and knowledge for young family members. This example illustrates the significant role NGOs play in health promotion and prevention.

Although the list of NGOs is not exhaustive, many play a crucial role in shaping health awareness and promoting health-conscious behaviors. They engage in health protection, health promotion, and health maintenance using various approaches—either in cooperation with the state and local governments or through their own independent programs. In Győr, the number of such civic initiatives exceeds 20.

Target Areas for Age-Appropriate Health Counseling

The youngest generations are the most vulnerable to the influence of healthy habits and health counseling. Therefore, the Family Health Advisor (FHA) program plays a crucial role as it emphasizes a holistic approach to health counseling. At this stage of life, the health and development of infants and young children largely depend on the health characteristics of their parents and their immediate social environment.

Considering the professional foundations for counseling in Győr, it can be stated that preventive and prenatal counseling services provided by the network of pediatric nurses are of a high standard.

Breastfeeding practices are adequate, and even surplus breast milk is collected and distributed to those in need. Infant care and health education are highly effective, with only minor exceptions, primarily within the Roma community, where traditional customs often conflict with the recommendations provided by health advisors.

Family issues often begin to manifest in infants after the first year of life. These include parental burnout and the increasing number of psychological problems among adults, which can negatively affect the well-being of the entire family. An additional challenge is the early introduction



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of digital media with parental involvement, such as using digital devices to soothe or lull a child to sleep. Studies have shown that this practice can negatively impact speech and motor development, as well as strain the child's vision and nervous system.

If a child's speech or motor development is delayed, it may be necessary to implement specialized developmental support and refer the child to an educational counseling center. By preschool age, signs of delayed motor development, fine motor skill issues, obesity, sedentary lifestyles, and attention disorders may begin to appear. The Family Health Advisor (FHA) program can play a crucial role in preventing these issues through parental education and early intervention.

Childhood as a Priority Area for Future Preventive Health Interventions

School-age children currently show a lower prevalence of certain disease groups, such as respiratory conditions, including asthma. However, a statistical deterioration has been observed in this area. At the same time, the number of orthopedic problems, such as scoliosis, has risen by 30%, with an increasing number of students requiring physiotherapy due to postural defects, flat feet, obesity, or general body misalignment.

This increase is partly due to improved monitoring and more effective screening procedures. Enhanced health monitoring and more accurate diagnostic methods contribute to detecting a higher number of cases. This means that the rising statistics are not solely the result of unhealthy, sedentary lifestyles but also reflect improvements in preventive care and diagnostics.

In the case of obesity, the statistics are clearer and have shown consistent growth over the years. Childhood obesity is increasing, with some extreme cases observed—5% of primary school children have a Body Mass Index (BMI) as high as 31.

Mental Health of Children and Adolescents

Mental health disorders begin to dominate among children from around the age of 12, with their frequency steadily rising. Effective prevention would require well-coordinated programs, particularly in the form of family counseling, where the Family Health Advisor (FHA) could play a key role in providing support and education.

Gender Identity Disorders

A noticeable increase in gender identity disorders has also been observed, including the phenomenon referred to as the "boyishness" of girls. This issue is particularly visible in the 12-14 age



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group and often manifests through fashion trends and alternative lifestyle choices. Both teachers and parents often lack sufficient knowledge on how to respond appropriately to such situations. Therefore, it is essential for parents and educational institutions to be informed, understand these phenomena, and promote acceptance and support.

The Family Health Advisor (FHA) should play a significant role in addressing these challenges through family education and support programs.

Diabetes and Food Allergies

The incidence of diabetes among children is also rising. Although children with diabetes can now lead full lives, regular support, education, and counseling for both children and their parents remain essential. The Family Health Advisor (FHA) could provide invaluable support in educating families on managing diabetes and addressing the growing issue of food allergies.

Aggression and Peer Violence

Aggression and peer violence, particularly in schools, have become increasingly common social phenomena in Hungary over the past decade, including in Győr. However, it is important to note that there are differences between districts—suburban areas and neighborhoods with more green spaces tend to report lower rates of such behavior compared to lower socio-economic regions.

However, forms of aggression that have shifted to the Internet and social media are no longer dependent on geographic location—they affect all social groups equally. In this area, the Family Health Advisor (FHA) could also play a significant role by providing education on preventing cyberbullying.

Vision Problems and Technology Addiction

Vision problems, partly caused by excessive use of digital devices, have also significantly increased. While preventive campaigns in recent years have successfully reduced tobacco use and drug consumption, there has been a rise in technology addictions, including excessive use of smartphones, social media, and energy drinks.

Among primary school students, despite a decline in smoking rates, the percentage of children experimenting with alcohol remains high—reaching as much as 86% among children aged 12-13.



Addictions Among Youth

The most common forms of addiction among children and adolescents include:

1. Smartphone and social media addiction.
2. Excessive consumption of energy drinks, which may be linked to the increasing prevalence of hypertension among youth.

Intergenerational Relationships and the Role of Health Advisors

Young people today are primarily socialized within institutional systems (e.g., nurseries, schools), which offer limited opportunities for sharing experiences with older generations. Additionally, traditional relationships between grandparents and grandchildren have shifted, disrupting classic social roles.

However, revitalizing these relationships in a structured and supportive way—through targeted community programs—could enhance health promotion and prevention efforts. Mutual interactions between older and younger generations could enrich the experiences of older individuals by facilitating meaningful contact with youth, while also broadening the perspectives of younger people.

A well-organized Family Health Advisor (FHA) program could strengthen health and preventive initiatives by focusing on supporting both children and their families.

POSSIBILITIES AND CONDITIONS FOR IMPLEMENTATION

Four key conditions for the successful implementation of the Family Health Advisor (FHA) program:

1. Ensuring adequate financial support and planning in alignment with the existing healthcare system.
2. Meeting professional needs and competency criteria.
3. Providing appropriate training and a sufficient number of available specialists.
4. Conducting thorough assessments and defining clear objectives and target areas for health support.

Potential challenges related to the implementation of the Family Health Advisor program:



1. Financial constraints within the existing primary healthcare system, including funding for the network of healthcare professionals.
2. Shortage of specialists in many healthcare sectors.
3. Lack of demand in some municipalities or issues related to the obligation to ensure healthcare coverage.
4. The need to adapt the organization and structure of the system to existing healthcare elements (e.g., networks of nurses, pediatricians, general practitioners), which may differ depending on the community or even the region.

Given these conditions and challenges, creating a health map and identifying trends provide a foundation for planning. The following section presents health characteristics and their social context to support the planning process.

Family, health, and family health counselling in existing vocational education models – professionalization paths, educational pathways, conditions, and requirements

Problem Areas

Health services in Győr are accessible, yet there is a shortage of specialists in some professions, such as nurses and social workers. Although these shortages can be temporarily compensated by employing individuals without full qualifications, this applies mainly to the social care sector rather than the medical field.

In many cases, the issue is not a lack of service availability but insufficient motivation among certain social groups to seek advice and support. This is particularly evident among the most marginalized groups, such as the Roma community, where engagement with health and social services remains limited. These challenges also encompass situations of homelessness and cultural differences. For example, Roma customs may make it difficult to accept health advice, especially when it contradicts traditional practices, such as infant feeding habits or child education principles.

Disadvantaged Populations:

An analysis was conducted on the access of the Roma community to health and social services, based primarily on interviews with professionals working in this area. Many individuals living in



extreme poverty, including members of the Roma community, face significant barriers to accessing screening tests and counseling programs. In the case of home counseling, these individuals often seek support only from people they trust.

The Újváros Rehabilitation Program conducted several screening tests, which some disadvantaged individuals, including the Roma, utilized after a series of awareness-raising activities. However, experts point out that the health status of the Roma community is significantly below average, with many members lacking basic health knowledge and requiring support in nearly all areas. Their understanding of hygiene and nutrition often falls below minimum standards, impacting the health of both adults and children, including newborns.

For example, interviews with nurses revealed that traditional practices within the Roma community frequently conflict with current dietary recommendations, making it difficult to persuade families to eliminate allergenic foods from infants' diets.

Additionally, motivating individuals living in extreme poverty, including members of the Roma community, to adopt healthier lifestyles remains challenging. Many believe that healthy eating is financially unattainable, even as they spend money on substances like tobacco, alcohol, and drugs.

Nurses and social workers also shared their field experiences, highlighting two concerning trends:

1. A decline in public safety.
2. An increase in drug use in the Újváros district.

Numerous instances of public drug dealing in broad daylight were reported, often witnessed by local residents. Despite reporting these incidents to the police, the law enforcement response was deemed insufficient.

Both health and social care sector representatives pointed to challenges related to the influx of Ukrainian refugees, which added additional strain on support services. Difficulties arising from the COVID-19 pandemic were also emphasized, such as non-compliance with health guidelines among the Roma and other marginalized groups, requiring additional educational and intervention efforts.



Another significant issue is illiteracy among some members of the Roma community, which further complicated the situation during the COVID-19 pandemic. Online administration and email communication were often impossible for them, placing additional pressure on field workers.

To implement a cohesive concept for the Family Health Advisor (FHA) program, it was necessary to collect information on the tasks carried out at the municipal level and the resources available in institutions, including non-governmental organizations (NGOs). Collaboration between the health and social care sectors plays a crucial role in this area, as both sectors are mutually dependent, especially when supporting the most vulnerable age groups: children and older adults.

Health promotion should be an integral part of every intervention, and a support system should be consciously and structurally developed based on interconnected elements. The dimensions of health—body, mind, and spirit—must be treated as a triad, emphasized from early childhood and continued throughout life. The Family Health Advisor (FHA) system can play a vital preventive and protective role in this context.

Mental health is one of the most critical issues highlighted in almost all studies, expert interviews, and analyses of problem areas. It should be prioritized in health initiatives. Within this context, the dissemination of stress management, conflict resolution, and relaxation techniques should be a key objective among students, teachers, and families.

It is equally important to support professionals working with youth through:

- Training sessions.
- Conferences.
- Methodological materials.
- Publications.
- Promotion of best practices.
- Experience exchange.
- Supervision.

A multi-country FHA initiative can serve as an excellent foundation for developing these efforts.



A significant barrier to the effectiveness of these systems and the achievement of their goals is the lack of professional competencies, as highlighted in the current research. This issue is particularly evident in the areas of child and adolescent psychiatry and addiction treatment, where system overload leads to weakened professional relationships and reduced support effectiveness.

Social and educational workers report that children requiring specialist treatment often do not receive it in a timely manner. Even when assistance is provided, there is often a lack of feedback on the actions that could support the child's full reintegration. The lack of visibility and transparency in professional processes across different support systems hampers overall effectiveness.

According to respondents, there is a significant demand for preventive programs and screening tests.

However, planning and tracking patient pathways often prove challenging or unclear, resulting in many patients not participating in screenings or receiving timely care. In this context, screening programs targeted at women appear more developed compared to those for men, despite the high morbidity and mortality rates in certain male disease groups. Additionally, some diseases are only screened when there is a family history of illness. Experience shows that while increasing the number of screening programs would be beneficial, there is a lack of sufficient health awareness and education in society, and health behavior changes often fail to meet desired outcomes. Supplementing existing programs with the support of Family Health Advisors (FHA) could offer an excellent opportunity for more effective information dissemination, which is a crucial element in preventive efforts.

Improving men's health is a key issue that could be addressed through government-developed screening programs, further supported by counseling services. Greater attention should also be given to disadvantaged, marginalized groups and minorities, who often experience poorer living conditions and higher disease rates. It is essential to include homeless individuals in screening initiatives.

Another possible solution could involve engaging a wider range of service providers, including private healthcare facilities, fitness centers, sports and recreational venues, as well as educational and cultural institutions in health promotion activities.



Collaboration between school health specialists and social care professionals – such as school doctors, pediatricians, nurses, school psychologists, and social workers – along with psychological and pedagogical counseling centers and out-of-school care services, can significantly enhance the effectiveness of health prevention strategies.

Developing health literacy and promoting health-conscious behavior across all age groups and life situations, including children, adults, the elderly, individuals with limited mobility, and people with disabilities or special educational needs (SEN), requires substantial progress. Therefore, a key task involves ensuring effective health communication, healthy lifestyle programs, and widespread screening campaigns.

The Family Health Advisor (FHA) could play a crucial role in these activities, and its relevance in this context is undeniable.

An additional goal is to develop a care system that enables adult individuals with disabilities to remain under the care of their elderly parents, similar to how parents care for sick children. Such a system can only function effectively if it is supported by ongoing professional guidance, making the role of the Family Health Advisor a vital element of this model.

Promoting an active, healthy lifestyle, mass sports, and healthy eating habits are priority areas for counseling efforts, as these factors can significantly contribute to disease prevention and avoidance. It is clear that specialists recognize the need to strengthen primary healthcare through a stronger focus on both preventive measures and treatment.

Involving general practitioners (GPs) in preventive actions would be a significant step forward, making the development of a family health counseling system both logical and beneficial.

The implementation of the Family Health Advisor (FHA) program could improve, expand, and deepen existing healthcare options for all age groups across different life stages. Through counseling and support in prevention and specialized expertise, it would be possible to increase the number of healthy life years and, for those with existing conditions, improve the chances of recovery or maintaining stable health.

The main challenges include ensuring the availability of qualified professionals and securing adequate funding. However, the long-term benefits, such as a reduction in serious illnesses due to preventive measures and positive changes in the overall health of society, make the implementation of this model highly valuable.



Germany

CURRENT SITUATION

In the Federal Republic of Germany, “*Socio-educational family support*” (SEFS) is a service that clearly overlaps with the scope of support offered by the Family Health Advisor (FHA). It is a standard service within the youth welfare system, legally regulated under § 31 SGB VIII:

“Socio-educational family support aims to assist families in their educational responsibilities, coping with everyday problems, resolving conflicts and crises, and maintaining contact with authorities and institutions through intensive care and support, as well as helping families to help themselves. It is generally designed as a long-term measure and requires the cooperation of the family.”

Health promotion for children, adolescents, and parents is one of the possible areas of counselling alongside support for educational, social, and economic issues. In this context, the role of the Family Health Advisor closely aligns with the SEFS service in terms of target groups and the scope of activities.

Beyond SEFS, municipal preventive strategies serve as the foundation for initiating and coordinating activities to promote health and active participation of children and young people in social life. In the city of Essen, this strategy has been implemented under the leadership of the Youth Welfare Office, with the cooperation of the Department of Education, the Municipal Social Welfare Office, the Health Department, JobCentre, and other stakeholders. Within the framework of this preventive strategy, various counselling roles have been established, and several projects have been initiated, as described below.

One example of a counselling role similar to the Family Health Advisor is the “*Health Advisor*” project, which was presented during the visit to the organization *Condrops e. V.* during the LTT. This project is implemented through a partnership between *BAGNÄ e. V.*, *Condrops e. V., prop e. V.*, and *AbbVie Deutschland GmbH & Co. KG*, as part of the PLUS Health Initiative Hepatitis C in Munich.



As part of this project, cooperation was also established with the local branch of the *Child Protection Association (Kinderschutzbund)*, which provides various health promotion and counselling services for families, children, and adolescents.

Socio-educational family support (SEFS) is a community-based, resource-oriented form of assistance aimed at various family types (e.g., patchwork families, single-parent families). In addition to direct family systems, relevant external environments such as schools, friends, and social services are also involved in the counselling process.

SEFS professionals apply a broad range of methods, such as systemic and family therapy approaches (Wolf, 2023). However, in contrast to the Family Health Advisor (FHA) model, the tasks are distinguished from explicitly therapeutic work. Instead, SEFS focuses on practical life support and assistance integrated into everyday family life.

The SEFS concept includes three main phases:

- Initial phase: Establishing contact and building a working relationship, during which the client's goals are formulated.
- Intensive phase: The counselling process focused on achieving the jointly established goals.
- Final phase: Gradual withdrawal of support (Demski, 2023).

The SEFS service is generally voluntary; however, in cases where a child's well-being is determined to be at risk, recommendations may be issued requiring the family to use this support.

The Kinderschutzbund's health services are typically aimed at families, children, and youth.

Examples of projects include:

- "Healthy Start – Prevention in Living Environments": This project provides counselling for pregnant women and young families in cooperation with paediatricians, gynaecologists, social services, and addiction support centres.
- "Interdisciplinary Early Intervention Centre": Supports children with developmental delays and those from socially disadvantaged backgrounds by offering occupational therapy, speech therapy, physiotherapy, and educational therapy.
- lernHÄUSER Centres: These centres offer educational support for children and youth, including health education and counselling for families.



According to one respondent, the majority of Kinderschutzbund's beneficiaries come from socially disadvantaged backgrounds.

Organization and Financing of Socio-Educational Family Support (SEFS)

The SEFS service is organized and financed through the respective youth welfare offices (*Jugendamt*). The costs of child and youth welfare services are largely covered by municipal budgets (approximately 70%), with partial funding from federal states (less than 30%) and, to a lesser extent, the federal government (Wiesner, 2018, p. 166).

Projects and initiatives implemented as part of the prevention strategy are funded from both state and federal resources as well as municipal budgets. An example is the “*kinderstark – NRW schafft Chancen*” program, funded by the North Rhine-Westphalia state government.

In the city of Essen, additional funds are obtained from the European Social Fund (ESF) and private foundations. The projects are mainly implemented by independent youth welfare organizations.

The Health Advisor Project in Munich receives financial support from a private company (*AbbVie Deutschland GmbH & Co. KG*).

The activities of Kinderschutzbund are largely financed by donations (for health-related initiatives, for example, by health insurance companies). Additionally, national, regional, and local financing comes from membership fees, public grants, and fines imposed in criminal proceedings.

SEFS – Effectiveness and Challenges

Socio-Educational Family Support (SEFS) is a well-established concept, with a steadily increasing demand for family support services (Messmer et al., 2019). Despite the growing number of cases, relatively little data exists on the effectiveness and specific procedures involved in SEFS implementation.

According to Messmer et al. (2019), a gap still exists between the conceptual framework and actual practice. While studies indicate a degree of effectiveness within the SEFS system (see Rucker et al., 2010; Messmer et al., 2019), in 2023, only 62.8% of support services were completed in accordance with the assistance plan (Fendrich et al., 2023, p. 74).



The Birth Guides concept has been highly accepted among young families (Berger et al., 2023). A representative from the Youth Welfare Office reported that 97% of families participated in a systematic needs assessment process conducted in maternity hospitals.

The annual report from the Munich *Family Advisor* project highlights that the support services were very well received by individuals using psychoactive substances, becoming a significant component of medical care for these patients. In 2022, 1374 counselling and mediation sessions were conducted. However, due to staff shortages, not all requests for support could be fulfilled (Condrobs, 2023).

The lernHÄUSER centers run by Kinderschutzbund have been operating for nearly 25 years. The demand for services, particularly in the area of health promotion, remains very high. However, according to one respondent, these needs cannot be fully met due to staffing and financial limitations.

According to data from the Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2021), the traditional pathway to becoming a family assistant within the SEFS context involves completing specialized higher education in social pedagogy, social work, social sciences, or general education.

In addition to formal academic education, essential components of professional preparation for working with families include additional counseling qualifications, such as systemic counseling training (Conen, 2023).

The aforementioned Federal Ministry emphasizes that the needs for family counseling are highly complex and that community-based family support holds great potential. However, it also highlights that, unlike in other countries, relatively few studies on the professional qualifications of family support specialists have been conducted in Germany so far (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2021).

A study conducted by the Austrian Institute for Family Studies at the University of Vienna on state-funded family counseling underlines that, besides formal academic education, the following factors play a critical role in the professionalization of specialists:

- Self-awareness and self-reflection,
- Regular intervention and supervision of professional work (Kapella et al., 2022).



The study also indicated that a broad spectrum of resource- and solution-oriented interventions is a key qualification component for counselors (Kapella et al., 2022). These findings align with the objectives of the Family Health Advisor (FHA) training program.

Academic education in this field is provided by universities, public vocational colleges (Fachhochschulen), and private universities. Higher education is available at both the Bachelor's and Master's levels, aligned with the European Qualifications Framework (EQF) levels 6 and 7, respectively. For instance, in 2023, 88.8% of social work students were enrolled in Bachelor's programs, while 9.7% were pursuing Master's degrees (Meyer & Braches-Chyrek, 2023).

It is worth noting that in recent years, the permeability between vocational schools for early childhood educators and higher education institutions has increased. As a result, some work completed in vocational schools is now being recognized as part of academic degrees (Fuchs-Rechlin & Rauschenbach, 2018).

Private universities have also shown significant growth in recent years, increasingly offering specialized degree programs in social work and social pedagogy. As of 2023, over 25% of social work students were enrolled in private institutions (Meyer & Braches-Chyrek, 2023), often with specializations tailored to specific professional fields.

Additional qualifications to enhance counseling competencies are frequently offered by private training institutes (e.g., advanced systemic counseling courses). Professional associations such as:

1. Systemische Gesellschaft (Systemic Society)
2. Deutsche Gesellschaft für Supervision und Coaching (German Association for Supervision and Coaching)

These organizations contribute to quality assurance by setting required standards for specific counseling qualifications. These standards typically include:

1. Theoretical and methodological training,
2. Self-awareness practices,
3. Supervision and intervision,
4. Documented counseling practice and professional experience,



5. Independent work and literature studies.
6. In some cases, these additional training modules are already integrated into university programs or are offered as certificate courses that can be accredited according to the requirements of the above-mentioned associations.
7. Considering these insights, the development of counseling skills through a comprehensive range of methods, intervention approaches, and professionally supervised self-awareness is crucial for effective counseling work. Therefore, these components should be incorporated into the Family Health Advisor (FHA) training program.

Academic training for specialists in the field of family counseling is offered by both public universities and colleges, as well as state-recognized private institutions.

Most public universities receive funding from public sources, while private institutions are generally financed through tuition fees paid by students. Universities operated by church institutions are partially funded by public sources and partially by church organizations.

Advanced training courses (e.g., systemic counseling) organized by private training institutions are usually financed by the participants themselves. However, in some cases, financial support is provided by employers, such as youth welfare organizations.

According to studies conducted by Fuchs-Rechlin and Rauschenbach (2018), a trend towards professionalization of qualifications among child and youth care specialists can be observed in Germany:

- In counseling centers, the proportion of staff with academic qualifications is 76%,
- In youth welfare offices (Jugendamt), the rate stands at 73% (Fuchs-Rechlin & Rauschenbach, 2018).
- In Austria, the proportion of family counselors holding a university or applied sciences degree is 88.1% (Kapella et al., 2022).

University-level pedagogical education has undergone significant changes in recent years (Fuchs-Rechlin & Rauschenbach, 2018). These changes include:

- Differentiation of pedagogical study programs based on thematic and content specializations,
- Introduction of both generalist and more specialized study programs.



Examples include:

- The creation of new degree programs in early childhood education and pedagogy,
- The development of courses in the field of health psychology.

According to Fuchs-Rechlin and Rauschenbach (2018), the long-term qualitative effects resulting from the development of new study programs remain uncertain. The authors highlight that the previously well-established professional group is now experiencing both horizontal shifts (between programs with different content) and vertical shifts (between qualification levels).

These changes in the classification of educational levels are also a subject of discussion in the context of the German and European Qualifications Framework.

POSSIBILITIES AND CONDITIONS FOR IMPLEMENTATION

Key findings from workshops and interviews indicate a significant need for the introduction of the Family Health Advisor (FHA) role, as identified by both independent youth welfare organizations and youth welfare offices (Jugendamt). While numerous health promotion services exist, they are often targeted at specific groups. Introducing a professional responsible for providing health support throughout the entire family life cycle would be highly desirable. Implementing the Family Health Advisor role would help meet the need for a low-threshold health advisory service.

The proposal developed based on expert discussions during workshops and interviews suggests linking the Family Health Advisor role with the youth welfare office, in a structure comparable to the Socio-Educational Family Support (SEFS) specialists. The youth welfare office plays a central role in implementing child and youth welfare measures, providing the structure and resources necessary for the long-term integration of the FHA role into the local prevention strategy.

As described above, SEFS, as an institutionalized family support service, shares significant similarities with the Family Health Advisor concept, particularly in the areas of health promotion and prevention. Additionally, the youth welfare office already carries out numerous projects and initiatives related to family health counselling.

The youth welfare office is also well networked with other entities, such as independent youth welfare organizations, and coordinates part of their activities. These existing structures can and should be leveraged for implementing the Family Health Advisor role.



However, experts emphasize that linking the FHA role with the youth welfare office should differ significantly from the SEFS structure. Although it is proposed that FHA advisors be financed by the youth welfare office and organizationally integrated with it, maintaining a clear distinction between SEFS and FHA is essential.

The primary argument for this separation is the potential risk of stigmatizing clients, as SEFS sometimes involves intervention measures, such as the removal of children from families in cases of endangerment. For this reason, it is also recommended to avoid linking the FHA with district social work units.

Furthermore, the positioning of the Family Health Advisor should be clearly differentiated from SEFS, both in terms of communication and terminology, to prevent clients from feeling hesitant to seek health advice.

At the same time, at least part of the FHA's working hours should be dedicated to working within institutions that have direct contact with potential clients. According to one representative from the youth welfare office, such an approach would be feasible in a pilot model similar to services currently provided in maternity clinics. In this model, the funding comes from the youth welfare offices, but the specialists work directly in healthcare facilities and are formally employed there. This structure ensures that the role of the Family Health Advisor is firmly embedded within the healthcare system (see also Berger et al., 2023).

Experts also highlight experiences from existing preventive concepts, such as the "kinderstark – NRW schafft Chancen" program, where advisory specialists work at least partially in practical institutions, facilitating access to families and reducing concerns related to seeking assistance.

Flexibility and collaboration with various practical institutions should also be ensured by allowing institutions to request the support of an FHA advisor when needed. Representatives of independent care organizations involved in the project emphasize that the occasional involvement of an FHA would enhance the quality and sustainability of their activities.

This approach is considered effective by various entities, including:

- The Child Protection Association (Kinderschutzbund),
- The Migrant Counseling Center,
- The Health Counseling Center Condrops e.V.,



- The "School 2000" Program,
- School representatives.

In addition to daily involvement, the implementation of the FHA could also take place through external counseling shifts held at the relevant institutions.

During the project, both discussions at the multiplier event and conducted interviews indicated that primary schools could play a key role in implementing Family Health Advisors (FHA). A significant point of focus was the developmental phase since primary education is mandatory for all children, regardless of their social background.

Class teachers, who accompany students for most of the week, often know them well, including their health and social circumstances (e.g., appropriate seasonal clothing, healthy snacks during breaks, injuries, etc.). School social workers and staff from all-day care centers were also identified as key participants who can detect support needs early. They should be informed about the FHA services through training initiatives to ensure they can effectively involve an FHA in the support system when necessary.

Another proposed solution from the Youth Welfare Office (Jugendamt) involves linking Family Health Advisors with neighborhood work or community management, where there is intensive collaboration with local associations and institutions supporting youth welfare.

Regarding the academic education of the FHA, a training pathway similar to that of SEFS (Socio-Educational Family Support) family assistants was proposed, including the completion of a bachelor's or master's degree in:

- Social Pedagogy,
- Social Work,
- Social Sciences,
- Educational Sciences (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2021).

Due to the specific focus on health promotion, a degree in health psychology or general psychology could also be appropriate for this role.



Additional Mandatory Modules (with Required Certifications) According to the FHA Training Program:

- Basic and advanced medical knowledge,
- Nutritional sciences,
- Basics of prevention and rehabilitation,
- Life-phase-oriented actions in social work,
- Methods and interventions in (systemic) counseling.

As described above, the concept of the Family Health Advisor (FHA) should be organized by the youth welfare offices (*Jugendamt*) in cooperation with independent youth care institutions.

The financing of the Family Health Advisor role is perceived by the involved stakeholders as a key critical factor for the successful implementation of this role. Many projects run by independent organizations are financed through:

- Donations,
- External funds (foundations, grants),
- Selected public subsidies.

Due to this reliance on temporary funding, despite achieving success, such projects often cannot be sustained in the long term. To create a sustainable support structure, continuous funding should be secured from:

- The federal government,
- Federal states,
- Local authorities.

To implement the role of the Family Health Advisor (FHA), experts recommend starting with a two- to three-year implementation phase. The planning and execution of this phase should involve:

- Youth welfare offices,
- Local governments,



- Representatives of educational institutions (schools and kindergartens),
- Healthcare professionals.

For the city of Essen, it is recommended to involve the steering group of the national program “*kinderstark – NRW schafft Chancen*”, which includes representatives from:

- The health department,
- Practical care institutions,
- Schools and kindergartens.

Funding for the Pilot Phase:

- External Funds: For example, non-profit foundations such as the Alfred Krupp von Bohlen und Halbach Foundation.
- Evaluation Funding: The funds for project evaluation should also come from external sources.

Positive Evaluation of the Pilot Phase:

- The Youth Welfare Office in Essen acknowledges that, following a positive evaluation, there is a realistic chance of transitioning to permanent funding and incorporating the Family Health Advisor (FHA) into the long-term prevention strategy.

Legal Considerations:

It would also be desirable to regulate the role of the Family Health Advisor (FHA) in legal provisions similar to:

- § 35a SGB VIII – Integrative support for children and adolescents with psychological disabilities or those at risk of developing them.
- § 31 SGB VIII – Socio-educational family support (SEFS).

Funding Challenges:

- Financial Issues Identified by Experts:
 - Funding has been pointed out as the primary barrier.
 - Despite identified potential funding sources, interviews highlighted the worsening financial situation of local authorities.



- Rising social and staffing costs, along with investment backlogs, make it difficult to introduce new programs.

Perception of the Youth Welfare Office:

- Some target groups express critical attitudes towards the Jugendamt, fearing stigmatization.
- The Youth Welfare Office is often associated with interventionist actions (e.g., child removal in cases of endangerment).
- To avoid stigmatization, it is recommended to clearly distinguish the roles of the FHA and SEFS both within organizational structures and in client communication.

High Service Access Barriers:

- Overly complex application procedures (e.g., in SEFS) can discourage families from seeking support.
- The FHA should be designed as a low-threshold service that is easily accessible to families.
- Linking the FHA to practical institutions such as schools and kindergartens would further facilitate access.

Isolation of Activities:

- While cooperation networks between family support organizations and youth welfare offices already exist in many cases, research findings indicate:
 - Some projects still operate too independently.
 - Intensifying cooperation is necessary to solidify the FHA's role in the family support system.



Poland

CURRENT SITUATION

In Poland, there is a significant need to improve the family health support system due to growing health and social challenges. Modern health problems, such as lifestyle diseases (obesity, diabetes, hypertension), mental health issues (depression, anxiety), and limited access to integrated preventive care, require innovative and comprehensive solutions.

The current health and social support system in Poland focuses mainly on reactive healthcare, with limited emphasis on prevention and psychosocial support at the family level. There is also a lack of coordination mechanisms between sectors, which hinders effective responses to the complex needs of families.

The Family Health Advisor (FHA) model offers a modern approach based on holistic support for physical, mental, and social health. Implementing the FHA model in Poland could address key system needs such as:

- **Early Health Prevention:** Reducing the risk of chronic diseases through early health interventions and education.
- **Psychological and Educational Support:** Providing tools and resources for families to improve mental health and stress management skills.
- **Integration of Cross-Sectoral Activities:** Connecting healthcare, education, and social services to offer a comprehensive approach to family support.
- **Improved Access to Health Support:** FHAs could operate at the community level, eliminating barriers to accessing health and preventive services.

The need to introduce the FHA model in Poland also arises from the aim to reduce health disparities across different social groups, with a particular focus on families at risk of social exclusion, older adults, and people with disabilities. Poland needs a more effective family health support system, especially in the areas of health prevention, health education, and early intervention. The Family Health Advisor model could play a key role in complementing the current healthcare and social assistance system by providing holistic support for physical, mental, and social health.

Existing Solutions in Poland



Several initiatives and programs in Poland aim to achieve similar goals to the Family Health Advisor (FHA) model but are often limited to specific areas of operation or target groups:

- **School Medicine and School Nurses:**
 - Provide health prevention and education in educational institutions.
 - The scope of support is mainly limited to children's and youth's physical health, with limited focus on psychosocial aspects and family work.
- **Psychological and Pedagogical Counseling Centers:**
 - Offer diagnostic and therapeutic support for children and families.
 - Focus primarily on educational and psychological issues, without holistic health care coverage.
- **Family Midwives Programs:**
 - Provide health prevention and perinatal support services.
 - Mainly focus on the care of pregnant women and newborns, without broader health support for entire families.
- **Early Intervention Programs:**
 - Conducted by early intervention centers and specialized health clinics.
 - Targeted at children with disabilities and their families, with limited availability for other social groups.
- **Municipal Health Centers Programs:**
 - Local initiatives implemented in some municipalities offering health prevention and educational activities.
 - Lack a unified operating standard and are limited to selected regions.

POSSIBILITIES AND CONDITIONS FOR IMPLEMENTATION

The FHA model in Poland should focus on:

- **Providing comprehensive health support:** This includes support for physical, mental, and social health tailored to the individual needs of families.



- **Early health prevention:** Promoting a healthy lifestyle and early identification of health risks.
- **Health education:** Raising health awareness through informational campaigns, workshops, and training sessions.
- **Strengthening intersectoral cooperation:** Integrating activities of the healthcare sector, social services, education, and non-governmental organizations (NGOs).

Key Areas of Activity:

- **Health Education:** FHA organizes educational workshops in schools, counseling centers, and health centers, promoting a healthy lifestyle, including a balanced diet, physical activity, and stress management.
- **Health Counseling:** Health advisors provide individual health consultations, helping families plan preventive actions and manage chronic diseases.
- **Psychological Support:** FHA supports families during crises, offering psychological and therapeutic assistance, as well as stress management programs.
- **Chronic Disease Prevention:** FHA engages in preventive activities such as health monitoring, dietary consultations, and promoting physical activity to reduce the risk of lifestyle diseases.

Target Support Groups:

- **Families with preschool and school-aged children:** The priority is preventive actions and health education for children and their caregivers.
- **Elderly People:** FHA can support seniors through preventive programs, physical activity sessions, and assistance with accessing healthcare services.
- **People with Disabilities:** Health advisors offer support in adapting the home environment, accessing healthcare services, and providing psychological support for families with disabled members.



Organizational Structure and Cooperation:

- **Key Partners:**

- Psychological and Educational Counseling Centers – as central hubs for educational and health support.
- Healthcare Facilities (primary care units, school nurses, family doctors) – for preventive and diagnostic activities.
- Non-Governmental Organizations – for support in health prevention and social initiatives.
- Local Authorities – ensuring financial resources and integrating actions within local communities.

Funding Model:

- **Public funds** from the state budget and local governments.
- **European funds** (e.g., health education programs).
- **Collaboration with private sponsors and foundations.**
- **Incorporation of activities under contracts with the National Health Fund (NFZ).**

FHA Qualifications and Training

- Higher education in public health, health education, or social work.
- Specialized FHA training in line with the project model, including:
 - Motivational Interviewing.
 - International Classification of Functioning (ICF).
 - Crisis intervention techniques.
 - Working with families in crisis and therapeutic techniques.
- Postgraduate studies:
 - A modular postgraduate program for health advisors, including theoretical classes, practical sessions, and supervision.



Key Implementation Stages

1. Preparatory Stage:

- **Local Needs Assessment:** Conduct an initial analysis of the population's health status, available resources, and local needs for family health support.
- **Engagement of Key Stakeholders:** Consultations with representatives from health, social care, education, local authorities, and NGOs.
- **Development of an Action Plan:** Creating a detailed implementation plan, including a timeline, scope of activities, and key success indicators.
- **Recruitment and Training of Health Advisors:** Organizing the first round of training and certification for advisors following the FHA model.

2. Pilot Stage:

- **Selection of Pilot Regions:** Implementing the pilot in selected psychological-pedagogical counseling centers and health institutions.
- **Testing Tools and Methods:** Applying diagnostic, educational, and coaching tools developed within the FHA model.
- **Initial Family Consultations:** Health advisors will begin working with families, providing preventive and educational support.
- **Monitoring and Documentation:** Collecting data on the effectiveness of activities, the number of families served, intervention quality, and health progress.

3. Evaluation Stage:

- **Assessment of Pilot Results:** Analyzing data gathered during the pilot phase, including:
 - Effectiveness of health support (e.g., improvement in families' health habits).
 - Participant satisfaction assessment.
 - Efficiency of health advisors' work.
- **Review of Tools and Methods:** Assessing the effectiveness of the tools used and potentially modifying the approach.
- **Summary Report:** Developing a final report with recommendations for further actions



4. Scaling Stage:

- **Program Expansion:** Gradually expanding the FHA program to other regions based on pilot results.
- **Training and Certification of Additional Advisors:** Organizing subsequent training rounds, including postgraduate study formats.
- **Integration with the Healthcare System:** Incorporating FHA into the primary healthcare (PHC) system and local government services.
- **Standardization and Legal Regulation:** Implementing national standards defining the role, competencies, and methods of FHA work.

5. Long-term Maintenance Stage:

- **Monitoring and Quality Control:** Continuously monitoring program results through periodic reports and audits.
- **Continuous Competence Development:** Organizing further training and supervision for advisors.
- **Long-term Evaluation:** Conducting regular assessments of FHA activities' long-term effectiveness.
- **Financial Sustainability:** Ensuring the financial stability of the program through funding from the state budget, local governments, and European funds.

Challenges and Barriers to Implementation

- **Lack of Stable Funding:**
 - The need to secure permanent funding sources from the state budget, local governments, and European funds.
 - Risk of instability in long-term funding for health projects, which may affect the continuation of activities after the pilot phase.
 - Necessity to develop a co-financing model involving the private sector and non-governmental organizations (NGOs).
- **Limited Number of Specialists:**



- Insufficient number of qualified health advisors.
- The need to create a comprehensive training system and postgraduate programs to prepare FHA professionals.
- Recruitment challenges in smaller towns and rural areas.
- **Low Health Awareness:**
 - Insufficient public knowledge about the importance of preventive healthcare and the role of health advisors.
 - The need for nationwide educational campaigns promoting a healthy lifestyle and the role of FHA.
 - Limited willingness of families to commit to long-term health programs.
- **Lack of Clear Legal Regulations:**
 - Absence of a formal definition of the FHA role within the legal system.
 - The need to introduce regulations defining work standards, qualifications, and the scope of competencies for FHA.
 - Necessity to integrate FHA activities with existing health protection and social assistance regulations.
- **Difficulties in Cross-Sectoral Coordination:**
 - Challenges related to effective collaboration between the health, education, and social assistance sectors.
 - Risk of overlapping competencies and tasks among various institutions.
 - The need to appoint a regional or national FHA coordinator to streamline efforts.

Key Challenges Recap:

- **Lack of Stable Funding:** The need to secure permanent public resources.
- **Limited Number of Specialists:** The need to train new personnel.
- **Low Health Awareness:** The necessity for public awareness campaigns.



Recommendations:

- Implement pilot projects in selected regions with diverse social profiles.
- Create a national database of health advisors.
- Introduce legal regulations defining the FHA role within the healthcare and social assistance systems.

The Family Health Advisor (FHA) model can play a crucial role in health prevention and family support in Poland. To implement it effectively, it is essential to develop a comprehensive cross-sectoral collaboration system and ensure stable funding sources. The successful implementation of the model in Germany and Hungary suggests that a properly adapted version could also be effective in the Polish context.

Summary

The document on the possibilities of implementing the Family Health Advisor (FHA) model in Poland, Germany, and Hungary provides comprehensive information on the concept, organizational conditions, and challenges related to the implementation of this innovative health support model for families.

Key Findings:

1. Need for FHA Implementation:

The analysis highlights a significant need for the introduction of the FHA model in response to current health and social challenges. Increasing rates of chronic diseases, mental health issues, and limited access to coordinated health services point to the necessity of improving preventive care and early intervention.

2. FHA as a Complement to Existing Solutions:

Partner countries already have partial solutions supporting family health, such as Socio-Educational Family Support (SEFS) in Germany, community health nurses in Hungary, and psychological-pedagogical counseling centers in Poland. The FHA model could complement these initiatives by adopting a more holistic approach to health, combining physical, mental, and social support.



3. **Legal and Organizational Context:**

Successful implementation of FHA requires:

- Legal frameworks defining the FHA role within the health and social care systems.
- Clear funding mechanisms at both national and local levels.
- Cross-sector collaboration involving health services, education, and social care.

4. **Competency and Training Standards:**

The FHA implementation would require establishing standardized training procedures, including:

- Knowledge in public health, health psychology, and preventive care.
- Skills for working with families, such as motivational counseling, communication, and crisis intervention techniques.
- Familiarity with tools like the ICF (International Classification of Functioning, Disability, and Health).

5. **Barriers and Challenges:**

Key barriers to program implementation include:

- Lack of stable funding sources.
- Shortage of qualified professionals.
- Limited public awareness about health prevention.
- Concerns about family stigmatization due to the FHA's association with child welfare services.

Recommendations and Next Steps:

• **Pilot Implementation:**

Conduct pilot programs in selected regions to test the FHA model in practice, considering local needs and resources.

• **Mixed Funding Approach:**

The financing model should be based on:

- Public funds (state budget, local government funds).



- European Union funding.
- Partnerships with NGOs and private foundations.
- **Training and Certification:**
Implement standardized training and postgraduate courses for FHAs to ensure uniform service quality.
- **Integrated Approach:**
FHA professionals should work closely with existing health, education, and social care structures to provide comprehensive family support.

The Family Health Advisor (FHA) model has the potential to significantly improve health support for families in Poland, Germany, and Hungary. However, effective implementation requires proper legal, organizational, and financial preparation. Considering the conclusions presented in this document, combined with international experiences, could contribute to increased health system efficiency and improved family well-being in the partner countries.

