

APPENDIX B

Family Context Assessment

The initial assessment of the family context should include a comprehensive review of all aspects of the family microsystem pertinent to the family. The Family Context Assessment (FCA) includes data related to the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Time spent gathering baseline information provides the family nurse with a means for comparing member and family states over the life course. In a FCA, data should be based upon the presenting need for the assessment and captured for all appropriate members. Baseline information can later be compared to follow-up data so that a continuous family record can be maintained. Information collected for multiple family members has the potential to clarify complex family health relationships. Potential uses for the FCA are broad and the purpose for gathering the information would determine the areas assessed. All assessment areas would not be completed on the initial visit, but data pertaining to a specific client concern directs the specifics of information collected. For instance, if the client has a chronic illness then inclusion of data about the immediate caregiver is appropriate or if the family has several members with asthmatic conditions then an environmental assessment is important. As nurse(s) works with the family over time, additional data can be added when assessments are completed.

The inclusion of baseline genograms and/or eco-grams can provide excellent additions to the FCA with modifications made or new ones drawn as the family status changes. The FCA can provide tools for multiple care providers from a variety of disciplines to provide input into the family record. A variety of assessment tools might be useful in gathering family data and agencies, institutions, programs, services, etc. will need to identify the data most appropriate to the care they might provide and may want to develop tools or instruments for use in the assessment process. Development of a database that captures information electronically can link multiple members into a family file. The discussion provided here is intended to provide an overview of the kinds of data that might be included in the FCA, but decisions about the appropriateness of what is collected should be guided by the interventions intended.

Family Microsystem

When considering the family microsystem, the nurse should begin by asking a few questions: Who are the members of the family? What are the relationships among the members? Are there members who are only resident in the household part-time? Do some members who are considered family no longer live in the household? Are some extended family members viewed as immediate family? Are live-in friends, partners, or relatives viewed as family? Are persons from prior partnering relationships or marriages viewed as family members? Which member data is appropriate for collection at this time?

Family Data

A demographic assessment data should include all persons residing within the household that are viewed as family. These are usually persons who are either biologically or emotionally related, but may not be persons legally recognized as family. Data collection should also include data about persons not presently living in the household, but still viewed as family. Development of charts that include all family members, listing mother, father, children in descending order of age, and others. Dates when data is collected should be noted. Some data will change over time and so a means for recording updated information should be incorporated.

Family Name(s) _____

Member Names	Health Insurance	Types of Insurance	Adequacy of Insurance

Member Names	Birthplace	Current Address	Phone Number

Member Names	Age	Gender	Race	Ethnicity	Religion

Member Names	Family Relationship	Highest Educational Attainment	Marital Status

Member Names	Occupation	Employed	Employer's Name	Employer's Location

Family Economic Status:

Who is the primary breadwinner in the family?

Who else contributes to the family income?

Does the family receive other forms of supplemental income? What are these?

Does the family view their income as adequate to meet their needs?

What forms of support are available that enable the family to meet member needs?

Is the family able to manage current income to meet their needs?

Developmental Information

This assessment is to determine whether the developing persons within the family are acting in ways that are generally viewed as age or stage appropriate. Hanson and Boyd (1996) and Wright and Leahey (2000) provide excellent resources for developmental assessment.

Member Names	Developmental Information	Hobbies and Interests

Health Status

Health information includes age appropriate information. For instance with infants and toddlers, information about immunizations, notes regarding physician visits, screenings, dentist, and optomologist visits, etc. Additional health information should be obtained on an assessment form that gathers biophysical and mental health information. Well-designed instruments are available for health assessment and appropriate tools should be identified to become part of the family database.

Cultural Assessment

Prior to completing an assessment, problems of language must be identified. If language barriers exist, then an interpreter should be obtained. Interpreters should be instructed to translate directly what is said without interpreting it unless asked to do so. Family nurses need to be aware of barriers related to interpretations, perceptions, slang, idioms, and colloquialisms inherent to particular regions. Deafness and hearing loss may present language barriers and flag the importance of completing a cultural assessment. Information about social organization or ways a particular culture may organize themselves (e.g., clans, castes), religious relationships to specific culture, variations where culture affects communication patterns, attitudes about personal space, and orientation to time (e.g., present versus future orientation) may need to be assessed. A family member or a family may identify more than one relevant culture. If the person is foreign born, then assessment should identify the country of origin (e.g., a Hispanic may be from Mexico, Cuba, South America or Spain) and differentiate needs between American born or long-settled in the nation. Cultural assessment includes values, beliefs, traditions, and routines related to processes of becoming, health, and well-being. Many cultures have patterned behaviors associated with birth, death, child rearing beliefs, transitional life points, diet, sexuality, disease, illness, and health. A cultural assessment tool should either be selected from existing tools or one should be created for inclusion in the database.

Father's Cultural History

Family Culture(s)	Biological Risks	Important Values	Traditional Patterns	Dietary Patterns	Health/Illness Behaviors

Mother's Cultural History

Family Culture(s)	Biological Risks	Important Values	Traditional Patterns	Dietary Patterns	Health/Illness Behaviors

Household Niche Data

Descriptive data about the family household can provide valuable information about the immediate, tangible, and intangible household where the family socially constructs their definitions and practices related to family health. What risks and/or benefits does the household niche present?

- Physical Structure
- Material Goods
- Immediate Surroundings
- Tangible Family Resources
- Intangible Family Resources

Neighborhood Data

Understandings about the neighborhood location where the family household is located and where the members work and play can provide meaningful insight about embedded factors influencing family health. What things within the neighborhood have direct or indirect relationships to the household production of health?

- Proximal Relationships
- Proximal Processes

Larger Community

Information about the larger community provides an abundance of information relevant to family health that may be correlational, linked to causality, or be viewed as risks and strengths. What are the relationships between the family and the community?

- Institutions
- Agency supports
- Employment opportunities
- Educational resources
- Health resources
- Social resources

Family Mesosystem

The family mesosystem refers to the influences experienced by family members as they interact between the family microsystem and diverse settings. Although a family may have several members, each experiences interactions, experiences, and events differently. Unique circumstances, individual interests, persons in the environment, and other contextual phenomena affect members in shared and unshared ways. Peer and family relationships, school, play, and work influence unique members, the family, and family health. Relevant questions in the following areas can provide information about individuals.

- Peer relationships (e.g., dyad and triad relationships with close kin, friendships)
- Preschool, school, and child-care processes
- Work, unemployment, and underemployment
- Play: Adult and child (e.g., regular activities, personal hobbies, vacations)
- Healthcare systems (e.g., services used, relationships with providers)
- Social support systems (e.g., club or group memberships, church affiliations, formal and informal support groups)

Family Exosystem

Family health not only includes the unique characteristics and processes of the family and the interactions of its developing members, but also the impact of others outside the family household. What things are occurring even when members are not present that still affect processes of becoming, health, and well-being.

- Peer relationships
- Preschool/School
- Work
- Play
- Healthcare systems
- Social support systems

Family Macrosystem

The macrosystem includes ideologies, social expectations, legal and moral perspectives, and cultural or sub-cultural traditions that affect developing persons, family households, and the social construction of family health. The macrosystem affects the reciprocal ways developing individuals treat and are treated by others outside of the family context. What things occurring the larger environment are affecting the family and the status of its members?

- Social Policy
- Health Policy
- Public Policy
- Larger Environments

Chronosystem

The chronosystem refers to time elements that provide meaningful perspectives to unique individuals and families. Whether events are normative or non-normative, they have lasting member and family effects with potential for positive attributes (e.g., pride, celebration, positive self-esteem) or negative outcomes (e.g., remorse, sorrow, stress). What are the important historical events for various members? What are the biorhythms that influence the ways members' function? How do seasons alter health patterns?

Normative events

Normative events are often highly anticipated and bound to the cultural patterns of persons within specific social contexts at given points in time. For instance those born in different generations, living in unique social settings, members of diverse religions, races, ethnicities, and cultures experience normative events in dissimilar ways. What are those shared meanings of family members related to birth, marriage, school entrance, puberty, school graduations, joining the workforce, military service, retirement, episodic illness, death in old age, and other life events. Often families have meanings and rituals associated with normative events.

Non-normative events

Non-normative events appear unexpectedly and are times for which preparedness is often lacking. These events are usually unanticipated and may significantly alter the family's life for long time periods or forever. For example, non-normative events could be the birth of a child with a disability, divorce, failure to complete high school, unemployment or job inequity, relocation, winning the lottery, premature or traumatic death, and chronic illness. Members often

lack rituals or routines to assist them with meaning making and view non-normative events as threats.

Conclusions

Use of the FCA should be determined by the purposes data will serve. Assessment of areas not especially pertinent at a particular point in time should be saved for a later date. The gathering of FCA data and its analysis takes a skilled practitioner that has knowledge and skills relevant to family care. Practitioners must be able to (a) interpret the information in relationship to presented problems, (b) work with the family to identify family health goals, (c) develop and implement appropriate interventions, and (d) evaluate family outcomes. While a baseline assessment is necessary, it is expected that follow-up assessments will provide greater clarity and understanding of issues as the nurse and family collaborate in developing health plans that influence individual well-being and the household production of health.