

MINNESOTA DEPARTMENT OF HUMAN SERVICES
SDM[®] STRENGTHS AND NEEDS ASSESSMENT
DEFINITIONS

Family's perspective of culture and cultural identity

Culture is a system of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. Culture may refer to racial, ethnic, religious, or social identity. In recognition of the importance and strength of cultural norms, have a discussion with the family about how culture influences their family in each of the domains. *Document in this text box any information gained from your discussion on culture with the family.*

CAREGIVER

SN1. Household Relationships/Domestic Violence

Consider cultural and intergenerational factors that may contribute positively or negatively to household relationships.

- a. Supportive. Internal or external stressors (e.g., illness, financial problems, divorce, special needs) may be present, but the household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy) and shares responsibilities mutually agreed upon by the household members. Household members mediate disputes and promote nonviolence in the home. Household members are free from threats, intimidation, or assaults by others within the household. The caregiver may have a history of domestic violence however, demonstrates an effective or adequate coping ability now.
- b. Minor or occasional discord. Internal or external stressors are present, but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, household members respect each other, exercise appropriate personal boundaries, and are free from threats, intimidation, or assaults by others.
- c. Frequent discord or some domestic violence. Internal or external stressors are present, and the household is experiencing increased disruption of positive interactions coupled with lack of cooperation with one another and/or emotional or verbal abuse. May be evidenced by the following:
 - Custody and visitation issues are characterized by frequent conflicts;
 - The caregiver's pattern of adult relationships creates significant stress for the child;
 - Adult relationships are characterized by occasional physical outbursts that may result in minor injuries, and/or controlling behavior that results in isolation or restriction of activities. The offender and the victim may seek, or are willing to seek, help in reducing threats of violence.

- d. Chronic discord or severe domestic violence. Internal or external stressors are present and the household experiences minimal positive interactions. May be evidenced by the following:
- Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or child protective services (CPS);
 - The caregiver's pattern of adult relationships places the child at risk for maltreatment and/or contributes to severe emotional distress;
 - One or more household members use regular and/or severe physical violence including hitting, choking, slapping, pushing, etc. Individuals engage in physically assaultive behaviors toward other household members. Violent or controlling behavior has or may result in injury;

SN2. Resource Management/Basic Needs

Consider cultural and intergenerational factors that may contribute positively or negatively to resource management.

- a. Resources are sufficient to meet basic needs and are adequately managed. The caregiver has access to safe and stable housing; food; and clothing. The caregiver successfully manages available resources to meet basic care needs related to health and safety.
- b. Resources may be limited but are adequately managed. The caregiver has access to adequate housing, food, and clothing. The caregiver adequately manages available resources to meet basic care needs related to health and safety.
- c. Resources are insufficient or not well-managed. The caregiver has access to housing but it does not meet the basic care and safety needs of the child due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child. The family may be homeless; however, there is no evidence of harm or threat of harm to the child. The caregiver does not adequately manage available resources or the resources that are available are insufficient, which results in difficulty providing for basic care needs related to health and safety.
- d. No resources, or resources are severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members, such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. Food and/or clothing do not meet basic needs of the child. The family is homeless, which results in harm or threat of harm to the child. The caregiver lacks resources or severely mismanages available resources, which results in unmet basic care needs related to health and safety.

SN3. Alcohol and Other Drug Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)
Consider cultural and intergenerational factors that may contribute positively or negatively to alcohol and other drug use.

- a. Promotes and demonstrates a healthy understanding of alcohol and drugs. The caregiver may use alcohol or prescribed medications; however, use does not negatively affect parenting skills and functioning. The caregiver may or may not have a history of abuse, but now promotes and demonstrates an understanding of the choices made about the use and effects of alcohol and drugs on behavior and society.
- b. Alcohol or prescribed medication use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or prescribed medications; however, it does not negatively affect parenting skills and functioning.
- c. Alcohol or drug abuse. The caregiver continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. The caregiver needs help to achieve and/or maintain abstinence from alcohol or drugs, or to develop an effective management strategy.
- d. Chronic alcohol or drug abuse. The caregiver's use of alcohol or drugs results in behaviors that impede ability to meet his/her own and/or his/her child's basic needs. He/she experiences some degree of impairment in most areas including family, social, health, legal, and financial. He/she needs intensive structure and support to achieve abstinence from alcohol or drugs, or to develop an effective management strategy.

SN4. Mental Health/Coping Skills

Consider cultural and intergenerational factors that may contribute positively or negatively to mental health/coping skills.

- a. Strong coping skills. The caregiver demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive manner. The caregiver demonstrates realistic and logical judgment, and appropriate emotional responses. The caregiver displays resiliency and has a positive, hopeful attitude.
- b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with circumstances and displays an apparent ability to cope with adversity, crises, or long-term problems.
- c. Mild to moderate symptoms. The caregiver displays periodic mental health symptoms that have a detrimental effect on functioning. The caregiver has occasional difficulty dealing with situational stress, crises, or problem solving.
- d. Chronic/severe symptoms. The caregiver displays chronic, severe mental health symptoms. These symptoms impair the caregiver's ability to perform in one or more areas of parental functioning, employment, education, problem solving, or provision of food and shelter.

SN5. Social Support System

Consider cultural and intergenerational factors that may contribute positively or negatively to social support system.

- a. Strong support system. The family regularly engages with a strong, constructive, mutual support system. Caregivers interact with extended family; friends; and/or cultural, spiritual, or community support or services that provide a wide range of resources.
- b. Adequate support system. As needs arise, the family uses extended family; friends; and/or cultural, spiritual, and community resources to provide support and/or services such as child care, transportation, supervision, role-modeling for caregiver(s) and child, parenting and emotional support, guidance, etc.
- c. Limited support system. The family has a limited support system, is isolated, or is reluctant to use available support and this has some negative impact on family functioning and ability to meet basic health and safety needs.
- d. No support system. The family has no support system and/or does not utilize extended family and community resources, and this has a severely negative impact on family functioning and ability to meet basic needs.

SN6. Physical Health

Consider cultural and intergenerational factors that may contribute positively or negatively to physical health.

- a. No physical health issues and preventive health care is practiced. The caregiver promotes and practices good health, and has access to health care. There are no current unmanaged physical health issues/concerns.
- b. Health issues do not affect family functioning. The caregiver has no current health concerns that affect family functioning. The caregiver accesses regular health resources for him/herself (e.g., medical/dental).
- c. Health concerns/disabilities affect family functioning. The caregiver has health concerns or conditions that affect family functioning and/or family resources and may have limited access to health care or may be reluctant to utilize available care.
- d. Serious health concerns/disabilities result in inability to care for the child. The caregiver has serious/chronic health problem(s) or condition(s) that affects his/her ability to care for and/or protect the child, and may have no access to health care or refuses to utilize available care.

SN7. Parenting Skills

Consider cultural and intergenerational factors that may contribute positively or negatively to parenting skills.

- a. Strong skills. The caregiver displays good knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. The caregiver expresses hope for and recognizes the child's abilities and strengths and encourages participation in family and community. The caregiver advocates for family and responds to changing needs.
- b. Adequately parents and protects child. The caregiver displays adequate parenting patterns that are age-appropriate for the child in areas of expectations, discipline, communication, protection, and nurturing. The caregiver has basic knowledge and skills to parent.
- c. Some difficulty parenting and protecting the child. Caregiver has some difficulty parenting and protecting the child. Caregiver needs to develop more realistic expectations to be better at using age appropriate disciplinary methods, improve communication, have a better sense of their child's needs for safety and nurturing, or be a better advocate for their child.
- d. Significant difficulty parenting and protecting the child. The caregiver has repeatedly done things that have harmed or could harm the child. Caregiver has seriously unrealistic expectations about age-appropriate disciplinary practices, and/or the child's physical, emotional, or developmental needs for basic care, nurturing, and protection. Parenting practices or lack of parenting knowledge has resulted in or may result in chronic or pervasive physical or emotional injury to the child.

CHILDREN

CSN1. Emotional/Behavioral

Consider cultural and intergenerational factors that may contribute positively or negatively to emotional/behavioral adjustment.

- a. Strong emotional/behavioral adjustment. The child displays strong coping skills and positive behavior management in dealing with crises and trauma, disappointment, and daily challenges. The child is able to develop and maintain trusting relationships. The child is also able to identify the need for, seek, and accept guidance. There is no indication of criminal/delinquent behavior.
- b. Adequate emotional/behavioral adjustment. The child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. The child may demonstrate some depression, anxiety, or withdrawal symptoms, but maintains situationally appropriate emotional and behavioral control. For behavior issues related to delinquency, the child has successfully completed probation or is actively engaged in probation, and there has been no criminal behavior in the past year.

- c. Limited emotional/behavioral adjustment. The child has occasional difficulty in dealing with situational stress, crises, or problems, which impairs functioning. The child displays periodic mental health symptoms or behaviors that are atypical for the child's developmental stage and are not believed to be due to medical problems. These include but are not limited to eating problems, toileting problems (e.g., encopresis, enuresis), hostile behavior (e.g., biting, fighting, severe tantrums), depression, running away, somatic complaints, or apathy; and/or the child is or has engaged in occasional, nonviolent delinquent behavior and may have been placed on probation within the past year.
- d. Severely limited emotional/behavioral adjustment. The child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms or behaviors, such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals; and/or the child is or has been involved in any violent or repeated nonviolent delinquent behavior that has or may have resulted in consequences such as incarcerations or probation.

CSN2. Physical Health/Disability

Consider cultural and intergenerational factors that may contribute positively or negatively to physical health/disability.

- a. Good health. The child demonstrates good health and hygiene care, involving awareness of nutrition and exercise. The child has no known health care needs. The child receives routine preventive and medical/dental/vision care and immunization.
- b. Adequate health. The child has no health care needs or has minor health problems or a disability that can be addressed with minimal intervention that typically requires no formal training (e.g., oral medications). Age-appropriate immunizations are current.
- c. Minor health/disability needs. The child has health care or disability needs that require routine interventions that are typically provided by lay persons after minimal instruction (e.g., glucose testing and insulin, cast care). Consistent health or dental care has not been provided, resulting in medical conditions.
- d. Serious health/disability needs. The child has serious health problems or a disability that requires interventions that are typically provided by professionals or caregivers who have received substantial instruction (e.g., central line feeding, paraplegic care, or wound dressing changes). Consistent health or dental care has not been provided, resulting in chronic medical conditions.

CSN3. Family Relationships

For children in placement, score the child's family, not his/her placement family.

Consider cultural and intergenerational factors that may contribute positively or negatively to family relationships.

- a. Nurturing/supportive relationships. The child experiences positive interactions with family members. The child has a sense of belonging within the family. The family defines roles, has clear boundaries, and supports the child's growth and development.
- b. Adequate relationships. The child experiences positive interactions with family members and feels safe and secure in the family, despite some unresolved family conflicts.
- c. Strained relationships. Stress/discord within the family interferes with the child's sense of safety and security. The family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.
- d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes the child's sense of safety and security. The family is unable to resolve stress, conflict, or violence on their own and is not able or willing to obtain outside assistance.

CSN4. Alcohol and Other Drug Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter medications)

Consider cultural and intergenerational factors that may contribute positively or negatively to alcohol and other drug use.

Not applicable (Select this if the child is too young to assess)

- a. Chooses drug-free lifestyle. The child does not use alcohol or other drugs and is aware of consequences of use. The child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use substances despite peer pressure/opportunities to do so.
- b. No use/experimentation. The child currently does not use alcohol or other drugs. The child may have experimented with alcohol or other drugs, but there is no indication of sustained use. The child has no current problems related to substance use.
- c. Alcohol or other drug use. The child's alcohol or other drug use results in disruptive behavior and discord in school/community/family/work relationships. Use may have broadened to include multiple drugs.
- d. Chronic alcohol or other drug use. The child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. The child may require medical intervention to detoxify.

CSN5. Education

Consider cultural and intergenerational factors that may contribute positively or negatively to education.

Not applicable (Select this if the child is too young to assess)

- a. Outstanding academic achievement. The child is working above grade level and/or is exceeding the expectations of the specific educational plan.
- b. Satisfactory academic achievement. The child is working at grade level and/or is meeting the expectations of the specific educational plan.
- c. Academic difficulty. The child is working below grade level in at least one, but not more than half, of academic subject areas, and/or child is struggling to meet the goals of the existing educational plan. Evaluation for an educational plan or modifications to an existing plan may be necessary.
- d. Severe academic difficulty. The child is working below grade level in more than half of academic subject areas, and/or child is not meeting the goals of the existing educational plan. The existing educational plan needs modification. Also, score “d” for a child who is required by law to attend school but is not attending.

CSN6. Peer/Adult Social Relationships

Consider cultural and intergenerational factors that may contribute positively or negatively to peer/adult social relationships.

- a. Strong social relationships. The child enjoys and participates in a variety of constructive, age-appropriate social activities. The child enjoys reciprocal, positive relationships with others.
- b. Adequate social relationships. The child demonstrates adequate social skills. The child maintains stable relationships with others; occasional conflicts are minor and easily resolved.
- c. Limited social relationships. The child demonstrates inconsistent social skills; the child has limited positive interactions with others. Conflicts are more frequent and serious, and the child may be unable to resolve them.
- d. Poor social relationships. The child has poor social skills, as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or the child is isolated and lacks a support system.

CSN7. Child Development

Consider cultural and intergenerational factors that may contribute positively or negatively to child development.

Referral for early childhood developmental screening: *Yes* *No* *Not required*

- a. Advanced development. The child’s motor, language, cognitive, and social/emotional skills are above his/her chronological age level.

- b. Age-appropriate development. The child's motor, language, cognitive, and social/emotional skills are consistent with his/her chronological age level.
- c. Limited development. The child does not exhibit motor, language, cognitive, and social/emotional skills expected for his/her chronological age level. Consider minor delays in development, including gross or fine motor, language, social, and cognitive skills; and mild autistic tendencies (e.g., impairments in social interaction, communication, or behavior patterns).
- d. Severely limited development. Most of the child's motor, language, cognitive, and social/emotional skills are two or more age levels behind chronological age expectations. Consider major delays in development, including gross or fine motor, language, social, and cognitive skills; displaying severe autistic tendencies (e.g., significant impairments in social interactions, communication, or behavior patterns); or behaviors indicative of a severe learning disability.