

Interim Guidelines for Caseloads ***for Psychologists at the Ministry of Education***

Guiding Principles

- Safe and best practice are prioritised and casework is active not reactive;
- Ensuring services provided are of high quality, with sufficient time for professionals to carry out their work and be reflective;
- Empowering staff to have manageable workloads;
- Creating space for professionals to complete duties outside of core casework responsibilities.

Learning Support

The maximum caseload for a full-time equivalent psychologist working primarily with severe and challenging behaviour cases shall be 15. Cases should be in a range of stages within the poutama.

By mutual written agreement between manager and psychologist this could be extended up to 17 or reduced to 12 for defined periods not longer than three months, depending on the experience of the practitioner. New graduate practitioners should start with up to 8-10 cases for their first six to 12 months of practice.

Case complexity and risk will impact the number of cases a psychologist can safely manage. In determining the caseload of psychologists there should be an appraisal at allocation phase if the case is likely to be complex or have substantial risks to child safety. Cases will be weighted as worth two cases where situations include any of the following:

- Family involvement with mental health
- Oranga Tamariki involvement and/or FGC processes
- High conflict situations between school and home (e.g., Board involvement)
- School capability/skill requires intensive support and/or case being recently 'on hold' (e.g. due to. leave, attrition, secondment).

Also requiring consideration for safe caseload management are significant transition periods and intensive stages of the poutama (e.g., assessment).

Additional duties impacting the agreement of caseloads include:

- Additional responsibilities beyond casework including workshops;
- Systemic work supporting organisational change and participation in working parties
- MAPA, IY and UBRS training and support;
- Supporting new practitioners and/or co-working cases
- Traumatic incident team responsibilities;
- Administrative requirements;
- Travel time;
- Supervision responsibilities;
- ORS/HCN work.

Where a practitioner takes on additional duties their caseload will be adjusted to consider the time that is required to be spent doing this non-case work. When a practitioner identifies a case being at a monitoring stage or near closing, the case may be weighted at 0.5.

IWS

The Intensive Wraparound Service operates caseloads which are currently between 10-12 per psychologist full-time equivalent.

Other types of cases

Any ORS cases where psychologists are involved in supporting behaviour change (i.e., severe & challenging behaviour requiring safety/behaviour plan) should be counted as 1 full case within the core 15 cases.

Lead-worker responsibilities regarding transitions (e.g., into school, between classes, out of school) should be weighted higher than regular lead-worker cases.

'Co-worker' or 'lead-worker' ORS and High Health caseloads should be agreed between the manager and the employee, but these cases should not exceed 45 cases per FTE.