ORANGA TAMARIKI
Ministry for Children

New Zealand Government

Social Impact and Research

# Measuring Case Complexity

## Part 1 Social Worker Survey

**Measurement of care and protection case complexity to enable development of a model to predict complexity using operational data**

The Oranga Tamariki Social Impact and Research team works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

**Email:** research@ot.govt.nz

**Authors:** Akika Takada, Duncan McCann, Erin O'Donnell

If you need this material in a different version, please email us at research@ot.govt.nz and we will provide it for you.

**ISBN:** 978-1-0671304-1-1

**Citation guidance:**

This report can be referenced as Takada, A., McCann, D. M., & O'Donnell, E. (2025). *Measuring Case Complexity, Part 1 Social Worker Survey*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.



**Acknowledgements:**

Eyal Apatov

Jacquelyn Kirkland

Cat Gilmour-Hay

Darren Renau

Fiona Perret

Sarah Richardson

# Contents

## List of figures

## List of tables

# Executive Summary

This report presents the findings from a survey conducted with care and protection social workers at Oranga Tamariki—Ministry for Children. The survey aimed to measure the complexity of cases managed by social workers (Part 1) to enable development of a model that predicts case complexity using operational data (Part 2). This project contributes to a broader initiative to improve social worker caseload management.

## Methodology

The survey employed a mixed-methods approach, collecting quantitative data through structured questions and qualitative data through open-ended responses on both the complexity of tamariki and their whānau. A five-point scale was used in the ranking of complexity of tamariki and whānau as perceived by the social worker allocated the case, from 'Not at all complex' to 'Extremely complex'. Social workers from various regions and with different levels of experience participated, accounting for 13% of social workers carrying caseloads nationally (n = 184) and covering approximately 9% of the tamariki and whānau being worked with across the care and protection process as at September 2023. The survey aimed to cover three conceptual domains of complexity: complex needs, relational complexity, and organisational complexity.

## Key Survey Findings

### Tamaiti Complexity:

- Tamaiti complexity tends to increase with level of involvement in the care and protection system (from least complex in intake/investigation/partnered response phases to the most in the placement phase).
- Experience of abuse/neglect and history of reports of concern were rated as the most significant contributing factors to tamaiti complexity followed by prior placement history, behavioural, mental health issues, and tamaiti disability.
- Contributing factors were more prevalent and impactful in higher phases of involvement (Intervention and Placement phases) and older age groups.

### Whānau Complexity:

- Whānau tended to be rated the same or more complex than tamaiti with relatively few whānau being rated 'Not at all complex'.
- Whānau were more complex in the Intervention and Placement phases, and overall complexity tended to increase for whānau with four or more tamariki.
- History of family violence/harm, whānau mental health, and previous care and protection history of whānau/siblings were rated as the most significant contributing factors to whānau complexity. Need for co-ordination with other services was the next most significant factor, this was present at similar levels as the other factors and became more impactful for larger sized whānau.

- The majority of social workers reported that both "*vastly different tamaiti needs within a whānau*", and "*inclusion of a tamaiti who is complex*" often or always contribute to whānau complexity. This suggests it is more influenced by the level and interaction of tamaiti complexity within a whānau.
- Free text responses suggested that whānau dynamics/relationship issues and substance use by whānau are also significant contributing factors to whānau complexity.

## Organisational Complexity:

- The top three contributing factors to ability to work with complexity are: manageable caseload and workload, access to resources, and supportive management.
- The majority of social workers identified a range of factors that notably contributed to their ability to work with complexity suggesting that this is often affected by many factors rather than any one single factor strongly.

The survey results help to highlight the various factors contributing to the complexity of a case at multiple levels. Understanding and addressing such factors can help improve caseload management, support social worker wellbeing, and ultimately enhance outcomes for tamariki and their whānau.

The information gathered by the survey was used to develop a model to predict case complexity. Part 2 presents the model that uses available operational data. However, the results of the survey also highlighted key factors contributing to complexity which we currently lack structured data for, and as a result, were not available for the modelling, or for more general monitoring and decision-making purposes. This insight can guide us to begin recording and monitoring this crucial information or sourcing it from external agencies that possess it. This could be done through data sharing with other agencies, creating new recording options in our system, or using machine learning to structure our existing unstructured data.

Finally, we recommend repeating similar surveys in future to continually gather feedback from social workers. This will improve our ability to respond to pressures on frontline staff resulting from increased complexity, as well as broadly support a more complete and current understanding of complexity in the care and protection system.

# Background

This report summarises the findings from a survey of care and protection social workers (the *survey*), aimed at better understanding the complexity of cases held by Oranga Tamariki. This report is part of a broader initiative, aimed at improving social worker caseload management.

Currently, caseloads are assessed by measuring the number of children allocated to a social worker. This measure has long been acknowledged to be incomplete in the sense that it does not reflect the complexity of the cases or provide reliable indication about the time (or resources) required to deliver quality services. As a result, subsequent reports have recommended developing better, more sophisticated measures to assist with identifying pressures and improve planning for resource allocation. For example, the Ministerial Advisory Board report 'Te Kahu Aroha'[1] reported that:

> *"As a critical part of strengthening the capacity and capability of social workers, it is clear that there is a need to improve the sophistication of workload monitoring beyond that of the average number of tamariki per social worker. This may take the form of a suite of related indicators, or a single workload indicator that reflects complexity of cases and can account for workload pressures or the capacity of staff. We have consistently heard that far too many (often care and protection) social workers are overloaded and stretched to breaking point, often work long hours, and with limited confidence that the load can be shared in the immediate future, or that national office has noticed their predicament."*

The report further recommended Oranga Tamariki develop an approach to account for the complexity of cases and enable effective social work:

> *"Begin work to improve the sophistication of workload management beyond that of the current averaging by number of tamariki per social worker, to an approach that recognises and accounts for the complexity of cases and enables an equitable workload allocation across social workers and sites, and across Oranga Tamariki functions."*

Part 1 of this project focused on the measurement of case complexity through a survey to provide the information necessary to develop a model for measuring case complexity as outlined in Part 2 of the project.

The report will only focus on the results of the survey used to measure complexity as defined (i.e., part 1), where the subsequent report will present the approach used to predict case complexity, summarise key findings, and make recommendations.

---

[1] Oranga Tamariki Ministerial Advisory Board. (2021). Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

# Benefits to understanding case complexity

In more detail, understanding case complexity could benefit the business in several ways:

## Determine which aspects of a case are fixed and which aspects are fluid

- help us understand what elements of a case make it more complex or less complex and how these might change over time.

## Improve understanding and aid in resourcing, case allocation and staff wellbeing

- help us understand why, for example, some social workers might have 10 children on their caseload while others have 20.
- help workforce planning and allocation of cases for sites and regions (taking complexity into account as opposed to just counting the number of children assigned to social workers).
- assist in making sure case allocation is fair and reasonable nationally.
- help identify areas which require support and potentially what supports are required.

## Determine which aspects of a case social workers are involved in, how it impacts their workload, and where time is spent

- assist the future organisational strategy in terms of where time and effort are currently spent, what we want to focus on in the future, and where shifts need to be made to achieve this.

## Determine/justify the cost of a case

- contribute to service mapping to estimate cost.
- justify the changes in costs in relation to the complexity of cases rather than the number of cases.

## Accountability

- contribute to intentions of the organisation to develop a model to inform allocation and resourcing decisions at regional and national levels.
- provide information and monitor progress around the identified gap in managing workload for Te Riu, the Ministerial Advisory Board, PSA and other external monitors.

## Out of scope

The project does not aim to:

- **Tell individual social workers how complex their cases are.** Social workers will always know their case best.
- **Determine the appropriate level of cases a social worker should be working on.** A measure of case complexity will show the relative caseload complexity for social workers but will not be able to determine the right level of cases they should be working on.
- **Determine how cases should be allocated at an individual level**. Measurement of case complexity through a model is based on structured data available in the system. The model can provide insight at an aggregate level but will lack the full contextual information appropriate for allocation of each case.
- **Determine the amount of time a social worker spends on a case**. A model will determine the complexity of people involved in a case and working with social workers, but not the amount of time various social worker tasks might take. The complexity of a case could indicate how the expected timeliness of casework tasks might change but this aspect itself will not be covered by the model.

# Methodology

## Complexity in the care and protection system

There is no single unified definition of case complexity for the care and protection system. This is similar to other related areas, such as child *needs* complexity, which also does not have a single agreeable definition in the literature.[2]

Given this, the approach to measure complexity relied on that defined by social workers. That is, based on each subjective (and self-reported) levels of complexity that were part of a given case.

In the past, there have been instances where social workers have rated tamariki complexity needs.[3] Unfortunately, these were typically done for a certain cohort and for a specific purpose, and therefore findings would not accurately represent the complexity of cases across for the entire children population engaged with Oranga Tamariki.

Therefore, there was a need to collect feedback from Social Workers on the complexity of a representative sample. For this, a survey was developed in Qualtrics to collect information about the complexity level of tamaiti and whānau, the factors contributing to complexity, to what extent tamaiti and whānau complexity may interact, and the factors contributing to social workers' ability to work with complexity.

The factors that could affect complexity as collected in the survey were informed by our conceptual approach,[4] which conceptualises complexity as a construct that results from multiple underlying factors, and their interaction. For simplicity, these factors were themed into three interconnected domains[5]:

1. Complex needs – profound individual needs of tamariki/whānau and their effect on others in the whānau
2. Relational complexity – relationship issues within a whānau and with a social worker
3. Organisational complexity – difficulties associated within the organisation (co-ordination, communication, structural) and coordinating with external organisations.

---

[2] Oranga Tamariki Evidence Centre. (2018). Evidence Brief: Complex Needs. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.
[3] Transitions Cohort Needs Survey, August 2018.
[4] Khoo, E., Nygren, L., & Gümüscü, A. (2020). From needs to relationships to organisations: transactional complexity in social work in the Swedish social services. *The British Journal of Social Work,* 50(7), 2098-2115.
[5] Further detail available in Appendix 1: Domains of complexity.

These themes were grouped following scoping of social workers' independent view on complexity in the care and protection system, where feedback from several experienced frontline practitioners on the following three questions was requested[6]:

- What are the main things that make a care and protection case complex?
- What is it about the child or children involved in the case that contribute to complexity?
- Is there anything about the relationships between people involved in the case that contribute to complexity? (For example, relationships between family members and social workers, dynamics within a family etc, relationships with NGOs and other organisations).

The feedback was carefully reviewed against the factors identified by the project team to identify aspects that were aligned.[7]

## Sampling approach

To have a representative sample of social worker kaimahi, a process was deployed to pre-select survey participants to ensure representative coverage and minimise burden on social workers. All 11 Regional Managers were requested to nominate sites based on the following criteria:

- mix of small and large sites,
- mix of rural and urban sites, and
- good representation of the region.

Site managers were encouraged to nominate 10 care and protection social worker kaimahi based on the following criteria:

- Kaimahi are working in different phases (even spread of those working on intake/investigation/partnered response, intervention, and placement phases).
- Kaimahi with a range of social work experience levels.
- Kaimahi with small caseloads and those with larger caseloads.

In total, we received a list of approximately 250 kaimahi across the motu.

To maximise the number of tamariki social workers were asked about, and to minimise the survey burden, a maximum of 9 whānau, or 16 tamariki were selected for each social worker (whichever comes first). For social workers working with more than 9 whānau or 16 tamariki, we prioritised whānau with a larger number of tamariki; this ensured a more representative coverage of whānau with both low and high numbers of tamariki. However, whānau that have 9 tamariki or more were excluded due to the limitation of the tool.[8]

[6] Full feedback available in Appendix 2: Feedback from practitioners.
[7] Further detail available in Appendix 3: Factors and aspects that contribute to case complexity.
[8] Further detail available in Appendix 4: Whānau prioritisation in sampling.

## Survey design

The survey was designed to determine what responses related to different aspects of a case – the tamaiti, the whānau/case and case load.

- Every survey participant was provided a list of labelled whānau and tamariki they were currently the allocated Key Social Worker in the system for to respond about in the survey.
- The participants first identified their social worker role type for the whānau in the list for confirmation (e.g., Key social worker, Co social worker).
- The participants rated the complexity of a tamaiti in a whānau on a *five-point* scale (from 'Not at all complex' to 'Extremely Complex') and selected the factors contributing to the rating and to what degree, with an option to use free text to provide further information about factors not listed. The participants were then guided to answer the same questions for other tamariki in the whānau. This is the tamariki in whānau loop of the survey.
- Once all tamariki in the whānau were rated, the same process was done for rating and expanding on the complexity of the whānau. Then, participants moved on to provide answers to the next whānau they were working with in their list, starting another tamariki in whānau loop. This is the whānau loop of the survey. The survey continued, until questions about all whānau groups were completed.
- At the end of the survey, the participants answered two questions about their experience with whānau when it comes to how tamariki complexity and whānau complexity interacts, and contributing factors to caseload in general.

The list of factors contributing to complexity asked about in the survey included all that were identified in this project, regardless of the measurability with our structured operational data. This approach would better capture all factors and their relative scale of effect. For each, social workers had the option to rank each predictor based on the extent they thought it contributed to the complexity rating (e.g., strongly, hardly, etc.).

Although we used data input into our case management system (CYRAS) to extract information about the whānau and tamariki that social workers were working with on the day the survey was released, some mechanisms were built into the survey to prevent errors or out-of-date information. For example, social workers could answer 'I do not work with this whānau' when answering their social worker type, and the survey skipped all questions about that whānau group and the tamariki within it and then asked the same question about the next whānau on the list. A social worker can also answer 'I do not know enough about this tamaiti' when rating complexity for a tamaiti in a whānau, and the survey skipped all questions about this tamaiti in the whānau group and asked the same question about the next tamaiti in the whānau on the list.

## Survey delivery

Participants received an email one week prior to the survey, notifying that they had been nominated to participate in the survey and included key survey information, such as context, survey period, length and expectations.

A survey link and table of randomly selected whānau and tamaiti they were the allocated Key Social Worker for was emailed to each of the approximately 250 participating social workers. The table contained whānau name, tamaiti name and CYRAS ID for convenience of searching. Due to privacy concerns, the survey did not contain identifiable information (such as names). Instead, the table provided in the email also included whānau survey number and tamaiti survey number as an alternative for reference in the survey. The participants were also asked to not include any identifiable information in their free text answers.

In the email, social workers were advised that the survey would be open from 6th – 20th September 2023. They were also provided a contact email address in case participants experienced technical difficulties or had questions.

# Pilot

The survey design and delivery was tested through a pilot at the Nelson site during 31st July – 4th August 2023. The survey was sent to nine social workers nominated by the Nelson site manager. The survey was extended for a week to allow more feedback to be collected. By Friday 11th August:

- 6 social workers had started the survey.
- 5 social workers had finished the survey.

Two follow up sessions were held on 7th and 8th of August to receive feedback from four social workers who finished the survey. The feedback was used to improve the survey questions and delivery method. Results from this pilot were also included in the final analysis results of the survey presented in this report.

# Analysis

The survey period was extended for another two weeks beyond the initially proposed timeframe to improve the response rate. The survey was finally closed on 3rd October 2023. In total, 184 out of 250 social workers completed the survey with valid responses (74% response rate), accounting for 13% of social workers carrying a case load nationally.

After survey data cleaning process, 176 social workers had provided valid complexity information about 1,778 distinct tamariki from 890 whānau and 156 social workers had provided caseload information[9]. All responses were checked against the original sampling. A few responses for tamariki and whānau were already excluded from the final effective samples due to mismatch causing uncertainty on whether the participants answered the questions with the correct tamariki or whānau in mind. All responses where overall tamaiti complexity are missing were also excluded. Analysis and results are presented as provided by the survey without re-weighting of responses.

[9] In total, 184 social workers' response were valid, where 28 respondents only answered individual tamaiti/whānau complexity related questions, and 8 respondents only answered general questions.

Survey analysis was conducted in three main ways. First, the distribution of complexity overall, and by underlying factors was explored descriptively. Second, regression analysis was applied to quantify the relationships of tamaiti and whānau complexity, and the various potential predictors (i.e., the items social workers selected to explain the level of complexity).[10] Third, thematic analysis was conducted to theme the free text responses, which included other factors contributing to tamaiti complexity, other factors contributing to whānau complexity, how tamariki complexity and whānau complexity interact, and other factors contributing to caseload.

# Limitations

During the surveying and analysis periods, we have identified limitations that may result in a biased view. These include:

- Often having less information about tamariki in Intake/Investigation/Partnered Response phases, especially if they have not interacted previously with Oranga Tamariki.
- Some factors asked about which are only related to certain phases.
- Survey respondents not equally distributed across regions, or across experience levels.

Complexity is subjective in nature and therefore variation in scoring across social workers is expected. In addition, factors at the time of the surveying may also influence how social workers scored complexity. These include:

- Current volume, and nature of cases allocated to the social worker. For example, if a social worker's caseload is made up of mostly very complex cases, then they may rank cases as less complex compared to peers who had a lower proportion of such cases (i.e., different baseline, or context).
- Time spent as a social worker on the specific case being rated.
- Overall experience as a social worker.

Regardless of these limitations, the objective of attempting to measure case complexity is to understand what social workers face with their caseload day to day. Ultimately social workers view on what complexity is with their cases is most important to understand this and their voice matters. Data modelling can't replicate this voice but being informed by such information it can hopefully provide a satisfactory approximation of predicted complexity across the entire national caseload.

[10] In these models, all missing survey values that were used as predictors were replaced with the value of zero, alongside a set of dummy variables that indicated whether a zero value was imputed (to avoid assigning low level of a value with missing information).

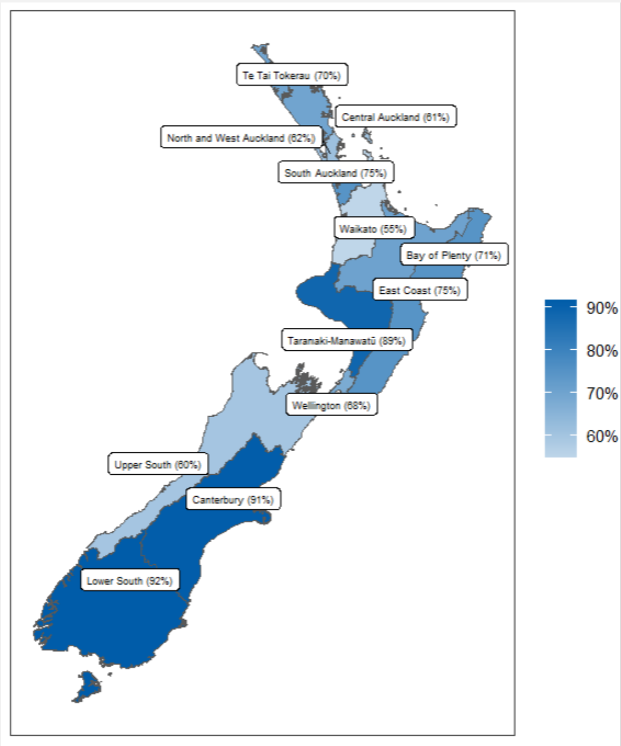
# Survey Results

## Respondent demographic

### 74% of selected Social Workers completed the survey with valid responses, accounting for 13% of social workers carrying a case load

Figure 1 maps the response rate across the different care and protection regions. The highest response rates were around 90% in Lower South (92%), Canterbury (91%) and Taranaki-Manawatū (89%) regions, while the lowest response rates are around 60% from North and West Auckland (62%), Upper South (60%), and Waikato (55%).

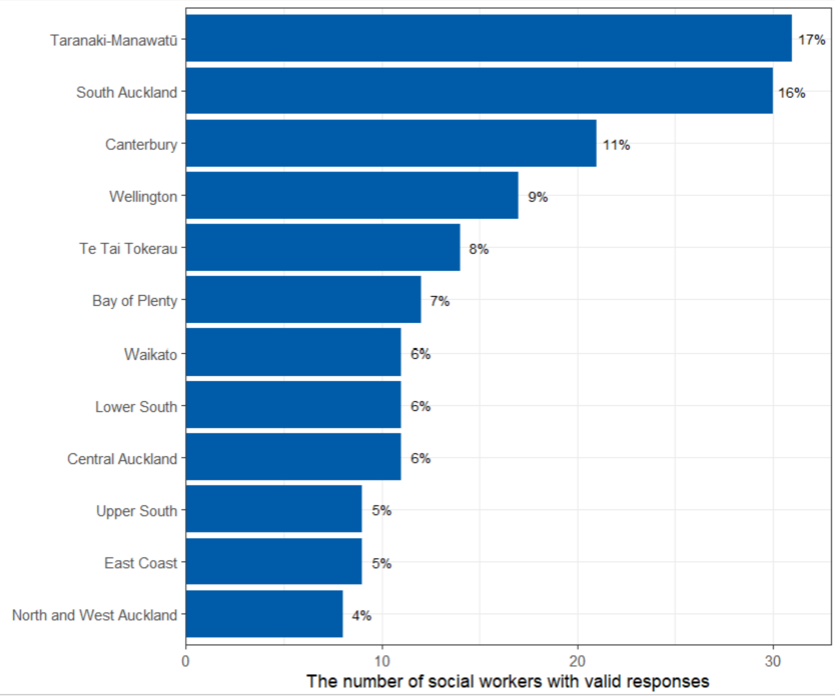
*Figure 1. Social worker survey response rate across care and protection regions*




### 44% of respondents were from Taranaki-Manawatū (17%), South Auckland (16%) and Canterbury (11%)

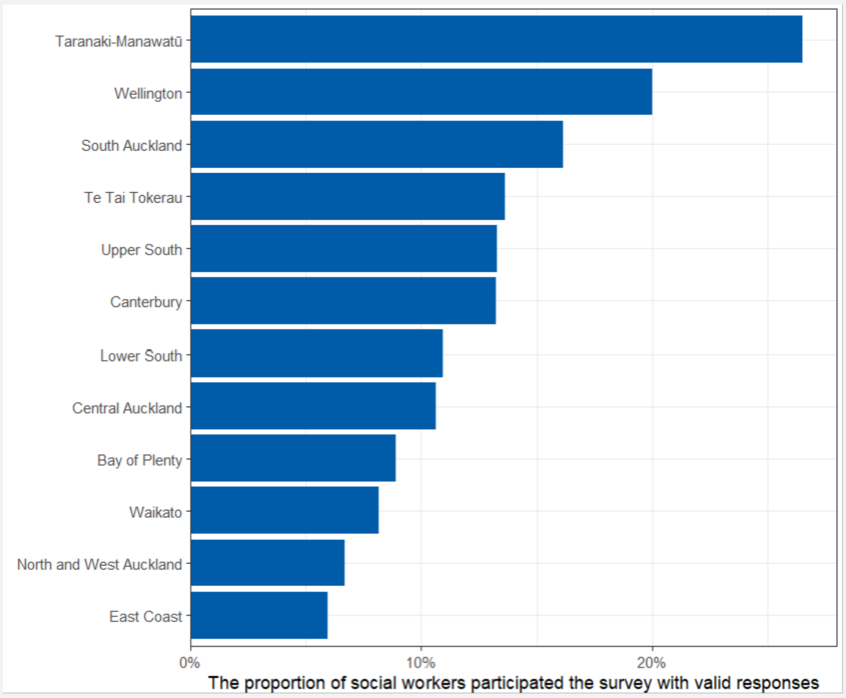
There are 82 respondents from these three regions. Regions with less than 10 respondents are East Coast (9), Upper South (9), and North and West Auckland (8).

*Figure 2. Proportion of social worker survey respondents based on their care and protection region*




Proportionally, at least 5% of social workers from each region were represented in survey responses, with the highest proportion being 26% of all social workers from Taranaki-Manawatū, 20% from Wellington and 16% from South Auckland.

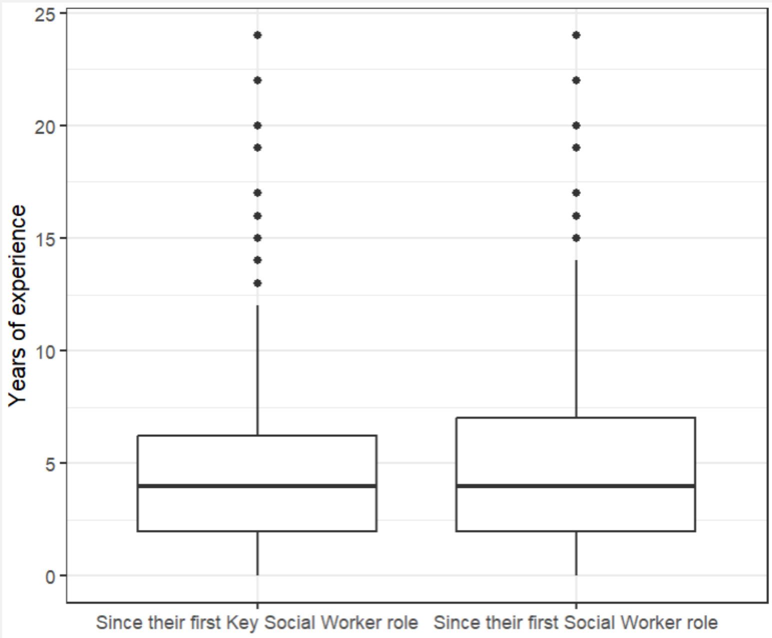
*Figure 3. Proportion of social worker survey respondents out of all social workers in each care and protection region*



## 50% of respondents have worked between two to six years since their first Social Worker or Key Social Worker role

The difference in length of time since a social worker was first allocated any Social Worker role and their first Key Social Worker role[11] on any case generally was trivial, suggesting that many social workers have taken on a Key Social Worker role swiftly. In the next sections, we will mainly use working experience since first Key Social Worker role allocation, as we only sampled Key Social Workers.

*Figure 4. Distribution of social workers years of experience since either their first allocated Social Worker role or Key Social Worker role*

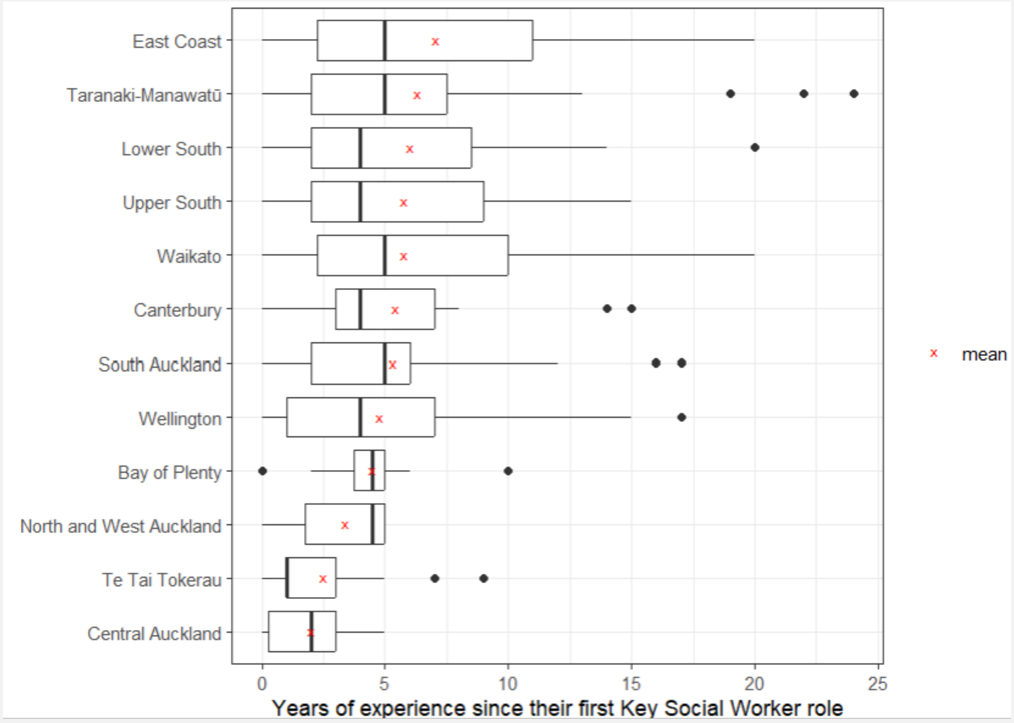



## On average, respondents from Central Auckland and Te Tai Tokerau have the fewest years of experience

More than half of respondents from Te Tai Tokerau have fewer than two years of experience.

[11] Social workers can be allocated to a case under different social worker roles with the 'Key Social Worker' role being the primary social worker for a case.

*Figure 5. Distribution of social workers years of experience since their first allocated Key Social Worker role across regions*




# Tamariki and whānau demographic

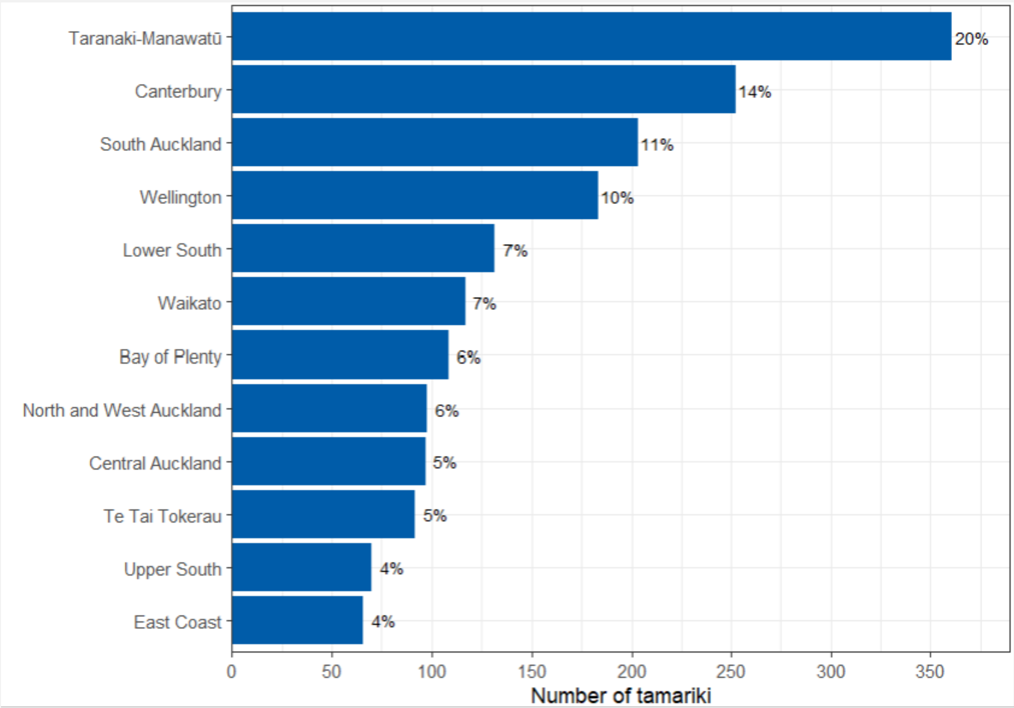
## Nine percent of tamariki and whānau Oranga Tamariki were working with at the time of the survey were sampled

In total, 1,789 responses, including 1,778 distinct tamariki from 890 whānau were analysed. There are 11 tamariki and 21 whānau who were rated more than once by different respondents, as the same tamaiti or whānau can occasionally have multiple Key Social Workers. In the survey results section, we keep all the distinct responses for the same tamariki or whānau submitted by different respondents.

## Half of tamariki sampled are from Taranaki-Manawatū, Canterbury, South Auckland and Wellington

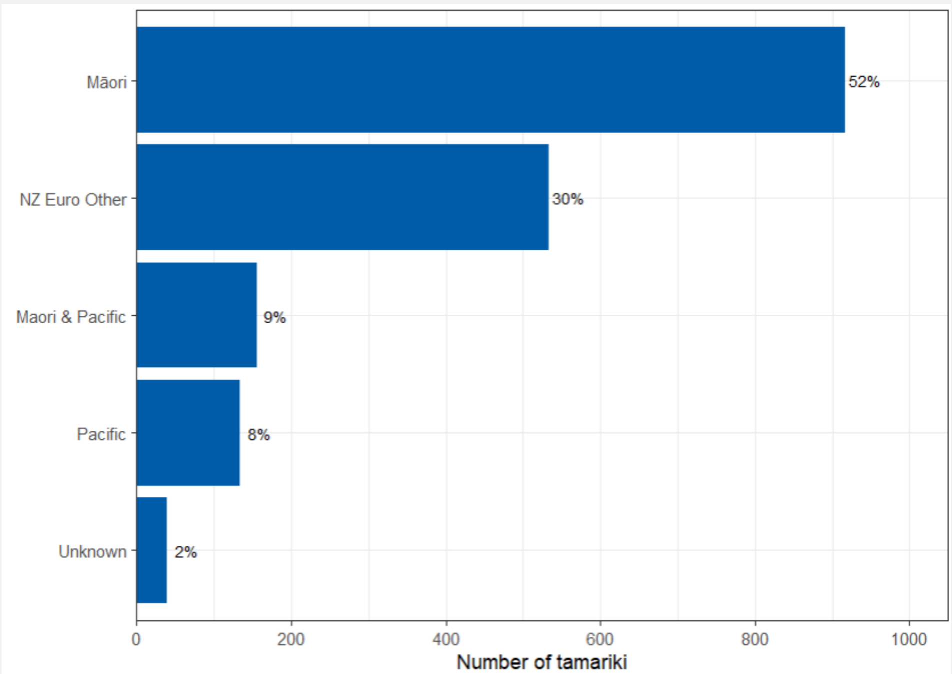
In line with the distribution of respondents, Taranaki-Manawatu (20%), Canterbury (14%), South Auckland (11%), and Wellington (10%) made up the majority of tamariki sampled. The number of whānau sampled have a very similar regional spread.

Figure 6. Proportion of tamariki sampled in survey by their care and protection region




## Over half of tamariki sampled identify as Māori (52%), while 30% identify as NZ European - Other[12]

Figure 7. Proportion of tamariki sampled in survey by their prioritised ethnicity

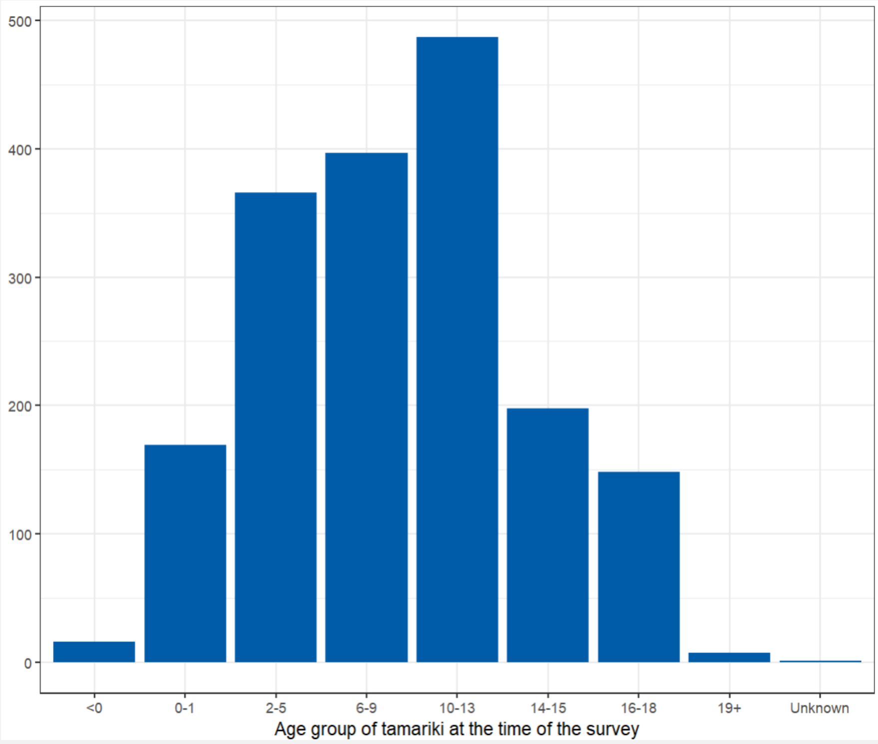



[12] Based on prioritised ethnicity measure.

## Half of tamariki sampled are aged between 6 to 13

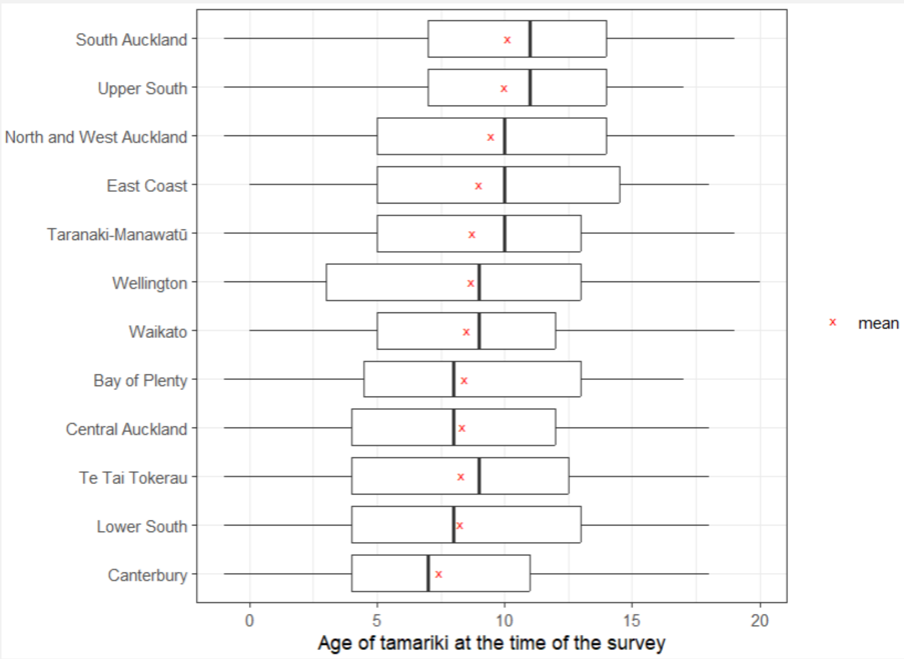
Tamariki in age group 2 – 5, 6 – 9 and 10 – 13 accounted for 70% of the samples.

*Figure 8. Number of tamariki sampled in survey by their age group*




The most notable difference in the distributions of ages of tamariki in each region is between Canterbury, Upper South and South Auckland, where the difference in average age is more than two years. Over half of the sampled tamariki in South Auckland and Upper South, and North and West Auckland are older than age 10.

*Figure 9. Distribution of ages of tamariki sampled in survey across care and protection regions*



## The number of tamariki sampled increases with involvement level, with Placement being the most sampled cohort

Regarding cohorts of interest, 525 tamariki were from Intake/Investigation/Partnered Response (PRP), 614 tamariki were from Intervention and 650 tamariki were from Placement phase. Ethnicity and age group breakdown indicates the sample roughly reflects the population of children Oranga Tamariki is engaged with.

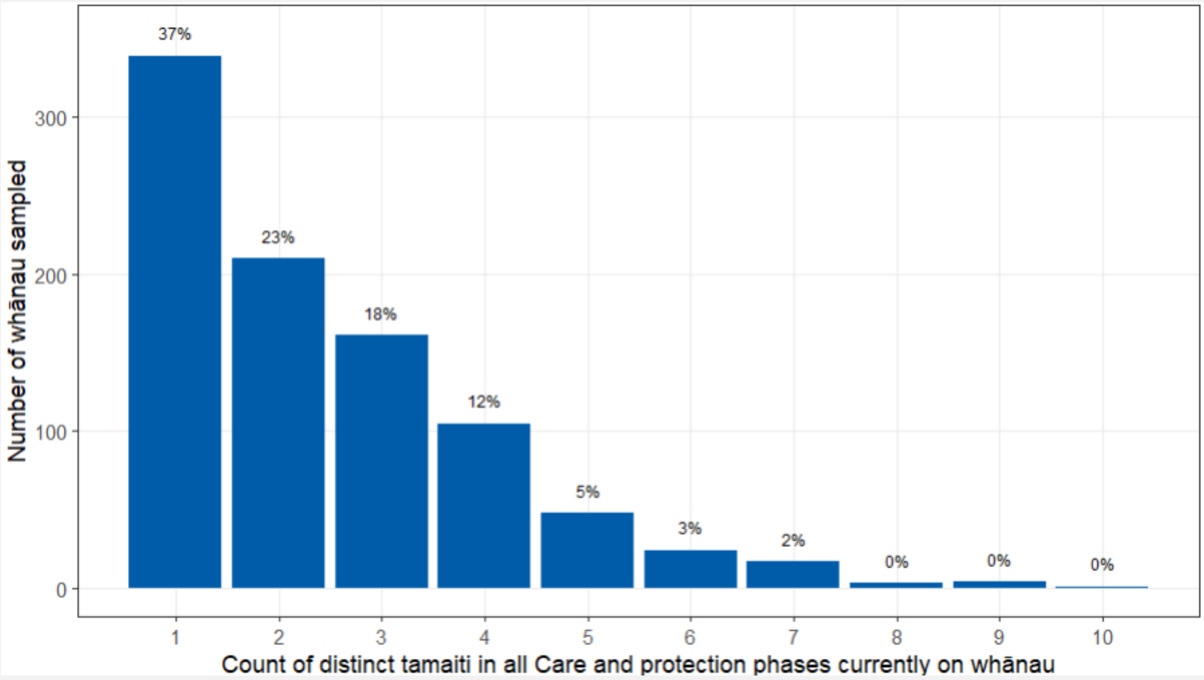
*Table 1. Number of tamariki sampled in the survey across the three cohorts of interest and proportions by prioritised ethnicity and age group*

| Cohort | Intake/ Investigation/PRP | Intervention | Placement | Total |
|---|---|---|---|---|
| **Total** | 525 | 614 | 650 | 1,789 |
| **Ethnicity group breakdown** | | | | |
| **Māori** | 46% | 53% | 56% | 52% |
| **Māori & Pacific** | 7% | 7% | 12% | 9% |
| **Pacific** | 8% | 6% | 9% | 7% |
| **NZ European Other** | 34% | 33% | 23% | 30% |
| **Unknown** | 5% | 2% | 0% | 2% |
| **Age group breakdown** | | | | |
| **<0** | 2% | 1% | 0% | 1% |
| **0-1** | 9% | 14% | 5% | 9% |
| **2-5** | 19% | 25% | 17% | 20% |
| **6-9** | 21% | 23% | 22% | 22% |
| **10-13** | 30% | 23% | 29% | 27% |
| **14-15** | 11% | 9% | 14% | 11% |
| **16-18** | 6% | 6% | 12% | 8% |
| **19+** | 0% | 0% | 0% | 0% |
| **Unknown** | 0% | 0% | 1% | 0% |

## Most whānau sampled only had one (37%) or two (23%) tamariki in any Care and Protection phases at the time of the survey

Nearly 30% of tamariki are from whānau with a size of three to four tamariki, with very few (10%) from whānau with more than five tamariki.

*Figure 10. Number of whānau sampled by the number of tamariki in them in a care and protection phase*




# Complexity score

There were no survey responses missing a tamaiti complexity rating, but there were 23 whānau records missing their complexity rating and another four responses said they did not know enough about the whānau to provide a complexity rating. The five point scale of rated complexity has been used to determine a score in some of the following sections with the lowest rating 'Not at all complex' given a value of 1 and the highest rating 'Extremely complex' a value of 5.

## Whānau tended to be more complex and have a higher average score compared to overall tamaiti complexity in all phases

Overall, tamariki recorded a mean complexity score of 2.7, and standard deviation of 1.3 (49% of the mean). Whanau recorded a greater mean complexity score (3) and a lower standard deviation (1.25, or 24% of the mean). Whānau complexity is often rated the same as tamaiti complexity (51%), sometimes rated to be higher (37%), and only rarely rated lower (10%).

*Table 2. The number of observations, mean score, and standard deviation by complexity measure (tamaiti, whānau)*

| Complexity level | Count | Mean | Standard deviation | Standard deviation-to-mean ratio |
|---|---|---|---|---|
| **Tamaiti** | 1,789 | 2.68 | 1.3 | 49% |
| **Whānau** | 885[13] | 3.05 | 1.25 | 41% |

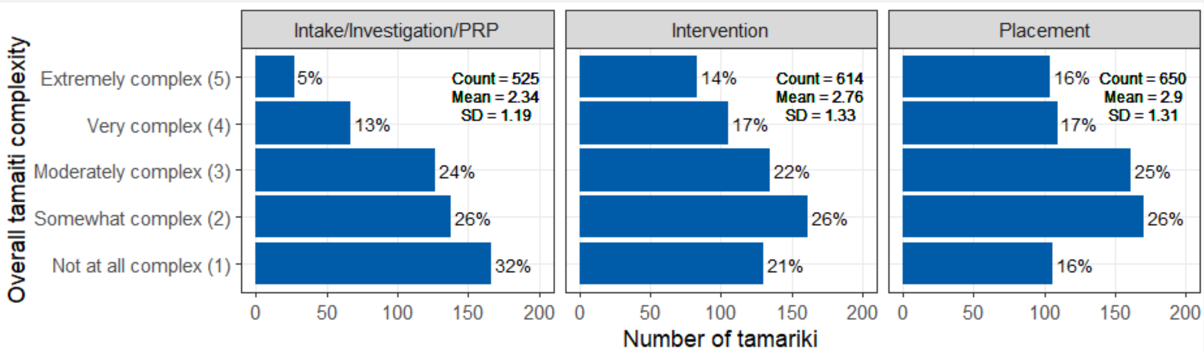
[13] There were 4 records where the respondents said they do not know enough about the whānau and 23 records where the respondents did not rate overall whānau complexity.

## Overall tamaiti complexity increases with involvement level

For tamaiti, the mean score increases with involvement level (from 2.34 to 2.9), suggesting that more complex cases are more likely to progress to the next phase. For example, only 18% of tamariki in the Intake/Investigation/Partnered Response cohort were considered very or extremely complex, compared with over 30% of tamariki in Intervention (31%) and Placement phases (33%).

In terms of distributions, the standard deviation is similar in the intervention and placement phases. In the Intake/Investigation/Partnered Response phase, the lower standard deviation was lower in absolute terms, though larger compared to the other phases when measured relative to its mean.

*Figure 11. Proportion of rated tamaiti complexity in each surveyed cohort phase*

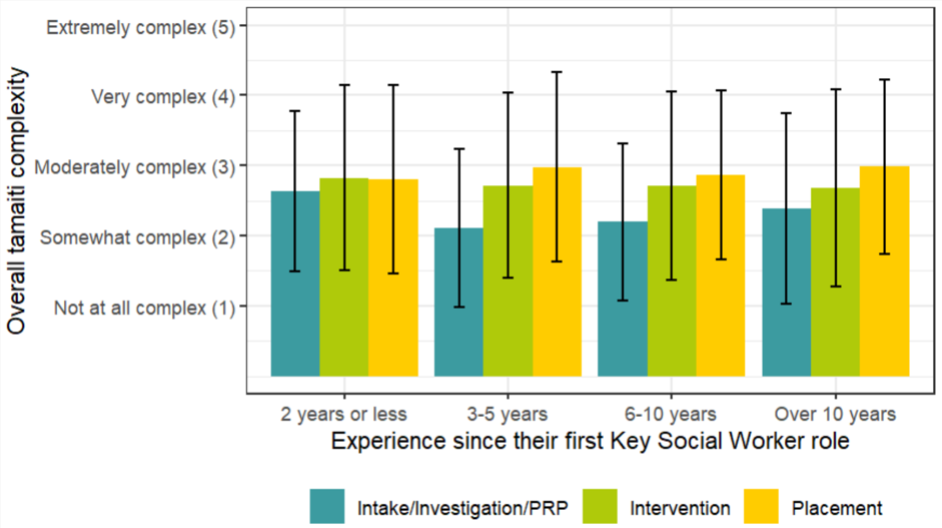



## Less experienced respondents rated overall tamaiti complexity across phases similarly, while more experienced respondents rated tamariki in Placement phase more complex, followed by the Intervention phase and Intake/Investigation/Partnered Response phase

While the average overall tamaiti complexity rating in both Intervention and Placement phases is similar across respondents with more than two years of experience, the average rating for tamariki in Intake/Investigation/Partnered Response phase increases as their experience grows.

The amount of experience respondents have may affect how they perceive complexity, or more experienced social workers may be allocated more complex cases.

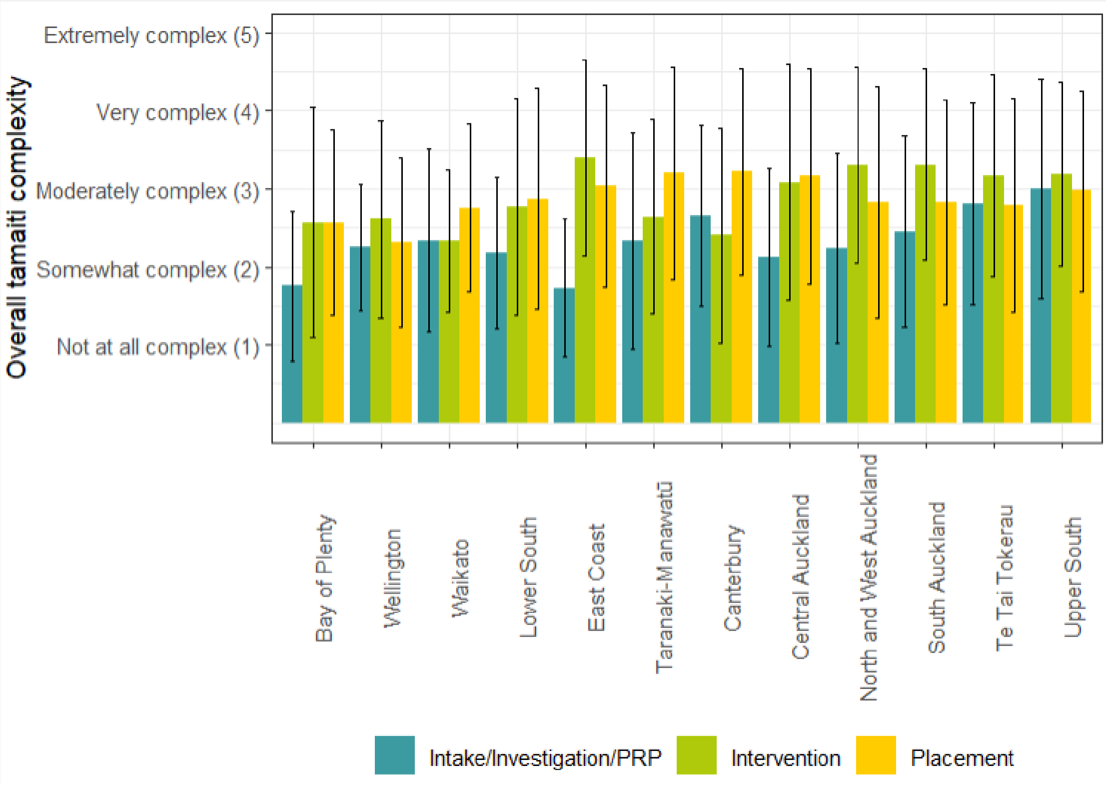
*Figure 12. Average rated tamaiti complexity (and standard deviation) across cohorts by social workers years of experience since their first Key Social Worker role*




## In general, overall tamaiti complexity was rated highest at Upper South, while the lowest were at Bay of Plenty and Wellington

The complexity scores in Intake/Investigation/Partnered Response phase were particularly low in East Coast and Bay of Plenty. The complexity scores in Intake/Investigation/ Partnered Response phase were also clearly lower than in Intervention and Placement phases in Bay of Plenty, East Coast, Central Auckland and North and West Auckland.

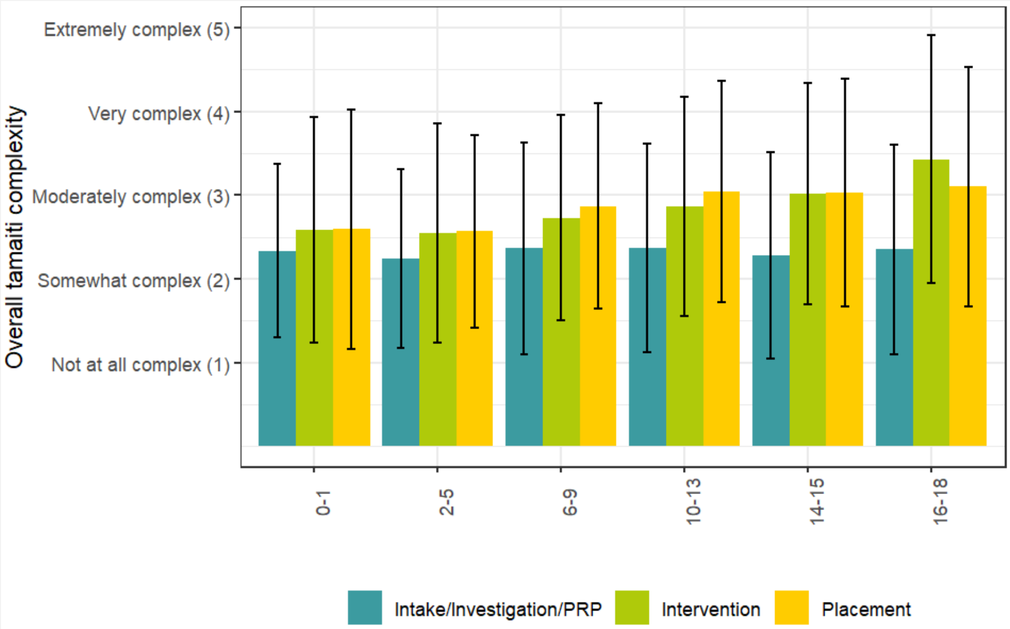
*Figure 13. Average rated tamaiti complexity (and standard deviation) across cohorts by care and protection region*



## Overall tamaiti complexity in Intervention and Placement phases tends to be much higher than in Intake/Investigation/Partnered Response phase in older age groups

On average, tamariki across all ages in Intake/Investigation/Partnered Response phase are similarly complex. However, average complexity of tamariki in Intervention and Placement phases become more and more complex in older age groups.

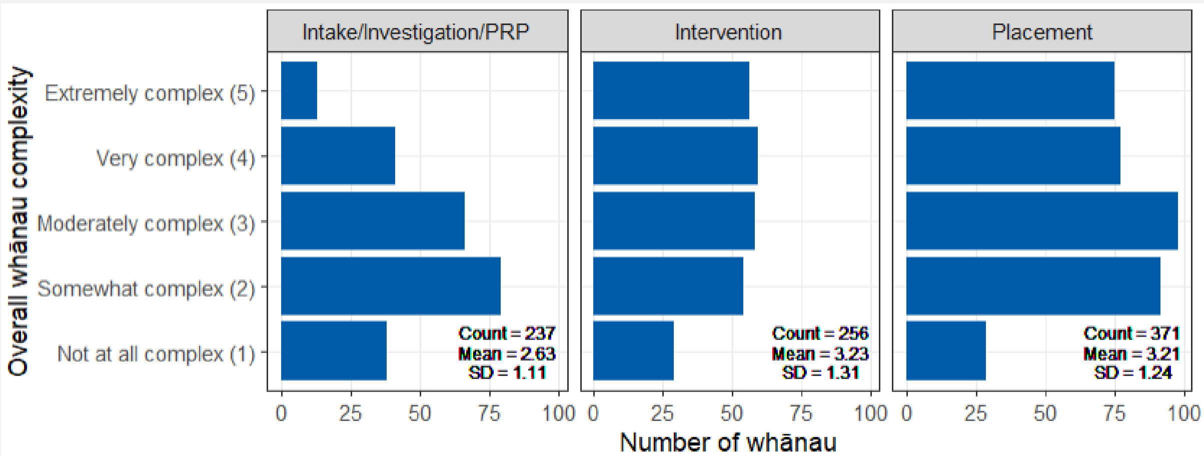
*Figure 14. Average rated tamaiti complexity (and standard deviation) across cohorts by age groups*




## Unlike overall tamaiti complexity, only a small proportion of respondents rated overall whānau complexity to be not at all complex regardless of phases

On average, whānau complexity is the most complex in the Intervention phase, which also presents the greatest variance. That is, this phase had the most even spread of whānau complexity level.

*Figure 15. Number of rated whānau complexity in each surveyed cohort phase*

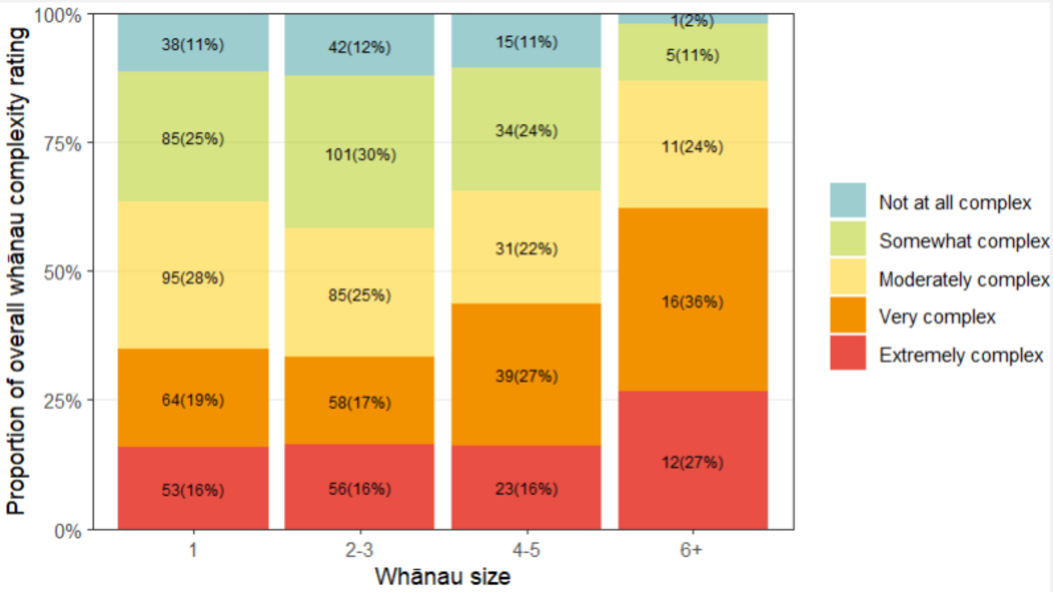


More than 40% of whānau in Intervention (45%) and Placement (41%) phases were considered very or extremely complex, compared to only 23% of whānau in Intake/investigation/Partnered Response phase.[14]

### Overall whānau complexity increases when the whānau has more than four tamariki

The spread of overall whānau complexity was similar when whānau size included fewer than four tamariki (roughly 33-35% very or extremely complex). The proportion of extremely complex whānau remained the same (16%) for whānau of four or five tamariki, but the combined proportion of very and extremely complex whānau almost doubled (63%) when whānau size is 6 or more.

*Figure 16. Proportion of rated whānau complexity by the number of tamariki in a whānau*




## Factors contributing to complexity

### Six to 13% of tamariki and whānau in each cohort had one or more missing responses

In the survey, 16 factors that could be contributing to tamaiti complexity, and 12 factors contributing to whānau complexity, were included. In general, missing responses for each factor per cohort is less than 10%, except for gang involvement in the Intervention cohort (10.2%). When considering tamaiti complexity, 6 to 8% of tamariki in each cohort have one or more missing responses. For factors contributing to whānau complexity, 8 to 13% of whānau in each cohort have one or more missing responses.[15]

[14] Care and protection phases are attached to tamaiti rather than whānau, so the highest overall whānau complexity score was selected only from the highest phase a tamaiti within it is in, which reduces the overall number of records down to 864 (rather than 885).
[15] Full list available in Appendix 5: Missing complexity factor survey responses.

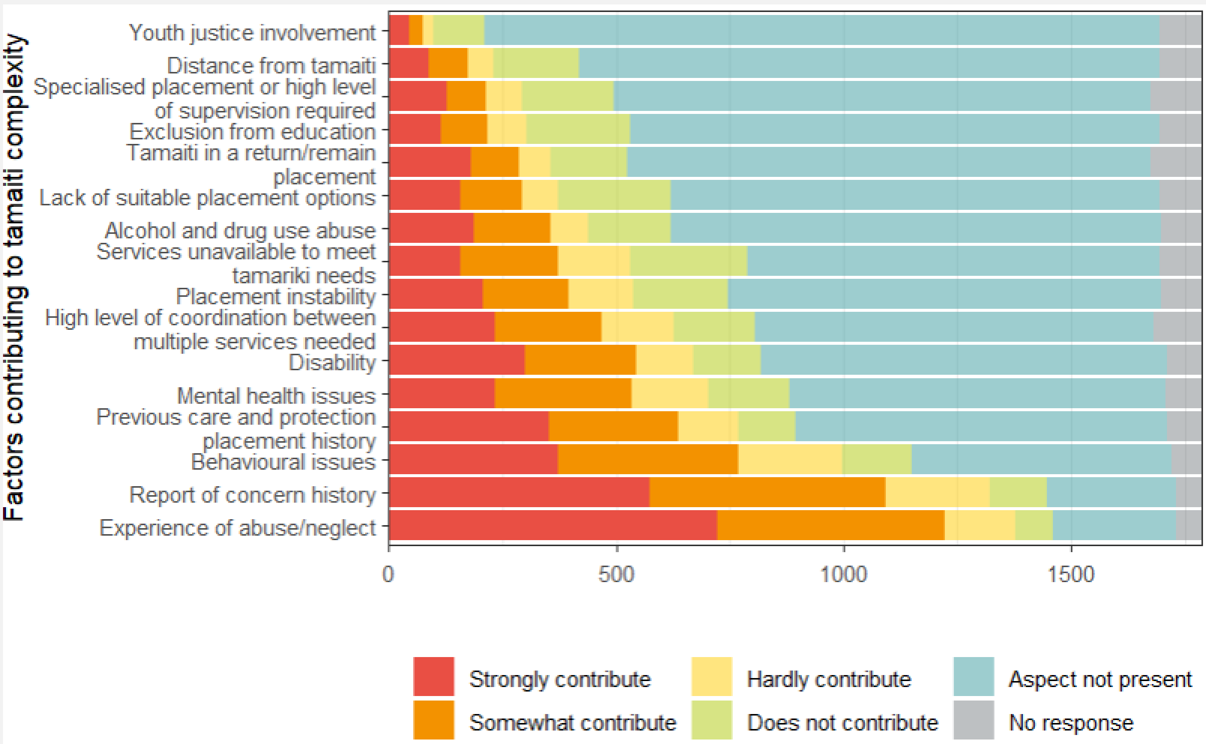
*Table 3. The number of tamariki/ whānau with any missing survey responses for factors contributing to their rated complexity*

| | Factors contributing to | | Factors contributing to | |
|---|---|---|---|---|
| **Cohort** | **Count** | **Proportion missing** | **Count** | **Proportion missing** |
| **Intake/Investigation/PRP** | 30 | 6% | 19 | 8% |
| **Intervention** | 50 | 8% | 37 | 13% |
| **Placement** | 55 | 8% | 32 | 9% |

## Experience of abuse/neglect and the history of Reports of Concern were the most common factors to have somewhat or strongly contributed to complexity

More than a third of tamariki sampled have their complexity somewhat or strongly contributed to by behavioural issues, mental health issues, and disability. Previous care and protection placement history was also identified as the fourth most common contributing factor. This suggests that re-entering care or returning to Oranga Tamariki's attention after exiting care increases tamaiti complexity. Youth justice involvement was identified as the least common factor contributing to tamaiti complexity, with most tamariki not having this aspect present.

*Figure 17. Surveyed contribution of various factors to the rated tamaiti complexity*



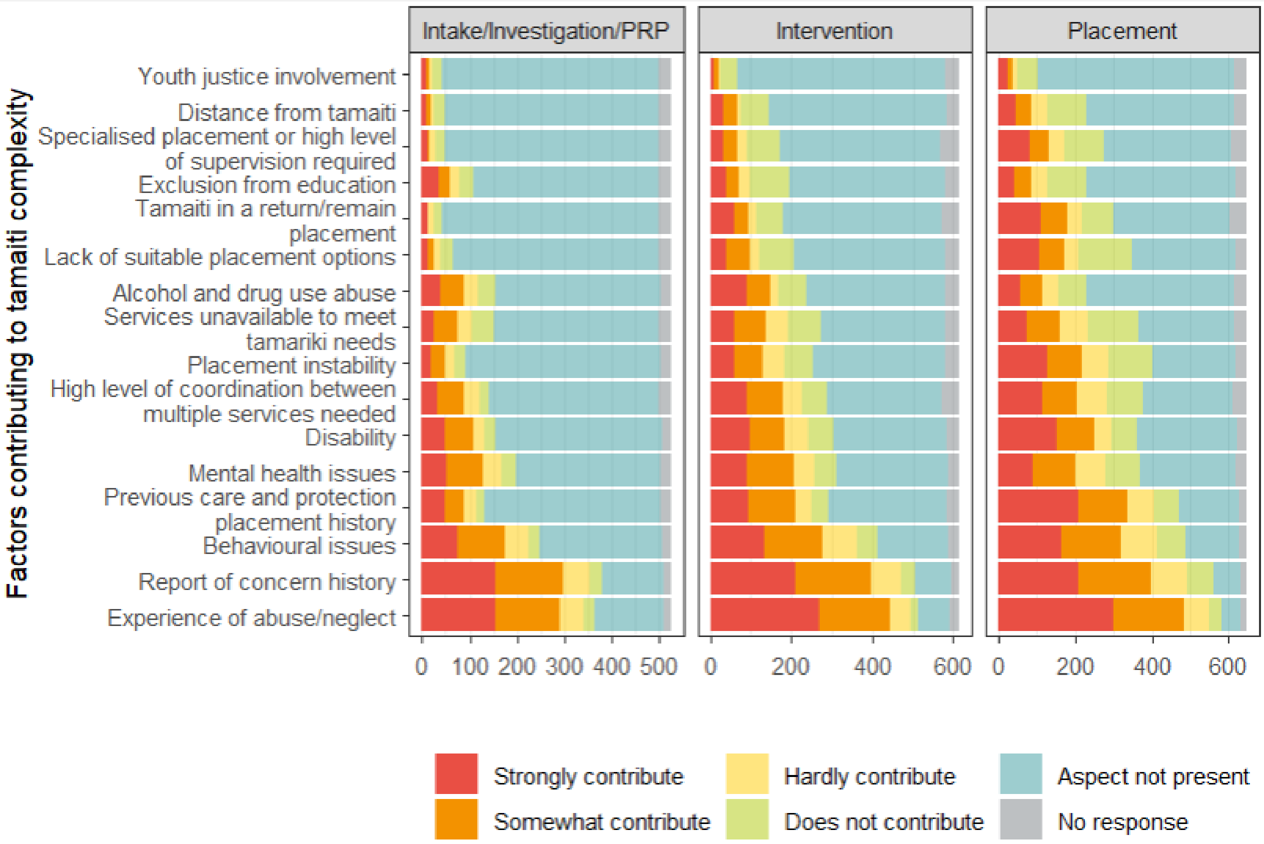

Often the more present a factor is, the more likely it was reported to be strongly contribute to tamaiti complexity. However, that is not the case for services unavailable to meet tamariki needs, mental health issues, and tamaiti in a return/remain placement. Tamariki in return/remain placements are less present but this factor was more influential in contributing to complexity; this could be because it occurs only in the Placement phase. On the other hand, services unavailable to meet tamariki needs and mental health issues are more present but less likely to impact complexity strongly.

## Factors were more likely to present and contribute to tamaiti complexity at higher levels of involvement

This suggests that tamaiti tend to have multiple and/or more complex needs and the relational and organisational complexity becomes more prevalent at higher levels of involvement.

Some factors more often contribute to tamaiti complexity during certain phases. For example, factors related to placement and services contributed more to complexity of tamariki in Intervention and Placement phases. This is the most evident with previous care and protection placement history. However, exclusion from education only somewhat or strongly contributed to an equally small portion of tamariki across all cohorts. This could suggest that exclusion from education is more likely to resolve without a higher level of involvement from Oranga Tamariki. Alcohol and drug use has a similar pattern, but it strongly contributes to complexity of a higher number of tamariki in the Intervention cohort only.

*Figure 18. Surveyed contribution of various factors to the rated tamaiti complexity across cohorts*

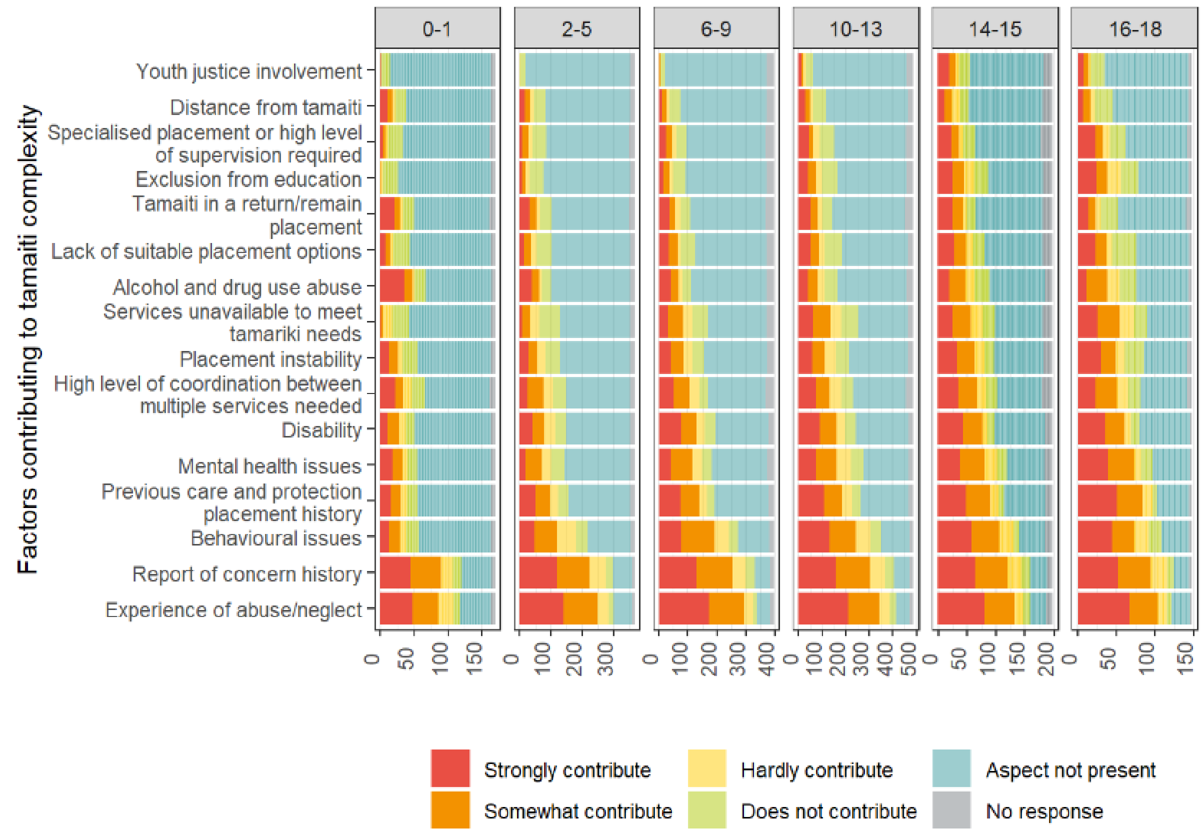


## Factors were more likely to present and contribute to tamaiti complexity in older age groups

Experience of abuse/neglect and Reports of Concern history were the two main factors reported to be contributing to tamaiti complexity for those aged under 10, as other factors become increasingly present and start contributing to tamaiti complexity as tamariki grow older. Potentially this may be influenced by the larger representation of the Placement phase cohort in the over 10 age groups. Youth Justice involvement increased in contribution for older age groups as this naturally is most pertinent once rangatahi fall within the age of jurisdiction (10 – 17 years old), however it still remained one of the least common factors.

Alcohol and drug use again, has a different pattern, where it strongly contributes to complexity in a higher proportion of tamariki aged 0 to 1 (likely meaning the presence of it in their environment) and then in the older age groups.

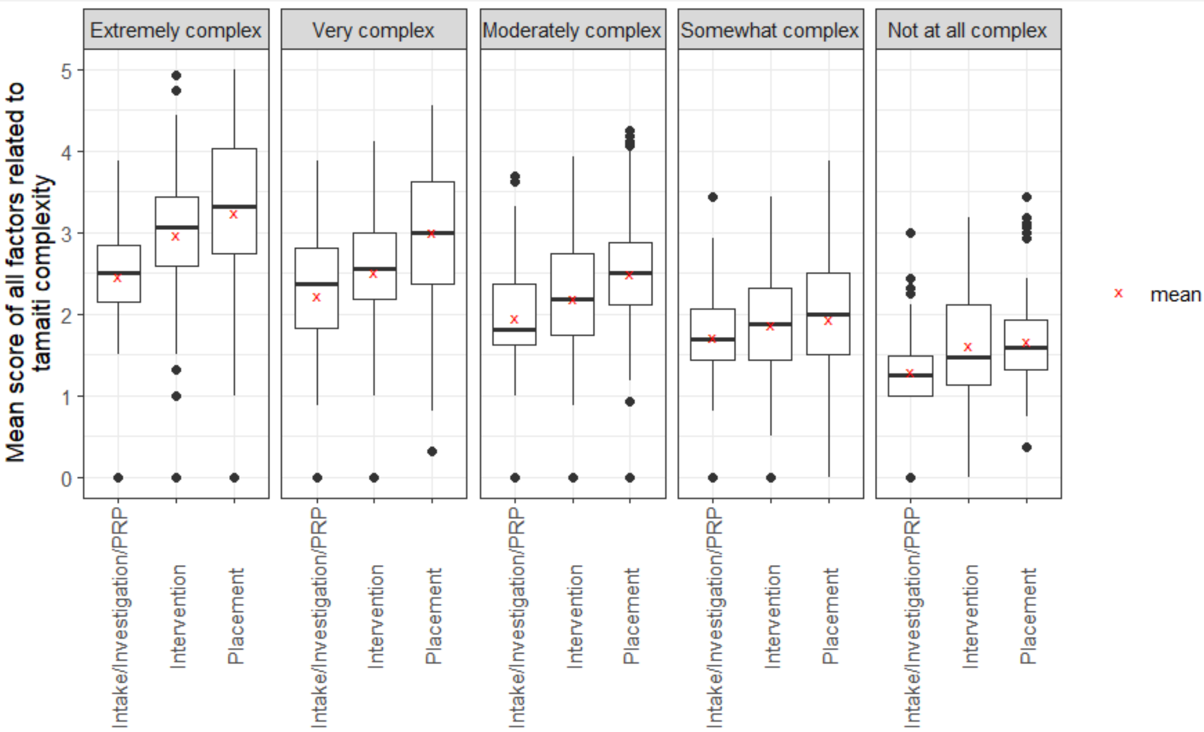
*Figure 19. Surveyed contribution of various factors to the rated tamaiti complexity across age groups*




## Criteria for overall tamaiti complexity in Intervention or Placement phase is higher as the complexity level increases

The five point scale for how factors contribute to complexity has been used to determine a score in some of the following sections with the lowest level ‘No response’ given a value of 0 and the highest level ‘Strongly contribute’ a value of 5. Overall, the mean score of factors related to tamaiti complexity is often higher for tamariki in Intervention or Placement phases. The mean score of factors related to tamaiti who are rated extremely complex in Intake/Investigation/Partnered Response phase is similar to the mean score of factors related to tamaiti who are only rated moderately complex in Placement phase. This suggests complexity is rated within the context of each phase.

*Figure 20. Mean score of the contribution of various factors to the rated tamaiti complexity across the phase cohorts*



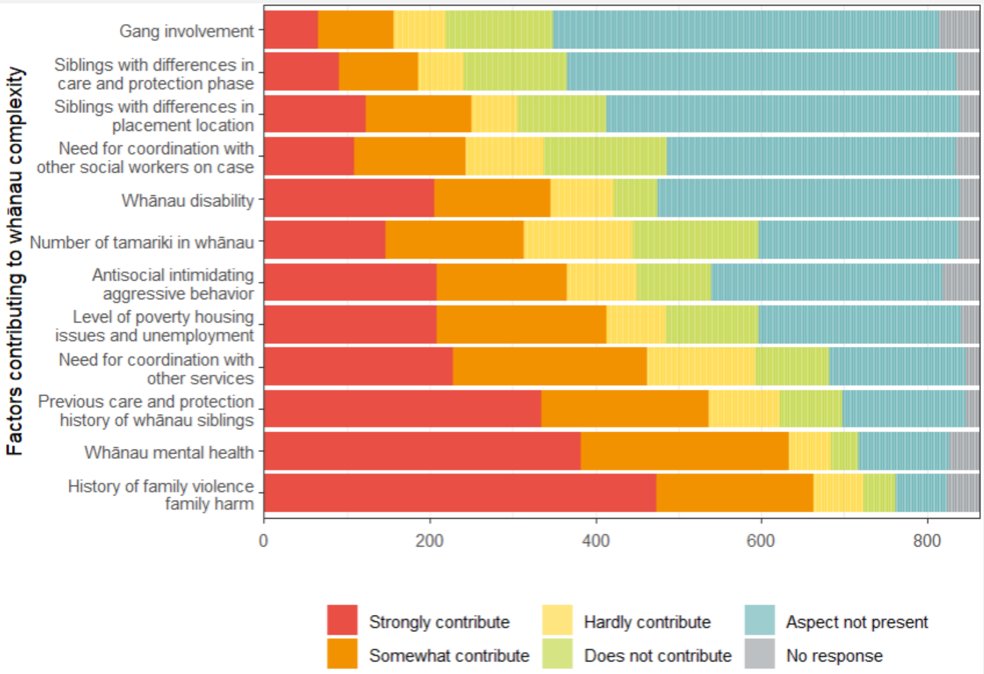

## History of family violence/harm, whānau mental health and previous care and protection history of whānau/siblings are the most common factors to have somewhat or strongly contributed to complexity of over two-thirds of whānau sampled

History of family violence/harm is found to strongly contribute to complexity of more than half of the whānau sampled. Previous care and protection history of whānau/siblings strongly contributes to complexity in more than a third of whānau sampled, suggesting the importance of impacts of inter-generational care and protection experience and whānau relationships.

The need for coordination with other services; level of poverty, housing issues and unemployment; anti-social/intimidating/aggressive behaviour; and whānau disability strongly contribute to complexity in about a quarter of whānau sampled. However, need for coordination with other services is the most present aspect, and whānau disability is the least present within these four factors among whānau.

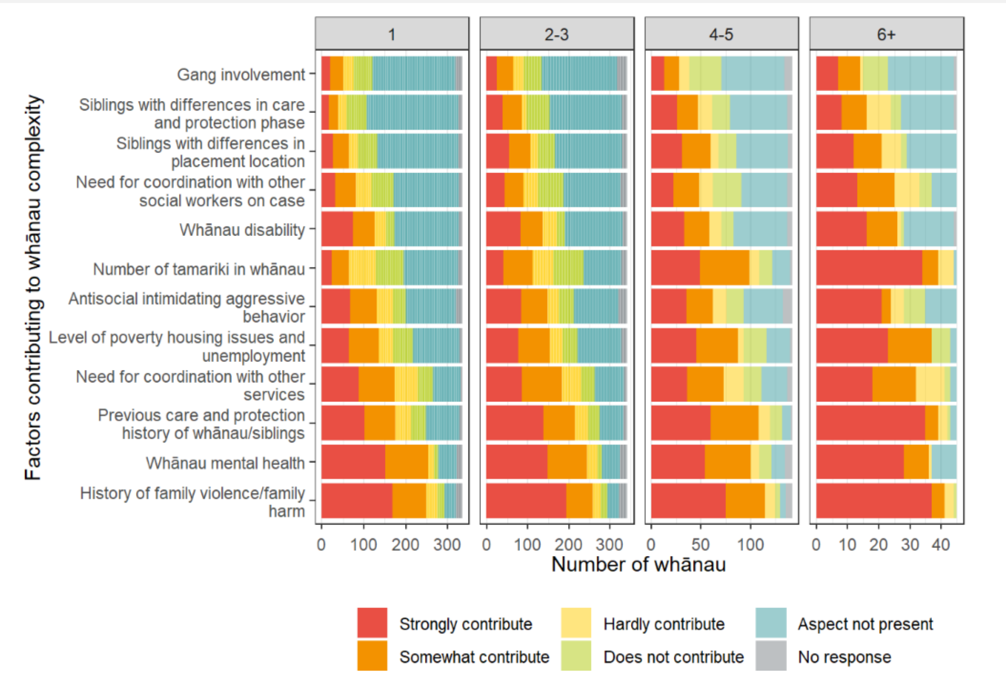
Siblings with differences in placement location or care and protection phase, need for coordination with other social workers on case, and gang involvement are factors that contribute least to whānau complexity.

*Figure 21. Surveyed contribution of various factors to the rated whānau complexity*




Often the more present the factor is, the more likely the factor is to strongly contribute to whānau complexity. But this is not the case for the number of tamariki in whānau, whānau disability and need for coordination with other services. Whānau disability is less present than some factors but more influential, suggesting it is often a strong contributing factor when present. On the other hand, the number of tamariki in whānau and need for coordination with other services are more present than some factors, but only more likely to be impactful regarding complexity when the whānau size is larger.

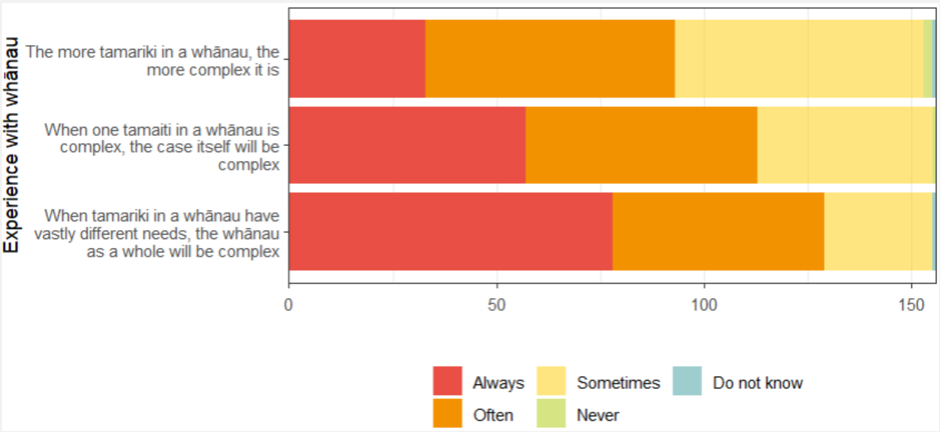
*Figure 22. Surveyed contribution of various factors to the rated whānau complexity by the number of tamariki in the whānau*



## More than 80% of social workers said both vastly different tamaiti needs within a whānau, and inclusion of a tamaiti who is complex often or always make a whānau complex

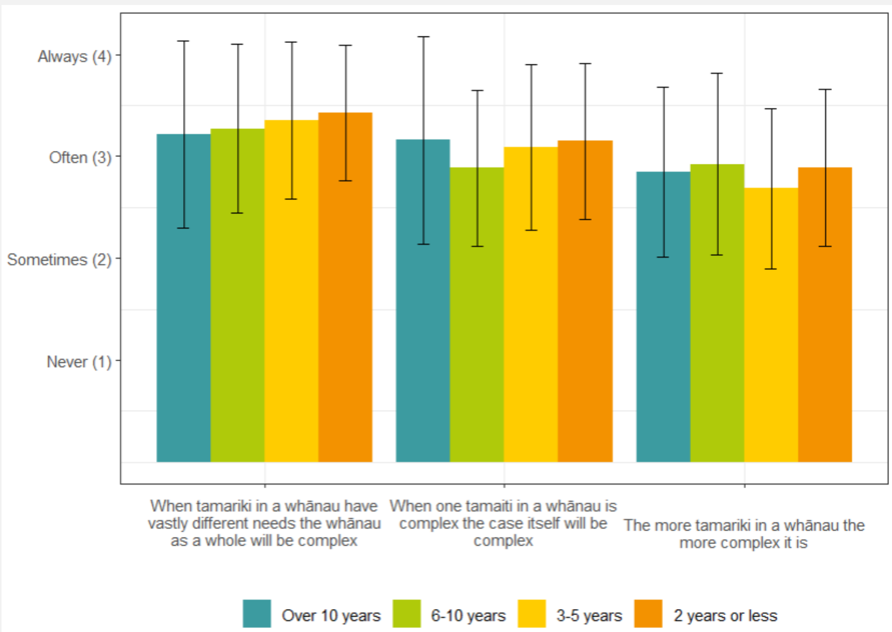
While most social workers agreed with all three statements in the figure below, the level of agreement is different. Only 21% thought more tamariki in a whānau will always make it more complex. This aligns with the finding in factors contributing to whānau complexity that number of tamariki in whānau is less likely to strongly contribute to complexity. On the other hand, 50% of social workers thought vastly different needs always make a whānau more complex and 37% of social workers thought a whānau will always be complex when one tamaiti in a whānau is complex. This suggests that whānau complexity is more influenced by the level and interaction of tamaiti complexity within a whānau.

*Figure 23. Surveyed contribution of several factors to complexity of a whānau generally*




Responses do not differ significantly among respondents with different social worker experience level.

*Figure 24. Average rated surveyed contribution (and standard deviation) of several factors to complexity of a whānau generally by social worker experience*



## Only a few tamaiti and whānau factors are statistically significantly associated with tamaiti complexity score in cohorts

To quantify the association between the different reported contributing factors and tamaiti complexity, a set of regression analysis of the survey responses was conducted. For this, the levels of complexity and contributing factors (for the tamariki and their whanau) were converted to numeric values, as described previously. In addition, given the previous findings that the level of complexity should be measured within the context of its phase cohort, each regression estimates the relationship for each phase cohort separately.

Overall, the results suggest that some factors (such as 'behavioural issues', 'mental health issues', and 'need for coordination with other services') were statistically significant and had similar magnitudes of association with complexity in more than one phase (or in the case of 'behavioural issues', all phases), the contribution of different factors to complexity varied by phase. At face value, this suggests a combination of factors that seem to contribute to complexity regardless of phase, and some factors that are more likely to be phase specific.

In terms of strength of association, the results suggest that in the Intake/Intervention/Partnered Response phase, 'experience of abuse/neglect' had the strongest association contribution to complexity score. On average, a 1-point increase in the value of this contributor was associated with 0.135 points increase in the value of complexity. In the Intervention phase on the other hand, 'high level of coordination between multiple services needed' was the most significant factor that is positively associated with complexity score. Finally, the factors that are the most significant in the Placement phase were 'gang involvement' (negative correlation) and 'antisocial/intimidating/aggressive behaviour' (positive correlation).

*Table 4. Regression analysis results of statistically significant correlation of surveyed contributing factors to the rated tamaiti/whānau complexity*

| Tamaiti Factor | Intake | Intervention | Placement |
|---|---|---|---|
| Disability | 0.052 | 0.11** | 0.109** |
| Behavioural issues | 0.121** | 0.134** | 0.164** |
| Mental health issues | 0.091* | 0.09* | 0.106** |
| Alcohol and drug use abuse | 0 | 0.083* | -0.002 |
| Experience of abuse/neglect | 0.135*** | 0.123* | 0.101 |
| Placement instability | -0.056 | 0.034 | 0.089* |
| Services unavailable to meet tamariki needs | 0.014 | 0.031 | 0.095* |
| Exclusion from education | 0.025 | -0.098* | -0.034 |
| High level of coordination between multiple services needed | 0.112** | 0.21*** | 0.066 |

| Whānau Factor | Intake | | Placement |
|---|---|---|---|
| Whānau mental health | -0.01 | 0.014 | 0.112* |
| History of family violence/family harm | 0.071 | 0.169* | -0.111 |
| Number of tamariki in whānau | 0.025 | -0.024 | 0.173** |
| Need for coordination with other services | 0.15** | 0.116* | 0.102* |
| Gang involvement | -0.021 | -0.073 | -0.128*** |
| Antisocial intimidating aggressive behaviour | 0.084** | 0.075 | 0.125*** |

**Notes**: (i)The level of statistical significance is indicated by the number of *'s with *** being significant at the 1%, ** at 5%, and * at the 10% levels. Only results with significance levels of 5% or lower are considered the most reliable. (ii)The models were estimated using Ordinary Least Squares, with standard errors clustered at the whānau level. The data was estimated using Poisson and Tobit models, which showed estimates that were not qualitatively different to those in the table. The model used a larger set of variables, including dummy variables that flagged when a response regarding a certain contributor was missing. For brevity, the table only includes contributors that were statistically significant for at least one of the cohorts examined.

Note that the interpretation of the values should be made with caution. First, there is a high level of cross-correlation between factors, hence the results may wrongly indicate that some factors do not contribute to complexity simply as their contribution is 'captured' in the model by other contributors. For example, while 'previous care and protection history' was found to be a common factor amongst tamariki with high complexity, after controlling for all other factors, its magnitude is small and not statistically significant. Second, because missing value flags are not presented in the table, it is possible that simply recording a value for a score is associated with complexity (rather than variation across values).

# Factors contributing to ability to work with complexity

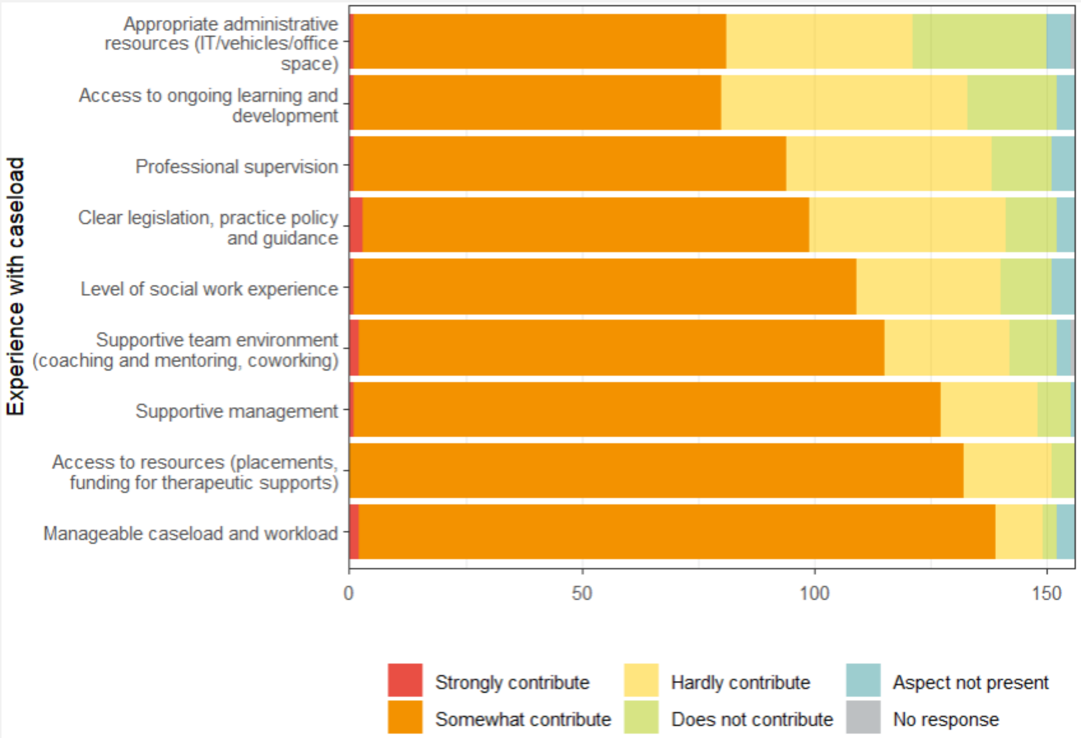
For the 156 respondents who answered the questions in this section, only one respondent did not answer fully.

## Top three contributing factors to ability to work with complexity are manageable caseload and workload, access to resources, and supportive management

More than half of social workers who answered identified a range of factors that somewhat contribute to their ability to work with complexity, including manageability of workload, resource and support availability, social work experience and clear legislation, practice policy and guidance.

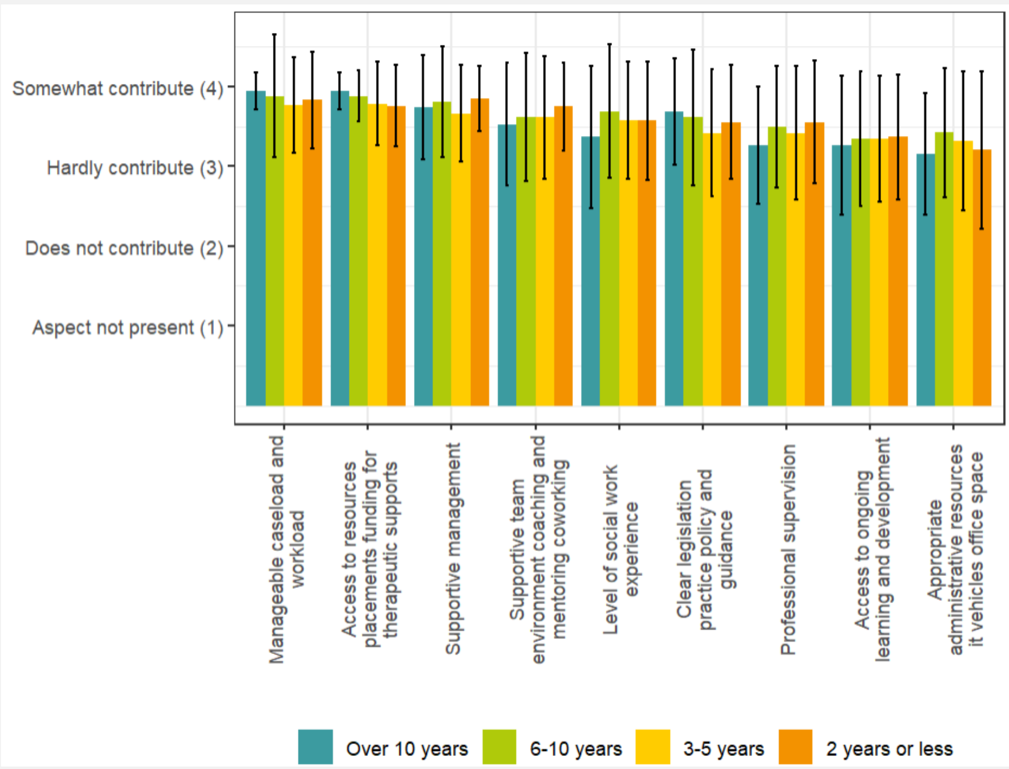
Interestingly, only very few identified factors that strongly contribute to their ability to work with complexity. Furthermore, none considered access to resources as a strong contributor to their ability to work with complexity. This suggests that their ability to work with complexity is often affected by many factors rather than one single factor. Note around half of the respondents are from Taranaki-Manawatū, South Auckland, Canterbury and Wellington, causing this view to be more representative of these regions.

*Figure 25. Surveyed contribution of several factors to the general ability to work with complexity on a caseload.*




The answers are not significantly different among respondents with different social worker experience level. Interestingly, level of social work experience and professional supervision were considered to contribute less in those with more than ten years of experience.

*Figure 26. Average rated surveyed contribution (and standard deviation) of several factors to the general ability to work with complexity on a caseload by social worker experience.*

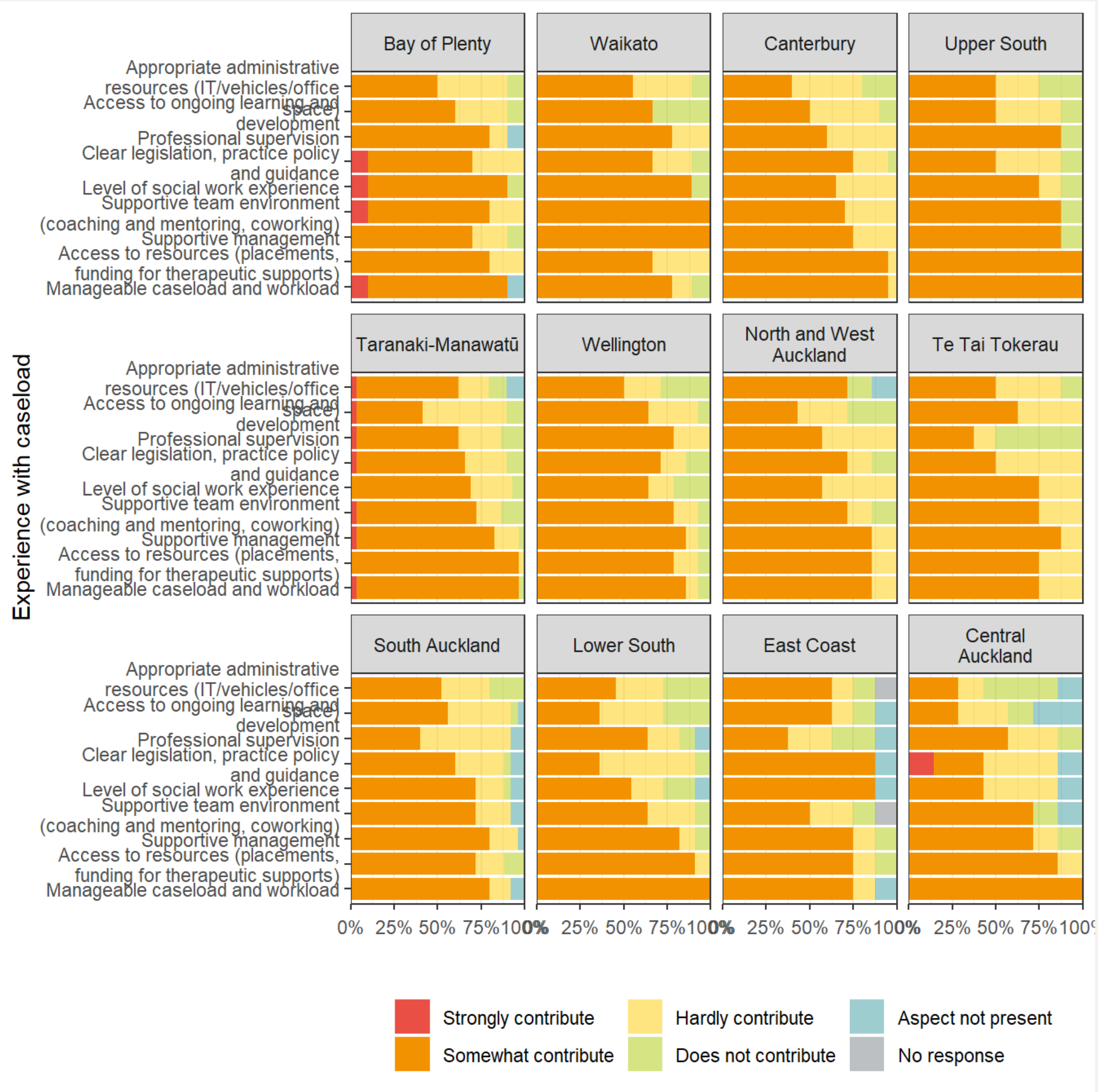


## There is some regional variation in views around how factors contribute to social worker ability to work with complexity

Less than half the respondents from South Auckland and East Coast considered professional supervision to somewhat contribute to their ability to work with complexity. Clear legislation, practice policy and guidance are less of an issue in Upper South, Lower South and Central Auckland. Access to ongoing learning and development and appropriate administrative resources/IT/vehicles/office space were considered least important by respondents from Central Auckland.

Supportive team environment, coaching and mentoring coworking, and supportive management were identified as important by all respondents from Waikato. Most other regions considered access to resources and manageable caseload and workload to be most important. Clear legislation, practice policy and guidance were considered one key contributing factor in East Coast, alongside level of social work experience.

*Figure 27. Surveyed contribution of several factors to the general ability to work with complexity on a caseload by care and protection region.*



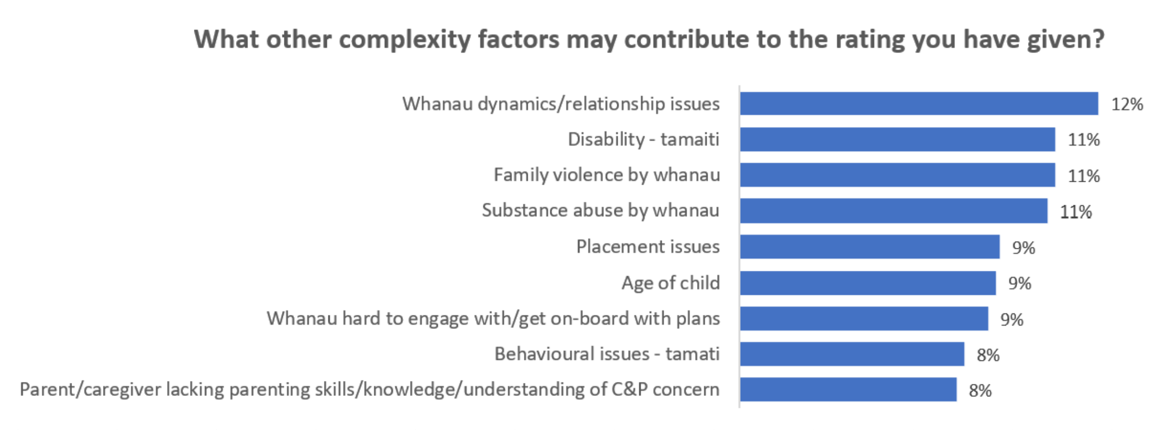
Note that results in this section are likely to be influenced by the number of respondents in each region.

# Thematic analysis

Four free-text questions in the survey were thematically analysed using a coding framework. Responses that were outside of the scope of the question, or that did not provide enough information for coding were excluded.[16]

### Question 1: " What other complexity factors may contribute to the rating you have given?" (n = 731)

*Figure 28. Most common factors contributing to the complexity rating as derived from the free text question*




The most common themes contributing to tamariki complexity included whānau dynamics or relationship issues, tamaiti disability, substance abuse by whānau members, family violence by whānau members, and issues with placement.

Whānau dynamics or relationship issues could include situations where parents were separated and would or could not work together for the child's safety; situations where whānau had a negative attitude toward the child (for example, homophobia or transphobia); difficult relationships between parents and whānau caregivers; and disagreement between whānau members on what was right for a child. Social workers noted this led to additional time spent mediating and coordinating between whānau members and took time away that could otherwise have been spent more directly on the child.

Tamaiti disability included physical disability and neurodivergence, such as ADHD, autism, and foetal alcohol spectrum disorders. Disability was not always diagnosed but barriers such as whānau willingness to engage and availability of services could prevent diagnosis. Tamaiti disability could mean a greater need for supports and services for tamariki and whānau, and often these were not available as needed, especially in rural areas. Behavioural issues, disability, and mental health issues of tamaiti were often described together and could be linked, as disability or mental health issues may cause behaviours that were hard to manage. In some cases, this was also caused by tamariki experience of abuse or neglect, or past trauma.

[16] Full code lists and counts available in Appendix 6: Thematic coding full code lists.

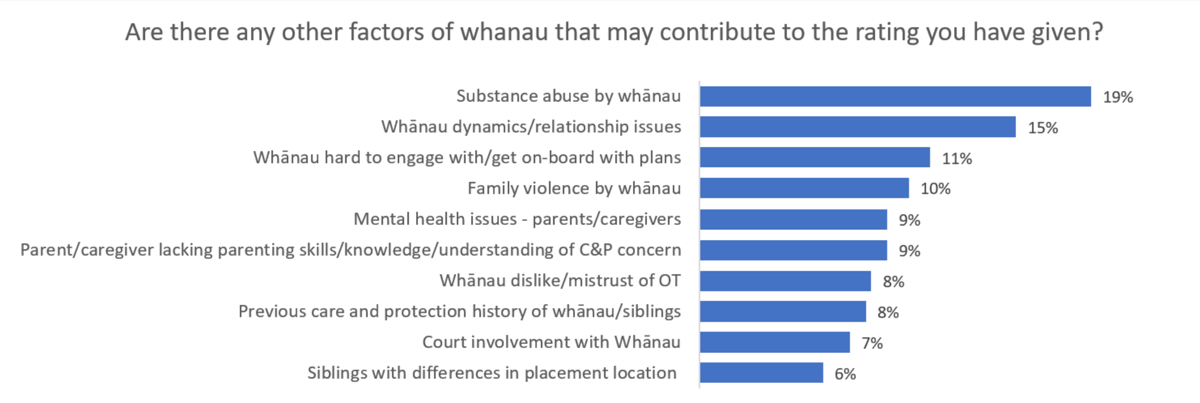
Substance abuse by whānau was primarily by parents but in a few cases included siblings. It often included both alcohol and drugs – social worker respondents did not generally specify which drugs. In many cases, substance abuse by whānau was noted alongside antisocial, aggressive or intimidating behaviour from whānau or a whānau member being incarcerated or in prison.

Family violence by whānau was often mentioned alongside substance abuse by whānau, or whānau mental health issues, which may have been contributing factors to the family harm.

Placement issues included frequent changes to placements, whānau unwilling or unable to provide a placement, or the right type of placement being unavailable, such as specialised disability care.

**Question 2: "Are there any other factors of whānau that may contribute to the rating you have given?". (n = 388)**

*Figure 29. Most common factors associated with a whānau contributing to the complexity rating as derived from the free text question*



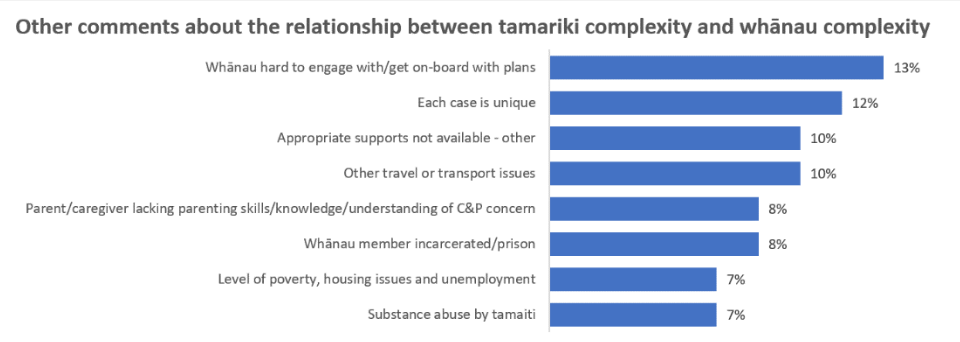

Top complexity factors relating to whānau were mostly the same as complexity factors mentioned for tamariki. Substance abuse by whānau, whānau dynamics/relationship issues, family violence by whānau, and whānau being hard to engage with remained in the top five factors.

Mental health issues of parents or caregivers was a common factor in whānau complexity that was mentioned more in this question. Mental health issues could be associated with substance use, past trauma of parents/caregivers, reluctance to engage with Oranga Tamariki, and sometimes antisocial/aggressive/intimidating behaviour from the parent or caregiver.

Where parents lacking parenting skills, knowledge, or understanding of care and protection concerns was a factor, this often meant they were hard to engage and were reluctant to make changes as they did not have capacity to understand or resisted engagement with care and protection concerns. Social workers described that in some cases this meant tamaiti remained in situations with substance abuse or family violence.

### Question 3: “Are there any other comments you would like to make about the relationship between tamariki complexity and whānau complexity?” (n = 60)

*Figure 30. Most common factors associated with relationship between tamaiti complexity and whānau complexity as derived from the free text question.*




Respondents were also asked if they had any further comments on the relationship between tamaiti complexity and whānau complexity, and whether there were any other factors which influenced the manageability of caseloads. The main factor not mentioned in previous questions which influenced the relationship between tamariki, and whānau complexity was that each case is unique.

Social workers reiterated that complex family dynamics such as separated parents or estranged family members could make a case more complex, as could whānau who were resistant or actively hostile to engaging with Oranga Tamariki.

### Question 4: " Are there any other factors that can influence the manageability of your caseload?” (n = 58)

*Figure 31. Most common factors influencing the manageability of caseload as derived from the free text question.*


Social workers noted several factors outside of tamariki and whānau that could influence the manageability of caseloads, many of them associated with the site or Oranga Tamariki more generally.

The level of staffing or number of cases assigned to each social worker impacted caseload manageability, as with lower staffing levels or more cases, less time was available to dedicate to each case. Some social workers mentioned that they were picking up cases from other sites that did not have enough staffing.

The quality of management or relationship between social workers and their manager could also affect caseload manageability. Social workers said having managers who knew what an appropriate workload looked like for social workers based on their experience, skills, and the complexity of the work made caseloads more manageable. In addition, managers who put trust in their social workers, avoided micro-managing, and supported social worker decisions were a positive influence.

# Conclusion

The findings from the survey on measuring case complexity provide valuable insights into the multifaceted nature of care and protection cases managed by Oranga Tamariki social workers. The survey highlighted the significant impact of complex needs, whānau dynamics, and organisational challenges on case complexity.

Tamaiti complexity increased with level of involvement in the system and whānau complexity was often rated similarly or more complex. Coupled with other indicators, this suggests that whānau complexity was influenced by the level and interaction of tamaiti complexity within a whānau. Numerous factors were reported to notably contribute to each aspect of complexity. Additionally, for organisational complexity a wide range of factors were identified that notably contributed to social workers ability to work with complexity suggesting that this is often affected by many factors rather than any one single factor strongly.

Understanding the significance of all three aspects of complexity and addressing the underlying contributing factors is important for developing effective strategies to manage caseloads and support social workers. The survey has provided visibility of these issues to help inform this and to enable the development of a model to predict case complexity as discussed in Part 2. In addition, it highlights factors deemed important to complexity which we currently lack structured data for, and as a result, cannot be readily available for monitoring or informing decision making. This gap could be filled by data sharing with other agencies, creating new recording options in our system, or using machine learning to structure our existing unstructured data.

Finally, we recommend repeating similar surveys in future to continually gather feedback from social workers. This will improve our ability to respond to pressures on frontline staff resulting from increased complexity, as well as broadly, support a more complete and current understanding of complexity in the care and protection system.

# Appendix 1: Domains of complexity

## Complex needs

There are two main types of complex needs:

- **Deep-rooted complex need:** Profound, individual needs which could affect family members in different ways but were of different kinds in the different service sectors.
- **Broad-based complex need:** described as arising when several individuals in a family have separate but concurring needs for support from social services.

## Relational complexity

This domain is about both the complexity that exists in interpersonal relationships and the specific and unique aspects of these relationships as they are given meaning by social workers with clients/families and in particular organisational context. For example:

- "Non-normative" families (structure and behaviours)
- Conflict between social worker and family
- Conflict between key family members
- Needs for whole family but only individualised services available

Relational complexity is particularly relevant where social work clients are "involuntary" (such as in care and protection).

## Organisational complexity

Complexity introduced through the devolved authority, functional specialisation, delegated authority and proceduralisation. For example:

- Difficulties within the organisation (structure, organisational guidelines, inadequate coordination and communication)
- Difficulties co-ordinating between organisations (e.g. Oranga Tamariki, Police, Ministry of Health, Ministry of Education, Ministry of Justice etc.)

# Appendix 2: Feedback from practitioners

## What are the main things that make a care and protection case complex?

“Complexity comes from the interplay between multiple personal factors (such as mental health or disability), and the length of time those factors has been either unaddressed, or inappropriately addressed. This might be present for either the child, or be the experience of adults who are now trying to parent through a history of their own unaddressed or poorly addressed needs. Then layer social concerns on top and that adds further to the complexity, such as **poverty**, **overcrowding**, **lack of housing, intergenerational/cross generational issues** that limit the quality of the natural support system.”

“The other thing that makes it clear something is not as it might seem on the surface is a **history of failed interventions**. If there have been **multiple ROCs over time,** and **referrals to other services or previous intervention** to try and deal with the presenting issues, and all those things have not really been effective, you can pretty well guarantee that there is more going on under the surface that will make things really complex once you figure out what that is. If we are getting **intakes when kids are a bit older** and find that they have had multiple interventions within school, via health, or with community before they come to OT, then that will always be a really complex case, and one for which there are no services who will be able to help. “

“Highly **complex and dynamic whanau**, often incorporating multiple fathers. A large number of whanau have their own diagnosis and may or may not be receiving support/assistance with that. Working with transient and **impeded/impaired whanau** requires a lot of clarifications/locating/re-setting hui, safety considerations re F/H or Bail or other Orders in place”

“Tamariki typically have **more than one diagnosis**, and many are unable to be resolved such as FASD, and lead into other complexities such as ODD, ADHD, ID etc. **Lack of access to suitable/appropriate resources/supports** often means these tamariki need “hands on” SW’s sometimes daily when they **can’t manage school, can’t access school**, **can’t sustain placements** – caregivers aren’t capable/able to manage/understand tamariki and their trauma as well as need/disability. **Drug impact and abuse from whanau, and by tamariki**. **Competing legal elements** – can be multiple Counsel for Child with differing views in **several locations**, trying to complete a “one plan” for sibling connection/whakapapa development, Courts requiring OT to provide/do things we’re not able to/resourced to/have access to requiring multiple hearings/amended Plans/mediation”

## What is it about the child or children involved in the case that contribute to complexity?

**“Multiple diagnoses contribute to complexity,** as sometimes the recommendations for treatment of one diagnosis exacerbates the presentation associated with another issue. That is the issue about the interplay between factors.”

“When there has been **a lack of intervention over time**, or the intervention has not been appropriate to meet the needs, that can create a situation where there becomes a lack of trust. For example, we have multiple examples of children with FASD or cognitive impairments who have extreme **behavioural issues** who we struggle with. This is because prior to them getting a proper assessment they have been approached with behaviourally based interventions, ones that rely on action-consequence, and that linking can be poorly understood by children with FASD or IDs. This leads them confused, and at times traumatized, by the way that adults of dealt with them over time, as they wind up in a constant cycle of being punished. … these kids tend ot be very challenging we cannot keep them in **a stable placement.”**

“**Disability** is a constant challenge to obtain supports, requires a lot of advocacy and justifications to schools, social environments (inclusion), accessibility to participate “

“**Impulsive and reactive tamariki** are not well understood as demonstrating their distress rather than being abusive and deliberate – SW often have to collect them from school, find placements at short notice due to being **ended abruptly**. Inability to create bespoke support via agencies – one size only, results in OT carrying the responsibility and attempting to be the therapists.”

“**Tamariki in multiple locations** – unable to be together for various reasons – requiring transporting/connecting to siblings for contact and may require multiple visits if parents have restrictions on who they can connect with/who they are related to, often requires supervision/supervising.”

## Is there anything about the relationships between people involved in the case that contribute to complexity? (for example, relationships between family members and social workers, dynamics within a family etc, relationships with NGOs and other organisations)

“Is the complete and utter lack of homes to care for children with **complex needs**. We simply do not have the caregivers that have the skills and resilience (and support, for that matter) to be able to understand and respond to the behaviours. The lack of support from Care Services is also very significant.”

“I’d also say that the consolidation of cases into one team, and **therefore 5 (or so) social workers having 15-20 children in care is a massive issue…that has concentrated all of the most challenging cases into a small resource.** Whereas previously, if there were 15 social workers being allocated care cases, you might be “unlucky” if you get one of the most challenging cases… whereas this structure means you are guaranteed to have one or two, and with this comes stress and burn out.”

Dealing with complexity is all about relationships. The better you can build and maintain a relationship with all those involved, the more progress you make with developing an effective intervention. Here are the main relationship issues:

The system is fractured within SCAF, and if a child has to enter care, by the time that decision is made they have likely had at **least 3 social workers** involved with them and their family. Each change means someone having to develop a relationship, because that is developed kanohi te kanohi, not by reading the case notes the previous social worker has left. Then add in possibly a YJ social worker, and perhaps a CGRS social worker for the family and that is another two, and all of them will have different supervisors as well."

Social workers do not have a good understanding of trauma informed practice, and do not approach families in a trauma informed way. The **families we work with have their own trauma history** that is often poorly understood initially due to social workers focusing on the children. This effects how effectively social workers can build a good collaborative relationship with families.

"**Relationships with other services** are crucial to making a good plan. Unfortunately, all services are very overloaded with work all the time, and then we end up in a situation where everyone starts putting their hands up and saying "not my role" and abdicating out of the plan."

"Social workers in general do not seem to understand how to best support children, their families, and their caregivers when faced with a **complex set of factors.** They do not seem to be able to pull together (in lots of cases, though I have seen some that have been okay) a coherent intervention that deals addresses issues holistically, rather the interventions seem to be piecemeal, putting one thing in on top of another in an attempt to address each presenting concern on its own merits."

**"Whanau dynamics** are harder to manage and may be **transient** – a lot of energy spent organising visits/hui that don't then occur – tamaiti now distressed etc."

"**SW's not operating together** due to being in very distinct and separate roles, i.e. I&EA, Intervention, In Care, CGRS – all now stand alone and protected which sometimes creates barriers internally, exacerbated externally by tamariki not getting placement/visits/info sharing/CG playing SW's off against each other.

"Frequent frustration with Health – M/H provision largely, and **lack of respite options**, continuous care type options, inability to access at all – no vacancy.

"Some schools have very low tolerance for OT tamariki – but don't use their available options/resourcing such as IWS/Behaviour Management Plans/IEP etc – it's OT's problem/cost and mustn't negatively reflect on school management."

# Appendix 3: Factors and aspects that contribute to case complexity

The table below summarises numerous factors that were considered to potentially affect the complexity of a care and protection case identified by the project team, and aspects that were identified by several consulted practitioners. Bolded text indicates shared view on what makes a case complex.

| Complex need | Relational complexity | Organisational complexity |
|---|---|---|
| • **Disability**<br>• **Mental Health**<br>• **Substance use (SACs)**<br>• **Behavioural/attachment disorder**<br>• Harmful sexual behaviour<br>• Educational disengagement (stand down expulsions)<br>• Self-harm (suicide screens, Kessler)<br>• Absconding history | • **Number of social workers who have been on the case**<br>• **Number of suitable caregivers available (potentially linked to number of whanau at FGC as potential caregivers)**<br>• FGC participant roles – number of those from external organisations/services<br>• Investigations vs Assessments<br>• FWA escalating into an FGC<br>• FGC plans not completed<br>• Reports of Concern while in care<br>• Number of participants invited to FGC<br>• Number of participants who attend FGC<br>• Location – where they and the whānau are, how far from the site<br>• FGC participant roles – number of those from external organisations/services | |
| • **Multiple ROCs for same issue from different sources (school, public, health etc)**<br>• **Number of family members in case**<br>• **Age of the child** (prior to 10 linked to family issues, after 10 linked to behavioural issues and harder to place subsequently)<br>• Child doesn't know iwi or is located away from the rohe of their iwi and their support<br>• Number of children in the case | | • Lack of Strategic partnership with a relevant iwi<br>• Casenote on Advice Given from community resource panel overridden by Social Worker<br>• Specialization of task vs how complex it is – can SW do it or a support/Social Worker Resource Assistant instead |

| Complex need | Relational complexity | Organisational complexity |
|---|---|---|
| | | • Stage of the case they are at (For example, Reports of Concern (24-48 hrs) versus Assessment (20 days to 2 months) versus FGC (2 months to hold) versus FGC plan underway (6 months) versus in care (length of time in care, short term vs long term) |
| | • FGC agreement reached Y/N flag – indication of conflict in resolution of issue between participants potentially | • How many support staff are at the site? (to assist with managing cases) Lack of them or Kairaranga |
| • **Previous trauma**<br>• **Multiple reports of concern**<br>• **History of substantiated findings**<br>• **Prior care experience** | | |
| • **Multiple care placements** | | |

# Appendix 4: Whānau prioritisation in sampling

For social workers working with more than nine whānau, or 16 tamariki, semi-random sampling of whānau and tamariki must follow the principles below:

- Prioritise whānau who have a higher number of tamariki. However, whānau that have nine or more tamariki were excluded due to the limitation of the tool.
- Always select all tamariki in a whānau (no partial selection of tamariki in a whānau).
- To avoid introducing bias through selecting whānau, a random number was assigned to each whānau that a social worker is working with.
- We first prioritised selecting whānau groups for these social workers with the highest number of tamariki (ordering by the random number). To maximise the number of whānau and tamariki included in the survey, we then filled the list for each social worker up to 16 tamariki but no more than 9 whānau if possible, from the whānau groups with the lowest number of tamariki.
- For example, if social worker A works with five whānau as indicated in Table 5, whānau 1 to 3 are selected in the first round (from the highest number of Tamariki in a whānau), and whānau 5 is selected to fill the total number selected to 16 tamariki. For social worker B, only whānau 1 to 9 are selected. Although the total number of tamariki are only 14, we do not select whānau 10 as no more than nine whānau can be handled in the survey.

*Table 5. Example of how process would select which whānau and tamariki are included in survey from a given social worker's caseload.*

| Social worker | Random whānau number | No. of tamariki in whānau | Selected (Y/N) |
|---|---|---|---|
| **A** | 1 | 5 | Y |
| **A** | 2 | 5 | Y |
| **A** | 3 | 4 | Y |
| **A** | 4 | 4 | N |
| **A** | 5 | 2 | Y |
| **B** | 1 | 4 | Y |
| **B** | 2 | 3 | Y |
| **B** | 3 | 1 | Y |
| **B** | 4 | 1 | Y |
| **B** | 5 | 1 | Y |
| **B** | 6 | 1 | Y |
| **B** | 7 | 1 | Y |
| **B** | 8 | 1 | Y |
| **B** | 9 | 1 | Y |
| **B** | 10 | 1 | N |

# Appendix 5: Missing complexity factor survey responses

The below figures illustrate the percentage of survey responses regarding the contributing factors to the rated tamaiti/whanau complexity which were missing

*Figure 32. Proportion of missing responses for each factor contributing to the rated tamaiti complexity*

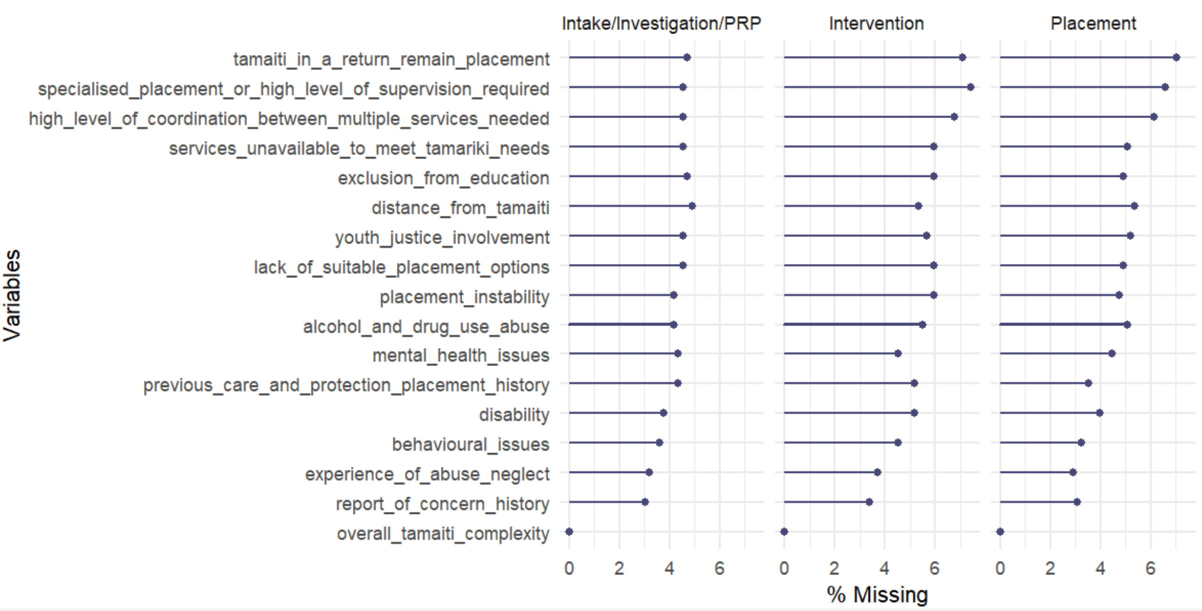
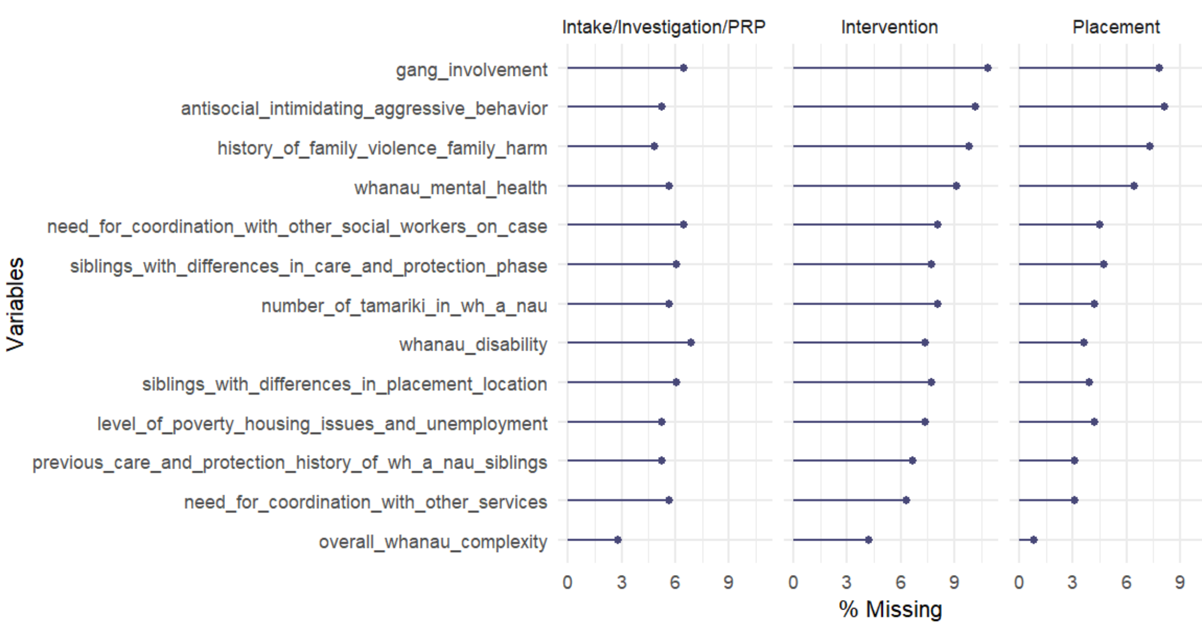



*Figure 33. Proportion of missing responses for each factor contributing to the rated tamaiti complexity*



# Appendix 6: Thematic coding full code lists

**Question 1: "Are there any other factors of whānau that may contribute to the rating you have given?"**

Number of valid responses = 388

| Code | Percent | Count |
|---|---|---|
| Substance abuse by whānau | 19% | 73 |
| Whānau dynamics/relationship issues | 15% | 59 |
| Whānau hard to engage with/get on-board with plans | 11% | 43 |
| Family violence by whānau | 10% | 39 |
| Mental health issues - parents/caregivers | 9% | 35 |
| Parent/caregiver lacking parenting skills/knowledge/understanding of C&P concern | 9% | 35 |
| Whānau dislike/mistrust of OT | 8% | 32 |
| Previous care and protection history of whānau/siblings | 8% | 31 |
| Court involvement with whānau | 7% | 28 |
| Siblings with differences in placement location | 6% | 23 |
| Antisocial/intimidating/aggressive behaviour - whānau/parent | 6% | 22 |
| Disability - parents/caregivers | 6% | 22 |
| Parent/caregiver history of trauma | 5% | 20 |
| Level of poverty, housing issues and unemployment | 5% | 19 |
| Whānau social isolation from community/whānau | 5% | 18 |
| Experience of abuse/neglect - parents/caregivers | 4% | 17 |
| Appropriate supports not available - other | 4% | 15 |
| Criminal activity by whānau | 4% | 15 |
| Whānau resistant/hostile to engage | 4% | 15 |
| Behavioural issues - tamaiti | 4% | 14 |
| Experience of abuse/neglect - tamaiti | 4% | 14 |
| Whānau member incarcerated/prison | 4% | 14 |
| Language or cultural barriers | 3% | 12 |
| Disability - tamaiti | 3% | 11 |
| Need for coordination with other social workers on case | 3% | 11 |
| Number of tamariki in whānau | 3% | 11 |
| Whānau difficult to contact | 3% | 11 |
| Appropriate services not available | 3% | 10 |
| Gang involvement by whānau | 3% | 10 |
| Whānau geographic isolation | 3% | 10 |
| Other | 2% | 9 |
| Response wording unclear | 2% | 8 |
| Grief/loss in whānau | 2% | 7 |

| | | |
|---|---|---|
| Involvement of community/other services | 2% | 7 |
| Siblings with differences in care and protection | 2% | 7 |
| Other travel or transport issues | 2% | 6 |
| Tamaiti isolated from whānau | 2% | 6 |
| Behavioural issues - siblings | 1% | 5 |
| High level of coordination needed | 1% | 5 |
| Antisocial/intimidating/aggressive behaviour - child | 1% | 4 |
| Caseworker instability | 1% | 4 |
| Custody issues for siblings | 1% | 4 |
| Disability - siblings | 1% | 4 |
| Mental health issues - tamaiti | 1% | 4 |
| Placement instability | 1% | 4 |
| Appropriate supports not available - educational | 1% | 3 |
| Dependence on OT | 1% | 3 |
| Lack of suitable placement options | 1% | 3 |
| Substance abuse by tamaiti | 1% | 3 |
| Criminal activity by siblings | 1% | 2 |
| Custody issues for tamaiti | 1% | 2 |
| Family violence by tamaiti | 1% | 2 |
| Mental health issues - siblings | 1% | 2 |
| Age of child | 0% | 1 |
| Court involvement with tamaiti | 0% | 1 |
| Criminal activity by tamaiti | 0% | 1 |
| Exclusion from education | 0% | 1 |

**Question 2: "What other complexity factors may contribute to the rating you have given?"**

Number of valid responses = 731

| Code | Percent | Count |
|---|---|---|
| Whānau dynamics/relationship issues | 12% | 91 |
| Disability - tamaiti | 11% | 80 |
| Family violence by whanau | 11% | 80 |
| Substance abuse by whanau | 11% | 78 |
| Placement issues | 9% | 66 |
| Age of child | 9% | 65 |
| Whānau hard to engage with/get on-board with plans | 9% | 63 |
| Behavioural issues - tamaiti | 8% | 57 |
| Parent/caregiver lacking parenting skills/knowledge/understanding of C&P concern | 8% | 55 |
| Experience of abuse/neglect - tamaiti | 7% | 53 |
| Other | 7% | 53 |
| Mental health issues - tamaiti | 6% | 42 |
| Tamaiti history of trauma | 5% | 35 |
| Mental health issues - parents/caregivers | 4% | 29 |
| Appropriate services not available | 4% | 28 |

| | | |
|---|---|---|
| Disability - parents/caregivers | 3% | 25 |
| High level of coordination needed | 3% | 25 |
| Tamaiti isolated from whanau | 3% | 24 |
| Court involvement with tamaiti | 3% | 22 |
| Level of poverty, housing issues and unemployment | 3% | 22 |
| Involvement of community/other services | 3% | 20 |
| Siblings with differences in placement location | 3% | 20 |
| Previous care and protection history of whānau/siblings | 2% | 18 |
| Whānau social isolation from community/whānau | 2% | 18 |
| Tamaiti disengagement | 2% | 17 |
| Appropriate supports not available - other | 2% | 16 |
| Antisocial/intimidating/aggressive behaviour - whānau/parent | 2% | 15 |
| Whānau difficult to contact | 2% | 15 |
| Whānau dislike/mistrust of OT | 2% | 15 |
| Appropriate supports not available - educational | 2% | 14 |
| Language or cultural barriers | 2% | 13 |
| Parent/caregiver history of trauma | 2% | 13 |
| Whānau resistant/hostile to engage | 2% | 11 |
| Previous care and protection placement history | 1% | 9 |
| Whānau geographic isolation | 1% | 9 |
| Youth Justice involvement | 1% | 9 |
| Behavioural issues - siblings | 1% | 8 |
| Siblings with differences in care and protection | 1% | 8 |
| Tamaiti dislike of OT | 1% | 8 |
| Court involvement with whanau | 1% | 7 |
| Criminal activity by whanau | 1% | 7 |
| Antisocial/intimidating/aggressive behaviour - child | 1% | 6 |
| Criminal activity by tamaiti | 1% | 6 |
| Grief/loss in whānau | 1% | 6 |
| Whānau isolation from community/wider whānau | 1% | 6 |
| Whanau member incarcerated/prison | 1% | 6 |
| Need for coordination with other social workers on case | 1% | 5 |
| Other travel or transport issues | 1% | 5 |
| Caseworker instability | 1% | 4 |
| Criminal activity by siblings | 1% | 4 |
| Disability - siblings | 1% | 4 |
| Custody issues for tamaiti | 0% | 3 |
| Family violence by tamaiti | 0% | 3 |
| Gang involvement by whānau | 0% | 3 |
| Number of tamariki in whānau | 0% | 3 |
| Substance abuse by tamaiti | 0% | 3 |
| Tamaiti is teen parent | 0% | 3 |
| Experience of abuse/neglect - parents/caregivers | 0% | 2 |
| Report of concern history | 0% | 2 |
| Mental health issues - siblings | 0% | 1 |

**Question 3: "Are there any other comments you would like to make about the relationship between tamariki complexity and whānau complexity?"**

Number of valid responses = 60

| Code | Percent | Count |
|---|---|---|
| Whānau hard to engage with/get on-board with plans | 13% | 8 |
| Each case is unique | 12% | 7 |
| Appropriate supports not available - other | 10% | 6 |
| Other travel or transport issues | 10% | 6 |
| Parent/caregiver lacking parenting skills/knowledge/understanding of C&P concern | 8% | 5 |
| Whānau member incarcerated/prison | 8% | 5 |
| Level of poverty, housing issues and unemployment | 7% | 4 |
| Substance abuse by tamaiti | 7% | 4 |
| Antisocial/intimidating/aggressive behaviour - child | 5% | 3 |
| Appropriate supports not available - educational | 5% | 3 |
| Disability - siblings | 5% | 3 |
| Impact of social worker approach | 5% | 3 |
| Placement instability | 5% | 3 |
| Behavioural issues - siblings | 3% | 2 |
| Dependence on OT | 3% | 2 |
| High level of coordination needed | 3% | 2 |
| Lack of suitable placement options | 3% | 2 |
| Parent/caregiver attitude | 3% | 2 |
| Whānau resistant/hostile to engage | 3% | 2 |
| Whānau social isolation from community/whānau | 3% | 2 |
| Appropriate services not available | 2% | 1 |
| Behavioural issues - tamaiti | 2% | 1 |
| Caseworker instability | 2% | 1 |
| Court involvement with tamaiti | 2% | 1 |
| Exclusion from education | 2% | 1 |
| Family violence by tamaiti | 2% | 1 |
| Involvement of community/other services | 2% | 1 |
| Language or cultural barriers | 2% | 1 |
| Need for coordination with other social workers on case | 2% | 1 |
| Other | 2% | 1 |
| Response wording unclear | 2% | 1 |
| Siblings with differences in care and protection | 2% | 1 |
| Tamaiti disengagement | 2% | 1 |
| Tamaiti is teen parent | 2% | 1 |
| Tamaiti isolated from whānau | 2% | 1 |
| Whānau geographic isolation | 2% | 1 |

**Question 4: "Are there any other factors that can influence the manageability of your caseload?"**

Number of valid responses = 58

| Code | Percent | Count |
|---|---|---|
| Staffing levels at site | 24% | 14 |
| Number of cases assigned | 21% | 12 |
| Quality of management | 19% | 11 |
| Complexity considered in case number allocation | 10% | 6 |
| Experience level of social worker | 10% | 6 |
| Placement availability | 10% | 6 |
| Professional supervision | 10% | 6 |
| Relationship with other social workers involved | 10% | 6 |
| Training | 10% | 6 |
| Lack of support | 9% | 5 |
| Paperwork | 7% | 4 |
| Personal life | 7% | 4 |
| Relationships with local services/agencies | 7% | 4 |
| Working environment for kaimahi ora | 7% | 4 |
| Focus on KPIs | 5% | 3 |
| Time availability/demands on time | 5% | 3 |
| Feeling trusted to make decisions | 3% | 2 |
| Relationship building with whānau | 3% | 2 |
| Social worker doing non social worker tasks | 3% | 2 |
| Availability of community social workers | 2% | 1 |
| Availability of resources | 2% | 1 |
| Availability of services | 2% | 1 |
| Caregiver expectations | 2% | 1 |
| Delay in diagnosis | 2% | 1 |
| Impact of overtime | 2% | 1 |
| Intensiveness of time in crisis | 2% | 1 |
| Lack of clarity | 2% | 1 |
| Lack of training and supervision | 2% | 1 |
| Lack of trust/autonomy of supervisors to allocate work | 2% | 1 |
| Management of workflow | 2% | 1 |
| Partnerships with local services | 2% | 1 |
| Relationship with other agencies | 2% | 1 |
| Support of management | 2% | 1 |
| Taking on additional responsibilities on top of caseload | 2% | 1 |