EWOP workforce composition

The Anglicare EWOP team is composed of eleven mental health professionals.

All staff members hold minimum bachelor degree qualifications and are credentialled or registered with relevant professional bodies (e.g., AASW, AHPRA, etc.).

- Program manager (credentialled mental health nurse)
  - Responsibilities include program management and oversight and clinical supervision
- Senior Mental Health Practitioner (MHP)
  - Responsibilities include client care, mentoring and clinical supervision of EWOP team, and training delivery to RACF workers
- Mental health practitioners/case managers (x7)
  - Responsibilities include client care and training delivery to RACF workers
- Intake Officer
  - Responsibilities include management of referral intake to the service

EWOP workforce development

New staff are inducted to the EWOP service through shadowing and supervised practice.

Regular staff development opportunities include:

- Monthly group supervision
- Co-worker check-in groups twice per month
- Staff-selected group learning
- support for webinar and other short courses

Clinical governance

The service is delivered off-site in residential aged care homes by staff members who mostly work independently and autonomously.

Clinical case reviews are utilised within the EWOP model to support greater oversight of care provided by staff members to clients.

Case reviews also provide opportunity for quality improvement activities within the EWOP service.

Key supporting activities

Professional connections

Relationships have been built with LHD Older Persons Mental Health (OPMH) teams, Dementia Behaviour Management Advisory Service (DBMAS), GPs, etc.

RACF engagement

MoUs are signed prior to service delivery

Anglicare utilises an ongoing assertive outreach approach to maintain RACF engagement

Capacity building

RACF staff and family education packages are offered in person and online to raise mental health literacy and upskill clients' support networks

Referral pathways

Referrals to the EWOP service are made by RACF RNs and Care Managers.

GPs, AHPs, family and other RAC workers can also ask RNs or Care Managers to refer residents to the EWOP program.

Initial intake assessment

Referrals are screened at EWOP service intake meetings for sufficient information to confirm:

- Resident consent and capacity to participate
- Resident needs are within scope of EWOP service

Ineligible	Residents experiencing advanced cognitive decline, dementia, delirium, behavioural challenges, need for psychogeriatric care or intensive mental health support	Referral to LHD OPMH, DBMAS, GP, or other services as appropriate
Unclear	Referral on hold until resident assessment of capacity to consent and participate can be confirmed (between 1-3 visits to establish)	Assessed as ineligible Assessed as eligible
Confirmed	Resident registered to receive EWOP services	

Therapeutic needs assessment

The therapeutic needs of each client are assessed, including need for interpreting or other supports.

Intervention

Treatment plans developed based upon client need and preferences.
This may include tailored combinations of case coordination, psychological interventions, and social supports as required.

86% of interventions have been provided face-to-face in the financial year period 2020-2025 (to date), followed by a smaller proportion of telephone, internet and video-based services. AWP reports indicate RACFs have a distinct preference for face-to-face services.

≤ 10 sessions can be provided, with option for more following Senior MHP case review.

Service exit

Clients are discharged from the EWOP service when their:

Treatment concluded	Need escalates	Need decreases	Case closed administratively
Strategies provided for ongoing management:			
Support to connect with relevant services for the client to continue their emotional, social and wellbeing journey. This may include RACF lifestyle programs, legal, spirituality, social and health services as appropriate on a case-by-case basis.	Step up to LHD OPMH, DBMAS, GP, geriatrician or psychogeriatrician services EWOP cannot provide support to clients actively involved with LHD OPMH or DBMAS services but may receive referral of clients following discharge.	Step down involves support for clients to connect with relevant services to continue their emotional, social and wellbeing journey. This may include RACF lifestyle programs, legal, spirituality, social and health services as appropriate on a case-by-case basis.	Client moves out of area, passes away, or declines further service