Anglicare Emotional Wellbeing of Older People (EWOP) program

Final evaluation report

Prepared for: Central and Eastern Sydney Primary Health Network (CESPHN)
Date: May 2025

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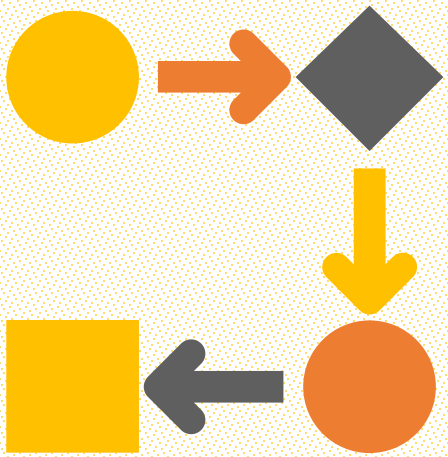
Introduction



CESPHN engaged Larter in late 2024 to undertake an evaluation of the Emotional Wellbeing of Older People (EWOP) service. Service delivery is commissioned to Anglicare.

Larter is an Australian-owned consulting firm, established in 2008, that provides high quality consulting services to the health and community services sector. Larter has been codesigning and evaluating mental health services for a decade and has been providing education and training to mental health professionals since inception.

The purposes of undertaking the evaluation were to:

- Document the EWOP service model and investigate its alignment with service guidance from the Australian Department of Health and Aged Care.
- Assess whether EWOP is meeting the aims and objectives set out for clients, RACF workers, and clients' families and carers.
- Consider factors relevant to the sustainability of the EWOP service model, specifically whether is sustains support for RACF residents post-program participation.
- Review findings from similar models of care and document whether and how learnings from their implementation may enhance the EWOP service model.
- Explore EWOP service model improvement for future commissioning activities.
- Enable CESPHN to share the model of care and EWOP service outcomes with:
    - Other PHNs as a model for service implementation and delivery, and
    - The Department of Health and Aged Care to support funding advocacy and policy guidance enhancements.

About the evaluation

The project was planned using a framework (see Appendix C) developed in the early stages of project, with feedback from CESPHN. The framework identified key lines of enquiry and broke them down into aligned sub-questions, indicators and measures, showing how each element of the project links to the evaluation purpose. The key evaluation questions were also aligned to the purposes of PHN activities nationally - supporting the delivery of **efficient**, **effective** and **coordinated** primary health care. This approach enables consideration of how the outcomes of the EWOP service connect into the broader mental health commissioning ecosystem.

Key evaluation questions		
Coordinated care	1	What is the Anglicare model of care for mental health services in RACFs?
	2	How has the National Evaluation impacted the model of care?
	3	What improvements can be made to the model of care?
Efficient care	4	Has the model of care had any effect on the capability and capacity of RACF staff to sustain mental health support for clients following program participation?
Effective care	5	What outcomes are being achieved by this model of care for key stakeholders?
	6	Has the Anglicare approach to induction, workforce development, capability and clinical supervision support, as described by the Model of Care, improved staff retention, quality of care, and client outcomes?
	7	What is the quality of client experiences of service delivery within the model?

Evaluation data collection, analysis and limitations

Data sources

- Both qualitative and quantitative data was collected throughout this evaluation (see Appendix D for a detailed summary of data, including demographics).
- Qualitative sources included resident, RACF worker, resident family, and Anglicare EWOP and CESPHN staff interviews and focus groups, and regular program reporting from Anglicare to CESPHN.
    - Resident, RACF workers and family interviews were conducted by an interviewer with experience in working with older adults living with cognitive decline and dementia and their families. Anglicare EWOP staff nominated those appropriate to participate in interviews. This was to ensure that residents who were interviewed were able to participate fully based upon cognitive status, and that residents also had the opportunity to provide permission for their family members to be invited to participate.
- Quantitative data sources included PMHC-MDS data reports.

Analysis

- Qualitative data was analysed thematically to produce a condensed understanding of the experiences and views of residents, their families, RACF workers and Anglicare and CESPHN staff regarding the EWOP service.
- Quantitative data was analysed using descriptive statistics to generate understanding of any data trends over time.

Limitations

- Key limitations within this evaluation was lack of response to the RACF worker survey, and concerns with ability to consult with a sufficient number of resident families.
- The timeframe of the evaluation allowed only for email survey distribution, though the Anglicare EWOP service shared that there had to date been challenges with establishing response from RACFs in this way. In an attempt to resolve this, the Anglicare EWOP service distributed the survey link via their established RACF email contact list in their capacity as a known service provider within aged care homes, however this did not yield any responses.
- CESPHN were consulted regarding these limitations throughout the project and provided advice to Larter in addressing these concerns.

Suggestions for reading this report

This evaluation report is arranged across seven chapters that answer each evaluation question separately.

Summary answers to each question can be found on chapter cover slides throughout this report. More detailed data, such as quantitative information, and client, RACF worker and family feedback, is contained within each chapter, including commentary and further background.

Based upon the categorisation of the evaluation questions against the key purposes of PHNs nationally of **efficient**, **effective** and **coordinated** care, summaries of suggested improvements in line with coordinated care, and efficient and effective service delivery, are located at the end of evaluation question chapters 3 and 7.

A diagram of the EWOP model of care can be found at Appendix A to this report.

Likewise, large data tables are located as appendices to this report for ease of reading.

Key findings

The EWOP service is viewed in very positive terms by clients, their families and RACF workers, with many describing significant changes in their lives through service participation. In addition, the majority of clients for whom episode start and conclusion outcome data was collected (matched pairs) demonstrated improvement in levels of psychological distress following program participation, indicating that the EWOP service is delivering a valued and effective service to RACF residents.

Session numbers available within the EWOP model are generally viewed as too low by EWOP clients, their family and carers, and RACF workers. Almost all stakeholders who participated in this evaluation wished for longer or more sessions. Research due to be published in 2025 by Swinburne University may highlight best practice approaches to session numbers and approaches to providing mental health care to RACF residents.

The EWOP service model demonstrates broad alignment with Department of Health and Aged Care guidance. Areas identified for review against the program guidance include the role of GP referrals and engagement with the EWOP service, and CESPHN monitoring processes.

A number of barriers to service delivery were identified. RACF workers noted challenges in relation to referral processes such as structure of the referral form and the perception that diagnoses of cognitive decline may lead to resident ineligibility. EWOP staff described low mental health literacy amongst RACF workers, outcome measures required for use, and poor referral quality as impediments within service delivery.

Key recommendations

1. Review the theory underpinning the RACF worker and family mental health literacy elements of the EWOP model of care. This would support more detailed understanding of how the program aims to influence these groups and in turn assist with identifying methods for measuring service effectiveness in these areas.

2. Collaboration with RACFs to review referral processes to the program. This would identify potential improvements to the process, such as referral form structure, that may help to improve the quality of referrals to the EWOP service over time.

3. Review of the responsibility for EWOP service promotion and awareness raising, including training opportunities available. Sharing this role more broadly across both CESPHN and Anglicare could allow redirection of EWOP staff time to more client services.

4. Review of regular reporting processes in place between Anglicare and CESPHN. Alternative methods of reporting training outputs and outcomes would improve the oversight of this element of the model and insights into its effectiveness. Use of the IAR-DST tool may assist with understanding of level of need amongst residents experiencing mental health symptoms.

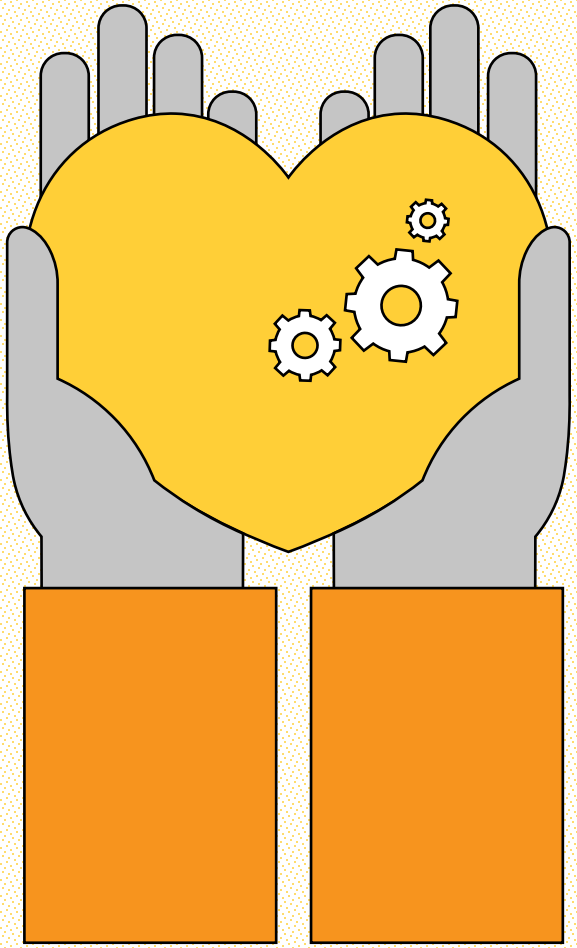
Relevant recommendations from similar past evaluations

1. Regular and maintained engagement with RACFs to help embed psychological service knowledge in facilities. This also includes dedicated engagement roles where possible, with close monitoring of engagement activities to best understand what approaches are most acceptable and appropriate in the sector.
2. Use of the IAR-DST assessment tool can help to understand and monitor the level of care need amongst RACF residents referred to psychological support programs.
3. Take a holistic perspective to psychological wellbeing of RACF residents. Incorporate both clinical and non-clinical measures of program effectiveness (for example, including quality of life measures).
4. Focus on collection of reliable data for priority resident cohorts. Dependent upon PHN priorities, this could include information regarding service reach, inclusivity and cultural safety for First Nations peoples, older people from multicultural backgrounds, and LGBTIQA+ older people to increase oversight of care quality for these groups of residents. If this data is already collected, review of report template structure would enable specific reporting against these criteria.

1. What is the Anglicare model of care for EWOP services in RACFs?

Developed in 2020, the Anglicare EWOP model aims to provide mental health support to RACF residents in central and eastern Sydney, and increase mental health literacy of RACF workers, families, and carers to sustain wellbeing gains

Anglicare EWOP service: model of care



CESPHN commissioned Anglicare in 2020 to design and deliver the Department of Health-funded EWOP service.

The service provides stepped-care mental health support to residents of aged care homes in the CESPHN catchment across both central and eastern Sydney.

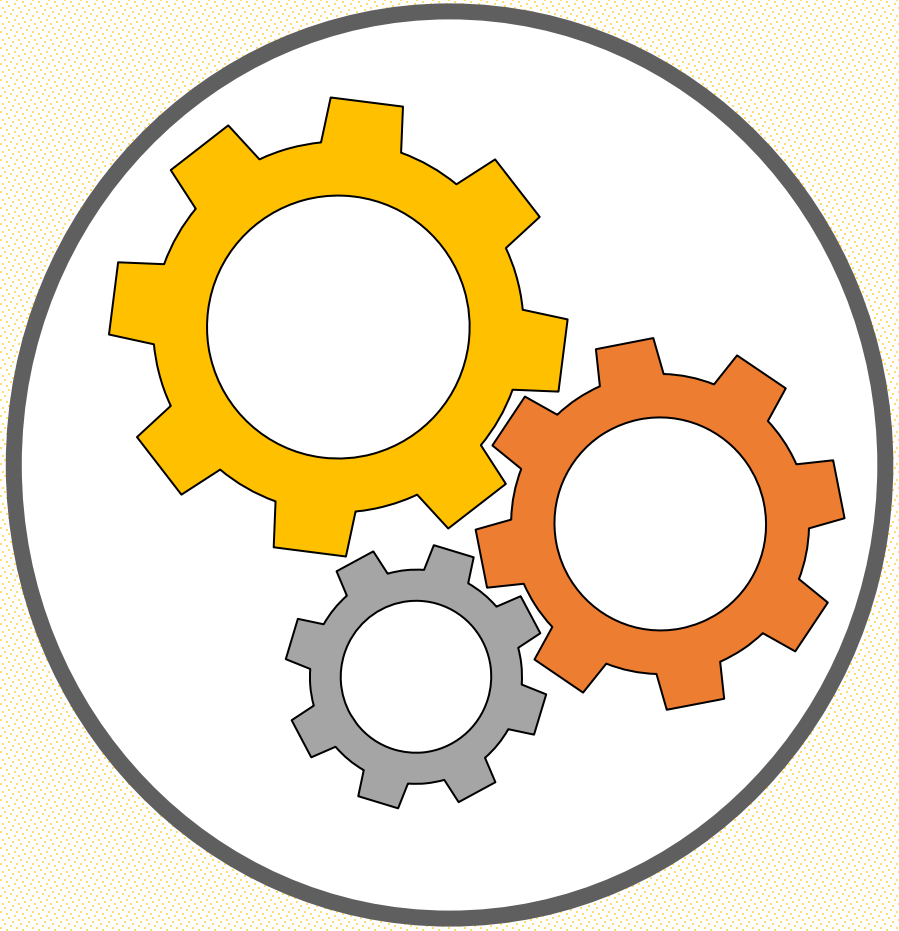
The EWOP model of care (see Appendix A) is delivered in aged care facilities that have a memorandum of understanding (MoU) with Anglicare to provide the service.

Services include care coordination, talk-based therapies, advocacy for residents (for example, support to access elder abuse services where necessary) and design and implementation of individualised care plans based upon each residents' needs and preferences.

Anglicare holds MoUs with more than 100 RACFs throughout the CESPHN catchment area.

The CESPHN target of 78 MoUs with RACFs was met in 2022-23. The number of MoUs signed by RACFs is no longer routinely reported as there was felt to be a sufficient level of RACF involvement with the service (Anglicare AWP report, 2022-2023).

Anglicare EWOP service: model of care



The EWOP service is provided in RACFs of varied size, location, and cultural ethos within the CESPHN catchment. Some focus solely on services for particular cultures or language groups. No variation in service delivery is reported across RACFs.

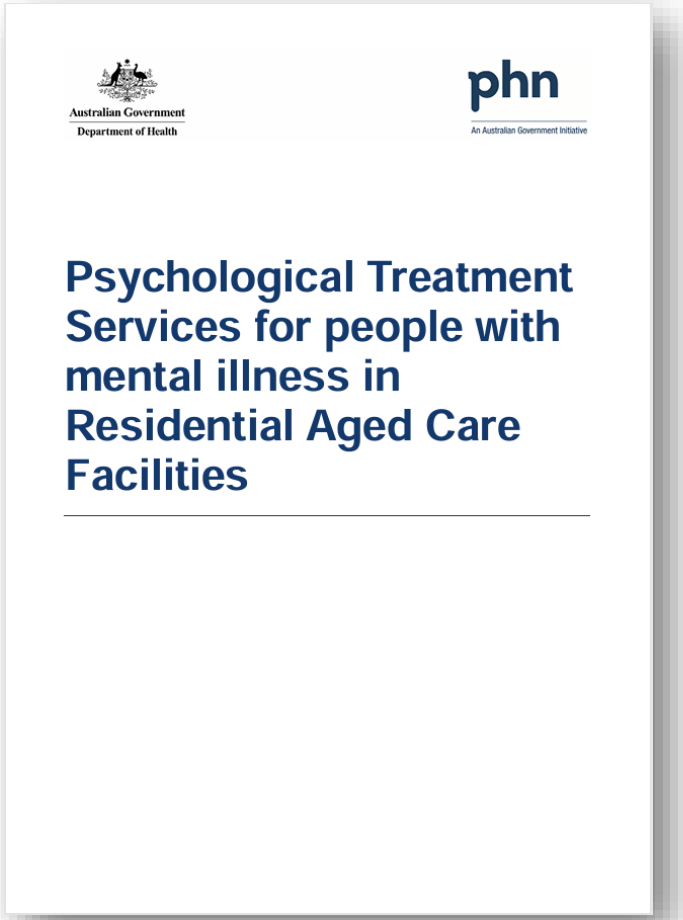
The EWOP service has consistently met CESPHN key performance indicators for First Nations cultural education, and IAR-DST and cultural responsiveness training throughout its timeline.

The EWOP service conducts clinical audit reports alongside regular Annual Work Plan (AWP) reporting to CESPHN. Audits assess client files against the nine domains of the IAR-DST, and variances are addressed with staff. Of the seven clinical audits conducted since the inception of the EWOP service, the majority were reported to contain only small amounts of variation, such as in discharge letters, documentation of client history and demographics, and completion of YES-PHN experience surveys.

There have been several innovative service delivery steps within the EWOP model, such as an EWOP worker training a therapy dog, music events, and funding Mental Health First Aid training for older adults. Both CESPHN and Anglicare have shown willingness to new approaches and flexibility in service delivery when warranted.

All RACF workers interviewed reported that they understood the EWOP service model well, though one reported that they did not believe this knowledge extended beyond managers and registered nurses within their facility.

EWOP service model: Commonwealth guidance alignment

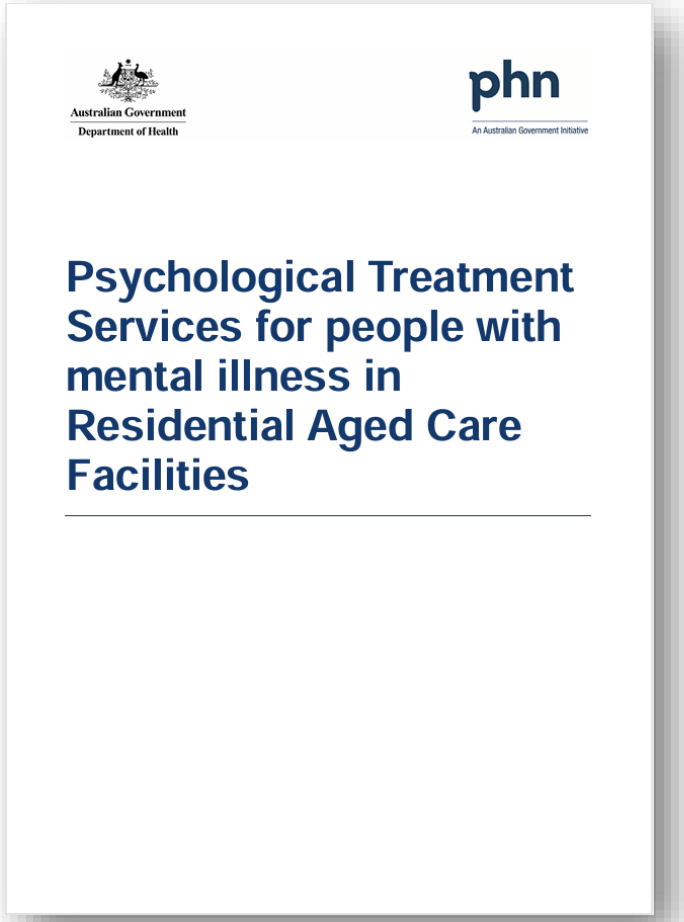


The EWOP service model aligns with most elements of the *Psychological Treatment Service for people with mental illness in Residential Aged Care Facilities* (2018) guidance provided by the Australian Government Department of Health.

One area of discrepancy was identified. This was the expectation for general practitioners (GPs) to "…play a central role in diagnosing mental illness and referring residents for psychological services" (Department of Health, 2018, p.9). In reality, the vast majority of referrals were from residential aged care staff.

- Anglicare stated that GPs do not play a lead role in referral to the EWOP service (staff interviews). This was corroborated by PMHC-MDS referral data that shows GPs are the source of referral 1% of the time in both 2020-21 and 2021-22, and none of the time in the years following (CESPHN data dashboard, 2020-2025).
- The EWOP service model involves referrals that are almost entirely made by senior nursing or care management staff of RACFs, though GPs and other health professionals can request staff to refer residents to the service.
- The Royal Australian College of General Practitioners' *Silver Book* recognises the complexity of health care for older adults in community or aged care settings and that the role of GPs in RACFs requires collaboration with a number of other care providers involved in supporting a resident (RACGP, 2023). To support this collaboration, it is important that GPs are aware of services available to residents, and how to access them.
- The development of materials to promote and engage GPs and other primary health care professionals with the EWOP service could ensure it remains front of mind for those who work in the RACF environment, and assist new or locum GPs to also be aware. However, it is acknowledged that there can be challenges linked to funding and time in relation to GP work with residents of RACFs.

EWOP service model: Commonwealth guidance alignment



Some EWOP service model elements lack clarity in relation to Commonwealth Department of Health guidance. While no specific concerns were identified during this evaluation, these areas could present opportunities for review of CESPHN reporting and contract management processes.

- The Department of Health advises that PHNs must be "…confident that the workforce involved is appropriate and competent…" and hold necessary clearances for their work (Department of Health, 2018, p.14). At current, this is reported to be included in Master Service Agreements between CESPHN and Anglicare (CESPHN staff feedback). Review of approaches taken by other PHNs could highlight opportunities for shared learnings on best practice management of this aspect of the commissioning process.

- The Department of Health states that the services delivered should align with relevant national standards (Department of Health, 2018, p.14). It was identified that this was not explicitly documented in the original program logic for the EWOP service (EWOP staff interviews). Documenting EWOP service compliance with these standards may reduce risk for both parties.

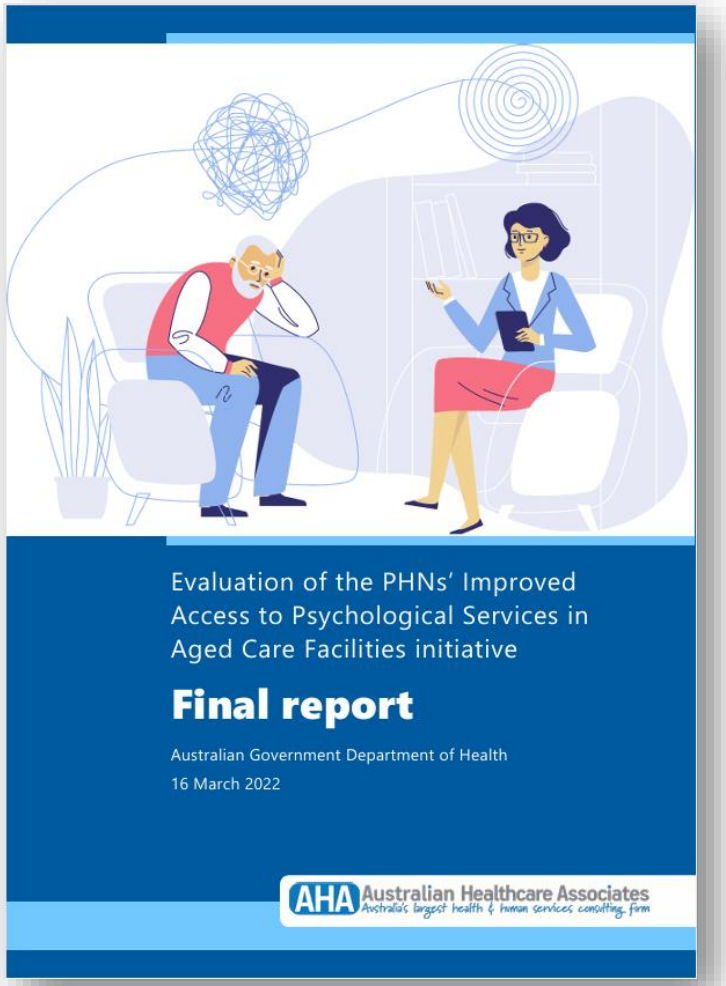
- The Department of Health also requires PHNs to ensure referral processes inform residents' GPs about EWOP service referrals. Currently, the process is unclear, as RACFs are primarily responsible for referrals. EWOP staff believe referrals are documented in RACF clinical notes and reviewed by GPs (EWOP staff interviews). CESPHN and Anglicare should consider if this process is the most efficient method for advising GPs, where required, regarding resident referral into the EWOP service.

Image: Australian Government Department of Health and Aged Care (2018).

2. How has the national evaluation of the PHN *Improved Access to Psychological Services in Aged Care Facilities* program impacted the EWOP model of care?

There were no specific changes to the EWOP model of care found to have resulted from recommendations made by the 2022 national evaluation of the *PHNs' Improved Access to Psychological Services in Aged Care* initiative conducted by Australian Healthcare Associates. Some adaptations during the program timeline aligned with the national evaluation recommendations, but these were coincidental.

National evaluation of the initiative



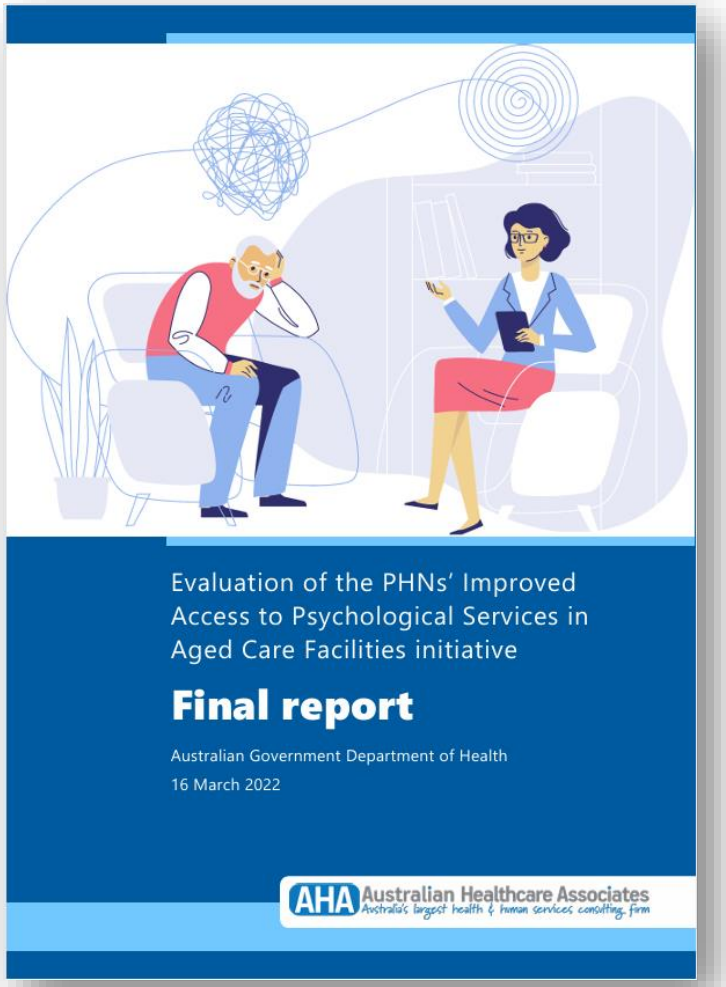
The Commonwealth Department of Health commissioned Australian Healthcare Associations in June 2021 to evaluate the *Improved Access to Psychological Services in Aged Care Facilities* program (Australian Healthcare Associates, 2022). This program is delivered in thirty-one Primary Health Networks (PHNs) across Australia under a variety of different local names and service providers.

The national evaluation delivered nine key recommendations for PHNs and service providers to consider in future commissioning decisions:

- Extend and expand funding to enable the initiative to realise its objectives;
- Foster integration and collaboration among all relevant stakeholders;
- Publicise the availability of psychological services in aged care;
- Encourage and support RACF participation;
- Build RACF staff capacity to support service delivery and residents' mental health;
- Clarify eligibility criteria and referral and assessment protocols;
- Match service offerings and the workforce that delivers them to resident need;
- Generate evidence of the impact of psychological services in RACFs;
- Share information to reduce inefficiencies and support continuous improvement.

(Australian Health Associates, 2022)

National evaluation of the initiative: EWOP service model



There is no evidence that changes have been made to the EWOP service model by CESPHN or Anglicare as a result of the recommendations delivered by the 2022 national evaluation report.

However, several small adaptations to the EWOP service model were described throughout regular reporting by Anglicare to CESPHN during the timeline of the program that are in alignment with recommendations made by the national evaluation.

These have included:

- Development of print resources in languages other than English (for example, languages spoken by people from China), and
- Employment of bilingual EWOP team members (where available).

Providing greater support for residents who do not speak English as their primary language specifically relate to recommendations two and three of the broad recommendations identified by Australian Healthcare Associates in the 2022 national evaluation:

- Publicise the availability of psychological services in aged care, and
- Match service offerings and the workforce that delivers them to resident need.

Image: Australian Government Department of Health and Aged Care (2022).

3. What improvements can be made to the EWOP model of care?

A series of potential improvements to the EWOP model of care have been identified, focussing on reporting, referral process, and GP engagement.

EWOP service model: implementation enablers

Perspectives from a range of stakeholders have been collated to provide a picture of the factors supporting delivery of EWOP.

Clients highlighted that the personal characteristics of the EWOP team were a key factor supporting the service to work well for them. Generally, they described Anglicare staff as easy to build rapport as they were kind, happy and patient, and listened to residents without rushing them.

Family members also noted counsellor characteristics as important, such as the worker sharing interests with the residents like music or language. They felt their loved ones had been able to share things that they wouldn't speak with anyone else about.

RACF staff described the EWOP team as friendly, diligent, trustworthy and approachable people who integrate well with aged care home processes. They highlighted the team's effective communication and documentation processes with facilities.

EWOP staff highlighted the following service delivery support factors:

- Use of an assertive outreach approach to initially engage and then maintain engagement with aged care homes.
- Treating instances of low referral quality as opportunities for RACF staff capacity building.
- Inclusion of multilingual staff in the team, when available, to provide easier access to the service to clients for whom English is not their preferred language.

> **"Working well – quick response, fill in email then someone comes pretty quickly to complete assessment. Everyone is very friendly"**
>
> RACF staff member

> **"Everybody has been thoughtful, considerate and polite on the whole"**
>
> EWOP client

EWOP service model: implementation barriers

"Wanted to refer a resident, but resident is concerned it would be thought they have a mental health problem and this would be seen negatively - stigma"
RACF staff member

"...RACFs do not ask the client for informed consent but the Person responsible, they act in an attempt to appease a relative who wants a resident's behaviour to be 'fixed'"
Anglicare report to CESPHN, Q4 2023-24

"The fact that it terminates after a certain number of weeks, which negates its effect. Suddenly the band aid is ripped off before the wound is [healed]"
EWOP client's family member

Perspectives from a range of program stakeholders have been collated to provide a broad picture of what factors can impair delivery of the EWOP service.

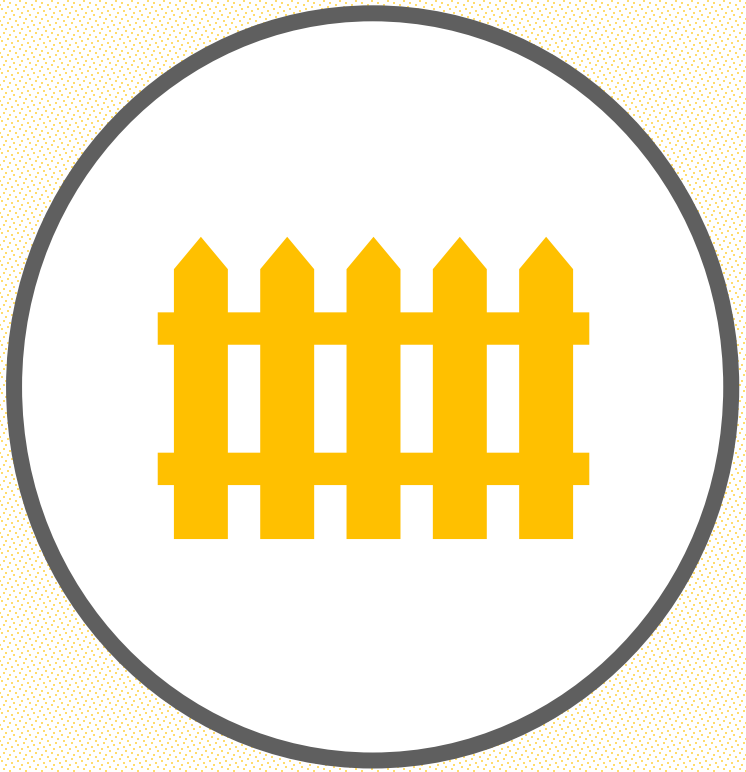
Clients all spoke highly of the EWOP service, though two identified that having a counsellor, or workers such as volunteers that the EWOP service may arrange as supports, who are closer in age to the residents would be desirable.

Family members flagged that they would like greater support lengths to be available within the program, such as more sessions, or the option for ongoing care.

RACF staff listed a number of barriers to effective service delivery, including:

- That the number of sessions available are too low - residents need more or longer-term support for their mental health and wellbeing.
- Concern that the cognitive decline screening tool (Psychogeriatric Assessment Scale or PAS-Cog) required for EWOP referral may at times prevent resident access to support (for example, if the resident does not want to participate in the assessment).
- Lack of clarity about how packages of care are arranged - for example, some residents may have fortnightly sessions, and some may have weekly.
- Common mental health stigma amongst residents means they may not access the service despite the potential for benefit.

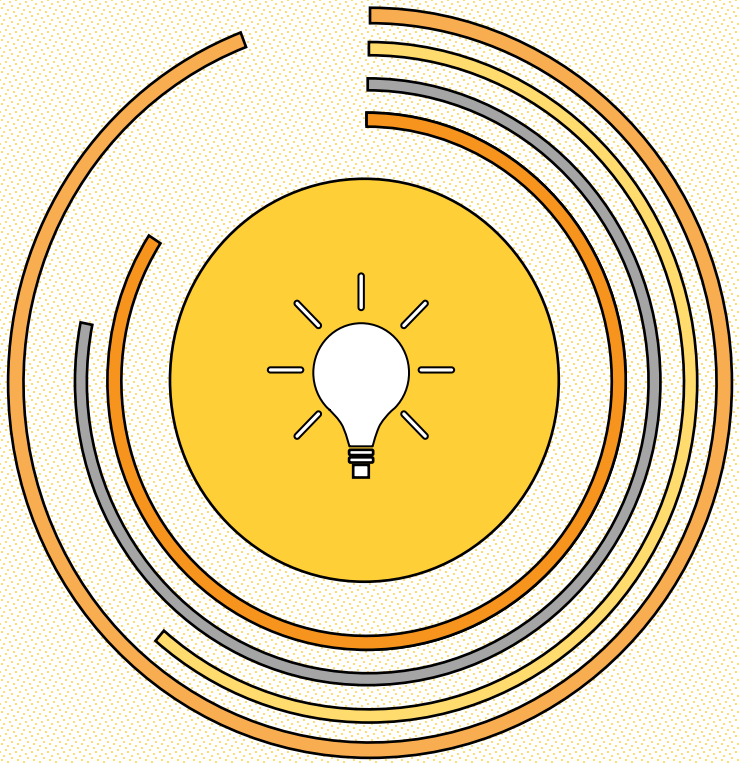
EWOP service model: implementation barriers



EWOP staff described a number of barriers to service delivery, including:

- Poor referral quality - more information was needed.
- Low mental health literacy amongst RACF worker – in particular, low understanding of assessing resident capacity to consent to referrals.
- Challenges recruiting/inducting EWOP service workers (time consuming).
- Difficulties arranging interpreters for resident sessions. Phone interpreting was seen as impeding connection. In-person interpreting was preferred, with video interpreting acceptable if necessary.
- Privacy issues for residents in shared rooms, with RACFs often lacking alternative rooms for EWOP service sessions, impeding private conversations.
- Mental health stigma at resident/facility levels in some homes, particularly those focused on multicultural elders, deterred service access.
- Commissioning-level issues included perceptions that prescribed outcome measures were inappropriate for the resident cohort.
- Vague eligibility criteria, interpreted as including all aged care home residents, was also raised.

Coordinated care: suggested steps to model of care improvement



Suggested improvements are collated from Anglicare data and feedback from clients, families, RACF workers, and EWOP service staff. While not all suggestions fit within EWOP service funding/policy, they highlight stakeholder priorities.

1. Review EWOP service package session numbers and consider optional resident post-discharge "check-in" sessions for graduated program exit. The 2025 Swinburne University ELders AT Ease (ELATE) study may provide insights on best practices for aged care resident mental health services.

2. Consider the role that the EWOP service, CESPHN and RACFs could take in collectively working to tackle mental health stigma amongst older people and their support networks (including RACF staff).

3. Collaborate with RACFs to review the EWOP service referral form. Consider regularly seeking feedback on ease of form use from referrers, and ensure the form contains enough space for referrers to adequately describe resident symptoms.

4. Develop a set and recurring process for GP engagement with the EWOP service to support awareness of the program and in particular, how residents can be referred to the service.

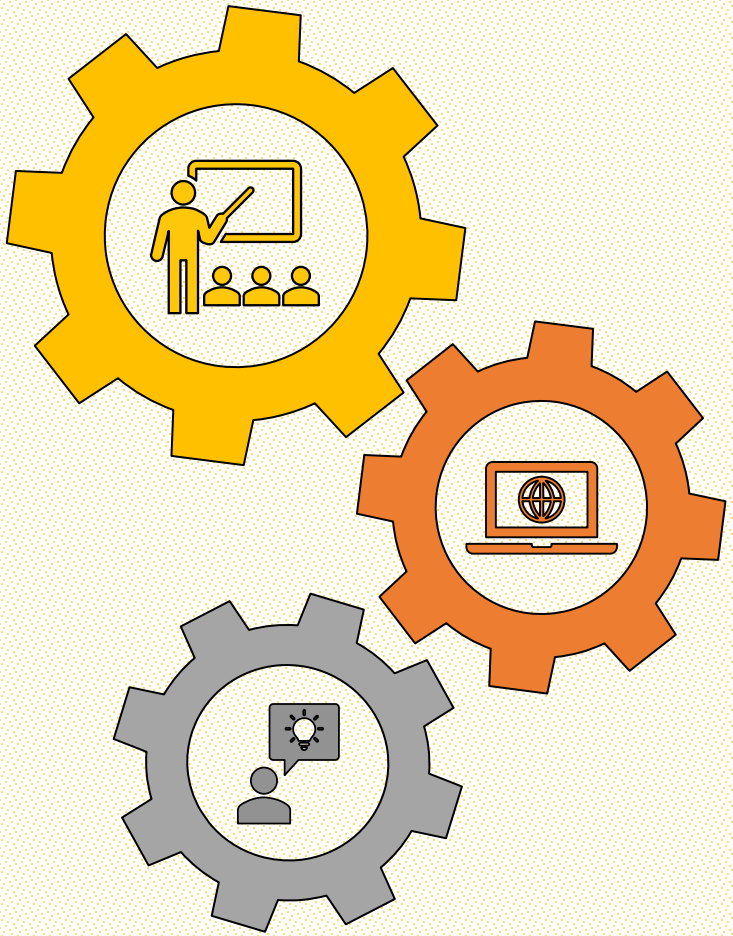
5. Provide families and carers of residents who are participating in the service, with the residents' consent, information about the EWOP service, what its aims are, and who will provide care.

6. Review the EWOP service model against selected key elements of the Australian Government Department of Health *Psychological Treatment Service for people with mental illness in Residential Aged Care Facilities* (2018) guidance as described on slides 13 and 14 of this report.

4. Has the EWOP model of care had any effect on the capability and capacity of RACF staff to sustain mental health support for clients following program participation?

It is unclear whether the EWOP model of care has had any direct effect on the capacity and capability of RACF staff to maintain mental health support for clients following program participation. Is it likely that even when training is provided, RACF staff do not have the capacity to adequately support resident wellbeing.

Sustaining support to residents: RACF workers



The model of care includes training options for RACF workers to assist them to support residents who are experiencing mental health concerns (Anglicare, 2025).

Education sessions are offered both face-to-face and online. During 2022 and 2024-2025, Anglicare reported that training was paused briefly due to staffing shortages. A breakdown of amount and types of sessions were not provided in regular reporting to CESPHN.

During 2023-2024, the following training was provided in RACFs:

- 23 face-to-face training sessions attended by up to 25 RACF staff (on average)
- 12 webinars (approximate) attended by 80 RACF staff
- 1 Suicide Prevention Training session attended by 72 RACF staff
- 9 other online training opportunities with 95 sessions completed in quarter 4

Anglicare reported that the average satisfaction score given by RACF staff following face-to-face education sessions during 2023-2024 ranged from 22 / 25 to 24.5 / 25.

None of the RACF staff interviewed for this evaluation had taken part in the training offered by Anglicare and therefore could not comment on what effect it may have on RACF worker capacity and capability to sustain support for residents post-EWOP. All expressed interest in receiving training, and most wanted more information about the education topics.

EWOP team members noted that providing training in RACF settings is challenging due to the busy nature of RACF work, rapid staff turnover, perceptions of staff burnout, and some RACF staff non-attendance at scheduled training. It was noted that even when RACF staff are upskilled, their ability to provide emotional and wellbeing support was often limited (due to the aforementioned factors).

Factors influencing RACF worker mental health literacy and capacity

"[RACF] Staff change very often…[EWOP staff] spend time coaching staff in what referrals should be and how to do it, then staff change, and have to do it all over again"

EWOP staff member

"RNs understand because we recognise it when someone is on medication. But care staff may not be aware…for residents – so much grief in their life, coming here, loss of home, independence, mobility, people…"

RACF manager

Anglicare staff report that in addition to education sessions, there is an ongoing need for informal capacity building interventions with RACF workers. This often occurs following referrals that do not contain sufficient information to determine resident consent, capacity to participate, or service need.

Anglicare note in reporting to CESPHN that staff working in aged care homes "…are overwhelmingly busy and short staffed". They described occurrences of residents being re-referred to the program, and finding that previous EWOP service recommendations had not been implemented, likely due to lack of RACF staff time. Anglicare staff noted that the type of support that is most useful is "…on the job coaching" (EWOP team interviews) rather than education sessions, again due to the residential aged care home context of regular staff turnover, and lack of time available for education.

Though none of the RACF workers interviewed had participated in the education sessions, some provided insights. One senior nursing staff member related that "…there are gaps across the aged care sector" in relation to workers' understanding of the mental health care needs of residents, and that "mental health is not always a major focus" (RACF worker interviews). Another manager stated that RACF staff with higher levels of education (such as RNs) may have more awareness of mental health issues amongst residents while care staff may not, indicating that educational background is likely a predictor of mental health literacy, and capacity to respond.

Factors influencing RACF worker mental health literacy and capacity

RACF staff suggested that the education provided should explicitly consider the needs of aged care home workers from different multicultural backgrounds, because what staff can provide to residents "…can vary on a person's cultural background" (RACF worker interviews).

Another RACF senior nursing staff member recommended focusing education efforts on lifestyle staff in facilities, because "one of their KPI's is to provide emotional support" (RACF worker interviews). Several other senior RACF workers also noted that many referrals are instigated by lifestyle workers, as "…they are more likely to know the individual profile of residents – who do and don't have family" (RACF worker interviews).

Anglicare EWOP staff noted that some RACF homes providing care to specific cultural groups may have greater levels of mental health stigma, describing staff in one facility as viewing the EWOP service "…as a social visit not MH [mental health] intervention" (Anglicare AWP report to CESPHN, Quarter 4 2021-2022).

5. What outcomes are being achieved by the EWOP model of care for key stakeholders?

The EWOP service has consistently delivered improvement in levels of psychological distress for residents for whom matched pair data has been collected. It is held in high esteem by clients, RACF workers and families. Many of these stakeholders are asking for more and longer-term support from the service.

EWOP service outcomes: access

"There is nothing like EWOP that we can access. When I say it is needed it is *really* needed. We have our GPs and psychological care but there is only so much they can do"

RACF worker

"...before EWOP was connected to us we had no such organisation or association providing this type of support"

RACF worker

"Don't have anything to compare what we have had and have now, but it is easy to use"

RACF worker

The EWOP team identified a strong need for holistic care coordination for residents (EWOP staff interviews). This included support to access other services, and helping residents to find ways to address concerns with financial and family issues.

Anglicare reporting highlights that most residents and facilities prefer face-to-face interactions (Anglicare Quarter 4 AWP report, 2022). This explains the majority of service activity occurring in person.

The number of MoUs signed with facilities exceeded CESPHN's target level in the 2022-2023 financial year. It has been judged by the commissioner that there is a sufficient number of RACFs engaged with the program.

During 2023-2024, the distribution of clients registered with EWOP by postcode was similar to the distribution of residential aged care places by postcode across the two Local Health Districts (LHDs) within the CESPHN catchment area. This indicates that levels of clients registered with the service within in each LHD are in alignment with the level of residential aged care places available.

Likewise, the proportion of RACFs with EWOP service MoUs is in approximate alignment with the spread of RACFs across the two LHDs within the CESPHN catchment (see Appendix E).

EWOP service outcomes: access

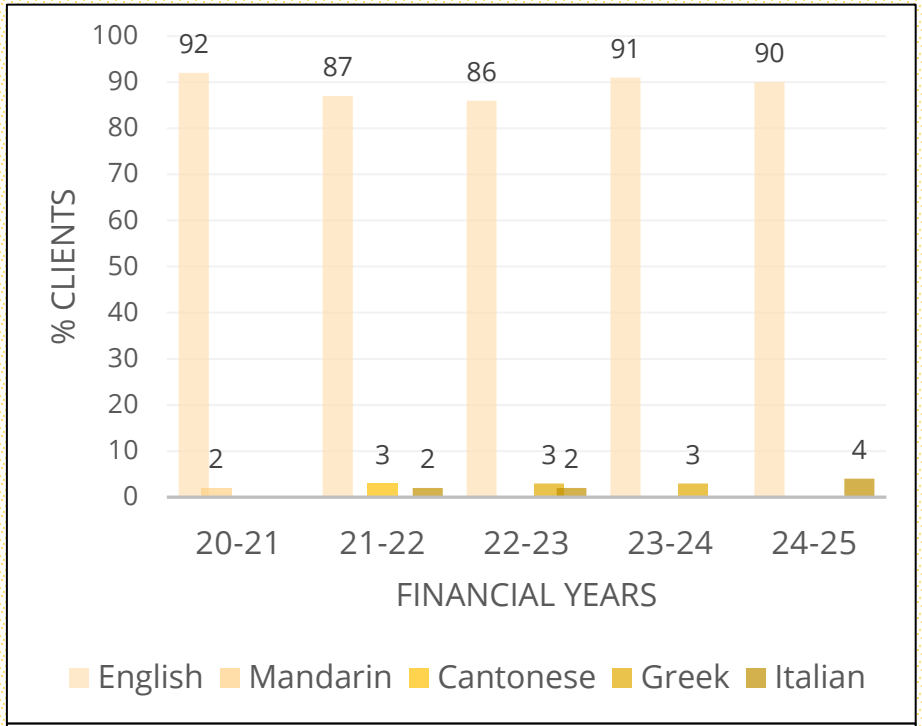


Chart 1: Main languages spoken by EWOP service clients 2020-2025 (note: top most frequently spoken languages have been included, other languages spoken with <1% frequency have not been included). Source: CESPHN Mental Health Clinical Information data dashboard.

Older First Nations peoples, older people from multicultural backgrounds and LGBTIQA+ older people may be at higher risk of experiencing disproportionately greater mental health needs and barriers to accessing mental health support than the general population. For this reason, specific focus has been given to these groups of older adults in relation to EWOP service access.

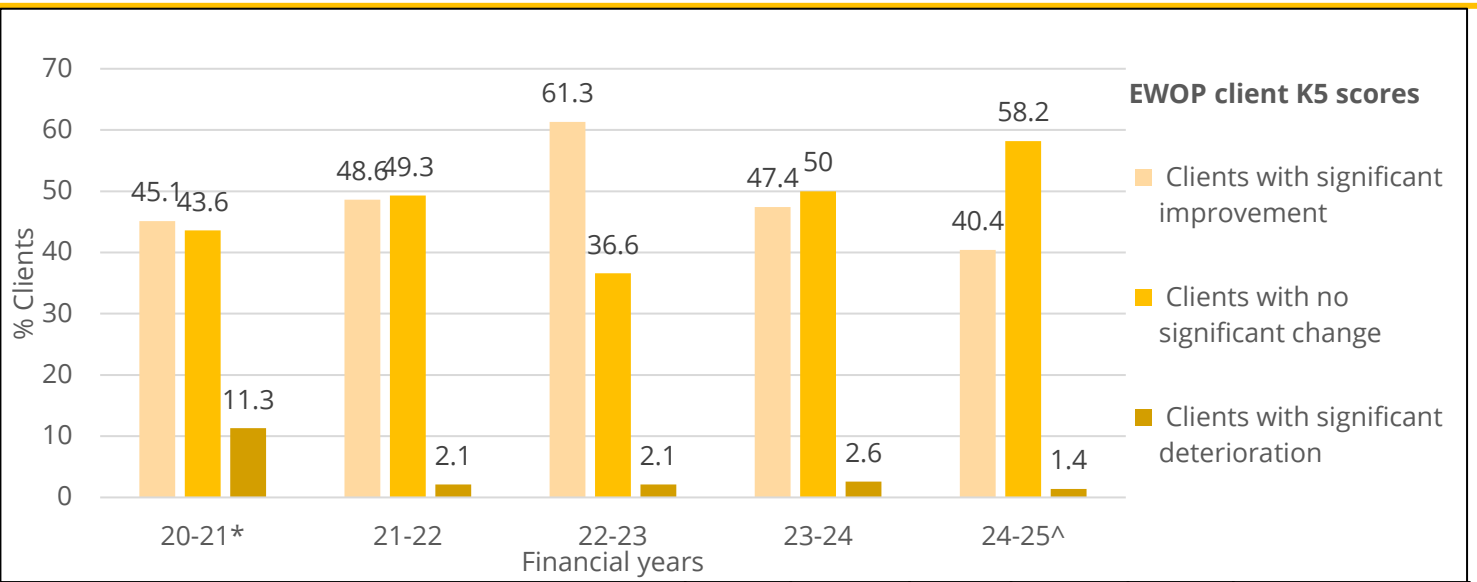
EWOP services delivered to First Nations Peoples of Australia range from 0-2% across the program. This is higher than the recorded CESPHN population level of Aboriginal people aged over 55 (less than 1%), indicating higher service support to First Nations Peoples than their population level.

The population of the CESPHN region aged over 65 years is multiculturally diverse, with just under half of the population having been born overseas (CESPHN, 2025). The EWOP service has been predominantly accessed throughout its timeline by those who were born in Australia. Resident primary languages align with common languages spoken by older adults in the CESPHN catchment: Greek, Mandarin, Cantonese, and Italian (CESPHN 2025).

Comparison of multicultural older adult service access to CESPHN population levels loosely indicates lower access amongst this cohort in aged care homes, though care must be taken due to the non-matched nature of this data (see Appendix B). EWOP AWP reporting and team feedback indicate mental health stigma hinders service access for facilities serving elders from other cultures. EWOP staff report difficulties accessing in-person interpreting, noting telephone interpreting hinders counseling sessions.

CESPHN and Anglicare do not routinely collect data regarding LGBTIQA+ identity of residents who access the program. Therefore, EWOP service access levels for LGBTIQA+ older adults in aged care cannot be determined.

EWOP service outcomes: client social, emotional and mental wellbeing



Client clinical outcomes	20-21*	21-22	22-23	23-24	24-25^	Benchmarks
Episodes with K-5 matched pairs (%)&	76	73	75	89	86	70%#
Clients with significant improvement+	45.1	48.6	61.3	47.4	40.4	47%#
Clients with no significant change+	43.6	49.3	36.6	50	58.2	N/A
Clients with significant deterioration+	11.3	2.1	2.1	2.6	1.4	N/A

#Benchmark used: CESPHN AWP reporting key performance indicators 2024.
*1 October 2020 – 30 June 2021 | ^2024-25 to date as FY not yet completed
&Data source: CESPHN Mental Health Clinical Information data dashboard
+Data source: G1 Report 1 Oct 2020_31 March 2025_Outcomes RACFs

Chart 2 & Table 2: EWOP client K5 scores across financial years of program.

The EWOP service has consistently delivered improvement in mental wellbeing for clients in almost half of all episodes with matched pair data throughout its timeline.

The EWOP service has consistently met and exceeded the CESPHN key performance indicator (KPI) regarding episodes with matched pair data throughout 2020-2024. The KPI for improvement post episode has been repeatedly exceeded or almost met throughout the program's timeline.

For each financial year of the EWOP service, over one third of clients (range 40.4-61.3%) experienced significant improvement in their distress level as measured by the Kessler-5 (K-5), followed by a smaller proportion of clients (range 43.6-58.2%) who had no significant change in their presenting symptoms.

Clients experiencing significant deterioration make up the smallest group in each year of the program.

EWOP service delivery approach: client outcomes

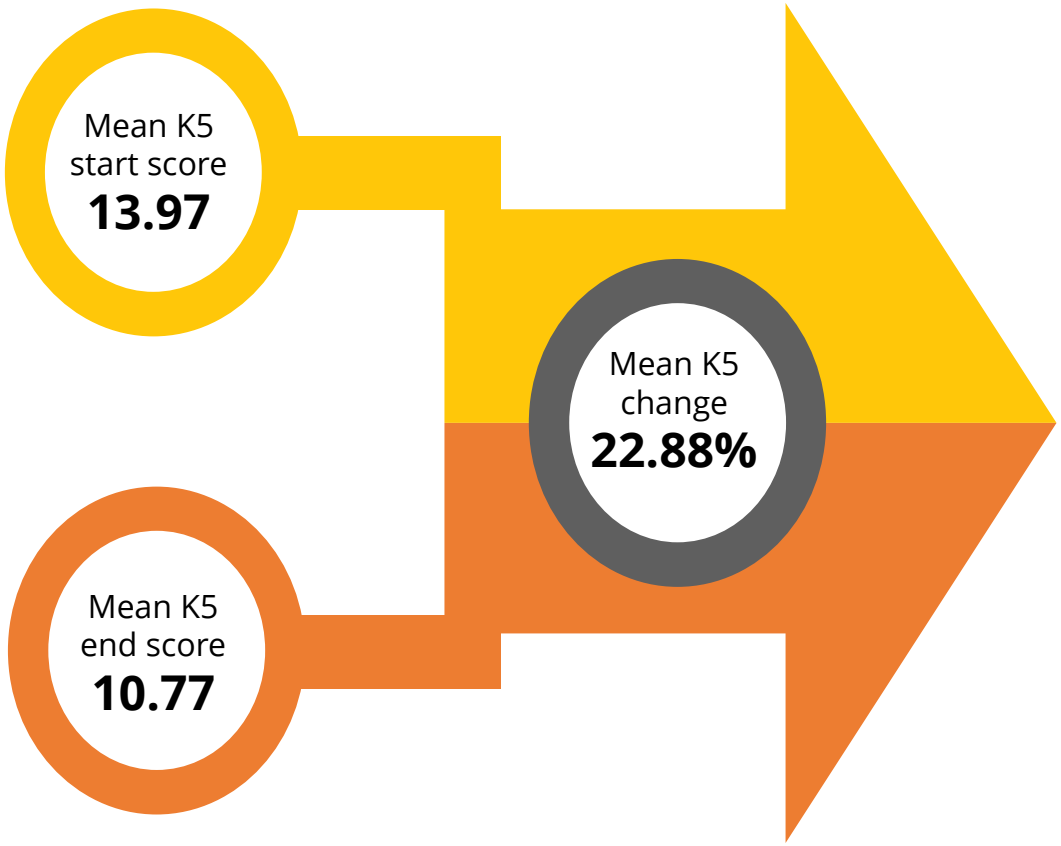


Chart 3: Average start and end K5 scores for clients with concluded treatment and who were exited from EWOP service in 2024-25 financial year. Source: CESPHN Mental Health Clinical Information data dashboard.

The EWOP service model has consistently delivered improvement, or no deterioration, in psychological distress levels amongst residents for whom matched pair data has been collected.

Amongst EWOP clients whose treatment was concluded and who were exited from the service in the 2024-25 financial year period, there was a mean 22.88% decrease in K5 score, which indicates improvement in psychological distress levels on average for these residents.

The 2022 Evaluation of the PHNs' Improved Access to Psychological Services in Aged Care Facilities initiative Final Report found that there was an average of 17.5% improvement in K10 scores amongst residents who were involved in the study.

Though direct comparison between these findings is not possible as they are based upon different measurement tools, it may provide some insight into performance of the EWOP service in relation to other very similar services.

EWOP service outcomes: client social, emotional and mental wellbeing

"...couldn't be happier. Like I said, [my loved one] couldn't be either. [They have] really connected with [the counsellor] and that means the world really"

Family member of EWOP client

"To be honest no real changes, I have learnt that you have to consider yourself too, be kind to yourself. In this place think of yourself not others all the time...it is important with your state of mind"

Client of the EWOP service

"[the resident] is often now out there helping others, getting dressed up, [they] are shining now and taking part in activities...Before that [they] wouldn't leave [their] room"

RACF worker

Client, RACF worker and family member perspectives on social, emotional and mental wellbeing outcomes for residents were collectively very positive, with most indicating that beneficial changes had been made in these areas as a result of participating in the EWOP service.

Of the 13 residents interviewed, 7 reported feeling better and increased capacity due to EWOP services. The other 6 residents reported no change or temporary improvement, with one saying, "Feel better in myself after [the counsellor]. More or less instantaneous. It is very much as the time though, I start to feel flat again after" (resident interviews).

All RACF workers interviewed related stories of improvement in resident social and emotional wellbeing who had participated in the service, with one worker stating "After referral even family note changes. Social participation is one of the most noticeable changes both before and after EWOP" (RACF worker interviews).

All of the family members interviewed felt the EWOP service positively impacted their loved one's wellbeing, though one commented that their loved one's physical health may be a limitation. One family member said their parent was "So happy now that [they call the facility] home now" (family member interviews). However, another family member noted that though "There is a difference, it is still not in the right place...That is no reflection on [the counsellor, they] are in real need of a [psychogeriatrician], have been asking for one..." (family member interviews).

EWOP service outcomes: RACF worker and family mental health literacy

The EWOP service model has a specific focus on educating and upskilling RACF workers and families in the area of older persons' mental health. The model also seeks to increase the capacity of RACF workers and families to support residents to sustain any effect gained from their time receiving support from the EWOP service.

Measurement of change in RACF worker and resident family behaviour as a result of participation in EWOP service training is outside the scope of this evaluation. In addition, as highlighted earlier in this report, there are multiple intersecting barriers for RACF workers to attend training.

EWOP staff described that RACF workers are often grateful for the training provided in mental health care. However, it was also noted that the busy environment and tendency for facilities to focus on resident physical health meant that mental health was often not seen as a priority.

Also, EWOP staff shared instances of the service being seen as "a fixer" for residents experiencing behavioural issues (EWOP staff interviews), indicating that there may be low understanding of the aims of the EWOP service amongst aged care workers in conjunction with descriptions of low levels of mental health literacy.

One family member commented that it would be beneficial if the EWOP service could provide "Better understanding and training of bipolar, no one really understands it from management to people on the floor" (family member interviews).

EWOP service outcomes: RACF worker and family mental health literacy

The EWOP service model has a specific focus on educating clients' families and carers in the area of older persons' mental health. The model also aims to increase family/carer capacity to support residents and sustain gains from EWOP service support.

Not all residents have families and carers in their lives, and EWOP staff shared that some residents do not want their families to know they are receiving counselling for various reasons (EWOP staff interviews), meaning that it is not always possible for the service to help families learn what to do to support their loved one.

Amongst the four family members interviewed for this evaluation, two felt that their loved one's interaction with the service had not resulted in increased knowledge for them.

The reason given for this was that they felt they already possessed this, or that the they had felt disappointed with communication from the EWOP service, noting "…doesn't make a visit for me easier, it passes the time for her, it is a source of positive reassurance for her. Which does take some pressure off of me" (family member interviews).

The two other family members interviewed commented that they had experienced positive changes in their knowledge of mental health for older people throughout their loved one's contact with the program. One family member noted they had "…learnt from [the counsellor] – how to approach [my loved one], understanding where [they] are…" (family member interviews).

EWOP service outcomes: RACF worker and family mental health literacy

"Make a different presentation for family members which could focus on more functional issues rather than clinical symptoms with jargon – this seems more appropriate for aged care workers…Practical ideas of how to talk to someone who has delirium, who to contact when you need more advice or resources e.g., OT, speech"

Family webinar survey response

"…we knew much of this info already, but it would have been useful 5-7 years ago, before [our loved one] was formally diagnosed. Maybe just clarify in future webinars who the target audience or patient would be"

Family webinar survey response

"Content clarified some concepts and language"

Family webinar survey response

However, one of these family members also noted that they did not feel "…qualified" to have discussions of this kind with their loved one, though they felt comforted in knowing that the EWOP service could provide this (client family interviews).

Anglicare has also provided regular education webinar events for family members throughout the timeline of the program.

- Several webinar events attracted more than 50 registrations.
  - Actual event attendance has varied over time, with some events having less than 20 attendees, and some an average of 32 family members.

- Post-webinar satisfaction survey return rates varied, with between 3 to 14 responses collected following education events throughout the program timeline.
  - Anglicare also reported that on several occasions some attendees had made positive comments about the webinars in the chat function available during the events or separately via email.

Due to the small amount of data available regarding mental health literacy in connection to EWOP service education activities, it is not possible to comment on program effectiveness for this outcome. However, there is clearly interest amongst RACF leadership regarding participation in future educational opportunities, and appreciation expressed by families in having access to this information. In 2022-23, Anglicare's online family webinars averaged 32 family members per session (Anglicare reporting to CESPHN, 2022-23). A post-webinar survey showed that "…all three respondents appreciated the webinar and requested more" (Anglicare reporting to CESPHN, 2022-23).

EWOP service outcomes: meeting stakeholder expectations

"[they] have helped me as I hoped [they] would…first time having counselling"

Client of the EWOP service

"I don't completely understand what the [counsellor] wants me to do, which is frustrating…[the counsellor] does not give practical everyday suggestions"

Client of the EWOP service

"I had expected less – surprised by the positive impact that it has had. Even those that did not complete the sessions you could still see elements of positive change in a person's behaviour"

RACF worker

"No expectations, so I can't say really…it is beneficial, but it is short term"

EWOP client family member

Perspectives from a range of key program stakeholders have been collated to provide a broad picture of whether the service has met the expectations of clients, RACF workers, and family members.

Clients generally agreed that the service had met their expectations, with nine of the thirteen residents interviewed speaking highly of the service. Two residents did not feel they had participated in the service long enough to comment on this, and two residents said that the service had not helped them in the way they hoped. Of the two dissatisfied residents, one wanted more "…concrete suggestions" from the counsellor, and the other just enjoyed the counsellor's company.

Family members interviewed throughout this evaluation shared that the service had either supported their loved one as they wanted it to, or that they had not had any specific expectations of what it may offer their loved one.

RACF staff all agreed that the EWOP service had delivered what they had hoped it would for residents, speaking very highly of the effect they had seen for most residents. One noted that though the program makes a difference, for some residents, existing family issues may act as a barrier, suggesting that the service include family-based therapy where needed.

6. Has the Anglicare approach to induction, workforce development, capability and clinical supervision support as described by the EWOP model of care improved staff retention, quality of care, and client outcomes?

Mental health clinicians employed by the EWOP service describe satisfaction and enjoyment of their roles in program. Most clients, RACF workers, and families rated care quality highly. The EWOP service has consistently reduced psychological distress for most clients with matched pair data.

EWOP service delivery approach: staff retention

CESPHN identified a key area of interest in how the service delivery approach embedded within the Anglicare EWOP model of care may influence staff retention, quality of care provided, and outcomes for clients.

Similar versions of the EWOP service commissioned by other PHNs tend to have either full staff employment or sub-contractor models in regard to their respective workforces. Larter have heard that there are benefits to staff within both approaches to workforce employment.

Contracted employment can have the benefit of job security and regular work, whereas a sub-contractor model can offer greater autonomy and freedom for what hours a mental health practitioner may wish to work. Likewise, the cost of an employment versus sub-contracted staff model can vary depending on availability of workforce, and specific agreements within contracts, making direct comparison of each model difficult in terms of which may be superior.

Anglicare uses an employment model with dedicated staff supervision and education opportunities, with additional benefits such as team-building activities whereby "…each quarter the staff vote for a team champion and that person gets a team accolade and a small financial reward via Anglicare Treehouse" (Anglicare AWP report, 2022-2023).

Education and supervision opportunities offered to EWOP staff by Anglicare include:

- Monthly clinical supervision groups with senior staff
- Online webinars
- Purchased group educational events
- Reflective practice meetings
- Clinical reviews
- Cultural competency training
- Working with multicultural people training

EWOP service delivery approach: staff retention

EWOP team members shared that they enjoy their work with the service and described their work as important and "…extremely rewarding…" (EWOP staff interviews). One staff member also noted that they had electively returned to work for the EWOP service as they missed it after leaving for other opportunities (EWOP staff interviews), highlighting positive sentiments amongst the workforce involved in the service.

Recruitment difficulties were described in a number of Anglicare AWP reports to CESPHN throughout the program timeline, though the reasons for staff resignation are unknown and are likely to vary.

EWOP service delivery approach: quality of care

“I am extremely satisfied; I am just dissatisfied that it ends so abruptly and that it can not extend…10 sessions is woefully inadequate. It retraumatises [my loved one], basically”

EWOP client family member

”…couldn’t be happier…[my loved one] couldn’t be either. [My loved one] has really connected with [the counsellor] and that means the world really”

EWOP client family member

“I think I am able to express myself, I am not as afraid of saying what I need and want. [The counsellor] has definitely helped me that way”

EWOP client

The majority of residents, family members and RACF workers interviewed throughout this evaluation described very positive views of the quality of care provided with the EWOP service model.

Eleven of the twelve residents interviewed stated they were satisfied with the care they had received, with many stating they were “…very happy” and that the service “…couldn’t have been better” (EWOP client interviews). Several noted that they had not yet completed their sessions but were happy with what they had received to date. One resident did not provide an answer to this question and had earlier indicated that the service had not supported them as they had hoped, though also stated they would recommend the service to other residents (EWOP client interviews).

Family members who participated in interviews all indicated they were highly satisfied with the care provided to their loved ones by the EWOP service. However, one voiced concerns with the number of sessions available, noting that “10 sessions is woefully inadequate”.

All RACF workers interviewed indicated they viewed the quality of care provided by EWOP highly, though some noted that they felt the number of sessions available to residents was “…a real downfall” (RACF worker interviews). Another RACF worker also noted that the EWOP staff member who visits their facility “…has been very active with referrals, very prompt, very engaging with residents and all the residents she sees like her very much” (RACF worker interviews).

7. What is the quality of client experiences of service delivery within the EWOP model?

Client experiences of the EWOP service have been consistently positive based upon YES-PHN survey responses and client, family and RACF worker feedback. However, many stakeholders indicated that experiences of service would be improved if more sessions were available to clients.

EWOP service delivery: client experiences

YES-PHN survey data	21-22		22-23		23-24		24-25
	Q2	Q4	Q2	Q4	Q2	Q4	Q2
Number of surveys returned	89	73	79	50	41	117	43
Number of clients eligible to complete survey	100	73	82	48*	47	114*	48
% overall rating of 4 or more	86.5	86.2	81	100	90	100	80
Average "overall experience" score (out of 5)	4.3	4.4	4.3	4.4	4.4	4.1	3.9
*possible data entry errors as reported number eligible lower than number of surveys returned							

Table 3: YES-PHN client experience survey data 2021-2025

The majority of client experiences of the EWOP service have been described in very positive terms.

YES-PHN survey data indicates that for the clients who consent to participate in data collection, more than 80% have rated the service highly throughout all years of its operations (see Table 3).

Qualitative data collected through this survey also highlighted that many clients wanted more sessions made available to them or long-term support, and also longer lengths of time within their sessions. This has also been a key feature of feedback provided by EWOP clients, and their family members and RACF workers, interviewed throughout this evaluation.

Almost all of the clients interviewed said that they would recommend the EWOP service to another resident, with one noting that they "…would even talk to people and encourage them to do it" (EWOP client interviews), though a few were unsure or felt they could not answer this on behalf of others.

All RACF workers interviewed described selected stories of residents experiencing positive changes following participation in the EWOP service, some very profoundly. One RACF worker related that a resident had been "…ruminating about financial situations" and that the "…introduction of tools…helped them stop thinking all the time" with the result that they are now "…more settled and happier. And is now looking forward to [the counsellor] coming again" (RACF worker interviews).

EWOP service delivery: Good News Stories

"It was great having a support like Emotional Wellbeing for Older Persons (EWOP) during difficult times and learning self-care strategies to support myself going forward. Overall, I am happy with the service and support in which was provided to me during the past few months. I felt helped in lots of different ways"

EWOP Good News Story

"I want to thank my counsellor for coming to see me at the RACF, listening to me, and offering his support. He has been a safe person for me, where I could open up about both my past and present challenges, knowing I could trust him to listen without judgment. I am grateful for the work of the EWOP program, and I hope others can benefit from these services as much as I have"

EWOP Good News Story

"The counsellor helped me reflect and reconsider many aspects of my life that I wouldn't have thought about otherwise. I am going to miss the EWOP sessions very much and hope that Anglicare continues these services because people in my situation certainly need them"

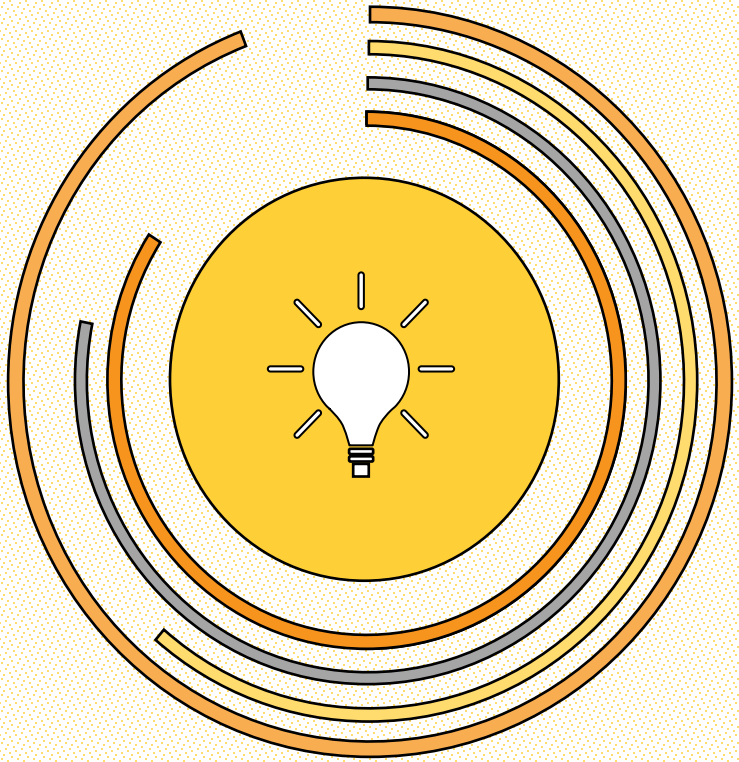
EWOP Good News Story

The Anglicare EWOP service has recorded thirteen *Good News Stories* that describe poignant examples of support provided to residents and the this has made to their lives. Examples of support provided have including advocacy for changes to resident living spaces to allow them to pursue their interests, linking residents with services to support their spiritual and social wellbeing, and improvement in their mental health.

One particularly moving example relates the story of a resident who would cry themselves to sleep due to their feelings of isolation, and that through learning strategies from her EWOP counsellor, learnt what to do when they felt lonely and how to self-calm when feeling anxious (Anglicare EWOP Good News Story).

Several *Good News Stories* also included descriptions of residents discussing how important the service was to them, and how they hoped the service would continue to be available not only to support them, but other older people who also found themselves in similar circumstances.

Service efficiency and effectiveness: suggested steps to improvement



Based on the information gathered throughout this evaluation, suggested steps to improvement of service efficiency within the EWOP model include:

1. Consider review of the logic model of the EWOP service, particularly regarding how it is intended to change RACF worker and client family mental health literacy and in what ways it is thought this could in turn influence resident social, emotional and mental wellbeing. Recognition of the complex context in which RACF staff are working and family and carer ability, where appropriate, to contribute in this way should be specifically mapped out and assessed for feasibility against intended service outcomes.
2. Develop procedures and processes that support simple reporting of the quantity of education sessions provided, and intended learning outcomes, including educational event participant satisfaction data in regular AWP reports. Use of table-based reporting for all of these items, rather than within text boxes, would enable clearer oversight from a commissioning perspective.
3. CESPHN should take a stronger role in marketing educational opportunities to RACF workers to enable EWOP staff time to be redirected to client care.
4. Consider an update to the CESPHN data dashboard to also include average start and end K5 scores, and percentage change, for matched pair data to enable further understanding of EWOP service clinical outcomes. This may also facilitate easier benchmarking in future against similar programs.
5. Consider use of the IAR-DST assessment tool during resident assessment. This would help to document and provide deeper understanding of the levels of care required by residents referred to the EWOP service.
6. Work with the Anglicare EWOP service to assess methods to educate and support RACFs regarding the superiority of in-person interpreting services for clients participating in counselling sessions. This may help facilitate better experiences for residents from multicultural backgrounds.
7. Exploration of group therapies as another service option for residents to widen the range of therapies available.

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Appendix A: EWOP model of care diagram

See attached diagram file for EWOP model of care diagram.

Appendix B: Priority client demographics

EWOP client demographic statistics	20-21	21-22	22-23	23-24	24-25[!]	Comparator
Clients identifying as First Nations Australians %						
Both Torres Strait Islander and Aboriginal person[@]	0	1	1	0	0	Aboriginal people aged over 55 years living in the CESPHN region (2021): 0.19% of total population*
Aboriginal person[@]	1	0	1	0	0	
Neither Aboriginal nor Torres Strait Islander person[@]	99	99	96	98	98	N/A
Not stated[@]	0	0	2	1	1	
Client other ethnicity and cultural background %						
Main languages spoken (top 3 per year, all other languages spoken ≤ 1%)[@]	English (92%) Mandarin (2%)	English (87%) Cantonese (3%) Italian (2%)	English (86%) Greek (3%) Italian (2%)	English (91%) Greek (3%)	English (90%) Italian (4%)	Major languages other than English spoken at home by those aged over 65 years in the CESPHN region include Greek (7.72%), Mandarin (4.8%), Cantonese (5.35%), Italian (4.21%)^
Main countries of birth (highest 3 per year)[@]	Australia (65%) England (6%) Ireland, Egypt, India (3%)	Australia (67%) England (5%) China & Italy 4%)	Australia (63%) England (5%) Greece & China (4%)	Australia (65%) England (5%) Greece (4%)	Australia (76%) Italy (5%) Greece (4%)	40.7% of people aged over 65 years living in the CESPHN catchment were born in a country overseas[#]

Data source: CESPHN Mental Health Clinical Information data dashboard.

*Calculated from PHIDU 2021 data: Torrens University Public Health Information Development Unit [PHIDU]. (2025). Social Health Atlas of Australia: Data by Primary Health Network (incl. Local Government Areas, 2021 ASGS). Torrens University Public Health Information Development Unit.

^Central and Eastern Sydney PHN. (2025). 2025-27 CESPHN Needs Assessment: Older Peoples Health and Wellbeing. Central and Eastern Sydney PHN.

[#]Calculated from data in CESPHN HNA 2025-27: Central and Eastern Sydney PHN. (2025). 2025-27 CESPHN Needs Assessment: Older Peoples Health and Wellbeing. Central and Eastern Sydney PHN.

[@]Data filtered by % exit date by financial year to allow for year-on-year trend display. | [!]2024-25 to date as FY not yet completed.

Appendix C: Evaluation framework

See attached file for a copy of the evaluation framework.

Appendix D: Data collection summary

Key data sources and demographics (where relevant)	Quantity (where relevant)	Timeframe
EWOP service provider interviews	1 initiation meeting 1 evaluation workshop 1 provider interview 1 provider focus discussion	January – April 2025

RACF worker interviews
• Clinical lead and management RACF staff participated in interviews.
• Facilities included those in inner western and eastern Sydney and Sutherland shire areas.
• Facilities varied in size and ethos.
  • The smallest facility included accommodates < 50 residents, and the largest > 150 residents.
  • Just under half of the included facilities had a specific religious focus, and one has a long history of specialised care for older adults from southern Asian backgrounds.
	12 interviews	March – April 2025

RACF worker survey	0 responses	March – April 2025
EWOP client interviews • 67% of residents who participated in interviews were female with an average age of 90 years (range 76-99 years). • Residents from Australian, Western and Eastern European, Asian and Middle Eastern backgrounds participated.	15 interviews	March – April 2025
EWOP client family and carer interviews	4 interviews	March – April 2025
CESPHN staff interviews	1 initiation meeting 1 evaluation workshop 4 project meetings 1 focus discussion	January – April 2025
Anglicare EWOP regular reporting to CESPHN		2020 – 2025 financial years
PMHC-MDS data via the CESPHN data dashboard		
CESPHN Needs Assessment		2025-2027

Appendix E: geographic spread of RACFs with EWOP service MoUs

Proportion of RACFs and MoUs per CESPHN LHD	
CESPHN region total	
Number of RACFs in CESPHN region	149*
Number of individual RACFs with EWOP service MoU	117^
Proportion of individual RACFs in CESPHN with EWOP MoU	78.5%
Sydney LHD	
Number of individual RACFs	59*
LHD proportion of individual RACFs in CESPHN region	39.6%
Number of individual RACFs with EWOP service MoU	42^
Proportion of individual RACFs in LHD with EWOP service MoU	71.2%
South Eastern Sydney LHD	
Number of individual RACFs	90*
LHD proportion of individual RACFs in CESPHN region	60.4%
Number of individual RACFs with EWOP service MoU	75^
Proportion of individual RACFs in LHD with EWOP service MoU	83.3%

*Source: Australian Institute of Health and Wellbeing (AIHW) 2024 NSW Aged Care Service List (filtered by PHN name and including services with care type listed as "residential" or "multipurpose service" only)

^Source: Anglicare EWOP service MoU list (note: facilities counted individually where in some cases one MoU appears to relate to multiple facilities, and closed facilities removed from list)

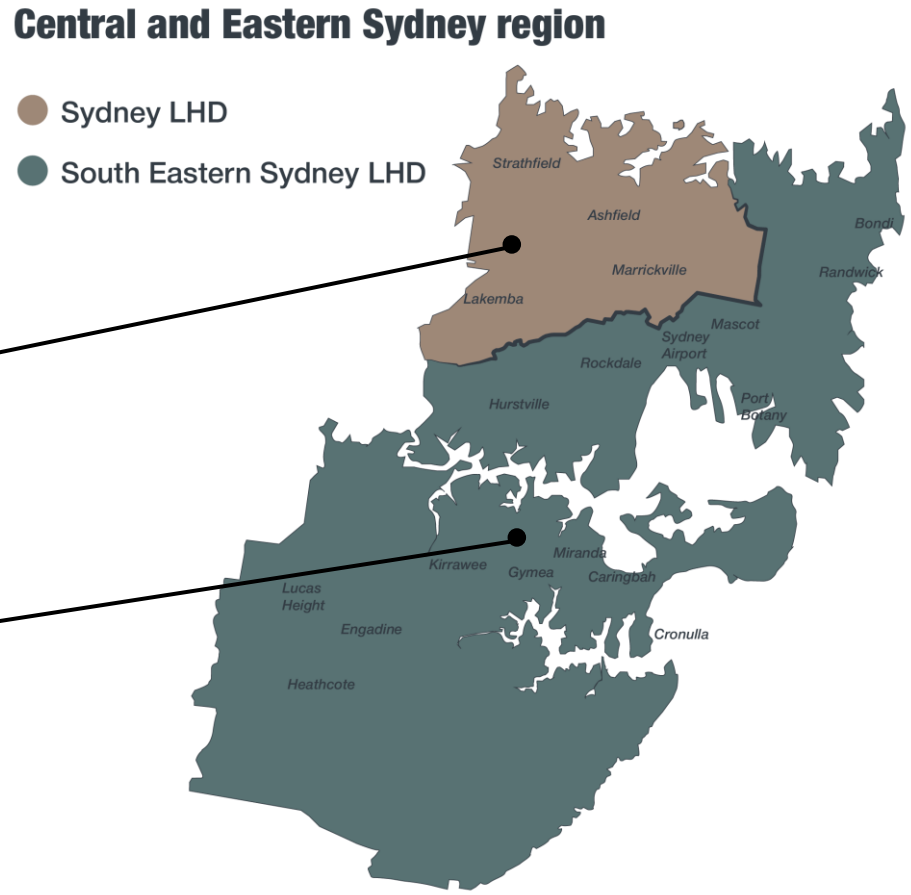

Image: CESPHN Annual Report 2023/24 (CESPHN).