LINKER: A JOURNEY TO SAFETY

Evaluation Report – March 2019

LINKER SERVICE – SPECIALIST HOMELESSNESS SERVICE DOMESTIC VIOLENCE RESPONSE ENHANCEMENT FOR WESTERN NSW
About the CRRMH

The Centre for Rural and Remote Mental Health (CRRMH) is based in Orange NSW and is a major rural initiative of the University of Newcastle and the NSW Ministry of Health. Our staff are located across rural and remote NSW.

The Centre is committed to improving mental health and wellbeing in rural and remote communities. We focus on the following key areas:

- the promotion of good mental health and the prevention of mental illness;
- developing the mental health system to better meet the needs of people living in rural and remote regions; and
- understanding and responding to rural suicide.

As the Australian Collaborating Centre for the Integrated Foundation for integrated Care, we promote patient-centred rather than provider-focused care that integrates mental and physical health concerns. As part of the University of Newcastle, all of our activities are underpinned by research evidence and evaluated to ensure appropriateness and effectiveness.
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Key Findings: LINKER Service Evaluation

Support for women and children leaving domestic violence in Western NSW includes a range of Specialist Homelessness Services who provide emergency short term accommodation (crisis and temporary). There is a significant challenge in that there is high need, and a small number of providers operating over a large geographical catchment, with many services only able to provide active support during business hours.

The LINKER Service (Specialist Homelessness Service Domestic Violence Response Enhancement) addresses the after-hours support gap in Western NSW, by proactively offering telephone and text message after-hours support to women who have accessed emergency short term accommodation as the result of leaving domestic violence.

For clients, support from the LINKER service reduced their anxiety and isolation, and increased their feelings of support during the service period. The human experience of support by the LINKER Service has been shared by two women who have used the service in their journey to safety, [https://youtu.be/UeoYTnYrZKU](https://youtu.be/UeoYTnYrZKU).

Specialist Homelessness Services also valued the LINKER Service, reporting that it aided clients to make more informed decisions about staying safe and not leaving temporary accommodation ‘too early’. Moreover, information exchanged between LINKER and Specialist Homelessness Services consortium members about clients improved their experience of these services, and reduced the need for clients to retell their stories.

The LINKER Service has been successfully implemented in a wide range of communities throughout Western NSW, thus reaching the intended catchment. The telephone-based support was acceptable to both providers and clients, indeed for some clients the arms-length more anonymous support had its advantages in small communities where confidentiality concerns existed.

The feedback from Specialist Homelessness Services consortium service providers on the operation and impact of the LINKER Service has been overwhelmingly positive. The key factors, measured in terms of identified as well as unanticipated immediate outcomes are:

- availability of personalised and consistent support as required during a time of crisis and transition through homelessness to post-crisis stability, at times of the day and week when there are few if any other forms of support available
- the flexibility of service response (both type and length of services provided)
- the ability to match workers with clients across a wide geographic area without the constraints of travel cost and time
- the impact of a trusted relationship and availability of the worker to talk through client-centred future planning without significant time constraints on clients’ ability to develop the confidence to make and keep new goals and at times when there are fewer others demands on the client (unanticipated effect).
1. Executive Summary

Support for women and children leaving domestic violence in Western NSW includes a range of Specialist Homelessness Services (SHS) who provide emergency short term accommodation (crisis and temporary). This large geographic area, with 3.7% of the NSW population, 10.5% of whom are Aboriginal. There is a significant challenge in that there is high need (with domestic assaults at 1.8 times the state average), and a small number of providers operating over a large geographical catchment, with many services only able to provide active support during business hours.

The LINKER Service (Specialist Homelessness Service Domestic Violence Response Enhancement) addresses the after-hours support gap in Western NSW, by proactively offering telephone and text message after-hours support to women who have accessed emergency short term accommodation as the result of leaving domestic violence.

LINKER support workers coordinate and provide emotional and practical support for women and children. Client support includes:

- regular communication via telephone calls and SMS
- grounding exercises
- service and other information
- early planning of next steps
- basic telephone counselling
- limited practical support

The LINKER Service is unique. It was collaboratively developed after an extensive research and consultation process into the needs of women and children in the Western NSW region. It is funded as part of the NSW government Domestic Violence Response Enhancement (DVRE, announced October 2014). The consortium of Specialist Homelessness Services (Barnardos Australia, Mission Australia, Orana Support Services, Centacare Wilcannia Forbes, Orange Local Aboriginal Lands Council, and Housing Plus) have provided governance support and ensure district coverage, with Barnardos acting as Lead Agency. The LINKER Service commenced delivering services in September 2016.

Overall, the LINKER Service is very effective in meeting its intended objectives. Consortium members are highly engaged with the service, perceive strong benefits for its impact on their own service delivery and the clients’ experience, and are overall very supportive of the way it is operating. Clients report strong benefits, including improvements to the integration of support with Specialist Homelessness Services (e.g. in not having to retell their story).

The evaluation period covered September 2016 to June 2018, formal feedback was received from 51 clients and 23 consortium members, using the data collection tools developed to support this evaluation. These tools explore awareness of the service, referral patterns and seek input in relation to six formal evaluation questions that were co-designed with consortium members in a workshop setting prior to the commencement of the service.

During this evaluation, participating service providers all demonstrated good awareness of the role and objectives of the LINKER Service. Feedback was gathered on approximately 90 LINKER Service referrals (43%, to end of June 2018). The majority of referrals to the service were made by a small number of early adopter
consortium members. Most other consortium members reported on between one and four referrals.

For clients (asked via their Specialist Homelessness Services case worker), 90% strongly agreed that the linker Service reduced their anxiety and increased their feelings of support during the service period. Indeed 80% felt less isolated and 97% agreed that the LINKER Service assisted with respect to immediate outcomes. Two thirds of clients perceived that LINKER provided adequate information and referral links to them about further appropriate support and service options. Importantly, the experience of support can best be shown via case study journeys. Tegan and Joh, were supported by the LINKER Service generously shared their journeys to safety with Barnardos, https://youtu.be/UeoYTnYrZKU.

Specialist Homelessness Services also valued the LINKER Service, with 88% perceiving that it aided clients to make more informed decisions about staying safe and not leaving temporary accommodation ‘too early’. Some respondents mentioned the additional positive value of the brokerage funds and material support that LINKER workers were able to contribute to the client’s situation but noted that, in their view, those funds could have been drawn on more often to provide greater assistance to clients.

All 23 participating consortium member representatives expressed strong support for the evaluation question that explored “if the LINKER Service is recognised as valuable by Specialist Homelessness Services consortium members”. All agreed that information exchanged between LINKER and Specialist Homelessness Services consortium members about clients had improved their experience of these services, and reduced the need for clients to retell their stories.

In terms of service use patterns, the LINKER Service has been successfully implemented in a wide range of communities throughout Western NSW, thus reaching the intended catchment. Specialist Homelessness Services found the use of telephone (both voice and text) support useful and acceptable, with perceived cost-saving through reduced travel costs. Providers noted that some clients particularly valued the LINKER Service capacity for phone-based support from another town, allowing for a more anonymous relationship, respecting confidentiality concerns which can be challenging in small communities. The average number of hours of support provided by LINKER to its clients was just under 10 hours over the course of an average of just over 30 contact occasions (although there was also a large range from the high to low ends of the contact spectrum).

The duration of client engagement with the LINKER Service, is variable. Initially conceived as a “short and sharp” (e.g. overnight or weekend) form of engagement, some clients needed and preferred a longer-term period of contact with the LINKER worker (e.g. up to six months). During longer-term engagement, support sought varied according to the client’s...
circumstances – generally, intensive at the outset during the transition to temporary accommodation then peaking at other key points such as upcoming court dates.

The evaluation revealed some opportunities for improvement. A small number of clients expressed concern regarding the sharing of personal information and confidentiality, thus a review of client consent and data sharing procedures should be reviewed, including communication procedures with clients with respect to the nature of the connection between the LINKER Service and the Specialist Homelessness Services. Also, little information was contributed in relation to the evaluation question "whether safety and health needs of clients' children were able to be satisfied during the LINKER Service period" in this round of data collection, so no specific commentary can be provided on this question. Data collection strategies to address this topic may need review. Further, a number of service providers suggested some minor adjustments to service procedures.

The evaluation acknowledges a number of limitations, including qualitative provider-based assessments of service impact, a small number of service providers made most of the referrals, and the indirect collection of client feedback via Specialist Homelessness Services workers, a choice made to respect the vulnerable nature of client group who may have been re-traumatised by having independent evaluators seek such feedback.

90% of clients said they felt safe and supported as a result of the service.

80% of domestic violence service providers said that the Linker services helped clients make more informed decisions about staying safe and not leaving temporary accommodation too early.
2. LINKER Background

Current statistics and recent relevant findings

Domestic and family violence is the leading cause of homelessness of women and children in Australia. In 2016-17, of the 288,000 Australians who sought assistance from Specialist Housing Services (SHS), 114,757 (40%) did so as they were experiencing domestic or family violence (DFV) (AIHW, 2017). During this year, women and children made up 94% of clients who were seeking assistance from SHS as a result of DFV (AIHW, 2017).

In regional, rural and remote communities, DFV was one of the leading reasons for seeking assistance from SHS (AIHW, 2017). According to the NSW Bureau of Crime Statistics and Research, the rate of domestic violence incidents occasioning grievous bodily harm was the highest in the Far West and Orana region of NSW, this is more than five times higher than the rate for the whole of NSW (Freeman, 2018). Women who live in rural and remote areas are faced with a number of geographic and sociocultural barriers that are unique to rural communities. Stigma, shame, privacy and anonymity concerns, geographical isolation and limited availability of resources in local areas, all act as barriers to accessing SHS (Campo & Tayton, 2017). For non-Aboriginal women living in rural and remote areas, social isolation was described as a consequence of experiencing DFV, isolating themselves from their family, friends and intimate support networks (Wendt, 2017).

Aboriginal and Torres Strait Islander women are 35 times more likely to be victims of domestic violence, compared to non-Aboriginal women (Spinney, 2012). In 2017, 25% of all SHS clients who were experiencing domestic and family violence, were Indigenous (AIHW, 2017). The needs of Indigenous women are unique; they can often be subject to kinship rules and are sometimes reluctant to report incidents of domestic violence in fear that their children may be removed from them - a common consequence of intergenerational trauma (Blagg et al. 2018).

Cultural and Linguistically Diverse (CALD) women who live in rural and remote communities face additional cultural barriers to access to SHS. These women are more likely to experience mistrust and fear of authorities, particularly amongst refugee groups. Access to interpreting and language support is both less accessible and less widely used by service providers in rural and remote communities, leading to significant communication difficulties and further dependence on family and friends. In some cultural groups, women also experience pressure to adhere to traditional gender roles and there may be situations of multi-party abuse e.g. by others in the family or community in addition to the spouse (Wendt, 2015). All of these issues are particularly problematic for women contemplating leaving a violent relationship.

Emergence of the LINKER Service

In October 2014, the New South Wales State Government announced the Domestic Violence Response Enhancement (DVRE), a $20 million increase in funding towards the strengthening and enhancement of homelessness service responses for women and children who are experiencing or are at risk of homelessness, as a result of DFV. DVRE includes a range of initiatives to enhance service delivery and responsiveness for women with or without children who are experiencing domestic violence.

The LINKER Service is one of the programs funded by the DVRE, with the aim of servicing a range of communities in Western NSW. The program arose from an extensive research and consultation process into the needs of women and children in the Western NSW region and a multi-party negotiation and agreement with all six eligible Specialist Housing Services.
(SHS) providers in Western NSW (Barnardos Australia, Mission Australia, Orana Support Services, Centacare Wilcannia Forbes, Orange Local Aboriginal Lands Council, and Housing Plus).

Consortium members collectively identified and agreed that housing clients fleeing violence were particularly vulnerable when left without any form of emotional or practical support when other services were closed (i.e. between 5 pm and 9 am during weekdays, over weekends and/or on public holidays). Without access to emotional support, knowledge of available service supports, and other practical forms of assistance, this client group was perceived as vulnerable to either a) an unwilling return to a violent situation (due to lack of other available options) or b) discovery by the Person of Interest (POI)/perpetrator of violence and renewal of abuse. SHS service providers were cognisant of the service need but either did not have staffing resources available and/or the training and skill necessary set to provide effective and safe support to people seeking to leave domestic or family violence.

All parties agreed that the lead agency should be Barnardos Australia (managed by their regional office based in Orange) and the consortium of SHS services agreed to provide governance support, referrals and ensure district coverage across Western NSW. After the initial establishment processes, the LINKER Service commenced delivering services from 6 September 2016. Since then, the LINKER Service has provided after-hours support to women, with or without children, in temporary and crisis accommodation across the Western NSW district. A significant part of the LINKER Service role is to provide key summary information to the referring service provider (e.g. SHS provider) in order to ensure that this key information can be taken into account in case management and housing support planning without the client needing to repeat their story multiple times. These reports from the LINKER Service are provided to the referring service by 9 am the following morning (or next business day).

**Service model**

LINKER support model consists of tailored but flexible out of hours (5pm-9am during weekdays, all weekends and public holidays) phone contact from a specialist domestic violence (DV) worker to clients who have been referred by SHS providers with a request to contact a client in temporary or crisis accommodation or a DVRE head-leased property where 24/7 face to face support is not otherwise available. The LINKER worker’s role is then to take proactive steps to make contact with the client by phone. The LINKER Service has utilised a hub location for its management of the service and a distributed network of workers to ensure knowledgeable regional coverage.

The types of services anticipated to be provided by LINKER workers at the commencement of the program included:

- emotional support
- early referral to trauma counselling, with brokerage capacity to purchase counselling,
- the coordination of a mobile phone plus credit, food, hygiene and comfort packages accessible after hours to women and children in temporary accommodation
- fast handover back to SHS providers and case managers.

In addition to its proactive approach to engaging with clients initially, the LINKER Service model is intended to maintain an active approach to maintaining contact with its referred clients and responds as flexibly as possible to clients’ requests for support by telephone. It was acknowledged, however, that access to the service may be limited by an individual client’s access to telecommunications (more likely in rural and remote areas), limited funds
to purchase phone credit, or lack of awareness of the service's existence due to lack of contact with services who might refer to the LINKER Service.

At the outset, this package aimed to support 90 families per year across the district and this aim has been met and exceeded (208 clients recorded between September 2016 and June 2018). Service uptake was initially slow but Barnardos managers reported in July 2018 that service demand has become predictable enough that staffing can be rostered effectively to meet anticipated demand. Service needs have been observed to peak, however, over long weekends and the Christmas and New Year period.

In the initial development of the service model, the LINKER Service contact with clients was anticipated to be "short and sharp" – engagement with clients over a weekend or for one or two nights only prior to a handover to a case manager (e.g. an SHS service provider). Although Barnardos program managers report that short interventions do occur and can be very effective in particular instances, clients have tended to stay connected to the LINKER Service for longer periods (e.g. for six months), with their need for contact with the service varying according to where they are at in their transition to more permanent separation from their violent partner. For example, LINKER workers note that client need for support tends to spike during the lead up to and during court cases but to wane as they are increasingly settled into a more secure and stable living situation.
3. Evaluation approach

As a new model, negotiations with the funding body (NSW Department of Family and Community Services) identified the need for this package to be independently evaluated.

An Evaluation Plan was developed and endorsed by all consortium members in October 2016. The main purpose of this evaluation is to assess the effectiveness of the service by asking clients to answer the following evaluation questions:

1. Has the Linker service reduced client anxiety during the service period and increases clients’ feelings of being supported?
2. Are Linker clients are making more informed decisions about staying safe and not leaving temporary accommodation ‘too early’?
3. Were the safety and health needs of clients’ children able to be satisfied during the Linker service period?
4. Has information exchanged between Linker and SHS consortium members about clients improved their experience of these services?
5. Is Linker providing adequate information and referral links to clients about further appropriate support and service options?
6. Is the Linker service recognised as valuable by SHS consortium members?

A summative evaluation approach was used to assess the effectiveness of the LINKER Service in meeting its goals and desired outcomes. In addition to a referral form, a survey methodology was designed for capturing data from referring service providers and clients (via SHS service providers), using both Likert scales and qualitative data requests.

For ease of reference, the relevant tools designed to support the operation of the service (referral form) and utilised for data collection for this evaluation report (SHS Client Feedback questions and Survey of SHS Consortium Members) have been included as appendices to this report as Appendices A-C.

Results from survey responses are collated and reported below. It should be noted that the total number of respondents (N) varied from question to question as not all items were responded to in each questionnaire.

4. Program Logic Model

The LINKER Service program logic model was initiated at a workshop of the SHS consortium members at the Centre for Rural and Remote Mental Health in Orange on 25 July 2016 and further enhanced through the development of the evaluation plan. It was agreed at the workshop that the LINKER Service is focused only on short-term outcomes, as the long-term outcomes are part of the mainstream work of the SHS consortium.

Table 1 illustrates the program logic that guides the evaluation. Since the evaluation period was intended for 12 months only of the LINKER Service provision, the evaluation only aims to measure the Short term Outcomes, we acknowledge that we have been able to evaluate data from two phases, covering 13 months and 12 months from September 2016 to June 2018.
### Table 1: Program logic for LINKER Service

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities SHS</th>
<th>Activities LINKER service</th>
<th>Outcomes short term</th>
<th>Outcomes longer term</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINKER staff and support (Barnardos)</td>
<td>Referral to LINKER</td>
<td>Referral receipt and action</td>
<td>• Client feels safe/supported/less isolated</td>
<td>Client is safe</td>
</tr>
<tr>
<td>SHS providers</td>
<td>Referral of woman at risk to LINKER - From SHS service, direct or Link2Home</td>
<td>LINKER support service proactively contacts client and provides tailored phone contact from a specialist DV worker for emotional support</td>
<td>• Client feels less anxious</td>
<td>Reduced long-term trauma</td>
</tr>
<tr>
<td>LINKER funding (FACS)</td>
<td>Feedback from LINKER</td>
<td>Feedback to SHS</td>
<td>• Clients are not ‘retelling’ their stories to different providers in the service chain</td>
<td>Clients access services and seek support options appropriately</td>
</tr>
<tr>
<td>Monitoring tools</td>
<td>SHS service receives and reads Feedback – responds and acts upon information – incorporate into case plan actions.</td>
<td>LINKER workers collect client stories and emotional presentation in referral and feedback by start of next business day to referring SHS providers</td>
<td>• Reduced return to a dangerous situation (during or immediately post the period working with the LINKER service)</td>
<td></td>
</tr>
<tr>
<td>Partnership agreement</td>
<td>Partner engagement</td>
<td>Ongoing LINKER support activities</td>
<td>• Clients are making informed choices and not leaving temporary accommodation ‘too early’</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LINKER continues to proactively provide tailored phone contact from a specialist DV worker for emotional support – for as long as client needs support and the client is with SHS</td>
<td>• SHS providers have an improved understanding of client needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHS staff receive feedback from LINKER re clients</td>
<td>• Children’s safety and health needs are met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety net service, client can highlight issues, LINKER feedback to SHS – holding the thread of contact – next business day feedback to SHS</td>
<td>• Clients know about service and support options</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brokerage and donations</td>
<td>• Partnership between LINKER services is strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Used to meet client emergency needs eg phone and pre paid credit, toiletries</td>
<td>• Local knowledge of service partners is well used</td>
<td></td>
</tr>
</tbody>
</table>
5. Results

Service profile

The following tables provide a summary overview of the client and service provision profile for the period 18 Sept 2016 to 30 June 2018:

Table 2 Service data - client numbers and profile

<table>
<thead>
<tr>
<th>Service data - client numbers and profile</th>
<th>Sept 2016 -Nov 2017</th>
<th>Jan-June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Total number of distinct persons</td>
<td>105</td>
<td>100.00</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1.05</td>
</tr>
<tr>
<td>Female</td>
<td>104</td>
<td>98.95</td>
</tr>
<tr>
<td>0-11 years</td>
<td>1</td>
<td>1.05</td>
</tr>
<tr>
<td>12-17 years</td>
<td>1</td>
<td>1.05</td>
</tr>
<tr>
<td>18-25 years</td>
<td>24</td>
<td>23.00</td>
</tr>
<tr>
<td>26-45 years</td>
<td>58</td>
<td>55.25</td>
</tr>
<tr>
<td>46-55 years</td>
<td>15</td>
<td>14.25</td>
</tr>
<tr>
<td>Over 55 years</td>
<td>4</td>
<td>3.75</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>30</td>
<td>28.50</td>
</tr>
</tbody>
</table>

This data indicates that:

- the client group is predominantly female\(^1\)
- the peak client age group is the 26-45 year population
- Aboriginal and Torres Strait Islander clients represent almost 30% of the client group.

Table 3 Service provision patterns – length and location

<table>
<thead>
<tr>
<th>Service data – patterns of service</th>
<th>Sept 2016 -Nov 2017</th>
<th>Jan-June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Total number of recorded contacts</td>
<td>3295</td>
<td></td>
</tr>
<tr>
<td>Total hours of service provision:</td>
<td>1069</td>
<td></td>
</tr>
<tr>
<td>Contact time with clients</td>
<td>1012 hrs</td>
<td></td>
</tr>
<tr>
<td>Case work time</td>
<td>56 hrs</td>
<td></td>
</tr>
<tr>
<td>Travel time</td>
<td>0.6hrs</td>
<td></td>
</tr>
<tr>
<td>Highest number of contacts per client</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Lowest number of contacts per client</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Average number of contacts per client (mean)</td>
<td>31.38</td>
<td></td>
</tr>
<tr>
<td>Average total contact time per client</td>
<td>9.6 hrs</td>
<td></td>
</tr>
<tr>
<td>Median number of clients per town</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest number of clients per town</td>
<td>Orange 18 Dubbo 10</td>
<td>Dubbo 20 Orange 15</td>
</tr>
</tbody>
</table>

\(^1\) Jan-June 2018 data includes 16.5% male participation in addition to 32.2% of clients being under the age of 18 years. It is presumed that the majority if not all make participation can be linked to service support to the children of female clients.
Figure 1 below indicates geographic service reach in the catchment area, which hosts 3.7% of the NSW population, along with location of service management and workers.

*Figure 1 LINKER Service catchment area Western NSW.*

(A) Shows the scale and location of the Western NSW local FACS district relative to NSW and other districts. (B) Shows the local FACS districts within Western NSW.
The experience of the LINKER Service – Client stories

Whilst the LINKER Service by definition provides a flexible response to clients according to their support needs, case study journeys highlight the human experience of support. Two clients have shared their experience of leaving domestic violence and finding support via the SHS and LINKER Service. A video of their stories can be see via this link: https://Youtu.be/UeoYTnYrZKU

Client and Consortium member perspectives of LINKER

Evaluation data has been gathered by SHS consortium members via a feedback form in order to collect client perspectives on the LINKER Service. 23 consortium member representatives completed the service provider feedback surveys, including representatives from:

- Housing Plus (3)
- Barnardos (6)
- Orange Local Aboriginal Lands Council (1)
- Mission Australia (3)
- Centacare (2)
- Staying Home Leaving Violence (2)
- Police (1),
- Dubbo Neighbourhood Centre (1)
- Orana Support Services (1) and
- Unidentified respondent (3).

When consortium members were asked to describe the LINKER Service, respondents demonstrated a good level of awareness of the service (even when they had not yet had cause to be involved with it) and its unique role. Descriptions focussed strongly on the out of hours availability for client support, its role in supporting clients who are also clients of local SHS services in the area, and the provision to clients and SHS service providers of information about other relevant support services. Only some respondents mentioned the availability of additional support options, such as brokerage funds and food bags/other household or grocery items (either bought or by donation).

51 clients also contributed to this process for this round of evaluation analysis via feedback forms completed by SHS workers on their behalf. An additional 12 clients were either uncontactable (e.g. phone disconnected, no answer) or did not reply to a message request for input.

Link2Home referral data has not yet been made available to Barnardos for analysis.

Referrals

The 23 consortium member responses received in the evaluation data collection process represented over 90 referrals made to the LINKER Service. During this reporting period (from commencement of program in late 2016 to June 2018), over half of referrals (i.e. 50+) were generated by only three consortium member respondents, whereas as a larger number of consortium members reported either no referrals to date or between 1 and 10 referrals during the reporting period.
Handovers from LINKER

The majority of respondents reported small numbers in relation to this question (between 0 and 5 handovers and 12 in total (except for one response). The remaining respondent indicated 40+ handovers. This disparity of responses suggests that this data may need to be verified – it is possible that the survey question may be misleading and that there is potential for this data item to be confused with the referral item outlined above. Alternatively, the tendency for clients to stay connected with the LINKER Service for longer periods of time than originally anticipated may have led to fewer handovers.

Improvements needed to referral processes?

When asked to provide feedback on their experience of the LINKER referral arrangements, consortium members were almost unanimously supportive of the service and the current referral arrangements – e.g. “love it, great services, much needed, great idea”, “I have found the referral service very effective”, “it’s a fantastic service we can use for our clients”, and “works well”.

Specific mention was made in relation to the value of the feedback via email the following day if a client had been supported the night before – e.g. “DV LINKER staff always email the next morning, after an evening of phone support, maintaining continuous (if client wishes) support - works well” and “I appreciate the emails back to keep me updated”. Another respondent noted the value of the LINKER worker being able to continue to work with the client once they are resettled if ongoing support is still required.

Suggestions for improvement to the referral arrangements included the potential value of including more information in relation to the Person of Interest/perpetrator and an indication of the DV background situation. One respondent noted that they did not always receive an acknowledgement that a referral had been received by the LINKER staff and this confirmation would be helpful in terms of knowing whether the referral should be followed up or not.

Two respondents, both of whom had referred a number of clients to the LINKER Service, noted that the referral form could benefit from review. From their point of view, the form appeared to be “out of date and not user-friendly”.

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2 Two respondents did not nominate a number of referrals, three respondents provided an approximate range (median range point selected) and three indicated a minimum number (actual referrals likely to be higher).
Impact on clients’ emotional state

Evaluation question: Has the LINKER Service reduced client anxiety during the service period and increased clients’ feelings of being supported?

The immediate outcomes being sought in relation to this aspect of the evaluation are whether:

- clients feel safe, supported and less isolated
- clients report feeling less anxious
- clients are not having to ‘retell’ their stories due to the availability of the LINKER Service.

Client feedback

In terms of whether their contact with the LINKER Service makes them feel supported, 33 of 51 clients (65%) indicated that they strongly agreed and a further 13 clients (25%) agreed that they felt supported.

In terms of feeling safe (Figure 3), 29 of the 51 respondents (57%) strongly agreed that access to the LINKER Service contributed to them feeling safer and a further 17 clients (33%) agreed that they felt safer.

With regard to the impact of the LINKER Service in assisting them to feel less isolated (Figure 4), again there was a strong endorsement of the impact of the service, with 28 clients (55%) strongly agreeing that the service allowed them to feel less isolated. A further 12 (24%) agreed that they felt less isolated and an additional 9 people (18%) stated that they neither agreed nor disagreed. Two clients (4%) did not agree that the LINKER Service assisted them to feel less isolated. However, unless they have specifically divulged the reasons to a service provider who may then pass on this feedback confidentially, it may be difficult to ascertain the reasons for this remaining sense of isolation in this relatively small group of clients.
A similar profile of responses was provided by clients in relation to the perceived impact of the LINKER Service on their **feelings of anxiety**, with 27 strongly agreeing that the LINKER Service resulted in them feeling less anxious, 12 agreeing with the statement and 9 neither agreeing nor disagreeing. A further 3 disagreed with the statement and these responses aligned to low scores provided for the isolation indicator outlined above.

**Consortium members’ feedback**

Service providers were also asked to report their observations of the clients’ responses in relation to the desired outcomes of the service. When asked to rate (on a scale of 1-5) their observation of whether they believe the LINKER Service assisted in reducing client fear and/or stress, 10 respondents (70%) for this response indicated that they believed it assisted the client a lot and 4 respondents (27%) believed it assisted the client significantly.

**Comments and suggested improvements**

Respondents provided a number of positive comments in support of the LINKER Service’s contribution to their clients’ situation. For example, ‘the client is reassured that there is a caring, helpful resource service after hours when they most need it … even if they have...”
opted not to answer the phone – quiet time is something they need desperately”. For one service provider who had been involved with more than 40 referrals, “each (client) has expressed how great it is, knowing someone is there, caring about them, especially of a night when it heightens fears and anxieties”.

Suggestions from consortium members to improve the service and/or client experience included:

- better coordination with relevant services
- efforts to ensure that clients have the consistency of a single LINKER worker in order to minimise the need for building a series of relationships (which is likely to be a barrier to engagement)
- better help and assistance from police.

Safe return home choices

Evaluation question: Are LINKER clients making more informed decisions about staying safe and not leaving temporary accommodation ‘too early’?

The immediate outcomes being sought in relation to this aspect of the evaluation are whether:

- clients are making informed choices and not leaving temporary accommodation ‘too early’
- there is a reduced return to dangerous situations (during the immediate period working with the LINKER Service).

Client perspective

Specific detail on this immediate outcome has not been formally sought from clients. However, when asked if the LINKER Service worker had suggested other useful services to them during their contact with the worker, 34 clients thought they had, 10 clients thought they hadn’t and a further 8 were unsure.

Consortium members’ feedback

Sixteen consortium responses offered comments in relation to this question and 88% either agreed or strongly agreed that the LINKER Service is helping clients to make more informed decisions.
In addition to comments from service providers that the LINKER Service appears to be supporting better and more informed client decision-making about staying safe, some service providers mentioned other specific aspects of the service that could be deployed to a greater extent; namely, food bags, mental health assessments, and donations for families.

One respondent also noted the value of brokerage funds to provide immediate accommodation options while further accommodation alternatives can be sought. Another noted the importance of flexibility of response so that clients can have family around them and not be relocated out of the area.

Safety of the family
Evaluation question: Were the safety and health needs of clients’ children able to be satisfied during the LINKER Service period?

No identifiable data were collected from service providers or clients to specifically address this issue in this round of evaluation. Data collection tools may need to be adapted to include an assessment of satisfaction of the health and safety of clients’ children e.g. to include a requirement to adjust the data collection instruments to prompt more specific feedback on this issue.

Clients are not ‘retelling’ their stories
Evaluation question: Has information exchanged between LINKER and SHS consortium members about clients improved their experience of these services?

The immediate outcome being sought in relation to this aspect of the evaluation is whether:

- SHS providers have an improved understanding of client needs.

Client perspective

In terms of their understanding of LINKER and its linkage with housing services, the large majority of clients indicated that the LINKER worker had explained how the service worked, both during the service period and after handover. 36 clients indicated that they understood, 9 indicated that they didn’t, and 6 reported that they were unsure or couldn’t remember.

However, one client commented that they hadn’t clearly understood that the content of conversations they had with the LINKER worker would be handed on to other workers, including the person who referred them. This client expressed concern about the apparent lack of confidentiality and wondered whether, if it had been a community member who had been somehow responsible for arranging the referral, the client’s confidential information might be reported back to that person.

Consortium members’ feedback

When asked how helpful to consortium members the information provided by the worker for further support purposes, all seven service provider respondents either agreed or strongly agreed that the feedback was helpful. Two respondents also specifically noted that the follow-up emails are working effectively and helps with case management goals/issues.
In relation to their views of the extent that service to clients has improved as a result of the LINKER Service, service providers indicated similarly strong support for the positive impact of the LINKER Service.

Comments from service providers on the ways their service capacity has been improved

“Knowing that very vulnerable people have access to after-hours support and at a time when few other services are available is very helpful - sometimes night time can be more stressful and it can be hard for clients to stay strong.”

“It is good to know that LINKER will be reaching out to clients out of hours and that this also means they can get access to any necessary information or added support from the LINKER worker.”

“The LINKER Service is individualised – workers are linked to clients in ways that takes account of personality.”

“LINKER workers have the time to talk with clients and can then let SHS workers know what additional services the client needs.”

“Receiving case notes to advise that LINKER staff were unable to contact the client was helpful.”

“As SHS workers, we are not DV-specific trained to provide the intense support that DV client/family needs - LINKER is a massive help to our SHS service and the client".

“It has helped by not having to contact clients after hours as I know they are being supported”. 
Information support and awareness

Evaluation question: Is LINKER providing adequate information and referral links to clients about further appropriate support and service options?

The immediate outcomes being sought in relation to this aspect of the evaluation are whether:

- clients know about service and support options
- local knowledge of service partners is well used.

Client perspective

Similarly, the majority of clients (i.e. 34 out of 51) reported that they had received good information about the LINKER Service and the range of other services and support. 10 did not agree with that statement and a further 7 were unsure or couldn’t remember.

One service provider noted that an inability to recall this type of detail was quite common, given the heightened levels of stress being experienced by clients at the time of information transfer. The LINKER Service being able to email specific information on other services and support options to the SHS worker was suggested by one respondent as a very helpful strategy.

Consortium members’ feedback

Amongst the 16 consortium members who responded to this question, there was strong agreement that LINKER staff members are providing good information about other support and service options.

![Bar chart showing information provided re other services and supports]

Consortium members’ perception of the extent to which this LINKER role was understood by clients and transacted by workers was very positive. Regarding suggestions for improvement, one respondent proposed that LINKER contact information could be included with Centrelink forms. Others noted that, despite information being provided, some clients still choose (for whatever reason, deliberate or not) not to take advantage of the LINKER Service and/or the follow-up services that have been offered, even though it was apparent to the service provider that those supports might have been very helpful.

Evaluation question: Is the LINKER Service is recognised as valuable by SHS consortium members?

The immediate outcomes being sought in relation to this aspect of the evaluation are whether:

- services such as hotels, hospitals and police know about the service and how to use it
- partnership between LINKER Services is strengthened.
Twelve out of fourteen consortium members indicated that they felt that consortium partnerships had been strengthened through the introduction of the LINKER Service and the remaining two respondents selected “unknown”. Comments in relation to this outcome included the following:

“LINKER is an invaluable service to women, especially those who feel lost and lonely in the initial stages of separation due to DV or homelessness. I believe anonymity of the service allows women to ‘open up’ to workers because they do not have to do this face to face”

“Yes - especially the police”

“The relationship between SHLV and DV LINKERs has definitely been strengthened”

“It gives the client suggestions on safety plans, coping skills and new perspectives”.

Other service provider and/or client feedback

A number of respondents noted the high value of the feedback they received from the LINKER Service about clients’ situation, support requirements and suggested options for further services and support. The participation of “extremely high risk” clients was noted as significant in terms of the potential for benefit to the client from the LINKER Service.

“The DV LINKER workers for our area do an AWESOME job and provide comprehensive feedback each time they have spoken/support client.”

“We are all on the same page due to this written feedback; less stressful for the client not having to re-tell their story and where things are up to. Well done DV LINKERs.”

“The support, back up and case notes all help the client not always need to repeat the trauma but allow for follow up.“

“The client was provided with a LINKER phone number which was very much appreciated by the client and caseworker.”

Respondents also reflected on the actual and potential benefit of the LINKER Service more broadly:

“Great service for DV victims and supportive for family violence too.”

“I understand this program is more around SHS and how to assist clients to not return to abusive relationships. However, this would be an amazing service for all DV clients who are struggling and need assistance.”

All but one respondent indicated that there had been no challenging issues. The one respondent did offer a suggestion for improvement; namely, that if the client was unable to be contacted, there should be procedures in place to ensure appropriate follow up.

In terms of opportunities for improvement, one respondent noted the need for LINKER workers to respect and preserve client confidentiality, including being mindful of what setting/location they are in when disclosing client information over the phone e.g. in a doctor’s surgery where conversations may be overheard by others.
Reflections on the service model as it has evolved over time

In terms of length of client engagement with the LINKER Service, Barnardos workers have reported that, although the “short and sharp” (e.g. overnight or weekend) form of engagement originally anticipated as the key form of service provision, generally clients tended to seek an extended period of contact with the LINKER worker (e.g. up to six months). During the course of this longer-term engagement, the support sought and provided has been observed to vary according to the clients’ circumstances – generally, more support is sought and is, therefore, more intensive following referral and during the transition to temporary accommodation.

It is also in this early phase that trust is being established between the client LINKER worker and SHS service provider and the success of this phase appears to be significant in terms of the extent of support and information provision that is effective during the subsequent phases. Clients are reported as renewing a higher degree of contact at later key points of transition out of violence, such as in preparation for upcoming court dates or engagement with other services (described as a form of coaching by Barnardos managers).

The following quote from a service provider after a one hour debrief and reflection session with a client on their experience with the LINKER Service captures a number of elements of the impact of the service and possible reasons for its success:

“(The client) told me that this is the best service and support that she has ever received. She stated that, out of all the services she has worked with, the LINKER Service was the only one she felt like really cared about her. She stated that LINKERs would call her and text her multiple times until she answered and would call her regardless of how late she got off work and would talk to her until she was ready to get off the phone, not like other services that would just call her to get their job done. (She) stated that she is in a much better place now, misses LINKER workers and is deeply grateful for everything LINKER has done for her.”

The client group for LINKER to date has included 30% representation from clients with an Aboriginal or Torres Strait Islander background. Although there is little data at this point to confirm this conclusion in relation to the LINKER Service, it is interesting to note that there is emerging research in relation to the experience of Aboriginal women leaving violence that a flexible, knowledgeable and constant form of personal support through the process of transition away from violence can be a culturally appropriate and effective strategy.

Table 4, reproduced from Holder et al (2015, p.16) highlights key elements of an effective family and domestic violence support service as reported by Aboriginal service providers and community members (largely women).

As described by referrers, clients and LINKER managers and outlined in Table 4, the LINKER Service model could be described as matching the majority of these desirable service delivery characteristics. Given the relatively high proportion of Aboriginal and Torres Strait Islander clients of the LINKER Service to date, this is positive reinforcement of the model as envisaged by the Western NSW consortium of SHS providers prior to initiation of the LINKER Service and also the additional flexibility that has been built into the service model since initiation (e.g. longer periods of client engagement according to client need).
### Table 4: Key elements of an effective family and domestic violence support service

**Studies involving Aboriginal women victims/survivors point to the importance of:**

- access to primary crisis support services;
- practical support across emergency and transitional accommodation, food and transportation, help with supporting children;
- information that can be discussed one-to-one;
- respect demonstrated in language, interaction and inclusion;
- flexibility and responsiveness to individual and family needs;
- progressive demonstrations of culturally safe environments and practices;
- sustained and respectful relationships with well-trained workers that reach out into communities;
- services that are networked with human, financial, justice and housing services and are authoritative within these;
- longer-term and outreach interactions;
- sympathetic and strong women in communities acting as access and referral points;
- services working through a trauma-lens coupled with emotional and educative support; and
- capacity and responsiveness to tailor legal protections

The perceived benefit of this service is not necessarily limited to Indigenous clients – as per feedback from one SHS provider on the value of the LINKER Service:

> “I understand that this program is more around SHS and how to assist clients to not return to abusive relationships. However, this would be an amazing service for all DV clients who are struggling and need assistance. I believe this service is very valuable.”

### Management of the service

The LINKER Service operates in a very non-traditional service setting – LINKER workers work alone with clients via telephone contact only, during work hours in which there are few other service providers on duty. In addition, the LINKER workers may or may not be co-located with the service managers, who are based at the Barnardos office in Orange.

Although there have been no insurmountable difficulties reported, the service model does present some particular challenges for managers in terms of ensuring the delivery of a consistent service throughout the region and for supporting workers who are dealing with actual and potential danger, both for their clients and themselves. Managers of the service have actively sought out and implemented professional supervision arrangements for the LINKER workers, along with other reflection and personal development opportunities that are designed to support workers exposed to trauma on a regular basis in the course of their work.
Limitations of the evaluation

The evaluation acknowledges a number of limitations, including subjective qualitative assessments of service impact. It has depended upon data collection tools used by the LINKER Service and Specialist Homelessness Services. The client's view has been gathered indirectly via the Specialist Homelessness Services workers. This decision was taken, with consideration of the vulnerable client group who may have been re-traumatised by having independent evaluators seek such feedback. Lastly, at the time of the evaluation, the majority of referrals had come from a minority of early adopter services, thus as other services use the LINKER Service more, the utility and impact may differ and evolve.

6. Overall evaluation reflections on the LINKER Service

The feedback from SHS consortium service providers on the operation and impact of the LINKER Service has been overwhelmingly positive. The key factors, measured in terms of identified as well as unanticipated immediate outcomes are:

- availability of personalised and consistent support as required during a time of crisis and transition through homelessness to post-crisis stability, at times of the day and week when they are few if any other forms of support available
- the flexibility of service response (both type and length of services provided)
- the ability to match workers with clients across a wide geographic area without the constraints of travel cost and time
- the impact of a trusted relationship and availability of the worker to talk through client-centred future planning without significant time constraints on clients' ability to develop the confidence to make and keep new goals and at times when there are fewer others demands on the client (unanticipated effect).
References


# Appendix A: LINKER Referral & Feedback form

## DV LINKER- WESTERN NSW

### SHS After-hours phone Referral and Feedback Form

<table>
<thead>
<tr>
<th>Date of referral to LINKER program (‘IN’):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring service to LINKER:</td>
</tr>
<tr>
<td>( ) Link2Home</td>
</tr>
<tr>
<td>( ) Mission Australia</td>
</tr>
<tr>
<td>( ) Housing Plus</td>
</tr>
<tr>
<td>( ) Barnardos Australia</td>
</tr>
<tr>
<td>( ) CentaCare</td>
</tr>
<tr>
<td>( ) Orana Support Services</td>
</tr>
<tr>
<td>( ) Orange Local Aboriginal Lands Council</td>
</tr>
<tr>
<td>( ) Other: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of referral from LINKER back to SHS (‘OUT’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service to whom client referred:</td>
</tr>
</tbody>
</table>

## Child information

Please attach additional information if there are more than three children

<table>
<thead>
<tr>
<th>Child 1 – Name:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is child with client?</th>
<th>Y/N</th>
<th>If no, where is child:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are there current parenting orders?</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any current concerns for the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Mental health ______________</td>
</tr>
<tr>
<td>( ) Physical health______________</td>
</tr>
<tr>
<td>( ) Contact with perpetrator</td>
</tr>
<tr>
<td>Child 2 – Name:</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Is child with client?</td>
</tr>
<tr>
<td>If no, where is child:</td>
</tr>
<tr>
<td>Are there current parenting orders?</td>
</tr>
<tr>
<td>Details:</td>
</tr>
<tr>
<td>Are there any current concerns for the child:</td>
</tr>
<tr>
<td>( ) Mental health</td>
</tr>
<tr>
<td>( ) Physical health</td>
</tr>
<tr>
<td>( ) Contact with perpetrator</td>
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<tr>
<td>( ) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 3 – Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is child with client?</td>
<td>Y/N</td>
</tr>
<tr>
<td>If no, where is child:</td>
<td></td>
</tr>
<tr>
<td>Are there current parenting orders?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Details:</td>
<td></td>
</tr>
<tr>
<td>Are there any current concerns for the child:</td>
<td></td>
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<tr>
<td>( ) Mental health</td>
<td></td>
</tr>
<tr>
<td>( ) Physical health</td>
<td></td>
</tr>
<tr>
<td>( ) Contact with perpetrator</td>
<td></td>
</tr>
<tr>
<td>( ) Other</td>
<td></td>
</tr>
</tbody>
</table>

**Risks and service provision**

<p>| DV SAT Assessment completed prior to referral in? | Y / N |
| DV SAT Assessment completed prior to referral out? | Y / N |
| Threat level | Threat level |</p>
<table>
<thead>
<tr>
<th>( ) At threat</th>
<th>( ) At threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) At serious threat</td>
<td>( ) At serious threat</td>
</tr>
</tbody>
</table>

Client fear of partner
( ) Not afraid
( ) Afraid
( ) Terrified
( ) Unable / unwilling to answer

Client fear of partner
( ) Not afraid
( ) Afraid
( ) Terrified
( ) Unable / unwilling to answer

Any identified risk factors in regards to the client?
( ) Mental Health
( ) Drugs and/or alcohol misuse
( ) Violent behaviour
( ) Violent ex/partner
( ) Other__________________

What services are you (the SHS provider) currently offering the client (‘IN’)?
( ) Case management
( ) Accommodation
( ) Home visiting
( ) Counselling
( ) Other__________________

What services did you (the LINKER Service) provide the client (‘OUT’)?
( ) regular telephone calls
( ) grounding exercises
( ) service & other information
( ) early planning of next steps
( ) practical support
( ) Other __________________

Are there other support services currently working with the client?

At the time you are making the referral to the LINKER Service, how would you describe the clients presentation (IN)?
( ) Anxious
( ) Contemplating returning

At the time you are making the referral back to a SHS service, how would you describe the client’s presentation (OUT)?
( ) Anxious
( ) Contemplating returning
( ) Flat affect
( ) Depressed
( ) Stable
( ) Other__________________

What are your (SHS) expectations of the LINKER Service? Do you require specific information reported back? What follow up action do you require? List below in priority order ...

(1) .............................................
(2) .............................................
(3) .............................................

What is the length of duration required? E.g. two weekends, one night only, ongoing nightly etc.

(1) .............................................
(2) .............................................
(3) .............................................

Have you (LINKER Service) satisfied in your opinion the expectations of the SHS?

(1) .............................................
(2) .............................................
(3) .............................................

Name of worker:

Name of worker:

Signature:

Signature:
Appendix B: SHS Client feedback questions

SHS workers to ask the following questions of their clients at the conclusion of their first consultation following handover from LINKER.

Please rate in a scale from ‘strongly disagree’ to ‘strongly agree’ your response to the following questions:

a. Whilst the SHS was closed, did you feel supported by the LINKER support worker?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

b. Did you feel safe during this period?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

c. Did having the LINKER support worker to talk to help you feel less isolated?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

d. Did talking to the LINKER support worker make you feel less anxious?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

e. Did the LINKER support worker provide you with information as to what would happen during this time and after you are contacted again by the housing service?

[ ] Yes
[ ] No

f. Did the LINKER support worker suggest other support services or options that you might find useful apart from the housing service?

[ ] Yes
[ ] No
Appendix C: Survey of SHS Consortium members

Western NSW Domestic Violence LINKER Service survey
Specialist Homelessness Service (SHS) Staff

To be administered every three months over the 12-month evaluation period (that is every quarter). To be administered online via Survey Monkey to all SHS domestic violence staff from LINKER Service partner organisations.

**INTRODUCTION**

You are being asked to complete this survey as part of the evaluation of the Western NSW Domestic Violence LINKER Service. This survey will take up to about 10 minutes for most people to complete. You will be asked to complete this survey four times in the first year of the LINKER Service. Your responses are completely anonymous and will only be used for the purposes of this internal evaluation. You will not be personally identifiable. The information from this evaluation will be used to inform the ongoing improvement of Western NSW domestic violence services. We thank you for your contribution.

1. Have you heard of the LINKER Service?
   - No (skip to end)
   - YES...

2. Describe the main purpose of the LINKER Service (in 30 words or less).
   - ………………………………………………………………………………………………………
   - ………………………………………………………………………………………………………

3. Have you made a referral to the LINKER Service during this last three months?
   - No (skip to end)
   - Yes

   How many times have you referred a client to the LINKER Service (note the number of times you have made a referral, not the number of clients as you may have referred one client multiple times)? ……………………………
   - ………………………………………………………………………………………………………

---

<table>
<thead>
<tr>
<th>1. Have you heard of the LINKER Service?</th>
<th>No (skip to end)</th>
<th>YES...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which SHS provider are you involved with? (tick more than one if applicable)</td>
<td>Mission Australia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barnados Australia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orana Support Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centacare Wilcannia Forbes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orange Local Aboriginal Lands Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing Plus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Describe the main purpose of the LINKER Service (in 30 words or less).</th>
</tr>
</thead>
<tbody>
<tr>
<td>………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Have you made a referral to the LINKER Service during this last three months?</th>
<th>No (skip to end)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times have you referred a client to the LINKER Service (note the number of times you have made a referral, not the number of clients as you may have referred one client multiple times)? ……………………………</td>
<td></td>
<td></td>
</tr>
<tr>
<td>………………………………………………………………………………………………………</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Have you experienced a ‘handover’ with a LINKER worker (where the LINKER worker has supported a client who is then ‘handed over’ to your service)?

<table>
<thead>
<tr>
<th><strong>No (skip ahead)</strong></th>
<th><strong>Yes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How many times have you experienced a ‘handover’ with a LINKER worker? <em>(note the number of times you have had a handover, not the number of clients as you may have had a handover for one client multiple times)</em></td>
</tr>
</tbody>
</table>

Reflecting on the average client that LINKER has handed over, how helpful was the information from the LINKER worker for you in providing further support to the client? *(circle the relevant box)*

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhelpful</td>
<td>Very helpful</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What could be done to improve the handover process with the LINKER Service?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

5. To what extent were clients who had been supported by a LINKER worker informed about the services and resources available to them? *(circle the relevant box)*

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not informed</td>
<td>Very informed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What could be done better by the LINKER Service to inform clients about the services and resources available to them?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

6. Do you think the LINKER Service assisted in reducing clients’ fear and/or stress? *(circle the relevant box)*

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not assist at all</td>
<td>Assisted a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What could the LINKER Service do better or differently to assist in reducing clients’ fear and stress?

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you think the LINKER Services assisted clients to make more informed decisions about staying safe and not leaving temporary accommodation ‘too early’?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

What could the LINKER Service do better or differently to assist in supporting clients to stay in temporary accommodation?

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

7. Overall, to what extent has the service to clients improved as a result of the LINKER Service? (circle the relevant box)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

In what ways has the LINKER Service improved the capacity of SHS providers in supporting clients?

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

In what ways has the LINKER Service been challenging?

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

8. Do you think that partnerships within the consortium members has strengthened through establishment and use of the LINKER Service?

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

9. Any other relevant comments.

<table>
<thead>
<tr>
<th>Not improved at all</th>
<th>Improved a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>