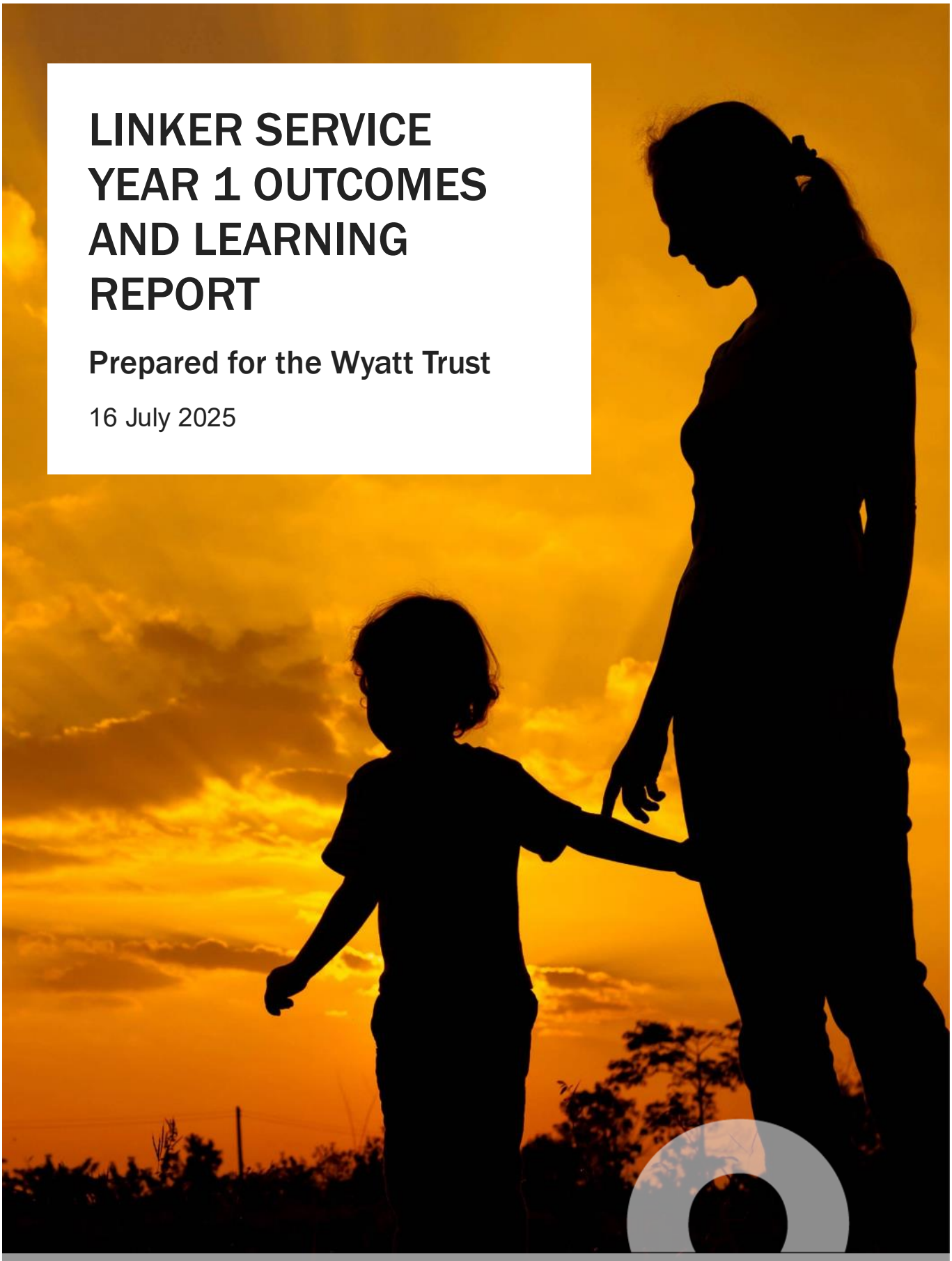
LINKER SERVICE YEAR 1 OUTCOMES AND LEARNING REPORT

Prepared for the Wyatt Trust

16 July 2025



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Disclaimer

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Dictionary

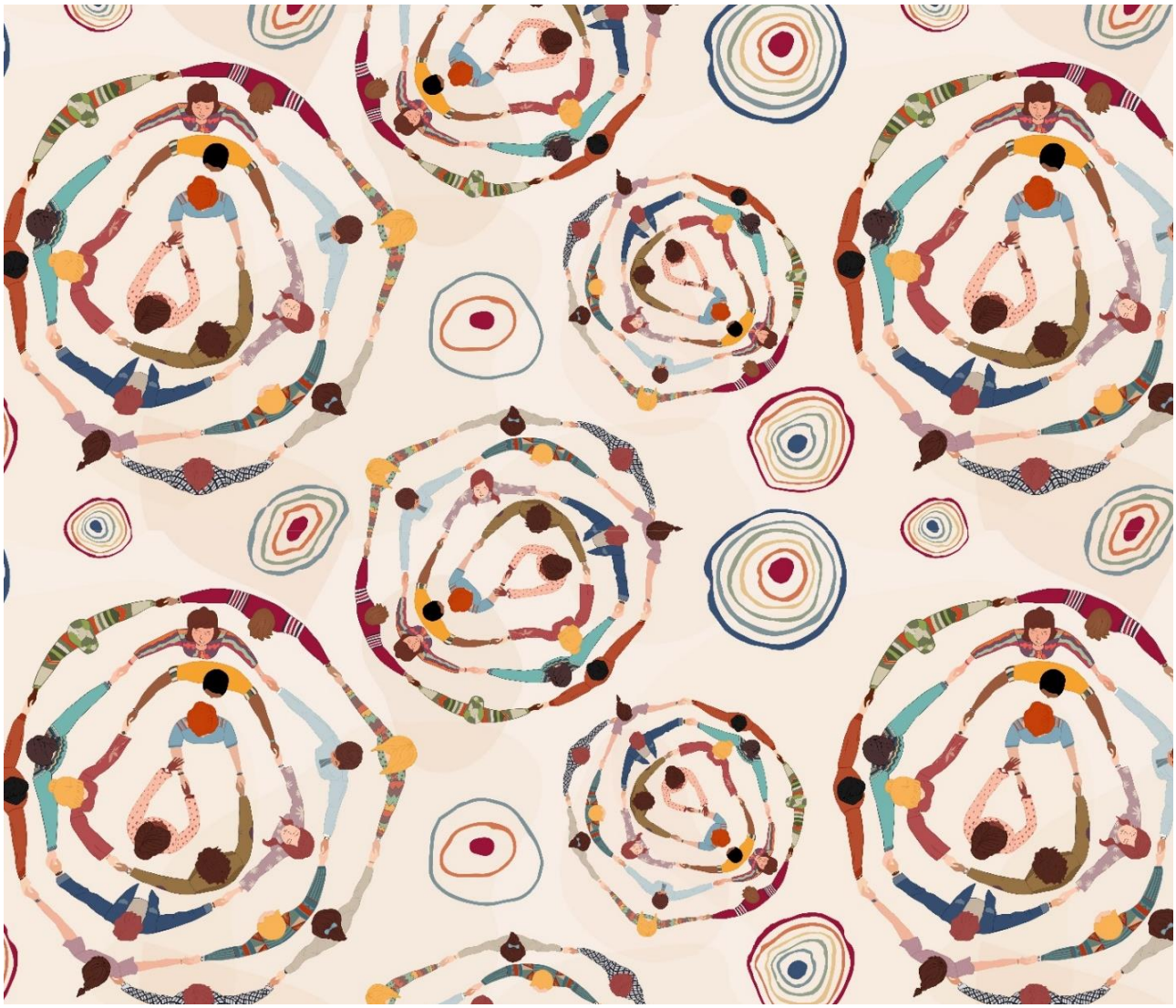
Acronyms	Description
CALD	Culturally and Linguistically Diverse
COP	Community of Practice
EAP	Employee Assistance Program
KWY	Kornar Winmil Yunti Aboriginal Corporation
MEL	Monitoring Evaluation and Learning
SA	South Australia
UCWB	UnitingCare Wesley Bowden

Acknowledgements

We acknowledge the Traditional Custodians of the unceded lands on which the Linker Service is delivered. These are the Kaurna peoples of the Adelaide Plains, the Boandik peoples in Berrin (Mount Gambier) and the Barngala people of the Port Augusta region, and Adnyamathanha and Kuyani peoples of the Northern Line. We pay our respects to Elders past and present and recognise emerging leaders.

This evaluation reflects the contributions and collaboration of many, and we thank all those who made it possible. We extend our sincere thanks to the people with lived and living experience of financial hardship who generously contributed to this evaluation. Their reflections, insights, and feedback have been critical in helping us understand the intent, experience, and early impacts of the Linker Service. We are especially grateful for the openness with which they shared their stories.

We also acknowledge the invaluable role of the Linkers and Partner Organisations, ac.care, Centacare Catholic Country SA, Kornar Winmil Yunti Aboriginal Corporation, UnitingCare Wesley Bowden, and the Zahra Foundation. Finally, we acknowledge and thank the Wyatt Trust for funding and partnering in this important work.



YEAR 1 OUTCOMES AND LEARNING REPORT

Linker Service

In 2022, the Wyatt Trust and a group of co-design facilitators undertook extensive consultation with older women and single parents, which highlighted the need for a new, tailored support service. This work led to a collaborative design process throughout 2023 involving Wyatt, five Partner Organisations, and lived experience experts. Together, they co-designed and prototyped what became the **Linker Service**.

The Linker Service is grounded in a vision for sole parents, carers, and women over 50 experiencing financial hardship to not just survive but thrive. Central to the model is the Linker, a trusted worker who walks alongside clients to offer personalised, practical support based on their goals and needs.

Service delivery commenced in July 2024, with funding committed through to June 2029. In its first year, we have engaged a total of 129 clients and they match the target cohorts we identified in the Linker Service model. Of the 129 clients in the Linker Service, 31 clients are regionally based, 16 of whom worked with our Linker in Port Augusta and the Northern Line and 15 of whom have worked with our Linker in Mount Gambier.

> *This report is created by Clear Horizon assessing the impact and learnings from the first year of the Linker Service. The findings shared in this report are the result of the efforts of the Linker Network, including their ongoing learning, reflection and sensemaking. Therefore, these findings and associated recommendations are written in the collective voice of the Linker Network.*

In our first year we worked with...

129 clients

of these clients...

61 are women over 50 years old

62 are carers or single parents

44% are Aboriginal (n=57)

10% are from a CALD community (n=13)

Our clients are located in...

- Metropolitan Adelaide
- Port Augusta
- Beltana
- Copley
- Marree
- Mount Gambier

We are committed to practising our principles

Here is how we self-assessed against our principles rubric.

We centre lived experience in our work.	We are holistic in our practice and walk alongside our clients.	We prioritise the wellbeing and safety of our clients and Linkers.	We advocate for human rights and social justice through our work.	We are committed to the cultural safety and security of our clients and Linkers.
GOOD	GOOD	*Clients* GOOD *Linkers* JUST OK	GOOD	GOOD

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MEL Questions

Impact

To what extent are we making a difference for clients and the Linker Network as a result of our work?

Process

Did we achieve what we set out to do in our first year of delivering the Linker Service?

Learnings

What are we learning from our work?

Key findings

We are delivering the Linker Service as intended with a deep-rooted commitment to **learning and adaptation**.

We are encountering natural tensions in the application of our **principles**.

Networked approaches like ours require significant investment in operational and role clarity.

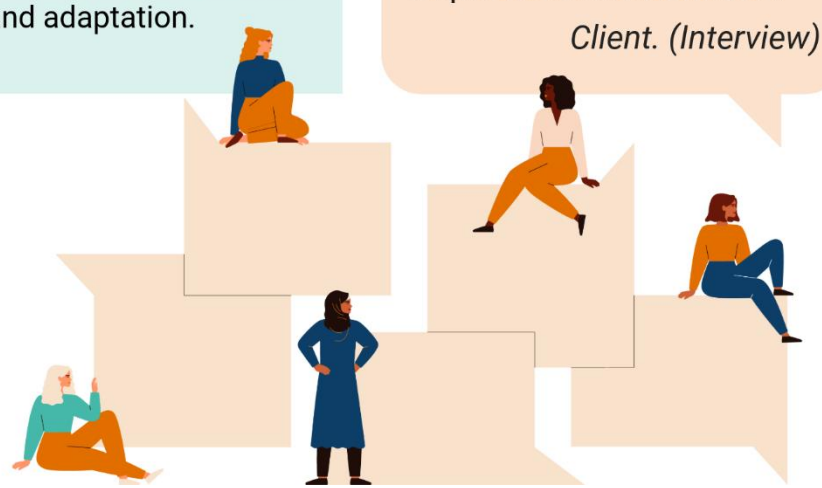
Getting better at **telling our story** is crucial to building shared alignment within our Network as well as promoting what works to the broader community support system.

Recommendations

1. Incorporate mechanisms to **monitor Linker wellbeing,** including regular wellbeing checks and anonymous data collection mechanisms.
2. Develop a **service blueprint and indicative service model** for the Linker Service.
3. Explore how best to **structure crosscutting roles in the Network**, such as the coordinator role and the Intake Officer role, to create clearer lines of accountability across the Linker Network.
4. Develop a **Theory of Change** to support knowing how and when to weave (new or) existing data to tell the story of the Linker Service.
5. Continue to invest in **growing our MEL capability** to help us tell our story and codify changes to our service model at the same pace as our learning and adaptation.

> "This has been a stepping stone to my healing journey, another step in the right direction. It's had an amazing impact. My worker has been really engaging".
>
> *Client. (Interview)*

> "I think just the fact that I can say what I need to say without fear of being judged or anything, and I believe my requests are reasonable".
>
> *Client. (Interview)*



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INTRODUCTION

This document is the Year 1 Outcomes and Learning Report developed by Clear Horizon that assesses impact and learnings against the activities undertaken during the first year of the Linker Service.

About the Linker Service

In 2022, the Wyatt Trust and a group of co-design facilitators undertook extensive consultation with older women and single parents, which highlighted the need for a new, tailored support service. This work led to a collaborative design process throughout 2023 involving Wyatt, five Partner Organisations, and lived experience experts. Together, they co-designed and prototyped what became the Linker Service, a person-centred initiative designed to support individuals holistically as they navigate complex systems and services.

The Linker Service is grounded in a vision for sole parents, carers, and women over 50 experiencing financial hardship to not just survive but thrive. Central to the model is the Linker, a trusted worker who walks alongside clients to offer personalised, practical support based on their goals and needs. The delivery of the Linker Service is guided by **five overarching principles**. These are:

- **We centre lived experience in our work.**
- **We prioritise the wellbeing and safety of our clients and Linkers.**
- **We are committed to the cultural safety and security of our clients and Linkers.**
- **We are holistic in our practice and walk alongside our clients.**
- **We advocate for human rights and social justice through our work.**

Service delivery commenced in July 2024, with funding committed through to June 2029. In its first year, the Linker Service reached a total of **129 clients** across Adelaide, Port Augusta, Beltana, Copley, Marree and Mount Gambier.

About the Linker Service's Year 1 MEL

This Outcomes and Learning Report is guided by the Linker Service's Year 1 Measurement, Evaluation and Learning (MEL) Plan.

The MEL Plan outlines how the Linker Service will generate insights to support ongoing service improvement and adaptation. It focuses on understanding whether the service is creating positive change for clients and the Linker Network, and how learnings from the first year can inform future delivery.

Covering the period from July 2024 to June 2025, the MEL Plan evaluates outcomes, implementation processes, and emerging insights. It does not assess the earlier co-design phase or compare the Linker Service to other programs. Instead, it adopts a culturally safe, trauma-informed, and strengths-based approach, with strong involvement from the Linker Network and people with lived experience.

METHODOLOGY

The questions and methodology guiding Year 1 of the Linker Service's MEL were developed through a half day workshop and series of online consultations with the Linker Network and lived experience experts.

The key questions we address in this Outcomes and Learning Report are:

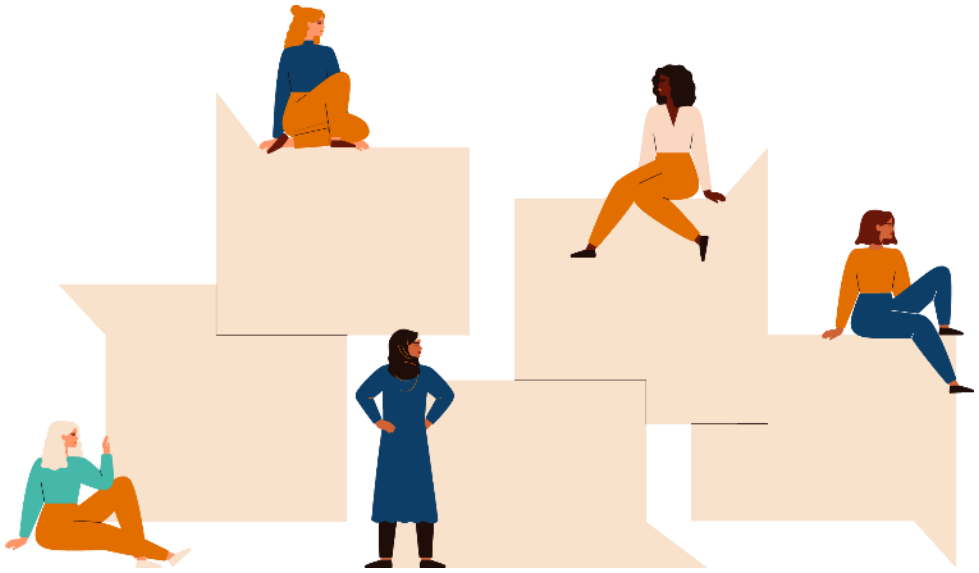
- To what extent are we making a difference for clients and the Linker Network as a result of our work? (**Impact**)
- Did we achieve what we set out to do in our first year of delivering the Linker Service? (**Process**)
- What are we learning from our work? (**Learnings**)

The MEL activities drew on a mixed-methods approach, analysing qualitative and quantitative data to develop evaluation findings. It incorporated data already collected by Wyatt and Partner Organisations, as well as new qualitative data captured through semi-structured interviews with clients and the Linker Network.

From April to June 2025, the evaluators undertook 14 interviews with the Linker Network and analysed data from: a further 11 client interviews; four client responses to the Client Feedback Opportunity; entries from an adaptation tracker, impact log and learning log; administrative data for 129 clients and 6 Linkers; as well as six partnership health assessment responses.

Preliminary evaluation findings were tested with the Linker Network and lived experience experts at a full day reflection workshop on Thursday 5 June 2025. This workshop was used to co-develop recommendations to inform the future delivery of the Linker Service as well as the implementation of ongoing MEL activities.

Refer to Appendix 1 for more details about the MEL questions, methods and limitations that underpin the development of this Outcomes and Learning Report.



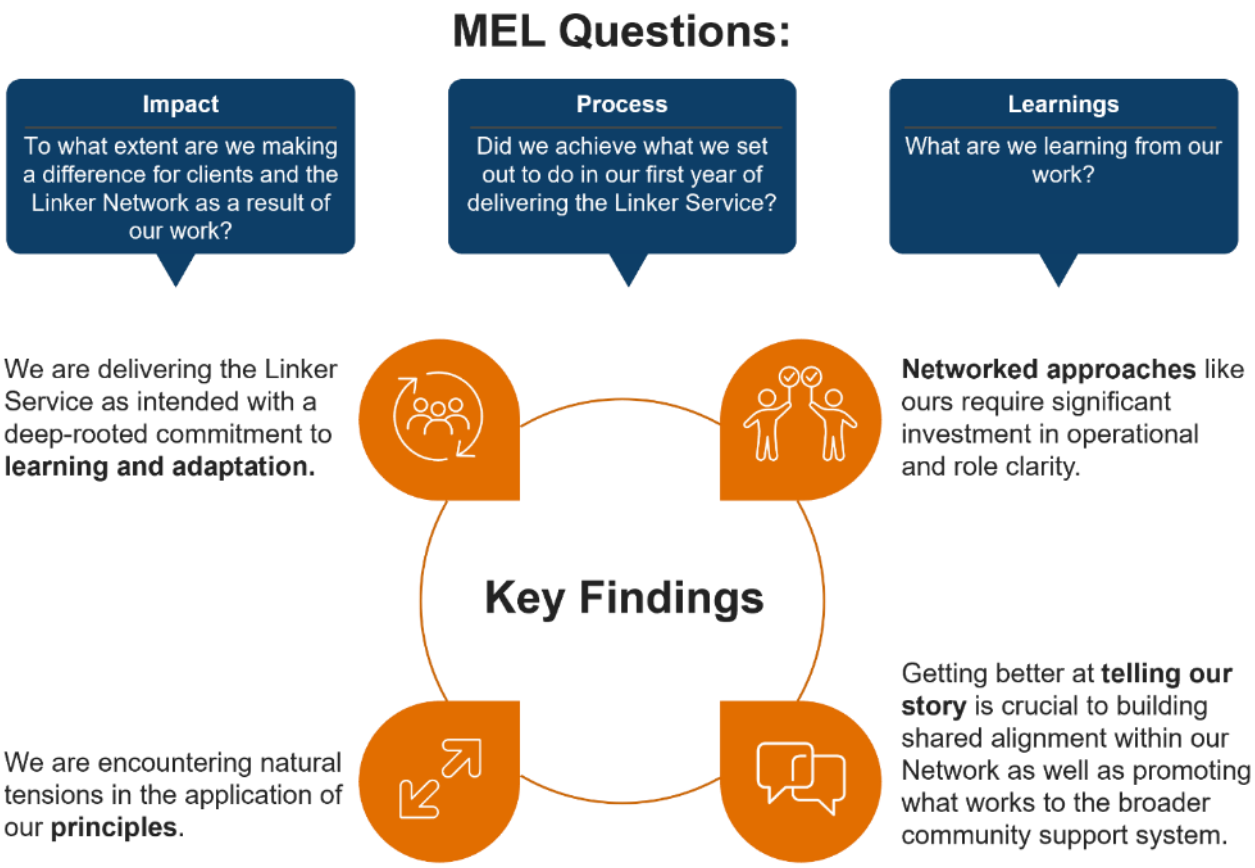
KEY FINDINGS

The findings in our Outcomes and Learning Report have been organised into four overarching themes, framed as follows:

- We are delivering the Linker Service as intended with a deep-rooted commitment to **learning and adaptation.**
- We are encountering natural tensions in the application of our **principles.**
- **Networked approaches** like ours require significant investment in operational and role clarity.
- Getting better at **telling our story** is crucial to building shared alignment within our Network as well as promoting what works to the broader community support system.

These themes have been compiled using findings against multiple MEL questions and sub-questions. Each of the four themes and their associated MEL questions are outlined in this section.

The findings shared in this section are the result of the efforts of the Linker Network, including their ongoing learning, reflection and sensemaking. Therefore, these findings and recommendations, as well as the conclusion that follows, are written in the collective voice of the Linker Network.



We are delivering the Linker Service as intended with a deep-rooted commitment to learning and adaptation

Associated MEL questions: **Impact** (1.1) and **Process** (2.1, 2.4 and 2.5)

We are delivering the Linker Service as we intended

Having developed the Linker Service through a carefully considered co-design process, the delivery of our service is tied to a clear mandate that is documented in our Linker Service model. In our first year of delivering the Linker Service, we feel confident that we have delivered the service as intended in our Linker Service model.

Linker Service Delivery			
In our first year, we worked with…	**Of these clients…**		**Our clients are located in…**
129 clients 	**61** are women over 50 years old	**44%** are Aboriginal (n=57)	• Metropolitan Adelaide • Port Augusta • Beltana • Copley • Marree • Mount Gambier
	62 are carers or single parents	**10%** are from a CALD community (n=13)	

We have engaged a total of **129 clients** and they match the target cohorts we identified in the Linker Service model. 61 of these clients identify as women over 50 years old and 62 identify as a carer or single parent. The clients working with us are diverse in their backgrounds: 44% (n=57) identified as Aboriginal and 10% (n=13) as coming from a culturally and linguistically diverse (CALD) community.

As per the Linker Service model, we are working with clients in metropolitan Adelaide, Port Augusta, Beltana, Copley, Marree and Mount Gambier. Of the 129 clients in the Linker Service, 31 clients are regionally based; 16 of whom worked with our Linker in Port Augusta and the Northern Line, and 15 of whom have worked with our Linker in Mount Gambier.

Importantly, we feel confident that our delivery of the Linker Service is aligned with the five principles intended to guide the delivery of our work. At our Reflection Workshop on 7 June, we used our MEL findings and a rubric to assess our adherence to our principles. This exercise showed us that we self-assess as practising good adherence to our principles (see Table 1).

Table 1. Self-assessment against principles rubric

Principle	Excellent	Good	Just ok	Not ok	Harmful
We centre lived experience in our work.		☑			
We prioritise the wellbeing and safety of our clients and Linkers.		☑ *Clients*	☑ *Linkers*[1]		
We are committed to the cultural safety and security of our clients and Linkers.		☑			
We are holistic in our practice and walk alongside our clients.		☑			
We advocate for human rights and social justice through our work.		☑			

Our clients are telling us that they are positively impacted by our work

The majority of the clients we heard from are satisfied with the support they have received from the Linker Service. Clients noted the respectful and deeply personal relationships fostered by our Linkers, stating that they were treated as equals and individuals rather than recipients of a service.

> *"I really appreciate the support Linker Service provided when I was at a crisis. At a time when I was going through a hard time moving a house, I felt overwhelmed and unsure where to turn for help. The Linker Service stepped in and offered not just practical support, but genuine care."*
>
> *Client. (Client feedback opportunity)*

Our clients are already telling us that they have experienced positive change as a result of our work. All the clients who participated in our interviews (n=11) described at least one positive change as a result of our work. These positive sentiments were echoed in three of the four responses to our Client Feedback Opportunity. While these findings cannot be considered representative of our total client base (representing 15 data points from a pool of 129 clients), it is an encouraging start to our journey.

> *"My family is healing. My relationships are exquisite. My business has a future. My family has a future. I have hope. And for the first time in my 54 years, I have genuine help."*
>
> *Client. (Impact log* entry*)*

Through our impact log entries and client interviews we can establish that we have contributed to a number of the desired positive changes we identified for clients in our MEL Planning Workshop.

Clients shared examples of **improved social and economic wellbeing** such as improved relationships, a reduction in depressive symptoms and emotional stress or overwhelm as a result of financial hardship.

[1] See *We are encountering natural tensions in the application of our principles* (page 9) for more information regarding this rating.

They shared stories of increased confidence, improved relationships, and a greater openness to social connection, telling us that these changes were due to their Linkers' supportive, strengths-based approach that helped them to build trust in others and increase their capacity for self-reflection.

> *"When [the Linker] came into my life, I was quite a bubbling mess. Didn't know how to cope with the situation. I think today I sit here a lot stronger person knowing how to deal with it all."*
>
> *Client. (Interview)*

Clients also shared examples of improved **social capital**, including an impact log entry about a client making connections through the support of their Linker, which has now helped them establish their own business. In their interviews, three clients also told us that their Linker's support helped them reconnect with themselves and their communities, leading to increased social participation and anticipation for future connection.

> *"Being more confident helped with my integrating into community more… I'm actually starting to enjoy meeting people now, and people respond to me quite pleasantly."*
>
> *Client. (Interview)*

Finally, nine clients also shared stories of **achieving personal goals**, including securing housing, accessing financial and material support, and progressing towards creative or business aspirations.

We also contributed to positive changes that we had not explicitly considered at the time of our MEL Planning Workshop. These were **increased financial security** and **improved physical health** for clients. Increased financial security and improved physical health can be considered important stepping stones to the aforementioned positive changes we aspire for our clients and are therefore helpful indicators of positive progress for clients.

Impact log entries described how clients experienced **increased financial security** by being able to set aside savings for their children or purchase furniture and appliances as a result of accessing brokerage fundings or referrals to financial services. Notable examples were ones in which our Linkers advocated on behalf of clients, resulting in major financial savings. In one such instance a Linker advocated for their client, resulting in an incorrect debt of over $5,000 removed from their electricity bill and the client receiving $200 credit to their electricity account.

Instances of improved physical health were largely tied to the ability to access brokerage funding to purchase cooking appliances or cover medical expenses. For example, in their feedback opportunity, one client stated that they were supported to access major dental treatment for a root canal as well as get a pair of glasses as a result of the Linker Service, which paid for the gap for the glasses and fees to access private dental services. The dental issues had result in significant facial swelling and discomfort.

Clients stated satisfaction with the Linker Service as well as their self-declared achievement of outcomes is a promising indication for the suitability of our Linker Service model to meeting clients' needs.

We are actively working on improving our process and practices in response to the feedback we receive

Although we are delivering the Linker Service as intended, we are adapting along the way, largely in response to client feedback. Of the 35 adaptations entered in our adaptation tracker, 22 adaptations related to process improvements and 17 adaptations (some of which were also process improvements) were intended to enhance client experience by adopting client-centric approaches. These adaptations were in response to client need and included the development of a client feedback mechanism as well as a waitlisting and triage system, following approval from the lived experience participants who co-designed the Linker Service.

> *"When we started, according to the co design, we were not meant to have a waitlist or triage for intake. How it was designed is that, if we have too many clients, then we do two one-hour support session with the client. When the client base started growing then we had to do a lot of support sessions. We decided to go back to lived experience and see if there was an option of putting in a waitlist or triage system in place because we could see that we needed to have a system to accommodate a growth in requests. In December, we engaged lived experience who initially co-designed the process of intake and discussed the scenario. They concluded that yes, we can implement the waitlist and a triage process."*
>
> *Linker Network member. (Vignette adapted from interview)*

When two clients shared instances of their emotional wellbeing having been negatively impacted by the Linker Service, we actively addressed this feedback by creating new practice and process guidance. In the first instance, a client shared that having to repeat their story to a new Linker, as well as postponed appointments, resulted in emotional distress. In the second instance, a client felt that the Linker had not provided them with choice and control when it came to the end of their service.

> *"I didn't choose but only was told; and I felt the power imbalance".*
>
> *Client. (Impact log entry)*

Both instances of negative impact are tied to practice or process shortcomings in our initial implementation of the Linker Service model. The first related to our Linker handover process and the second to how we share information with clients pausing or concluding their service. As a result of this feedback, we have now designed information and thank you cards for clients pausing or concluding the Service to improve clarity and extend appreciation. We have also developed templates to be used in Linker handover as well as when clients transition out of the service.

We value the nature of the Linker Service model and its co-design origin story for enabling our ability to adapt

We attribute this ability to deliver a pre-design service model while remaining adaptive and responsive to the culture and capabilities we cultivated in the development of the Linker Service model. In our interviews, we credited the legacy of the Linker Service's co-design process for our ability to adapt. Rather than seeing adaptations as a departure from our Linker Service model, we feel they are a

necessary and intentional feature of it. We also credited the iterative process of co-design and prototyping for having instilled this flexibility and openness to learning in our service delivery.

> *"[As we are] translating the prototype into the practice, we need to see how that works, and we need to make changes to be able to translate it as closely as possible."*
>
> *Linker Network member. (Interview)*

> *"Co-design has taught us to like being in the grey – learning through doing. That's what we're all doing because we all come from different background and have our own expertise."*
>
> *Linker Network member. (Interview)*

This commitment to learning and adaptation is translating into positive impact within and for the Linker Network

In our interviews, we described how the first year of the Linker Service has also contributed to some positive changes that we identified for ourselves at our MEL Planning Workshop earlier in the year. Our interviews celebrated how we **share knowledge within the Linker Network**, with examples of how our Linkers draw strength and practical solutions from one another and have cultivated a shared sense of responsibility for supporting both clients and colleagues alike. When one Linker is unable to assist, other Linkers are willing to step in and ensure the continuity of support for clients. This culture of mutual support and open communication was seen as a defining strength of the network.

> *"We are very supportive of each other. That means that in case we need information, or we need help from each other, we can approach a person and you will freely get that information without any barriers."*
>
> *Linker. (Interview)*

In addition to our internal knowledge sharing, we are also being invited to **share our learnings with the broader community support system**. In our first year, we shared learnings with the South Australian (SA) Department of Human Services, the Ombudsman and RentRight. In doing so, we were able to better connect into the service system relationships resulting in stronger connections, increased opportunity for collaboration and the increased likelihood of support for Linker Service clients.

☀

While the invitation to share our learnings and connect into the broader community support system is a promising indication of systemic influence, it is too early to assess the extent to which we are influencing the knowledge, mindsets and practices of others. Given our early indications of systemic influence in our first year of operations, the MEL activities in our second year should include a more concerted effort to measure for systemic influence.

We are encountering natural tensions in the application of our principles

Associated MEL questions: Impact (1.2), **Process** (2.1,2.2,2.4) and **Learnings** (3.1, 3.2 and 3.3)

We are committed to practising our principles

Our commitment to our principles is reflected in the adaptations we are making to our service delivery. Of the 35 entries in the adaptation tracker, 24 adaptations were explicitly linked to Linker Service principles, nine of which mapped to two principles and one that mapped to three (see Table 2). The most frequently observed principle was that *we prioritise the wellbeing and safety of our clients and Linkers* and the most commonly overlapping principles were *we prioritise the wellbeing and safety of our clients and Linkers* and *we are holistic in our practice and walk alongside our clients*.

Table 2. Mapping our principles to our adaptations

Principle	Number	Examples
We are holistic in our practice and walk alongside our clients.	5	Providing specialist resources, introducing flexibility to the Linker Service model and using networked approaches to support clients who are temporarily relocating to within South Australia.
We prioritise the wellbeing and safety of our clients and Linkers.	18	Adapting tools to remove triggering language and increase their accessibility for clients. Including a formal structure for alternating Community of Practice meetings to ensure Linkers have a platform to reflect on their practice and support one another.
We centre lived experience in our work.	7	Including lived experience experts in the orientation of new Linker staff and the development of regular and formal systems for client feedback.
We are committed to the cultural safety and security of our clients and Linkers.	3	Being responsive to Linkers' capacity building needs and training gaps, as well as the development of a Cultural Framework to address considerations around how to best engage with, and collect data from, Aboriginal and Torres Strait Islander people.
We advocate for human rights and social justice through our work.	1	Easing eligibility criteria in recognition of the systemic injustices faced by people, allowing for clients who will become carers to engage in the Linker Service.

The alignment between our principles and our adaptations tells us a lot about how we put our principles into practice and "walk the talk".

Our commitment to our principles was also echoed in our interviews with clients. They shared that the Linker Service adopts a whole-of-person approach that supports multiple aspects of their lives, rather than focusing on a single issue. This approach has helped them build confidence and reduce stigma

around asking for help. Clients also described how their Linkers prioritised their wellbeing and safety, creating a space that felt safe, healing, and free of judgment.

> *"This has been a stepping stone to my healing journey, another step in the right direction. It's had an amazing impact. My worker has been really engaging".*
>
> *Client. (Interview)*

> *"I think just the fact that I can say what I need to say without fear of being judged or anything, and I believe my requests are reasonable."*
>
> *Client. (Interview)*

This commitment to our principles has resulted in us introducing more flexibility to the Linker Service model

Through our interviews with clients, we heard that the flexibility of the Linker Service model is a feature of the Linker Service that is already well received by clients. Clients shared their appreciation of the flexible and tailored support they received, especially the lack of a predetermined timeframe for engaging with the Linker Service.

> *"They don't bring you in and then kick you out."*
>
> *Client. (Interview)*

In our own interviews, we identified the flexibility of the Linker Service as something that works well, especially the absence of a set end time for client support and the availability of brokerage as a backup when other services are unavailable.

> *"First of all, we're hearing quite a sigh of relief (from clients) when we disclosed to them that there's no timeline, we can work with them as long as they want. It resonates with what lived experience told us"*
>
> *Linker. (Interview)*

The flexibility of our brokerage funding has also meant that we are able to offer access to niche services that might be better suited to meeting clients' needs. Examples included the ability to refer clients to niche therapies such as sexology for a client who experienced sexual abuse and equine therapy for another client.

Where we encountered an opportunity to show a deeper commitment to our values, we have increased the flexibility of our service model. For example, one of our adaptations to the model was easing the eligibility restrictions for entry into the Linker Service. The decision was made to transition from stricter eligibility to working with clients that are working towards being a carer. We grounded this decision in our commitment to human rights and social justice.

"By keeping eligibility broad, we follow our principles and values of working in a responsive, strengths-based, client-centred way, aligned with the human rights and rights of the child principles. We acknowledge the resilience and capacity of our clients to effect change to achieve their goals and live meaningfully. This approach also acknowledges that poverty is systemic and that an individual finds themselves needing support due to systemic injustices."

Linker. (Impact log entry)

In our first year, we supported a total of six clients that did not match our pre-determined target cohorts and therefore would have previously been considered ineligible for the Linker Service.

☀

Although flexibility is an intentional feature of the Linker Service, we have continued to learn about the extent of adaptability and responsiveness required to work in this way with clients. The entries in our learning log can be synthesised into four key learnings, three of which reaffirm the significance of continuing to invest in flexibility and customisation within the Linker Service model:

- A client's sense of ownership of a solution determines their experience of the Linker Service/broader community support system. This means that clients accepting support can take time, requiring us to be able to hold that time and space in our relationships and ways of working.
- Clients value holistic and non-traditional supports, such as sitting across from them at a café or using scenarios to practice self-advocacy.
- Pre-existing trauma will influence the lens through which clients experience the Linker Service, resulting in instances of relationship ruptures when Linkers inadvertently use triggering language. Therefore, we need to be trauma aware and trauma responsive in how we work with our clients. Building trusting and safe relationships is also a core foundation of our work and enables us to work deeper and authentically with clients in their trauma journey.

There is some tension in negotiating our client-oriented principles and our Linker-oriented principles

Although we feel confident about our commitment to our principles, the first year of the Linker Service surfaced some challenges in applying all five principles equitably across Linkers and clients. While interviews with clients and our adaptation tracker evidence our efforts to respond to clients, some of us felt that there was more we can do to prioritise the wellbeing and safety of our Linkers. We expressed concern about the emotional wellbeing of Linkers undertaking this work with a suggestion to introduce regular check-ins through Employee Assistance Programs (EAP).

"I will say openly I'm observing even some burnout in the other Linkers right now... This is a very new program. I think there also needs to be probably mandatory EAP check-ins. Maybe Linkers need to do that every three months and that's part of your process of being a Linker."

Linker. (Interview)

In our first year, a significant challenge we experienced was navigating Linker workloads while meeting client expectations. In our interviews, we described difficulties managing client expectations especially for clients who co-designed the Linker Service. We found that some clients have fixed views about how the Linker Service should operate, making it difficult to navigate changed boundaries or unmet expectations.

> *"I've found when I've worked with some of the clients that designed the program, they are a lot more judgmental… There was a lot of anger because it wasn't done the way that they expected it to be rolled out. So, there's that disappointment."*
>
> *Linker. (Interview)*

We also identified that, while the flexibility of the Linker Service is greatly appreciated by clients and aligns with our client-oriented approach, this flexibility can create an uncertainty about Linker workloads. For example, we are encountering a challenge when managing client cases without closing them. This flexibility has implications for accommodating new clients because paused clients may return recommence the Linker Service at any time, overwhelming Linker workloads and affecting scheduling.

> *"I've had 30 or 35 open clients out of which I'm actively working with only 13. So I have 17 people who in four weeks or five weeks could need some help or go away and become quite dormant."*
>
> *Linker. (Interview)*

This tension between managing Linker wellbeing and delivering a client-centric service is palpable to some clients. For example, one client described their distress when their Linker kept needing to postpone their appointments, while another discussed how their Linker may be delayed in responding to them due to workload.

> *"I think my Linker's got 12 [clients], so sometimes they don't always have the time to get back to you when you want some information… when they spend with you, they only have an hour and they've got to go back to whatever."*
>
> *Client. (Interview)*

In the first year of the Linker Service, we have experienced a turnover of two Linkers. More information regarding this turnover would have enabled us to ascertain their reasons for departure, specifically whether we may be creating some negative impact for our Linkers as a result of workloads and client expectations. Assuming that this Linker turnover is not as a result of negative wellbeing, the turnover still has negative implications for clients who need to rebuild their relationships and retell their story.

There is a tension between practising our commitment to lived experience, holistic practice and client wellbeing as well as our commitment to the safety and wellbeing of our Linkers. In our first year, our learnings reaffirmed the need for time and non-traditional supports to build trust and provide holistic care. This individualised customisation of care, coupled with the flexibility of the model allowing for clients to pause and recommence as needed means that it is much harder to design structures and guidance to support Linkers to prioritise self-care.

Our fourth key learning in our learning log is that:

- Prioritising Linker wellbeing is a crucial success factor for our ability to do this work. This includes revisiting our resourcing and processes as the time taken for training, administration and travel reduces our space for client contact.

This learning affirms the sentiment that there is still more work to be done to negotiate adherence to our principles in ways that are both client-oriented and Linker-oriented.

While these findings specifically pertain to the wellbeing of our Linkers, the tension between negotiating client-centric approaches and the wellbeing of service providers may also extend to other roles in the Linker Service, such as our Intake Officer and Relationship Manager.

Recommendations

We need tools to better understand the experience of our Linkers. Tools we can use include wellbeing checks and collecting regular (anonymous) data to monitor Linker wellbeing. These tools should be scalable to other roles in the Linker Network, especially our Intake Officer and any Linker Peers who might join the Linker Service in the coming years.

We need to invest time to develop and document guidance for managing the need for flexibility and the customisation of individual supports. By understanding the experiences of our Linkers, we can begin to investigate any patterns between client needs and managing client loads. This can help us develop the guidance to scaffold practice and caseloads in the coming years.

Networked approaches like ours require significant investment in operational and role clarity

Associated MEL questions: Impact (1.3) and **Process** (2.1,2.2, 2.4)

We are building a strong and healthy Linker Network

We value the partnership health and collaboration within our Linker Network. In the Partnership Health Assessment we undertook this year, all six Partners (Wyatt Trust and the Partner Organisations) gave the Linker Network a score of 127 or above, with an average total score of 141.5 (from a maximum score of 175). **This score places the Linker Network in the highest assessment category: a partnership based on genuine collaboration has been established**. The challenge is to maintain its impetus and build on the current success.

The Partnership Health Assessment indicated that we are aligned as a network in our purpose and priorities, where the highest average scores were for Section 1 *Determining the need for the partnership* (21.8 from 25) and Section 2 Choosing partnerships was (21.7 from 25). These scores tell us that there is a shared understanding of the value of the Linker Network and high trust in the Partners engaged in the work.

In the Partnership Health Assessment, the third highest scoring category was Section 5 *Implementing collaborative action* (21.2 from 25). This score tells us that we feel positively about our work to standardise common process, invest in the partnership and create opportunities for feedback. We also agreed that the partnership adds value rather than duplication, with an average score of 4/5.

In our interviews, we celebrated the **collaborative culture** of the Linker Network, especially our regular COP meetings, peer learning opportunities, and informal brainstorming. We felt that this collaborative environment was particularly important for our Linkers who work as the only Linker within their Partner Organisation and offered a **critical source of connection, encouragement, and collective problem-solving.**

Our interviews and discussions at our Reflection Workshop on 5 June strongly reinforced our interest in building on our networked approach. One such example shared in an interview was piloting a networked approach to funding dissemination where there might be a client support budget surplus in one Partner Organisation and a need in another.

Our approach allows us to coordinate service supports amongst ourselves and within our Partner Organisations

This year, we found that the Linker Service is reducing service fragmentation and duplication within our Partner Organisations. We are also minimising the need for clients to retell their story by taking responsibility for coordinating services on their behalf. Linkers are able to coordinate seamless service provision within their Partner Organisations, creating a “single face” for clients who are engaging in multiple services.

> *"I think the other thing that's working well is that clients aren't getting passed around. If the Linker is looking after them, then she's able to access financial counselling, emergency assistance…from a client's journey perspective, they're not going from one service to another…we know it's four services. It just doesn't feel like that to them."*
>
> *Linker Network member. (Interview)*

This has resulted in improved service navigation within Partner Organisations, effectively filling an internal gap and resulting in changed referral processes within the Partner Organisation, with other programs approaching the Linker to ascertain where their clients may go to access the supports they need.

We are also undertaking internal referrals and facilitating the transfer of community support system knowledge across Linkers. A noteworthy example is when our KWY Linker stepped in to provide culturally aware support a client who had to temporarily relocate to metropolitan Adelaide from Port Augusta.

Our networked model is unique in that it allows not just a transfer of service system knowledge, referrals and improved integration across Linkers but permeates into our Partner Organisations as well. This means that the benefit of the network is twofold, allowing us to coordinate across Partner Organisations but also within them.

However, we feel that there is more work to do in achieving operational and role clarity within the Linker Network

Our interviews and Partnership Health Assessment data also suggests that there is more work to do in achieving operational and role clarity within the Linker Network. We feel that there is more we can do to improve our process which can also remove administrative burden from our Linkers.

In the Partnership Health Assessment, the shared lowest average score was within Section 3 *Making sure the partnerships work* against the statement *The roles, responsibilities and expectations of partners are clearly defined and understood* (3.2 out of 5). One Partner Organisation suggested the development of a Terms of Reference to improve clarity within the Linker Network, which was completed in April 2025. The benefits of this Terms of Reference for creating operation and role clarity are yet to be determined and should be incorporated into the focus of our MEL activities in the coming year.

The opportunity for improved role clarity was also noted in our interviews. We stated that there is a need for clearer delineation of roles within the Linker Network, as well as improved feedback mechanisms to ensure all feedback is heard and addressed. We also felt that having more clearly written processes and documentation could help articulate the different roles and relationships between the network and Partner Organisations.

> *"What's not working so well is the clear delineation and roles of the Partners …there's probably been some confusion around [the role of Wyatt], so some Linker Managers are very involved, and others are a little bit more hands off."*

Linker Network member. (Interview)

There is a lack of clarity regarding the role of the Linker Network Coordinator, as documented in the Linker Service Model, and if this is the role that is occupied by the Wyatt Trust Relationship Manager for the Linker Service. This role is described in the Linker Service Model as working closely with the Linker Network to implement and adapt the service model over time to ensure there is a sound interface between Partner Organisations and alignment to the vision, values, and practices of the Linker Service. The role, as it is described, is similar to the role of the Wyatt Trust Relationship Manager for the Linker Service. However, the role is not identified as such, and there is no documentation regarding how the two roles may align or differ. This lack of written clarification can create confusion about both the presence and the role of a coordinator for the Linker Service, as evidenced in feedback from one client:

> *"I do wonder if removing the coordinator's role so early in the [Linker Service] was a good idea… It remains my belief that the coordinator role is required for the full Wyatt-funded period of the program."*
>
> *Client. (Client feedback opportunity)*

It is unclear how the Linker Network Coordinator role differs from a coordinator role that was established during the co-design of the Linker Service.

Operational and role clarity is crucial to the success of a networked approach like ours. Without clear roles and processes, we cannot ensure that someone is stewarding shared understanding and alignment to our service model and vision across the Linker Network. This becomes a risk in the event of turnover within the Linker Network, which we experienced for two different Partner Organisations across the first year of the Linker Service.

Operational and role clarity will help to distinguish between the lines of accountability across the Linker Service and within Partner Organisations, such as who is responsible and when for Linker wellbeing, client grievances etc.

Finally, without establishing clear roles and processes for ensuring alignment and accountability to our shared agenda, it is challenging to operate in a trust-based partnership. This is because, without a clear mechanism for naming and addressing any divergence, partnership alignment conversations may come across as expressing distrust.

An implication of a lack of clarity in a networked model is the extent to which the Linker Service can be customised to context. Our MEL findings to date indicate that flexible and customised support is important to our clients. While some customisation is occurring, such as the delivery of client support on Country and in groups in Port Augusta, there is no existing documentation to guide what elements of the Linker Service model can be customised and what cannot. This is important as our findings suggest that the network can be strengthened by adopting more localised solutions to better suit our regional settings.

For example, our interviews and reflection workshop conveyed that there are many differences in the various regions the Linker Service is delivered. Whilst metropolitan Adelaide and Port Augusta cannot currently accommodate client intake through public promotion, Mount Gambier may benefit from increased promotion. Another observation was that a centralised intake process is less effective in regional settings where prospective clients may prefer to directly approach known providers. Therefore,

establishing a localised intake process coupled with targeted promotion and awareness may be better suited to a regional context than the current approach. The opportunity for a localised intake process should be tested with clients in regional settings to assess its relevance to their unique contexts, which are likely to differ from lived experience residing in metropolitan Adelaide.

This is coupled with a shared sense of administrative overburden in operations and reporting

In our interviews, some of us described time-consuming reporting for Linkers, including unclear expectations and duplicated tools (between the Linker Service and the Partner Organisations) as exacerbating the challenge of managing Linker workloads. We described "double handling" data by entering the same or similar information into different systems and suggested that there is an opportunity to streamline systems to reduce duplication and free up time for client-facing work.

> *"Some of the reporting expectations, I think, need to be looked at. Especially when there's overlap. We're filling things out that don't add value to the client journey. I think there needs to be a check on what's essential and what's duplication."*
>
> *Linker Network member. (Interview)*

Recommendations

The Linker Service would benefit from updating the Linker Service model and developing a service blueprint. A consolidated service model that integrates learnings and adaptation in our first year as well as a service blueprint will support increased operational and role clarity, providing a comprehensive overview of the minimum specifications for our work and allowing us to better understand where we can customise to context. Finally, we can use the service blueprint to map the administrative systems and reporting that sit within the Linker Service and Partner Organisations to better understand our options to streamline these different processes.

Revisiting the "coordinator" role can help us to strengthen our Linker Network. The Linker Network Coordinator was intended to ensure alignment to the vision, values, and practices of the Linker Service. As such, this role is tasked with championing accountability and creating operational clarity, providing a crosscutting function between Wyatt Trust and Partner Organisations. Our findings indicate that these responsibilities of the Linker Network Coordinator role are essential for the Linker Service. We should map the functions of this role to other roles in the Linker Network (such as the Relationship Manger role) to determine if we are able to satisfy these responsibilities within our current structure. We can also review how the coordinator role worked in the previous co-design and prototype phases of the Linker Service to see if there are any relevant tasks that would be useful in this current phase of service delivery.

Getting better at telling our story is crucial to building shared alignment within our Network as well as promoting what works to the broader community support system

Associated MEL questions: Impact (1.1, 1.2, 1.3), **Process** (2.3,2.4) and **Learning** (3.3)

We need more information to tell the story of our impact

In our first year, we learned that we are having some systemic impact, specifically through influencing the practices and mindsets of our own Partner Organisations. Most of the examples we discussed in our interviews pertained to the integration of lived experience into program design and decision making. Others included the way in which the Linker role had improved service navigation within Partner Organisations, effectively filling an internal gap and resulting in changed referral processes within the Partner Organisation.

> *"Programs will go to [the Linker] and say I've got this person, where do you think I could [refer them to]? Help us navigate with this."*
>
> *Linker Network member*. (Interview)

> *"[Partner Organisations] take the principles of what we're doing with the Linker Service and they're applying them across the board in their organisations."*
>
> *Linker Network member. (Interview)*

A second indicator of systemic impact is that, as Partner Organisations, we are learning more about each other and how we may partner beyond the Linker Service. More evidence is needed to assess if our increased understanding of one another leads to more joined up service provision or collaboration in the future.

> *"[A conversation at a Partnership meeting] made me immediately start thinking 'you've actually got a different service outside the Linker Network, we've got a different service outside the Linker Network – the two of us could really team up well together."*
>
> *Linker Network member. (Interview)*

Finally, while there are some systemic learnings pertaining to housing and peer worker roles in our learning log, more information is needed to understand the implications of these learnings for the Linker Network and the broader community support system.

The indications of systemic influence we have had in our first year of delivering the Linker Service are significant impact ripples that we should continue to follow in our second year of service delivery. By investing our effort to understand not just the impact we have for clients but the impact we are having within and across Partner Organisations, we can make a compelling case for why networked approaches are a valuable model for systemic change.

We are also missing an opportunity to leverage existing data to tell more our story

In our first year of service delivery, we can chart the evolution of our thinking from our MEL Planning Workshop to our Reflection Workshop. By comparing the desired positive changes that we identified in our workshop in September to the adaptations we have made to our Linker Service since, it is clear that our work has evolved with our learning. Unfortunately, our approach to documentation of learning and adaptations do not tell the nuanced story about the decisions that underpin our model.

For example, this year's MEL data tells us that we are yet to recruit Linker Peers while no data was provided regarding the recruitment of Community Network Volunteers. According to the Linker Service model, the Linker Peer role would walk beside clients as they navigate parts of the service system, contribute to the quality assurance of the Linker Service and contribute to the learning of the Linker Network. Community Network Volunteers could connect clients to their local community, to hobbies and interests, transport, connection to friendship groups and community groups (see Linker Service model,). As these roles were documented in the Linker Service model, the absence of these roles could be inferred as a failure to deliver the Service as intended. If this inference were true, then we should consider if the missing roles exacerbated some of the tensions regarding Linker wellbeing and workloads.

Discussion at the Reflection Workshop surfaced that Community Network Volunteers are currently being engaged by some Partner Organisations and that an intentional decision was made to delay the recruitment of Linker Peers. This information is significant for understanding how the Linker Service is adapting based on our learning.

In developing this Outcomes and Learning Report, we also discovered that we aren't collating and communicating our data in a way that tells a compelling story. For example, in the first year of the Linker Service, six of the total 129 clients paused their participation in the service and 16 concluded the service. Although the rationale for clients pausing or concluding the service are captured in a centralised data source, they have not been provided for this reporting. This means that we are currently unable to ascertain if clients are pausing or concluding their engagement with us because they are less dependent on the Linker Service (a desired outcome we identified in our MEL Planning Workshop), dissatisfied with our service or for a different reason.

The gaps in our storytelling suggest that we are yet to fully appreciate the rich and nuanced narrative that we are creating. While we are reflecting and adapting in real-time, we have not codified this learning and adaptation as part of documenting our model, as our current documentation of the Linker Service model predates the start of our service delivery.

We are also collecting client data as part of our operational processes but the ways in which we weave this data into our ongoing reflection and adaptation is not clear. This too suggests that we may not feel confident about the relationship between our administrative data and our reflective processes.

Recommendations

The development of a Theory of Change will help us to visualise the way in which our activities (including our learning and adaptation) contribute to telling our story. By developing a Theory of Change that maps what we do to the different types of positive change we are trying to achieve, we can see the causal relationships that exist in our work. This will allow us to better understand how to use the data we collect (or collect new data) to demonstrate what works about the Linker Service or what might need to change.

We should update our documentation when we make changes to our model, which may help to ease some of the operational and role clarity we are experiencing. Our current Linker Service model was documented prior to the commencement of service delivery in our first year and no longer tells our story. We should update our model by consolidating our learning and adaptation across our first year, which will enable us to better understand and articulate the nuances of our model in the coming years.

In keeping with our commitment to learning and adaptation, we should invest additional time to upskill in our measurement and learning tools in our second year of service delivery. This investment in capability building will support us to implement our MEL Plan better. Combined with the development of our Theory of Change, better use of our MEL tools will also enable us to update our operational documentation in timely manner, as and when adaptations are applied to our work.

CONCLUSION

Our first year delivering the Linker Service is a promising indication of the suitability of our Linker Service model.

We have learned that our service delivery is making a difference for some of clients and that our networked model is creating benefit for our Partner Organisations as well. We stay committed to the principles that guided our co-design and evolved with our transition into implementation. We also continue to learn and adapt, with a view to keep improving our service delivery into the future.

Summary of recommendations

1: Incorporate mechanisms to monitor Linker wellbeing, including regular wellbeing checks and anonymous data collection mechanisms.

2: Develop a service blueprint and update the service model for the Linker Service to:

- Document the minimum specifications for delivery of the Linker Service in order to ensure alignment across the Linker Network and enable localised solutions in different regional settings and service customisation for individual clients.
- Clarify the roles and responsibilities of each Partner (Wyatt and the Partner Organisations) in the delivery of the Linker Service.
- Map the administrative and reporting requirements of the Linker Service to the administrative and reporting requirements that exist within Partner Organisations.

3: Explore how best to structure crosscutting roles in the Network, such as the coordinator role and the Intake Officer role, to create clearer lines of accountability across the Linker Network.

4: Develop a Theory of Change to support knowing how and when to weave (new or) existing data to tell the story of the Linker Service.

5: Continue to invest in growing our MEL capability to help us tell our story and codify changes to our service model at the same pace as our learning and adaptation.

APPENDIX 1. EVALUATION METHODOLOGY

The MEL questions and description of methods have been directly extracted from the Linker Service Year 1 MEL Plan, which is written in the voice of the Linker Network.

MEL questions

The following questions (see Table 3) were designed to guide MEL activities in the first year of the Linker Service's delivery.

Table 3. MEL questions

Key Questions	Sub-questions
[Impact] Question 1: To what extent are we making a difference for clients and the Linker Network as a result of our work?	1.1. To what extent are we creating (positive or negative) changes for clients?
	1.2. To what extent are we creating (positive or negative) change for the Linker Network?
	1.3. Have we created any unintended (positive or negative) change as a result of our work?
[Process] Question 2: Did we achieve what we set out to do in our first year of delivering the Linker Service?	2.1. What is working well in our delivery of the Linker Service?
	2.2. What is not working as well in the delivery of the Linker Service?
	2.3. How well are we adhering to our practice principles?
	2.4. Are we delivering the Linker Service as intended in the Linker Service model?
	2.5. To what extent are we adapting the Linker Service based on our learnings?
[Learning] Question 3: What are we learning from our work?	3.1. What are we learning about clients' needs and the barriers they are facing?
	3.2. What are we learning about ourselves and what it takes to do this work well?
	3.3. What are we learning about the Linker Service and our ability to meet clients' needs?
	3.4. What are we learning about the broader community support system?

Methods

Once the MEL questions were determined, data collection methods were identified to gather relevant information to respond to these questions. Table 4 below describes the data sources that were incorporated into the first year of the Linker Service's MEL. The table also includes the associated number of data sources informing the data collected against each method.

Table 4. Data collection methods and sources

Method	Description (taken from Year 1 MEL Plan)	Data collected
Adaptation tracker	We will maintain an adaptation tracker to capture and collate any changes we make to the delivery of the Linker Service. This data will be used to assess the extent to which we are practising continuous	35 entries

Method	Description (taken from Year 1 MEL Plan)	Data collected
	learning (Question 2.5). We will thematically analyse this data to understand what sorts of adaptations we are making and why.	
Administrative data	We will collect certain client and staff data to assess if we achieved what we set out to in our first year (Question 2). We will capture: the number of client referrals to and from the Linker Service; the number of clients joining the Linker Service; the number of clients who pause or transition out of the service the Linker Service; and Linker and Linker Peer Worker retention data. This quantitative data will also be coupled with demographic data to understand which cultural, linguistic and target cohort groups that clients come from.	129 data points
Client feedback opportunity	We will conduct short pulse check with clients who pause or stop the Linker Service. This feedback opportunity may also be used whenever a client would like to provide feedback about the Linker Service. The client feedback opportunity can be conducted conversationally or submitted via a digital survey tool. We will thematically analyse answers to understand what kinds of impact we are making for clients as well as their perspective regarding what does and doesn't work about the Linker Service (Questions 1.1., 2.1., 2.2. and 2.3.).	4 responses
Impact log	We will maintain a centralised repository of observed positive or negative change as a result of the Linker Service. These impact entries will be thematically analysed to understand what sort of change we are making and for whom (Question 1). The impact log will be populated by the Linker Network on an ongoing basis	17 entries
Learning log	We will maintain a second centralised repository similar to the impact log to note down any significant learnings we have had in the delivery of the Linker Service. These learning entries will be thematically analysed to understand what we are learning about client needs, ourselves and the system in our first year of delivery (Question 3). The learning log will be populated by the Linker Network on an ongoing basis.	21 entries
Partnership health assessment	The Linker Network will complete the VicHealth Partnership Analysis tool once in the year. This partnership health assessment data will be used to understand the kind of impact the Linker Service is having for the Linker Network (Question 1.2) and to gauge what is and is not working in the delivery of the Linker Service (Questions 2.1. and 2.2.).	6 responses
Semi-structured interviews	We will conduct semi-structured interviews with the Linker Network, clients as well as other stakeholders. Other stakeholders may be service providers, community leaders, other Wyatt or Partner organisation staff as well as service volunteers. The number of other stakeholders to be interviewed and who these stakeholders are will be determined closer our MEL reporting period in May and June 2025. These interviews will be conducted in person, online or over the phone depending on the interviewee's preference. Interview data will be thematically analysed to understand the impact of the Linker Service in its first year as well as whether we achieved what we set out to do (Questions 1 and 2). All interviews will be undertaken prior to our reporting, likely across April and May 2025.	Client: 11 Linker Network: 14
End of year reflection workshop	A full day in-person workshop will be held with the Linker Network and our lived experience experts. This workshop will be used to sense-check preliminary evaluation findings that will inform the Year 1 Outcomes and Learning Report (see How we report on our MEL findings). At this workshop, we will co-develop evidenced-based recommendations for future service and MEL delivery.	1 workshop

Limitations

The development of the Outcomes and Learning Report was informed by several limitations.

There is limited client voice

The Client Feedback Opportunity did not receive as many responses as expected, which limited the client voice input into the report. There is also no mechanism to cross check the four responses to the Client Feedback Opportunity against the interview register of clients who participated in semi-structured interviews. This means that the report cannot confidently determine if the total client input is from 15 clients or anywhere from 11 up to 15 clients. Input from 15 clients amounts to roughly 12% of all clients engaged in the Linker Service, indicating that this client voice cannot be considered representative of the general client experience.

There are missing mechanisms for collecting and communicating desired data

The Linker Service is yet to develop centralised mechanisms for capturing referrals out from the Linker Service as well as capturing and reporting whether Linkers met or surpassed their professional goals. Both of these indicators were identified as important indicators of success for the Linker Service.

A second missing mechanism is a system for capturing group reflection, which was identified as a data method in the Year 1 MEL Plan. No group reflection notes or outputs were incorporated into this Outcomes and Learning Report.

While the number of clients pausing or concluding the service was provided for this report, the reasons for the clients' decisions were not. This has meant that data regarding pausing or concluding the Linker Service cannot be interpreted to gauge client satisfaction, achievement of personal goals etc.

Some of our existing data collection mechanisms are not fit-for-purpose

The VicHealth Partnership Health Assessment Tool used to assess the health of the Linker Service includes the statement *Some staff have cross-boundary roles between organisation*. This statement is not relevant to the Linker Service's context and therefore responses that include a rating against this question distort an accurate assessment of partnership health.

These limitations are largely expected in the first year of the Linker Service, where the MEL activities are attempting to wrap around evolving service delivery and process optimisation. These limitations are also easily corrected for in the second year of the Linker Service by:

- Developing centralised data collection mechanisms.
- Improving the sharing of collected data with the evaluators.
- Upskilling the Linker Network in MEL methods and tools.
- Staggering client data collection activities across the year.