

# MOBILE VOLUNTARY SERVICES STUDY 2019

**FINAL REPORT** 

PREPARED FOR

## COUNCIL OF THE CITY OF SYDNEY

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## **EXECUTIVE SUMMARY**

## INTRODUCTION

Urbis and Neami National Way2Home were commissioned by the Council of the City of Sydney (the City) to undertake a study of mobile voluntary services (MVS) and people accessing these services across the City of Sydney Local Government Area (LGA). The purpose of the study was to better understand the supply, demand and drivers of MVS operating in the LGA, and the needs of those accessing services. The study will inform the City's development of a new policy and guidelines to assist in the coordination of MVS across the LGA. The study involved phone interviews with service providers and face-to-face intercept surveys with people accessing services.

#### **KEY FINDINGS**

MVS are meeting a key need by providing over 4,000 occasions of service per week to vulnerable people Service providers interviewed (n=21) report they are delivering approximately 4,400 occasions of service per week across the City of Sydney. Key service locations include Woolloomooloo and Martin Place, areas in which rough sleepers are known to stay. Most organisations are providing food, along with other free items such as blankets, clothing, toiletries and books.

MVS are meeting a key need in the community by servicing vulnerable and financially disadvantaged people. Most respondents to the survey of service users were living in social housing (46%) or sleeping rough (32%). Levels of unemployment were high (90%) and most were receiving a government benefit (87%), such as the Newstart Allowance or the Disability Support Pension. In addition, almost half of all respondents reported experiencing mental illness (46%), a third identified as a person with disability (36%), and a further third reported having an alcohol or drug addiction (35%). Most respondents reported accessing services most days of the week (68%).

Financial and social factors are the key drivers of access for service users, supporting other research with this cohort Given the high levels of disadvantage experienced by service users, it is unsurprising that financial factors are a key driver of service access. Two thirds of respondents reported not having enough money to access food or another service without MVS (64%) and a quarter reported accessing the service so they could spend money on other things (23%).

Social factors were an equally strong driver of service access. More than half of all respondents indicated they were accessing MVS in order to catch up with friends or connect to their community (56%) and one in eight to meet new people (12%). These findings support other research, which has shown that high levels of social isolation are experienced by people in social housing and people experiencing homelessness. Gathering on the street around a service is as an opportunity for people to socialise and feel part of their community.

MVS were rated highly by service users, however there is an opportunity to improve the delivery of food services in conjunction with other social services

Service providers were rated highly by service users, with an average satisfaction score of 8 out of 10. Many service users valued the friendly and welcoming approach of staff, and further reflected on the opportunity provided by MVS for social connection.

However, there is a clear opportunity to improve the delivery of food services by providing more healthy options (requested by 60% of survey respondents), and ensuring a higher level of food safety. Very few service providers reported their staff and volunteers had been trained in preparing food, and often reported food is prepared in a venue other than a commercial kitchen (e.g. a community venue or home).

There is also an opportunity to integrate the delivery of and referral to other services when providing food, which is currently rare. A third of those accessing food (34%) also wanted access to housing support, health services and mental health services. Additional staff training in first aid (including mental health first aid), working with vulnerable people, diffusing hostile situations and appropriate referral pathways may help to facilitate better support.

## RECOMMENDATIONS

The City is committed to supporting service providers to meet the needs of those accessing MVS. Although the City isn't able to formally regulate MVS, there are a number of ways that support can be provided to improve service provision in the future.

#### Opportunities to support service provider operations

Service providers require support to better meet the needs of people accessing their services, while also upholding the amenity of operating locations within the LGA. The following recommendations are targeted to improving the operational issues highlighted through this study.

- Develop a new set of guidelines to set the foundation for service provider operations and practice. The guidelines should include: a profile of service users to increase awareness of their needs; clear expectations regarding food safety to encourage the provision of safe and nutritious food throughout the week; clear expectations regarding rubbish disposal and parking to increase compliance with the City's regulations and reduce tensions between rangers and service providers; suggested procedures for ensuring the safety of service provider staff to protect their wellbeing and ensure continued service provision; contact information for key staff at the City to enable direct communication; and, information on other relevant services to support referrals where needed.
- Establish an MVS working group to build on the foundation set by the guidelines and provide deep and ongoing engagement between the City and service providers, and among service providers. Key focuses of the working group include coordinating service locations, days and times; resolving issues experienced during operations; and, informing best practice approaches to meeting the needs of people accessing services. It is suggested that the group meets once a quarter and that email updates are shared between meetings.
- Facilitate access to training for MVS staff and volunteers to further support best practice service provision. Key areas of training need in alignment with knowledge and skills gaps include food handling, first aid, mental health first aid, working with vulnerable people, and dealing with hostile situations. The City's role in facilitating access to training may include organising training, subsidising training costs or sharing of information on available training courses.

#### Opportunities to encourage new models of support

In addition to supporting current service provider operations, there is an opportunity for the City to engage with relevant stakeholders to encourage new models of support which better align to the service user needs.

- **Highlight the specific needs of different groups** this study has highlighted that there two key groups of service users with distinct profiles and needs: people living in social housing and people sleeping rough. It is recommended that the City engages with other government agencies such as the Department of Family and Community Services and Justice, social housing providers (both government and community providers), and non-government organisations supporting vulnerable people that are not MVS, to explore new models of support that are better targeted to the needs of these specific groups.
- Encourage a focus on holistic support and social connection this study has highlighted that, across all service users, there is a need for more holistic support (including referral to other social services when accessing food) and a need for social connection. It is recommended the City engages with MVS service providers and providers of social supports more broadly, to explore how these needs could be integrated into MVS. For example, there may be an opportunity to shift the focus by providing services that specifically aim to reduce social isolation, such as events focussed around music, art, cooking, exercise and conversations, with food as a secondary focus.

## INTRODUCTION

Urbis and Neami National Way2Home were commissioned by the Council of the City of Sydney (the City) to undertake a study of mobile voluntary services (MVS) and people accessing services across the City of Sydney Local Government Area (LGA).

#### THE STUDY

The purpose of the study was to better understand the supply, demand and drivers of MVS operating in the LGA, and the needs of those accessing services. The study will inform the City's development of a new policy and guidelines to assist in the coordination and regulation of MVS across the LGA.

#### **METHODOLOGY**

## Scope of the study

The study methodology included the collection of primary qualitative and quantitative data, including phone interviews with service providers and face-to-face intercept surveys with people accessing services.

#### Study activities

Urbis and Neami National Way2Home co-designed the study methodology in line with the scope and budget of the study. The study was conducted in three phases, as outlined in Table 1.

Table 1 - Study phases

Phase	Tasks
Phase 1 – Project inception and planning	An inception meeting was held and a project plan prepared, to guide implementation of the study. The project plan included an outline of consent and data collection approaches, including a copy of the participant information sheet and consent form to be used during consultations with people accessing services. The project plan was reviewed and approved by the Neami Research and Evaluation Committee.
Phase 2 – Data	Consultations with service providers
collection	Phone interviews were undertaken with n=25 stakeholders from n=23 MVS organisations. These were guided by a semi-structured discussion guide, and responses were recorded in an excel spreadsheet for analysis purposes.
	Pause point meeting
	Operating times and locations were mapped based on data collected during the consultations with service providers. This data was used to plan for the consultations with people accessing services, via a meeting between Urbis, Neami National Way2Home and the City.
	Consultations with people accessing services
	Urbis and Neami National Way2Home developed a questionnaire, which was delivered via face-to-face intercept surveys. Both paper and iPad-loaded questionnaires were available, used according to respondent preference. Consultations were undertaken in:
	<ul> <li>Martin Place on Tuesday 21<sup>st</sup> May at 6.00-9.00pm</li> </ul>
	<ul> <li>Woolloomooloo on Tuesday 21<sup>st</sup> May at 9.00-10.00pm and Saturday 25<sup>th</sup> May at 6.00-8.00pm</li> </ul>
	■ Green Park, Darlinghurst on Saturday 25 <sup>th</sup> May at 8.00-11.00pm
	<ul> <li>Belmore Park, Haymarket on Sunday 26<sup>th</sup> May and Wednesday 29<sup>th</sup> May at 8.00am-12.00pm</li> </ul>

Phase	Tasks
	■ Eddie Ward Park, Surry Hills on Tuesday 28 <sup>th</sup> May at 6.00-11.00pm
	A total of n=112 surveys were completed. Respondents received a \$25 voucher to reimburse them for their time.
Phase 3 – Analysis and reporting	Analysis and reporting were managed by Urbis. Qualitative data was reviewed and analysed to draw out key themes. Quantitative data was analysed and charted using Excel and SPSS.

## **LIMITATIONS**

The following limitations should be taken into consideration when reading this report.

- The service provider perspectives included in this report are indicative of those who took part in the consultations and do not necessarily represent the views of all service providers operating in the LGA. The City provided a list of n=38 known service providers to Urbis. A total of n=25 agreed to take part in the study (that is, 66% of those approached). Some service providers declined to take part (n=9), or were not able to be contacted (n=5). It should be noted that there may also be additional service providers not known by the City, who were not approached to take part in the study.
- In line with the budget and scope of the study, surveys with people accessing services were undertaken
  in a small number of locations across a small number of days and times (see Table 1). Therefore, data
  collected during the surveys is indicative, rather than a census of all people accessing services across
  the LGA.

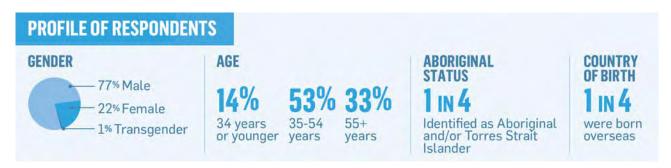
## PROFILE OF SERVICE USERS AND THEIR 1. **NEEDS**

This section presents findings from intercept surveys completed by n=112 people accessing services. It focuses on their demographic profile, their patterns of service access and their satisfaction with available services.

#### WHO IS ACCESSING MOBILE VOLUNTARY SERVICES? 1.1.

#### 1.1.1. Key demographics

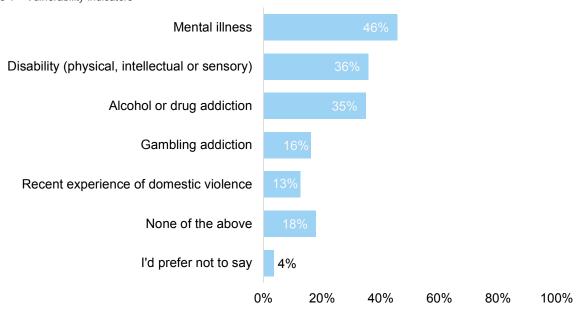
Most respondents identified as male (77%), while 22% identified as female and 1% as transgender. Respondents had an older age profile than the NSW population, with more than half aged between 35 and 54 years, and a third aged 55 years or over, while only 14% were aged 34 years or younger. One in four respondents were born overseas (24%) and another one in four identified as Aboriginal and/or Torres Strait Islander (24%). Therefore, Aboriginal and/or Torres Strait Islander people were strongly overrepresented compared to the NSW population.



#### 1.1.2. Vulnerability indicators

Survey responses indicate a high level of vulnerability among service users. Almost half of all respondents reported experiencing mental illness (46%) and a third identified as a person with disability (36%). A further third reported they had an alcohol or drug addiction (35%). Only 18% of respondents reported not experiencing any of the vulnerability indicators listed in the survey.

Figure 1 – Vulnerability indicators



Base n=112

Note: Percentages do not add to 100 as this as this was a multiple response question

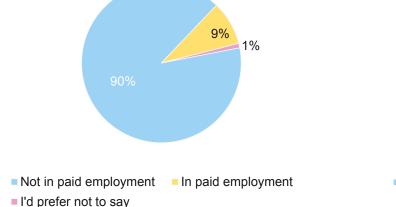
#### 1.1.3. Employment

Most respondents were not in paid employment at the time of the survey (90%) (see Figure 2). Of those who were working (n=10), three were working full time, four were working part time, and a further three were employed on a casual basis. A small number of respondents were studying (e.g. at school, TAFE or university) at the time of the survey (5% or n=6) (see Figure 4).

Figure 2 – Employment status



Figure 3 - Education status



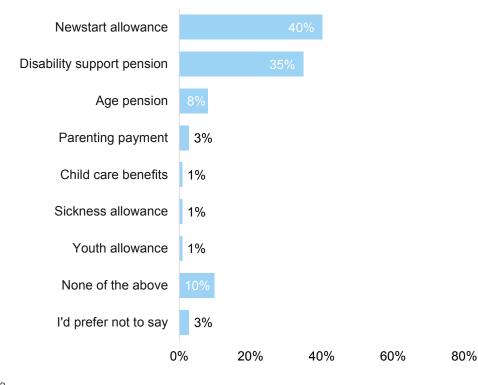
■ Not studying ■ Studying

Base n=112 Base n=112

#### 1.1.4. Government benefits and payments

Most respondents reported receiving a government benefit or payment at the time of the survey (87%). The most common was the Newstart allowance (40%), followed by the disability support pension (35%) and the age pension (8%) (see Figure 5). Along with the low rates of employment discussed above, these findings indicate a high level of financial disadvantage among services users.

Figure 4 – Government benefits and payments



Base n=112

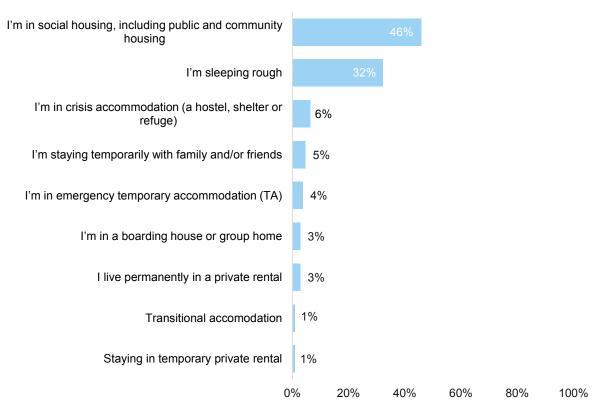
Note: Percentages do not add to 100 as this as this was a multiple response question; 'none of the above' refers to respondents who indicated they were not receiving any of the government benefits or payments listed in the survey

100%

#### 1.1.5. Living situation

Service users were also asked about their current living situation. The majority of respondents (78%) were either living in social housing (46%) or were sleeping rough (32%) at the time of the survey (see Figure 7). A further 20% were living in a temporary arrangement or boarding house/group home, and can therefore be considered to be at risk of homelessness. Only 3% of respondents reported living permanently in a private rental property.

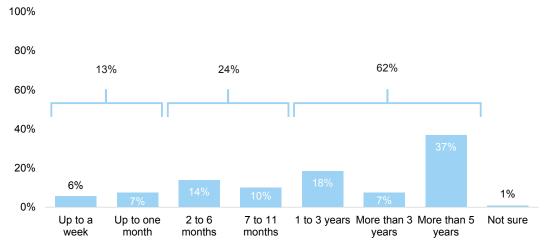
Figure 5 – Living arrangements



Base n=109

At the time of the survey, most respondents had been living in their current situation for some time. Three fifths reported they had been in their situation for one year or longer (62%). A quarter (24%) had been in their situation for more than one month but less than a year and only 13% had been in their situation for one month or less (see Figure 8).

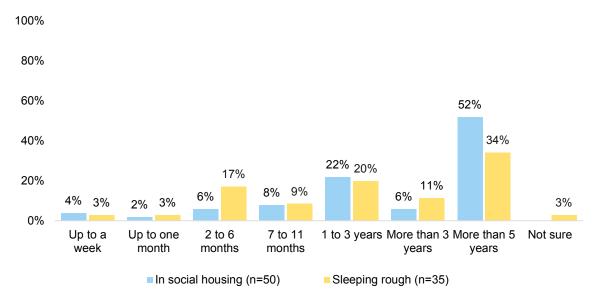
Figure 6 – Length of time in living arrangement



Base n=109

Those who were living in social housing had generally been in their current situation for a longer time than those who were sleeping rough. Half of all respondents in social housing had been in social housing for more than 5 years (52%), while only 34% of rough sleepers had been sleeping rough for the same period of time.

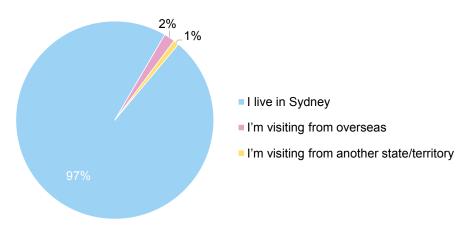
Figure 7 – Length of time in living arrangement for those in social housing and sleeping rough



#### 1.1.6. Location

Almost all respondents reported living in Sydney at the time of the survey (97%). A very small proportion reported they were visiting from interstate (1%) or overseas (2%) (see Figure 6).

Figure 8 - Living location



Base n=112

Respondents were asked to indicate the area in which they were staying on the night of the survey. Most respondents (82%) were staying within the City of Sydney LGA. There was, however, evidence of travel to service delivery locations. Three fifths of respondents indicated they had travelled specifically to access the service (60%), which is reflected in Figure 9 overleaf. While Martin Place tended to attract mainly service users staying close by, other service delivery locations primarily attracted people from across the City of Sydney LGA and from other areas of Sydney.

Figure 9 – Travel analysis

SERVICE PROVIDER LOCATION	SERVICE USER LOCATION	NO. AND % OF RESPONDENTS	LIVIN	NG SITUATION	
				Rough sleeper	7
			63	Social housing	10
	Woolloomooloo	20	%	Other temporary	2
			70	accommodation	
				No response	1
				Social housing	1
	Surry Hills	2	6%	Other temporary	1
				accommodation	
	Darlinghurst	2	6%	Social housing	2
Woolloomooloo	Waterloo	2	6%	Social housing	2
	Kings Cross	1	3%	Rough sleeper	1
	Martin Place	1	3%	Social housing	1
	Belmore Park	1	3%	Rough sleeper	1
	Randwick	1	3%	Other temporary	1
				accommodation	'
	Coogee	1	3%	Social housing	1
	Maroubra	1	3%	Social housing	1
Total		32	100		
			%		
				Rough sleepers	8
		15	35	Social housing	4
	Martin Place		%	Other temporary	1
				accommodation	
				No response	2
Martin Place	Sydney CBD	4	9%	Rough sleepers	2
druir i laoc		T		Social housing	2
				Rough sleepers	1
			9%	Social housing	2
	Redfern	4		Other temporary	
				accommodation	1

SERVICE PROVIDER LOCATION	SERVICE USER LOCATION	NO. AND % OF RESPONDENTS	LIVIN	NG SITUATION		
		_		Rough sleepers	1	
	Woolloomooloo	2	5%	Other temporary	1	
				accommodation	1	
	Waterloo	2	5%	Social housing  Permanent private rental	1	
				Rough sleepers	1	
	Ashfield	2	5%	Social housing	1	
				Other temporary		
	Asquith	1	2%	accommodation	1	
	Blacktown	1	2%	Social housing	1	
	Camperdown	1	2%	Social housing	1	
	The Domain	1	2%	Rough sleepers	1	
Martin Place	Downing Centre	1	2%	Rough sleepers	1	
Wartin'i lace	Dulwich Hill	1	2%	Permanent private rental	1	
	Eastlakes	1	2%	Rough sleepers	1	
	Hyde Park	1	2%	Rough sleepers	1	
	NSW Supreme	1	2%	Dough aloonara	1	
	Court			Rough sleepers	ı	
	Little Bay	1	2%	Social housing	1	
	Newtown	1	2%	Other temporary	1	
	rvewtown	·		accommodation	·	
	Petersham	1	2%	Social housing	1	
	St Peters	1	2%	Other temporary	1	
				accommodation		
	Wynyard	1	2%	Rough sleepers	1	
Total		43	100			
			%	Social housing	14	
			81	Other temporary	14	
	Surry Hills	17	%	accommodation	2	
				Permanent Private Rental	1	
Eddie Ward		2	10	Social housing	1	
Park, Surry Hills	Redfern		10	Other temporary	1	
				accommodation	1	
	Sydney CBD	1	5%	Rough sleepers	1	
	Eastlakes	1	5%	Rough sleepers	1	

SERVICE PROVIDER LOCATION  SERVICE USER LOCATION		NO. AND % OF RESPONDENTS	LIVING SITUATION		
Total		21	100		
	I		20		
	Bondi	1	%	Social housing	1
	Redfern	1	20	Rough sleepers	1
	Redieiii	<b>'</b>	%	Rough sieepers	
Green Park,	Mount Druitt	4	20	Dough alconors	1
Darlinghurst	Mount Druitt	1	%	Rough sleepers	'
	Paddington	1	20	Cooled beyoing	1
			%	Social housing	
	Darlinghurst	1	20	Other temporary	1
			%	accommodation	'
Total		5	100		
Total		5	%		
	Chippendale	1	33	Social housing	1
	Chippendale	<b>'</b>	%	Social flousing	!
Belmore Park,	Woolloomooloo	1	33	Dough alconors	1
Pyrmont	VVOOIIOOITIOOIOO	I	%	Rough sleepers	
	Sydnov CBD	1	33	Other temporary	1
	Sydney CBD	1	%	accommodation	'
Total		3	100		
		3	%		

Note: This analysis is based on the recorded location of the service being accessed at the time of the survey and the area in which respondents indicated they would be staying on the night of the survey

#### WHEN ARE SERVICES BEING ACCESSED? 1.2.

Respondents were asked to indicate how often they accessed the service they were accessing at the time of the survey. Most respondents reported regular access, with over two thirds accessing the service most days (68%), demonstrating a significant reliance on MVS. This was followed by a fifth who reported accessing the service once a week (19%) and a further 10% who reported accessing it two or three times a month. Those who were sleeping rough at the time of the survey were significantly more likely to be using the service most days, compared to those in social housing (89% versus 52%).

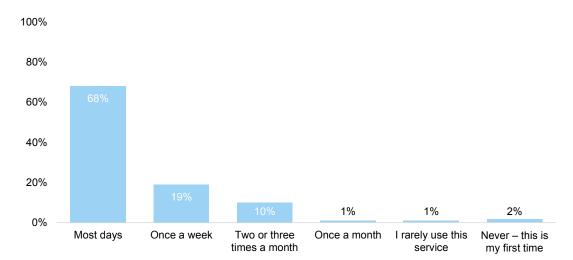


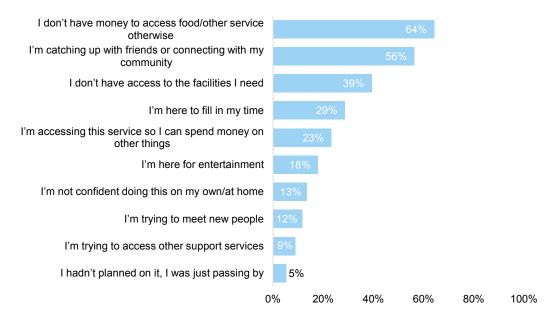
Figure 10 - Frequency of access

Base n=112

The main reasons for accessing services related to financial factors, social factors and skills gaps:

- Financial factors two thirds of respondents reported not having enough money to access food or another service without MVS (64%) and a quarter reported accessing the service so they could spend money on other things (23%). A lack of facilities was also a key reason for two fifths of all respondents (39%), and, unsurprisingly 60% of rough sleepers.
- Social factors more than half were accessing the service in order to catch up with friends or connect to their community (56%) and one in eight were trying to meet new people (12%). In addition, over a quarter were there to fill in their time (29%) and a further 18% were there for entertainment (see Figure 11). People living in social housing more commonly reported these social factors as reasons for accessing services compared to rough sleepers. For example, 72% of those in social housing reported they were accessing the service in order to connect to their community, compared to 43% of rough sleepers.
- Skills gaps although not as strong as social and financial factors, the study has highlighted that there are skills gaps among some service users. One in eight respondents reported not being confident with their own skills (e.g. their skills in preparing food) (13%) (see Figure 11). People living in social housing more commonly reported they weren't confident in their skills (16%) compared to rough sleepers (9%).

Figure 11 - Reasons for access



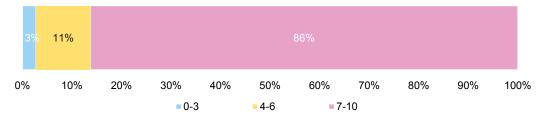
Base n=112

Note: Percentages do not add to 100 as this as this was a multiple response question

## HOW SATISFIED ARE USERS WITH EXISTING SERVICES?

Overall MVS were rated highly by those accessing them, with an average score of 8 out of 10, or 86% providing a rating of 7 out of 10 or higher.

Figure 12 - Service rating out of ten



Base n=109

When asked to explain the reason for their high rating, respondents reported that they valued the support provided by service provider staff, noting their friendly approach and the ability to access services they wouldn't otherwise have access to. Several respondents also noted the social contact enabled by service access, reflecting findings discussed above regarding their reasons for access.

Support is good, food is good, I feel looked after. (Service user)

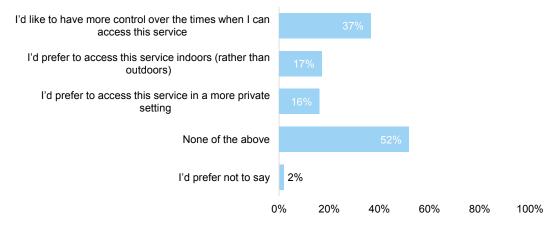
In the cases where respondents rated the service 6 out of 10 or lower (14%) poor food quality and lack of diverse of food options were commonly reported as reasons for their poorer rating. Other concerns such as long wait times, poor food hygiene, a lack of security and poor punctuality of the service were reported.

They were giving sweets out only, I am diabetic and would like healthy food, like a salad. (Service user)

Respondents were asked to comment on areas of service provision that could be improved. Over a third reported wanting more control over service access times (37%). People in social housing more commonly indicated a preference for greater control (46%) compared to people sleeping rough (26%).

There is also evidence that location-based (rather than mobile) services are desirable for some service users, with one in six reporting they would prefer to access the service indoors (17%), and one in six reporting they would prefer to access the service in a more private setting (16%). These results were similar across both people in social housing and people sleeping rough.

Figure 13 – Service improvements (general)



Base n=112

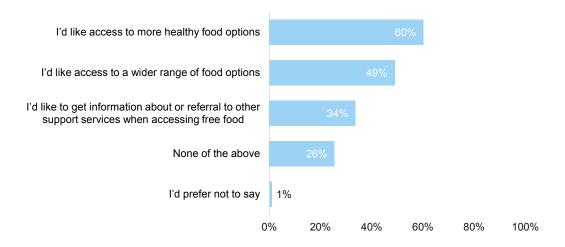
Note: Percentages do not add to 100 as this as this was a multiple response question

Of those accessing a food service (n=98), three fifths reported wanting more healthy food options (60%) and half wanted a wider range of food options (49%) (see Figure 14). These findings reflect feedback provided by those who provided poorer service ratings, as discussed previously. There was a slightly stronger preference for healthier food options among people in social housing (69%) compared to those sleeping rough (58%).

A third of respondents accessing food services wanted information about or referral to other support services while getting food (34%). These respondents most commonly wanted access to housing support (46%), other free items (such as blankets and clothing) (37%), health services (35%) and mental health services (34%) (see Figure 15 overleaf).

Unsurprisingly, a greater proportion of rough sleepers wanted access to housing support (60%) compared to those in social housing (42%). However, those in social housing were more likely to indicate they wanted access to all other types of services. Females were significantly more likely than males to indicate they wanted better access to family and community services (36% versus 13%).

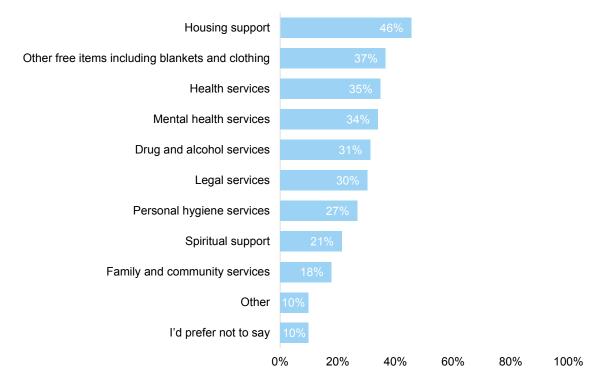
Figure 14 - Service improvements (food)



Base n=98

Note: Percentages do not add to 100 as this as this was a multiple response question

Figure 15 – Information/referral to other services



Base n=112

Note: Percentages do not add to 100 as this as this was a multiple response question

## 2. PROFILE OF SERVICE PROVISION

This section presents findings from phone interviews undertaken with n=23 service providers. It focuses on the types of services provided, food preparation and training practices, service motivations and issues experienced when delivering services.

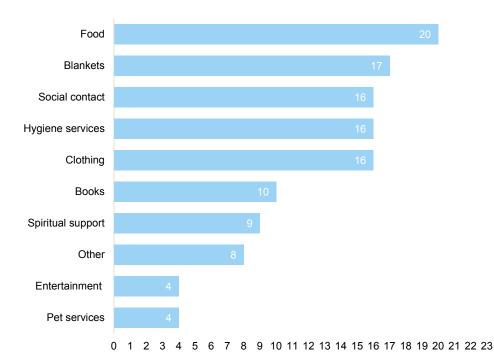
## 2.1. TYPES OF SERVICES PROVIDED AND INTENDED CLIENTS

#### 2.1.1. Services provided

Almost all service providers interviewed reported they provided food (n=20). Food was often provided in conjunction with other services, including the provision of blankets (n=17), clothing (n=16), hygiene services (e.g. toiletries) (n=16) and books (n=10); as well as social contact (n=16) and spiritual support (n=9) (see Figure 16). A small number of organisations reported providing entertainment (n=4) and pet services (n=4).

The total estimated occasions of service across all 23 service providers interviewed was approximately 4,400 per week in the City of Sydney LGA. The occasions of service per provider ranged from 20 to 1,000 per week each. It should be noted that while this study has shown that a greater proportion of people in social housing (46%) are accessing services compared to rough sleepers (32%) (see Section 1.1.5), rough sleepers were significantly more likely to be using services most days, meaning the occasions of service are likely to be relatively evenly distributed among these two groups.

Figure 16 -Type of service/s provided



Base n=23

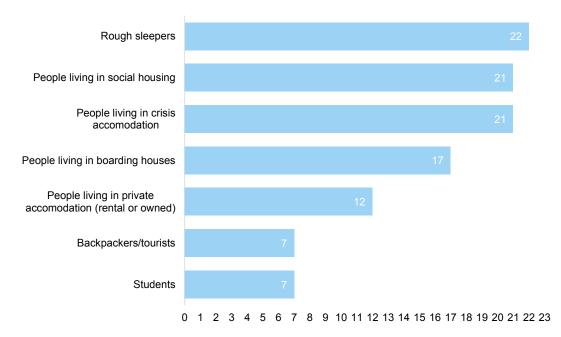
Note: Numbers in chart do not add to 23 as this was a multiple response question

#### 2.1.2. Intended and actual client groups

All service providers stated they primarily aimed to support people experiencing homelessness, in particular rough sleepers and people with drug and alcohol addiction. However, the vast majority also highlighted that they maintain an open-door policy, supporting anyone in need of food or social contact.

When asked about the actual profile of people accessing their services, all service providers identified rough sleepers (n=22), and most identified people living in social housing and crisis accommodation (n=21 respectively) as the main cohorts (see Figure 17 overleaf). These service provider perspectives were broadly in line with the profile of people accessing services, as discussed in Section 1.1.5.

Figure 17 – Groups serviced by providers



Base n=22

Note: Numbers in chart do not add to 22 as this was a multiple response question

#### 2.2. OPERATING TIMES AND LOCATIONS

Most service providers reported only operating MVS within the City of Sydney LGA. However, some of the more established, larger organisations reported operating in areas of Western Sydney. In addition, a small number of organisations reported operating in regional areas such as Port Macquarie, Newcastle, Wollongong and Canberra.

The operating times and locations of service providers interviewed are shown via:

- Figure 18 on page 16, which outlines all reported days, times and locations
- Figure 19 on page 17, which maps the locations of rough sleepers in the City of Sydney LGA against reported MVS locations across the whole week
- Figure 20 on page 18, which maps the locations of social housing properties in the City of Sydney LGA against reported MVS locations across the whole week
- Appendix A which maps MVS locations on each day of the week.

These figures show that there is a concentration of service provision around Woolloomooloo and Martin Place, followed by Belmore Park in Haymarket, Eddie Ward Park in Surry Hills and Green Park in Darlinghurst. All days of the week are covered, however Saturday and Sunday have a greater level of service provision than other days of the week.

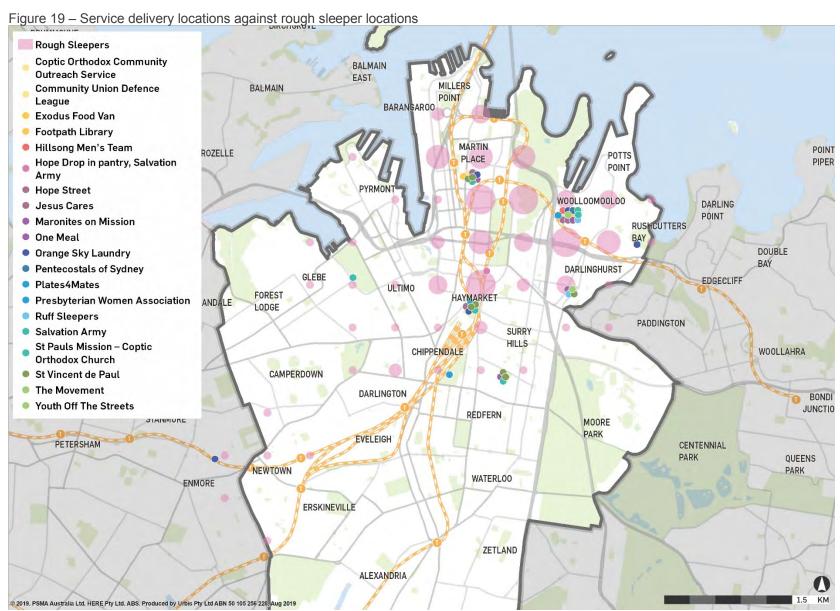
When looking at the locations of rough sleepers and social housing properties (the primary cohorts accessing MVS), it is clear that service provider locations are broadly aligned to where most rough sleepers are staying. Some areas of high concentration of social housing are covered by existing service locations. however there are areas in Waterloo, Glebe, Erskineville and Pyrmont which are not current serviced locally.

Service providers reported that they had chosen their operating locations based on their knowledge of the areas in which there are high concentrations of people experiencing homelessness. One service provider described their main operating location as "an epicentre for homelessness", while another commented that choosing locations with a high proportion of rough sleepers was important as they "[didn't] want to go with a whole bunch of food [with] no one there." Other factors influencing location selection included areas with significant social housing populations, areas with open space and good lighting, pre-existing relationships with service users and partnerships with other services. Regarding partnerships, one service provider explained that their location had been dictated by the location of other wraparound services.

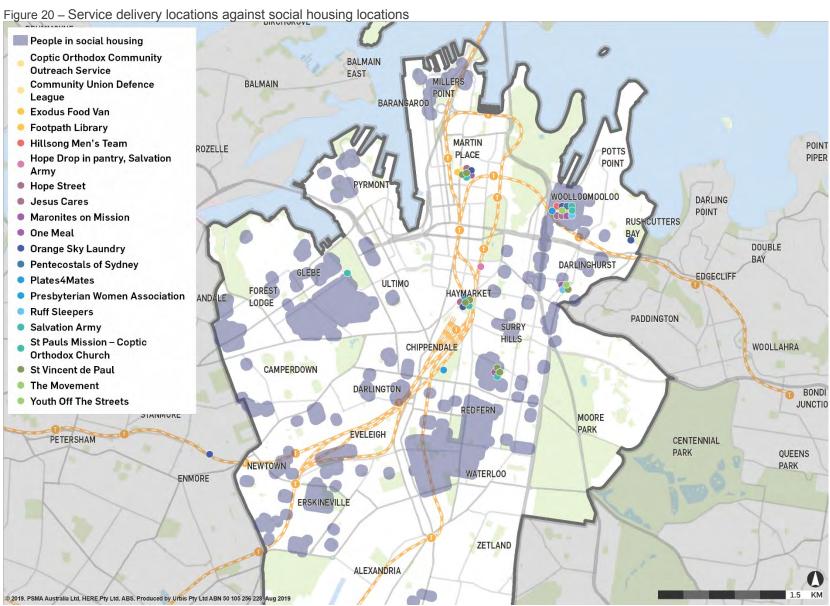
Figure 18 – Days, times and locations of MVS interviewed

		MARTIN PLACE	WOOLLOOMOO	GREEN PARK	BELMORE PARK	EDDIE WARD PARK	RUSHCUTTERS BAY	PRINCE ALFRED PARK	WENTWORTH PARK	NEWTOWN
DAY	-; <b>ċ</b> ;-		14		14		11			
MONDAY	C	18	3 11	20	18	18				
DAY	-; <b>ċ</b> ;-		14		14					
TUESDAY	C	4 11 18	1 3	20	18	9 18				
SDAY	-; <b>ċ</b> ;-		11 14		6 14					
WEDNESDAY	C	18	3 15 17	18 20	18	18				
SDAY	-; <b>ċ</b> ;-		14		6 14					
THURSDAY	C	9	3 9 11	20	18					
AY	-; <b>ċ</b> ;-									11
FRIDAY	C	8 11 18	3 8	20	8 18	18				
RDAY	-; <b>ċ</b> ;-		5				п			
SATURDAY	C	8 18	3 8 12 19	10 20	8 18	18				
DAY	- <u>`</u> ò́(-		7		8 11					
SUNDAY	C	2 8 9 16 18	3 8 9 16	10 15 20	16 18	16 18		13	16	
	2. 3.	COCOS Community Union Defe Exodus Food Van Footpath Library	ence League 6. F 7. F	dillsong Men's Team Hope Drop in pantry, Salva Hope Street Hesus Cares	tion Army 10.One I 11.Oran	nites on Mission Meal ge Sky Laundry ecostals of Sydney	13.Plates4Ma 14.Presbyteria 15.Ruff Sleepe 16.Salvation A	n Women Association ers	17. St Pauls Missior 18. St Vincent de Pa 19. The Movement 20. YOTS	- Coptic Orthodox Church ul

Note: This analysis is based on service delivery locations reported during interviews with service providers



Note: This analysis is based on service delivery locations reported during interviews with service providers, and rough sleeper data provided by the City of Sydney based on Street Count.



Note: This analysis is based on service delivery locations reported during interviews with service providers, and social housing property data provided by the City of Sydney. It should be noted that there are approximately 9,700 social housing properties in the City of Sydney LGA (City of Sydney, A City for All Draft Community Safety Action Plan 2018–2023).

18 PROFILE OF SERVICE PROVISION

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## 2.3. STAFF TRAINING AND FOOD PREPARATION PRACTICES

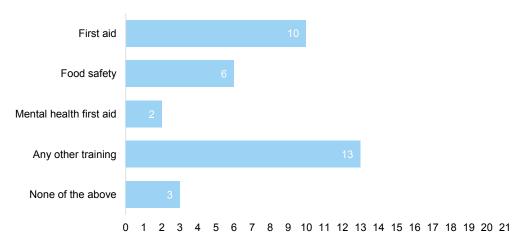
#### 2.3.1. Staff training

Comprehensive training on different aspects of service delivery was uncommon. Most service providers reported having just one or two individuals involved in service delivery who had been professionally trained (e.g. in social work or hospitality).

Less than half of all service providers reported their staff had completed first aid training (n=10) and less than a third reported their staff had completed food safety training (n=6) (see Figure 18). Other types of training reported by those interviewed included induction training for staff and volunteers, however this was generally reported to be brief in nature.

Most service providers reported that training was delivered internally (see Figure 19), which is consistent with the finding that most training provided to staff and volunteers is primarily induction-focussed.

Figure 21 – Different types of training delivered to service provider organisations



Base n=21

Note: Numbers in chart do not add to 21 as this was a multiple response question

Figure 22 - Mode of training delivery



Base n=13 (only those who reported their staff participated in training)

#### 2.3.2. Food preparation practices

Those organisations who reported providing food (n=20) reported a range of different food preparation practices. In many cases, some of the food is donated by restaurants, while some of it is prepared by volunteers associated with the organisation. A very small number of service providers reported they engage a catering company to prepare the food or that they prepare the food in a commercial kitchen.

Where food was reported to be prepared by volunteers, service providers explained that this often takes place at a kitchen in a church or community centre, or sometimes at a volunteer's home. In general, food prepared by volunteers tends to be simple meals such as sandwiches and pies.

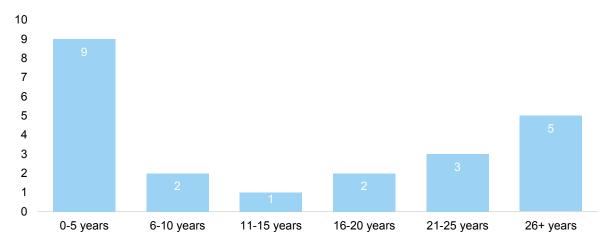
In terms of storage, most service providers explained that food is freshly made each day and stored in a fridge. Some service providers also explained they used thermo boxes to keep food warm when transporting it to the operating location.

## 2.4. SERVICE ORIGINS AND MOTIVATIONS

#### 2.4.1. Service origins

Almost half of all service providers (n=10) had been operating MVS for over 15 years at the time of the interviews. Conversely, around a quarter had been operating for five years or less (n=6) (see Figure 20).

Figure 23 – Length of service operation



Base n=22

#### 2.4.2. Organisation locations

Most service providers reported that their organisation was based in Western Sydney, followed by the CBD or inner city areas. The majority of service providers based in Western Sydney reported only servicing the City of Sydney LGA – very few reported servicing the areas in which they were based.

Table 2 – Organisation locations

Location	No. organisations
Western Sydney (includes Bankstown, Parramatta, Punchbowl, Chullora, Campsie, Ashfield and Lewisham)	7
CBD and Inner City (includes Woolloomooloo, Martin Place, Surry Hills and Alexandria and Chippendale)	6
Southern Sydney (includes Sutherland)	1
Interstate (includes Brisbane)	1
Unknown	8
Total	23

#### 2.4.3. Service motivations

When asked what motivated them to provide MVS, most service providers pointed to their knowledge of the difficulties encountered by people experiencing homelessness and/or other forms of disadvantage, the gaps in service access, and a desire to assist people in need. Some of the larger service providers had acquired this knowledge through their organisation's delivery of broader social services to vulnerable people. Most of the smaller organisations had begun at a grassroots level – they were set up by highly engaged individuals motivated by personal observations of the struggles of rough sleepers.

We found that although a lot of people provide food, there are other needs such as, in winter, a need for blankets, beanies and gloves...we also found that there are a lot of people that are lonely and just in need of social contact. (Service provider)

I was already volunteering for a food service in Woolloomooloo and I started talking to one of the homeless guys who was reading a book...when I found out he had to get books out of rubbish bins...I started to bring him books. Then I started to bring more books and more people became interested. (Service provider)

In addition, several service providers highlighted a religious motivation for providing their services. They often highlighted that their church network embraces people who are struggling, whether that be socially, financially or emotionally, in a number of ways, including through MVS.

Being Christians, we feel that people have a deep desire and a void in their lives, a desire to know the meaning of life and as Christians we know what the meaning of life is. We really set out to not only provide people with their immediate needs, to fulfil their immediate need such as food, blankets and clothing, but to fill that void in their life which is a spiritual void we believe. (service provider)

## 2.5. ISSUES EXPERIENCED BY SERVICE PROVIDERS

Service providers commented on a number of issues they had experienced while operating MVS within the City of Sydney LGA.

#### 2.5.1. Safety

Safety was the most common concern raised by service providers. Those interviewed highlighted that there are often people under the influence of alcohol and other drugs at their operating locations. Volunteers were described as often lacking the training to effectively diffuse hostile situations, reflected in the low training take-up, or the delivery of brief induction training only, discussed in Section 2.3.1.

A lot of volunteers do not know how to diffuse hostile situations, in an open space and families are there. People in the line are doing drug deals...they are not trained in these situations. (Service provider)

One service provider found an initial meeting held with a number of service provider representatives, the Police and the City to be very useful. They called however, for consistent follow-up meetings, a greater Police presence and improved communication with the City in future. They believed this would enable improved safety management.

## 2.5.2. Overcrowding

Many service providers also raised the high concentration of MVS in some locations, such as Martin Place, as a key concern. These providers commented on the lack of coordination between services, with some expressing a desire for the City to play a greater role, and others suggesting that service providers should better coordinate themselves.

There are a lot of people wanting to do good, but this needs to be a more targeted, considered approach. We need to stop acting in silos and have more service provider collaboration. (Service provider)

A small number of service providers believed that there was already a good level of coordination between services. However, overall findings suggest there is scope for improvement.

Everyone is respectful of each other...everyone has worked it out...everyone is trying to work together. (Service provider)

#### 2.5.3. Lack of facilities

A small number of service providers raised the lack of facilities in the City of Sydney LGA (such as rubbish disposal and parking) as a key issue. These stakeholders highlighted that there is a lack of rubbish bins and clothing bins in their main areas of operation, making it difficult to responsibly dispose of items when needed. Regarding parking, stakeholders pointed to the fact that there are limited spaces available for volunteers, sometimes leading to illegal arrangements such as parking in no stopping zones and on footpaths. Overall, service providers felt that the lack of facilities made it difficult for them to abide by the City's regulations, and suggested the City could provide more information (e.g. on available parking and rubbish disposal sites) to assist service providers to be more compliant.

## 3. KEY FINDINGS AND IMPLICATIONS

This section combines findings from the consultations with service providers and people accessing services to answer two key questions:

- To what extent is service provision currently meeting the needs of people accessing services and where are the gaps?
- What are the opportunities to improve service provision in the future to better meet needs while upholding the amenity of operating locations within the LGA?

## 3.1. SUCCESSES AND GAPS IN CURRENT SERVICE PROVISION

#### MVS are supporting vulnerable people and are rated highly by service users

Service providers interviewed reported delivering between 20 to 1,000 occasions of service each per week within the City of Sydney LGA. This added to a total of approximately 4,400 occasions of service per week across all 23 service providers. All days of the week are covered by MVS, with a concentration of services near Woolloomooloo and Martin Place, key locations in which rough sleepers are known to stay. Most organisations were providing food (n=20) as well as blankets (n=17), clothing (n=16), hygiene services (e.g. toiletries) (n=16) and books (n=10).

When looking at the profile of service users, and their reasons for access, it is clear that the majority of people accessing MVS are vulnerable and financially disadvantaged.

- Most respondents to the survey were either living in social housing (46%) or were sleeping rough (32%). A further 20% were living in a temporary arrangement or boarding house/group home. This profile was broadly in line with the intended client groups of service providers, who reported they primarily aimed to service people experiencing or at risk of homelessness, and other disadvantaged people.
- Almost half of all respondents reported experiencing mental illness (46%), a third identified as a person with disability (36%), and a further third reported they had an alcohol or drug addiction (35%).
- Levels of unemployment were high (90%) and most respondents were receiving a government benefit or payment (87%), such as the Newstart Allowance or the Disability Support Pension.
- Around two thirds of respondents reported accessing services most days (68%) and reported not having
  enough money to access food or another service without MVS (64%). In addition, a quarter reported
  accessing the service so they could spend money on other things (23%).

In addition to meeting a key need within the community, service providers were rated highly by those accessing services, with an average score of 8 out of 10. Many service users valued the friendly and welcoming approach of staff and volunteers, and reflected on the opportunity provided by MVS for social connection. More than half of all respondents indicated they were accessing MVS in order to catch up with friends or connect to their community (56%) and one in eight to meet new people (12%). These findings make sense in the context of other research, which has shown that high levels of social isolation are experienced by both people living in social housing and people experiencing homelessness. Gathering on the street while accessing a service is seen as an opportunity for people to socialise and feel part of their community.

## There is a need to support the provision of safe and healthy food in conjunction with other social services

Despite the success of MVS in meeting key needs in the community, there is a clear opportunity to improve the delivery of food services, through providing more healthy options (according to 60% of respondents accessing a food service), and a wider range of options (49%). It should also be noted that service providers rarely reported their staff and volunteers had been trained in food safety, and often reported food is prepared in a venue other than a commercial kitchen. Finally, anecdotal evidence provided during the surveys with service users suggests there have been some cases of food poisoning, however it is not possible to know the extent of this issue as this was not explored in the survey. Nevertheless, it is clear there is scope for the City to work with service providers to encourage safer practices.

Other key areas for improvement included providing service users with more control over service access times (37% of all respondents) and providing information about or referral to other services when accessing food (34% of those accessing a food service). Respondents most commonly wanted access to housing support (46%), other free items (such as blankets and clothing) (37%), health services (35%) and mental health services (34%). MVS are rarely providing the kinds of wraparound services (particularly health, mental health and housing) that service users would like to access.

In addition, very few staff and volunteers are trained comprehensively on topics such as first aid and working with vulnerable people, which may be reducing their ability to provide assistance and referrals when required. As discussed further below, more consideration should be given to meeting the specific needs of different cohorts, such as people living in social housing and rough sleepers, when planning and delivering wraparound services.

## 3.2. OPPORTUNITIES TO IMPROVE SERVICE PROVISION IN THE FUTURE

This study has highlighted a number of opportunities to improve service provision in the future. These can be divided into two parts: opportunities for the City to support current service provider operations, and opportunities for the City to encourage new models of support to better meet needs.

#### 3.2.1. Opportunities to support service provider operations

This study has highlighted that service providers require support to better meet the needs of people accessing their services, while also upholding the amenity of operating locations within the LGA. As noted above, key areas of focus include ensuring food safety and the provision of healthy food, supporting a more holistic approach to service provision incorporating wraparound services and referrals, and reducing operational issues such as staff feeling unsafe and practices of illegal dumping and parking. In order to achieve these desired outcomes, it is recommended that the City focuses its efforts on establishing a deeper level of engagement with MVS through developing a new set of guidelines, establishing an MVS working group and facilitating access to training for MVS staff and volunteers.

#### Develop a new set of guidelines

The development of a new policy and guidelines is considered essential to set the foundation for improved service provider operations and practice. The guidelines should be operationally focussed, meaning they can be used on a day-to-day basis by MVS to guide their approach to service provision. It is recommended that the guidelines include the following information:

Recommended inclusion	Rationale
A short summary of the profile of service users	To ensure service providers are aware of the needs of the people accessing MVS and can tailor their services to meet these needs
Expectations regarding food safety (food preparation, food handling etc) and suggestions regarding healthy food options	To help to encourage the provision of safe and nutritious food throughout the week
Expectations regarding the disposal of rubbish and information on disposal sites close to key service locations	To help to prevent illegal dumping and tensions between rangers and service providers which negatively impact the relationship between the City and service providers
Expectations regarding parking, including relevant regulations and information on free or inexpensive parking options close to key service locations	To prevent illegal parking arrangements and tensions between rangers and service providers which negatively impact the relationship between the City and service providers
Suggested procedures for ensuring the safety of service provider staff	To help protect the wellbeing of staff and ensure services continue to be delivered to meet needs in the community
Contact information for key staff at the City	To enable a direct line of communication between service providers and the City to encourage ongoing engagement

Referral pathways to other relevant	To enable more referrals to social services where required
services	or when requested by service users.

#### Establish an MVS working group

Building on the foundation of the new policy and guidelines, establishing an MVS working group will enable deeper and ongoing engagement between the City and service providers to further support MVS operations. The purpose of the working group will be to:

- coordinate service locations, days and times enabling conversations between the City and service providers regarding gaps and areas of oversupply, as well as conversations among service providers themselves, will assist in the appropriate distribution of services
- resolve issues experienced during operations enabling conversations between the City and service providers regarding issues such as parking and rubbish disposal, will help to streamline operations and create greater compliance with the City's regulations
- inform best practice bringing service providers together also provides an opportunity to create a community of best practice which can share learnings and hear evidence on the needs of service users (including evidence from this study), for example the strong preference among service users for healthier food and referral to other services

It is suggested that the group meets once a quarter and email updates are shared between meetings. It will be important to highlight the benefits derived by taking part in the group (e.g. making operations easier) to encourage service provider attendance. If this is not done, there is a risk that service providers will perceive the group as a form of regulation and may not engage. There may also be an opportunity to build in input from service users in order to ensure the group's directions are led by the needs of people accessing services. This could take the form of service user representatives on the group.

#### Facilitate access to training for MVS staff and volunteers

Further to participating in the working group, it is clear that service providers require additional support in the form of training for staff and volunteers. This study has identified that there are currently skills gaps among service provider staff and volunteers in the areas of food handling, first aid (including mental health first aid), working with vulnerable people, and dealing with hostile situations. There is also an opportunity to share information with staff and volunteers regarding the appropriate referral pathways for other relevant services. As the City cannot formally regulate training take-up, it is suggested support could be provided through organising training, subsidising training costs or sharing information on available training courses. Ultimately, facilitating access to training will help to ensure best practice service provision to people in need, and to protect the wellbeing of service provider staff and volunteers.

## 3.2.2. Opportunities to encourage new models of support

In addition to supporting current service provider operations, there is an opportunity for the City to engage with relevant stakeholders to encourage new models of support which better align to service user needs. In particular, new models should respond to the findings from this study that there are different needs among different groups of service users, as well as a common need for more holistic support and social connection across all groups.

#### Engage with stakeholders to highlight the specific needs of different groups

This study has highlighted two key groups of service users with distinct profiles and needs: people living in social housing and people sleeping rough. Figure 23 overleaf highlights some of the differences between these two groups. There are other groups of people accessing MVS, such as people living in temporary forms of accommodation and boarding houses/group homes, however the sample sizes for this study did not allow a deep exploration of the profile and needs of these groups.

It is recommended that the City engages with a range of relevant stakeholders to share the findings from this study and explore opportunities to tailor models of support to meet the different needs identified. Relevant stakeholders extend beyond service provider organisations and include other government agencies such as the Department of Family and Community Services and Justice, social housing providers (both government and community providers), and non-government organisations supporting vulnerable people that are not MVS. Where possible, further consultation should also be undertaken with people living in social housing and rough sleepers to confirm their needs and preferences and co-design appropriate solutions.

Figure 24 – Profile of people living in social housing and rough sleepers

#### People living in social housing

People living in social housing are often considered a secondary target cohort for service providers, yet they made up 46% of the respondent sample for this study, a larger cohort than rough sleepers. The results of this study provided some key insights into the needs of this cohort, including that there are skills gaps, with one in six respondents (16%) reporting they didn't feel confident in their skills (e.g. cooking skills). Social factors were strong drivers of service access for this cohort, with almost three quarters of respondents living in social housing indicating they were there to catch up with friends and community (72%), compared to 56% overall. This may explain why only one in five respondents living in social housing indicated they wanted to access services in a more private setting (20%) or indoors (20%). as they view the opportunity for gathering on the street as a way to connect with the local community. People in social housing indicated a desire for a range of social services to be provided while accessing MVS, including health services (48%), drug and alcohol services (44%), mental health services (38%), legal services (38%) and family and community services (30%). Despite being a cohort in need of support, these are some areas of social housing within the City of Sydney LGA (e.g. Glebe and Waterloo) which are not currently serviced by MVS locally.

#### Rough sleepers

Rough sleepers are the main target cohort for most service providers and made up 32% of the respondent sample for this study, the second largest cohort after people living in social housing. They are currently well-serviced by MVS in terms of location. Unsurprisingly, rough sleepers were significantly more likely than those in social housing to report they didn't have access to facilities (e.g. cooking facilities) (60% vs 10%). They also more commonly reported that they didn't have money to access food or another service without MVS (71%), compared to 64% of all respondents. Social factors were still important drivers of service access for rough sleepers, with more than two fifths indicating they were there to catch up with friends or connect to their community (43%). As was the case with people in social housing, this may explain why few respondents indicated they wanted to access services in a more private setting (17%) or indoors (14%). Rough sleepers indicated a desire for support to be provided while accessing MVS, primarily housing support (60%, compared to 46% of all respondents), and key social services including mental health services (34%).

#### Engage with stakeholders to encourage a focus on holistic support and social connection

Despite the differences highlighted above, this study found there are two common needs across all groups: the need for more holistic support and the need for social connection. It is recommended the City engages with a range of relevant stakeholders, including MVS and providers of broader social supports, to share these findings and explore new models of support which target these needs.

The need for more holistic support relates to the strong preference among service users for information about and referral to other services when accessing food. This study found that most MVS don't currently provide wraparound services and/or don't provide training to staff and volunteers regarding referral pathways to other services. The need for social connection relates to the finding that social factors are a key driver of service access. MVS are currently primarily focussed on supporting people to access food, with incidental opportunities for social connection only. There may be an opportunity to deliver services that specifically aim to reduce social isolation, such as events focussed around music, art, cooking, exercise and conversations. These services may still require the provision of free food in order to encourage attendance, however the focus of the service would be on creating connections – a shift in focus based on the current service delivery model.

## **DISCLAIMER**

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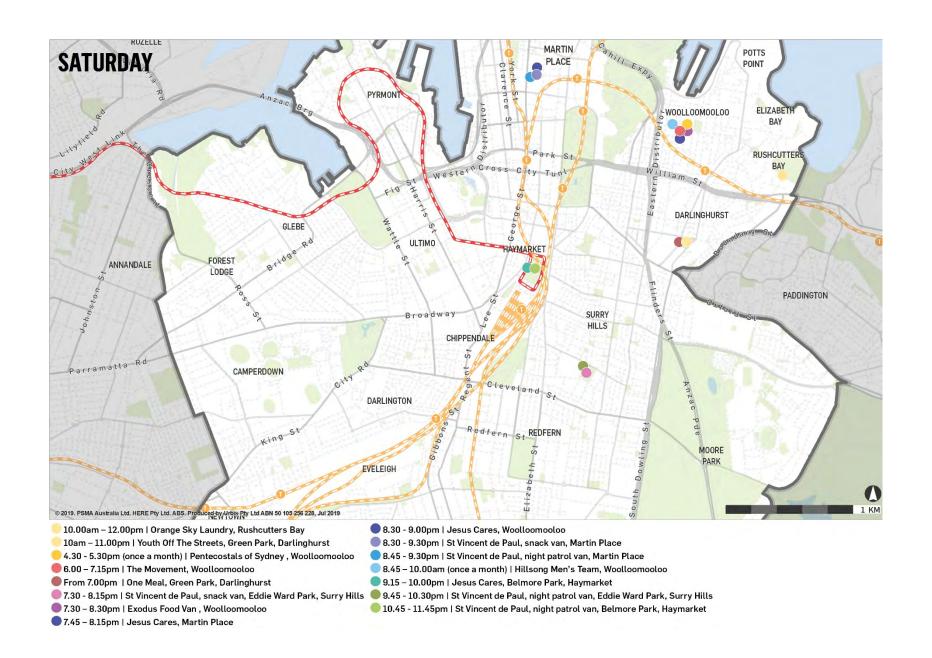
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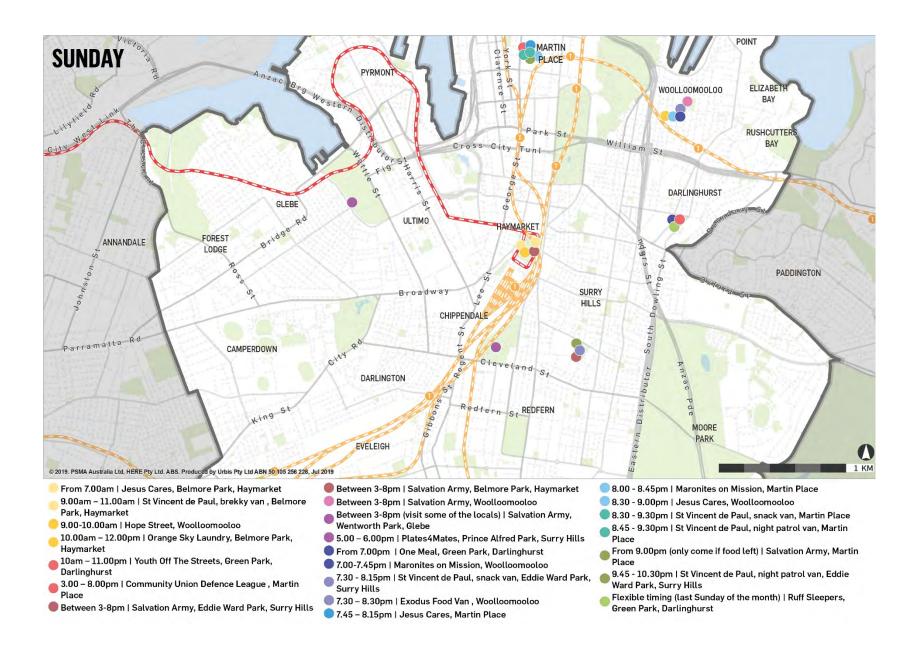
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MVS STUDY FINAL REPORT
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# APPENDIX A SERVICE PROVIDER LOCATIONS AND TIMES BY DAY OF THE WEEK





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