



# 2019 Montréal Overflow Shelter: Key Findings and Recommendations

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## **Introduction**

Our services and thinking are limited by what we do not know. Generally homelessness research is focused on individuals who are already accessing services: the populations served at the overflow shelter in many ways represent the unknown. The opening of this shelter offered an important opportunity to develop a deeper understanding of the populations that often do not find themselves in permanent homelessness services, evaluate this new service and support service improvements in future years. More largely, academic research surrounding the question of overflow shelters is sparse and dated; taking the sample of individuals from the Montreal 2019 overflow shelter allows us another avenue for thinking about the gaps in our understandings about homelessness.

As this research demonstrates, use of this kind of service is not only popular amongst homeless individuals, it is needed. While by no means exhaustive, and the sample size is fairly small, the following report offers a glimpse of the complex and diverse realities for homeless individuals underserved by other services within Montreal. These realities include self-identified alcoholism; regular interactions with police and security agents; extensive use of other services, and being barred from other homelessness services. These snapshots of homelessness present not only the trajectories and experiences of individuals at the overflow shelter; but a reflection of the current limitations of services in Montreal.

## **Context**

Community organizations in the city of Montreal provide about 1000 shelter beds for men and women confronting homelessness. Previously, certain other homeless services would enter into the “protocol d’hiver” in the winter seasons. This would mean in instances where these services would have otherwise turned someone away in warmer seasons because beds were full, they would accommodate individuals through additional measures, for example by placing mats on a cafeteria floor. Individuals taken in during this time were subject to a limited intake process and were shuffled out of the service early in the morning. No emergency shelter services accommodated animals.

In January 2019, Welcome Hall Mission, Old Brewery Mission, Maison du Père and Accueil Bonneau, supported by the CIUSSS centre-sud and the municipality, opened the overflow shelter. Beyond this being a service the organizations had previously recognized was needed, the death of a homeless man’s dog earlier in the winter season sparked important media and municipal attention towards the current limitations of shelter services in the winter time. The consolidated stakeholders acted quickly and secured a central location for an overflow shelter at the Ross Pavilion of the old Royal Victoria Hospital. The shelter’s purpose was, on one hand to accommodate the individuals who could not obtain a bed in regular permanent services’ winter protocol accommodations, and on the other, to create a low-barrier service where individuals could enter late at night under most conditions, in a state of intoxication or under the influence of drugs. Pets were also admitted.

## Operations

Open between January 15th through April 15<sup>th</sup>, the overflow shelter aimed to offer additional overnight accommodations to supplement the existing emergency homelessness services' bed capacity. The intention was not to replicate the full continuum of services offered in other organizations (meals, psychosocial support, etc.) but to simply offer a secure place to sleep for the night.

Operations opened at 9pm: several security guards and one frontline worker arrived to the former Royal Victoria Hospital's Ross pavilion and began preparations for incoming users. From 9pm till 1am the OBM shuttle would pick up individuals at designated areas throughout the downtown area. Users would exit the shuttle and enter through the main entrance of the Ross Pavilion; in the lobby security guards would pass metal detectors over each individual and accompany them to the elevators, bringing them to the third floor. Users were then greeted by a frontline staff member who conducted a simple intake: name and date of birth; staff additionally identified the person's race and gender by their presentation and entered this data. Finally, users were guided to their room (rooms accommodated from 4 to 6 individuals and were gender segregated into two wings). In the morning users were awakened at 5-5:30 am to be ushered into the shuttle where they were transported to breakfast at the campus St-Laurent or latterly Accueil Bonneau, where the meal was typically offered a couple hours after arrival.

Operations as they were conducted in winter 2019 were crucial to users' perception of the service. As discussed in qualitative findings, the elements that made up the service were core to individuals' reflection surrounding the overflow shelter.

## Methodology & Analysis

It is important to take into consideration that the 2019 overflow shelter was planned with very little time; as such, staff was limited at the service and resources within partnering services were stretched to accommodate the needs of the overflow shelter. The end result was an initiative shared amongst several partners that offered minimal data collection throughout the intake process. This report reflects intake statistics collected and reviewed throughout the operations of the shelter from January through April, as well as interviews conducted with users of the overflow shelter from March and April.

### Quantitative

Quantitative data relied on intake information collected in the *Homeless Individuals and Families Information System* (HIFIS) and the data collected through nightly bed lists. HIFIS is a tool, provided by the Canadian government, that gathers information relative to a homeless individual or family's use of services (elements include basic identifying and demographic information). In the case of the overflow shelter clients, they were asked for their name and age only. Given the inconsistencies in some of HIFIS' daily reports, the majority of figures were collected through bed lists that indicated which users entered the service on which day. Daily lists of clients with intake time were gathered and processed manually to ensure that numbers were as accurate as possible. Data was then processed through Microsoft Excel.

## **Qualitative**

20 interviews were conducted with users to offer a first-hand glimpse of both trajectories and experiences at the overflow shelter. Interviews ranged from 15 to 45 minutes in length and were held at the location of choice for users. Recruitment was conducted by placing posters advertising the study in the following services: Welcome Hall Mission, the overflow shelter, Café Mission, Pavilion Patricia Mackenzie, Accueil Bonneau, Open Door, and the Native Friendship Centre. Most participants contacted the research coordinator directly by phone and arranged a time and place for an interview; others approached the research coordinator directly through friends who also had used the overflow shelter. All participants were verified via HIFIS to have used the service. In exchange for their participation, each participant was offered \$10 in cash. Each participant signed a consent form articulating the nature of the study and the researchers' commitment to participant confidentiality. Interviews were transcribed and uploaded to Nvivo coding software. A codebook was developed based on content presented by a first reading of interviews. Coded content was grouped and analyzed for trends. Any significant components or trends have been grouped in this report.

## **Findings**

### **Quantitative**

#### **Totals and Range of Frequency of Visits**

As indicated in Figure 8, the total number of individuals that made use of the overflow shelter between January 15 and April 15<sup>th</sup> 2019 was 1,590 (according to bed lists, by unique clients). Of this count, 88% were men, 11% were women; and 1% self-identified as transgender. The average age for both male and transgender users was 47 years old, and the average age for female users was 40 (Figure 9). While statistics surrounding pets were inconsistently recorded through the intake software, numbers indicate very few companion animals at the shelter.

Interestingly, users made use of the overflow shelter the most (83.7%) between 1-5 nights throughout the course of the winter. Significant use of the shelter otherwise was limited with a few exceptions (N=25) of users staying beyond the 30 day range. Within the 25 users that stayed beyond thirty days at the service, only one of the users was a woman (no transgender users stayed beyond the thirty day range)(Figures 10.1-10.4).

#### **Variations across weather**

Another interesting result from the quantitative analysis was a comparison of total unique clients admitted on nights with low daily temperature (Figure 11). Despite the principal purpose of the shelter being to accommodate the overflow of homeless individuals in particularly inhospitable temperatures, the ebb and flow of user intake indicates that exceptionally cold temperatures did not have an effect on user numbers. An important consideration in this chart is that heavy snowfall is not indicated.

## Qualitative

Within the qualitative sample of 20 individuals:

- 45% (9) of participants were Indigenous (7 men and 2 women)
- 30% (6) of participants were women

Unfortunately, no transgender user or users accompanied by pets were able to be recruited for the study.

## Trajectories

As indicated by Figure 2, while the 20 study participants were generally not asked about their homeless trajectory in their interviews, considerable details were offered in unsolicited circumstances to provide perspective on their experiences. General trends that emerged amongst the sample were:

- 55% (11) self-declared as alcoholics
- 40% (8) indicated that they had been barred from other homelessness services
- 40% (8) indicated regular interactions with police/STM security

A question about sleeping arrangements without access to the overflow shelter was asked consistently of participants. Of the sixteen participants who responded, six indicated that they would simply sleep outside or 'rough it' without access to the overflow shelter; seven said they would sleep at a day centre rather than at night; six indicated that they would sleep in a metro; and only five of sixteen respondents indicated that they would entertain sleeping at a regular night shelter. The implication of this last figure is that only 25% of the sample would be found at other night shelters under these circumstances (thus, the actual 'overflow' of a service); 75% would otherwise be found outside of night services.

Users were asked about the frequency of their use of the overflow shelter. Based on responses, users were categorized into light (1-3 nights, 30%), episodic (3+ nights but sporadic, 15%) and settled (3+ nights, generally consecutive, 55%) cohorts. Details associated with these cohorts can be found in Figures 1 through 5.

### **User Perceptions: Being a Women at the shelter:**

*I like the fact that they have a male security and a female security.*

*umm, in general I think everybody needs services, so, it would be like, I mean there might be some women that are not comfortable to be with men, and men that are not comfortable to be with women. And also, there's also other groups that like to be in a mix So, it would be good to have those options.*

-066

## User Perceptions of the Service

One of the main focuses of the interviewing process was gathering user perceptions of their experiences within the overflow shelter. As indicated in Figure 13 notable trends in user responses were:

- 85% (17) thought the overflow shelter should stay open all year long
- 75% (15) of users indicated that they would like more time to sleep (wake up time was at 5:30am while the last shuttle drop-off was generally at 2 am)
- 60% (12) indicated that they would like access to psychosocial support within the overflow shelter : this suggests a desire for services beyond the traditional emergency shelter
- While not particularly quantifiably significant, it is worth noting that 15% (3) of users expressed negative feelings about the presence of animals, indicating that the animals had better accommodations (pillows, blankets, food and water) than the humans using the service.

Users also expressed pronounced feelings about the shuttle service that brought them from a given service to the overflow shelter. While several users appreciated the service, repeatedly users indicated that there was an issue with the shuttle service not lining up morning drop-offs with other services. For example, they explained being dropped off outside of closed day centres and waiting several hours outside for breakfast. Other criticisms included there not being enough shuttle pick-up and drop-off times which limited the amount of sleep they could have in the space.

## External Services Frequented by Users

Another core objective of the interviews was learning what additional services users from the overflow shelter were using (Figure 12). Notably, not a single user reported only accessing the overflow shelter; the average number of services used in addition to the overflow shelter across users was 4.2. Amongst subgroups this average varied: 3.67 for women, 4.43 for men, and 5 for Indigenous users. Extensive use of other services can indicate that users interviewed are

### User Perceptions: Being Barred from Services:

*Welcome Hall. They're barred there so where they gonna sleep? They're just going to keep drinking until they pass out in the street. They get picked up by the cops cause they're barred from certain places.*

-001

*I think that for what it was, the service was absolutely essential. Ah. I'm sad to see it closed, but I understand that seasonally it is more in need. Uh, but for somebody like me, who can, who's been bounced around from place to place to place and they will not take me in. It was the only refuge. It was the only place to sleep.*

-138

*Bah là pour le moment je suis barré à Maison du père. Là il faut que je rencontre un intervenant pour retourner à mission Bon Accueil par ce que j'ai eu une bataille avec un gars. Bah faut que j'aille là justement pour qu'il me parle, qu'il me ré-accepté. C'est pour ça la dernièrement je couche à Royal Vic.*

-029

*Que t'sais là c'était en décembre, j'ai dit parce que j'ai été... barré par bien des services. Je faisais des sevrages de drogue puis d'alcool, mais c'était surtout pour l'alcool, mais la médication. Puis ça, ça jouait beaucoup sur mon moral. Puis quand ça me rendait vulnérable, puis quand t'sais j'étais vulnérable, bien... ils essaient d'en profiter. Puis je mettais mon pied à terre, j'étais fâché. Fait que ça a fait que j'ai été barré parce presque tous les services à Montréal puis le Vic bien comme je te dis, c'est plus, un petit peu plus... C'est moins personnalisé, on est moins... T'sais on s'en va coucher.*

-051

*Ouais, je suis barrée à toutes les places, fait que c'était la seule place.*

-055



well-seasoned in Montreal's homelessness network and that they are not accessing the overflow shelter during an early/first instance of homelessness.

### **Perceptions of External Services Frequented by Users**

While less solicited than other content, users had a great deal to say about other services they frequent in Montreal. Most notably, there was an overwhelming criticism of restrictive dry services in Montreal (11 mentions). Other common criticisms of services included staff (six mentions) and the failure of services to adapt to users with limited mobility (5 mentions).

### **Recommendations for Services Missing in Montreal by Users**

50% (10) of users in the study indicated that a wet shelter was a major service missing in Montreal for homeless individuals. As a reflection of the high level and frequent use of the overflow shelter, 35% (7) indicated that they felt that Montreal was in need of more emergency shelter services (as opposed to a growing presence of transitional program-based services to shift homeless individuals out of emergency shelters).

#### **User Perceptions: Alcohol and intoxication:**

*Ouais moi j'ai tout le temps eu des... Comme moi tu vois quand je suis trop intoxiqué, je m'en vais à l'hôpital, dans la salle d'attente là...*

-006

*Ouais, Projet autochtone du Québec, bien il faut aller désintoxiquer face à l'alcool. On ne peut pas rentrer là, sous l'effet de l'alcool. Ils ne veulent pas.*

*Quand on va au Royal Vic, tu consommes n'importe quoi...*

*Ouais, mais c'est parce que on te trouve intoxiqué face à l'alcool ou bien il est trop tard, passer 9h, on n'a plus le choix... On s'en va au métro...*

-010

*Oui oui oui, c'est sûr que je comprends pas qu'il y ait pas une place ou les gens peuvent boire. Moi là, c'est rendu qu'ils ont des bacs à seringue, toutes les toilettes de la ville de Montréal. Mais, quand tu prends une bière dans un parc t'as une amende ? Ils vident ta bouteille, c'est rendu même que le pot est légal, mais c'est rendu que la bière, c'est la première chose qui était légale au Canada c'était la bière. Là c'est quasiment comme interdit*

-029

*There's no problem there, you could walk in there intoxicated...They know you have addiction problems. That's why they made that place open.*

-041

*Well, the thing is with native women's shelter is that umm you are not allowed to go there intoxicated but otherwise if I wasn't intoxicated I would have just gone there.*

-066

## **Discussion**

### **Alcoholics**

To-date there are no wet shelters in Montreal (where an individual can arrive intoxicated and consume alcohol on premises). As the number of self-reported alcoholics (55%) within the study may indicate, this subgroup of homeless individuals appears to use the overflow shelter frequently. Returning to the operations of the shelter, this trend can be attributable to a later intake time (between 9pm and 2am) and more relaxed internal rules. In tandem with the reported amount of individuals self-identifying as alcoholics, 40% of users interviewed indicated they have been barred from services, while 35% felt that there should be more emergency services in Montreal. Several users indicated that they are being barred as a result of their inability to be admitted in a state of intoxication or to consume on-site; having access to simplified services, such as low-barrier emergency shelters, may be seen as an option that is less likely to bar individuals with more complex substance use habits.

### **Women**

Women represented a significantly smaller portion (11%) of users at the overflow shelter. Similarly most interviewed women were light users (4) compared to settled (2) and had used the service relatively sparsely. All but one female user had generally positive reflections on the service and 50% (3) indicated that they felt safe there; 17% (1) said they felt relatively safe and 33% (2) indicated that they did not feel safe at all in the overflow shelter.

### **Indigenous Users**

Looking to Figure 12, we see that Indigenous users accessed on average nearly 20% more additional services compared to the total population sampled. Part of this can be justified by interviewee recruitment which took place in part at the Native Friendship Centre and particularly benefitted from snowball sampling (where participants refer one another to the study); another part is the presence of Indigenous-specific services, in addition to regular homelessness services. Indigenous users throughout their interviews expressed preference and need for Indigenous-specific services; that being said, 44% (4) of these users indicated that they had been also barred from such services. This latter element likely further explains a higher average of additional services accessed; while these users may prioritize accessing Indigenous-specific services, they may have to direct themselves to other services after being barred.

## **Conclusion: winter overflow or ongoing need?**

The overflow shelter was widely used January 15<sup>th</sup> through April 15<sup>th</sup>. With 1590 unique clients visiting the space, no longer accessing the overflow accommodations within other homelessness services, Montreal can measure its winter homelessness population in a way that highlights the limitations of our current collective bed count. That being said, of the 1590

individuals, the number who only access services in inhospitable weather cannot be measured using the data collected at the overflow shelter or via this study; access of the service revealed no correlation with low temperatures throughout the winter. Additionally, we do not know which clients generally tried to access other services before the overflow shelter versus those who chose the overflow shelter as a first option.

Reflections by users pose some interesting questions as to the nature of the overflow shelter. While permanent homeless services no longer had to accommodate individuals in an overflow capacity (for example on the floor of a cafeteria) it seems, based on the qualitative sample, that part of this group of users either was entirely barred from other services, or knew that they could not be admitted to services because they were intoxicated. In this sense, these are not necessarily individuals who accessed the shelter after being refused (for capacity reasons) elsewhere. Additionally, these users overwhelmingly expressed a desire to have access to this kind of service year-round. This can, on one hand, indicate certain users' reticence towards program-based transitional housing programs. Another interpretation suggests users prefer a service with flexible, later intake times and relaxed approaches to intoxication.

Regardless of the interpretation, the 2019 overflow shelter clearly provided a service that was missing in Montreal for homeless individuals. This gap, whether an important response to the quantity of individuals seeking shelter when other services are full, or a lower-barrier option for people otherwise unable to use other services in the city, demands ongoing attention and services.

## **Recommendations**

Based on user perceptions and general reflections of the service, some amendments that could be considered for future overflow shelters could include:

- Supportive programming running in tandem with the shelter for alcoholics. Several of these users indicated a desire for more psychosocial support but were limited to the overflow shelter which was low barrier enough for them to enter intoxicated.
- Increased shuttle pick-up times to bring users to the overflow shelter.
- Coordinated shuttle drop-offs with other services as they open. This would avoid individuals waiting around in the cold for services to open.
- More time for users to sleep.
- Bedding in addition to the cots offered.
- Increased attention to service user intake protocols; this would include more attention given to the intake process and room for individuals to self-declare indigenous status or gender; along with more data collected at intake. A more data-driven approach to this service in the future would help refine services greatly.
- Regarding the qualitative section of this study, there was an overrepresentation of Indigenous users who, on average frequent more services in Montreal, and expressed a preference for Indigenous-specific services. Future overflow shelter management should coordinate with Indigenous services (such as Projet Autochtones du Québec) to better understand gaps in service provision for these individuals.
- Greater consideration given to users arriving to the service after being barred elsewhere; these users are not overflow but are not meeting rules or standards in

other homelessness services. These users underscore the limitations in our city's current service network.

## **Limitations**

### **Quantitative**

As mentioned, resources were rushed and limited for extensive data collection within user intake at the overflow shelter. As such, data was inconsistent through the Homeless Individuals and Families Information System (HIFIS) and more accurate figures had to be collected manually using daily bed lists from the service. Intake did not include extensive data about individuals using the service; in turn, our perception of users is limited to gender, age and their use of the service. Additionally, as it relates to gender and indigenous status, intake was limited to the frontline worker's personal categorization of individuals based on physical presentation. As such, counts related to indigenous users were not considered in this study; gender must also be considered not as self-reported but as determined by staff.

### **Qualitative**

Due to limited time and resources, the sample size was very small for the qualitative study. In this spirit, the nature of interview questions was open-ended and exploratory. Similarly, the research team was limited; as such recruitment, data collection and analysis were conducted by the research coordinator.

Most noticeably, the sample of individuals that offered to be interviewed were mostly (55%) in the minority of individuals who stayed beyond the 1-5 night range. Reasons for this can vary: these users likely make more frequent use of the services where recruitment posters were placed, while users who only visited a handful of times may not be as well-versed in other services. Additionally, users had to have access to a phone or internet in order to be able to contact the research coordinator. Ultimately, the quantitative sample makes light of a group of individuals otherwise disserved by services in Montreal, but not necessarily individuals representative of the average overflow shelter user.

## Appendix

**\*Figure 1: Frequency of Visits (N=20)**

Range: 1 to 44 days		
Settled visitor (3+ and nights are consecutive)	11	55%
Light Visitor (1-3 nights)	6	30%
Episodic visitor (3+ visits but sporadic)	3	15%

**\*Figure 2: Total Trajectories (N= 20)**

Barred from other services	8	40%
Indigenous	9	45%
Women	6	30%
Prison	2	10%
Explicit Preference for the Vic	6	30%
Social/Family Structure Rupture	3	15%
Chronically homeless	3	15%
Forcibly Displaced from Home	2	10%
Alcoholic	11	55%
Heavy Substance User (Drugs and Alcohol)	5	25%
Regular Contact with Police/Public Security	8	40%

**\*Figure 3 : Light Trajectories (N=6)**

Barred from other services	3	50%
Indigenous	3	50%
Women	4	67%
Preference for the Vic	1	17%
Chronically homeless	1	17%
Alcoholic	3	50%
Heavy Substance User	2	33%
Chose The Vic for Gender Mixity	1	17%

**\*Figure 6: Services from which Users Reporter Being Barred from (N=8)**

Service	# of Users Barred	%
OBM	6	75%
Welcome Hall	7	88%
Maison du Père	5	63%
Projet Autochtone Québec	4	50%
L'Armée du Salut	1	13%

**\*self-reported by users**

**\*Figure 4: Episodic Trajectories**

(N=3)

Barred from other services	1	33%
Indigenous	1	33%
Women	1	33%
Prison	1	33%
Preference for the overflow shelter	0	0%
Social Rupture/Abusive spouse	1	33%
Chronically homeless/Openly chooses to sleep outside	1	33%
Heavy Substance User	1	33%
Alcoholic	2	67%

**\*Figure 5: Settled Trajectories**

(N=11)

Barred from other services	4	36%
Indigenous	4	36%
Women	2	18%
Prison	1	9%
Preference for the Vic	5	45%
Social Rupture	2	18%
Chronically homeless	1	9%
Forcibly Displaced from Home	2	18%
Alcoholic	6	55%
Heavy Substance User	2	18%
Chose the overflow for accessibility	1	9%

**\*Figure 7: Alternate Sleeping Arrangements without the Vic**

(N=16)

Outdoors (roughing it)	6
Parking Garage	1
Hospital	1
Metro	6
Day Centres	7
Tim Hortons/McDonalds	4
Indoor ATM	1
Night Time Shelter/Emergency Service	5
Library	2
Don't know	2

**Figure 8 : Total Clients**

Clients	N	%
Male	1400	88,1
Female	179	11,3
Transgender	11	0,7
Total	1590	100

**Figure 9: Age of Users (N=1590)**

	Age (average)
Male	47,2
Female	39,8
Transgender	47,2

**Figure 10.1: Amount of visits to overflow shelter per client (January-April)**

Range	N	%
1-5 days	1331	83,71
6-10 days	122	7,67
11-15 days	50	3,14
16-20 days	32	2,01
21-25 days	19	1,19
26-30 days	11	0,69
31-35 days	8	0,50
36-40 days	2	0,13
41-45 days	4	0,25
46-50 days	3	0,19
51-55 days	4	0,25
56-60 days	2	0,13
61-65 days	0	0,00
66-70 days	2	0,13
71-75 days	0	0,00
	1590	100

**Figure 10.2: Amount of visits to overflow shelter per client, male (January-April)**

Range	N	%
1-5 days	1169	83,50
6-10 days	109	7,79
11-15 days	44	3,14
16-20 days	27	1,93
21-25 days	18	1,29
26-30 days	9	0,64
31-35 days	8	0,50
36-40 days	2	0,13
41-45 days	4	0,25
46-50 days	3	0,19
51-55 days	4	0,25
56-60 days	1	0,06
61-65 days	0	0,00
66-70 days	2	0,13
71-75 days	0	0,00
	1400	98,29

**Figure 10.3: Amount of visits to overflow shelter per client, female (January-April)**

Range	N	%
1-5 days	154	86,03
6-10 days	12	6,70
11-15 days	5	2,79
16-20 days	5	2,79
21-25 days	1	0,55
26-30 days	1	0,55
31-35 days	0	0
36-40 days	0	0
41-45 days	0	0
46-50 days	0	0
51-55 days	0	0
56-60 days	1	0,06
61-65 days	0	0
66-70 days	0	0
71-75 days	0	0
	179	99,44134

**Figure 10.4: Amount of visits to overflow shelter per client, transgender (January-April)**

Range	N	%
1-5 days	8	72,72
6-10 days	1	9,09
11-15 days	1	9,09
16-20 days	0	0
21-25 days	0	0
26-30 days	1	9,09
31-35 days	0	0
36-40 days	0	0
41-45 days	0	0
46-50 days	0	0
51-55 days	0	0
56-60 days	0	0
61-65 days	0	0
66-70 days	0	0
71-75 days	0	0
	11	100

Figure 11 :

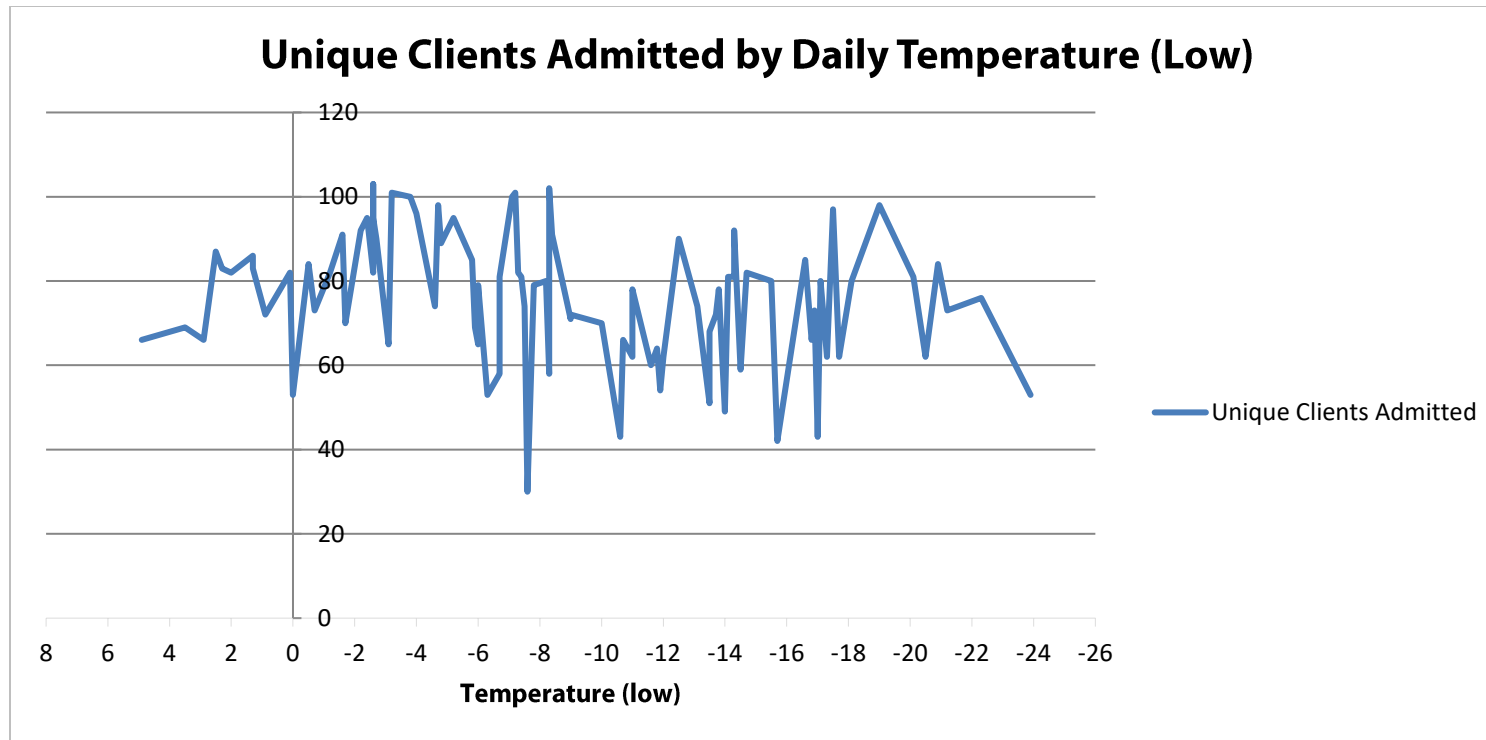


Figure 12: Total External Service Used by Overflow Shelter Users

	Pavilion Webster (Mission Old Brewery)	Pavilion Patricia Mackenzie (Mission Old Brewery)	Maison du Père	Mission Bon Accueil	Projet Autochtones Québec	Accueil Bonneau	Open Door	Centre D'amitié Autochtone	Shepherds of Good Hope (Ottawa)	L'Exode	L'Armée du Salut	Pas de la Rue	Chez Doris	Cap St Barnabé	Plaisir (CACTUS)	Toit Rouge	Native Women's Shelter	Maison Jacqueline	Auberge Madeleine	Average # of services used in addition to overflow shelter:
<b>Total</b>	10	4	8	10	9	5	7	9	2	1	2	1	1	2	1	6	1	2	1	<b>4,2</b>
<b>Women Total</b>	0	4	0	0	2	0	1	2	0	0	0	1	1	2	1	4	1	2	1	<b>3,67</b>
<b>Men Total</b>	10	0	8	10	7	5	6	7	2	1	2	0	0	0	0	2	0	0	0	<b>4,43</b>
<b>Indigenous Total</b>	4	0	4	5	9	1	3	9	2	1	1	0	0	0	0	1	1	1	1	<b>5</b>

**Figure 13: Total Users Critiques of Service**

<b>The Vic should stay open all year long</b>	<b>Sense of Security</b>	<b>Wake Up time</b>	<b>Lack of Psychosocial Support</b>	<b>Bedding</b>	<b>Food and Drink</b>	<b>Staff</b>	<b>Temperature</b>	<b>Showers</b>	<b>Animals</b>
Yes:	Felt safe:	Would like more sleep time:	Would like access to psychosocial support at the overflow shelter	Unacceptable Bedding:	Food and drink unacceptable:	Positive experiences with intervenants (only):	Temperature Unacceptable:	Needed/wanted a shower at the Royal Victoria:	Appreciated that users could bring their pets:
85%	50%	75%	60%	60%	45%	10%	40%	45%	15%
No:	Felt relatively safe (for the situation):	Think there should be more sleep time for certain users:	Would not like access to psychosocial support at the overflow shelter	Manageable bedding:	Some food would be nice:	Had Issues with the intervenants:	Temperature Acceptable:	Did not need/want a shower at the Royal Vic:	Did not appreciate that animals were treated better than the humans in the space:
5%	20%	20%	25%	25%	20%	5%	10%	5%	15%
Yes, for extreme weather only:	Did not feel safe:	No extra sleep time needed:		Found cots unacceptable:	Satisfied with what's already there:	Had issues with the security agents:			Scared of dogs in the space:
10%	25%	0%		15%	15%	35%			5%
						Positive experiences with the security agents (only):			
						5%			
						Positive experiences with all staff:			
						35%			
No response:	No response:	No response:	No response:	No response:	No response:	No response:	No response:	No response:	No response:
0%	5%	5%	15%	15%	20%	25%	50%	50%	65%