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**HALTE CHALEUR 2020**  
PROGRAM EVALUATION AND RESEARCH REPORT

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## **Introduction**

Low barrier services are understood as homeless programs that relax the rules and structures that would typically limit service users with more complex profiles of substance use and mental health (Evans, 2011). Generally, it means little-to-no intake process and allows individuals to access the service intoxicated. In the same spirit, anyone accessing the service can come and go as they please. While many services in Montreal have made the important shift to transforming services to abolish conventional shelter models and focus on housing individuals, low-barrier services remain an important feature for service users who cannot meet other program criteria or rules. Ending homelessness requires a variety of strategies, including low barrier programming, which offers a means of meeting the most disenfranchised individuals in a place that is comfortable for them, with a view to assisting them to address issues causing their homelessness.

Because of the limited intake involved with this kind of programming, we know very little about the profiles and experiences of individuals who access low barrier programming. Consequently, the following study sought to better understand the diversity and perspectives of individuals accessing a temporary nighttime centre in Montreal throughout winter 2020. Additionally, this study aimed to address the question: “What makes an individual service user choose to remain in a low barrier service with no sleeping accommodations?” Based on interviews with 22 individuals accessing this nighttime service, this study reveals a compelling and new diversity of profiles and experiences from amongst those navigating low barrier, emergency and rehousing services in Montreal.

## **Context**

In Montreal there exists a range of services created to serve homeless individuals. The focus of these services is often centered around sleeping accommodations, namely emergency shelters and transitional housing programs. Another important form of homeless service is day centres and warming centres, typically modeled to be low barrier options. These services are not explicitly created to offer sleeping provisions or offer counselling, but instead serve as a space for individuals to spend time and access food, certain essential services like clothing, as well as shelter from the cold or extreme heat.

In the winter of 2019, several community partners, along with the CIUSSS and the city of Montreal, embarked on an ambitious project to offer an overflow shelter at the former Royal Victoria hospital. This project aimed to address the additional influx of individuals accessing emergency shelters in the wintertime, often exhausting the city’s existing shelter beds. The Royal Victoria hospital offered another sleeping option in the form of a low barrier shelter. An essential part of this service was the shuttle to and from the overflow shelter that picked up service users at different services and designated points, including nighttime warming centres. In the first year of the project, it quickly became clear that warming centres were important spaces for homeless individuals, and not simply as pick-up points. In the winter of 2020, the Old

Brewery Mission developed a partnership with St Micheal's Mission to offer a warming center at the Red Roof day centre space referred to as the Halte Chaleur. This space was available all night for individuals who also preferred to spend the night in the centre, rather than any of the emergency shelter services.

## **Operations**

The Halte Chaleur was offered as a means to accommodate users typically on the street or 'roughing it' in outdoor spaces during cold weather. The same space operates permanently during the daytime as the Red Roof and is owned and managed by the St Micheal's Mission. The day centre opens early in the morning to serve individuals breakfast and closes shortly after lunch is served. The Halte Chaleur was designed as a nighttime extension to the existing service where individuals could wait in a warm space for the shuttle to the Royal Victoria overflow shelter or simply spend the night and access soup, a snack or coffee. The nighttime provisions ran all night from 8pm till 6am, leaving an hour or so between nighttime and daytime services for cleanup and maintenance.

The space is a modestly-sized church basement set up with a full kitchen and counter; several foldable tables and chairs; public bathrooms and showers; as well as a small office for intervention staff. It is important to mention that while the Halte Chaleur operated throughout the night, it offered no formal sleeping space for service users (mattresses, bed, etc.). While the space could accommodate up to 50 people, the space proved to be popular enough that it was often at over-capacity. Intervention staff from the Old Brewery Mission occupied the space throughout the night, managing the kitchen as well as any needs as they arose in the space. Given the high volume of individuals accessing the space, and their frequent coming and goings, no formal follow-up or ongoing psychosocial support was offered.

## **Methodology**

As a low-barrier service, individuals were not asked to divulge personal information (such as name or age) to access the Halte Chaleur. Head counts were performed regularly but individual-level use of the service was not recorded. In the absence of any quantitative data, through semi-structured open-ended interviews, qualitative data was collected to better understand the profiles and experiences of individuals accessing the Halte Chaleur.

To secure interviews, recruitment posters in English and French were posted in the Halte Chaleur/Red Roof space. Participants were invited to contact the researcher at the Old Brewery Mission by phone or email. Once contacted, the researcher arranged for a time and place for the interview. Interviews ranged in length from 11 to 48 minutes. Interviews were either held at a day centre, as requested by the participant, or at the researcher's office at OBM. Occasionally the researcher met participants through snowball sampling, being directly introduced through other research participants. Each participant was given ten dollars cash at the end of the interview and signed a consent form ensuring their anonymity and safety throughout the research process.

Interviews were transcribed verbatim by two external transcribers and then coded using Nvivo. Both authors coded interviews concurrently. Coding followed the interview guide and classified participant answers accordingly.

## **Findings**

### **Demographics**

Among the study sample of 22 individuals:

- 17 were men; 4 were women; 1 person self-identified as two-spirit.
- Ages ranged from 29 to 82; the median age was 45, and the average age was 44.5.
- 6 participants were from Montreal, 8 were from Quebec (outside Montreal), 6 were from the rest of Canada and 2 were from outside of Canada.
- 50% of participants self-represented as Indigenous. Of this group 2 were Naskapi or Innu, 3 were Inuit, 2 were Anishinaabe, 1 was Cree, 2 were Mi'kmaq and one individual did not know their community of origin.

### **Trajectories**

The most common themes when participants discussed their trajectories into homelessness were health problems and addictions, as well as 55% of participants indicating they had been homeless for over a year. 6 (27%) of participants indicated having health issues that contributed to their homelessness trajectory. In addition to this, 13 (59%) of participants indicated having an addiction. Of this number, 8 indicated being homeless for more than a year and 9 were alcoholics. Overall, 6 (27%) of participants indicated having a serious physical or mental health problem (other than an addiction), with only one participant explicitly linking their health issues and addictions issues as overlapping within their trajectory into homelessness. Following these, most common trajectories were related to experiences of violence on the street, and having a criminal record, followed by a travelling/transient lifestyle and being barred from services.

Among those who discussed addictions, there was an emphasis on stigma, particularly in relation to professionals involved in homeless service provision and hospitals, alongside difficulties cohabiting with others because of shared struggles relating to addictions. This stigma can be understood as professionals passing judgement driven by assumptions around the behaviour or profiles of individuals with addictions (for example, that all addicts are thieves or cannot follow rules). In terms of hospitals, participants underlined a lack of mental health support, as well as a lack of emergency and sustained supports, which they described as a factor to their homelessness. Notably, some participants also referenced the lack of follow-up in accessing mental health services. For several participants, addictions treatment and support were also described as contributing positively to the trajectories into periods of stable housing. A need to consume was directly related to a need for low-barrier service that participants were not always able to access.

“I like to spend my days with, with a bottle. [...] Up on top the hill, or anywhere in between.” (557)

“I got a big reputation with them [police and security guards], and they don’t like me because of that, right? You know, the fact that I’m always an ex-junkie, right, you know” (669)

These trajectories were often complex, with compounding conflict experienced living rough, within homeless services and in housing. While not necessarily a motivating factor in individual homeless trajectories, violence was a thematic that ran throughout many participants’ stories. Alongside narratives of conflict and violence, several participants described catalysts to their homelessness involving unexpected circumstances, particularly the dissolution of precarious living arrangements (i.e. the death of a roommate or family member) or being, often recurringly, in prison.

“living on the street fucks you up, so you tend to get wasted or your mental health gets bad or whatever. And then yeah, you walk into a shelter and you start yelling or you get into a fight with someone, you know.” (054)

### **Indigenous Experiences and Reflections**

As indicated in the demographics of the study sample, there was a clear overrepresentation of Indigenous individuals (50%) that participated in the study. In interviewing these users, we sought to better understand their experiences in homeless services, their needs and their recommendations for improving services for Indigenous individuals.

Several individuals indicated issues within non-Indigenous services often profiling them at entry (for example, frontline workers often assumed that they were intoxicated when they arrived at a service) or treating them differently for being Indigenous. Overall, these participants expressed a desire for a respectful treatment in non-Indigenous services. In the same spirit, several participants indicated that they avoided many of the larger homelessness services in Montreal because they often found themselves to be the only Indigenous people present in the service. Several participants indicated a preference for accessing services where they felt a sense of community with other Indigenous service users, regardless of whether the service was uniquely for Indigenous service users or not.

“And I went to OBM before, eight years ago. But it was not the right place for me, because I am Inuit, and there were so many French (laughs).” (018)

Several users, both implied and expressed outright, that their experiences navigating resources in Montreal echoed their larger experience of colonialism. Notably, one user indicated that individuals had an inherent distrust in health services because of colonial legacies, namely

residential schools<sup>1</sup> and the Sixties Scoop<sup>2</sup>. Exceptionally, the single two-spirit participant highlighted the limitations of current non-Indigenous homeless programming as a systematic and colonial invisibilization of two-spirit individuals, particularly among trans-inclusive homeless services. Another user, when asked about how homeless services could better adapt themselves to serve Indigenous service users, indicated that Indigenous people are constantly being denied access to spaces and a simple welcoming gesture would be an improvement.

“because I know there are a lot of people in our community who will not go to the hospital to get treated when they should, because they don’t trust the staff that’s there. And to be perfectly honest, after the residential schools, and after the Sixties Scoop, and all of that, I can’t say that I really blame them.” (442)

“As simple as a smile. “How are you today?” Simple as that. Not like a, “No, you’re not allowed here.” You know how many times we hear, say, people tell us no? But when a person says yes to us one time, okay, that makes our day, yeah” (405)

Indigenous participants had extensive recommendations regarding existing homeless services. Although answers varied from person-to-person, certain trends were present. It is important to mention that while these individuals held some important criticisms towards services, nearly all of the participants felt that they did not necessarily need more Indigenous-only services, but that the existing services needed to do a better job of adapting to Indigenous service users. With regards to the previously mentioned issue of a sense of lack of respect towards these participants, several suggested more Indigenous staff, better Indigenous sensitivity training for non-Indigenous staff, and addressing issues of profiling at intake. Additionally, there were several recommendations for Indigenous-specific programming inside existing programming, for example including activities such as bannock-making, spiritual healing resources and drumming.

“Well, it’s not to be better, it’s to be more fair. Fair with the Natives, it’s not to be better though. Like here, they have Native drumming, right? Some places should... some places should invite things like that into their organisations.” (784)

### **Police and Security Relations**

While there were similarities in how participants described their interactions with police and security guards, there were some differences in overall experiences.

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<sup>1</sup> Residential school operated from the 1880s till 1996 in Canada as a state-sanctioned removal of Indigenous children from their homes and families to be placed in schools focused on assimilating the children into Eurocentric lifestyles (Indigenous Foundations, 2009).

<sup>2</sup> “refers to the mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands.” This ‘scoop’ occurred across Canada from the 1960s onwards. (Indigenous Foundations, 2009)

12 (55%) of participants indicated an overall negative relationship with the SPVM. This included receiving upwards of \$20,000 in tickets and infractions, police being aggressive, and regular and arbitrary stop and checks. Responses by police were often seen as excessive, for example, one participant described six police officers showing up with bulletproof vests because a man was sleeping on a garbage can in the metro. Profiling was also regularly referenced in interactions with police, where participants described police as “knowing them,” often associating them with past behaviour or profiling them based on race, substance use or social status. Some individuals also elaborated that while they may feel targeted or harassed by police, police also fail to protect them from others who may antagonize, do violence or harass them—when they are the victim, “the police are never...there” (249).

“Like every day. Just walking down the street; let’s say you’re walking down the street with your empties, and right away they’re going to stop and ask you for your name. And they’re going to check you out on their computer, blah blah blah, okay. And you didn’t do nothing, you’re just taking empties to a store or a Provigo or something, you know. ‘And I’m going to ask you your name, blah blah blah, try and check you out.’ You know, if you have warrants, and you got to stand there for an hour sometimes. [...] Well, I don’t know, if we have criminal records. It’s just because we’re Native, you know. And they see us in the same spot, every day.” (405)

Similarly, 10 (45%) participants indicated a negative relationship with security guards. These include being “thrown out” of spaces, security guards not letting them in stores (“no vagabonds”), and generally prohibiting them from accessing spaces. STM security officers were noted as often targeting those who were occupying metro spaces.

6 (27%) of participants indicated that they practice active avoidance of police or security guards (for example, avoiding certain parts of the city), “If [I] don’t bother them, okay, I’m okay.” One participant described dealing with the police as a part of their reality, that in maintaining a good relationship they stayed out of trouble: “[it’s] all about your attitude with them.” Similarly, another talked at length about trying to ensure that they could afford an OPUS card every month to avoid conflict with the STM enforcers. One participant described this avoidance as part of their strategy for outside sleeping, being calm and quiet so that cops wouldn’t come and kick them out of outdoor spaces. Participants also mentioned at several instances receiving tickets that they are not able to pay, suggesting that peaceful or non-conflictual responses about police interactions often still brought some disruption to their lives.

In describing interactions with police, 4 participants indicated feeling profiled by the SPVM for race/ethnicity, the same number discussed feeling socially profiled (related to appearance, criminal record, or finances), and 2 participants described feeling profiled for substance use. This shifted only slightly with regards to security guards, with 4 participants discussing being profiled for race/ethnicity, 5 being socially profiled, and only 1 describing being profiled for substance use.

## **Service Needs and Recommendations**

To better understand the needs of individuals accessing the Halte Chaleur, study participants were asked both about their experiences and needs accessing the service, as well as when accessing other services more broadly. Commonalities with regards to needs often reflected a profound desire for low-barrier services: where many existing low-barrier services are offered as temporary (i.e. wintertime) or selective (daytime or weekdays only) supports, individuals often saw the services as much more permanently or broadly necessary. Many individuals reflected on these services as the primary place that they access for their essential needs and not as supplementary to a more permanent homeless shelter or transitional housing service. While recognizing the importance of these services, several participants additionally indicated a desire towards eventually being housed.

### **Experience and use of the Halte Chaleur**

With regards to the Halte Chaleur, exactly half of participants expressed being at the service every day, with only three participants indicating that they rarely went to the service. In terms of use of the service, half indicated frequently sleeping there all night without accessing any other services or emergency shelters. 64% indicated having used the service at least once before accessing the Royal Victoria overflow shelter (as is the primary purpose of the space).

Reflecting on the service itself, half of participants felt that there should have been more psycho-social support at the Halte Chaleur. Given that the design of the service was a distinctly hands-off and low barrier model with no formal counselling or follow-up, certain participants felt strongly that individuals should have the ability to have a formal follow-up in the space, despite the low-barrier model. Similarly, exactly half of participants indicated that they felt safe in the space. Speaking to the temporality of the service, 41% of participants felt that it should be open all year at night, regardless of the weather (often indicating that they preferred accessing this form of service over 'roughing it' in nicer weather). The most common criticism that individuals had about the Halte Chaleur was the crowding of the space. This criticism was echoed in a desire for access to mattresses in order to sleep in the space, which of course under the conditions of crowding, would not be possible.

### **Experience and use of Other Homeless Services**

When asked about what other homeless services they access, study participants revealed extensive access of other services (Annex 1). Notably, 16 participants (72%) indicated accessing the Royal Victoria overflow shelter, although only 9 (41%) indicated accessing the shelter frequently or every day. When asked about what participants did on nights when they did not sleep at the Halte Chaleur (Annex 2), the most common responses were either access an emergency shelter (36%) or sleep outdoors/'rough it' (41%). In an effort to better understand service users' daytime trajectories, participants were asked about their daytime location (annex 3); generally, participants indicated several locations, with many commonalities. 77% indicated frequenting day centres, 41% frequenting malls, 36% sitting in the metro and 32% indicated 'roughing it' outside.

Reflecting on use of services generally, among the elements that individuals identified as most appreciated about services, 14 (64%) said food, 13 (59%) said the sense of community or other service users, 13 (59%) said staff, 9 (41%) said access to a mattress and 7 (32%) indicated an appreciation for low-barrier services. Among the elements that individuals identified as most disliked about services, 14 (64%) said other service users, 13 (59%) indicated crowding, 13 (59%) said rules, 11 (50%) disliked curfews or operating hours of services, 11 (50%) said staff, 7 (32%) disliked programming or the absence of a traditional shelter and, 6 (27%) disliked not having access to a mattress (in the case of certain day centres and the Halte Chaleur).

## **Housing**

When asked about service needs and ideal circumstances for the future, half of the respondents discussed a desire or need for housing, as opposed to continuing to access low-barrier or emergency shelter services. Several participants underlined the limited affordable rental housing stock in Montreal, particularly by contrast to their monthly income. Among the participants, the ideal form of housing was subjective to the individual, with responses ranging from social housing with full on-site support and physical and mental health services, to non-subsidized private market housing, to increased housing first options, to community housing with semi-private accommodations.

“Le service idéal, pour moi, c’est qu’on te dirige carrément à ton autonomie vers un logement social même qu’il soit supervisé ou pas selon ton état, mais que tu aies accès à ce droit-là. Parce que dans le fond, c’est un besoin élémentaire de se loger, de se nourrir puis de se vêtir. Ce sont les trois minimums.” (374)

Given the range of ages and trajectories represented by the study, it is unsurprising that interpretations of housing ranged widely. Despite this, half of the respondents demonstrated that for certain low-barrier service users, there is a distinct desire to transition towards some form of housing.

## **Overall recommendations**

Speaking broadly to services and what is missing in Montreal, a little over a third of participants discussed a lack of accessible harm reduction services (for example safe injection sites) in Montreal. This reflection was sometimes addressing their own service needs, sometimes addressing the needs they saw in other service users. In the same spirit, 55% of participants felt that there needed to be more low-barrier services in Montreal. These reflections are not entirely surprising, given that 59% of study participants self-identified as having an addiction, with 41% of all participants self-identifying as alcoholic. This discussion was often centered around participants discussing the overwhelming presence of drugs, particularly crack, in the Halte Chaleur. Among other omissions individuals discussed in relation to homeless services, a quarter of participants felt that there was not an adequate amount of physical and mental services accessible to homeless individuals in Montreal. Finally, among the more notable needs

participants identified, 32% felt either that services should better coordinate to deliver services, or that there should be better resources for navigating homeless resources in Montreal. This final recommendation came in the context of participants feeling that they are regularly bounced between services with staff not communicating with one another.

“Or even like a, it’s a lot of just accumulating paperwork. We got a lot of pieces of paper, but you need other pieces of paper. So you got to go see a different lady, she may or may not give you a piece of paper. But first you need this other piece of paper girl. And all these services, they’re spread out all over the city. So it’s a lot of just like trying to keep track of appointments and stuff, which is hard when you’re homeless. And then on top of that, a lot of people have like substance issues they’re managing, right. So it’s nigh impossible.” (054)

## **Discussion**

The question that drives a program evaluation of a low-barrier service like the Halte Chaleur is in essence, in the presence of other options, why would a person sleep sitting up in a chair all night instead of an emergency shelter? What is the profile of this type of service user? While the study sample was not particularly large there were certain commonalities that emerged with regards to these questions. The study revealed that individuals were at times restricted from accessing other programming because of the rules (often around sobriety and a restrictive curfew). Other participants explained that accessing the Halte Chaleur was a question of preference; they wanted to be in a service that did not demand much from them, was accessible and offered a sense of community that they did not find in other services.

As mentioned, there was a considerable overrepresentation of Indigenous participants in the study sample. While no quantitative data exists surrounding the actual presence of Indigenous service users at the Halte Chaleur, qualitative data suggest that the Halte Chaleur does in fact have an important Indigenous presence. The content that came forward with regards to experience and needs indicated that there was a need to address more human scale considerations in non-Indigenous homeless services. What this suggests is putting a focus on how staff in existing services could meet participants with better respect and a consideration of Indigenous realities, as well as welcoming specific activities in existing spaces. Where the normal inclination of homeless services may be to create a completely new program for Indigenous participants, this study sample suggested that the change necessary was altering existing programming to be more inclusive.

Speaking further to the question of respect, service users additionally underlined the challenges associated with regularly interacting with police officers and security guards. The findings as they relate to security guards and police signaled a remaining need to critically examine power dynamics between those governing public and commercial private spaces and those occupying them. Above all, participants flagged issues of profiling (race, ethnicity, substance use, social) being prevalent amongst these authorities. Further qualitative research examining the

particularities of interactions between security agents or police and homeless individuals would help better understand these issues.

In addition to low-barrier services, participants underlined a need for a wet shelter and more harm-reduction services, generally. In recent years the city of Montreal has cyclically promised a wet service. This promise has yet to come to fruition, although recent news has suggested a small ten-person facility will open in coming months (at the time of the report, fall 2020). While the prospect of this solution shows promise, reflecting on the current profiles, experiences and needs of individuals currently accessing low-barrier services, it is clear that this is an extremely modest step forward considering the scale of need in Montreal. Additionally, a wet service typically offers programming for alcoholics; as the data here suggests, there are substance users other than alcoholics that are not accessing emergency shelters, housing first programs or transitional housing programs. Going forward, a larger-scale, dynamic and multi-pronged approach to ending homelessness for the individuals found in low-barrier services will have to be considered.

## **Conclusion**

Interviewing individuals accessing a temporary low barrier winter service offers a privileged glimpse into the profiles and perspectives of service users we often know little about. Findings from this study highlighted an overrepresentation of certain groups accessing this service: Indigenous individuals, chronically homeless and substance users. By discussing their experiences navigating services in Montreal, it is clear that these same criteria define gaps in our service provision. The experiences of these individuals have demonstrated a need for improved interventions with police and security guards, improved physical and mental health resources, better programming for Indigenous users, and certainly increased access to low-barrier services in Montreal. Going forward, continuing to engage with low barrier service users directly will be an essential part of refining our programming to best address their needs.

## **Recommendations**

Reflecting on the profiles, trajectories and experiences of homeless individuals accessing the Halte Chaleur throughout winter 2020 certain key recommendations should be considered going forward:

- A critical examination of police-homeless interactions in Montreal, particularly with regards to individuals who frequently access low barriers services, is in order. Aggression and intimidation; ticketing; as well as profiling practices need to continue to be scrutinized with regards to the SPVM's interactions with individuals on the street.
- Participants also discussed problematic relationships with security guards; as these individuals often depend on commercial spaces, the hostility of privately hired security guards regularly challenged their wellbeing in these spaces. The social profiling practices of security guards also remains to be critically examined.

- Adapting existing homeless services to better accommodate Indigenous individuals. Key recommendations include increased Indigenous staff, Indigenous-specific activities (such as drumming and healing practices) and sensitivity training for service staff.
- Increased access to low-barrier programming, with access to sleeping accommodations at night. With increased services, as was indicated by several participants, additional access to on-site psychosocial services would be a welcomed resource by the community.
- Recognition and facilitation of low barrier services as important community and gathering areas would be of great value to individuals accessing them. To this end, these spaces can be improved, for example, with less crowding. Additionally, more data on the use and experience of low barrier services in Montreal would be an important step towards a better understanding of the often less-known homeless populations that access them.
- Several participants recognized the Halte Chaleur as a primary and important service for them that was not simply in lieu of a conventional shelter or transitional housing service. Design and implementation of these services should take into consideration that service users may not see these services as a “stopover” to other homeless services but the primary site where they receive support.
- The rapid opening of a well-conceived wet service for homeless alcoholics. The overrepresentation of alcoholic participants in this study, specifically accessing low-barrier nighttime programming, further highlights the urgency around the need for a wet service in Montreal.
- Policy and programming should be focused on adapting to the inclusion of service users using drugs. As an example, the inclusion of smoking rooms or outdoor smoking tents could shift the presence of more overlooked homeless individuals from temporary low-barrier services and conditions of ‘roughing it’ to more stable programming.
- Per the reflections of service users, better coordination between homeless services would greatly help. Navigating the maze of services in Montreal proved very difficult for certain individuals; a streamlined and simplified process for accessing shelter with individualized assistance would likely prevent many of these users from ‘falling through the cracks’. In practice, this highlights the need for a coordinated access network in Montreal that communicates essential information and collaborates for cohesive clinical interventions across organizations.

## **Limitations**

Given the exclusively qualitative nature of the data, the sample size (22) does not lend itself to generalizable claims. The authors have in turn made a conscious effort to highlight the unique narratives proposed, through qualitative data, to deliver a portrait of service users accessing low-barrier nighttime services in Montreal. The Halte Chaleur, operating for a limited amount of time, offered a narrow window of opportunity for recruitment. As such, the data collection was limited to a three-week period; people who accessed the Halte Chaleur at another time during the winter would have not been familiar with the study. Additionally, participants

necessarily had to contact the main researcher by phone or email; in the absence of access to a public or personal phone, participants would occasionally present themselves at OBM. In most other circumstances, an individual would not have been able to participate in the study. Furthermore, in the event of snowball sampling, participants often referred friends of similar demographic profiles (for example, Indigenous individuals) which could inform certain over-representations within the study.

One partial limitation of the study is that the main researcher is an employee of OBM. As an extension of OBM's regular programming, the organization benefits from reflections on this programming. In this spirit, there exists a limitation in that service users with a negative relationship with OBM may have been deterred from participating in the study.

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## Annexes

### Annex 1: Services Accessed

Service Accessed	# of participants
Royal Vic Overflow Shelter	16
Old Brewery Mission	13
Native Friendship Centre	12
Open Door	11
Accueil Bonneau	9
Old Brewery Mission: Café Mission	9
Maison du Père	8
Welcome Hall	8
Projet Autochtones du Québec	7
Other: outside of Montreal	6
Resilience	5
Maison Benoit Labre	3
Dopamine	2
Old Brewery Mission: Patricia Mackenzie Pavilion	2
Projet Logement Montréal	2
Sac à Dos	2
CLSC des Faubourgs	1
Douglas	1
Exeko	1
L'Exode	1
La Rue des Femmes	1
Native Womens Shelter	1

### Annex 3: Daytime Location

Daytime Location	# of participants
Day centre	17
Malls	9
Metro	8
Outdoors/Roughing it	7
Underground city	7
Walking/Roaming	5
Library	4
Shelter	3
McDonalds-Tim Hortons	3
At work	2
At their home	1

### Annex 2: Alternative Nighttime Location

Current alternative nighttime location	# of participants
Outdoors/Roughing It	9
Access a shelter	8
Sleep in the metro	5
Sleep in a parking garage	4
McDonalds-Tim Hortons	3
Walk/Roam all night	2
Sleep in an ATM	1
Sleep in malls	1