CHAPTER 02

A home and the help to keep it

Help sooner, make care easier to reach and give people a way to keep their home.

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London, Ontario · October 19, 2026

This is the plan I'll bring to City Hall. Putting it into action means securing Council decisions, detailed costs and agreements with the people delivering it. I'll report what gets funded, what moves ahead and what has to change.

02 / A home and the help to keep it

I'll work to close gaps in prevention, connect housing with support people can choose and report whether people are finding a stable home.

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People need somewhere safe to live

Losing your home says nothing about your worth. People deserve safety while they're dealing with whatever brought them there. I want housing available alongside voluntary mental health care, substance use treatment, practical help and culturally appropriate services. Some people want intensive recovery support. Others need income help, a safer tenancy or assistance with everyday tasks. Those differences should shape the options we offer. A person shouldn't have to fit one service model or tell a perfect recovery story to get help.

London already has a starting point. Both councils endorsed the London and Middlesex Housing Stability Action Plan for 2026 to 2031 in May 2026. It covers prevention, more housing and support to keep people housed. London is the regional housing Service Manager, and the plan recognises Indigenous led responses. I'll seek a costed implementation schedule with providers and people who have lived through homelessness. It should say which actions have funding, which need partners and which are waiting for a decision. [1]

Make help easier to reach before an eviction

The City's services directory already lists the Housing Stability Bank, coordinated access, shelters and outreach organisations. Eligible residents may be able to get help with rent arrears, last month's rent or emergency utility bills. [3] I'll ask where those routes work and where someone keeps being passed along without getting an answer. When a housing loss is days away, people need to understand eligibility, the next step and who will follow up. We can improve those existing services and the connections between them.

I'll seek a limited improvement with clear assessment rules, response expectations and a record of requests we couldn't meet. Financial help needs to sit alongside tenancy advice, income support and realistic housing options. I'll also ask hospitals, corrections and other institutions to work on discharge connections, with the person's consent and an identified receiving service. The City can bring people together and negotiate its part. Each institution still controls its own clinical decisions, and a referral needs somewhere real for the person to go.

Have a next step after a temporary bed

The Whole of Community System Response already connects Hubs and highly supportive housing, and the City publishes a monthly dashboard. [2] I'll ask partners to focus on the gap between a temporary stay and a home someone can keep. Before an expansion comes to Council, we should know who would run it, who it is designed to help, how referrals work and what happens when a resident needs a different level of support. That information belongs beside the number of beds.

For new housing opportunities, I'll want an operating plan covering staffing, supervision, tenancy support, maintenance and changes in a resident's health. An accessible room may still be unsuitable if daily living help is missing. Young people, families and people leaving violence can need different arrangements. Indigenous led services also need a place in the planning. I'll take those needs into design discussions and partner negotiations, with the funding responsibilities spelled out. Every service and site needs a realistic account of what the City and its partners can deliver.

Let people choose the care that works for them

Ontario announced London's HART Hub in October 2025, operated by CMHA Thames Valley Addiction and Mental Health Services. The operator describes a treatment program based on referrals, with eligibility and participation rules. It's an existing option, and I'll ask partners to make those rules easier to understand. People sleeping outside have different needs, so we should explain how this service differs from other Hubs and housing routes. Anyone making a referral needs to know whether the program fits the person they're trying to help. [4][5]

I'll support voluntary, informed access to treatment and housing routes that don't universally require abstinence or treatment participation. Recovery can be someone's own goal on their own terms. I'll press Ontario for dependable mental health, substance use and daily living support, with agreements showing who pays and who delivers. Clinicians keep their professional responsibilities. At City Hall, I can work on coordination and advocate for capacity, while health partners handle the services within their mandate. People need that division of responsibility to work in practice.

Deal with concerns people are living with now

I'll ask for immediate public space responses that connect outreach, sanitation, fire safety and useful contact information. Neighbours and businesses need a safe way to report blocked entrances, dangerous waste or urgent welfare concerns. People living outside need sanitation, reliable information and contact with workers they trust. Staff should explain what existing services cover, where the gaps are and what a funded improvement costs. If someone is moved and remains homeless, the housing report should show that accurately.

Encampment or site responses need current legal advice, a proportionate safety assessment and attention to the options actually available. I'll ask what was offered, why it might not have fitted and what follow up is planned. Someone refusing an unsuitable option may still want help. For new service locations, I'll seek an operating contact, an escalation process and regular neighbourhood conversations that include people using the service. Theres a lot that can be addressed when everyone knows who to call and someone takes responsibility for the response.

Fund the people doing the work

The City's summary of the first research and evaluation report describes encouraging supportive housing results and serious workforce strain. [7] We should pay attention to both. I'll ask business cases to explain who was served, the level of support, housing retention, failed referrals and missing information. Selected experiences give us something to learn from, with limits on what they can tell us about the whole city. We need to understand what helps people with complex needs stay housed as well.

Before an expansion vote, Council should see separate building and operating budgets, staffing assumptions, the length of funding commitments and what the City is left paying. Donations and temporary grants can help a service open, while ongoing care needs dependable funding. I'll pursue provincial and federal help and mark what's unconfirmed. Claims about reduced hospital, police or shelter use need testing with those partners. Any municipal cash saving has to be demonstrated before entering the budget. Providers need room to improve and support difficult cases.

Put the funded work on a schedule

In the first 100 days, I'll bring housing and health partners, prevention providers, Indigenous organisations and paid participants with lived experience into an implementation review. We'll look at unmet prevention requests, referral problems and projects missing operating support. Existing reporting is the starting point, with client information kept private. The review should produce decisions Council can take and a clear list of requests for other governments. People contributing their experience should be compensated for that time.

In year one, I'll seek approval for a costed prevention improvement and a phased housing and support proposal with named partners. Through years two to four, I'll push for regular public updates and an annual look at what needs changing. Stable housing, safety, choice and access to help are the results I'll look for. A job, family connection or personal recovery goal may mean a lot to someone. People should be able to keep housing support as they work through those parts of their life.

What I'll bring forward

01 / Help before someone loses their home

I'll seek a review with existing housing stability services to find referral delays, unanswered requests and gaps when people leave hospitals or other institutions.

Who can act: London manages housing services for London and Middlesex. Hospitals, corrections and health providers need to join through their own responsibilities and agreements. [1]

How we'll pay for it: Cost a limited improvement to existing services first, with eligibility explained and provincial or federal contributions listed separately.

What we'll check: Track first response times, eligible requests met and unmet, housing threats resolved and whether people keep their home at agreed intervals, with consent.

What could get in the way: Emergency money may leave someone in a tenancy they still can't afford. Include income help, tenancy advice and other housing options.

02 / Offer housing with support that fits

I'll seek a funded schedule for supportive housing opportunities and better links to health, recovery and cultural services. Housing routes need room for people who aren't taking part in treatment.

Who can act: Council can consider housing partnerships, land and municipal funding. Health partners control clinical services, treatment decisions and provincial health funding. [1][4][6]

How we'll pay for it: Each phase needs building funding and a sustainable agreement for staff and operations. A building grant covers only part of the job.

What we'll check: Track occupied homes, referral waits and failed referrals, continuity of support, housing retention and residents' own wellbeing, with privacy protected.

What could get in the way: A site needs enough staff and a workable next housing step. Check both before expanding.

03 / Show where the system is falling short

I'll seek a shared update using the City's existing dashboard, connecting housing results with service gaps and giving neighbourhoods a clear contact and response process. [2]

Who can act: Council can request City reporting and set terms for City funded agreements. Other providers need data agreements that meet privacy requirements.

How we'll pay for it: Combine reporting where we can. Bring any extra evaluation or neighbourhood coordination costs through the budget.

What we'll check: Report funded actions, concerns resolved, stable housing, returns to homelessness and gaps in the information.

What could get in the way: Explain who a service supports, how much help they need and what data is missing. Simple rankings can punish providers taking on the hardest cases.

When I'll bring it forward

First 100 days

Bring partners together to review implementation, establish prevention and referral baselines and identify projects missing operating funding.

Year one

Seek Council decisions on a costed prevention improvement and phased supportive housing opportunity. Health partners remain responsible for their clinical and funding commitments.

Years two to four

Publish regular results and make annual adjustments. Expand when housing, staffing, ongoing funding and suitable referral routes are secured.

Sources and notes

Source numbers refer to this chapter. Publication and access dates are listed below, with notes on what each source tells us. Programs and rules can change, so check the linked source for current details.

1. **Housing Stability Action Plan (2026 to 2031)**
City of London · Undated; checked 18 October 2026
Accessed 18 October 2026. Records May 2026 endorsement, the regional Service Manager role and Indigenous led approaches. Provincial submission and detailed implementation are listed as next steps.
Read source

2. **Health & Homelessness Whole of Community System Response**
City of London · Undated; checked 18 October 2026
Accessed 18 October 2026. Describes existing Hubs, highly supportive housing and the monthly dashboard this work can build on.
Read source

3. **Community supports & services**
City of London · Undated; checked 18 October 2026
Accessed 18 October 2026. Lists Housing Stability Bank help, coordinated access, shelters and outreach. Eligibility and available capacity still apply.
Read source

4. **Ontario Opens Homelessness and Addiction Recovery Treatment Hub in London**
Ontario Ministry of Health · 23 October 2025
Accessed 18 October 2026. Names CMHA Thames Valley as operator and October 27, 2025 as the service opening date. This is an existing provincial initiative.
Read source

5. **Homelessness & Addiction Recovery Treatment Hub**
CMHA Thames Valley Addiction and Mental Health Services · Undated; checked 18 October 2026
Accessed 18 October 2026. Explains this treatment program's referral and participation rules. Check with the operator for current requirements.
Read source

6. **1. Role of council, councillor and staff: The Ontario municipal councillor’s guide**
Ontario Ministry of Municipal Affairs and Housing · Undated; checked 18 October 2026
Accessed 18 October 2026. Explains Council's policy, service and financial roles. Provincial clinical services need the responsible health partners.
Read source

7. **Health & Homelessness Research and Evaluation Report**
City of London, summarising CRHESI at Western University · Undated; checked 18 October 2026
Accessed 18 October 2026. Summarises supportive housing results and workforce strain. These descriptive findings don't establish citywide cost savings caused by the program.
Read source