



Health and Homelessness Whole of Community System Response

Research & Evaluation Report

September 2025



**HEALTH +
HOMELESSNESS**
WHOLE OF COMMUNITY
SYSTEM RESPONSE

About This Report

This report was commissioned as part of the ongoing evaluation of London's Whole of Community System Response to Health and Homelessness (WoCSR). It was prepared by Western University's Centre for Research on Health Equity and Social Inclusion (CRHESI) with input from community partners, direct service workers and agency leaders, and people with lived experience.

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Western University's Centre for Research on Health Equity and Social Inclusion (CRHESI). (2025). Whole of Community System Response to Health and Homelessness: Evaluation Report (2022–2025). London, Ontario.





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1. Executive Summary: Initial Impacts & Ongoing Priorities

Whole of Community System Response (WoCSR) | 2022–2025



Why This Matters

Homelessness is an urgent crisis in London and across Ontario. Its causes and consequences are complex, with no easy solutions. The municipal, provincial, and federal government together are responsible for addressing this crisis and contributing to solutions.

- **25%** increase in people experiencing homelessness in Ontario since 2022; **19%** increase in London.
- **174** lives lost to preventable deaths in London between January 2022 and June 2024.
- Without urgent action, homelessness could **triple** in the next decade.

London's WoCSR was designed to address homelessness among those with the **most complex health needs**, who are the people most likely to be living rough on the street and in encampments.

Top Insights at a Glance

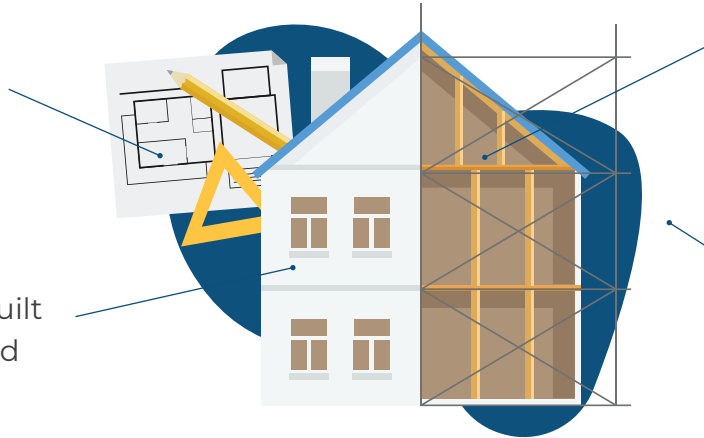
Highly Supportive Housing Works & Reduces Costs

115 units at approval stage

92 units under construction

93 units built and occupied

106 units part of future projects



Signs of Impact from House of Hope on Dundas Street:

83% of residents remained housed (between 2023 and April 2025).



Residents experienced an

↓83% reduction in emergency department (ED) visits,

↓61% fewer hospital stays,

↓63% fewer days in criminal custody, and

↓58% fewer police interactions (as of September 2024).

Residents use available care:

↑56% engaged in substance use treatment,

↑63% used physical health supports, and

↑30% used mental health supports (as of April 2025).

Signs of Impact from Thompson Road Apartments:

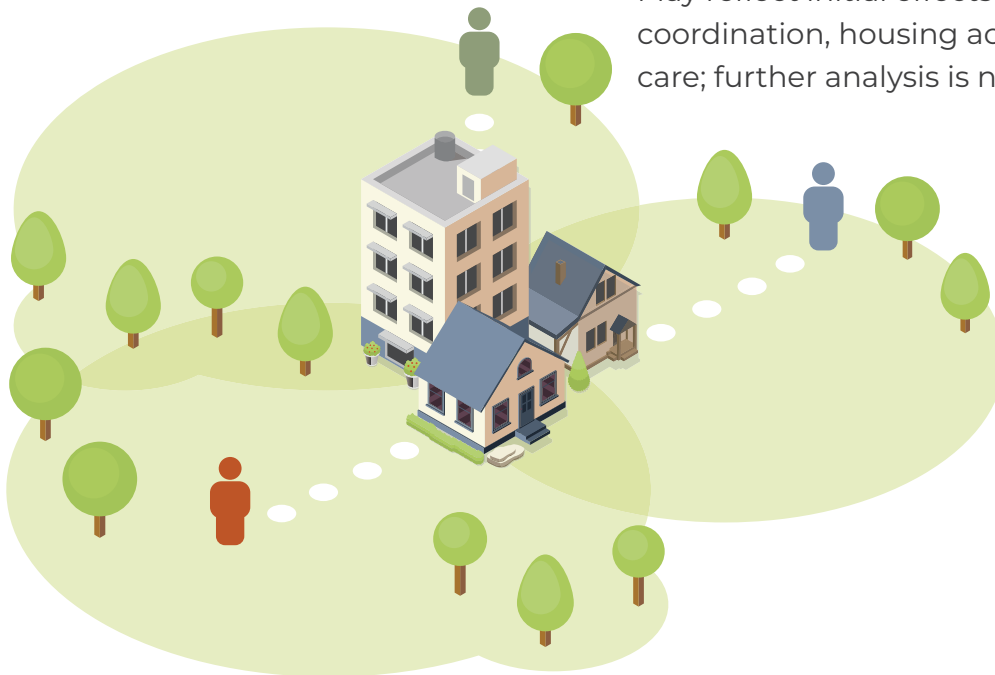
↑83% of tenants remained housed from 2024–2025.

↓36% decrease in ED visits for those using the ED the most.



Hubs are a Key Bridge

- Since 2023, **2 Hubs built and launched.**
Across both Hubs:
 - **100+** people served
 - **40+** people transitioned to stable housing
 - Near full capacity since opening



Initial Signs of Impact

- **20% decrease** in reported deaths among people experiencing homelessness between 2022 and 2024 (City of London)—even as London's overall population, and the number of people experiencing homelessness, has grown.
- May reflect initial effects of improved coordination, housing access, and care; further analysis is needed.

Community Generosity in Action

- **\$37.6M** total funds in the Fund for Change
- **\$22.2M** distributed or committed so far to support Highly Supportive Housing & 24/7 Hubs
- See [FundForChange.ca](https://fundforchange.ca) for details

The Workforce is Strained, yet Remains Committed

- **10%** of direct service workers are classified as low-income, and **60%** report compensation as inadequate
- **44%** report regular distress due to being unable to provide what they know people need, i.e., safe housing
- **95%** of staff are committed to staying in the sector

Ongoing Challenges and Risks

- A workforce stretched thin by distress, exhaustion and chronic underfunding.
- An urgent need for more highly supportive and supportive housing, as well as sustainable operating dollars for the essential onsite services they provide.
- Persistent stigma, misinformation, and community tensions about homelessness.
- System gaps that still make it hard for people to find, navigate, or trust available supports.

What this means and what's next

Initial indicators suggest that the WoCSR is delivering measurable results. More people are entering stable housing, emergency systems use by newly housed people is going down, and we're building a more person-centred, coordinated response. These gains are promising, but the work is ongoing and momentum is fragile. We need a healthy workforce, sustained investment in both supportive housing units and the staff to care for those residing in them, and public trust in the process.



2. Introduction



Homelessness is a growing crisis across Canada, driven by a complex mix of personal, social, economic, and systemic factors. London is no exception. The number of Londoners experiencing homelessness rose significantly in the years leading up to 2022, with a sobering rise in preventable deaths among people experiencing homelessness. One such loss prompted an outreach worker from the Forgotten 519, backed by advocates and community groups, to mount a hunger strike on the steps of City Hall in early August 2022. Over the course of four days, the strike garnered public attention and ended with a meeting and interim commitments from the City of London. These deaths and public demonstrations generated widespread concern and helped catalyze London's Health and Homelessness Summits, where community and system leaders came together to begin addressing the homelessness crisis. In 2022, more than 200 people from over 70 organizations, including health sector partners, housing and homelessness services, the City of London, first responders, and people with lived and living experience, gathered. These summits marked a turning point, giving rise to London's Health and Homelessness Whole of Community System Response (WoCSR). Early healthcare leadership was critical in launching this work, with their involvement helping reframe homelessness as a public health crisis and catalyzing city-wide action.¹

The WoCSR is a coordinated effort to support people experiencing homelessness, **particularly those with the most complex health and social needs**, who are most likely to be living outdoors. It is a person-centred, housing-focused system that offers culturally safe, trauma- and violence-informed care. Services are designed to be low-barrier, inclusive, and grounded in substance use health, anti-oppression, and anti-racism. At its core is the belief that **housing is healthcare—and a fundamental human right**.

¹ Graham K, Meyer M. Developing a system response to health and homelessness: The important role of health leaders. *Healthc Manage Forum*. 2025 Jan;38(1):30-34. doi: 10.1177/08404704241266497. Epub 2024 Jul 24. PMID: 39046918; PMCID: PMC11650899.

The WoCSR is made possible through a mix of federal, provincial, municipal, and private funding. Federal funding covers programs such as Reaching Home (outreach, intake, some Indigenous services) and one-time funding grants (various initiatives related to housing and homelessness). Provincial funding includes Ontario's Homelessness Prevention Program (hubs and highly supportive housing), one-time funding grants (various initiatives related to housing and homelessness), and the Ministry of Health's HART Hubs. Municipal funding is prioritized for administration costs and Council approved investments specific to various housing and homelessness programs. Private funding for WoCSR is made possible through the Health and Homelessness Fund for Change.

The Fund for Change (FundForChange.ca) launched with a \$25 million commitment from a London family who wish to remain anonymous. Their generosity inspired a community-wide matched-giving campaign, growing the fund to \$37.6 million. As of June 2025, the Fund, administered by London Community Foundation, has distributed or committed \$22.2 million to support the creation of Hubs and Highly Supportive Housing.

This report is part of that collective effort, presenting current findings from the ongoing evaluation of London's WoCSR. It brings together data, stories, and insights from across the system to reflect on what's working, where challenges remain, and how London can continue to build a more coordinated, person-centred response to homelessness.

2.1

The Scale of the Challenge: Homelessness in London

Between 2022 and 2024, the number of people experiencing homelessness in London increased. In 2022, the average number of individuals on the by-name list (the number of unique individuals who interacted with the homelessness response system and provided explicit consent to be involved in data collection) was 1,844 and by 2024-2025 that rose to over 2,200. Those with the highest needs (i.e., having “high acuity” using the Vulnerability Index – Service Prioritization Decision Assistance Tool; VI-SPDAT) also increased from 1,016 to 1,281 during that time frame. At the same time, more people moved into housing (435 in 2022 to 476 in 2024), indicating progress in service delivery.

Two major trends help explain the rise in homelessness in London: rapid population growth and national, provincial, and regional economic challenges. From 2022-2024, the population of London rose by 6% from 437,000 to 464,000, an increase of 27,000.² Homelessness province-wide rose by 25% while the rate of chronic homelessness nearly doubled.³ Although London's rental rates have plateaued since 2021, generally higher prices for food, shelter, fuel, and consumer products have affected people's ability to make ends meet.⁴ In Fall 2022, almost half of Canadians surveyed were concerned about whether they would be able to afford housing or rent.⁵ Ontario ranks second in Canada in terms of unaffordable, inadequate, and unsuitable housing.

Another factor contributing to changes in the by-name list is improvements in how data is entered and validated in the Homeless Individuals and Families Information System (HIFIS). As data quality strengthens, the sector gains a clearer and more accurate picture of who is experiencing homelessness, which in turn supports more effective service planning.

2 Council approved Population Projections 2021 to 2051 prepared by Watson & Associates Economists Ltd.

3 Donaldson, J., Wang, D., Escamilla, C., & Turner, A. (2025). Municipalities under pressure: The human and financial cost of Ontario's homelessness crisis. HelpSeeker. <https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2025/2025-01-08-EndingChronicHomelessnessinOntario.pdf>

4 Juha, J. (2025, February 12). Renters' relief: London rents drop for fourth straight month, setting a clear trend. London Free Press. <https://lfpres.com/news/local-news/renters-relief-london-rents-drop-for-fourth-straight-month-setting-a-clear-trend>

5 Statistics Canada. (2023). A review of Canadian homelessness data, 2023 (Income Research Paper Series No. 75F0002M Issue No. 2023004). Government of Canada. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2023003-eng.htm>

2.2 Indigenous Homelessness

Despite comprising only 2.6% of the city's population, Indigenous people make up at least 30% of those experiencing homelessness in the City of London. From these numbers, we can see that Indigenous peoples experience homelessness at disproportionately high rates, and this is due to the ongoing impacts of colonization, intergenerational trauma, and systemic inequities embedded in mainstream housing and service systems. Indigenous homelessness is not defined simply as a lack of housing, but rather as a disconnection from the relationships that provide a sense of belonging, security, and identity.⁶ This includes disconnection from land, language, culture, spirituality, identity, and community.

In London, there is a growing recognition that mainstream (non-Indigenous) responses to Indigenous homelessness alone are not sufficient and Atlohsa Family Healing Services plays a central role in addressing these gaps. As an Indigenous-led organization, Atlohsa provides wholistic supports, housing services, and culturally rooted programming for Indigenous youth, adults, and families. Their work centers Indigenous ways of knowing, healing, and community care – essential elements often missing in standard housing models. This commitment is reflected in the **Giwetashkad Indigenous Homelessness Strategic Plan**, a community-driven vision to create a culturally safe and effective response to alleviate Indigenous homelessness within our city.⁷

In April 2025, Atlohsa also released the final report on their **ARCH Project (Action Research on Chronic Homelessness)**, which outlines a framework for an Indigenous-led Coordinated Access system.^{8 9} This system reimagines access to housing and supports in a way that reflects Indigenous values, addresses systemic barriers, and places Indigenous leadership at the center of decision-making. These efforts represent a critical shift toward restoring self-determination and achieving true equity in London's homelessness response.

Moving forward, it is essential to support Indigenous-led solutions such as these. Indigenous communities hold the knowledge, expertise, and relationships necessary to heal from colonial harm and build pathways to housing that are rooted in culture, connection, and community. A whole-of-community response must ensure that Indigenous voices and leadership are a part of the conversation, not only to uphold the right to self-determination, but to truly create a system where every person has a safe place to call home.

6 Thistle, J. (2017). Definition of Indigenous Homelessness in Canada. Canadian Observatory on Homelessness Press. [https://www.homelesshub.ca/sites/default/files/attachments/COH IndigenousHomelessnessDefinition.pdf](https://www.homelesshub.ca/sites/default/files/attachments/COH%20IndigenousHomelessnessDefinition.pdf)

7 Atlohsa Family Healing Services Inc. (2020). "Giwetashkad Indigenous Homelessness Strategic Plan: 2020–2023". London, Ontario. <https://cdn.shopify.com/s/files/1/0597/2587/3358/files/Giwetashkad-Indigenous-Homelessness-Strategic-Plan.pdf?v=1679586798>

8 Atlohsa's Action Research to End Chronic Homelessness Project Team of the Giwetashkad Indigenous Homelessness Department. (2025, March 31). "Final report on Indigenous-led approaches to coordinated access in London, Ontario". Canadian Observatory on Homelessness (editor), York University. London, Ontario: Atlohsa Family Healing Services Inc. https://cdn.shopify.com/s/files/1/0597/2587/3358/files/Atlohsa-ILACA-Final_Report.pdf?v=1743533279

9 <https://atlohsa.com/pages/indigenous-led-coordinated-access>

2.3

Why Some People Remain Unsheltered

Living unsheltered, whether on the streets, in encampments, or makeshift shelters, is not a choice. It is a visible sign of deep system failures. While some people cycle through emergency shelters or temporary accommodations, many remain outdoors simply because they have no viable alternatives.

Across Canadian cities, encampments have become more visible. Consultations with homelessness service sector leaders emphasized that people often avoid shelters to maintain autonomy, stay with partners or pets, or avoid environments that feel unsafe, overly regulated, or dehumanizing.¹⁰

The Lived & Living Experience Report¹¹ (Fall/Winter 2023), led by Western University researchers Dr. Jacobi Elliott and Danica Facca, engaged 49 people with lived and living experience of homelessness across six local homelessness organizations. Their insights highlight several key reasons why people may remain unsheltered:

- **Lack of space and long waitlists** - Many were turned away from shelters due to capacity limits, leaving them no choice but to return to the street.
- **Safety and security concerns** - Some felt unsafe in communal settings. For example, research shows that woman-identified people, especially those with histories of sexual and/or partner violence, report avoiding spaces with men.¹² Shared shelter spaces also usually lack storage, leading to fear of theft or loss of belongings.
- **Shelter rules and restrictions** - Curfews, limits on personal belongings, and mandatory programming were cited as barriers.
- **Discrimination and accessibility** - Gender-diverse people and those with physical disabilities often struggle to find safe, appropriate shelter options.

“A lot of people hoard things because there’s a scarcity anxiety... they worry, ‘I’m gonna lose this or have it stolen if I stay [in shelter].’” — Community Participant

These insights underscore the need for a range of safe, flexible, low-barrier housing options that are trauma- and violence-informed, culturally safe, and accessible. When people’s needs for safety, autonomy, and dignity are met, they are more likely to engage with care and move toward stability.

¹⁰ Internal summary, community consultation session, May 2025.

¹¹ Elliott, J., & Facca, D. (2023, December). Lived & Living Experiences Fall/Winter 2023 Final Report.

¹² Women’s National Housing and Homelessness Network. (n.d.). Women & girls’ homelessness in Canada. Retrieved July 11, 2025, from <https://womenshomelessness.ca/women-girls-homelessness-in-canada/>

2.4

London's Housing and Homelessness System: Interconnected Streams

London's housing and homelessness system (Figure 1) is made up of interconnected streams that work together to prevent and reduce homelessness. These include emergency shelters, highly supportive, supportive and affordable housing, outreach services, and system navigation supports. The system is grounded in a Housing First philosophy, prioritizing access to stable housing as a foundation for recovery and well-being.

One of the system's core components is Coordinated Access, a community-wide approach to assess people's needs through a shared process, then prioritize supports based on need. This approach is more equitable, transparent, and efficient than previous methods. It is supported by HIFIS, a secure, real-time case management tool that helps service providers coordinate care while protecting privacy.

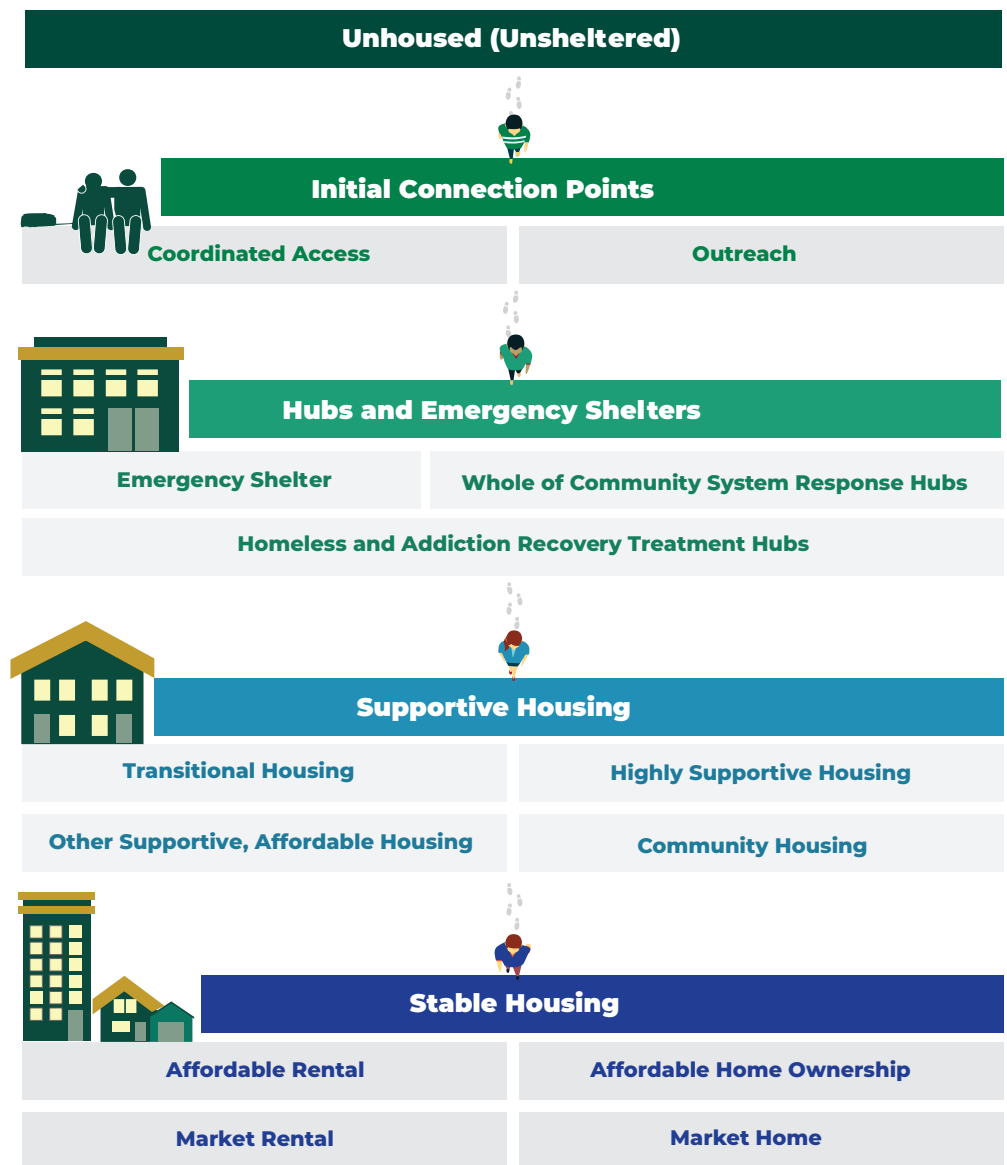


Figure 1: Housing System Pathways

Movement through this system is not always linear. People may enter or move between different parts of the system at various times.

Within this broader system, the Whole of Community System Response (WoCSR) plays a focused role. It is designed specifically to support people with the most complex barriers to care and move them into Hubs or Highly Supportive Housing to meet basic needs and provide on-site health and social services.

The WoCSR complements and strengthens other streams by helping to reduce pressure on emergency services and improve outcomes for individuals and organizations.¹³ This report focuses specifically on the WoCSR as one stream within London's broader housing and homelessness system.

¹³ See <https://london.ca/living-london/community-services/homeless-prevention-housing/health-homelessness-whole-community> for more information

2.5

Why this Report Matters

This work is urgent. A 2025 report by the Association of Municipalities of Ontario (AMO) estimates that over 80,000 Ontarians were known to be homeless in 2024, a 25% increase since 2022.¹⁴ Without significant intervention, homelessness could triple in the next decade, potentially affecting up to 300,000 people during periods of economic downturn. A recent report from Addictions and Mental Health Ontario (AMHO) further highlights the urgency.¹⁵ As of 2025, more than 30,000 people in Ontario are on waitlists for mental health and addictions-specific supportive housing. With only 2-3% housed annually, average wait times now exceed 4 years, with much of the existing housing stock in poor condition. AMO calls for a shift from short-term crisis responses to long-term solutions focused on housing, supports, and prevention.

London's WoCSR aligns with this vision. It prioritizes Highly Supportive Housing, 24/7 Hubs, and system coordination over reactive responses. Notably, Ontario Health Minister Sylvia Jones acknowledged that the province's new HART (Homeless and Addictions Recovery and Treatment) Hubs were partially inspired by London's Hubs Implementation Plan, stating at an announcement in London that they were "Learning from early adopters

¹⁴ Donaldson, J., Wang, D., Escamilla, C., & Turner, A. (2025). Municipalities under pressure: The human and financial cost of Ontario's homelessness crisis. HelpSeeker. <https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2025/2025-01-08-EndingChronicHomelessnessinOntario.pdf>

¹⁵ Ganesan, K., Matte, A., Williams, AR., Wilkie J., Chan., C., O'Connor, K. (2025). Unlocking Solutions: Understanding and Addressing Ontario's Mental Health and Addictions Supportive Housing Needs. AMHO.

like the City of London.”¹⁶ HART Hubs are a provincially funded, 3-year pilot designed to provide transitional supportive housing and integrated services for people experiencing homelessness who have complex mental health or addiction needs. While HART Hubs prioritize treatment-first, rather than the broader focus on substance use health and harm reduction found in WoCSR Hubs, this influence underscores London’s leadership in shaping homelessness response policy.

Supportive housing is cost effective. AMHO reports that supportive housing costs between \$2,000 and \$5,000 per person per month, compared to \$11,000 for correctional facilities, \$17,000 for inpatient mental health settings, and \$31,500 for psychiatric hospitals. Supportive housing improves resident outcomes by increasing treatment engagement, enhancing access to healthcare, and promoting greater safety and dignity, while reducing strain on emergency services and institutional care.

As communities across Canada look to London, the city has become a recognized leader in responding to homelessness with innovation and collaboration. The WoCSR has drawn both provincial and national attention with an example of what’s possible when a community works together with coordination, compassion, and evidence-informed strategies.

A Shared Responsibility Across All Levels of Government

While municipalities are on the front lines of homelessness responses, they cannot solve this issue alone. The root causes—housing unaffordability, income inequality, and fragmented healthcare and social supports—are shaped by provincial and federal policy and funding decisions.

That said, the decisions made by local leadership not only have direct and immediate impacts on people’s lives but can also influence broader provincial and national directions.

This report offers evidence-informed insights to support decision-making at every level of government. It highlights what has been achieved through the WoCSR to date, what challenges remain, and how London’s experience may offer insights for other communities exploring coordinated approaches to homelessness.

¹⁶ Newcombe, D. (2024, September 20). Tight timeline for London’s pitch for provincial HART Hub to address addiction and homelessness. CTV News London. <https://www.ctvnews.ca/london/article/tight-timeline-for-londons-pitch-for-provincial-hart-hub-to-address-addiction-and-homelessness/>

2.6

The Structure of This Report

The WoCSR began with the Health Summits in 2022, and initial Hubs and Highly Supportive Housing opened in 2023 and 2024. This report is a snapshot of the initial impacts of these initiatives. WoCSR's work is ongoing as is the process of evaluating the impacts.



Figure 2: Continuum of Housing, City of London, 2025

The report is organized around the housing continuum (Figure 2). It begins by describing Highly Supportive Housing, the most effective long-term solution for chronic homelessness, and then examines transitional interventions like 24/7 Hubs, as these two models are the core of the WoCSR. It also examines the broader conditions that influence outcomes:

- **Workforce Well-Being and Constraints** – The essential role of direct service workers and leaders, and the moral distress and exhaustion, funding pressures, and training gaps they face.
- **System Coordination & Infrastructure** – How inter-agency collaboration, shared data systems, and emergency response mechanisms are improving or hindering progress.
- **Public Perceptions & Community Impact** – How public opinion, media, and the business community shape and are shaped by housing and homelessness policy in London.

Appendix B: WoCSR Evaluation Framework, provides more detail including outcome-aligned metrics and system performance indicators.

Interpreting the Findings

Homelessness is shaped by a complex mix of individual experiences, social policies, economic forces, and structural inequity. There is no single cause or solution. As you read this report, please consider the following:

- **Context Matters**

- Homelessness is rarely the result of individual failure. It often stems from systemic barriers, traumatic experiences, and gaps in access to services, income, and safety. Substance use and mental illness may be contributing factors or may emerge in response to the instability, pain, and shame of being unhoused.

- **This is an Emotional Issue**

- Everyone brings personal experiences and assumptions to this issue. If something in this report feels uncomfortable, consider asking: What assumptions am I making? What emotions are coming up? Why am I uncomfortable and what does this mean?

- **Numbers and Stories**

- While this report includes system-level metrics, it also draws on qualitative data, including individual experiences, workforce perspectives, and the broader context of London these past few years. Weaving these data together gives us an idea of the bigger picture.

- **Keeping People at the Centre**

- People experiencing homelessness are citizens with histories, relationships, and futures. Many are working, parenting, or navigating complex health needs in systems that do not always support them.

While every effort was made to ensure comprehensive, accurate, and inclusive reporting, several factors shaped what was possible:

- **Data Availability and Participation**

- This report reflects the best available data at the time of publication. Not all partners were able to contribute data at this time, and participation in certain activities (e.g., surveys, interviews) was voluntary. Reporting increases administrative burden and, as such, is dependent on organizational capacity.
- Gaps in areas such as workforce metrics or mortality data reflect challenges with broader system-level data infrastructure—some things that should be measured and tracked, simply aren't.

- **Engagement of People with Lived and Living Experience**
 - Stories from people who have used new housing arising from the WoCSR and others with lived and living experience of homelessness are incorporated throughout, but these don't necessarily represent everyone's experiences or how they may have changed over time.
- **Evaluation Scope and Stage of Implementation**
 - Many WoCSR initiatives are still in the initial stages of implementation. While this report includes emerging outcomes, some long-term results—such as sustained housing stability or system-wide cost savings—require ongoing tracking.
 - Several promising practices (e.g., workforce grief support, organizational culture shifts) are underway but not yet at a stage where they can be systematically assessed.
- **Sample Size and Representation**
 - Some findings are drawn from focused or purposive samples. These insights provide valuable depth but may not be generalizable to the broader population or other contexts.
 - Community and partner consultations reflect voluntary participation and may amplify voices with stronger opinions or greater capacity to engage.
- **Dynamic Policy and Service Delivery Environment**
 - London's housing and homelessness system continues to evolve. Shifts in provincial policy, funding decisions, and local leadership may influence implementation.
 - Public narratives and media coverage also continue to shape how the WoCSR is understood and supported across sectors.
- **A Foundation for Ongoing Learning**
 - This report is a significant milestone, but it is not the final word. Research and evaluation work is ongoing, and new data collection, analysis, and engagement activities are underway. Future reporting will build on this foundation, deepening the collective understanding of what's working, what's changing, and where further action is needed.

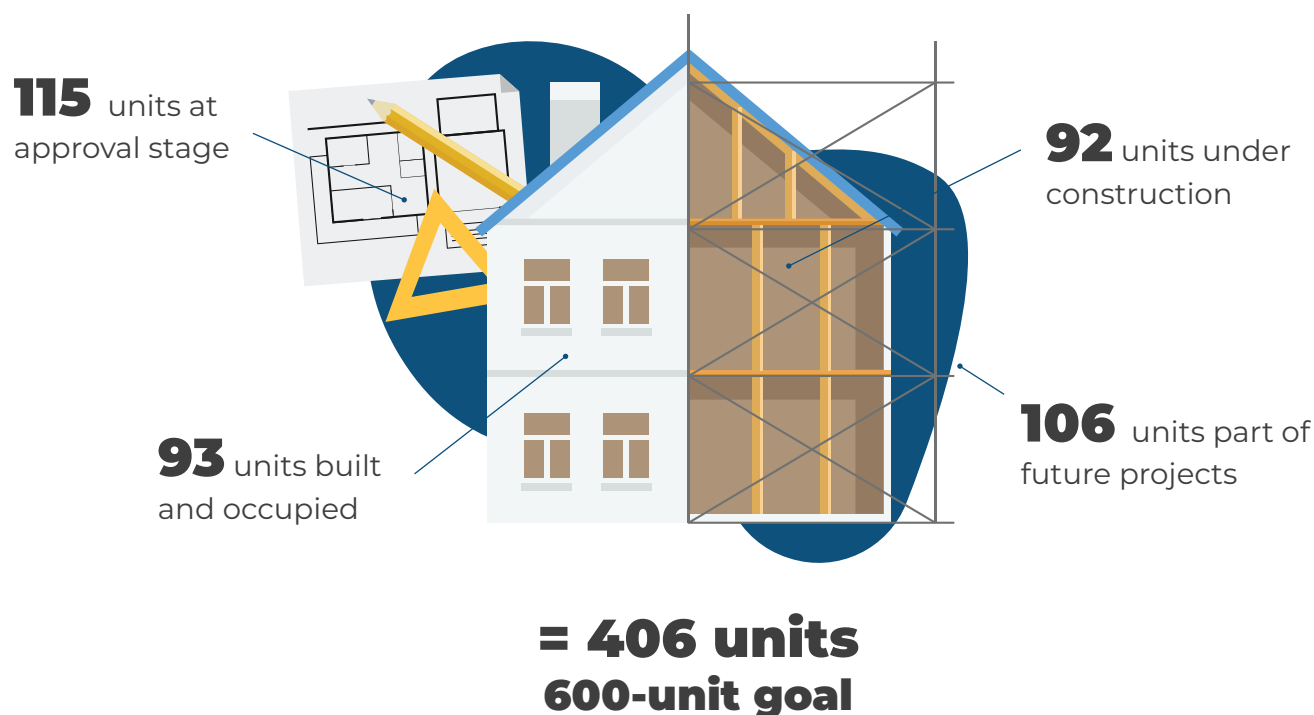
The new attention brought by the WoCSR has also led to greater focus on improving data quality and consistency across the system. This can make numbers appear to rise at times, when in fact what's improving is the accuracy of reporting and our ability to see the true scope of homelessness and its impacts.



3. Highly Supportive Housing

The System Works When People Can Access It





Highly Supportive Housing is the cornerstone of the Whole of Community System Response (WoCSR); it provides not only a stable place to live, but access to on-site health and social services tailored to people's complex needs. These services include physical, mental and substance use health care, as well as supports related to education, employment, and food security. The goal is to help residents achieve long-term housing stability and the health and well-being that come with it.

In April 2024, London City Council endorsed a plan to create 600 new Highly Supportive Housing units over three years. The **Highly Supportive Housing Plan** established clear standards and expectations to guide future projects. As of June 2025, 93 units are built and occupied, 92 are under construction, 115 units are in the development stage, and 106 units are part of future projects for a total of 406 units.

Core components of Highly Supportive Housing:

- Helping residents maintain housing stability
- Improving physical, mental, and substance use health
- Increasing access to income support and meaningful work or other activities
- Fostering social and community connections¹

¹ City of London. (2024). Highly supportive housing plan: A pathway to help the most marginalized Londoners move safely inside, become stabilized and supported, and help them stay housed. https://london.ca/sites/default/files/2024-06/Highly%20Supportive%20Housing%20Plan_FINAL.pdf

3.1

Case Study: House of Hope

Launched in October 2023, House of Hope (HoH) is a partnership between London Cares and London Health Sciences Centre (LHSC) that provides highly supportive housing with 24/7 on-site health and social supports to people experiencing chronic homelessness who have complex health needs.

Initial outcomes from House of Hope's first year and a half demonstrate positive trends:²

- 97% of people offered a spot accepted it – people want to be indoors and safe.
- 60 people have moved into the building; of those, 89% came directly from living outdoors and 11% came from hospital.
- 83% of people have remained housed at House of Hope.
- Most use the available supports:
 - 63% accessed health care
 - 56% accessed substance use treatment
 - 30% accessed mental health supports
- Health and community interactions improved, with these 60 people having:
 - 83% fewer emergency department visits
 - 61% fewer inpatient hospital stays
 - 63% fewer days spent in justice system custody
 - 58% fewer police interactions³

Stories of Impact

Betty's Quick Transition Through Highly Supportive Housing

Betty is a 63-year-old woman who slept rough on the streets of London and would couch surf in unsafe locations to survive. Betty's health concerns meant a few different surgeries in her first year of being housed, which she spent connecting with her wraparound support team and leaning on the 24-hour staff. Due to Betty's health issues, staff thought it would take about three years for her to be well enough to move to more independent housing. However, she made remarkable progress and moved on much sooner. Betty has continued to do well living more independently.

² Kovacs Group Inc. (2024, December). House of Hope Highly Supportive Housing: Year 1 Results Snapshot October 2023 – September 2024. London, ON: London Cares Homeless Response Services. <https://londoncares.ca/wp-content/uploads/2025/01/HOH-Impact.pdf>

³ City of London. (2025, April 28). Whole of Community System Response – Q1 2025 Quarterly Report

Finding Stability and Health: Ed's Journey to Life-Saving Care

Ed also experienced chronic homelessness and serious health concerns. With safe housing and consistent medical care, Ed was able to undergo life-saving heart surgery - something that wouldn't have been possible while living unsheltered. Today, Ed continues to work on his health and well-being. His success reflects how housing can be the foundation for healing and recovery.

A Decade on the Streets, Hundreds of ER Visits – Until Housing Changed Everything

Jim was unsheltered and struggled with substance use and unmanaged mental illness for over a decade. In the year before moving into House of Hope, he had 221 emergency department visits, which dropped to nine in the year after. While Jim still needs 24-hour support, he's working on his goals for health and well-being.

From Jail to Home: Max's Path to Stability

Max, a 33-year-old Indigenous man, spent more than a decade experiencing homelessness, shaped by intergenerational trauma, poverty, and repeated cycles through hospital, jail, and the streets. After his brother died and his mother moved into long-term care, Max was left with no safe housing options. His escalating substance use led to restrictions from shelters. When London Cares launched House of Hope, Max, then in custody, was identified as a priority for housing. On the day of his release, he went directly from the courthouse into his new home. Max has now maintained his housing for over six months, actively works on his mental and physical health, and has built a strong sense of community with fellow residents.

Key Takeaways from House of Hope

- **Housing First works** – immediate housing placement with ongoing and on-site supports leads to high retention rates and a chance to stabilize mental, physical and substance use health.
- **Primary healthcare has a positive impact** – stable housing enables access to medical care, reducing emergency healthcare usage and improving health outcomes.
- **Effective pathways to independence exist** – with appropriate support, some residents transition to lower-intensity housing options, freeing up spaces for others in need.
- **Resources can be re-directed** by having people use more appropriate, on-site services (e.g., primary healthcare instead of EMS and emergency departments, mental health counseling instead of police, etc.).

The House of Hope model offers an example of how integrating housing and healthcare may reduce chronic homelessness and its associated costs. Expanding such initiatives could further reduce strain on emergency services and improve overall community well-being.

3.2

Case Study: Thompson Road Supportive Housing

Opened in October 2023 in southeast London, 403 Thompson Road is a supportive housing site operated by Indwell that provides 44 fully accessible, barrier-free apartments. It delivers 24/7 onsite care, including nursing, substance use and mental health support, daily meals, and community programming, all rooted in the organization's values of dignity, love, and hope. The average age of residents is 43 years, with 52% women, 46% men, and 2% Two-Spirited. Initial impacts of living at Thompson Road are promising with 83% of tenants remaining housed between 2024 and 2025. Half of tenants who moved into Thompson Road Apartments faced significant health challenges but were not connected to the health system. Thompson Road became their first point of care. Despite these complexities, emergency department visits among those using the ED the most dropped by 36%, suggesting potential improved health management through onsite care.

In addition to supporting positive health outcomes, highly supportive housing at 403 Thompson Road allows for residents to support each other through shared meals, gardening, and neighbourly connections that empower them to rebuild social ties and contribute positively to their neighbourhood.

A team from Western University is conducting a 5-year analysis of outcomes at Indwell's London and St. Thomas sites and will have data on Thompson Road later this year. In the interim, analysis of resident outcomes across Indwell's local housing sites has found the following outcomes, in resident's own voices:⁴

“It’s a lot easier because I have a roof over my head, and it gives me a chance to regroup ... when you’re on the street you don’t have time ... your head’s on a swivel all the time.”

⁴ Oudshoorn, et al. (2025). Modeling Supportive Housing Study – An Evaluation of Indwell in London & St. Thomas: Preliminary Time 1 Qualitative Resident Findings. Summary prepared for inclusion in the Health & Homelessness Research and Evaluation Report.

From Instability to Stability

Most residents described long histories of poverty, trauma, and housing insecurity prior to entering supportive housing.

“My mother and my brother were both abusive to me. I also grew up working class poor, so we were very food insecure.”

Some had lived outside or cycled in and out of hospital. Moving into Indwell marked a major turning point:

“At the time that I sent in my inquiry [for a unit at Indwell], I was dealing with lots of hospitalization for suicide attempts and ... I heard that the supports that they had were helpful in keeping people out of hospital.”

Healing and Reconnection

With safe housing, many residents found space to heal. They began to build routines, address their mental health, and reconnect with others.

“[Having my own apartment] means a lot to me, really. I don’t have to worry about getting up every day and wondering where I’m going to sleep for that night. It’s pretty stable here.”

“I had a real chance when I moved in here. I had the chance to start to work on healing and grieving because a lot of ... things happened in my life in those six years [of being unhoused].”

Staff were frequently mentioned as a key part of residents’ support systems, helping with everything from meal preparation to check-ins and problem solving.

“I can build relationships with more people. That’s been a huge positive for me, the lack of isolation... I benefit from mental health supports too. So, staff does check-ins with me and I can talk about problems.”

Residents mentioned being able to make real friends, sometimes for the first time:

“Yeah. I got friends here, yeah. Yeah. I never had friends and I got friends here.”

All of this brought about a tangible improvement in health, well-being and re-integration into society.

“So, what I’ve been doing [since being housed at Indwell] is applying myself to society. I’ve been trying to read ... I did go to school and so I try to stay busy in that way... I went to the employment agency. And there are some free programs ... and I took them.... I got my first aid certification again.”

Affordability as a Foundation

Many residents rely on the Ontario Disability Support Program (ODSP) or similar supports. They emphasized that without affordable rent and basic needs assistance, stability wouldn’t be possible.

“Here, your needs are met ...”

Basic needs, like food, affordability and a rental model connected with social assistance payments are fundamental to stability.

“Here I’m able to ask for help for budgeting. They can help me sort of be like OK, well, this can be covered by Harvest Box or you can get meals–So, there’s other ways of making sure that those needs are met. And my rent is paid through ODSP, so it’s not something that I have to actively worry about.”

Room to Grow

Residents also named areas for improvement. Some spoke about needing more staff, more units with supports, and better funding to meet growing demand.

“I think that the issues ... [have] to very much do with the internalized systems that are broken in the province, in the country. The fact that [organizations] are limited in the amount of funding that [they] receive for non-profits, lack of funding in order to have staff that can meet the needs of everybody. It’s the structural issues that are at play that have, that need to change.”

Conclusions

This is only the first year of a five-year study, but the findings are already compelling. Residents describe real transformations, from a past with frequent hospitalizations and deep isolation, to their present safety, health, and a sense of belonging. They credit this change to a combination of affordability, on-site supports, and community. As one resident put it:

“I don’t get as depressed anymore ... they really take care of us.”

3.3

Lessons Learned

“A loving place where you can bring your family... a place where you can say ‘this is my home and this is where I belong.’” — Community Participant

Examples like House of Hope and Thompson Road Apartments provide initial evidence that when people have access to stable housing and on-site supports, they can improve their health and well-being and build meaningful community connections. These outcomes benefit not only the individuals housed, but the broader system, reducing pressure on emergency services and improving outcomes for the London community.

These case studies also reinforce key features identified in the Lived and Living Experience Report as essential to effective supportive housing:⁵

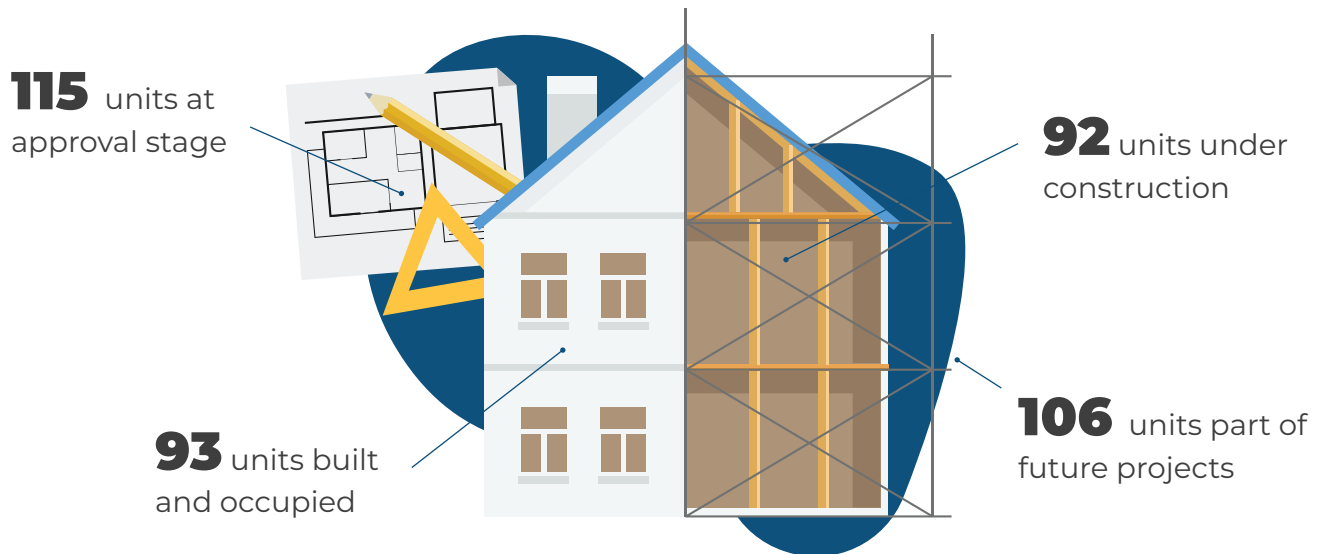
- **Supportive housing should feel like home** - Participants emphasized that effective housing fosters a sense of belonging, stability, and dignity.
- **On-site wraparound supports are critical** - Services such as physical, mental and substance use health care, crisis counseling, on-site security, and financial management support are more likely to be used and more effective when embedded in housing.
- **Flexible housing design matters** - Pet-friendly units, family-friendly spaces, gender-specific housing options, and accessible units for people with disabilities all contribute to a sense of safety and inclusion.

5 Elliott, J., & Facca, D. (2023, December). Lived & Living Experiences Fall/Winter 2023 Final Report.

3.4

What's Next for Highly Supportive Housing?

Building on initial progress, the WoCSR is supporting several new Highly Supportive Housing projects, currently at various stages of planning and development. 93 units are built and occupied, 92 are under construction, 115 are at the approval stage, and 106 are part of future projects. To learn more, visit [FundforChange.ca](https://fundforchange.ca).



Given the initial evidence for Highly Supportive Housing, continued investment is needed to provide stability and support for people and to continue to assess long-term impact. This includes not only capital funding for construction and retrofitting but also sustained operational funding for the on-site services that make these programs effective. Without stable, ongoing support for staffing, programming, and maintenance, the full potential of these housing models cannot be realized.



4. Hubs

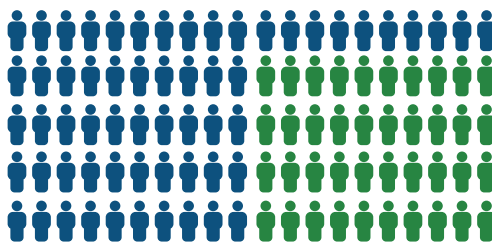
A Critical Bridge



Hubs are a vital part of London's Whole of Community System Response (WoCSR). They provide a safe, supportive environment where people experiencing homelessness, particularly those with complex needs, can immediately access basic needs, and take steps toward long-term housing.



2 Hubs built and opened



100+ people served

40+ people
secured stable housing
following Hubs stay

Every interaction in a Hub is intentional. Staff work with people to meet their immediate needs and support their next steps toward health and housing.

In 2023, City Council approved the **Hubs Implementation Plan** to guide development of a network of Hubs across the city.¹ These comprehensive centres offer 24/7 wraparound services, including:

- Beds and rest areas
- Food, showers, and laundry
- Support accessing social assistance and housing services
- Integrated care planning and healthcare
- Mental, physical, and substance use health supports
- Cultural and community programming

The First Two Hubs

- **Atlohsa Family Healing Service's Wiigiwaaminaan Lodge:** Located at 550 Wellington Road, this Hub supports Indigenous community members with 10 respite beds and 18 transitional rooms. It offers wraparound services, including cultural programming and healing supports grounded in Indigenous practices.
- **Youth Opportunities Unlimited (YOU) Community Youth Hub:** This youth-focused Hub on the grounds of London Health Sciences Centre's Victoria Hospital has 6 respite beds and 9 transitional rooms and offers wraparound supports.

These Hubs are already demonstrating the potential of this model to meet urgent needs while supporting long-term transitions to housing.

¹ City of London. (2023). Hubs implementation plan: A whole of community system response to health and homelessness. <https://london.ca/sites/default/files/2024-07/Hubs%20Implementation%20Plan%20July%202023.pdf>

4.1

Case Study: Wiigiwaaminaan Lodge - Atlohsa Family Healing Services

Wiigiwaaminaan Lodge, meaning “*our lodge we collectively look after*” in Anishinaabemowin, opened in December 2021 as a partnership between Atlohsa Family Healing Services, St. Joseph’s Health Care London, and the City of London.

In December 2023, Wiigiwaaminaan transitioned into an Indigenous-led Hub, offering low-barrier emergency shelter, wraparound support, and culturally grounded programming for Indigenous individuals aged 16 and older who are experiencing homelessness.

Wiigiwaaminaan aligns with the Giwetashkad Indigenous Homelessness Strategic Plan and embodies Indigenous-centered, harm reduction, and housing focused approaches for the community members that it supports.

Services and Facilities Overview

Wiigiwaaminaan operates year-round and provides:

- 12 outdoor lodges and 6 indoor rooms for longer-term (transitional) stays
- 10 respite in-the-moment beds (day space and night space)
- Three daily meals served from a fully operational commercial kitchen
- Fully renovated washroom and shower facilities
- Access to laundry, rest areas, and harm reduction services
- Active case management for those in longer-term stays, working with participants on paper readiness (i.e., getting identification documents), securing housing, employment, and connecting with any other supports necessary for each participant to move forward

Staffing includes a full roster of frontline community care workers, relief staff, cultural support team members, kitchen staff, and youth diversion workers.

Cultural and Community Programming and Support

Cultural connection is at the heart of Wiigiwaaminaan, with ceremonies and wellness programming integrated into the supports provided. Some of these include:

- **Daily Sacred Fires**, maintained by a Firekeeper in the teepee, with access to Indigenous medicines: tobacco (semaa), cedar (giizhik), sage (mshkwoodewashk), and sweetgrass (wiingashk).
- **Lodge Caretakers** who directly support participants to develop life skills.

- **Sweat Lodges, Full Moon Ceremonies, Solstice Celebrations** and other cultural events or ceremonies.
- **Youth Drum and Drop-In Nights** every Tuesday, supporting Indigenous youth through cultural teachings, community-building, and skill development.
- **Men's Drum Group** (in partnership with Giwetashkad/Atlohsa broadly) every Thursday, encouraging a mixture of staff, participants, and community members to connect with the drum, learn traditional songs, and heal in community.
- **Wiigiwaaminaan Craft/Community Room**, supervised by staff, so that participants have a creative outlet and another communal space; includes cultural crafting materials (such as beads and hides).
- **Wiigiwaaminaan Workout Room**, supervised by staff, so that participants can work on personal health/fitness goals with support from the team.

Community Fires and Engagement

As an extension of Atlohsa's Giiwitaabiwig training program, the Community Fires (typically monthly) offer external service providers and Indigenous community members an opportunity to learn about Indigenous harm reduction, strengthen relationships, and deepen cultural awareness.

Since December 2023:

- 14 Community Fires have been held on-site at Wiigiwaaminaan.
- 6 Community Fires have been held in partnership with other agencies out in the community in spaces such as Safe Space, Indwell, London InterCommunity Health Centre, and Watson Park.
- Service providers from 25+ local agencies have participated.
- Average attendance is 30 to 40 people per fire.

Snapshot of a Recent “Paper Readiness” Community Fire (July 17, 2025)

Held in partnership with London InterCommunity Health Centre, this community fire focused specifically on paper readiness and drew approximately 74 attendees. At least five participants received direct support obtaining identification, and same-day HIV and Hepatitis C testing was offered on-site without requiring ID.

Recent Housing Outcomes

- **19 participants** transitioned to permanent housing from mid-2024 up to mid-2025 through Wiigiwaaminaan's support.
 - 11 in late 2024
 - 8 confirmed in 2025, as of August
- Several additional participants are currently matched for housing and awaiting approval.
- Paper readiness remains consistently high at 90% to 95%, ensuring participants have necessary identification and documentation to access housing and benefits when they become available.

Looking Ahead

Continued investment in services like Wiigiwaaminaan is essential to address the significant overrepresentation of Indigenous people experiencing homelessness in London, while ensuring it is done through a Housing First, low-barrier, and harm reduction approach guided by Indigenous leadership and cultural connection. Wiigiwaaminaan will continue to focus on increasing access to permanent housing while ensuring care remains rooted in Indigenous knowledge and practices.

4.2

Case Study: Youth Opportunities Unlimited Community Youth Hub

The Youth Opportunities Unlimited (YOU) Community Youth Hub (CYH) began in December 2023 as an expansion of the YOU Shelter, adding six beds to meet growing demand. By November 2024, the Hub transitioned to a fully operational site located on the grounds of London Health Sciences Centre's Victoria Hospital. It serves youth aged 16 to 24, a demographic that accounts for approximately one-quarter of those experiencing homelessness in London and Middlesex, by offering a safe, supportive environment where they can access healthcare, connect with wraparound services, and begin their journey toward long-term housing.

Youth at the Hub benefit from a wide range of services there and at Joan's Place downtown, including:

- Health and wellness services
- Mental health and substance use support
- Employment and skills training
- Community-building activities

The Hub is designed to be low-barrier and inclusive, with flexible policies that reduce service restrictions often linked to chronic homelessness. It is also fully pet-friendly, recognizing the importance of companion animals in the lives of many young people.

Since its inception, the Hub has served 88 youth, 51 since the move to Victoria Hospital. The program has consistently operated at full capacity and maintains an average waitlist of seven youth, highlighting the urgent need for youth-focused housing and support services in the community.

The Hub provides stability that enables youth to pursue employment and education. Among those served:

- 28% have been employed or engaged in employment services
- 19% have participated in education
- 25 youth (28%) have transitioned directly into stable housing

Youth have also been supported in family reunification, landlord advocacy, roommate mediation, and obtaining identification (“paper readiness”), critical steps toward independence and stability.

Since relocating to the Victoria Hospital campus, 36 youth have transitioned out of the Hub. Their paths reflect the diverse and complex realities of youth experiencing homelessness:

- 11 moved into stable housing.
- 10 were supported during a transition to other services for continued support.
- 15 exited for other reasons, including personal choice, justice system involvement, aging out, or hospitalization.

These transitions underscore both the challenges and the resilience of the youth served. The Community Youth Hub remains committed to meeting youth where they are and supporting them through each stage of their journey.

Who Are the Youth?

- Average age: 20 years old
- Gender identity: 29% female, 41% male, 7% non-binary, 2% other
- 26% identify as 2SLGBTQ+
- 34% identify as racialized
- 60% have experienced chronic homelessness (defined as more than 12 months unhoused prior to arrival)

Voices from the Hub

“I’ve thought this space has been amazing because of all the supports I’ve been getting. I’ve felt very welcomed since the minute I’ve come here. I feel supported instead of an outcast. The staff do their jobs well instead of judge us. I’ve never been in a place that gives support. I’ve always been alone and now I feel I have that support.” — Youth participant

“The environment can be tough at times, but I have a roof over my head and access to basic needs. The support from staff has been helpful – they listen and give me resources.” — Youth participant

“The YOU is probably one of the best shelters I’ve been there’s a lot of great staff [and] tons of resources.” — Youth participant

“The Community Youth Hub is a space that allows youth to make mistakes and to grow and learn from their mistakes. As staff, we are able to support youth with a more personalized approach, due to our lower caseload numbers and low staffing ratio. This space allows youth who have not typically been successful in other spaces somewhere where support is not a blanket approach but rather catered to them and their challenges.” — CYH Staff Member

Looking Ahead

The CYH has been a vital resource for youth experiencing homelessness in London. Continued investment in and expansion of youth-targeted services like the YOU Hub would contribute to preventing long-term homelessness and ensuring that young people have a pathway to belonging, stability, and opportunity.

4.3

HART Hub

Set to open in 2025, London's HART Hub is operated by the Canadian Mental Health Association Thames Valley Addiction and Mental Health Services (CMHA TVAMHS) in partnership with local organizations, especially Salvation Army's Centre of Hope. The site will include:

- 33 addictions and mental health transitional supportive housing units
- Access to healthcare, peer support, crisis intervention, and recovery planning.

The HART Hub will offer a centralized model that simplifies access to housing, addiction treatment, healthcare, and social services. This integrated approach is designed to reduce fragmentation and ensure that people receive the care they need seamlessly and without unnecessary barriers.

4.4

Lessons Learned

Initial experiences with the Atlohsa and YOU Hubs have shown promising results. Both have created safe, supportive environments that help people transition from homelessness toward stable housing, demonstrating the transformational potential of this model when strong partnerships and appropriate infrastructure are in place.

At the same time, implementation has not been without challenges. While the WoCSR initially set a goal of opening five Hubs by May 2024, it quickly became clear that this ambitious timeline would face significant constraints. Several key lessons have emerged:

- **Finding a site is complex**
 - The planned CMHA TVAMHS Women's Hub and others faced setbacks due to difficulties identifying suitable properties, navigating zoning, and addressing neighbourhood concerns.
- **Scope of responsibility can overwhelm single agencies**
 - Expecting one organization to acquire property, manage retrofits or construction, and deliver comprehensive services stretched many beyond their core expertise. Building effective partnerships across sectors, such as between developers and service providers, requires time, support and coordination.

- **Operational funding is a persistent barrier**
 - While capital funding from the Fund for Change supports ‘bricks and mortar’ building and/or renovation, many agencies voiced concern over securing the operational funds needed to staff and sustain services once doors opened.

To help address these barriers, the City of London introduced a multi-phase procurement process beginning with a Request for Expression of Interest (REOI). This approach enables pre-qualification and encourages agencies to partner based on complementary strengths. Feedback suggests that flexibility and simplicity in the process have been key to energizing new partnerships and building capacity for future Hubs.

The implementation model continues to evolve as the system learns from these experiences, balancing urgency with the need to set Hubs up for long-term success.

4.5

What's Next for Hubs?

As of June 2025, the City of London received responses to the REOI from seven organizations interested in contributing to future Hub development. These pre-qualified agencies are building partnerships to co-design viable Hub proposals.

In parallel, efforts are underway to identify and secure operational funding to support service delivery once new Hubs are established.

This collaborative groundwork is essential to ensuring the next phase of Hub implementation is both sustainable and responsive to community needs.



5. The Cost of Inaction and the Value of Change

Evidence of System Strain, Preventable Loss, and the Case for Investment

This section presents some of the most urgent and measurable consequences of homelessness in London—lives lost, systems strained, and public dollars stretched. These indicators are signals of a system under pressure and a community at a crossroads. They also reveal the potential for meaningful change when investments are made in housing, health, and coordinated care.

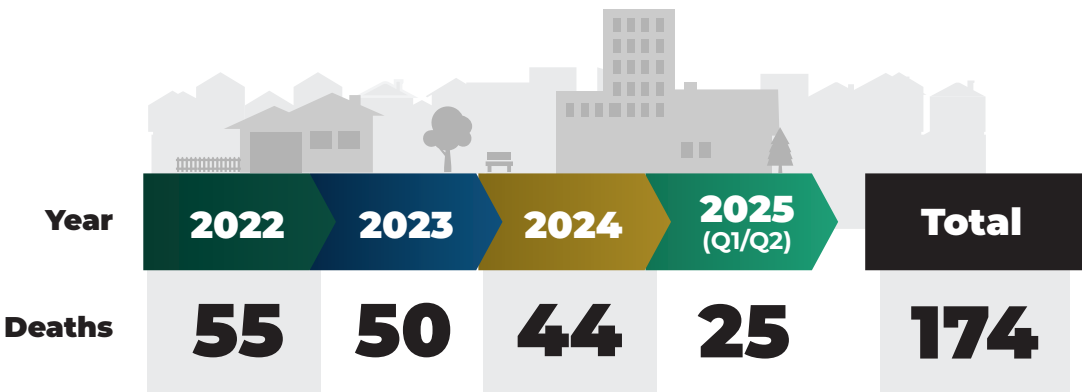


5.1

Preventable Deaths: A Crisis Indicator

Deaths of people experiencing homelessness are among the most urgent and serious signs of system gaps. The London Homeless Coalition tracks reported deaths through a sector notification protocol. This community-driven list, while not comprehensive, recorded at least 174 deaths between 2022 and June 2025. These numbers paint a sobering picture: dozens of preventable deaths each year, many of which could be avoided with timely housing and support. **Encouragingly, reported deaths decreased by 20% between 2022 and 2024 in spite of population growth and increasing homelessness in London, a sign that coordinated efforts like the WoCSR may be making a difference.**

Deaths of Individuals Experiencing Homelessness in London



5.2

Impact on Public Systems: Emergency Department and Hospital Use

Between April 2021 and April 2025, people experiencing homelessness interacted with multiple parts of London’s health care system, from emergency and acute inpatient care at London Health Sciences Centre (LHSC) hospitals to urgent and outpatient care at St. Joseph’s Health Care London (St. Joseph’s). While LHSC saw high volumes of emergency department (ED) visits and hospitalizations, St. Joseph’s data reveals individuals accessed urgent care services through the Urgent Care Centre at St. Joseph’s Hospital and intensive support through community-based specialized mental health care programs. Collectively, these insights underscore a strain on currently available health care resources and point to an opportunity to expand lower-barrier, community-based services, such as the Hubs, to offset the strain on these downstream urgent and emergency health care resources.

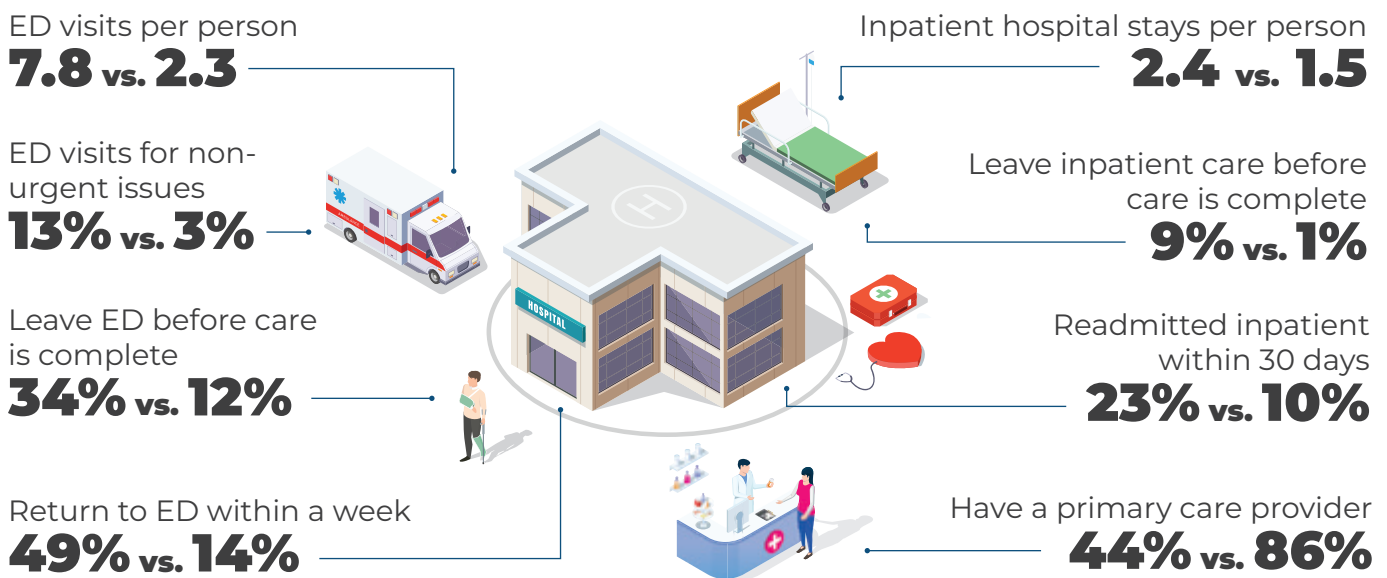
Emergency and Inpatient Care (LHSC)

Between April 2021 and April 2025, people experiencing homelessness made 22,563 ED visits at LHSC.¹ Compared to the general population using hospital services, people experiencing homelessness visit the ED more frequently (7.8 vs. 2.3 times per person) and are more likely to seek care for non-urgent issues (13% vs. 3%). This difference could be in part because they are far less likely to have a primary care provider—only 44% of people experiencing homelessness have one, compared to 86% of the general hospital population.

People experiencing homelessness are nearly three times more likely than the general hospital population to leave the ED before their care is complete (34% vs. 12%), which may help to explain why they are also more likely to return to the ED within a week (49% vs. 14%). With an ED visit costing an average of \$415, these additional visits cost \$6.6 million over four years.²

People experiencing homelessness are also more frequently hospitalized (2.4 vs. 1.5 stays per person). Their average length of stay is 8.2 days, contributing to \$1.5 million in additional inpatient care costs to LHSC between April 2021 and April 2025.³

People Experiencing Homelessness vs. General Population



A small number of people experiencing homelessness drive a large portion of this system use. Just 10 people accounted for 3,295 visits to LHSC EDs between April 2021 and April 2025. Around 15% of all ED visits are by those experiencing homelessness. A similar pattern emerged for inpatient hospitalizations. Ten people accounted for 252 inpatient stays in LHSC hospitals, or 10% of all inpatient admissions for people experiencing homelessness during that same four-year period. This suggests that, through focusing supports on individuals with the most complex needs, there is potential to avoid these ED visits and hospitalizations and reallocate these resources to other community needs.

¹ London Health Sciences Centre. (2025). Aggregate data related to patients with no fixed address for the period of April 1, 2021 to April 22, 2025.

² (\$415/visit x 5.5 more visits = \$2,283 per person) x 2,900 people = \$6.6M))

³ (\$1,590/stay x 0.9 more stays = \$1,431 per person) x 1,051 people = \$1.5M))

Urgent and Outpatient Care (St. Joseph's)

St. Joseph's Health Care London supports people experiencing homelessness through multiple programs and clinics. This data provides examples from three programs highlighting access to specific services by patients experiencing homelessness: the Assertive Community Treatment (ACT) program, the Urgent Care Centre (UCC) and the Infectious Disease Care Program (IDCP).⁴

St. Joseph's ACT program provides specialized intensive community-based services to adults living with severe and persistent mental illness including schizophrenia and major mood disorders whose needs have not been met by more traditional outpatient services. The teams provide support to clients 'where they are at', by bringing services to clients in their homes, within the shelter system and/or wherever they choose to stay within the community.

Between April 2021 and April 2025, there were 495 unique ACT clients, 9.3% (46 clients) who experienced homelessness at their most recent appointment with the ACT program during the four-year period. These clients had higher service usage, averaging 501 visits over four years compared to 384 visits for housed clients. This highlights the ongoing need for mental health supports for people experiencing homelessness and the importance of community-based care in stabilizing complex mental health needs.

One of the principles of the Whole of Community System Response (WoCSR) is that "Housing is Healthcare." Those experiencing homelessness or those who are temporarily housed with periods of homelessness are at risk for complications associated with chronic disease leading to poorer health and, potentially, death. A low-barrier community-focused service like a WoCSR Hub provides a pathway to home and health. Creating a safe and supportive environment where individuals experiencing complex medical and social needs can have their needs addressed holistically can facilitate individual, community and system health and recovery. In addition, initiatives that connect people with primary care teams provide proactive support to prevent emerging health care needs from developing into emergencies or chronic conditions, while also assisting individuals who have achieved recovery and stability.

While outreach community teams play a vital role, without stable and supportive housing, people may continue to seek safety in places such as hospital emergency departments, often using the ED as an overnight safe place and leaving without being seen.

⁴ Clara, R., Yazbek, L., David, J., & Capewell, V. (2025, July 28). Summary of unhoused patients in mental health ACT teams, urgent care and IDCP. St. Joseph's Health Care London.

St. Joseph's Urgent Care Centre (UCC)

Between April 2021 and March 2025, people experiencing homelessness made an average of 305 visits per year to St. Joseph's UCC, out of approximately 49,886 total annual visits. During the same period, an average of 207 unique individuals experiencing homelessness accessed the UCC each year, out of 28,014 total unique patients annually. Of those visits, 40% involved cellulitis/skin infections/wounds, and 22% had localized swelling/redness, indicating a high burden of preventable or treatable conditions often linked to poor living conditions. These patterns reinforce the need for accessible, low-barrier outpatient care to manage health issues before they escalate.

Over the four-year period, 51% of those who visited who were experiencing homelessness were coded as Urgent (level 3) based on the Canadian Triage and Acuity Scale (CTAS) level, and 35% were coded as Less Urgent (CTAS level 4). This suggests that this patient population was accessing the UCC appropriately with 86% of visits in level 3 or 4.

(Note: The UCC does not accept patients by ambulance, is not open 24/7 and does not have access to inpatient beds and therefore utilization is not comparable with Emergency Departments.)

Emergent mental health care in London is provided at LHSC's Victoria Hospital (VH). Patients seeking treatment for mental illness at St. Joseph's UCC are cared for and provided education to attend the VH ED for future emergent visits and community resources for future non-emergent needs.

The Infectious Disease Care Program (IDCP)

St. Joseph's IDCP provides support to people who have been diagnosed with HIV, Hepatitis C and other infectious diseases. The program provides medical, nursing, social work, pharmacy and nutrition services on an outpatient basis. It also provides outreach to meet patients where they are within the community including at the London InterCommunity Health Centre, Elgin Middlesex Detention Centre and London Cares' Queens Avenue space. The IDCP served 463 people experiencing homelessness (2.5% of 18,571 total unique patients) over four years from 2021 to 2025. Many of the 463 individuals had multiple visits to the IDCP accounting for 1,215 visits over the time-period. 310 of the 1,215 visits or 25.5% were due to an emergency referral from either the LHSC EDs or St. Joseph's UCC to the IDCP specialty Cellulitis Clinic for a next day appointment. Cellulitis is a deep infection of the skin and can lead to very serious complications such as amputation. This outpatient model, open 7 days a week, 365 days a year, is an example of how wraparound services support vulnerable populations and provide critical immediate next day follow-up for care.

5.3

Case Study: Costing Homelessness

In December 2024, 180 accounting students from the Ivey Business School at Western University took part in a unique applied learning project to estimate the financial costs of homelessness in London using publicly available data, academic literature, and municipal reports.⁵

For their final course project, students, supported by their Professor, analyzed the direct and indirect costs associated with homelessness, such as emergency healthcare, policing, incarceration, shelter use, and social services. Their estimates drew on reputable sources, including the Canadian Observatory on Homelessness, Addictions and Mental Health Ontario (AMHO), and the City of London's own data.

The result: the cost of homelessness in London was estimated at more than \$100,000 per person per year, broken down approximately as follows:

- Healthcare: approximately \$12,200
- Emergency response services (e.g., police, fire, EMS): approximately \$15,700
- Social services and shelter use: roughly \$12,800
- Additional collective costs (e.g., incarceration, judicial system, charitable supports): over \$73,000

These estimates align with local data from London Health Sciences Centre, which, as detailed above, reported approximately \$2 million a year in additional ED and inpatient care costs for individuals experiencing homelessness. These figures do not capture the full costs of policing, shelters, long-term social service use, or other difficult-to-quantify impacts of homelessness, which are also significant.

In contrast, supportive housing models, particularly those with embedded health and social supports, were consistently shown to be more cost-effective. According to AMHO, supportive housing typically costs between \$24,000 and \$60,000 per person per year, depending on the level of support required. This is substantially lower than the cost of institutional alternatives such as:

- Correctional facilities: ~\$132,000/year
- Inpatient mental health care: ~\$204,000/year
- Psychiatric hospitals: ~\$378,000/year

⁵ Ivey Business School. (2024, December). London's Whole of Community System Response (WoCSR): Costing & management control of London's response to homelessness (Final group reports, Managerial Accounting & Control 4624-3, Instructor: Yi Luo, PhD). Western University. Unpublished student reports.

“Supportive housing not only improves health and housing outcomes, but it can also reduce public costs by 30% to 50%, and in some cases up to 85%, while improving health outcomes, housing stability, and quality of life.

Homelessness is not only a human tragedy—it’s a costly systems failure. Investing in supportive housing is not just the right thing to do, it’s the fiscally responsible thing to do.” — Summary from Ivey student report, 2024



6. Workforce Well-Being and Challenges



London's homelessness response system is built on the skills, commitment, and resilience of its workforce. Addressing homelessness means addressing multiple, interwoven issues such as trauma, complex health issues, and unhealthy substance use. The workforce is the backbone of collective efforts to address these highly stigmatized challenges.

Among them, direct service workers such as outreach workers, housing case managers, Hub staff, and system navigators are at the heart of the system. They are often morally drawn to this work, love their clients, and are deeply committed, yet many have shared that they feel unseen and disempowered in their roles.

To address this, the Whole of Community System Response (WoCSR) has taken intentional steps to centre and elevate workforce experiences and concerns, including:

- Ensuring that one of the two co-chairs of each WoCSR implementation table comes from a direct service organization, serving alongside a system leader.
- Establishing the Workforce Development Table, a dedicated space run by and for direct service staff to shape policy, identify needs, and co-design solutions.

However, conflicting policies, diverging beliefs, and lack of structural investment have hindered implementation of workforce initiatives.

During recent consultations, workforce members described the emotional toll of their roles, but also the deep sense of pride they feel in their work. As an example, they spoke of celebrating monthly housing successes as a powerful tool for sustaining morale. Still, concerns remain about burnout, retention, and the need for stronger, system-wide supports.¹ Many workers continue to face high caseloads, limited resources, and emotional strain without adequate mental health or organizational support.

By embedding direct service worker voices in decision-making structures, the WoCSR aims not only to acknowledge their contributions, but to ensure they have real influence over the policies and practices that shape their work and the system.

6.1

Context and Structural Challenges

The homelessness support workforce has been operating in a state of prolonged strain. Many direct service workers face low wages, part-time or contract roles, limited benefits, and high emotional demands. Nearly 10% are classified as low-income despite working in essential roles, and many juggle multiple jobs to make ends meet.²

¹ Internal summary, community consultation session, May 2025.

² Meaney, H. (2024, July) Working in the Non-Profit Homelessness Sector: A Literature Review (Version 4). [Unpublished manuscript], Changing Ways.

The toll is significant. Workers report burnout (or more accurately, feeling “used up”), moral distress, and secondary trauma due to the emotional intensity of the work and the complexity of client needs. Their roles extend beyond crisis support and care coordination to include administrative work, and system navigation.

“Frontline workers are one of the only professions that cannot go on strike; if we walk out on our jobs, people we love will die”. – Member of the Forgotten 519

These challenges are not unique to London. A 2024 survey by the Ontario Nonprofit Network found that:³

- **63%** of nonprofits face recruitment and retention challenges
- **56%** cite burnout as a major issue
- **52%** have current staff vacancies
- **22%** say they can only sustain operations for six months or less

Financial pressures compound the problem. Many organizations have had to scale back programs, access reserve funds, or rely on unpaid student placements and volunteers to fill staffing gaps, adding further strain to direct service teams.

Leaders echo these concerns and note that workforce challenges are not limited to direct service staff; system navigators, team leads, and executives report chronic exhaustion due to the lack of long-term planning in a system that has been operating under severe strain for years. Sector leaders described the difficulty of supporting staff amid funding constraints, hierarchical structures, and communication gaps. They emphasized that a one-size-fits-all approach to workforce support is ineffective.^{4 5}

A major systems gap is the lack of coordinated workforce data. Without shared metrics on staffing, turnover, or training, it’s difficult to plan, advocate, or allocate resources effectively. As one person put it:

“The homelessness response workforce is not a ‘support service’—it is the infrastructure.”

There is growing consensus that shared, interdisciplinary training in trauma- and violence-informed care, substance use health, and culturally safe practices is urgently needed.

³ Ontario Nonprofit Network. (2024). State of the sector survey 2024: Topline technical report. <https://theonnn.ca/resources/state-of-the-sector-survey-2024/>

⁴ Pillar Nonprofit Network. (2024). The big picture: Addressing challenges and opportunities in London’s nonprofit sector. <https://pillarnonprofit.ca/sites/default/files/united20perspectives-compressed.pdf>

⁵ Pillar Nonprofit. (2024, November 19). Organizational leadership session summary. Unpublished manuscript.

Inconsistent training across agencies leads to confusion, re-traumatization, and uneven service quality.

The *2023 Lived & Living Experiences Report* reinforces this need. Participants highlighted:

- **Inconsistent staff interactions**—some compassionate, others unprepared
- **Disruptions to continuity of care** due to high staff turnover
- **Lack of culturally safe, gender-inclusive services**

These findings point to a need for workforce stabilization strategies, including better compensation, mental health supports, and consistent, equity-informed training and integration opportunities.

6.2 Checking in on the Frontlines

The Checking in on the Frontlines study, led by Dr. Jane Sanders at the School of Social Work at King's University College, explores the experiences and resource needs of direct service providers and leaders in the homelessness support sector.⁶ Initially proposed as part of the King's Community Support Centre's (KCSC) research efforts to ensure all services offered through KCSC are evidence-based, it was designed in consultation with the WoCSR evaluation framework to contribute workforce perspectives to inform system-wide decisions. KCSC supports service users as well as service providers through a weekly community of practice, one-on-one counselling, and professional development and wellness events.

This research explored five key questions:

- What are the experiences and needs of service providers and organizational leaders?
- What resources are currently available to them?
- What resource challenges do they face?
- What supports are in place?
- What additional supports are needed?

Thirty-two participants (17 direct service workers, 15 organizational leaders) engaged in focus groups and interviews. This knowledge, along with prior surveys, community consultation and review of literature, informed a national online survey completed by 1,324 individuals between January and June 2025.

⁶ Sanders, J., Logan, P., Zhang, A., Smith, C., Baird, S., & Arundel, M. K. (2025). Checking in on the Frontlines [Unpublished research summary].

Preliminary Qualitative Findings

- Six key themes were developed from the focus groups and interview data.
- Participant well-being and experiences of moral distress were significantly impacted by resource limitations, staff feel unable to do the right thing and provide adequate support due to systemic constraints.
- Funding instability and inadequate housing were resource barriers to the work.
- Participants reported inadequate pay, emotional strain, and a lack of access to mental health benefits, noting challenges included high caseloads, bureaucratic hurdles, difficulties navigating funding/grants, public stigma, and staffing shortages.
- Safety, the work was at times described as distressing, challenging, and a safety risk.
- Supervisory support was inconsistent for both service providers and leaders.
- Despite these issues, a deep commitment to this work was expressed, fueled by dedication to the clients, helping others and serving communities.

Key Preliminary Findings from the National Survey

- **Moral distress:** 44% (n=583) of respondents experienced moral distress weekly to monthly; only 15% (n=194) had never experienced moral distress.
- **Resources:** 23% (n=298) of respondents identified not having adequate resources to do their job, with an additional 41% (n=555) identifying they only partially had the necessary resources.
- **Safety:** While 50% (n=673) identified their organization had safety protocols, 36% (n=478) felt more was needed.
- **Workforce tenure:** 46% (n=603) had worked in the field for only 1–5 years; highlighting the need for targeted support for newer staff.
- **Compensation:** 26% (n=343) earned under \$50,000 annually; 40% (n=528) could meet daily needs for food and shelter but not save or cover additional health costs. 67% (n=892) identified that their compensation was inadequate for the work and associated risks.
- **Retention:** Only 5% (n=55 of 1,079) of participants planned to leave the field within two years, underscoring this workforce's dedication despite significant challenges. This represents an opportunity to address these challenges and support their dedication to those caught in the health and homelessness crisis.

6.3

Case Study – King’s Community Support Centre – A Student-Led Counseling Innovation

Launched in January 2023, the King’s Community Support Centre (KCSC) is a supervised, student-led counselling clinic that provides free, accessible, trauma-informed counselling, peer and group support, and system navigation services to individuals experiencing poverty, homelessness, and related challenges in London. It also serves as a practicum site for social work students at King’s University College. It was developed in partnership with multiple community organizations in response to the city of London, Ontario’s Health and Homelessness Whole of Community System Response plan to fill service gaps by offering immediate, low-barrier support in a welcoming setting.

KCSC is reducing the strain on local service agencies and emergency systems

By promoting improved health equity and ensuring timely, high-quality support for those in crisis and those requiring ongoing care, KCSC fills critical gaps in the social and mental health landscape—alleviating pressure on crisis and emergency services while fostering long-term community resilience, housing stability, and overall well-being.

Early research and evaluation, co-produced by students and grounded in participatory methods, highlights the Centre’s impact on both service users and student learning.⁷

Between August 2024 and June 2025, the KCSC has:

- received 320 referrals through seven community partners.
- did 179 intakes.
- completed 1,031 appointments with 221 service users; and
- provided 852 counselling sessions with 165 service users.

Interviews with service users describe KCSC as a safe, respectful space where people feel heard and supported:

“As long as the centre is open, I’m going to keep coming back. I love it here. [...] It gives me a chance to escape everything.”

“I knew that if I needed to talk, I could just walk in and say, ‘I’m having a hard day.’”

The Centre also helps users navigate systems and access counselling, often for the first time. Ongoing research will continue to inform the Centre’s development and contribute to broader system learning.

⁷ Smith, C., Baird, S., Sanders, J., & Arundel, M.K. (2025). Preliminary research summary: King’s Community Support Centre. Summary prepared for inclusion in the Health & Homelessness Research and Evaluation Report.

6.4

Case Study – London Police Service Parade Presentations: Enhancing Interactions Between First Responders and Direct Care Workers

As part of the WoCSR, direct service staff and first responders have been working to strengthen relationships and improve how they support people experiencing homelessness.

In early 2025, the London Police Service (LPS) dedicated eight Parade Presentations, brief pre-shift all-staff meetings, to this goal. Led by members of the Workforce Development Table, the sessions focused on improving collaboration between police and homelessness support workers.

The presentation, titled “Good Interactions Between First Responders and Frontline Workers,” offered practical guidance for three common scenarios:

- **Drop-offs at agencies** – Emphasizing advance coordination and respectful “warm transfers”.
- **Unprompted visits** – Encouraging clear communication and respect for agency workers’ roles and confidentiality. Officers are advised to clearly identify themselves and explain their purpose (e.g., locating a missing person or following up on an investigation).
- **Agency-initiated calls** – Promoting collaboration between first responders and agency staff and minimizing unnecessary police involvement.

Key themes included the importance of cross-sector understanding, clear communication, and empathy for people in crisis. Some officers actively engaged in the sessions, asking questions and expressing a willingness to build stronger partnerships.

These presentations offer a promising model for improving coordination and fostering more respectful, trauma- and violence- informed interactions across sectors, but they would require structural investment.

6.5 Voices of the Workforce: Nothing About Us Without Us 'Zine Collection

In 2022, members of the workforce brought their voices to the London community through zines--small batch, independently published mini-magazines. Sharing their experiences and struggles. Below are excerpts from those zines.

“What I want my funders to know from the frontlines...

“When you invest in me, you invest in the beautiful souls in our community. Trust that we know how to care for and support others but we need the tools to start with ourselves. You are investing in survival but also low barrier love and compassion. The fancy buildings and programming doesn’t mean shit without u.”

“I love my job. I love our community. I cannot afford to do my job and survive. Hear us and help by giving us the tools.”

“I see folks more than my own family, they are my chosen family. That love is taken advantage of by organizations. I am worth the investment because I give a shit in ways beyond the scope that research can capture.”

“We should not have to work multiple jobs to afford to live. I am always one cheque away from accessing the services I make referrals to. Is there a point in funding an organization without workers? The sector will soon bleed away staff who have given up on our reality improving.”

“Dear Leadership from the frontlines...

“We are doing so many roles, wearing the hat of 8 positions in 1 and still being underpaid. Funders are not the scapegoat but a solution. I want to support you and our folks but I am stretched beyond capacity.”

“Dear City of London, reflections from the frontlines...

‘Dear community of London, my friends are dying and I cant do anything but keep working.
– A burnt-out worker who hasn’t stopped grieving 6 years in the field ’”

6.6

What's Next for the Workforce?

Many direct service workers express a deep commitment to their roles, but without systemic changes, the sector may lose the people it depends on. The Workforce Development Table is advancing new efforts to strengthen wellness and sustainability across the sector. These include initiatives focused on peer support, grief-informed care, and community-building, all grounded in feedback from direct service staff. Sector leaders have also identified practical strategies to support the workforce, including:

- Gathering staff feedback, increasing communications, and promoting wellness
- Increasing organizational flexibility (e.g., flexible medical leave and return to work policies, peer supervision)
- Co-creating a values-driven culture rooted in mutual respect and accountability
- Expanding training on trauma, grief, and supervision/feedback
- Streamlining administrative processes and creating safe, collaborative spaces

These leaders have committed to continued collaboration to address barriers and build a more resilient, responsive system.⁸

⁸ Pillar Nonprofit. (2024, November 19). Organizational leadership session summary. Unpublished manuscript.



7. Public Perceptions & Community Impact

Homelessness affects all Londoners, not just those without shelter. The Whole of Community System Response (WoCSR) is grounded in the belief that housing and health are shared responsibilities, and that solving homelessness strengthens the social and economic fabric of London.



Myths vs. Realities

Myth	Reality
Myth 1: “People are making bad choices; they should just get to work.”	Reality: Homelessness is driven by structural issues, not personal failings—low wages, high rents, and systemic barriers keep people unhoused.
Myth 2: “All homeless people are addicted to drugs.”	Reality: Many unhoused people don’t have substance use issues, and for others, homelessness can act as a driver of those issues; to stable housing is often the first step toward recovery for those who do.
Myth 3: “Housing homeless people creates an unbearable cost on public systems.”	Reality: Housing people saves money—supportive housing reduces reliance on costly emergency services and improves long-term health and well-being.

Shifting Public Understanding

Despite growing collaboration, public perceptions haven’t always kept pace. Stigma, myths, and misinformation continue to shape how homelessness is viewed, often leading to fear and dehumanization. One of WoCSR’s goals is to shift these narratives by:

- Highlighting the structural and personal factors that contribute to homelessness.
- Sharing stories that reflect dignity, resilience, and the human side of homelessness.
- Helping the public understand both the complexity of the issue and solutions that work.

Growing Support Across Sectors

Encouragingly, support is expanding. Funders, developers, and business leaders increasingly recognize that coordinated, person-centred responses are not only the right thing to do, but they are essential to London’s long-term prosperity. While public opinion remains complex and sometimes polarized, the foundation for a more unified, city-wide approach is stronger than ever.

7.1

Public & Media Perceptions of Homelessness

Public perceptions shape not only how homelessness is addressed, but also how people experiencing it are treated. While homelessness is often debated, those living it are rarely included in the conversation. Their visibility in public spaces can activate strong emotional reactions and concerns about safety, leading to stigma and dehumanization, both of individuals and the services that support them.

Media Coverage

Media coverage has played a central role in shaping public conversations around the Whole of Community System Response (WoCSR). A 2025 media analysis found that:¹

- **Early coverage was largely positive**, highlighting the historic Health & Homelessness Summits and cross-sector collaboration.
- **Later coverage became more polarized, focusing on:**
 - The reduction in proposed Hubs, framed by some as a retreat from earlier commitments.
 - Challenges around specific sites (e.g., Lighthouse Inn, 743 Wellington).
 - Frustration from nonprofit and private sector partners, often portrayed as dysfunction.

While concerns are valid, the analysis cautions that a narrow focus on setbacks risks obscuring real progress and undermining public confidence in solutions that are working.

Community Sentiment: Divided but Engaged

Public feedback collected in 2023–2024 through surveys and engagement sessions revealed a wide spectrum of views:

- Some expressed fear and frustration, particularly around visible homelessness and perceived safety concerns.
- Others acknowledged the complexity of homelessness and called for systemic, compassionate responses.
- Many voiced support for Hubs and supportive housing, urging continued action.

“The plan is good. At this point, action is needed. No more re-hashing. Tents to hubs to supportive housing. Enough. People are suffering.”

Sentiment also varied by topic. Encampment-related surveys drew more negative responses than those focused on Hubs, suggesting that the visibility of homelessness plays a major role in shaping public opinion. Notably, the encampment survey received significantly more responses than the Hub survey, indicating a possible skew toward those with stronger feelings.

¹ Shouldice, M. (2025). News media analysis: Public narratives and the Whole of Community System Response (Unpublished manuscript).

Sector Reflections: Progress Behind the Scenes

Sector leaders emphasized the immense behind-the-scenes work involved in building new partnerships, services, and governance structures. However, much of this progress remains invisible to the public. They also noted a broader cultural dynamic: healthcare systems are often respected, while social services, especially those addressing homelessness, face harsher judgment. This stigma affects both the people being served and those doing the work.²

7.2 Perspectives from Local Businesses and Funders

Homelessness and visible street-involvement continue to shape how residents, businesses, and funders experience London's downtown. While concerns persist, there is growing recognition that coordinated, long-term solutions are in everyone's interest.

Downtown business owners have voiced clear concerns. In the 2024 London Downtown Business Association (LDBA) survey:³

- Over 40% cited homelessness and related social issues as a top challenge.
- 57% said these issues were a key disadvantage of operating downtown, often tied to perceptions of safety and cleanliness.

Yet, many also expressed a desire for constructive, compassionate solutions:

- 46% identified addressing homelessness as the most important change they want to see in the next five years.
- Suggestions included long-term planning, stronger city leadership, and public messaging that humanizes people experiencing homelessness and promotes downtown as a safe, inclusive space.

Funders involved in the WoCSR have praised the process for fostering collaboration, flexibility, and shared priorities. Coordinated efforts have enabled:

- Streamlined communication across philanthropic and public funders.
- Flexible funding aligned with system-wide needs.
- Stronger trust and credibility, helping maintain momentum even during political transitions.

² Internal summary, community consultation session, May 2025.

³ London Downtown Business Association. (2024). 2024 Annual Member Survey Report (June 19–August 23, 2024). Unpublished internal report.

“What inspires funders is that what’s coming forward is highly integrated—frontline services and specialized care working together.”

Funders also noted that WoCSR allows them to contribute beyond their usual focus areas and coordinate more effectively:

“It lets us divvy up what needs to be covered and align our contributions.”

While regular funder meetings paused during the 2025 federal election cycle, funders continued to share updates and coordinate informally.

Funders view WoCSR as a model for strategic, cross-sector collaboration that delivers meaningful community impact.

7.3

What’s Next for Public and Community Impact?

As the Whole of Community System Response (WoCSR) evolves, one lesson stands out: lasting change requires public trust, shared purpose, and visible progress. While stigma and misunderstanding persist, so does growing support from residents, businesses, and funders who believe real solutions are possible. To sustain momentum, WoCSR will remain rooted in its founding values: compassion, evidence, and shared responsibility.

Key Priorities Moving Forward

- **Highlight results**
 - Share measurable outcomes, like reduced emergency service use, improved housing stability, and better health, through accessible data and stories to build public trust.
- **Centre human rights and dignity**
 - Reinforce that every Londoner deserves safety, shelter, and support. This principle must guide all policy and service decisions.
- **Build trust through transparency**
 - Communicate clearly and consistently about what’s working, what’s changing, remaining challenges and opportunities, and how people can get involved.
- **Strengthen cross-sector collaboration**
 - Unite voices across health, housing, business, and social services to shift public discourse from division to collective action.

To support these goals, WoCSR will prioritize knowledge mobilization, sharing high-quality data and real-life stories, addressing myths with empathy and facts, and creating space for public dialogue and learning. Working with partners including the City of London, hospitals, the Middlesex-London Health Unit, Western University and its Affiliated Colleges (Huron University and King's University College), Fanshawe College and community organizations, WoCSR will also establish sustainable annual reporting and real-time knowledge-sharing mechanisms. These efforts will ensure that progress is measured, shared, and continuously informed by research, practice, and community input, keeping London focused on building a city where every resident has a place to call home.



8. Conclusions and Recommendations

Homelessness in London is a complex and urgent crisis shaped by structural inequities, policy gaps, and decades of underinvestment from various levels of government. Yet, over the past two and a half years, the community has come together in new ways to chart a different course. The Whole of Community System Response (WoCSR) has laid the foundation for a more coordinated, person-centred, and effective system grounded in evidence, equity, and shared responsibility.



This section outlines conclusions based on these evaluation findings, and recommendations for the WoCSR's Leadership Table (formerly the Strategy & Accountability Table) regarding next steps in four strategic areas: housing and Hubs, workforce well-being, system coordination, and public communication.

Recommendations are broken into:

- **Short-Term Actions (0–1 year)** Focus on maintaining momentum, stabilizing essential services, and laying groundwork for system improvements.
- **Mid-Term Solutions (1–3 years)** Build system capacity, deepen partnerships, and develop the infrastructure needed to sustain long-term change.

What's been achieved so far:

- Over 90 Highly Supportive Housing units have opened, with hundreds more in various stages of development.
- Two 24/7 Hubs are operational, with others proposed.
- Direct service workers are being elevated as leaders, and people with lived experience are shaping the conversation in new ways.
- System partners are collaborating more closely than ever through shared tools, joint governance, and coordinated planning.
- Preliminary data suggests reduced emergency service use, improved housing stability, and better health and well-being among some participants.

Barriers that Remain

- A workforce stretched thin by distress, exhaustion and chronic underfunding.
- An urgent need for more highly supportive and supportive housing, as well as sustainable operating dollars for the essential onsite services they provide.
- Persistent stigma, misinformation, and community tensions about homelessness.
- System gaps that still make it hard for people to find, navigate, or trust available supports.

Transformational change is complex and ongoing. Highly Supportive Housing and Hubs are showing signs of impact, and continued evaluation will help determine the extent and sustainability of these efforts.

8.1

Making Space for Indigenous Leadership

Indigenous organizations and members within the Whole of Community System Response continue to advocate for their communities and for Indigenous leadership while also doing the work of supporting their relatives experiencing homelessness. They have provided feedback around the challenges of working within a colonial system that fails to adequately resource Indigenous leadership and misinterprets Indigenous leadership as synonymous with Indigenous inclusion or participation, which can often feel tokenistic.

Indigenous homelessness is experienced within the broader context of colonization and the severing of Indigenous relationships to land, family, community and cultural identities. This includes the disruption and attempted erasure of Indigenous sovereignty, Indigenous ways of knowing and Indigenous ways of being. Throughout the Whole of Community System Response, Indigenous stakeholders have indicated the need for Indigenous leadership alongside non-Indigenous responses. Unfortunately, this has not been prioritized from the start. Due to a lack of prioritization and initial investment in Indigenous leadership, there have been missed opportunities for an Indigenous-led summit process, for an Indigenous-led reference table, and for an Indigenous-led research and evaluation process.

Action Research on Chronic Homelessness (ARCH) Study: Indigenous-led Approaches to Coordinated Access (Atlohsa Family Healing Services)

In alignment with their Giwetashkad Plan, Atlohsa partnered with Housing, Infrastructure and Communities Canada (HICC) and the City of London Housing Stability Services to lead the ARCH Study in London in 2024-2025. The study explored Indigenous approaches to Coordinated Access within a regional context with the goal to identify and describe systems-change solutions and practical interventions aimed at improving housing and wellness outcomes for Indigenous people experiencing unsheltered homelessness. The final report outlines what is needed to accomplish an Indigenous-led Coordinated Access system in London along with their other findings and policy recommendations for all levels of government, with a municipal focus. Atlohsa is working actively with the City of London to achieve the policy recommendations outlined in the ARCH Study Final Report as they continue supporting their unsheltered relatives (Atlohsa Family Healing Services 2025).

Recommendations

Short-Term Actions (0–1 year)

- Invest in Indigenous-led processes alongside non-Indigenous ones from the onset of whole-of-community initiatives
- Promote Indigenous-led education and training on Indigenous homelessness and cultural humility across the WoCSR

Mid-Term Solutions (1–3 years)

- Work collaboratively to achieve the policy recommendations outlined in Atlohsa's ARCH Study Final Report to address and alleviate Indigenous homelessness in London

8.2

Highly Supportive Housing and Hubs

Key Insights

- Hub and housing residents have reduced emergency service use and improved health and well-being.
- Operational and staffing costs remain a major concern for long-term sustainability.
- Zoning, development timelines, and funding models impact the speed and scale of expansion.

Recommendations

Short-Term Actions (0–1 year)

- **Ensure operational sustainability for Hubs and Highly Supportive Housing**
 - Ensure ongoing operational funding for existing and future sites, including staffing, programming, and wraparound supports.
 - Advocate for additional operational funding from a variety of sources including provincial/federal government.
- **Optimize Hubs and Highly Supportive Housing Services**
 - Ensure Hubs remain a key option to access stable housing and system supports, and provide opportunities to directly access Highly Supportive Housing when appropriate

Mid-Term Solutions (1–3 years)

- **Deliver on Commitments to Increase Highly Supportive Housing**
 - Prioritize efforts to mobilize the timely opening of new units
 - Seek additional opportunities to meet the target of 600 units of Highly Supportive Housing by 2027.
- **Expand Indigenous-Led Housing and Supports**
 - Support the development of new Indigenous-led supportive housing, transitional housing for youth and 2SLGBTQIA+ individuals, and culturally safe Hub options, in alignment with recommendations from the **Giwetashkad Indigenous Homelessness Strategic Plan** and **ARCH report**.^{1 2}
- **Continue Pursuing New Hub Development**
 - Maintain flexible, partnership-based procurement models, and identify sites with fewer zoning barriers.

1 Atlohsa Family Healing Services Inc. (2020). "Giwetashkad Indigenous Homelessness Strategic Plan: 2020–2023". London, Ontario. <https://cdn.shopify.com/s/files/1/0597/2587/3358/files/Giwetashkad-Indigenous-Homelessness-Strategic-Plan.pdf?v=1679586798>

2 Atlohsa's Action Research to End Chronic Homelessness Project Team of the Giwetashkad Indigenous Homelessness Department. (2025, March 31). "Final report on Indigenous-led approaches to coordinated access in London, Ontario". Canadian Observatory on Homelessness (editor), York University. London, Ontario: Atlohsa Family Healing Services Inc. https://cdn.shopify.com/s/files/1/0597/2587/3358/files/Atlohsa-ILACA-Final_Report.pdf?v=1743533279

8.3

Workforce Well-Being

Key Insights

- This work is dependent on a healthy workforce.
- Staff are passionate and mission-driven but under-resourced.
- System pressures, vicarious trauma, and grief from client loss take a heavy toll on worker wellness and staff turnover.
- Cross-agency workforce development, mental health, and wellness supports are urgently needed.

Recommendations

Short-Term Actions (0–1 year)

- **Prioritize Workforce Stabilization and Support**
 - Improve wages, benefits, job security, and mental health supports.
 - Provide training in trauma- and violence-informed care, substance use health/harm reduction, and culturally safe practices.
 - Build organizational capacity and culture through leadership training, professional development, and shared decision-making structures.

Mid-Term Solutions (1–3 years)

- **Align Workforce Development Across Agencies**
 - Support interdisciplinary workforce development, embedded well-being supports, and a shared policy and practice foundation across agencies.

8.4

System Coordination

Key Insights

- Progress has been made in cross-sector collaboration, but gaps remain in data sharing and communication.
- HIFIS expansion and lived experience engagement are critical for a more inclusive and accurate system.
- Sustained coordination staffing and shared evaluation infrastructure are needed to ensure momentum.

Recommendations

Short-Term Actions (0–1 year)

- **Strengthen Indigenous Participation and Data Sovereignty in Coordinated Access**
 - Expand Indigenous-led outreach and intake efforts, ensure continuous indigenous input into Coordinated Access processes, and work toward implementing OCAP® principles within HIFIS to support Indigenous data sovereignty as outlined in the ARCH Report.¹
- **Accelerate Onboarding to Coordinated Access (HIFIS)**
 - Expand HIFIS participation to underrepresented sectors, including mental health, addictions, and healthcare organizations.
- **Elevate Lived/Living, and Direct Service Expertise Across the WoCSR**
 - Create meaningful participation pathways in governance, design, and evaluation.
- **Maintain WoCSR Implementation Capacity**
 - Sustain dedicated staffing and resources to support ongoing activities, continuous improvement, and implementation of recommendations outlined in this report.

Mid-Term Solutions (1–3 years)

- **Strengthen Collaboration Infrastructure**
 - Build referral directories, shared tools, and pathways to increase interagency coordination.
 - Maintain funder and developer partnerships.
 - Develop a system-wide framework for onboarding, professional development, and values-aligned service delivery across sectors.
- **Establish Sustainable Data Tracking, Research, and Evaluation**
 - Use the WoCSR Theory of Change (Appendix A) as a foundation for developing ongoing research and evaluation plans, ensuring that data collection, analysis, and reporting are aligned with system goals.
 - Formalize partnerships and processes across organizations and institutions to support the ongoing reporting of WoCSR processes, outcomes and impacts, including workforce metrics and financial impacts of WoCSR.
- **Advance a Shared Policy and Practice Framework**
 - Develop a system-wide framework for onboarding, professional development, and values-aligned service delivery across sectors.
- **Advance a provincial policy and practice approach.**
 - Share London's approach and findings with other municipalities and provincial stakeholders to shape broader health and homelessness policies and programs.
 - Ensure adequate and sustained resource allocation from all levels of government.

¹ ARCH Report (2025)

8.5

Public Perceptions & Community Impact

Key Insights

- Polarization and stigma continue to shape public discourse on homelessness.
- Communicating with transparency, dignity, and hope can rebuild trust.
- Increased communication and inclusive engagement can help shift public sentiment and commitment.

Recommendations

Short-Term Actions (0–1 year)

- **Improve Public Communication**
 - Use data and stories of impact to share updates and highlight progress to (re)build public trust and understanding.
 - Continue to center Human Rights focus and dignity in all communications.
 - Coordinate communication across sectors including businesses, developers, health, housing, and social services to present consistent information, increase transparency, and amplify progress.

Mid-Term Solutions (1–3 years)

- **Sustain Public Education and Inclusive Feedback and Engagement**
 - Maintain transparent public updates and ongoing education efforts, while adapting plans in response to changing circumstances to sustain momentum and public support.
 - Develop accessible, culturally safe, and proactive outreach strategies to ensure participation from equity-denied groups and underrepresented voices.
- **Uphold Indigenous Self-Determination in Public Narrative**
 - Support Indigenous-led communication and public education efforts that center cultural identity, stories, strength, and sovereignty as discussed in the ARCH Report. Collaborate with Indigenous partners to ensure messaging reflects their experiences, values, and priorities.

Looking Ahead

The WoCSR is not a finished product. It is a living system that must continue to learn, adapt, and grow. That growth depends on all Londoners, not only those in formal roles, but community members, neighbours, business owners, and policymakers willing to approach this issue with humility, curiosity, and care.



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Appendix A:

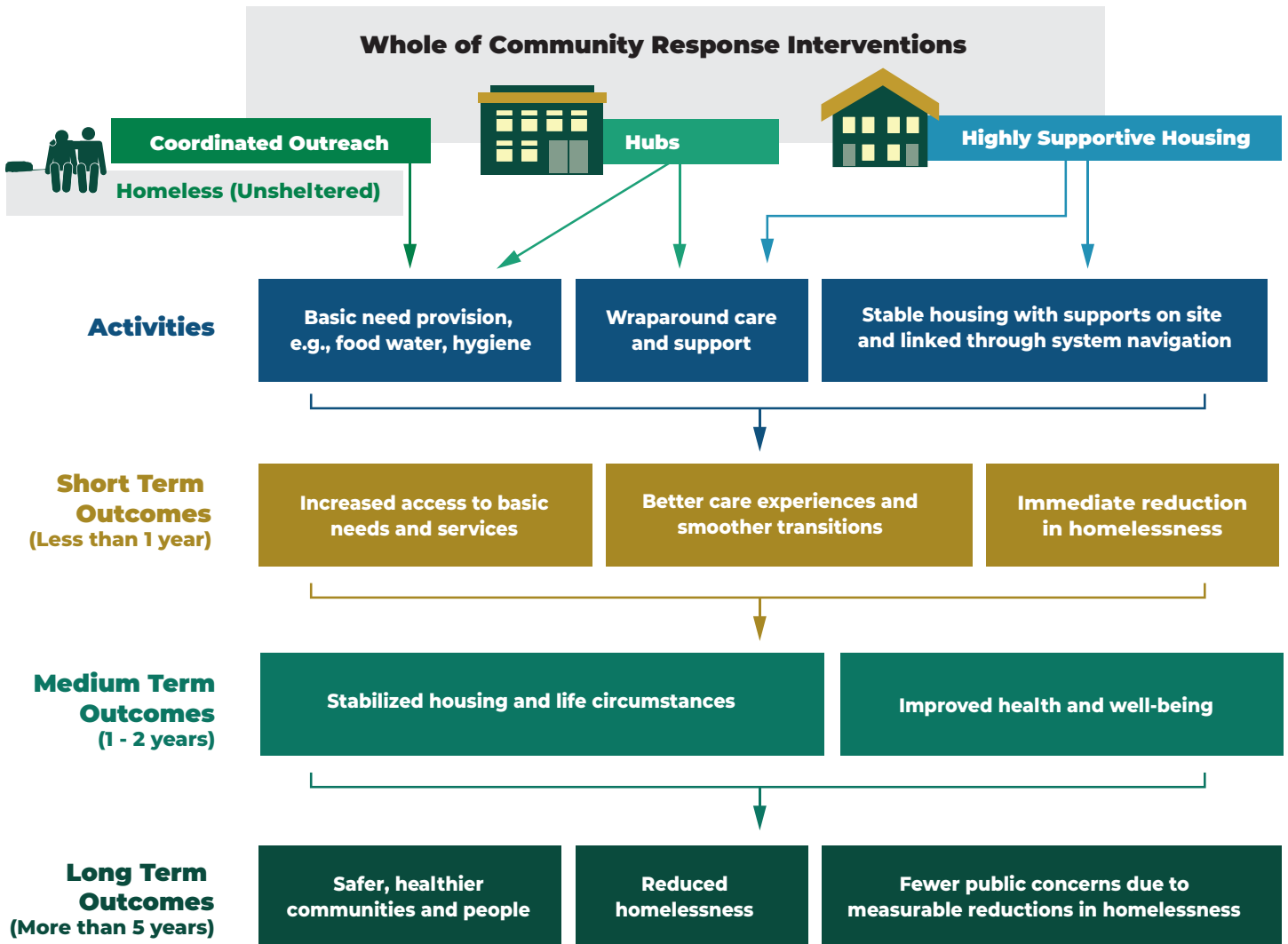
Whole of Community System Response to Health and Homelessness Theory of Change



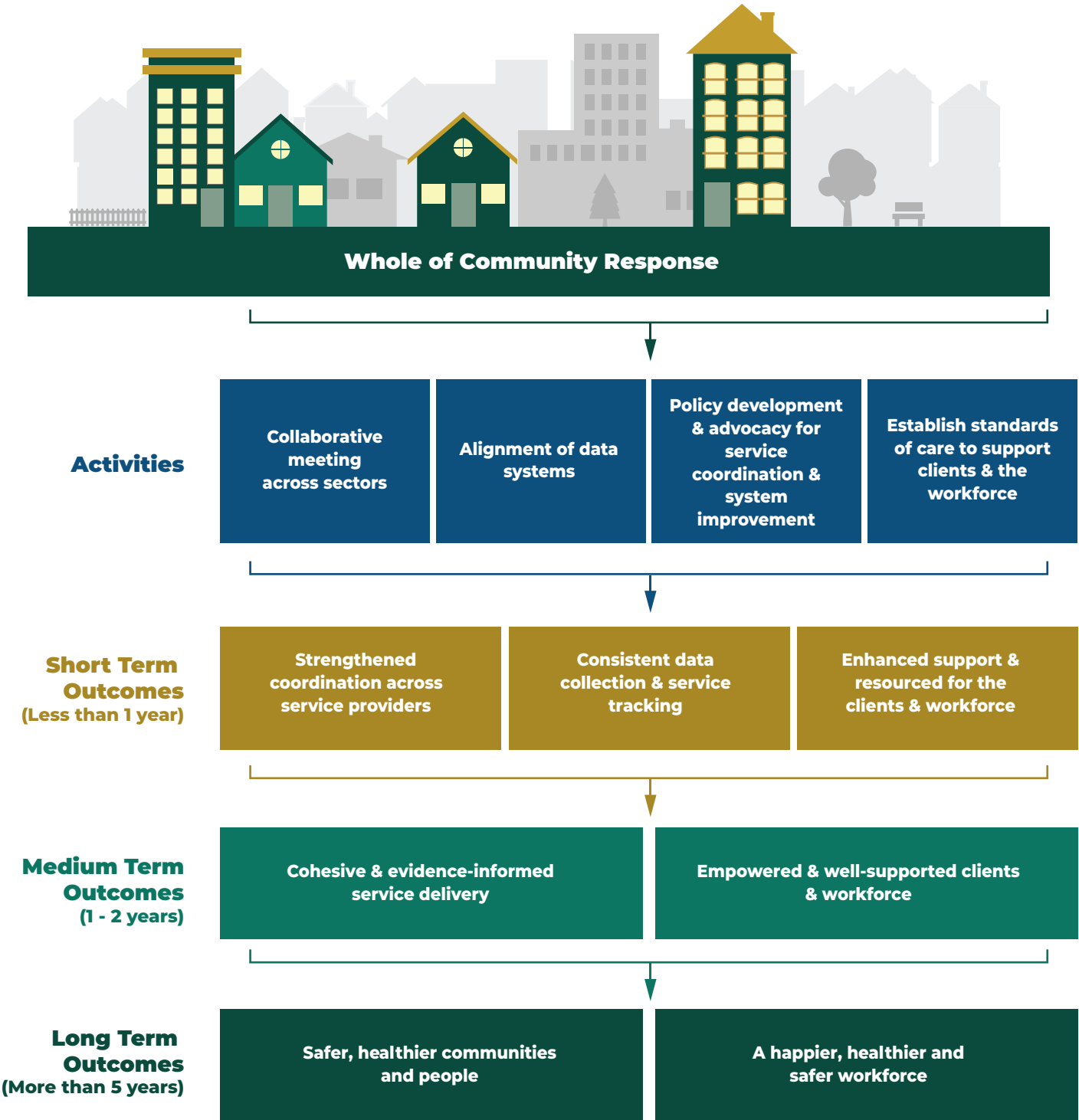
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Whole of Community System Response to Health and Homelessness Theory of Change

Impact on Individuals & Community



Service Coordination & Improvement



Appendix B:

Whole of Community System Response (WoCSR) to Health and Homelessness Table of Outcomes and Metrics



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Whole of Community System Response (WoCSR) to Health and Homelessness Table of Outcomes and Metrics

Note. This table is organized by the outcomes in the Theory of Change in Appendix A

Metric	Section of Report	Data Source	Baseline (2022)	2023 Actuals	2024 Actuals	2025 (Jan - July) Actuals
Number of Highly Supportive Housing units	Section 4	House of Hope, Indwell	--	25 (House of Hope) 44 (Thompson Road – Indwell)	24 (House of Hope)	--
Number of Hubs	Section 5	City of London	--	--	2	HART Hub (anticipated)

Outcome: Reduced homelessness

Metric	Section of Report	Data Source	Baseline (2022)	2023 Actuals	2024 Actuals	2025 (Jan - July) Actuals
Average number of individuals on the by-name list by month	Section 2.1	HIFIS, City of London	1,844	1,940	2,089	2,222
Number of people identified as high acuity experiencing homelessness* *the number of unique individuals that appeared on the By-Name who registered a High Acuity score on the VI-SPDAT at any point in that calendar year.	Section 2.1	HIFIS, City of London	1,016	1,225	1,281	1,197
Number of people who have moved into transitional housing (non-institutional)* *the number of individuals that moved into transitional housing from the City of London's By-Name List. It is calculated based on the housing status change to Transitional.	Not referenced directly	HIFIS, City of London	65	73	101	121
Number of people who have moved into stable housing* *the number of individuals that moved into transitional housing from the City of London's By-Name List. It is calculated based on the housing status change to Permanent	Not referenced directly	HIFIS, City of London	381	370	375	273

Metric	Section of Report	Data Source	Baseline (2022)	2023 Actuals	2024 Actuals	2025 (Jan - July) Actuals
Number of people who have been lost to follow up* *the number of individuals that have become inactive at the end of that calendar year. These individuals have not come back into contact with a HIFIS registered device since.	Not referenced directly	HIFIS, City of London	1,914	1,640	1,351	620
Number people who have died	Section 5.1	City of London	55	50	44	25

Outcome: Stabilized housing and life circumstances

Outcome: Improved health and well-being for people experiencing homelessness

Metric	Section of Report	Data Source	Baseline (2022)	2023 Actuals	2024 Actuals	2025 (Jan - July) Actuals
Number of Emergency Department visits* *the number of ED visits for individuals tagged as 'No Fixed Address'	Section 5.2	LHSC Data	5,384 (FY 22/23)	5,189 (FY 23/24)	5,485 (FY 24/25)	366 (as of May 2025)
Descriptions of people's experiences in their own words	Section 3 & 4	House of Hope Interviews (2024), Indwell Study (Oudshoorn et al., 2025)	Text-based responses to interviews and focus groups	Text-based responses to interviews and focus groups	Text-based responses to interviews and focus groups	Text-based responses to interviews and focus groups

Outcome: Enhanced support and resources for the clients and workforce

Metric	Section of Report	Data Source	
Percent who reported experiencing moral distress	Section 6.2	Checking in on the Frontlines Study	44% (583 respondents)
Percent who agreed or partially agreed they had adequate resources	Section 6.2	Checking in on the Frontlines	41% (555 respondents) respondents partially agreed they had adequate resources; 23% (298 respondents) disagreed.
Percent who said their org. had safety protocols	Section 6.2	Checking in on the Frontlines	50% (673 respondents) said their organization had safety protocols; 36% (478 respondents) felt more was needed.
Time worked in the field for 1 – 5 years	Section 6.2	Checking in on the Frontlines	46% (603 respondents) had worked in the field for 1–5 years; 202 for just 1–2 years
People who earned under \$50,000 annually	Section 6.2	Checking in on the Frontlines	26% (343 respondents) respondents
Percent that could not meet basic needs but not save or cover additional health costs	Section 6.2	Checking in on the Frontlines	40% (528 respondents)
People who said their compensation was inadequate for the work and associated risks.	Section 6.2	Checking in on the Frontlines	67% (892 respondents) respondents
Descriptions of workforce experiences in staffs' own words	Section 6.5	Checking in on the Frontlines	Text-based responses to focus groups and survey

Outcome: Safer, healthier communities**Outcome: Fewer public concerns due to measurable reduction in homelessness**

Metric	Section of Report	Data Source	Percentage
Experiences of residents of London in their own words	Section 7.1	Text-based responses from City of London Hubs and Highly Supportive Housing community engagement sessions	--
Analysis of news and social media coverage	Section 7.1	News media analysis (Shouldice, 2025)	--
Percent of downtown businesses who cited homelessness and related social issues as a top challenge	Section 7.2	2024 London Downtown Business Association survey	40%
Percent that cited these issues as a key disadvantage of working downtown	Section 7.2	2024 London Downtown Business Association survey	57%
Percent who identified addressing homelessness as the most important change they want to see over the next five years	Section 7.2	2024 London Downtown Business Association survey	46%
Experiences of businesses and/or BIAs in their own words	Section 7.2	Text-based responses to interviews, focus groups, and/or surveys	--

Appendix C:

Research and Evaluation Approaches and Frameworks



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Research and Evaluation Approaches and Frameworks

Research and Evaluation Approach

Concepts/Frameworks Included:

Now-Next-Later Evaluation Approach

An evaluation framework organized timeframe to support phased, strategic action.

- **Now** focuses on what can or should be addressed immediately based on current evidence and capacity.
- **Next** identifies short- to medium-term priorities that build on early efforts or require further coordination.
- **Later** points to longer-term goals and system-level changes that require sustained investment, structural shifts, or cultural change.

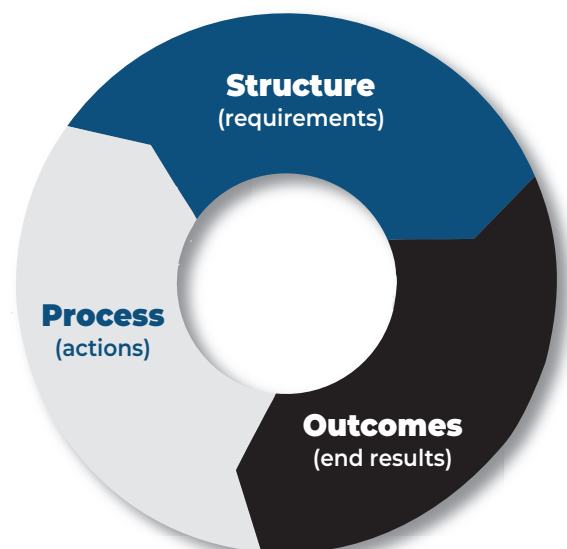


This approach helps focus on realistic steps while maintaining a clear vision for long-term

Structure, Process, and Outcomes Evaluation Approach

An evaluation framework that examines three interconnected components of a system to understand how change happens and where improvements are needed:

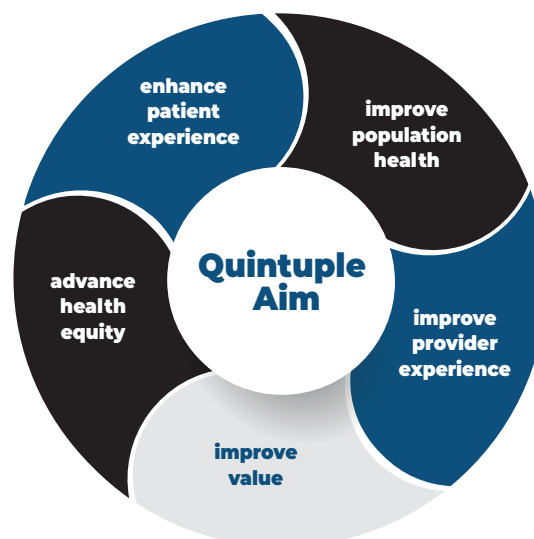
- Structures refer to the foundational elements that enable or constrain action such as policies, governance models, funding, roles, and accountability mechanisms.
- Processes are the actions and activities carried out within the system like coordination efforts, decision-making practices, service delivery, and engagement.
- Outcomes are the end results or impacts of the work such as improved housing stability, health, or system integration.
- By looking at all three areas, this approach provides a well-rounded picture of how a system is functioning and evolving over time.



Ontario Health's Quintuple Aim ¹

Work is guided by five objectives critical in the delivery of world-class health care services:

- enhance patient experience
- improve population health
- improve provider experience
- improve value
- advance health equity



Mixed Methods Design



An evaluation or research approach that combines both quantitative (numerical) and qualitative (descriptive) data to provide a more comprehensive understanding of a topic. Quantitative data helps measure patterns, trends, or outcomes, while qualitative data captures experiences, perspectives, and context. By integrating both types, mixed methods design offers deeper insights than either approach alone.

¹ Ontario Health <https://www.ontariohealth.ca/about-us>

WoCSR Research and Evaluation Process

- Four Research and Evaluation Teams assembled
- Key research and evaluation questions compiled and sorted
- Questions assigned to appropriate research and evaluation team
- Support provided by System Foundations Table and CRHESI research and evaluation managers.
- Consistent year-over-year evaluation
- Rooted in the community
- Making use of what already exists
- Drawing on the expertise and resources of the London Community and beyond
- Attentive to potential biases

CRHESI supports the System Foundations Table (SFT), which determines priority questions for each research/evaluation team. Teams comprise expert researchers from London's colleges and universities along with community partners with various expertise. CRHESI staff coordinate research/evaluation team meetings to ensure clarity regarding roles, responsibilities, and timelines. Additionally, they develop project plans, resources and tools, and provide regular progress reports. They are dedicated to fostering effective communication and reporting mechanisms to ensure transparency and inclusivity throughout the process. They emphasize inclusivity, welcoming all who wish to contribute to any research & evaluation team(s), as aligned with their interests.

In communication and engagement, they prioritize inclusivity, respect, and collaboration as foundational values. They advocate for clear, concise language that avoids stigmatization and instead focuses on illuminating systemic shortcomings. Utilizing data interwoven with narrative, including visual and auditory elements such as photos, art, poetry, and song, we strive to convey messages in diverse and accessible ways, ensuring the safety and comfort of all participants. Proactively addressing public concerns and expectations, they craft communication plans to prepare both the public and policymakers for the breadth of findings. The approach is one of continuous refinement, as they adapt and evolve strategies to best serve the needs of the London community, with an unwavering commitment to equity and destigmatization.

Partnered Research

A key component of this research is partnership with the community including people with lived and living experience, the direct service workforce, and their organizations. Below are just two ways that the voice of the community experts will be crucial in this work.

- **Formulating Research & Evaluation Questions:** The active involvement of those receiving and providing care is essential to ensure that questions are relevant and reflect real-world experiences and concerns.
- **Interpreting & Sharing Findings:** Insights from those closest to the issues is crucial in collaborative interpretation of findings to develop key messages and ensure safe and effective knowledge mobilization strategies.

Research and Evaluation Teams

Team	Focus
1	Outcomes & Experiences of: • People experiencing homelessness who face the highest needs and barriers • People precariously housed and at risk of homelessness • Residents of London
2	Experiences and Well-being of the Workforce
3	Systems, structures, processes, and costs-of-care
4	Process and contextual review of the Whole of Community System Response to Health and Homelessness (Findings discussed in separate Process Review Document)

Appendix D:

Glossary



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Glossary

Acuity: a measure of how complex or urgent a person's needs are. In the context of homelessness services, tools like the VI-SPDAT (see definition below) help assess someone's physical health, mental health, substance use, safety risks, and housing history to determine their level of support needed. People with higher acuity typically require more intensive, wraparound services to achieve and maintain stable housing.

Chronic Homelessness: Long-term or repeated homelessness, defined in Canada as being unhoused for at least 6 months over the past year, or for 18 months over the past 3 years, including time in shelters, unsheltered locations, or unstable housing situations.

Coordinated Access: a community-wide system for connecting people experiencing homelessness to housing and supports in a fair, timely, and transparent way. Instead of navigating services agency by agency, individuals are assessed using a common process and prioritized based on need. This system improves efficiency, equity, and collaboration across service providers.

Emergency Shelter: a short-term, temporary housing option for individuals or families experiencing homelessness. Emergency shelters provide immediate access to a safe place to sleep, along with basic needs such as food, hygiene facilities, and referrals to other supports. They are often open 24/7 and aim to stabilize people in crisis while connecting them to more permanent housing and services.

Encampment: a location where individuals experiencing homelessness live outdoors in tents, makeshift shelters, or other temporary structures. Encampments often form in public or semi-public spaces and may arise due to lack of access to shelter, safety concerns, or a desire for autonomy. While not a formal part of the housing system, encampments reflect urgent unmet needs and are often sites of both community and vulnerability.

Harm Reduction: A public health approach that aims to reduce the negative health, social, and legal impacts of substance use through non-judgmental, evidence-informed strategies without requiring abstinence. It includes services like supervised consumption sites, needle exchange programs, and naloxone distribution to support safer use and improve well-being.

HART (Homeless and Addictions Recovery and Treatment) Hub: a provincially funded program offering transitional supportive housing and integrated services for individuals experiencing homelessness with complex mental health or addiction needs.

Homeless Individuals and Families Information System (HIFIS): a secure, real-time case management database developed by the Government of Canada. HIFIS allows homelessness-serving agencies to track service use, share referrals, and monitor outcomes while protecting client privacy. It supports Coordinated Access by helping ensure no one is overlooked in the system.

Highly Supportive Housing: a more intensive form of supportive housing for individuals with complex, high acuity needs such as serious mental health challenges, substance use, and long histories of homelessness. These settings typically offer 24/7 staffing, onsite health and social services, and a higher staff-to-resident ratio to ensure continuous support and safety.

Housing First: an approach to addressing homelessness that prioritizes providing people with stable housing without requiring them to first meet conditions like sobriety or treatment compliance. Once housed, individuals are offered voluntary supports such as mental health care, addiction services, and case management to help them maintain housing and improve overall well-being. The core belief is that housing is a basic human right and a necessary foundation for recovery.

HART (Homelessness and Addiction Recovery Treatment) Hub: a provincially designated enhanced, community-based centre that combines health and human services in one location. Staffed 24/7, it provides integrated supports including mental health, addiction treatment, case management, clinical care, and referrals tailored to local needs. These Hubs aim to offer seamless, low-barrier access to comprehensive services for individuals experiencing homelessness and addiction, helping them stabilize and move toward recovery and housing.

Hub: a 24/7 staffed drop-in site offering basic needs (like food, showers, laundry, rest) and stabilization supports. It connects marginalized, high-acuity individuals to wraparound services such as case management, medical support, housing help, legal aid, mental health care, and transportation with the goal of helping them move safely indoors and transition to more stable, supportive housing environments.

Low-Barrier: A service model that minimizes entry requirements such as sobriety, identification, or program participation to make shelters and housing more accessible, especially for people with complex needs or experiencing homelessness.

Moral Distress: the psychological distress experienced when a direct service worker knows the ethically right action to take but is unable to act on it due to institutional or other constraints. This can lead to feelings of powerlessness, frustration, and a sense of betrayal of one's own values.

Service Depot: daily services that were set-up for roughly 90 minutes per day as an emergency response providing basic needs to people living in tents and encampments. They were a temporary crisis solution and were time limited services designed to serve those who are already living unsheltered in the area. In Spring 2025 they transitioned to a mobile depot model.

Substance Use Health: A person-centered, non-stigmatizing approach to substance use that supports individuals in achieving their self-defined health goals, including harm reduction, safer use, reduced use, or abstinence.

Supportive Housing: stable, affordable housing that includes access to on-site or mobile supports such as case management, mental health services, substance use support, and life skills assistance. Supportive housing is designed for people who face barriers to housing stability and benefit from ongoing help but can live more independently.

Theory of Change: a visual or written roadmap that explains how and why specific activities are expected to lead to desired long-term outcomes.

Trauma and Violence Informed Care (TVIC): an approach to service delivery that recognizes the widespread impacts of trauma and the ongoing nature of structural and interpersonal violence. TVIC emphasizes safety, trust, choice, collaboration, and empowerment in all interactions. It requires awareness of how systemic and historical forms of violence such as racism, poverty, and colonialism shape people's experiences, and calls on providers to adjust policies, environments, and practices to reduce harm and support healing.

Whole of Community System Response (WoSCR): a collaborative, city-wide approach to addressing homelessness that brings together government, health care, social services, Indigenous partners, people with lived and living experience, and the broader community. WoCSR focuses on building a coordinated, person-centered system that aligns efforts, shares responsibility, and works collectively to reduce and ultimately end homelessness in London.

Wraparound Services/Supports: a holistic approach to care that provides individuals with a coordinated range of supports tailored to their unique needs. These services may include housing help, mental health and substance use health treatment, primary care, support accessing social assistance, legal aid, life skills, and cultural or spiritual support. The goal is to address multiple aspects of a person's well-being in a connected, person-centered way.

Vulnerability Index – Service Prioritization Decision Assistance Too (VI-SPDAT): a widely used pre-screening tool to prioritize people and allocate limited resources.



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