

CANDIDATE & COMMUNITY BRIEFING

HOMELESSNESS, MENTAL HEALTH, ADDICTIONS & COMMUNITY SAFETY

Protect people. Address harm. Create pathways to housing and recovery.

Prepared for candidates, members, media and residents | October 19, 2026

Community safety includes people living without housing, as well as the residents, employees and businesses around them.

The next Council faces two responsibilities at once: responding to real safety concerns and protecting people whose lack of housing can leave them exposed to violence, exploitation and serious health risks. Neither a policy of displacement alone nor acceptance of unmanaged danger is an adequate objective. The task is to reduce harm while creating realistic routes into safe housing and appropriate care.

1. Change the starting question: who needs protection?

Homelessness, mental illness, addiction and criminal conduct are not interchangeable. A person may experience one, several or none of the others. Homelessness can follow financial hardship, a relationship breakdown, violence, disability or an unsuccessful transition from an institution. A visible crisis does not reveal someone's history or establish that they caused a reported offence.

Statistics Canada's March 2026 analysis of the 2025 Survey of Safety in Public and Private Spaces found that **66% of women and 36% of men who reported ever experiencing absolute homelessness** identified leaving an emotionally abusive or physically violent situation as a reason. Absolute homelessness included living on the street, in a shelter or in a vehicle because there was nowhere else to go. These are national retrospective findings, not a count of current encampment residents or a Chatham-Kent prevalence estimate. ¹

Federal trafficking guidance identifies precarious housing, poverty, isolation and histories of abuse among vulnerabilities perpetrators can exploit. Someone fleeing violence may subsequently face coercion from a person offering shelter, money or other necessities. That risk deserves safeguarding attention; it is not evidence that every encampment is controlled by organized crime. ²

Ask both: "What harm is occurring here?" and "What has happened to this person, and what would make them safer?"

This perspective preserves accountability. Being victimized does not excuse harming others, and someone can be both a victim and responsible for an offence. Recognizing trauma should improve the response, not erase agency, rights or consequences.

RIGHTS, PUBLIC LAND AND THE LIMITS OF SIMPLE ANSWERS

2. Housing rights and public-land shelter: know the distinction

Canada's **National Housing Strategy Act** recognizes adequate housing as a fundamental human right affirmed in international law and commits federal housing policy to its progressive realization. The Act establishes a strategy and accountability framework; it does not itself allocate an immediate municipal dwelling to every claimant or confer possession of a particular park. ⁴

Ontario's **Human Rights Code** separately protects against discrimination in housing and services, including disability-related discrimination. Accommodation must be assessed individually, subject to the legal undue-hardship standard. Mental-health or addiction-related needs cannot simply be dismissed as misconduct or an unwillingness to cooperate. Accommodation does not mean ignoring substantiated safety risks. ⁵

Temporary shelter on public land: an important but qualified protection

In **Waterloo, 2023 ONSC 670**, the Superior Court found that applying the regional by-law to prevent encampment residents from sheltering on the subject property breached Charter section 7 where the number of people experiencing homelessness exceeded the accessible shelter spaces available. The judgment examined real accessibility, not a theoretical bed count, and allowed the Region to seek a change to the declaration if circumstances changed. ⁶

That does **not** create an unrestricted right to camp anywhere, indefinitely, or on private property. Public-land cases depend on the challenged rule, available alternatives, individual circumstances, the land's use, evidence of harm and the remedy sought. Neither "there is no right to shelter outdoors" nor "all public camping is protected" is a reliable municipal policy. ^{6,7}

The law has continued to develop in 2026

In **Waterloo, 2026 ONSC 2971** (May 21), a later, site-specific amended by-law was found inconsistent with Charter sections 7 and 15. The court considered the lack of an alternative lawful refuge and individualized accessibility. The legal clinic representing residents subsequently reported the Region's decision to appeal. This is not a final, province-wide appellate rule. ^{7,8}

On **October 9, 2026**, the Court of Appeal ordered a new hearing in **Heegsma v. Hamilton (City), 2026 ONCA 726**. Intervener LEAF's case update confirms that the Court did not resolve the Charter claim or give a general framework for all encampment cases. Candidates should not repeat the earlier Hamilton ruling as a settled answer. ⁹

Council needs a current legal assessment of its actual policy and available alternatives, not a slogan about "rights" or "trespass."

These are separate questions: the right to adequate housing; Charter protection against a particular government action; permission to use a particular site; and authority to address a specific danger. They should be examined together, not treated as substitutes.

A RIGHTS-AWARE RESPONSE THAT TAKES SAFETY SERIOUSLY

3. Match the response to the risk, not to a label

A victim-informed approach is practical. Public Health Agency of Canada guidance emphasizes physical and emotional safety, choice, collaboration and strengths. It cautions against requiring people to disclose traumatic experiences to receive help. Applied locally, this means explaining options, avoiding needless repetition of personal histories and using trusted, trained workers rather than public confrontation.³

Situation to assess	Appropriate response to develop
Violence, threats, coercion or exploitation	Immediate protection and evidence-based police investigation where warranted; access to victim services and a safe alternative location. Do not presume either victimhood or guilt from housing status.
Overdose, serious injury or acute mental-health crisis	Emergency medical response and qualified assessment; a completed hand-off to follow-up care. Council does not diagnose or decide treatment.
Fire risk, blocked access, sharps, waste or sanitation hazards	A documented hazard assessment, practical mitigation, safe cleanup and proportionate lawful action. Protect emergency access and surrounding public use.
Sleeping outdoors without an adequate alternative	Housing outreach, individualized assessment of accessible options and legal review before displacement. Keep immediate protection linked to a housing plan.

Protect people from exploitation, not just displacement. Consider confidential reporting, specialist victim advocates and safe alternatives for people facing coercion, trafficking or threats. Avoid making assistance depend on public disclosure or an immediate willingness to testify. Target suspected predatory conduct through lawful investigation, not assumptions about everyone living nearby. These are safeguarding options to develop with police and survivor-support partners.^{2,3}

Before a planned encampment relocation or clearance

Council should require an operational protocol, reviewed by legal and service professionals, that records **what danger or legal breach is being addressed; who is affected; and what safe, accessible alternatives actually exist.** Examine disability access, violence-related safety, household arrangements, transport, treatment needs and practical barriers involving belongings or pets. No single factor automatically settles the legal question.^{5,6,7}

Proposed safeguards include meaningful notice where circumstances permit; engagement with residents and independent advocates; protection of identification, medication and essential belongings; storage and transport arrangements; and follow-up to establish where people went. Urgent hazards may require faster action under lawful authority, but urgency should be documented rather than used as a substitute for assessment.

Ontario's **Restricting Public Consumption of Illegal Substances Act, 2025** provides specific powers to direct a person to stop unlawful public consumption or leave, subject to statutory conditions and exemptions. Those powers are not a general finding that everyone in an encampment can be removed or compelled into treatment. The applicable Charter and other legal obligations remain relevant.¹⁰

A cleared site is not, by itself, evidence of reduced homelessness or safer lives. Track the result for people and the surrounding community.

HOUSING, HEALTH CARE AND RECOVERY MUST CONNECT

4. Provide different pathways for different needs

An accessible shelter is an immediate safety option; permanent housing is a longer-term outcome. Some people need rent assistance and a suitable unit. Others require supportive housing with sustained clinical or daily-living support. Survivors may need confidential, violence-specific accommodation. Youth, seniors, people with disabilities and people seeking a recovery-focused environment can require different arrangements.

Treat housing as a matter of dignity and safety, not a reward for employment, sobriety or perceived deservingness. The practical challenge is to provide appropriate support and lawful tenancy expectations without leaving people with no workable route indoors.

Housing First is not housing without support

The Canadian At Home/Chez Soi trial paired housing with individualized supports for people experiencing homelessness and mental illness. Participants receiving Housing First spent an average **73% of the study's two years in stable housing, compared with 32% under usual services**. The study supports housing stability; it does not prove that housing alone resolves addiction, eliminates crime or pays for every program. ¹³

For Council, the option is to commission housing and supports together: suitable tenancies, rent assistance where needed, qualified case management, landlord liaison and clinical partnerships. A Housing First pathway does not make abstinence a condition of obtaining ordinary housing. Voluntary recovery-oriented or substance-free accommodation can also be offered as a distinct choice, rather than becoming the only doorway into shelter. ¹³

Make treatment reachable when someone is ready

Ask health partners to specify the actual pathway from outreach to assessment, mental-health care, evidence-based addiction treatment, overdose prevention, withdrawal or residential services where appropriate, and ongoing recovery support. Include transport, identification, appointment accompaniment and a place to live after discharge. A referral or waiting-list entry is not the same as receiving care. Local Pathway2Care already provides a foundation for linking outreach, health navigation and hospital-to-community transitions. ¹⁷

Involuntary assessment and treatment are different legal questions

Ontario's Mental Health Act permits involuntary admission only when its criteria are met and appropriate professionals exercise their authority. The Health Care Consent Act governs treatment. Being detained for assessment does not itself authorize treatment without the required consent or other lawful basis. Council cannot order compulsory treatment by motion because a person is homeless, using drugs or behaving unusually. ^{11,12}

Capacity concerns must be assessed in relation to the particular decision. CPSO guidance explains that a person is presumed capable unless there are reasonable grounds otherwise; capacity can vary by decision and over time. Emergency exceptions and substitute decision-making have legal requirements. Acute intervention remains available where those requirements are met. ¹²

Do not make people choose between surviving tonight and being eligible for help tomorrow. Housing, safety and care need connected pathways.

BUILD ON CHATHAM-KENT'S EXISTING WORK

5. Strengthen the connections instead of starting another silo

CK's adopted **Community Safety and Well-Being Plan 2025-2029** already connects substance use, mental health, housing and income security, public safety, community belonging, and children, youth and family wellness. It provides for partner action teams and monitoring. This briefing's practical options should be considered through that framework and existing housing work, not as an unrelated new strategy.¹⁴

The municipality has an encampment by-law and a published coordinated response. Its **Pathways on Park** program provides 50 transitional cabins with shared amenities and around-the-clock case management. Separately, **Pathway2Care** links EMS, Housing Services, R.O.C.K., CMHA Lambton Kent, Chatham-Kent Health Alliance and the Ontario Health Team. These are distinct housing and outreach functions.^{15,16,17}

A facility's nominal capacity, an award or a program announcement does not establish today's accessible vacancies, sufficient clinical coverage or permanent exits from homelessness. Council should ask for current eligibility, turnaways and reasons, service hours, staffing, wait times, resident safety and housing-retention results. Transitional accommodation and clinical treatment capacity must not be counted as though they are interchangeable.

6. Recognize the impacts on businesses and neighbours

The Chamber's local business-cost discovery material describes repair and security expenses, cleanup, unpaid owner time, employee concerns, changed customer behaviour and delayed investment. It is directional, self-reported evidence, not an audited total or proof that people experiencing homelessness caused every incident. Those limitations do not make the reported burdens unimportant.¹⁸

Businesses, residents, housing participants and service workers should each have a clear route to report specific concerns. A practical service standard can distinguish an emergency, suspected crime, a person needing outreach, and a sanitation or access problem. Staff and owners should not be expected to become untrained crisis responders or confront suspected exploiters.

A neighbourhood agreement can make responsibilities visible

For a housing or service site, consider a published operating agreement covering contact points, hours, cleanup, property boundaries, lighting, emergency access, complaint response and review. Engage neighbours and businesses early while also involving service users and protecting their privacy. Consultation should improve operation and safety, not expose residents' histories or make their dignity conditional on popularity.

Measure both safety and access: substantiated incidents, repeat locations, response times, resident and business experience, and whether people can reach services. A rise in reports can reflect improved trust or reporting access; a fall can reflect displacement or under-reporting. Neither should be interpreted without context.

Compassion does not require ignoring harm. Accountability does not require treating everyone without housing as a threat.

WHAT COUNCIL CAN DO - AND WHAT REQUIRES PARTNERS**7. Set shared outcomes, with separate responsibilities**

Municipal leadership can direct its own policies, budgets, service contracts and staff accountability. It can convene partners and negotiate commitments; it cannot assume another government's authority or control individual clinical and police decisions. Ontario funds municipal service managers through the Homelessness Prevention Program to deliver locally appropriate housing and homelessness supports.¹⁹

Participant	Responsibilities and commitments to seek
Council, Mayor and municipal administration	Costed housing and prevention priorities; suitable land and lawful approvals; shelter and outreach arrangements; public-space maintenance; accessible services; clear reporting. The CAO coordinates municipal delivery, not independent partners' professional decisions.
Ontario and health-system partners	Multi-year mental-health, addictions and supportive-housing staffing; timely treatment access; income-support and victim-service pathways; safe transitions from hospitals, corrections and care. Identify an accountable funder and provider for each promised service.
Federal government and housing agencies	Capital and homelessness-program support through applicable agreements; affordable-housing financing; Indigenous- and veteran-specific pathways where eligible. Clarify matching requirements and recurring costs not covered by a capital grant. ^{20,22}
Police service and Police Service Board	Community safety priorities and lawful operational response, including violence and exploitation. The Board has oversight functions; it cannot direct specific investigations or operations. Council must not promise individual arrests or enforcement outcomes. ²¹
Indigenous governments and community providers	Indigenous-led, culturally appropriate options developed through chosen representatives; survivor, youth, disability and other specialist expertise. Respect distinct rights and governance, rather than treating one representative as speaking for everyone.
Businesses, landlords, not-for-profits and the Chamber	Document impacts; contribute suitable housing, services, employment or partnerships within their capacity. The Chamber connects, convenes and advocates; it does not allocate homes, direct police or make clinical decisions.

Protect people in the information-sharing process

Use agreed consent, privacy and safety protocols for coordination. Elected officials should receive aggregate performance information, not public lists of diagnoses or trauma histories. Do not disclose a survivor's location to an abusive partner. Let qualified legal and care professionals determine any lawful disclosure exceptions. Support paid participation by people with lived experience without requiring personal disclosure.^{3,12}

A partnership is credible when it names who delivers, who pays, when access begins and who acts when the pathway breaks down.

PREVENTION AND FINANCING: REDUCE THE NEED FOR CRISIS RESPONSE

8. Prevent another person from losing housing

A prevention portfolio can include timely rent-arrears assistance, benefit navigation, legal referrals, tenancy supports and access to affordable homes. For someone escaping violence, the objective may be a safe move rather than preserving the current address. Mediation with an abusive partner is not an appropriate substitute for specialist safety planning. ^{2,3,19}

Council can ask partners to develop a discharge-to-housing protocol: identify risk before a hospital or custody discharge, arrange consent-based follow-up, and confirm accommodation, medication continuity, transport and a receiving worker. This requires provincial and provider agreement; the municipality cannot guarantee hospital or corrections practice through its own policy alone. CK's existing transition-oriented outreach provides a starting point. ¹⁷

9. Budget for the service, not just the building

Capital funding can acquire, construct or renovate housing. It does not automatically pay for support workers, clinical care, security, utilities, repairs, rent assistance or ongoing operations. The municipality's federal Pathways on Park announcement explicitly distinguishes funding for existing cabins from additional construction. Such distinctions matter when discussing what new money actually buys. ²²

Funding decision	What Council should require
Immediate response	Costed seasonal shelter, outreach, sanitation, fire-safety and response coverage; identify the funding period and gaps after hours or outside Chatham.
Housing and treatment capacity	Separate capital, rent support, property operation and clinical-service budgets. Secure provider and funding commitments rather than assume a building creates treatment capacity.
Reserves, borrowing and grants	Test permitted uses, reserve commitments, repayment and renewal. One-time funding cannot indefinitely finance recurring services; a grant application is not an award.
Shared costs and benefits	Track who pays and who benefits across municipal, health, justice and private systems. Lower hospital use does not automatically release cash into the municipal budget.

Ontario's Homelessness Prevention Program and federal Reaching Home and encampment initiatives illustrate potential funding pathways. The August 2026 federal encampment announcement concerned proposed agreements with ten Ontario municipalities; **it did not name Chatham-Kent**. Council should verify eligibility and advocate with costed local evidence rather than count unconfirmed funds. ^{19,20}

A practical joint request should specify housing capacity, staffed service hours, referral and discharge standards, expected outcomes, capital and annual operating costs, local contributions and a review date. Dedicated staff capacity to prepare applications and negotiate agreements is part of delivery, not an optional afterthought.

Count durable housing and reduced harm - not only money announced, beds proposed or sites cleared.

FROM CAMPAIGN COMMITMENTS TO IMPLEMENTATION

10. A first-year agenda for the next Council to consider

The following are recommendations for review, not adopted programs, promised funding or a forecast of results. Deadlines should apply to work within municipal control; partner commitments must be negotiated.

Within the first 90 days: establish the facts and responsibilities

Request one coordinated report through the CAO and existing safety-and-well-being structures. It should set out current homelessness and shelter data with definitions; accessible capacity and turnaways; treatment and housing gaps; specific safety patterns; current spending and grant expiry dates; and the legal status of the encampment response. Include survivor, Indigenous, disability, service-user, neighbourhood and business perspectives.

At the first budget: fund a limited set of practical priorities

Compare prevention, safe interim options, supportive housing, treatment access and neighbourhood response. Give each selected action an accountable lead, funded service level, implementation milestone and contingency. Ask legal counsel to review the policy's overall effect, including whether restrictions leave a genuinely accessible alternative. Make provincial and federal requests specific enough to negotiate.

Quarterly: report outcomes and correct what is not working

Measure	What makes it useful
Housing stability	Entries into homelessness, time without housing, permanent moves and retention at six and twelve months. Report returns to homelessness; do not count a transfer between temporary sites as permanent housing.
Safety and victim protection	Victim-service access, repeat violence and exploitation concerns, injuries, fires and hazards; neighbourhood and participant safety experience. Separate substantiated incidents from perceptions and changes in reporting.
Access to care	Time from request to assessment and treatment; completed referrals, discharge follow-up and retention in appropriate care. A phone number handed out is not a completed connection.
Public and private burden	Actual municipal expenditure, funded operating capacity, response and cleanup times, and reported business impacts. Explain attribution limits, confidentiality and unintended effects.

Questions every candidate should be prepared to address

Who needs protection, and from what? What can the municipality lawfully deliver? Which housing and treatment options will actually be accessible? What will partners commit to fund? How will residents know whether fewer people are homeless and fewer people are being harmed?

Protect people from violence and exploitation. Address harmful conduct. Respect rights. Build accessible pathways to housing, care and recovery.

The leadership test is not whether a candidate sounds tougher or more compassionate. It is whether the response is lawful, practical, funded and accountable to people across Chatham-Kent - including those without a fixed address. **CHANGE is just a slogan? Leadership is the work.**

SOURCES AND REFERENCES

Evidence, law and further reading

Numbered references support the factual discussion. Practical steps, proposed measures and implementation sequences are recommendations for consideration, not descriptions of adopted CK programs. Sources reviewed October 19, 2026. Linked titles open the original source.

1. Statistics Canada. Gender differences in experiences of violence and unwanted sexual behaviour in Canada, 2025.

March 31, 2026; Text box 4. National self-reported lifetime homelessness and victimization; not a CK encampment survey.

2. Women and Gender Equality Canada. Fact sheet: Human trafficking.

Vulnerability, exploitation and the distinction between trafficking and other activity.

3. Public Health Agency of Canada. Trauma and violence-informed approaches to policy and practice.

Safety, choice, collaboration, strengths and avoiding unnecessary trauma disclosure.

4. Canada. National Housing Strategy Act, sections 4-5 and accountability provisions.

Federal recognition of adequate housing and progressive realization; consolidated text reviewed October 19, 2026.

5. Ontario Human Rights Commission. Discrimination based on disability and the duty to accommodate: Information for housing providers.

Code protections and individualized accommodation. Guidance is distinct from a court ruling on a particular encampment.

6. The Regional Municipality of Waterloo v. Persons Unknown and to be Ascertained, 2023 ONSC 670.

January 27, 2023; especially paragraphs 93, 101-104 and 158-159. Judgment hosted by Waterloo Region Community Legal Services.

7. Regional Municipality of Waterloo v. Named Respondents and Persons Unknown, 2026 ONSC 2971.

May 21, 2026; especially paragraphs 248-252. Site-specific Charter ruling; read with appeal update below.

8. Waterloo Region Community Legal Services. 100 Victoria Street encampment litigation updates.

June 19, 2026 update reports the Region's June 16 decision to appeal. Counsel/party update, not an appellate judgment.

9. Women's Legal Education and Action Fund (LEAF). Heegsma v. Hamilton appeal outcome update.

October 9, 2026; case intervener reports new hearing and no merits determination or general framework. Used for procedural status, not as a substitute for the judgment.

10. Ontario. Restricting Public Consumption of Illegal Substances Act, 2025.

Sections 1-5; public-place definition, conditions, directions and exemptions. Consolidated legislation.

11. Ontario. Designated psychiatric facilities and hospitals.

Official explanation of involuntary admission and the separate consent requirements for treatment.

12. College of Physicians and Surgeons of Ontario. Guide to the Health Care Consent Act.

Capacity, informed consent, substitute decision-making and emergencies. Apply the current statute and professional/legal advice to individual cases.

SOURCES AND REFERENCES | CONTINUED**13. Mental Health Commission of Canada. National At Home/Chez Soi Final Report.**

2014 report; housing outcomes, printed page 17. The 73% and 32% figures are average time stably housed over two years, not proportions permanently cured or crime-free.

14. Municipality of Chatham-Kent. Council adopts Community Safety and Well-Being Plan 2025-2029.

Six priority areas, partner action teams and monitoring.

15. Municipality of Chatham-Kent. Council votes in favour of encampment by-law; Encampment Updates.

Published local policy and response context. Specific current by-law provisions and site decisions require legal verification.

16. Municipality of Chatham-Kent. Pathways on Park receives AMO Municipal Innovation Award.

2026 municipal description of 50 transitional cabins and case-management connections. Program capacity is not current available shelter capacity.

17. Medavie. Medavie Health Services recognized with two national Paramedic Chiefs of Canada awards.

2026 provider description of CK Pathway2Care, partners and hospital-to-community outreach. Reported utilization reductions are not used as causal savings estimates here.

18. Chatham-Kent Chamber of Commerce. Business Cost Discovery: Evidence for a Balanced Encampment Response.

August 2026 committee presentation, evidence-base and executive-synthesis slides. Self-reported local business impacts; not a census, causal attribution study or audited aggregate.

19. Ontario. Addressing homelessness.

Service-manager responsibilities, Homelessness Prevention Program and by-name-list requirements.

20. Housing, Infrastructure and Communities Canada. Support for Ontario municipalities through the Unsheltered Homelessness and Encampments Initiative.

August 17, 2026; proposed agreements and broader federal program context. CK is not among the ten municipalities listed.

21. Inspectorate of Policing. Toronto Police Service Board: Critical Points Policy.

Published governance example explaining the statutory restriction on Board direction of specific investigations or operations; not a CK operating policy.

22. Municipality of Chatham-Kent. Federal Government Supports Pathways on Park Project.

November 5, 2025 update: support toward the existing project, not additional cabins.

23. CMHA Lambton Kent. Are you in Crisis?

Verified 24/7 Chatham-Kent Mental Health First Response telephone service.

24. Chatham-Kent Police Service. Contact Us.

Emergency and non-emergency reporting contacts.

Help and reporting

Immediate danger or medical emergency: 911. CK Police non-emergency: **519-352-1234**. CMHA Lambton Kent Mental Health First Response, Chatham-Kent: **1-866-299-7447**, available 24/7. ^{23,24}

Use and scope: Non-partisan public education, not legal advice or a clinical protocol. Encampment law is evolving and decisions are fact-specific. Confirm current judgments, appeals, legislation, local authority and actual service availability before action. Clinical and enforcement decisions belong to the authorized professionals.