January 2026

Metamorphos(s)

Community service funding in peel: OPPORTUNITIES AND RISKS

Sector-specific research

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On behalf of the Metamorphosis Network

Mississauga • Brampton • Caledon

Acknowledgements

The research team would like to thank: Thomas McManus and Arvind Krishendeholl for their early insights into this work; the dozens of nonprofit staff who contributed to identifying, prioritizing and contextualizing data for this study; nonprofit networks across Ontario for identifying and sharing data sets; the staff of Peel Region for providing feedback on early drafts; John Blake Knechtel for his work reviewing and fact checking the document; and Peel's Members of Provincial Parliament for their feedback on these issues as we developed this study.

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Summary

This report was commissioned by the Metamorphosis Network, a nonprofit network serving over 100 nonprofit agencies across Peel Region. The study reviews funding levels for specific services in Peel and compares them to the funding provided to comparable jurisdictions and to average levels of provincial funding across Ontario.

Scope of research

The research builds on an earlier study of cumulative funding gaps showing that, overall, community services in Peel receive far less provincial funding than other Ontario jurisdictions.[1]

This research focuses on specific services and programs, including affordable housing, long-term care, child care, home care, mental health care, and others. This study analyzes, program by program, where provincial investment and service levels in Peel have lagged behind other jurisdictions and behind provincial averages, and identifies opportunities for investment that can begin to address the gap.

Findings

This study shows that Peel needs extensive investment in many critical programs, including:

- Over 1,700 more long-term care beds to reach the provincial average
- Over 22,000 new affordable homes to catch up with the next lowest-funded jurisdiction
- 5,990 new child care spaces to reach parity with our closest comparator
- A doubling of mental health supports to reach provincial averages
- A 27 per cent increase in home care funding to match the average for Ontario; and
- Dramatic increases in investments in food security, access to justice, and public health to have parity with other areas of Ontario

These gaps are not the result of short-term problems. They have accrued across decades–and multiple governments–as Peel has grown exponentially, and funding has not kept pace.

These problems reflect current operating shortfalls, but they are also embedded in deeper, long-term structural changes in Peel, including long-term gaps in capital and infrastructure, and the increasingly urban character of Peel.

Infrastructure gaps

Some barriers to equitable funding result from long-term gaps in infrastructure investment in Peel. Child care funding lags because Peel has fewer child care spaces to fund. Long-term care wait times are far longer because facilities have not kept pace

with exponential growth in the seniors population. Affordable housing lags because investments in capital have not kept pace with the rapid growth of low-income renters.

Keeping pace with change

Other barriers reflect the fundamental change in Peel's communities. Funding for the Region seems to reflect a perception of Peel as an affluent, secluded, suburban bedroom community. These assumptions are not a reflection of current reality. Peel includes bustling downtowns and the robust and complex dynamics of large urban centres. Brampton and Mississauga are *each* larger than Hamilton, Windsor, Durham, Halton, or Kitchener/Waterloo. They are *each* twice the size of Markham or Vaughan, five times the size of Kingston, and are rapidly approaching the size of Ottawa. The current reality is that these are big cities, and not surprisingly, the challenges of homelessness, food insecurity, housing costs, and covering the cost of mental health and family supports are growing. But funding has not kept pace.

Impacts

These shortfalls have consequences that affect personal and social outcomes but also impact the economy and public finance. As this report shows, the lack of child care spaces affects workforce development, and the lack of affordable homes impacts Peel's capacity to attract talent. This report also shows how these gaps drive up public sector costs, replacing lower-cost investments like housing and home care with far higher expenditures for shelters and hospital beds, at a net cost of hundreds of millions of dollars for Ontario's taxpayers.

A way forward

There is no overnight solution to a problem this large, or this deeply embedded in the limitations of existing infrastructure. This study identifies a host of possible investments, any number of which could begin to address the overall challenge. Peel would be well served by a two-pronged approach: identifying immediate, readily resolvable investments (i.e. the 'low-hanging fruit'), and developing a long-term plan to close persistent funding gaps. Planning for the long term will require an ongoing commitment to addressing the inequities faced by these fast-growing, increasingly urban communities.

Methodology

This research examines provincial funding challenges facing community service providers in Peel Region, with a focus on nonprofit organizations and municipal governments delivering frontline services.

The study builds on the previous work conducted by Blueprint ADE that showed a cumulative shortfall of hundreds of millions in provincial funding for services in Peel when compared to per capita funding in other jurisdictions.

While the Blueprint research provided an aggregate total shortfall for the full range of services, this study identifies the shortfall in specific services. This study quantifies the funding gaps in a subset of services. It compares local funding levels for those services to provincial allocations in comparable jurisdictions, and identifies measurable impacts of the shortfalls identified.

The Province of Ontario does not publish a comprehensive, accessible data set that breaks down all community service investments by geography, so no single source of data could be drawn on. Instead, a multi-methods approach was used. This approach applied quantitative analysis to both provincial funding data and data from municipal research, agency funding reports, and other sources identified by service leaders, provincial networks, municipal officials, and frontline providers.

This report focuses on those services where comparable data was available, so not all service areas are addressed. While not a comprehensive account of all local service shortfalls, the study shows consistent underfunding in the areas reviewed, providing clear opportunities for specific investment to begin to reverse the overall shortfall.

Process

The study was conducted in five phases.

During the planning and scoping phase, service areas and priority indicators were reviewed in consultation with member agencies, municipal partners, and provincial service networks to determine where adequate data existed to properly quantify shortfalls in an individual field of service.

In the data collection phase, data was gathered on funding, population breakdowns, and services from the sources identified in the scoping phase. The data was cleaned and organized for analysis. Data selection was affected by availability. The municipalities, service areas, and years represented in the data were largely driven by what data was available in comparable formats.

Sector-by-sector analyses were then conducted to calculate funding gaps between jurisdictions and the service shortfalls that result.

Preliminary findings were subsequently reviewed with service leaders, municipal staff, and advisory committees to validate and refine the results.

Finally, the research team prepared the comprehensive report, summary tables, and policy briefs for dissemination and advocacy.

Data sources

Semi-structured interviews and focus groups with municipal officials, nonprofit service providers, and regional coalition members were used to identify data sources, refine metrics, provide context for findings, and illustrate the real-world consequences of funding gaps for residents and service providers.

Funding data was collected from multiple sources, including provincial budget documents, Financial Information Returns (FIR), municipal financial plans, agency-level budgets, reports from provincial service organizations and–where needed–primary research with individual service organizations. Where provincial reporting grouped allocations into broad categories that obscured local allocations, the research team reviewed municipal accounts and regional financial reports and requested clarifying materials from municipalities and sector partners.

Indicators of service need were drawn from municipal reports, Statistics Canada census data, program caseloads and waitlist records, and municipal or provincial service access targets. Where relevant data was available, Peel's data were benchmarked against large Ontario municipalities, including Toronto, York Region, Hamilton, and Ottawa, as well as overall provincial averages. These benchmarks were used to provide a comparative perspective on provincial funding allocations, service capacity, and access. Since data from comparator municipalities was not always available for all municipalities in all areas of service, the list of comparators can vary by topic. Since data was not always available for all years, the comparisons are made for years when reliable, cross-jurisdictional data was obtainable, and resulting in a variety of comparison years across study topics.

Metamorphosis engaged nine sector-specific advisory committees, drawing together over 50 sector leaders to identify additional data sources not captured in provincial publications, including program-level budget reports, sectoral funding summaries, municipal transfers, and internal reports created by service networks. Advisory committee members provided guidance on interpreting ambiguous line items, identifying missing data, and verifying allocations.

Data analysis

Funding gaps were assessed using two complementary approaches. The first was an absolute needs approach, which estimated sector-level service need using population or prevalence data and compared it to existing funded capacity. The second was a relative benchmark approach, which calculated Peel's per capita support, as indicated by amount of funding or units of service per relevant population group, and compared it to funding levels in selected comparator municipalities. Sector-specific impact indicators were analyzed to quantify the real-world consequences of underfunding. All allocation assumptions were carefully documented, and sensitivity analyses were conducted to test the robustness of key decisions. All indicators were treated equally in the analysis, with no weighting applied, and sector-level comparisons were based on straightforward aggregation of relevant measures to ensure transparency and interpretability.

Housing and homelessness in Peel Region

Summary

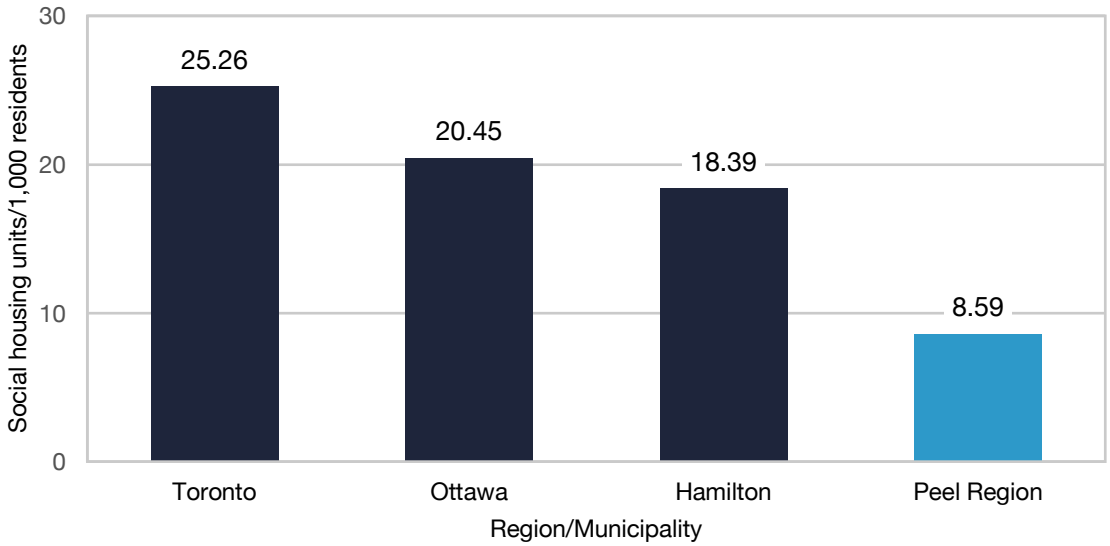
Peel Region faces one of the most severe housing shortages and homelessness crises in Ontario. With far fewer social and community housing units per capita than Toronto, Ottawa, or Hamilton—and the highest ratio of households in core housing need per unit of community housing—Peel's affordable housing system is drastically overstretched. Homelessness is growing, wait times exceed those in comparable municipalities, and emergency shelter use is rising as long-term solutions remain underfunded. To meet even Toronto's conservative benchmark, Peel would require over 22,000 additional social housing units, underscoring a crisis with major human, social, and financial consequences if left unaddressed.

Context

Peel has not had the historic investment in housing infrastructure that many other communities received and, as a consequence, struggles to address critical housing needs in the Region.

In 2024, Peel had 6,873 Peel-owned and operated units of social housing,[2] and supported another 7,419 nonprofit units,[3] for a total of 14,292 affordable homes, equivalent to 8.5 units per 1,000 residents.[4] For clarity, the figures presented here reflect Peel's permanent social and community housing stock–that is, the built housing supply directly available to households.[5] This is far below Toronto's 25.26 units per 1,000 residents,[6] Ottawa's approximately 20.45 units per 1,000,[7] and Hamilton's approximately 18.4 units per 1,000 (in 2023).[8] Peel has just over one-third the per capita housing capacity of Toronto, and roughly half the capacity of Ottawa and Hamilton.

Figure 1: Social housing units per capita



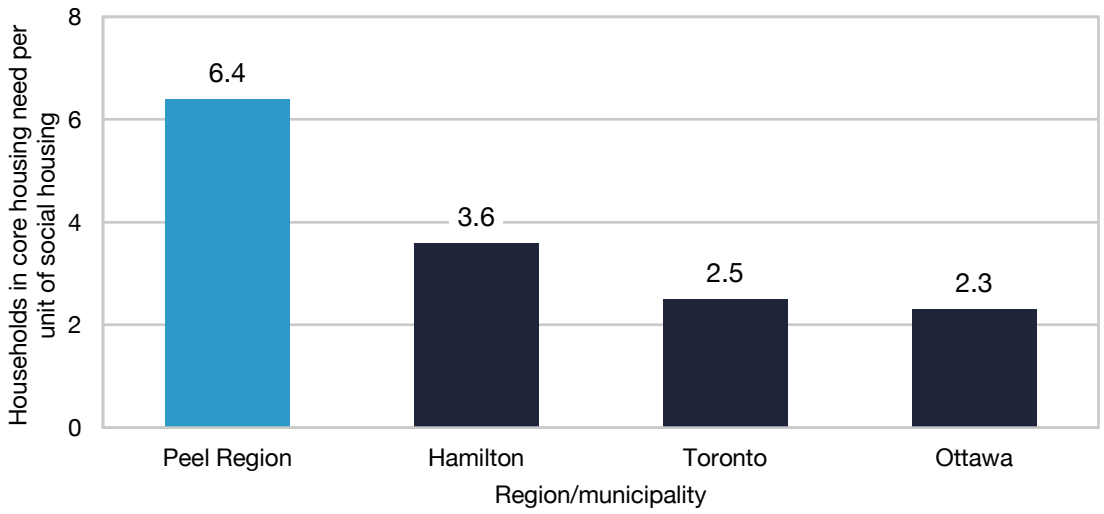
Findings

→ *Infrastructure does not match the level of need*

When we turn to the level of need, the gap becomes even clearer. In 2023, about 97,000 households in Peel–roughly 1 in 5 households in the Region–were in core housing need.[9] This proportion is significantly higher than in comparator municipalities. For comparison purposes, 2022 offers more robust datasets for the relevant municipalities, providing an opportunity for direct contrasts. Peel estimated 91,000 homes, or 19 per cent of all homes, were in core housing need in 2022.[10] In that year, according to CMHC, approximately 17 per cent of households in Toronto were in core housing need, while in Ottawa the figure was 11.7 per cent, and in Hamilton 13.5 per cent.[11] This would translate into 53,477 households in core housing need in Ottawa,[12] 41,450 households in core housing need in Hamilton,[13] and 206,711[14] in Toronto.[15] Peel therefore has both one of the largest absolute numbers, and the highest proportion of households in core housing need, making the pressure on its housing system especially acute.

That issue becomes far more acute when the population in core housing need is seen in the context of the stark shortage of social housing in Peel. With only 14,292 social housing units in Peel, there are roughly 6.4 households in core need for every one unit of social housing.[16] By comparison, the ratio is 2.5 households in core housing need per unit in Toronto,[17] 2.3 in Ottawa,[18] and 3.6 in Hamilton.[19]

Figure 2: Households in core housing need per unit of social housing



This measure is critical because it shows how thinly stretched the affordable housing system is relative to local needs. A higher ratio means greater competition for scarce units, longer wait times, and a higher likelihood of households never being placed at all. Peel's ratio, the highest among these comparators, makes clear why residents here experience such long waits and greater housing instability than their counterparts in other Ontario municipalities.

The consequences of this under-provision are visible across the housing system.

→ *Homelessness is high and growing*

Homelessness is increasingly acute in Peel. Peel's 2024 Point-in-Time (PiT) count, the most recent on record, found 2,799 people experiencing homelessness in a single night, including over 1,000 asylum claimants.[20] This represents a 223 per cent increase in overall homelessness in Peel compared to the 2021 PiT Count,[21] and is equivalent to 1.7 people per 1,000 residents.[22]

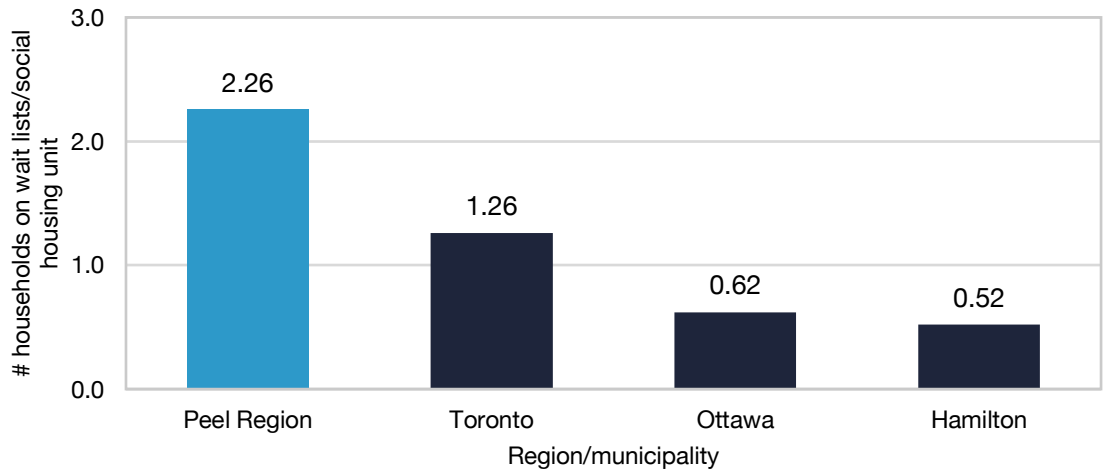
This per capita figure is higher than York Region's (0.7 per 1,000),[23] though still lower than Hamilton's (1.9 per 1,000),[24] Ottawa's (2.5 per 1,000),[25] and Toronto's (4.7 per 1,000).[26]

When the PiT numbers are compared to the Region's housing stock, the picture is starker. With only 14,292 affordable homes,[27] Peel's PiT translates to roughly 0.2 people experiencing homelessness per subsidized unit.[28] In Toronto the ratio is closer to 0.19 per unit,[29] in Ottawa approximately 0.13 per unit,[30] and in Hamilton, just over 0.1 per unit.[31] This means that Peel, despite having a smaller absolute PiT count than Toronto, is experiencing homelessness at a scale that is just as pressing when measured against the capacity of its housing system.

→ *Waiting lists overwhelm capacity*

While not all households on any municipal waiting list are current local residents, the scale of unmet demand is usefully illustrated by Peel's centralized waiting list. In 2023, the most recent year for comparable wait list data, 32,329 households[32] were on the list. Put differently, Peel has approximately 2.3 households on the waitlist for every unit of social or community housing.[33] This ratio far exceeds that of comparator municipalities. In Toronto, the equivalent ratio is closer to 1.26 households on the waiting list per unit of social housing,[34] and in Ottawa, the number is about 0.62.[35] In Hamilton, where over 6,000 households remain on the waitlist in 2025,[36] there are only 0.51 households on the waiting list per unit of social housing.[37] Peel's system is not just backlogged in absolute terms, it is also disproportionately overloaded relative to the stock of housing available.

Figure 3: Households on waiting lists per unit of social housing



→ *Wait times are long*

For those waiting, timelines are daunting. Single adults in Brampton face average waits of about 12 years; in Mississauga, 14 years; and in Caledon, as much as 17 years.[38] Families typically wait more than 13 years, sometimes approaching two decades.[39] These waits are longer than in most other large municipalities: in Toronto, typical waits range from 9 to 15 years[40] depending on unit size, while in Ottawa many households wait five to seven years.[41] In Hamilton waits are often six to ten years,[42] and in York waits typically range from seven to ten years.[43] Peel therefore, stands out not only for the length of its queues but also for its exceptionally long waits, pushing many into prolonged housing instability with downstream effects on health, education, and employment.

Table 1: Housing wait times by municipality and unit type

Municipality	Single Unit (Years)	Family Unit (Years)
Caledon	17	13+
Mississauga	14	13+
Brampton	12	13+
Toronto	9–15	9–15
York Region	9.6 (avg.)	7–10
Hamilton	6–10	6–10
Ottawa	5–7	5–7

Implications

Peel's circumstances make it an outlier within Ontario. Local estimates of housing need already exceed the provincial averages, yet Peel's per capita provision of social housing remains far below that of its urban peers, leaving residents to endure longer waits, higher risks of homelessness, and greater instability. The human and financial costs of inaction are compounding: overcrowded shelters, ballooning emergency housing expenditures, and increased strain on health and policing systems.

→ *Far more housing is needed*

To bring Peel's housing system in line with just Toronto's relatively high ratio of 2.5 households in core housing need per unit of community housing, Peel would require a total of about 22,108 additional social housing units.[44]

This highlights the scale of unmet need; even at the most conservative benchmark, Peel faces a massive shortfall that, if unaddressed, will push waitlists higher in the coming years.

→ *Inadequate housing infrastructure has economic and social consequences*

Those waits are not without consequence, socially and fiscally.

The lack of affordable housing is identified in several studies as a constraint on attracting the workforce that Peel needs, pricing out manufacturing workers,[45] health care workers, teachers, and other essential staff.[46]

These pressures also translate into homelessness and higher demand for shelter beds, which cost many times what a single housing unit would require.

Peel has seen long waits and rising homelessness, with more people forced into shelters, hotels, or precarious housing while the centralized waitlist–already large–grows even longer.[47] That shift drives immediate system strain. Emergency shelters and temporary hotel placements become the default response, pushing up short-term costs and diverting spending from prevention and long-term housing solutions.[48] This imposes high costs in terms of health, education, and social outcomes as children and adults living in unstable, overcrowded, or emergency housing face poorer physical and mental health, lower school attendance and achievement, and greater use of costly hospital and crisis services.[49]

The Region also incurs higher public expenditures. Overflow shelter costs have risen to as much as $4,340 per month,[50] several times the cost of a unit of affordable housing. These expenditures are increased by the added costs of health care and emergency services that–evidence shows–can be substantially reduced by investing in stable, supportive housing. Peel's municipal budget and community providers will face growing pressure to fill provincial gaps.[51]

Long-term care in Peel Region

Summary

Peel Region faces one of the most significant long-term care (LTC) bed shortages in Ontario. With 28 per cent fewer LTC beds per senior than the provincial average and wait times 35 per cent longer, the long-term care infrastructure is unable to keep pace with rapid demographic change. This shortage drives long wait times, hospital overcrowding, and strain on families and caregivers. To meet the provincial average, Peel would require 1,753 additional beds. Filling these beds would free up hospital space and result in considerable savings.

Context

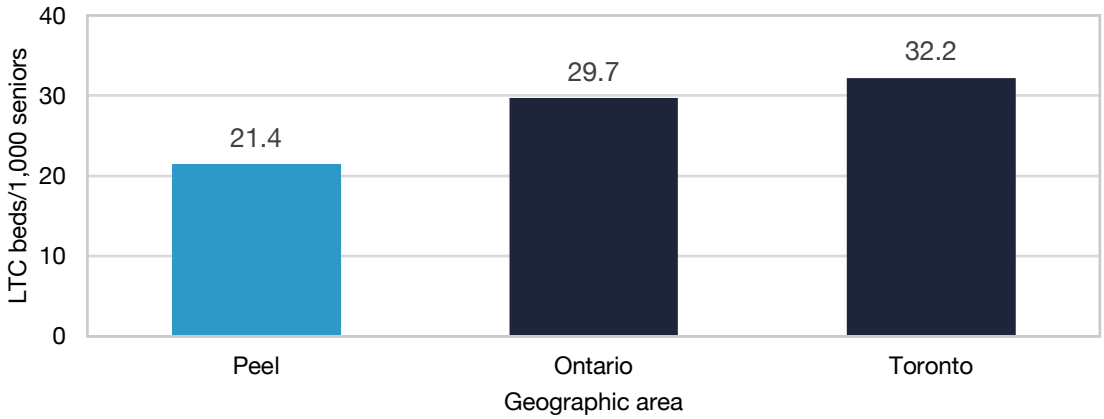
Peel has far fewer long-term care beds per capita than the average Ontario community, and over the last two decades this disparity has grown as Peel's senior population has increased. Between 2001 and 2021, Peel's population grew by nearly 47 per cent,[52] but the senior population expanded even more dramatically, almost tripling from 78,815[53] to 212,630.[54] Despite this rapid demographic shift, long-term care infrastructure has not kept pace.

Findings

→ *Peel has far fewer beds per senior*

As of 2025, according to provincial records, Peel had just 4,562 licensed long-term care beds[55] which, based on a census count of 212,630 seniors[56] provides only 21.4 beds for every 1,000 senior residents[57] aged 65 and older. By contrast, Ontario has 79,212 LTC beds,[58] and–based on the 2021 census data (the most recent accurate count of seniors) showing 2,671,560 seniors in Ontario[59]–that provides 29.7 beds per 1,000 seniors, very close to the previous Canadian Institute for Health Information estimate of 30 beds per 1,000 seniors.[60] In Toronto there are 15,387 LTC beds.[61] With the census showing 476,990 seniors in the City,[62] that provides 32.2 beds per 1,000 seniors. In other words, Peel residents have access to only about two-thirds of the long-term care spaces available to seniors elsewhere in Ontario, including their Toronto neighbours.

Figure 4: Long-term care beds per senior



→ *Wait times for long-term care are longer in Peel*

The effects of this underinvestment are evident in wait times. In 2023/24 (the most recent year for wait time data), the median wait for long-term care placement both from hospitals and from community settings in the Central Region—where Peel is by far the largest community—was 163 days.[63] That is 35 per cent longer than the provincial median of 121 days.[64] For many families, this means months of uncertainty, during which seniors often remain in hospital beds or rely on relatives for care. The pressure spills over into other parts of the health system, increasing hospital overcrowding and straining home care services.

Peel's diversity adds another layer to the challenge. Nearly 69 per cent of residents identify as visible minorities,[65] and more than half are immigrants.[66] These communities bring specific cultural and linguistic needs to long-term care, yet data is limited on how many existing facilities provide culturally appropriate services. This leaves open the question of whether the small number of available beds can adequately serve the region's population.

Implications

→ *Far more beds are needed to meet demand*

For Peel to match the provincial average of 29.7 long-term care beds per 1,000 seniors, there would need to be a significant expansion of capacity. With 212,630 seniors in 2021,[67] Peel would need approximately 6,315 beds[68] to achieve parity. Given its current supply of just 4,562 beds,[69] the Region faces a shortfall of roughly 1,753 spaces.[70] This gap underscores the scale of underinvestment in Peel's long-term care system and highlights the urgency of expanding capacity to meet both current and future demand.

→ *Bed shortages put pressure on costs and on hospitals*

The system impacts of funding and opening those beds would be rapid and measurable. Filling 1,753 beds[71] would immediately reduce pressure on hospitals by freeing hundreds of thousands of Alternate Level of Care (ALC) days in the near term. Using the Central Region median wait time of 97 days for patients referred from hospitals,[72] and the Ontario Long Term Care Association's estimate that 50 per cent of referrals are from hospitals,[73] resolving those waits translate to roughly 85,020 hospital bed-days released.[74] With ALC bed costs as high as $730 - $1,200 per day,[75] that could save between $62 and $102 million in avoided ALC bed days.[76] That both shortens emergency department and inpatient queues and reduces costly hospital surge responses.[77]

Beyond the dollars, the human and system benefits are substantial: shorter and more predictable waits, fewer seniors stuck in hospitals or in precarious home situations, improved continuity and culturally appropriate care for Peel's diverse seniors, reduced family caregiver burden, more stable employment in the LTC sector, and lower crisis health costs over time. Evidence shows that investing in LTC capacity reduces downstream acute care costs and system strain while improving outcomes for older adults.[78]

Home care access in Peel Region

Summary

Home care is a critical part of Ontario's continuum of care, helping residents remain safely in their homes while reducing pressure on hospitals and long-term care (LTC) facilities. This section examines how home care is funded and delivered in Peel Region and compares performance indicators to provincial and regional benchmarks. The analysis finds that Peel (served by the Central West and Mississauga Halton LHINs) received significantly lower per capita home care funding than the Ontario average and much lower than other large urban regions. This has translated into longer wait times, and less access to personal support worker (PSW) and nursing visits in Peel than in its GTA neighbours.

Taken together, the findings indicate persistent system strain driven by under-investment. Improving home care funding for Peel would have immediate and measurable benefits—reducing reliance on far more expensive hospital beds and LTC placements while ensuring more equitable access to care across Ontario.

Context

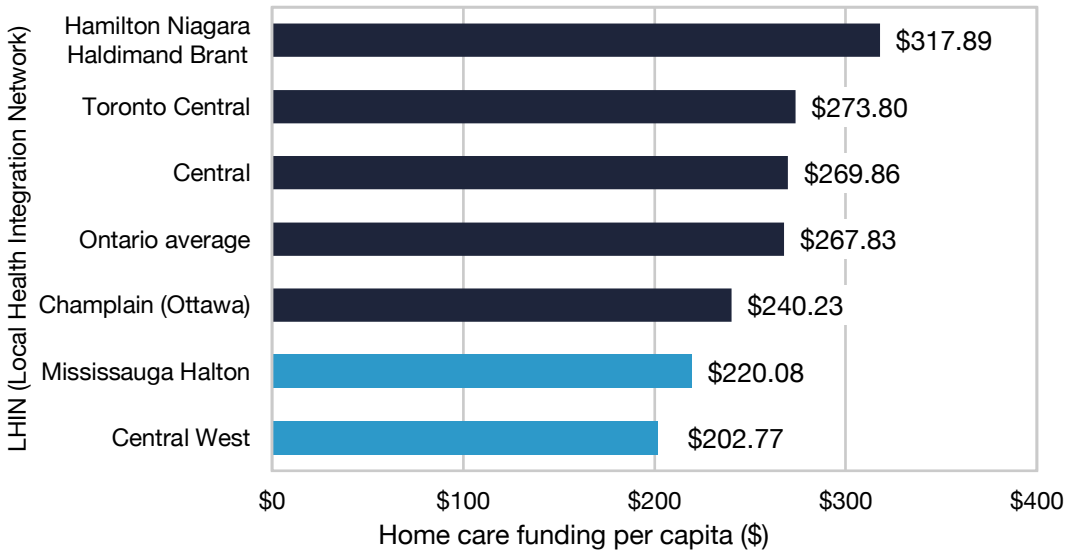
Home care plays a vital role in supporting people who need medical or personal assistance but wish to remain in their own homes. It helps fill service gaps by providing care where it might otherwise be unavailable, ensuring that clients receive the attention they need without entering costly institutional settings. Understanding how home care is funded and delivered across regions helps reveal where access may be stronger or where additional support is needed.

In Peel Region, the Ministry of Health (MOH) funding has been provided through the old Local Health Integration Network model, where Peel Region is covered by the Central West LHIN and the Mississauga Halton LHIN.

Findings

Provincial per-person funding for home care services in the LHINs serving Peel remains below the funding for other areas. In 2023/24 (the most recent year for published data on home care services by LHIN) funding was at $202.77[79] per capita in the Central West LHIN and $220.08[80] in the Mississauga Halton LHIN, compared to Ontario's average of $267.83 per person.[81] Other regions with large urban populations receive higher funding per capita, such as Toronto Central LHIN at $274.06,[82] the Central LHIN serving York Region at $269.9,[83] the Champlain LHIN serving Ottawa at $240.23,[84] and the LHIN serving Hamilton, which is the highest at $317.89.[85]

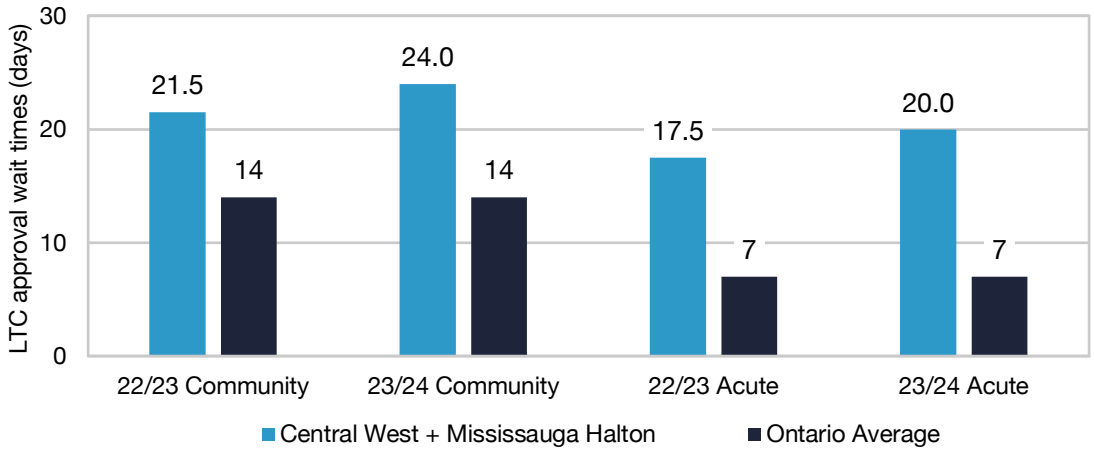
Figure 5: Per capita home care funding by LHIN



→ *Wait times are longer*

Lower funding translates into reduced access. One of the key performance indicators tracked by Ontario Health is the time it takes to determine eligibility for LTC placements. Wait times for eligibility determination provide a useful lens for comparing regional performance and equity in access to care. For clients applying from the community, meaning those living at home rather than in hospitals, the average wait time in the Central West LHIN and the Mississauga Halton LHIN was 21.5 days[86] in 2022/23 compared to an average of 14 days[87] across Ontario. In 2023/24, this gap persisted, with the Central West LHIN and the Mississauga Halton LHIN rising to 24 days[88] while Ontario's average remained at 14 days.[89] For clients applying from acute-care settings such as hospitals, the wait time across Central West LHIN and the Mississauga Halton LHIN averaged 17.5 days[90] in 2022/23, rising to 20 days[91] in 2023/24, while the provincial average stayed at 7 days.[92] These longer wait times mean that residents in Peel experience delays in accessing the next stage of care, placing additional strain on both home care and hospital systems.

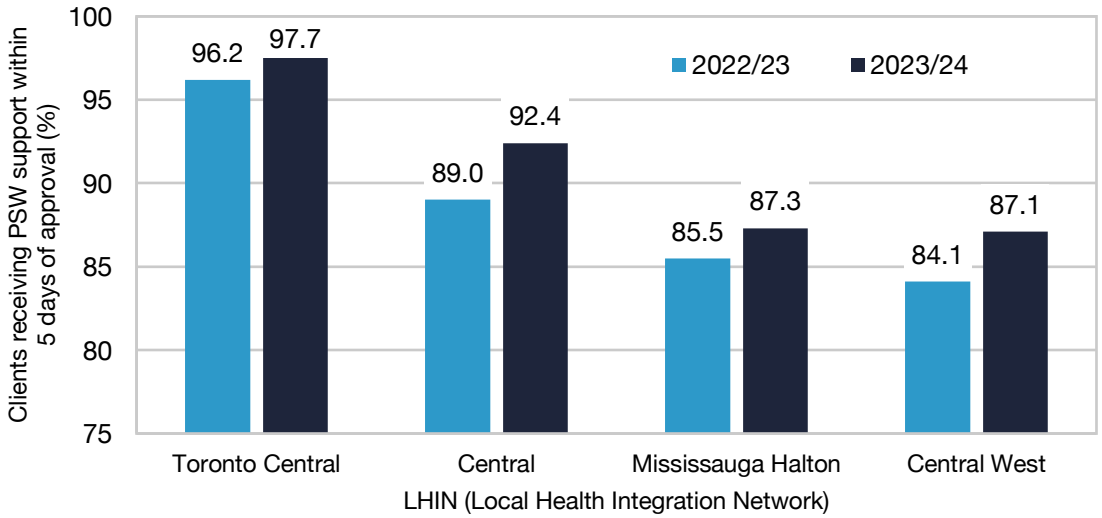
Figure 6: LTC approval times by geography



→ *There is less access to care*

Another important measure involves clients with complex needs who receive personal support worker (PSW) visits. This indicator tracks what proportion of clients received PSW support within five days of approval. In 2022/23, this rate in the Central West LHIN and the Mississauga Halton LHIN ranged from 84.1 to 85.5 per cent,[93] lower than the neighbouring Toronto Central and Central Regions, which ranged from 89 to 96.2 per cent.[94] The same pattern continued in 2023/24, when the Central West LHIN and the Mississauga Halton LHIN rates were 87.1 to 87.3 per cent,[95] compared to 92.4 to 97.7 per cent[96] in nearby regions. While many regions in Ontario fail to meet the targets, these figures point to workforce or capacity constraints that, compared to Peel's GTA neighbours, continue to limit how quickly support can begin for clients once approved.

Figure 7: Rate of timely PSW care by LHIN



There is a similar trend for nursing visits, which measure how many clients received their first nursing visit within five days of authorization. In 2022/23, the Mississauga Halton LHIN and Central West LHIN rates ranged from 92.4 to 93.2 per cent,[97] compared to 93.5 to 94.6 per cent[98] in Central Region LHIN and Toronto Central LHIN. In 2023/24, the difference narrowed slightly, with the Mississauga Halton LHIN and Central West LHIN at 92.8 to 94.4 per cent[99] and the comparator regions between 93.3 and 94.5 per cent.[100] While the difference here is smaller, it still reflects ongoing slower service delivery in the LHINs that cover Peel compared to nearby regions.

Taken together, these trends suggest that Peel Region faces ongoing under-investment in home care that translates into challenges around the timeliness of home care as well as long-term care transitions. Lower funding per person clearly results in less timely response rates across multiple measures. Addressing these disparities could help ensure more equitable access to home and long-term care services across Ontario.

Implications

With the areas serving Peel receiving an average of $211.43 per capita,[101] Peel home care funding would have to increase by 26.7 per cent to reach the Ontario average of $267.83.

The system impacts of increased funding to home care would be rapid and measurable. Access to home care reduces reliance on hospitals and long-term care. Those services are far more expensive than home care, with hospital beds providing Alternative Level of Care for seniors awaiting long-term care costing up to $1,200 per day[102] and long-term care beds costing approximately $255 per day,[103] both far exceeding the cost of typical daily home care supports.

Mental health and addictions services in Peel

Summary

Peel Region faces a persistent gap between the mental health and addictions (MHA) needs of its growing population and the level of provincial investment available to meet them. Per capita funding for both adult and youth services remain well below the Ontario average, and supportive housing capacity is among the lowest in the province. As a result, residents experience longer waits, fewer community-based service options, and limited access to the housing and supports needed for recovery and stability.

These pressures are amplified by demographic growth, increasing service complexity, and a provider network that has not kept pace with demand. The data in this report highlights how these structural inequities shape access, outcomes, and system strain across the region—and underscores the need for investment and population-based funding to ensure Peel residents receive timely and appropriate care.

Context

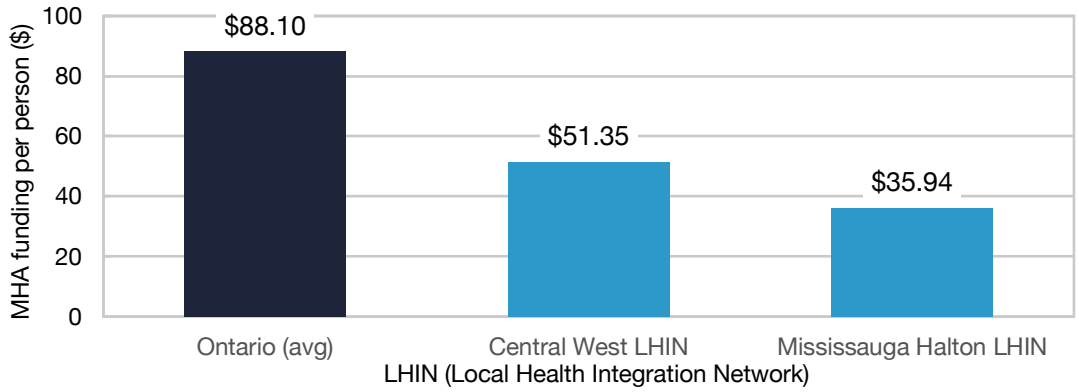
The demand for mental health and addictions services in Peel continues to grow, both in scale and complexity. MHA indicators are not reported for Peel independently. Instead Peel was covered by the Mississauga Halton LHIN and the Central West LHIN, and is now covered by Ontario Health's Central Region. MHA funding in those regions has remained persistently below the provincial average.

Findings

→ *Funding lags far behind Ontario averages*

Funding per capita for Peel Region's health services lagged far behind the Ontario average. In 2021/22, when the Region was served by local LHINs and reporting was available on more detailed geographies, Ministry of Health transfers for adult MHA services highlighted this regional disparity. The Mississauga Halton LHIN received an average of $35.94[104] per capita, and the Central West LHIN received $51.35[105] per capita. Both amounts were well below the Ontario average of $88.10[106] per capita, with provincial allocations to some regions nearly double those received in Peel. Peel has long had to respond to increasing demand with proportionally fewer resources, undermining the region's capacity to support residents effectively. Those shortfalls have, unfortunately, continued in the new funding context.

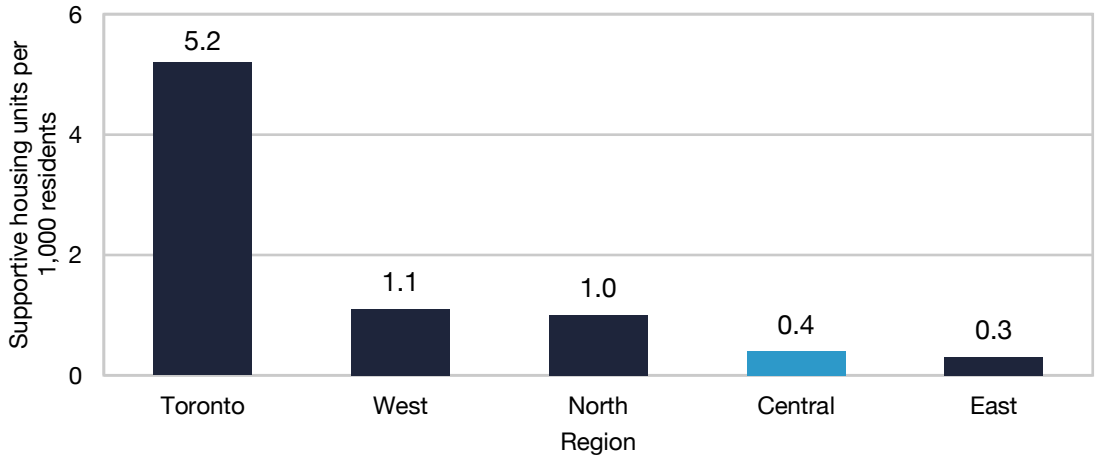
Figure 8: Per capita MHA funding by geography



→ *Supportive housing supply is among the lowest*

Supportive housing exhibits a similar imbalance. The provincial government now reports health data by government-defined regions. Peel is in the Central Region, where it is by far the largest community. In 2024, the Central Region had only 2,205[107] MHA supportive housing units, equating to 0.4 units per 1,000 residents.[108] By comparison, Toronto accounted for 7,287 units, or 5.2 per 1,000 residents,[109] while the West Region reported 1.1 per 1,000,[110] the North 1.0 per 1,000,[111] and the East just 0.3 per 1,000.[112] Peel's share of supportive housing remains disproportionately low given the scale of its population and the needs of its residents.

Figure 9: Supportive housing units per 1,000 residents by region



→ *Wait lists are long*

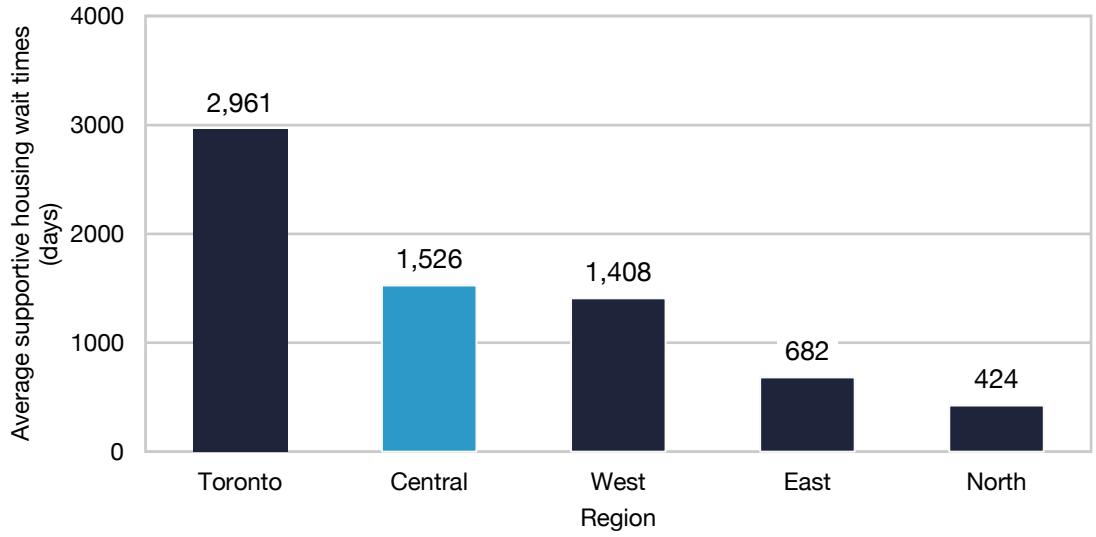
This shortage of services results in more people waiting for care. According to Addictions and Mental Health Ontario's (AMHO) 2025 report, 2,773 individuals (0.65 per 1,000 residents)[113] were waiting in the Central Region to access supportive housing, compared to 28,936 in Toronto (8.71 per 1,000 residents),[114] out of a provincial total of 36,378 (2.26 per 1,000 residents).[115] While per capita waitlists are heavily skewed toward Toronto, waitlist numbers in most other regions were comparatively low, with the West Region at 2,208 (0.49 per 1,000 residents),[116] the East at 2,240 (0.70 per 1,000 residents),[117] and the combined North West and North East at 221 (0.26 per 1,000 residents).[118] Wait times

further support the growing concern for Peel Region's capacity to address this growing community-wide need.

→ *Wait times are among the longest*

The shortage of supportive housing spaces leads to increased wait times for residents. AMHO's report shows the Central Region, which includes Peel residents, faced an average wait of 1,526 days (4.2 years) for supportive housing.[119] This compares with 1,408 days (3.9 years) in West Region[120] and 2,961 days (8.1 years) in Toronto,[121] while it is 682 days (1.9 years) in the East Region,[122] and 424 days (1.2 years) in the North Region.[123] While Toronto's longer waits reflect extreme pressure on its system, Peel residents still experience wait times far exceeding those in comparable regions outside the GTA.

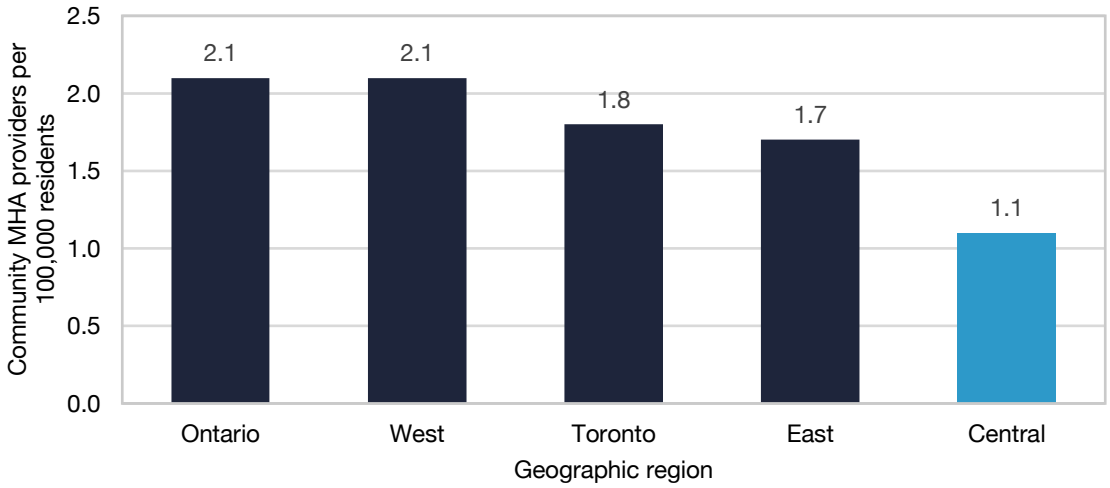
Figure 10: Supportive housing wait times by region



→ *There are fewer services and programs*

Access to community-based mental health services varies widely across Ontario, with the Central Region consistently falling below provincial averages. For community mental health and addictions providers, Central Region has 45 providers[124] (1.1 per 100,000 people)[125]—the lowest rate in the province—compared to 2.1 per 100,000[126] provincially, 1.8 per 100,000[127] in Toronto, 10.6 per 100,000[128] in the North, 1.7 per 100,000[129] in the East, and 2.1 per 100,000[130] in the West Region.

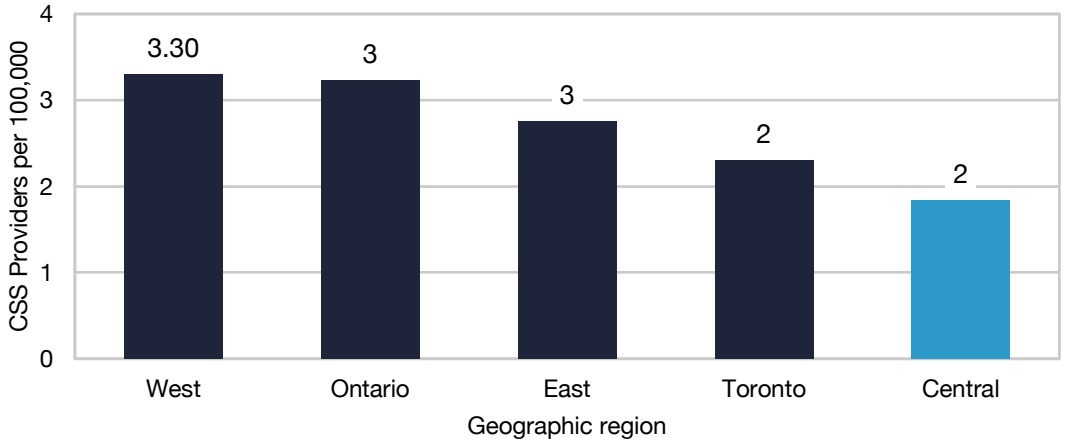
Figure 11: MHA service providers per 100,000 residents, by region



A similar trend is seen in community support service providers, where Central Region's 78 providers[131] (1.84 per 100,000) represent a lower ratio than the provincial average of 3.23 per 100,000.[132]

By contrast, Toronto (2.3 per 100,000),[133] the North Region (15.3 per 100,000),[134] the East Region (2.75 per 100,000),[135] and the West Region (3.3 per 100,000)[136] have far greater availability.

Figure 12: Support service providers per 100,000 residents, by region

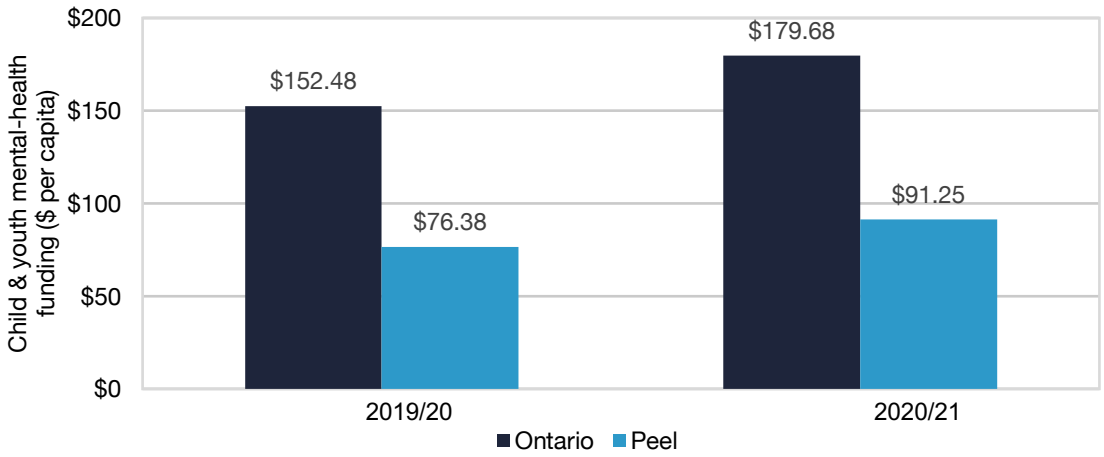


The disparity is even more stark with Community Health Centres (CHCs). Central has just 7 CHCs (1.7 per 1 million people[137]), compared to a provincial rate of 4.7 per 1 million,[138] with Toronto standing out at 6.3 per 1 million,[139] and North Region at 10.6 per 1 million,[140] East Region at 6.3 per 1 million,[141] and the West Region at 4.7 per 1 million.[142] These figures highlight the limited availability of community-oriented, low-barrier health services in Central relative to other regions. With that said, CHC counts alone do not capture variations in capacity, catchment size, or the scope of services offered, but the size of the disparity is concerning.

→ *Youth mental health funding is lower and the disparity is growing*

Peel continues to face a deep funding inequity in critical child and youth mental health (CYMH) services compared to the rest of Ontario. While current funding data is not available, past trends are a concern. In 2019/20, Peel's per capita funding for youth mental health spending was $76.38,[143] just over half of the Ontario $152.48 average.[144] In 2020/21, Peel's per child and youth funding lagged even farther behind provincial averages, with funding of $91.25 per capita[145] compared to $179.68[146] provincially. Overall, Peel receives half of the Ministry of Health CYMH funding compared to the provincial average, despite its population growing and despite facing additional service pressures from an increasingly young population, growing cultural diversity, and incoming newcomers.

Figure 13: Youth mental health funding per capita by geography



Taken together, this data underscores the fact that the growth in demand for MHA services and supportive housing in Peel has not been matched by growth in provincial funding or infrastructure. The result is a sustained service gap. Without corrective investment, Peel will continue to face disproportionately long wait times, inadequate access to supportive housing, fewer service providers, and insufficient per capita funding for mental health care. Addressing these inequities must be a priority to ensure Peel residents receive fair and timely access to essential supports.

Implications

Peel Region faces severe funding inequities in mental health and addictions services, with data indicating Peel gets less than half the provincial per capita average for both adult and youth care. This has led to long wait times, fewer community providers, and limited supportive housing units compared to other Ontario regions. The result is rising homelessness, ER reliance, and untreated mental health issues, especially among youth and newcomers, perpetuating long-term social and economic costs.[147]

To bring Peel to parity with Ontario averages, the province would need to increase funding for youth mental health by 96.9 per cent, increase community support to service providers by 75.5 per cent, and more than double the volume of supportive housing.

Children's services in Peel Region

Summary

Peel Region is home to one of Ontario's largest and fastest-growing child populations, yet provincial funding for child care and early years programs has not kept pace. Peel receives significantly less per child funding than both Toronto and Ottawa across major programs, and fails to meet the provincial target for child care. As a result, Peel families have access to fewer child care spaces, lower levels of early years programming, and higher levels of unmet need despite rapidly rising demand.

This funding gap has real consequences: longer waitlists, fewer program hours, and increased pressure on service providers and families. The shortfall also carries wider economic costs by limiting parents' ability to participate in the workforce. Bringing Peel's funding in line with other regions would expand access, reduce strain on local systems, and support healthier developmental outcomes for young children in one of Ontario's most diverse communities, while adding value to Peel's economy.

Context

Peel Region is one of Ontario's fastest growing and most diverse communities, yet provincial funding for children's services here lags behind that for other parts of the province. Two major programs highlight this shortfall: EarlyON Child and Family Centres which provide free programs for children ages 0 to 6 and their caregivers, and the Canada-Wide Early Learning and Child Care (CWELCC) child care program, part of the planned federal/provincial "$10 a day" child care access initiative. Together, these programs play a vital role in supporting children's early development and easing pressures on families.

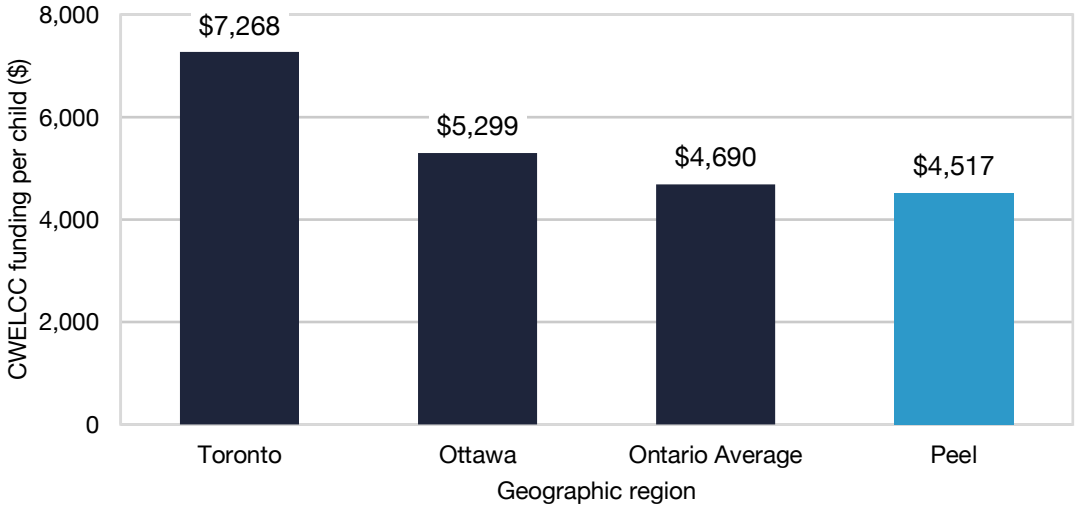
These programs provide supports for children 0-6. Funding, however, is provided through a provincial formula that is based on the number of program spaces in Peel, rather than the number of actual children. Since Peel has less infrastructure than other jurisdictions, Peel's funding lags behind comparable municipalities.

Findings

→ *Peel gets less child care funding, on a per-child basis*

According to the 2021 census, the most recent source of data on the population of children in Ontario municipalities, there were 102,130 children aged 0-6 in Peel,[148] 70,880 in Ottawa,[149] and 174,620 in Toronto.[150] While child care funding is shaped by many factors, including local cost and variations in age distribution, the funding per child in the region is an important general indicator of access. Based on the 2025 Total Cost-Based Allocation for the Canada-Wide Early Learning and Child Care (CWELCC) core child care program, Peel gets $4,517 per child,[151] based on funding of $461,324,444.[152] By comparison, per child funding is $5,299[153] in Ottawa based on funding of $375,577,283.[154] Per child funding is $7,268[155] in Toronto based on funding of $1,269,091,397.[156] Across the province the average including smaller communities is lower than in urban centres, but still, at $4,690,[157] nearly $200 per child above Peel's funding level.

Figure 14: CWELCC funding per child, by geography

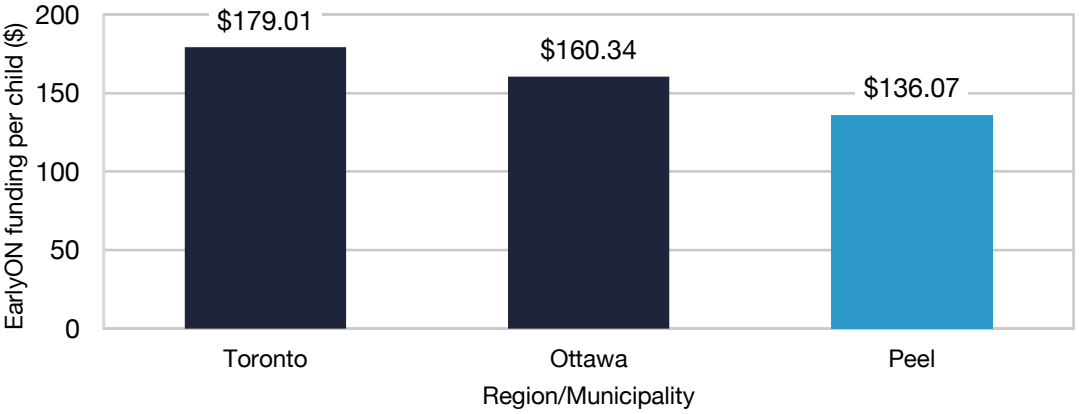


The imbalance remains even when factoring in additional funding streams, such as startup grants and local top-ups. Toronto was allocated $8,772 per child, with a total spending of $1,531,820,713.[158] Ottawa's allocation per child is $6,260, with $443,705,308 in spending.[159] Peel lags behind, receiving $5,635 per child, with a budget of $575,499,993.[160]

→ *EarlyON programs get less funding in Peel*

A similar shortfall is seen in funding for EarlyON centres, which provide free programs for children ages 0 to 6 and their caregivers. These programs are critical for preparing children for school, supporting parents, and strengthening community well-being. In 2025, Peel was allocated $13.9 million in EarlyON funding.[161] By contrast, Toronto was allocated $31.3 million, and Ottawa was allocated $11.4 million.[162] When funding is compared on a per-child basis, the EarlyON allocation per child is approximately $179 in Toronto, $160 in Ottawa, and $136 in Peel.[163] This means that Peel families are getting less support for each child than families in Toronto and Ottawa, even as Peel's child population continues to grow rapidly.

Figure 15: EarlyON funding per child, by geography



Implications

This gap matters because the early years set the foundation for lifelong health, learning, and well-being.[164] When Peel receives fewer resources, families face longer wait times for programs, fewer opportunities for children during critical developmental stages, and even more strained nonprofit and municipal service providers who are already working at capacity. Without a fairer provincial funding formula, Peel's children and families risk falling further behind.

→ *More child care spaces are needed to meet demand*

Ottawa, the second-lowest funded jurisdiction studied, receives 17.3 per cent more for their Cost Based Allocation per child than Peel.[165] If Peel's funding were increased to that level, Peel would have $79.8 million more in funding.[166] Given Peel's current capacity of 34,624 child care spaces,[167] a 17.3 per cent increase would provide approximately 5,990 new child care spaces.[168]

The absence of these spaces means longer waitlists, fewer program hours and options, strained nonprofit operators, staff recruitment and retention challenges, and delayed capital investment. For a highly diverse and fast-growing region such as Peel, lower per child funding also risks widening inequities for newcomer families, and the shortfall could shift costs and workloads onto schools and municipal budgets later. The province sets out a goal of 37 per cent access, or 37 spaces per 100 children.[169] Peel currently has fewer than 34 spaces per 100 children.[170] Additional spaces, and funding, are badly needed.

→ *Shortages have economic impacts*

The impact of this missing funding doesn't just harm the families directly affected, it imposes a wider cost on the community. Waiting lists for child care translate into lost productivity as employees leave the workforce due to child care obligations. Studies on increased access to affordable child care show that adding spaces frees up new workers–on average one new worker for every 3 spaces[171] – and adds about $95,000 to GDP per worker.[172] Based on these findings, the shortage in child care funding deprives Peel's economy of roughly $189.6 million in GDP in addition to disrupting settlement processes and depriving children of the benefits of professional early years programming.[173]

Food security in Peel Region

Summary

Peel Region is experiencing a rapid and sustained rise in food insecurity, outpacing both provincial and national trends. Households in Peel report higher rates of food insecurity than most neighbouring municipalities, and food bank use has grown at exceptional rates across Mississauga, Brampton, and Caledon. Children, newcomers, and even full-time workers are increasingly represented among those seeking food support, highlighting the depth and scope of affordability pressures facing our communities.

The scale and speed of this growth reflect broader gaps in income supports, housing affordability, and access to child care—systems that shape households' ability to meet basic needs. Without strengthened and coordinated supports, food insecurity will continue to intensify in Peel, placing additional strain on community organizations already operating at capacity and limiting the well-being of residents across the Region.

Context

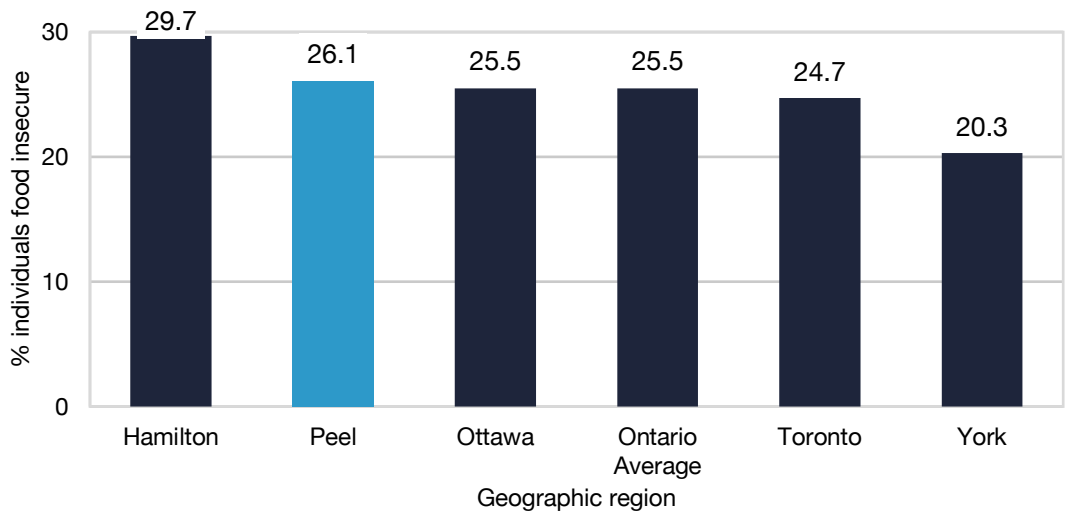
Peel Region is on the frontline of Ontario's food insecurity crisis. Demand for emergency food support is increasing at a pace well above provincial and national averages, and rates of household food insecurity remain higher than in many neighbouring municipalities. Of particular concern is the rising level of reliance on food banks among children, families, and even working households. These trends raise urgent questions about whether current income supports are adequate to meet the needs of one of Ontario's fastest growing and most diverse communities. While food banks are not provincially funded, their increased use reflects pressures on families resulting from the shortage of other services, including affordable housing, child care, and income supports.

Findings

→ *Peel residents are more food insecure than their neighbours*

According to the most recent report from Public Health Ontario, in 2023-2024 24.7 per cent[174] of households in Peel experienced food insecurity, a rate on par with Toronto[175] and Ottawa,[176] but higher than York Region (20.8 per cent).[177] At the individual level, 26.1 per cent[178] of Peel residents were food insecure in 2023-2024, lower than Hamilton (29.7 per cent),[179] but higher than Ottawa (25.5 per cent),[180] Toronto (24.7 per cent),[181] and York (20.3 per cent).[182] The rates in Peel were also consistently higher than the Ontario average.[183]

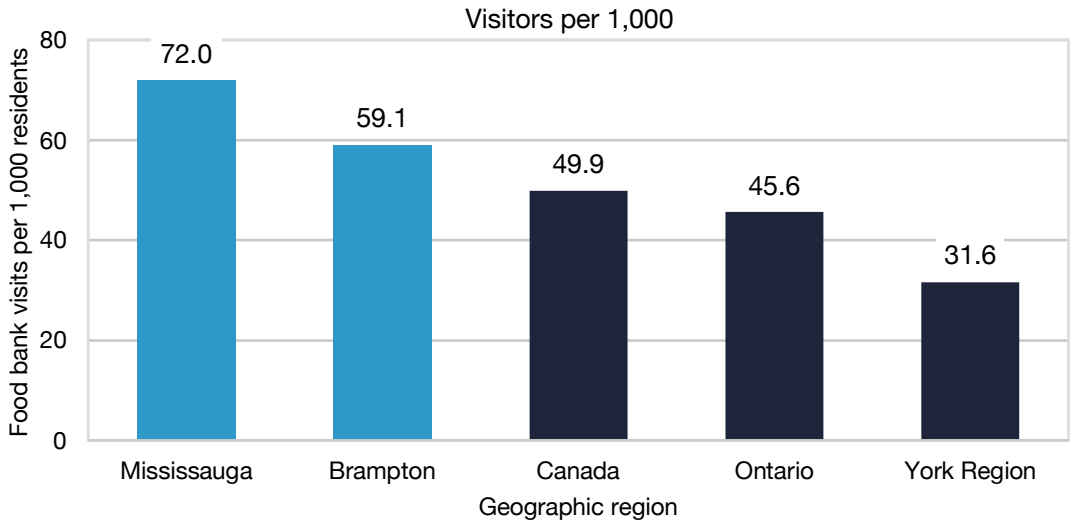
Figure 16: Percentage of individuals who are food insecure by geography



→ *Food bank use is high and growing*

The use of food banks in Peel reflects the depth of this challenge. In 2024, food banks in Mississauga, Caledon, and Brampton recorded more than 100,000 visitors combined,[184] translating to over 70 visits per 1,000 residents[185] in Mississauga and 59 per 1,000 in Brampton.[186] An additional 1,282 people[187] used the food security program at Caledon Community Services. Collectively, these figures far exceed the Ontario average of 45.6 visits per 1,000 residents,[188] the Canadian average of 49.9,[189] and more than double York Region's rate of 31.6.[190] These figures point to both a higher baseline need and faster growth in food bank reliance in Peel.

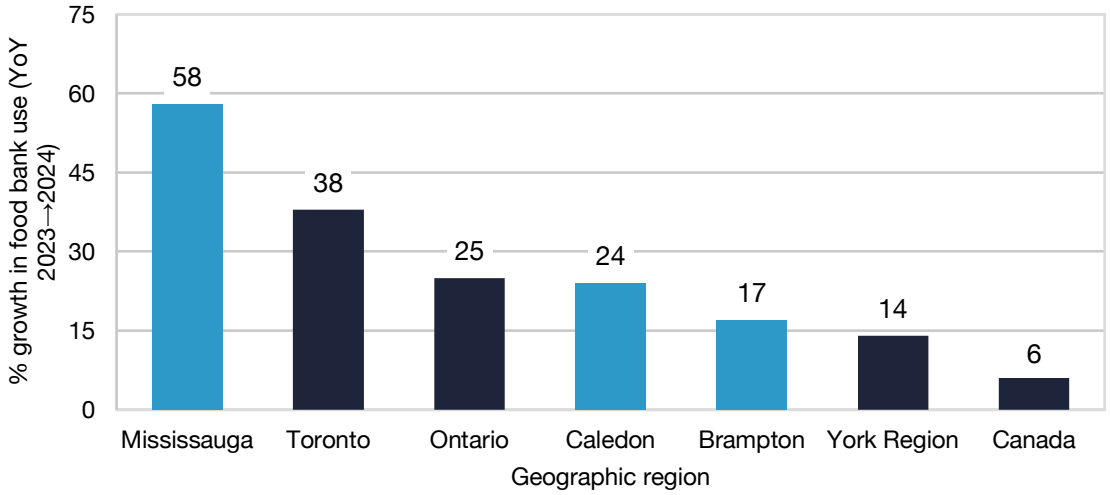
Figure 17: Food bank visitors per 1,000 residents, by geography



Growth in food bank use in Peel has been particularly pronounced. In Mississauga, the number of visitors increased by 58 per cent[191] from 2023 to 2024, and have risen 120 per cent since 2021,[192] with a total of 56,267 people[193] served in 2024. The Caledon Community Services Food Bank also experienced growth, with a 24 per cent[194] increase over the same period. Brampton continues this trend with growth of 17 per cent[195] over

this period, despite limiting some services.[196] Put together across Peel, these rates collectively exceed the provincial growth rate of 25 per cent[197] and the national increase of 6 per cent,[198] and are far higher than the changes observed in York Region (14 per cent)[199] and Toronto (38 per cent).[200] The scale and speed of growth in Peel highlight both the intensity of need and the extraordinary pressure on local families compared with other regions in Ontario and Canada.

Figure 18: Percentage growth in food bank use by geography



→ *Children and working people now rely heavily on food banks*

Children are experiencing food insecurity at particularly high rates. In Mississauga, 28 per cent of those who received food support from Food Banks Mississauga last year were children,[201] while in Brampton 40 per cent of food bank users were children[202] and in Caledon children made up 33 per cent of the people fed.[203]

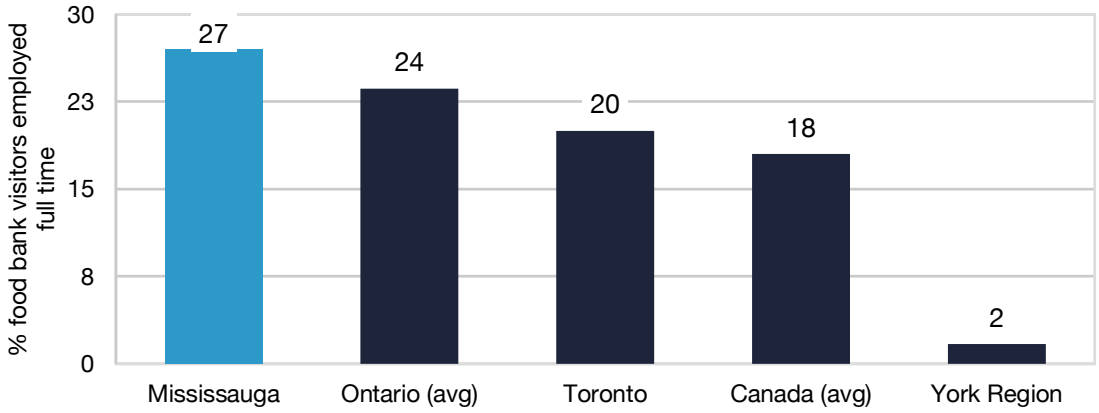
In addition, newcomers are disproportionately represented among food bank visitors in Peel. Depending on the municipality, between 12 per cent[204] and 39 per cent[205] of food bank users have arrived in Canada within the last 10 years. This high rate of use highlights the urgent need for targeted food security and settlement supports to address the compounded settlement challenges faced by newcomers.

Food bank reliance in Peel is not limited to those without employment. In Mississauga, 27 per cent[206] of food bank visitors reported full-time employment as their primary source of income, significantly above the national rate (18 per cent),[207] the provincial rate (23.6 per cent),[208] as well as the rates in Toronto (20 per cent)[209] or York Region (1.7 per cent).[210] This indicates that many working households are unable to meet basic needs despite being fully employed, a sign of the growing gap between wages and the cost of living.

Taken together, the data demonstrate that Peel faces higher baseline levels of food insecurity, sharper growth in food bank use, and disproportionate impacts on vulnerable groups, including children, newcomers, and working households. Without new investments and targeted interventions in the services that support people facing affordability challenges, food insecurity will continue to intensify in Peel, placing

additional strain on families, social supports, and community organizations already operating at capacity.

Figure 19: Percentage of food bank users with full-time employment



Implications

→ *Peel's food insecurity is higher and growing faster*

Local emergency food use mirrors the level of food insecurity in Peel, which is higher, and is rising far faster than the provincial and national averages. Food Banks Mississauga reported a 58 per cent increase in unique neighbours served in 2023–24 and dramatic year-over-year growth in visits,[211] while province-level counts and the nationwide HungerCount confirm record-high visits across Ontario and Canada.[212]

These trends show both a higher baseline need and faster growth in Peel. Food bank reports for Peel show large shares of visitors are recent newcomers and a growing number of children, and national and provincial reports note that many food bank users are in paid work–evidence the problem is driven by low income and rising living costs, not only unemployment.[213]

→ *Food bank demand signals deeper issues*

If income supports, housing, and child care gaps are not addressed, demand for emergency food will keep rising and downstream costs for health, education, and social services will increase. Evidence shows that income supports reduce food insecurity. Strengthening and indexing social assistance rates (Ontario Works and ODSP) and increasing targeted family transfers such as the Canada Child Benefit for low-income families, would reduce reliance on food banks.[214]

Making indexing automatic would mean that benefit value does not erode with inflation. Food banks and local networks cannot be the primary system for food security; provincial and municipal governments should fund core operating, nutrition, and wraparound services (including culturally appropriate food, interpretation, and settlement supports) on a multi-year basis so agencies can plan and retain staff.

Public health in Peel Region

Summary

This section analyzes 2024 public health funding levels for Peel compared to other major Ontario municipalities and highlights resulting inequities in service delivery and health outcomes. Peel Region's public health funding remains significantly lower than comparable Ontario municipalities, at $42 per resident versus $46–$67 elsewhere. This underfunding limits access to key programs such as seniors' dental care, child health, and immunizations, resulting in service gaps and poorer outcomes**.** An equitable, population-based funding model is needed to align Peel's resources with its rapid growth and community health needs.

Context

Public health services are a cornerstone of community well-being, protecting residents through programs such as immunizations, perinatal programs, food safety, chronic disease prevention, and seniors' dental care. In Ontario, most of these programs are cost-shared between the provincial and municipal governments.[215] It is important to note that not all programs are cost-shared. For example, the Ontario Seniors Dental Care Program is fully funded by the Ministry of Health,[216] and the Healthy Babies Healthy Children program is almost entirely funded by the Ministry of Children, Community and Social Services.[217]

Peel Public Health continues to receive approximately the same level of funding as in prior years, with only a modest 1 per cent annual increase in base funding starting in 2024.[218] For reference, Peel Public Health did not receive a portion of the $47 million mitigation funding allocated across Ontario.[219] Recent provincial announcements provide for modest increases in base funding for public health, which will apply province-wide.[220]

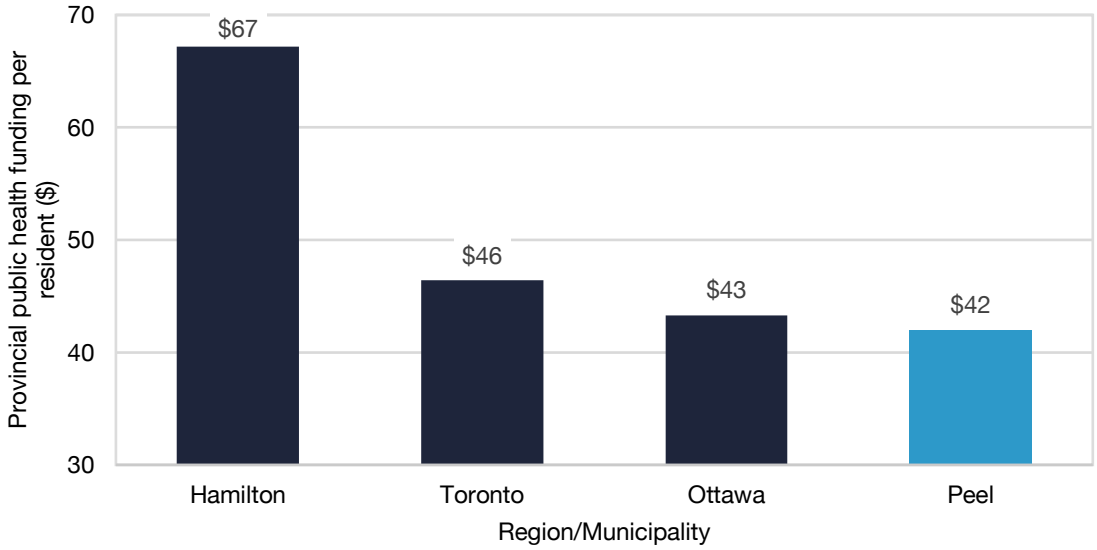
Findings

→ *Peel gets less funding per capita*

In 2024, Peel Region was allocated a total of $69.9 million[221] in public health funding from the province for all programs, a rate of about $42 per resident based on a population of 1,662,864.[222] As of 2024, for all programs, Hamilton received just over $42 million from the province,[223] Toronto received $152 million,[224] and Ottawa received $50 million.[225]

Per capita funding for Hamilton was $67 per resident (based on a population of 632,111 in 2024), [226] while for Toronto it was $46 (population 3,273,119 in 2024), [227] and for Ottawa it was $43 (population 1,153,843 in 2024). [228] When calculated per capita, this underfunding represents an ongoing funding shortfall in Peel.

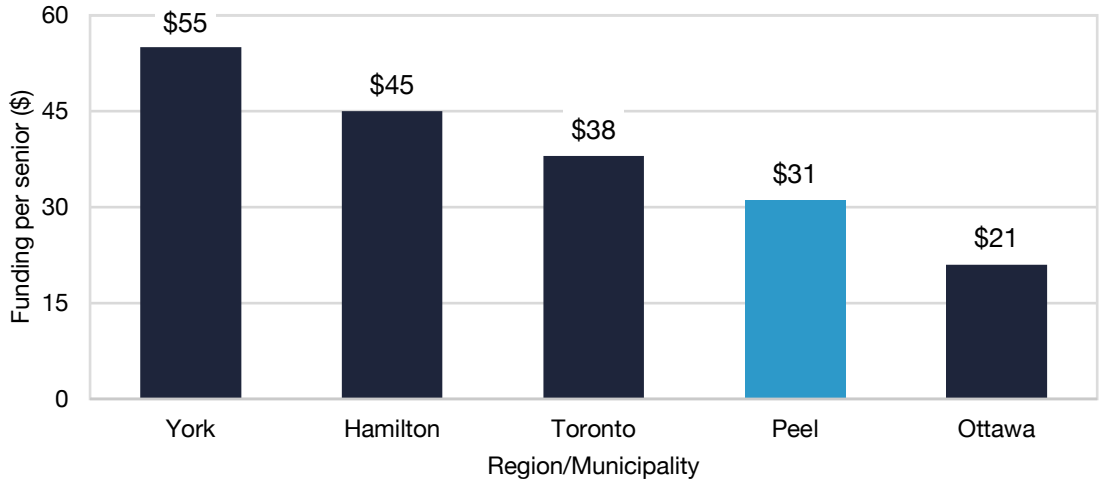
Figure 20: Per capita Provincial public health funding by region



→ *Programs for vulnerable populations are under-resourced*

Several program-specific comparisons show how underfunding directly affects residents. The Ontario Seniors Dental Care Program, which is fully provincially funded, highlights clear inequities. Peel received $6.5 million to serve a seniors population of 212,630 (in the most recent census), which works out to approximately $31 per senior.[229] By contrast, York Region received $11 million for 199,185 seniors,[230] or $55 per senior, and Toronto received $18 million for 476,990 seniors, or $38 per senior.[231] Ottawa received $3.6M or $21 per senior[232] and Hamilton received $4.47M or $45 per senior.[233] Though not all seniors are eligible for the program, key eligibility factors, such as poverty and employment, vary only moderately across comparator municipalities, while investment per senior varies widely.

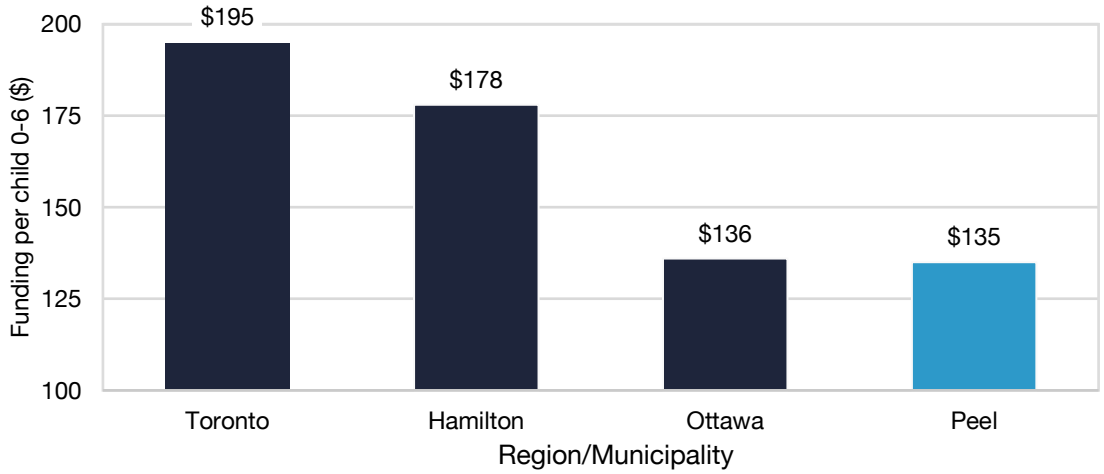
Figure 21: Seniors Dental Care Program funding per senior, by region



The Healthy Babies Healthy Children program, which provides support for healthy pregnancies and births and successful early child nutrition, provides another example.

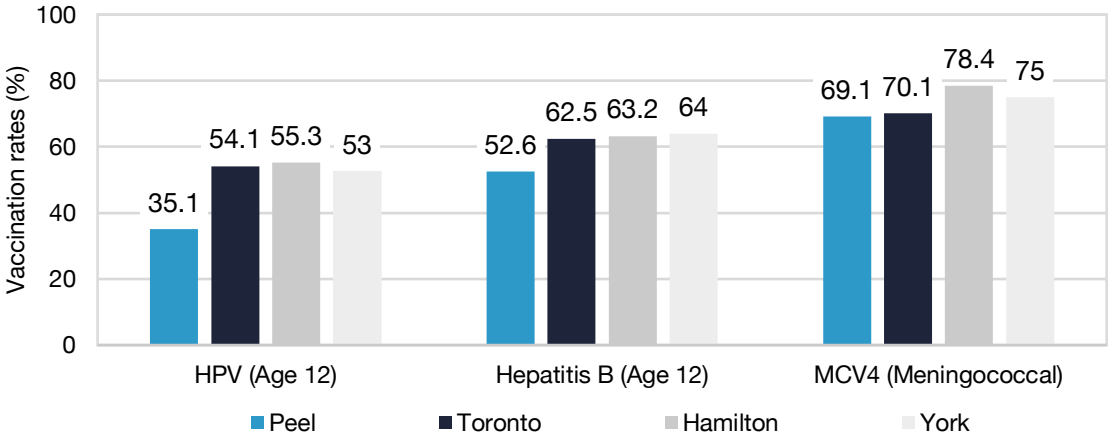
Peel received $7.6 million for this program, while Toronto received $19.2 million,[234] Hamilton received $4.1 million,[235] and Ottawa received $5.2 million.[236] The program predominantly serves children 0-3; Peel receives about $135 per child 0-3,[237] Toronto gets about $195,[238] Hamilton $178,[239] and Ottawa about $136.[240] Given Peel's rapid population growth and large number of young families, the lower allocation has left local services stretched thin.

Figure 22: Healthy Babies Healthy Children funding per child, by region



Immunization coverage is also affected by gaps in resources. In the 2023-2024 school year, Peel had the lowest coverage rates for all three school-based childhood immunization programs (HPV, Hepatitis B, and MCV4) compared to Toronto, Hamilton, and York.[241] Peel's HPV coverage for vaccinations by age 12 was just 35.1 per cent, far below Toronto (54.1 per cent), Hamilton (55.3 per cent), and York (52.7 per cent). Peel's Hepatitis B rate for vaccinations by age 12 was 52.6 per cent, trailing Toronto (62.5 per cent), Hamilton (63.2 per cent), and York (64.0 per cent).[242] For the MCV4 vaccine, which protects against meningitis and other ailments, Peel reached 69.1 per cent, behind Toronto (70.1 per cent), York (75.0 per cent), and Hamilton (78.4 per cent).[243] These figures reflect the proportion of eligible students who completed the full vaccine series, using a consistent method across all health units.[244]

Figure 23: Vaccination rates by region



Implications

→ *Waiting lists are high*

Funding has not kept pace with population growth or inflation, leaving about 7,000 seniors on a waitlist for dental care, about 25 per cent of all applicants,[245] forcing Peel to rely on property taxes to fill gaps or leave programs under-resourced. The inequities show up in longer waitlists, lower levels of child immunization, and stretched capacity for family health programs.

Based on comparisons across several public health programs, Peel Region would require substantial additional investment to bring funding levels in line with comparator municipalities. If Peel were funded at Toronto's rate of $46 per resident, it would receive an increase of about $6.6 million annually[246] over its current allocation of $69.9 million.

→ *Human and economic costs are significant*

Failure to address these gaps imposes human costs but also fiscal costs. For example, dental care, though only recently part of our national health care system, has a significant impact on overall health care costs. Research indicates that offering dental care to people with systemic conditions can lower per-person medical expenses and decrease the use of emergency departments significantly. Studies have reported medical cost savings of up to $5,681 per individual and reductions in hospitalization rates to as low as 39.4 per cent,[247] thus saving far more than the cost of adding one enrolled senior to the program in Peel.

Access to legal aid in Peel Region

Summary

Peel Region faces a significant gap in access to legal aid compared to the provincial average. Although funding allocations are based on the number of residents living below the Low-Income Measure (LIM), people in Peel receive substantially less support per person living on a low income.

These disparities are compounded by the high operating costs in the GTA, including the province's highest commercial rent rates and the need for competitive staffing expenses. Peel also has one of the highest Community Legal Needs Scores in Ontario (36.3 per cent), reflecting both socioeconomic pressures and rapid population growth. Under-resourcing means that Peel's clinics cannot meet rising demand, particularly in areas such as income security and housing—services that are essential to helping residents stay housed during a worsening housing and homelessness crisis.

Context

Access to legal aid is a critical component of supporting low-income communities, yet challenges in resource distribution often limit the capacity of local clinics to meet growing needs. In regions like Peel, rapid population growth and rising costs for clinic operations create unique pressures on service providers.[248] These challenges are amplified by regional disparities in funding, which can leave some communities with fewer resources per person despite higher demand. Understanding how these overlapping factors affect the ability of clinics to serve their communities highlights the importance of reassessing funding priorities to ensure equitable access to legal services across Ontario.

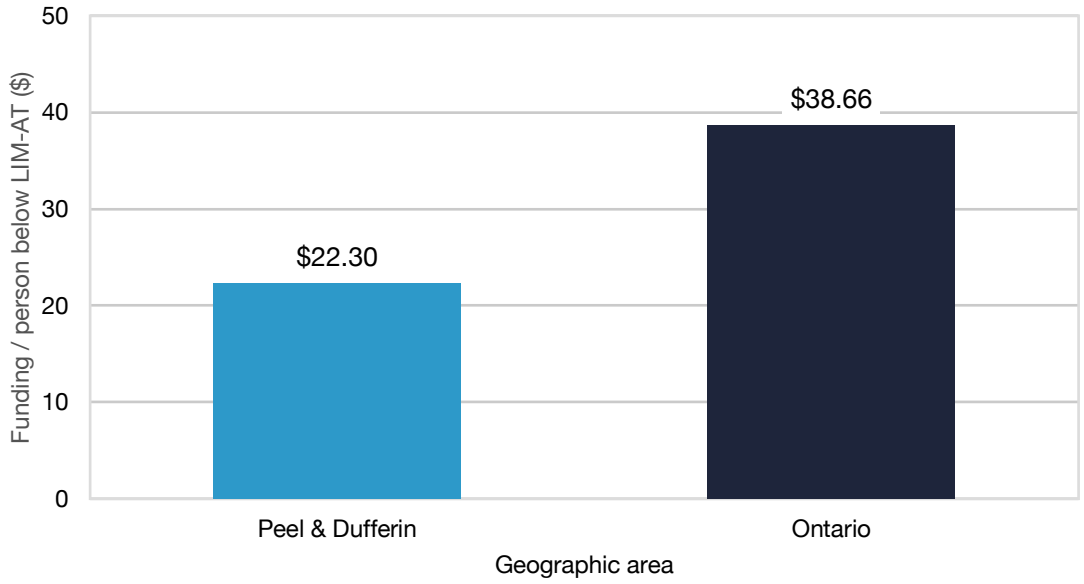
Within Ontario, funding allocation for provincially funded legal aid is based in part on the number of people below the Low-Income Measure (LIM) thresholds in each region. The Low-Income Measure (LIM) defines a person as having low income if their equivalized household income falls below 50 per cent of the national median equivalized income.[249] Funding allocations from 2022 to 2023 show a significant difference regionally when compared against LIM populations. For the purposes of this report, Peel Region data was collected for Mississauga Community Legal Services and North Peel Dufferin Community Legal Services, the two legal clinics that serve both Peel Region and Dufferin County.

Findings

→ *Peel residents get far less funding per capita*

In 2022, Peel Region and Dufferin County received $4,527,673[250] to serve 203,045 low-income residents.[251] Legal Aid Ontario budgeted $71.6 million[252] in funding in 2022 for all Legal Aid Clinics across the province, to serve the 12.1 per cent of Ontarians[253]–1,851,950 individuals[254]–under the LIM thresholds. When examined on a per-person basis, Peel Region and Dufferin County receive $22.3 per person living under the LIM thresholds,[255] while provincially, that funding was almost double, at $38.66 per person.[256] This trend continued in 2023, where Peel Region and Dufferin County received $4,618,226, a 2.0 per cent increase,[257] while $75.3 million[258] was budgeted provincially, an increase of 5.17 per cent,[259] deepening the disparity.

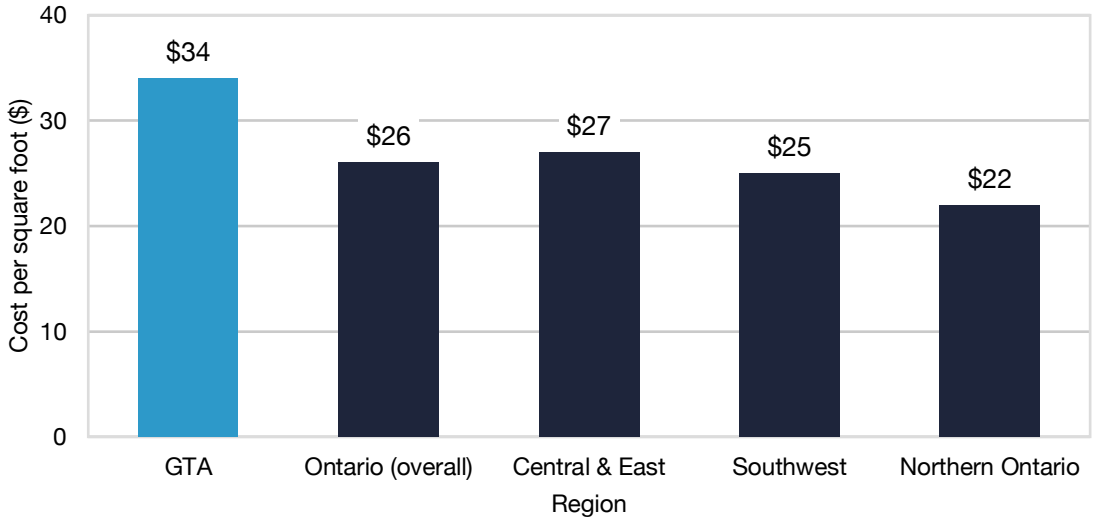
Figure 24: Legal aid funding per person below the Low Income Measure



→ *Pressures on legal services in Peel are higher*

Another added burden is clinic operating costs. Rent per square foot was highest in the GTA at $34,[260] compared with Ontario overall at $26,[261] Central and East Region at $27,[262] Southwest at $25,[263] and Northern Ontario at $22.[264] Staff salaries were noted as the largest expense across all clinics, followed by rent, travel, and document fees.[265]

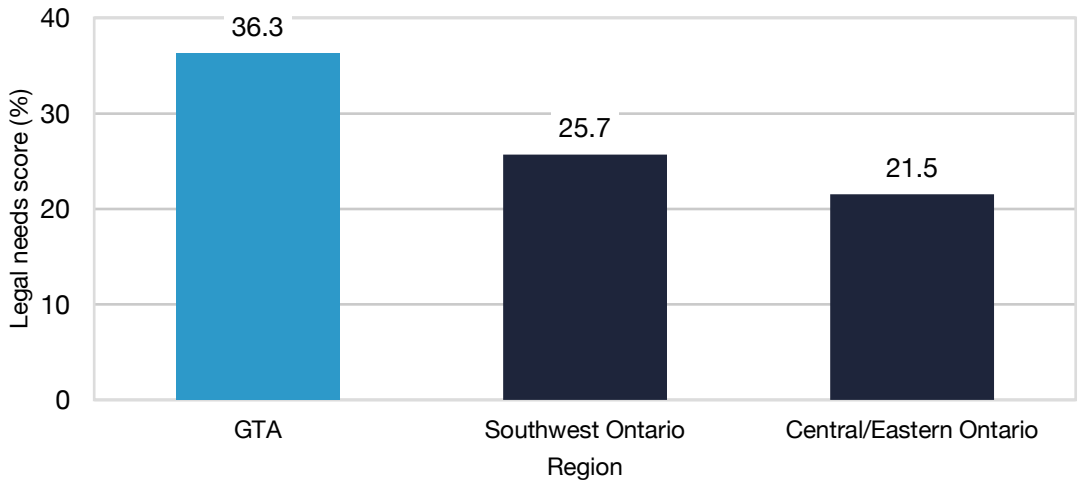
Figure 25: Clinic rents per sq. ft., by geography



Additionally, regions with higher housing costs face added financial pressures due to the need to pay competitive wages and cover higher overhead, pointing to increased challenges experienced in the GTA. Reflecting these overlapping challenges, the Community Legal Needs Score for the GTA was 36.3 per cent, higher than both Central and Eastern Ontario, which scored 21.5 per cent[266] and Southwest Ontario, which scored 25.7 per cent.[267]

Together, this data underscores how Peel's increase in population size due to its rapid growth is not adequately matched with the capacity of local legal aid services, highlighting the need for a reassessment of funding priorities.

Figure 26: Community legal needs scores by region



Implications

Substantially smaller resources mean that clinics cannot serve as many residents. Since clinics spend a significant amount of their time on income security and housing, this translates into fewer supports to ensure people remain housed, in the midst of a growing homelessness crisis in Peel and across the province. To be funded at the Ontario average, based on the shortfall in 2022, Peel legal clinics would need an additional $3,332,047,[268] nearly doubling their current resources.

Limitations

At the outset, the research team reviewed larger provincial datasets, which represent the most complete publicly available source of provincial funding information. However, these datasets were not parsed or labeled in ways that allowed for a full disaggregation of provincial funding flowing to Peel by program or service line. Many provincial tables reported aggregated program categories or used accounting classifications that did not correspond clearly to the frontline services under study.

Access to fully transparent data through provincial sources proved challenging, and insufficiently robust.

To address this limitation, the team undertook a detailed mapping and validation process. Every potentially relevant line item from provincial budgets and supplementary tables was extracted and reviewed to determine whether it could be assigned directly to a specific service sector. Where a provincial line item clearly matched a service, it was allocated directly. For broad or ambiguous line items, the team cross-referenced them with municipal Financial Information Returns, municipal budget schedules, agency-level budgets, and reporting from province-wide nonprofit professional associations. These data sources were used to trace how provincial allocations flowed to local providers.

Given the limitations on access to data, the reporting years used for comparisons reflect data availability and vary across data sets. As no single overarching data source was available for some data sets, this research often relies on local municipal reporting. As a result, data comparisons rely on relatively consistent definitions and practices being used across municipalities. Per capita calculations rely on available data, in some cases depending on projections generated by Statistics Canada and other government bodies, based on census data and growth patterns, and in other cases analysis relies on the most recent available Statistics Canada data, which may not correspond to the service year.

This data gathering through alternate sources posed risks, which needed to be offset by ensuring results were validated by staff familiar with the funding process, through advisory committees. Where community-level data was captured in publicly available community-level sources, care was taken to avoid potential errors in reporting funding, output, or demand, to avoid reporting errors or inconsistencies. Further analyses were conducted to mitigate these uncertainties, but some residual limitations remain inherent in the available data sources.

Comparator municipalities were selected to provide meaningful benchmarks for assessing provincial funding allocations and service capacity relative to Peel Region. Selection criteria included population size, demographic composition, regional service needs, and policy relevance. Toronto was included as the largest urban municipality in Ontario with a complex service ecosystem, providing a high-demand benchmark. York Region was selected due to its geographic proximity, similar population growth patterns, and comparable suburban service challenges. Hamilton and Ottawa were included for their diversity in urban-rural mix, service delivery models, and available administrative data, which offered insights into how provincial funding translates into local service capacity.

Some municipalities of comparable size (e.g. Waterloo Region) lacked sufficient published data, and were not included in the analysis. Some municipalities included for some elements of the analysis lacked data in some service areas so were not included universally. These comparator municipalities together provide a range of perspectives on provincial funding adequacy, highlight differences in per capita allocations, and allow the identification of gaps unique to Peel Region versus systemic provincial trends.

Appendix A:

1. Peel: 14,292 (social housing units) ÷ 1,662,864 (Peel Population, 2024) x 1,000 = 8.59 per 1,000
2. Toronto: 82,690 (social housing units) ÷ 3,273,119 (Toronto Population, 2024) x 1,000 = 25.263 per 1,000
3. Ottawa: 23,600 (social housing units) ÷ 1,153,843 (Ottawa Population, 2024) x 1,000 = 20.45 per 1,000
4. Hamilton: 11,621 (social housing units) ÷ 632,111 (Hamilton Population, 2023) x 1,000 = 18.39 per 1,000
5. Peel: 91,000 (households in core housing need) ÷ 14,292 (social housing units) = 6.4 households in core housing need per unit
6. Toronto: 206,711 (households in core housing need) ÷ 82,690 (social housing units) = 2.5 households in core housing need per unit
7. Ottawa: 53,477 (households in core housing need) ÷ 23,600 (social housing units) = 2.3 households in core housing need per unit
8. Hamilton: 41,450 (households in core housing need) ÷ 11,621 (social housing units) = 3.6 households in core housing need per unit
9. Peel Region: 2,799 (individuals counted in PiT) ÷ 1,662,864 (Peel population in 2024) × 1,000 = 1.7 per 1,000 residents
10. York Region: 878 (individuals counted in PiT) ÷ 1,258,000 (York population) × 1,000 = 0.697 per 1,000 residents
11. Ottawa: 2,952 (individuals counted in PiT) ÷ 1,153,843 (Ottawa population) × 1,000 = 2.56 per 1,000 residents
12. Hamilton: 1,216 (individuals counted in PiT) ÷ 632,111 (Hamilton population) × 1,000 = 1.92 per 1,000 residents
13. Toronto: 15,418 (individuals counted in PiT) ÷ 3,273,119 (Toronto population) × 1,000 = 4.71 per 1,000 residents
14. Peel: 2,799 (PiT count) ÷ 14,292 (total social housing units) = 0.196 individuals per unit
15. Toronto: 15,418 (PiT count) ÷ 82,690 (total social housing units) = 0.186 individuals per unit
16. Ottawa: 2,952 (PiT count) ÷ 23,600 (total social housing units) = 0.125 individuals per unit
17. Hamilton: 1,216 (PiT count) ÷ 11,621(total social housing units) = 0.105 individuals per unit
18. Peel Region (2025 projected waitlist): 32,329 (households on the waitlist) ÷ 14,292 (total social/community housing units) = 2.26 households per unit
19. Toronto: 104,500 (households on the waitlist) ÷ 82,690 (total social/community housing units) = 1.26 households per unit
20. Ottawa: 14,721 (households on the waitlist) ÷ 23,600 (total social/community housing units) = 0.62 households per unit
21. Hamilton: 6,000 (households on the waitlist) ÷ 11,621 (total social/community housing units) = 0.52 households per unit
22. 91,000 (households in core housing need in Peel in 2022) ÷ 2.5 (Toronto core housing need-to-unit ratio) = 36,400 units – 14,292 (current units in Peel) = 22,108 additional units needed

Appendix B:

1. Peel Region: 4,562 (total licensed long-term care beds) ÷ 212,630 seniors in Peel Region x 1,000 = 21.4 beds for every 1,000 seniors
2. Target beds for Peel Region: 212,630 seniors in Peel Region ÷ 1,000 x 29.7 (Ontario beds per 1,000 seniors) = 6,315
3. 6,315 (target beds for Peel Region) - 4,562 (current bed count) = 1,753 additional beds required in Peel Region
4. Peel Region: 1,753 (additional beds required in Peel Region) ÷ 2 (the proportion of placements from hospitals rather than from community referrals) = 876.5. 876.5 referrals x 97 days (Central Region median wait time for LTC from hospital placement) = 85,020.5 hospital bed-days released as a result of the additional beds
5. 85,020.5 hospital bed-days released as a result of the additional beds @ $1200 ALC cost per day = $102 million
   85,020.5 hospital bed-days released as a result of the additional beds @ $730 ALC cost per day = $62 million

Appendix C:

Long-term care facility	Beds
AgeCare Wenleigh	161
Burton Manor	128
Cawthra Gardens	192
Cooksville Care Centre	192
Erin Mills Lodge Nursing Home	86
Extendicare Brampton	150
Extendicare Mississauga	140
Faith Manor	160
Grace Manor	120
Hawthorne Woods Community	160
King Nursing Home	86
Malton Village Long Term Care Centre	160
Maple Grove Community	160
Mississauga Long Term Care Facility	55
Peel Manor	177
Sheridan Villa	142
Silverthorn Community	160
Streetsville Community	118
Tall Pines	160
The Village of Erin Meadows	180
Tullamore Community	159
Tyndall Nursing Home	151
Tyndall Nursing Home (Erin Mills Site)	42
Vera M. Davis Community Care Centre	64
Villa Forum	160
Village of Sandalwood Park	120
Wellbrook Place East	320
Wellbrook Place West	312
Woodhall Park Community	147
Yee Hong Centre	200
TOTAL	4,562

Appendix D:

1. $226,717,885 (total funding for Central West) ÷ 1,118,101 (total population in Central West) = $202.77 (funding per capita)
2. $ 284,520,002 (total funding for Mississauga Halton) ÷ 1,292,791 (total population in Mississauga Halton) = $220.08 (funding per capita)
3. $4,046,795,458 (total funding for Ontario) ÷ 15,109,416 (total Ontario population) = $267.83
4. $ 374,070,226 (total funding for Toronto Central) ÷ 1,364,920 (total population in Toronto Central) = $274.06 (funding per capita)
5. $545,085,426 (total funding for Central) ÷ 2,019,890 (total population in Central) = $269.86 (funding per capita)
6. $351,926,892 (total funding for Champlain [Ottawa]) ÷ 1,464,940 (total population in Champlain [Ottawa]) = $240.23 (funding per capita)
7. $494,933,217 (total funding for Hamilton Niagara Haldimand Brant) ÷ 1,556,926 (total population in Hamilton Niagara Haldimand Brant) = $317.89 (funding per capita)
8. $220.08 (per capita funding for the Mississauga Halton LHIN) + $202.77 (per capita funding for Central West LHIN) = $422.85 ÷ 2 = $211.43
9. Long-term care bed cost per diem in Ontario: $191.02 (cost per day) + $63.75 (maximum co-payment amount) = $255 per day

Appendix E:

1. Central Region: 2,773 individuals on supportive housing wait list ÷ 4,241,713 (population of Central Region) x 1,000 = 0.65 per 1,000
2. Toronto: 28,936 individuals on supportive housing wait list ÷ 3,321,360 (population of Toronto) x 1,000 = 8.71 per 1,000
3. Ontario: 36,378 individuals on supportive housing wait list ÷ 16,110,963 (population of Ontario) x 1,000 = 2.25 per 1,000
4. West Region: 2,208 individuals on supportive housing wait list ÷ 4,499,291 (population of West Region) x 1,000 = 0.49 per 1,000
5. East Region: 2,240 individuals on supportive housing wait list ÷ 3,199,234 (population of East Region) x 1,000 = 0.70 per 1,000
6. North Region: 221 individuals on supportive housing wait list ÷ 849,365 (population of North Region) x 1,000 = 0.26 per 1,000
7. Central Region: 45 (community mental health and addictions providers) ÷ 4,241,713 (population of Central Region) x 100,000 = 1.1 per 100,000
8. Ontario: 342 (community mental health and addictions providers) ÷ 16,110,963 (population of Ontario) x 100,000 = 2.1 per 100,000
9. Toronto: 59 (community mental health and addictions providers) ÷ 3,321,360 (population of Toronto) x 100,000 = 1.8 per 100,000
10. North: 90 (community mental health and addictions providers) ÷ 849,365 (population of North Region) x 100,000 = 10.6 per 100,000
11. East: 55 (community mental health and addictions providers) ÷ 3,199,234 (population of East Region) x 100,000 = 1.7 per 100,000
12. West: 93 (community mental health and addictions providers) ÷ 4,499,291 (population of West Region) x 100,000 = 2.1 per 100,000
13. Central Region: 78 (community support service providers) ÷ 4,241,713 x 100,000 = 1.84 per 100,000
14. Ontario: 521 (community support service providers) ÷ 16,110,963 (population of Ontario) x 100,000 = 3.23 per 100,000
15. Toronto: 75 (community support service providers) ÷ 3,321,360 (population of Toronto) x 100,000 = 2.3 per 100,000
16. North Region: 130 (community support service providers) ÷ 849,365 (population of North Region) x 100,000 = 15.3 per 100,000
17. East Region: 88 (community support service providers) ÷ 3,199,234 (population of East Region) x 100,000 = 2.75 per 100,000
18. West Region: 150 (community support service providers) ÷ 4,499,291 (population of West Region) x 100,000 = 3.3 per 100,000
19. Central Region: 7 (community health centres) ÷ 4,241,713 x 1,000,000 = 1.65 CHCs per 1 million people
20. Ontario: 76 (community health centres) ÷ 16,110,963 (population of Ontario) x 1,000,000 = 4.7 per 1,000,000
21. Toronto: 21 (community health centres) ÷ 3,321,360 (population of Toronto) x 1,000,000 = 6.3 per 1,000,000

22. North Region: 9 (community health centres) ÷ 849,365 (population of North Region) x 1,000,000 = 10.6 per 1,000,000
23. East Region: 20 (community health centres) ÷ 3,199,234 (population of East Region) x 1,000,000 = 6.25 per 1,000,000
24. West Region: 21 (community health centres) ÷ 4,499,291 (population of West Region) x 1,000,000 = 4.66 per 1,000,000
25. Population for Ontario: 607,171 (North East population) + 242,194 (North West population) + 3,199,234 (East Region population) + 4,241,713 (Central Region population) + 3,321,360 (Toronto population) + 4,499,291 (West Region population) = 16,110,963
26. Population for North Region: North East 607,171 + North West 242,194 = 849,365

Appendix F:

1. Peel population (Ages 0–6): 102,130 (Brampton - 50,935; Mississauga - 45,820 Caledon - 5,375). Statistics Canada reporting has minor variations so alternate methodologies may produce minor differences
2. Ottawa population (Ages 0–6): 70,880. Statistics Canada reporting has minor variations so alternate methodologies may produce minor difference
3. Toronto population (Ages 0–6): 174,620. Statistics Canada reporting has minor variations so alternate methodologies may produce minor differences
4. $461,324,444 (total funding for Peel) ÷ 102,130 (total number of children aged 0–6 in Peel) = $4,517.03 (funding per child)
5. $375,577,283 (total funding for Ottawa) ÷ 70,880 (total number of children aged 0–6 in Ottawa) = $5298.78 (funding per child)
6. $1,269,091,397 (total funding for Toronto) ÷ 174,620 (total number of children aged 0–6 in Toronto) = $7,267.73 (funding per child)
7. $1,531,820,713 (total funding for Toronto) ÷ 174,620 (total number of children aged 0–6 in Toronto) = $8,772.31 (funding per child)
8. $443,705,308 (total funding for Ottawa) ÷ 70,880 (total number of children aged 0–6 in Ottawa) = $6,259.95 (funding per child)
9. $575,499,993 (total funding for Peel) ÷ 102,130 (total number of children aged 0–6 in Peel) = $5,634.97 (funding per child)
10. $31,258,454 (EarlyON funding for Toronto) ÷ 174,620 (total number of children aged 0–6 in Toronto) = $179.01 (funding per child)
11. $11,364,780 (EarlyON funding for Ottawa) ÷ 70,880 (total number of children aged 0–6 in Ottawa) = $160.34 (funding per child)
12. $13,897,083 (EarlyON funding for Peel) ÷ 102,130 (total number of children aged 0–6 in Peel) = $136.07 (funding per child)
13. $5,299 (Ottawa funding per child) - $4,517 (Peel funding per child) = $782 (per child funding difference between Ottawa and Peel); $782 (funding difference per child) ÷ $4,517 (Peel funding per child) = 17.3 per cent (difference in per child funding between Ottawa and Peel)
14. $461,324,444 (Peel funding) x 17.3 per cent (funding gap between Ottawa and Peel) = $79.8 million (additional funding required for Peel to match Ottawa)
15. 34,624 (Peel child care spaces) x 17.3per cent (funding gap between Ottawa and Peel) = 5,989.9 (additional child care space for Peel)
16. 34,624 (Peel child care spaces) ÷ 102,130 (Peel child population) = 33.9 per cent
17. 17.3 per cent (increase needed to match Ottawa) = 5,990 (new child care spaces). 5,990 ÷ 3 (spaces per worker added to the workforce) = over 1,996 workers. 1,996 workers x $95,000 (inflation adjusted GDP contribution per worker) = $189.6 million (total GDP increase)
18. $4,612,098,227 (total CWELCC cost base allocation for Ontario) ÷ 983,320 children 0-6 in Ontario = $4,690 per child

Appendix G:

1. Mississauga: 56,267 (food bank visitors) ÷ 780,749 (Mississauga population, 2024) ×1,000 = 72.0 visitors per 1,000
2. Brampton: 46,757 (food bank visitors) ÷ 791,486 (Brampton population, 2024) x1,000 = 59.1 visitors per 1,000
3. Caledon: 1,282 (food bank visitors) ÷ 90,631 (Caledon population, 2024) x 1,000 = 14.2 visitors per 1,000
4. Ontario: 736,335 (food bank visitors) ÷16,124,116 (Ontario population, 2024) ×1,000 = 45.6 visitors per 1,000
5. Canada: 2,059,636 (food bank visitors) ÷ 41,288,599 (Canada population, 2024) ×1,000 = 49.9 visitors per 1,000
6. York Region: 37,111 (food bank visitors) ÷1,173,334 (York Region population, 2021) x 1,000 = 31.6 visitors per 1,000
7. Caledon: 153 (newcomer visitors to food bank) ÷ 1282 (total visitors in Caledon) x 100 = 12per cent

Appendix H:

1. $69,900,000 (total Peel public health funding) ÷ 1,662,864 (total population of Peel) = $42 (public health funding per resident)
2. $42,496,293 (total Hamilton public health funding) ÷ 632,111 (total population of Hamilton) = $67 per resident (public health funding per resident)
3. $152,000,000 (total Toronto public health funding) ÷ 3,273,119 (total population of Toronto) = $46.43 (public health funding per resident)
4. $50,000,000 (total Ottawa public health funding) ÷ 1,153,843 (total population of Ottawa) = $43.3 (public health funding per resident)
5. $6,500,000 (total Peel funding) ÷ 212,630 (total senior population in Peel) = $30.57 (= $31 per senior) (public health funding per resident)
6. $11,000,000 (total York funding) ÷ 199,185 (total senior population in York) = $55 per senior) (public health funding per resident)
7. $18,000,000 (total Toronto funding) ÷ 476,990 (total senior population in Toronto) = $37.73(= $38 per senior) (seniors' dental funding per resident)
8. $3,600,000 (total Ottawa funding) ÷ 171,429 (total senior population in Ottawa) = $21 ($21 per senior) (seniors' dental funding per resident)
9. $4,470,000 (total Hamilton funding) ÷ 99,333 (total senior population in Hamilton) = $45 ($45 per senior) (seniors' dental funding per resident)
10. 24,735 in Mississauga, 28,405 in Brampton, and 2,925 in Caledon; $7,600,000 (total Peel funding) ÷ 56,065 (Peel total child population) = $135 (Healthy Babies Healthy Children funding per child)
11. $19,200,000 (total Toronto funding) ÷ 98,410 (Toronto total child population) = $195 (Healthy Babies Healthy Children funding per child)
12. $4.1 million (total Hamilton funding) ÷ 23,005 (Hamilton total child population) = $178 (Healthy Babies Healthy Children funding per child)
13. $5.2 million (total Ottawa funding) ÷ 38,165 (Ottawa total child population) = $136 (Healthy Babies Healthy Children funding per child)
14. Funding at Toronto's rate: 1,662,864 residents (Peel's 2024 population) × $46 per resident (Toronto's per capita provincial funding) = $76,491,744 = $76.5 million (total funding Peel would receive at Toronto's rate); Increase over current $69.9 million (Peel's current provincial funding): $76.5M – $69.9M = $6.6 million

Appendix I:

1. Peel Region: 198,930 (LIM count Peel Region) + 4,115 (LIM count Dufferin County in 2021) = 203,045 Regional LIM count
2. Ontario: 12.1 per cent (Ontarians under the LIM-AT) x 15,305,369 (population of Ontario in 2022) = 1,851,950 Ontarians under LIM-AT measure
3. Peel Region: $4,527,673 (total funding for Peel Region and Dufferin County) ÷ 203,045 (Regional LIM count) = $22.3 per person in Peel Region and Dufferin County in 2022
4. Ontario: $71,600,000 (total funding for legal clinics in Ontario) ÷ 1,851,950 (Provincial LIM count) = $38.66 per person in Ontario in 2022
5. Increase in funding from 2022 to 2023 in Peel Region: $4,618,226 (total funding for Peel Region and Dufferin County 2023) - $4,527,673 (total funding for Peel Region and Dufferin County 2022) = $90,553 difference in amount across two years; $90,553 (difference in amount across two years) ÷ 4,527,673 (total funding for Peel Region and Dufferin County 2022) x 100 = 2.0 per cent
6. Increase in budget from 2022 to 2023 in Ontario: $75.3 million (total funding for legal clinics in Ontario 2023) - $71.6 million (total funding for legal clinics in Ontario 2022) = $3.7 million difference; $3.7 million (difference in amount across two years) difference ÷ $71.6 million (total funding for legal clinics in Ontario 2022) = 5.17 per cent
7. $38.66 per person (Ontario average funding in 2022) x 203,045 (number of low-income residents in Peel-Dufferin) = $7,848,720 (funding for Peel Dufferin at the Ontario average) - $4,527,673 (Peel Dufferin actual funding in 2022) = $3,332,047

For Further Information Please Contact

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Endnotes

[1] Blueprint ADE, Provincial Funding for Social Services in Peel Region, 2024, https://communitymetamorphosis.ca/wp-content/uploads/2024/05/Blueprint-Provincial-Funding-in-Peel-Region.pdf

[2] Peel Region, Housing Support: 2025–2028 Business Plan and 2025 Budget (Peel Region, 2025), accessed October 14, 2025, https://peelregion.ca/sites/default/files/microsites/budget/2025/business-plans/housing-support.pdf

[3] Region of Peel, Housing Support: 2025–2028 Business Plan and 2025 Budget (Peel Region, 2025), accessed September 25, 2025, https://peelregion.ca/sites/default/files/microsites/budget/2025/business-plans/housing-support.pdf

[4] Statistics Canada, Population Estimates, July 1, by Census Division, 2021 Boundaries, Table 17-10-0152-01, released January 16, 2025, accessed October 14, 2025, https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710015201; results are based on calculation #1 in appendix A

[5] "Bricks and mortar" social housing infrastructure is augmented by a range of other measures such as rent supplements, Canada-Ontario Housing Benefit (COHB) payments, and municipally funded rent assistance providing a broad mix of payments of varying amounts to individuals and organizations to mitigate high rents. These supports are essential, but because they are fluid, range in value, are subject to annual funding decisions, can fluctuate over time, and vary widely in structure and impact across municipalities, they do not provide a stable basis for comparing long-term housing capacity across municipalities. Focusing on permanent units allows for a consistent, like-for-like comparison of affordable housing support.

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