

IN THE MATTER OF: The Nova Scotia *Human Rights Act*, R.S.N.S. 1989, c. 214.

And

IN THE MATTER OF: Board File No. 51000-30-H14-0148

BETWEEN:

Disability Rights Coalition (“The DRC”)

(Complainant)

and

The Province of Nova Scotia (“The Province”)

(Respondent)

And

The Nova Scotia Human Rights Commission (“NSHRC”)

**DRC Submissions Regarding the Province’s Annual Report of May 30, 2025
Submitted to the Expert Monitor and the Parties June 27, 2025**

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Overview

1. These are the submissions of the Disability Rights Coalition (“the DRC”) to the Expert Monitor regarding the Province’s Annual Progress Report dated May 30, 2025.
2. The DRC appreciates that individuals within the Disability Support Program (“DSP”) are working hard to complete the transformational work required by the Remedy. Despite the efforts of these individuals, by the end of Year Two the Province had fallen far behind a number of critical, legally-mandated Remedy timelines.
3. The Province is substantially behind the Remedy timeline in achieving key targets related to:
 - Deinstitutionalizing persons with disabilities from the following types of institutions and supporting their transition to good lives in the communities of their choice:

Adult Residential Centres, Regional Rehabilitation Centres, Residential Care Facilities, Psychiatric Hospitals, and Forensic Hospitals.
 - Working with the Department of Seniors and Long-Term Care to deinstitutionalize adults under 65 from long-term care facilities and supporting their transition to good lives in the communities of their choice.
 - Hiring the personnel required to transform the DSP.
 - Establishing and growing options for community-based support, including Homeshare, Independent Living Support Plus, and Flex Independent.
 - Establishing the community-based health supports necessary to support the Remedy.
 - Implementing an Individualized Funding model as the basis for the transformed DSP.
 - Closing Temporary Shelter Arrangements.
4. Contrary to the reporting requirements embedded in the Remedy and the recommendations in last year’s Expert Monitoring Report¹, the Province has not provided

¹ Dr. Michael J. Prince, *Monitoring Report 2023-2024: Getting on Track, Year One of the Nova Scotia Human Rights Remedy*, pages 52 and 53, recommendations 6 and 9.

details in its Year Two Report of its plan to catch up on areas in which it is delayed and how it intends to meet the overall five-year Remedy timeline.

5. Overcoming these significant delays to meet the five-year timeline will require the Remedy to be treated as an urgent priority by all government departments whose collaboration it requires. While the DSP is leading this work, it requires the full support of other government departments and branches to succeed. Other government departments and entities whose cooperation the Remedy requires include Nova Scotia Health, the Department of Health and Wellness, the Office of Addictions and Mental Health, and the Department of Seniors and Long-term Care. This effort must be understood by the Province's senior leadership as a project for which the Provincial Government as a whole is responsible.
6. In addition to delays in implementing the Remedy, DRC addresses in these submissions its concerns about the Province's approach to eligibility for the DSP and the Service Request List for the DSP.
7. The DRC has structured these submissions in a similar fashion to our response to the first Annual Progress Report. In these submissions the DRC provides a response to the Report in narrative form which highlights significant areas of concern regarding the Province's compliance with the Remedy.
8. These submissions also contain an analysis of the Province's compliance with indicators in the "Targets and Compliance" tables for the February-June 2023, April 1, 2023-March 31, 2024, and April 1, 2024-March 30, 2025 reporting periods. The DRC has not responded to each item in these Appendices, our analysis is limited to specific items to which the DRC wishes to draw the Expert Monitor's attention. This analysis is included with these submissions as Appendices A, B, and C.

The Province's Annual Report Falls Short of the Reporting Requirements in the Interim Consent Order

9. By virtue of Section 15 of the Interim Consent Order, the Interim Settlement Agreement ("the Agreement") is legally binding on the Parties as an Interim Consent Order of the NSHRC Board of Inquiry.
10. Section 15 c) of the Agreement specifies that when the Province is not in exact compliance with a particular requirement, the Annual Progress Report will provide reasons for the non-compliance along with an assessment of:
 - i. Any and all alternative measures (indicators, targets or timeframes) that are equally or more efficacious to the indicators or targets identified in the plan in achieving the outcomes;

- ii. whether compliance in substance has been made, with the onus on the Province to demonstrate such;
 - iii. whether, and how, the Province has still made substantial progress towards remedying the discrimination, with the onus on the Province to demonstrate such;
 - iv. any additional or other measures the Province has taken or intends to take in order to ensure that substantial progress continues to be made;
 - v. where relevant, whether the reasons for any non-compliance amount to factors outside the control of the Province;
11. Substantial progress is defined in Section 6 of the Agreement to mean that “from an overall perspective, the Province is making sufficient progress in complying with Appendix A that it is still anticipated that the discrimination will be remedied in the timeframe contemplated by Appendix A in accordance with Appendix D, irrespective of any specific indicator, timeframe, target of Appendix A.”
 12. With respect to each Appendix item for which the Province is not in exact compliance, the Province is required to provide an assessment of whether and how it has made sufficient progress that it anticipates meeting the five-year timeframe of the Remedy.
 13. The DRC acknowledges that the Province’s Annual Report for Year Two contains more detailed information about its progress regarding the requirements than the Annual Report submitted for Year One. The Province’s Year Two report includes more fulsome explanations of the reasons for its non-compliance and its strategies for overcoming challenges than the previous year’s Report.
 14. However, the Province has not provided an assessment with respect to each indicator as to whether it still anticipates remedying the discrimination in the five-year remedy timeframe despite its lack of exact compliance, and it has not demonstrated the evidentiary basis for its belief that it will still meet the five-year timeframe regarding each indicator.
 15. The Province’s position as outlined in their correspondence to the Monitor dated May 30 2025 seems to be that they do not need to provide an explanation of how it intends to catch up with respect to each individual requirement. The DRC submits the Province’s interpretation is contrary to the reporting obligations set out in 15 c) of the Interim Order.
 16. The Province’s position also disregards the Expert Monitor’s clear recommendations from the Year One Monitoring Report:

6. I strongly urge that the Province explain and demonstrate how it will achieve these key requirements, and meet their obligations on deinstitutionalization, within the five-year period.

9. To comply with reporting obligations of the Order, I recommend the Province provide consistently across all items and particularly for any not in exact compliance, reasons for the partial-compliance, the measures the Province plans to implement, and when they plan to do so to ensure compliance within the timeframe. Going forward, the forms could have an agreed upon template with these reporting requirements included.²

17. Providing a fulsome discussion of how it intends to catch up on delays in the Remedy's work is an important component of the accountability and transparency incorporated into the Remedy. The issue of belated compliance with individual requirements is very significant in a timebound remedy. The ability of the Province to meet the five-year overall Remedy timeline is necessarily dependent on it meeting a number of interim timelines.
18. On page two of the Annual Progress Report the Province stated that it "anticipates the discrimination will be remedied within the required timeframe." On page thirteen of the Annual Progress Report, the Province provided a table of its current and projected hiring of IPSCs. The Province stated with respect to this table that based on its current and projected hiring, it anticipates meeting the support planning and transition targets that are required by year five of the Remedy.
19. Aside from this table on page 13 regarding projected IPSC hiring, the Province has not provided an explanation of how it anticipates meeting the five-year Remedy timeline despite its failure to meet interim deadlines for Year One and Two.
20. For instance, a Year One target was the "integration of institutional teams into new regional outreach teams." The Province provided a document and some information regarding the Disability Support Outreach Teams. The Province stated at page 20 of the Annual Report that "these multi-disciplinary teams have been renamed Disability Support Outreach Teams and their composition, service design, mandate and methods of access have been defined and implementation is underway (see document #199)." Document 199 was created in April 2025. The contents of this Document suggest that the Disability Support Outreach Teams are not yet operational.³
21. The Province is therefore more than a year behind the Remedy targets for the implementation of these Teams. Missing from the Report is an explanation of how it intends to fulfill the Remedy timeline despite the significant delay in meeting this requirement. A

² *Ibid.*

³ Document 199, Disability Support Program, Department of Opportunities and Social Development, *Disability Support Outreach Teams*, page 14.

similar comment could be made regarding numerous other requirements for which the Province is far behind the required Remedy timelines.

22. As is addressed below, the Province is significantly delayed in meeting a number of central requirements in the Remedy. The Province's fulfillment of the five-year timeline is dependent on it meeting many interim requirements during this timeline. The requirement for the Province to explain and demonstrate how it intends to fulfill the Remedy timelines takes on enhanced importance in light of these delays. The DRC, the Expert Monitor, and the Public must be able to ascertain from the Annual Report the Province's plan to catch-up on meeting the Remedy requirements and timelines.

The Expert Monitor's Approach to Substantial Progress in the Year One Monitoring Report

23. The Expert Monitor stated in their Year One Report that they found it "less straightforward to evaluate the term 'Substantial Progress' to the status of changes and results regarding various requirements for Year One as set out in the Progress Reports. Many of the results the Province designates 'Substantial Progress' requires qualifying language capable of distinguishing between degrees of 'more or less' progress."⁴
24. The Expert Monitor created three subcategories within the 'Substantial Progress' category to capture gradations of "more or less" progress: significant process, sufficient progress, and slight progress. The Expert Monitor created definitions for each of these sub-categories and applied them in their assessment of the Province's progress in implementing the Remedy.⁵
25. The Expert Monitor recommended that the Parties "work together to clarify and agree upon the character and meaning of 'Substantial Progress.'" Unfortunately, the Parties have not clarified and agreed upon a more detailed definition of Substantial Progress.
26. The DRC agrees with the Expert Monitor that the category of "Substantial Progress" is broad, and that it is helpful to assess degrees of progress made within the category. The DRC therefore welcomes the Expert Monitor to apply the nuanced approach to assessing degrees of progress within the "Substantial Progress" category that was adopted for Year One. In its correspondence to the Expert Monitor dated May 30, 2025, the Province noted it welcomed nuanced feedback regarding requirements for which it claimed "Substantial Progress."

⁴ *Supra*, footnote one, page 30.

⁵ *Supra*, footnote one, page 31.

Delays in Implementing Key Aspects of the Remedy

27. In its submissions regarding the Year One Report the DRC wrote that the Province was significantly delayed in implementing a number of key requirements in the Remedy. The DRC wrote that it was seriously concerned about the Province's ability to meet the overall five-year Remedy timeline in the face of these delays.
28. The DRC's concerns about the Province's delays in meeting key Remedy targets and the overall five-year Remedy timeline have not abated. They have increased. At the end of Year Two of the Remedy, the Province is seriously delayed in achieving numerous requirements that are central to meeting the five-year Remedy timeline. The DRC is gravely concerned the Province will not be able to remedy the discrimination within the five-year negotiated timeline in light of these delays. These concerns are heightened by the lack of any evidentiary basis for the Province's optimism that it can meet the five-year timeline.
29. The DRC highlights below some examples of delay with respect to significant aspects of the Remedy. The DRC also provides detailed analysis of the Province's delay in meeting selected Remedy targets in the attached Appendices regarding the February 1, 2023-June 2023, April 1, 2023-March 30, 2024, and April 1, 2024-May 30, 2025 reporting periods.

Adults under the Age of 65 Institutionalized in Long-Term Care

30. In its submissions regarding the Year One Report the DRC highlighted its position that adults under the age of 65 institutionalized in long-term care must enjoy the same benefits from the Remedy as adults institutionalized in settings licensed by the DSP. In those Year One submissions the DRC foregrounded its concern about the lack of progress the Province had made in deinstitutionalizing adults under the age of 65 in long-term care facilities.
31. Worryingly, the Province did not make any discernable progress over the course of Year Two in de-institutionalizing adults under 65 from long-term care facilities. Indeed, by the end of Year Two there was a significant increase in the number of adults under 65 living in long-term care over the baseline figures used as a benchmark for tracking Remedy progress. At the baseline figure from January 2023, there were 424 persons in long-term care under the age of 65. By March 2025, there were 476. This represents a 12% increase in adults under 65 living in long-term care facilities from the baseline figure.⁶
32. Requirement 17 for Year One of the Remedy is:

“Work with SLTC and review and revise the policy on admissions to LTC (for young people) and ensure no new admissions to LTC occur due to DSP failure to provide appropriate community supports.”

⁶ This increase can be observed through the data provided in the Appendix B Metrics Report, 31 March 2025.

33. By the end of the Remedy timeframe, all DSP eligible persons living in long-term care who choose to return to community are supposed to have moved out of LTC facilities. One of the negotiated Appendix D: Outcome criteria is that the Province will “develop and implement an explicit policy and practice that all persons in need with disabilities residing in LTC facilities or nursing homes are given the option of community-based supports and services under the SAA (Social Assistance Act).” This has clearly not been done, there are no such Policies.
34. The Remedy includes targets for the creation of “Shared Services” spaces in community-based settings to enable the transition of adults under 65 from long-term care facilities into life in their chosen communities. By the end of Year Two of the Remedy, the Province was required to be supporting 200 individuals who had transitioned from long-term care facilities into Shared Services arrangements in the community. The Province was mandated to create 110 of these spaces in Year Two of the Remedy.⁷
35. The Province is falling terribly behind on creating the legally-required Shared Services placements for adults transitioning from long-term care. As of March 31, 2025, the Province had created a total of 7 Shared Services placements of the required 200, a mere 3.5% of the total required.⁸
36. As the Province explained in its Report, Shared Services is a “combination of supports and funding from the Disability Support Program (DSP) and the Department of Seniors and Long-Term Care (SLTC)”⁹ which enables adults under 65 to transition from long-term care facilities to lives in the community. This program therefore requires the combined efforts and commitment of both the DSP and SLTC to meet the Remedy requirements.
37. The DRC urges the Monitor to issue recommendations to the DSP and SLTC regarding the deinstitutionalization of adults under 65 in long-term care and formally revising admission policies in line with requirement 17 from Year One.

Recruitment Issues and the Delayed Hirings of LACs and IPSCs

38. In the Year Two Report the Province attributed many delays in meeting their Remedy requirements back to their difficulties in hiring the requisite number of LACs and IPSCs on the timelines mandated by the Remedy.¹⁰

⁷ See requirement 3 (f) of the Remedy Requirements for Year Two.

⁸ *Ibid*; Appendix B Metrics Report, 31 March 2025.

⁹ See the Province’s document provided with the Report, titled “Y2 April 2024 to March 2025 Targets and Compliance,” requirement 3 (f).

¹⁰ Human Rights Remedy 2025 Annual Progress Report, page 11.

39. As of March 31, 2025, the Province was supposed to have fully operational a total of 50 LACs and 65 IPSCs. By end of Year 2, the actual numbers recruited for these roles were 26 LACs and 24 IPSCs. The Province therefore met 52% of the LAC hiring total, and 37% of the IPSC hiring total.
40. For context, the total number of LACs the Province was required to hire by the end of Year One was 25. The Province therefore barely surpassed the hiring requirement for LACs as of March 31, 2024 by the end of Year Two. The Province was supposed to have hired 40 IPSCs by the end of Year One. By the end of Year Two the Province only met 60% of its Year One hiring requirements for IPSCs.
41. The failure to hire the requisite number of LACs and IPSCs on the required timeline is particularly significant given how central these roles are to achieving a key remedy objective of assisting individuals leave institutions and build good lives in the communities of their choice.
42. This is a concrete example of how a failure to meet a requirement for a particular year in the Remedy, in this case, the hiring targets for LACs and IPSCs during Year One, can have cascading effects in subsequent years of the Remedy. This is a tangible illustration of how crucial it is to meet each year's targets on time, in order to avoid bottlenecks in implementing subsequent steps in the Remedy.
43. The Remedy stipulates that by the end of Year Three the Province is to have the full compliment of 80 LACs and 80 IPSCs fully operational.
44. The Province provided public document 228 with its Year Two Report. This document is titled *DSP Provincial Recruitment Strategy-Project Charter*. This document references a detailed, 18-month plan for recruiting LACs and IPSCs. In response to a follow-up request by the DRC, the Province provided the 18-month hiring plan referred to in document 228.

Confidential Information



46. One of the Province's explanations for its failure to meet mandated hiring targets for LAC and IPSC roles was its decision to hire and train those in leadership roles before recruiting for LAC and IPSC positions.¹² The DRC was not consulted about this unilateral change to the Remedy requirements. If the DRC had been consulted about this change, it would have had

¹¹ Confidential Document: Detailed 18 month Hiring Plan Overview, page 6, [DRC Book of Documents, Tab 1].

¹² *Supra*, footnote 10, page 11.

the opportunity to provide constructive feedback. Perhaps the Province could have been encouraged to initiate recruitment for LAC and IPSC roles while training was ongoing for leadership roles.

47. As the DRC noted in its submissions regarding Year One, many of the challenges the Province identified for timely recruitment (such as completing job classification and job posting processes) are ordinary functions of the Provincial government over which it has control.
48. The Province noted in its Year Two submissions that it is facing the same recruitment challenges for healthcare workers into DSP roles as are government entities across the country and globe. That may be the case, but the Province has also honed strategies for the successful recruitment of healthcare workers, such as offering recruitment and retention bonuses, and agreements to cover relocation costs.¹³
49. The DRC calls upon the Province to amend its hiring plan to align with Remedy requirements. The DRC also emphasizes the need for the Provincial Government to prioritize the hiring of roles central to the Remedy's success, such as LACs and IPSCs.
50. The DRC requests that the Monitor issue a strong recommendation for the Province to meet its recruitment requirements in the Remedy.
51. The DRC does wish to commend the Province for collaborating with the Confederacy of Mainland Mi'kmaq ("CMM") and the Federal Government to develop a plan to support Indigenous persons leaving institutions. The Province states that, with CMM, it is jointly funding a LAC-type role and working with CMM to recruit a designated IPSC role to serve Indigenous persons with disabilities.¹⁴ In the DRC's submissions regarding the Province's Year One Report it emphasized its concern that Mi'kmaq persons with disabilities would be excluded from the benefits of the Remedy. The DRC is pleased to see the Province is working with CMM and the Federal Government to support Indigenous persons with disabilities.

Progress in Deinstitutionalizing Persons Living in ARCs, RRCs, and RCFs

52. The Province was required by the end of Year Two of the Remedy to reduce the populations of people living in its largest institutions (ARCs, RRCs, and RCFs), by 30%, a reduction of 261 people from the baseline figure of 870.

¹³ Province of Nova Scotia Press Release, *Retention Bonuses, Incentives for Nurses, Healthcare Workers*, March 20, 2023, <https://news.novascotia.ca/en/2023/03/20/retention-bonuses-incentives-nurses-healthcare-workers>, Appendix E with the DRC's Submissions.

¹⁴ *Supra*, footnote 10, page 22.

53. By the end of Year Two, the Province had reduced occupancy in the largest DSP institutions (RRCs, ARCs and RCFs) by a total of 188 persons from baseline. This represents a 22% reduction in the population of persons living in these facilities. These reductions occurred through the course of Year One and Year Two of the Remedy.
54. The Province has therefore reduced the populations of ARCs, RRCs, and RCFs by 72% of the required total by the end of Year Two.
55. By November 2024¹⁵ the Province was also required to commence the planning necessary for an additional 208 individuals to plan their transition to the community, and to enhance their current lifestyle in the meanwhile.
56. The Province stated that 9 residents of institutions were ‘subjects’ in a November 2024 training session. In fact, the documentation relied on states that of the 9 subjects, only 2 were residents in RRCs, RCFs or ARCs.¹⁶
57. The Province stated in its Annual Report that as of March 31, 2025 IPSCs were working with 104 individuals, 94 of whom were currently living in institutions.¹⁷
58. By the end of Year Two, the Province was far from achieving this requirement of commencing planning, capacity building and enhancing the current lifestyle for an additional 208 persons in large DSP institutions.
59. The DRC requests that the Monitor issue a strong recommendation for the Province to meet these requirements of the Remedy.

Delays in Deinstitutionalizing Persons in Forensic Hospitals and Psychiatric Hospitals

60. The Province is behind a requirement to plan for the deinstitutionalization of persons with disabilities living in forensic hospitals and psychiatric hospitals. These individuals have been medically discharged and are awaiting appropriate supports to transition to lives in the community. They are similar situated to Beth MacLean, Sheila Livingstone, and Joseph Delaney, the complainants who co-initiated the Human Rights Complaint that led to the Remedy.
61. Requirement 3 e (a) for Year Two was for the Province to have “plans and timelines finalized for ‘return to local community’ for people in psychiatric hospitals (n=48) and Forensic (n=28) for completion within 5 years from year 1.”

¹⁵ See requirement 3 c of the Remedy for Year Two.

¹⁶ Document 129 provided with the January 2025 Interim Progress Report, *OISD Focus Participant Information*.

¹⁷ *Supra*, footnote 10, page 14.

62. With respect to this obligation, the Province stated that “IPSCs are prioritizing working with individuals in psychiatric and forensic hospitals to make plans for a good life in community.” However, the Province’s own data indicates that the number of persons “working with an IPSC from a Forensic/Psychiatric Institution” is zero.¹⁸
63. The DRC calls upon the Province to make all necessary efforts to catch up on the legally-mandated requirements in the Remedy to help these individuals live good lives in community.
64. The DRC requests that the Monitor issue a strong recommendation for the Province to meet its requirements under the Remedy to deinstitutionalize this group of individuals.

Homeshare

65. The Report by the Independent Experts which formed the basis for the Remedy features Homeshare as an important program to the future state of the DSP. Homeshare is defined in the Expert Report as “a program or arrangement where community members share their home and provide support to individuals with disabilities who choose to live with them.”¹⁹ The Experts envisioned that 500 people would be supported in Homeshare environments by the end of June 2027.²⁰
66. The Province was mandated to create 240 spaces within the new Homeshare program by the end of Year Two of the Remedy. The Province has fallen well short of that goal. By the end of Year Two, zero Homeshare spaces were created.²¹
67. The DRC appreciates it takes careful thought and planning to create a new option for community-based living. However, the level of work entailed in creating this program ought to have been apparent at the time the Province committed to the Remedy requirements.
68. The delay in creating Homeshare program spaces is another worrying sign the Province may not be on track to meet the overall Remedy timeline. The DRC urges the Monitor to issue strong recommendations regarding meeting its Homeshare-related requirements under the Remedy.

¹⁸ Document 192, *DSP Caseload Dashboard*, (April 2025) at page 2.

¹⁹ See page 9 of Mr. Eddie Bartnik and Dr. Tim Stainton’s Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, February 6, 2023.

²⁰ *Ibid*, page 54.

²¹ Appendix B Metrics Report 31 March 2025.

Developing Capacity for Community-Based Living with ILS+ and Flex

69. ILS Plus stands for “Independent Living Support Plus.” ILS is a program offered by the DSP which pre-dated the Remedy. The Experts defined the Program in their report as “a community-based option offered by DSP that offers support (up to 31 hours per week) through and approved service provider for individuals to live independently in community.”²²
70. The Experts recommended growth in the ILS program and the creation of an “ILS Plus” program to enable a larger number of DSP participants to access support by “bridging the funding gap between the current ILS funding limits and that available to residents of Small Option homes.”²³ The ILS Plus program created as a result of this recommendation enables participants to access up to 84 hours of support per week to live in the community.²⁴
71. The baseline figure for tracking Remedy progress was that 0 individuals were supported in ILS Plus, and 60 people were supported through another option for community-based support called Flex Independent.
72. By the end of Year One the Province was required to be supporting 200 people over the baseline figure either through ILS Plus or Flex Independent.
73. At the end of the first year of the Remedy the Province was not yet supporting anyone through the new ILS Plus program.²⁵
74. By the end of Year Two of the Remedy the Province was required to be supporting an additional 200 individuals, for a total of 400 over baseline, through ILS Plus and Flex Independent.
75. Unfortunately, the Province’s progress in meeting this requirement is also far behind the Remedy timeline. By the end of Year Two, 89 people over the baseline figure were supported through ILS Plus/Flex independent. Of the 89 people over baseline supported in ILS Plus and Flex Independent, 20 were supported through ILS Plus and 69 were supported through Flex Independent.
76. At the end of Year Two the Province was only supporting 22% of the number of individuals in these programs it was supposed to be supporting with these options by this stage in the Remedy.

²² *Supra*, footnote 19, page 9.

²³ *Ibid* at pages 58, 118, 125.

²⁴ Requirement 3a of the Province’s “Y 2 April 2024 to March 2025 Targets and Compliance” Report.

²⁵ Requirements 17 and 34 for Year 1: April 1 2023-March 30, 2024.

77. The Province submits that these are uncapped programs.²⁶ The implication within this submission may be that it is not responsible for the low rate of participation in the programs.
78. The DRC has not been provided details of the Province's efforts to increase participation in these programs and can therefore only speculate as to the reasons for the slow growth in these programs. Perhaps the delayed recruitment into LAC or IPSC roles is a cause of the slow growth in these programs. Perhaps the Province could undertake enhanced efforts to publicize these programs to DSP participants.
79. The DRC calls upon the Province to make all necessary efforts to catch up on the legally-mandated requirements in the Remedy to grow these programs. The DRC urges the Monitor to issue a strong recommendation for the Province to meet its requirements under the Remedy to meet targets for growth in these programs.

A Growth in Reliance on Temporary Shelter Arrangements

80. The Province is required under the terms of the Remedy to discontinue Temporary Shelter Arrangements. As this name suggests, Temporary Shelter Arrangements are a temporary form of accommodation used to support individuals in the absence of a permanent home in the community of the individual's choice.
81. By the end of Year Two of the Remedy the Province was required to convert 20 of the 83 Temporary Shelter Arrangements which existed at the start of the Remedy timeline into permanent arrangements in the community. Startlingly, as of the end of Year Two there were 146 Temporary Shelter Arrangements in the Province, an increase of 75.9% over baseline.²⁷
82. It is deeply concerning to see a growth in the number of Temporary Shelter Arrangements. The Province states in its Report that "we anticipate that TSA numbers will begin to reduce with additional IPSCs starting."²⁸
83. The fact that the Province is relying heavily upon an increase in IPSCs to catch up on many Remedy targets underscores the importance of the Province recruiting IPSCs and LACs in the numbers and on the timeline required by the Remedy.

²⁶ *Supra*, footnote 24.

²⁷ Appendix B Remedy Metrics Report 31 March 2025.

²⁸ Requirement 3 (d), the Province's "Y 2 April 2024 to March 2025 Targets and Compliance" Report.

Delays in Implementing Individualized Funding

84. The Expert Report identified Individualized Funding as a key direction for the Remedy. Specifically, Key Direction Number Five for the Remedy is “Individualized Funding as the basis for the Transformed System with ‘Backbone’ Support Functions.”²⁹
85. By the end of Year Two of the Remedy, the Province was required to fully implement the new individualized funding (IF) infrastructure system/administration and support structure. Indeed, the Province was supposed to have evaluated and revised the new IF system by the end of Year Two, to have recruited IF coaches, and to have developed training and user manuals for the new system.³⁰ The Province is significantly delayed in meeting these requirements.
86. The Province stated in its submissions that the “Individualized Funding Backbone Service, including IF coaches, is set to go live in the winter of 2026 but is dependent on contract negotiations.”³¹ The Province therefore does not anticipate implementing the new IF backbone service until sometime towards the end of Year Three. This is another example of a substantial delay in meeting an important requirement in the Remedy.
87. The DRC calls upon the Province to make all necessary efforts to implement the IF Backbone Service as soon as possible, and for the Monitor to make a recommendation regarding the implementation of this important aspect of the Remedy.

Conclusion regarding Delayed Implementation of the Remedy

88. The Province is significantly behind the negotiated and legally binding timeframe for many requirements in the Remedy.
89. The serious delays in achieving a number of significant Remedy requirements does not bode well for the Province’s ability to meet subsequent incremental milestones and, thus, the overall Remedy timeframe. The DRC calls on the Province to do everything within its power to comply with both the substance and the timelines in the Remedy.
90. The DRC requests that the Monitor issue strong recommendations with respect to the Province’s compliance with the timelines established in the Remedy.

²⁹ *Supra*, footnote 19, page 21.

³⁰ Requirement 3 (d), the Province’s “Y 2 April 2024 to March 2025 Targets and Compliance” Report.

³¹ *Ibid.*

Inter-Departmental Collaboration to Establish the Health Services Necessary for Deinstitutionalization

91. The Province wrote at page ten of the Annual Progress Report that “the Remedy requires changes at every level of government-from the legislation and policies that guide the delivery of crucial public services like healthcare and education...Changes in one area can have significant impacts in another, progress in one area is contingent upon progress in another.”
92. The DRC agrees with the Province that the Remedy is a whole-government effort. Although the Disability Support Program is leading the work on the Remedy, the contributions of many departments within the Provincial government are crucial to ensure the Remedy targets are met.
93. The Human Rights Complaint which resulted in the Remedy was deliberately filed against the Province rather than an individual government department, in part because the DRC understood that the transformational change needed to remedy discrimination against persons with disabilities would require collaboration between a number of government departments.
94. The DRC is concerned that the health services required to transition individuals from institutions to community-based settings will not be established in the timeframe required by the Remedy. This effort will require urgent efforts from the Department of Health and Wellness, Nova Scotia Health, and the Office of Mental Health and Addictions, in addition to the Disability Support Program.
95. The documentation and information provided in the Province’s Year Two Report demonstrates that it is significantly behind in achieving a number of Remedy requirements necessary to establish the health services necessary to enable DSP participants to transition to life in community.
96. Specifically, these requirements are:

From Year One, February-June 2023:

21. Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health – NSH) to develop shared purpose and language on mandates, connection to the current process of development of a universal mental health and addictions system, partnering in case coordination between DSP and NSH for Complex cases, and address outstanding eligibility issues.

52. Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.

53. Tender process commences for DSP program multidisciplinary teams.

54. New mental Health proposals out for tender or funded through Mental Health and Addictions.

55. Tenders awarded for new programs delivery commencing April 2024.

56. DSP commence integration of institutional teams into new Regional Outreach teams.

From Year Two, April 1, 2024-March 31, 2025:

3. The Province will have carried out the following during the year:

k) Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete.

l) Award new proposals for MH/Health programs.

97. The Province provided with the Year Two report document 209, titled "Office of Addictions and Mental Health Human Rights Remedy Reporting, Overview of Actions and Achievements." This document describes many laudable achievements on the part of the Office. However, this appears to be a generic document about the Office's achievements. It does not address Remedy-specific requirements. This document does not contain an explanation of how the achievements described therein are related to the Remedy and how they will help achieve Remedy targets.

98. The Province also disclosed Confidential Information

[REDACTED]

99. Confidential Information

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

102. By the end of Year One of the Remedy, the Province was required to have the tender process commenced for DSP Program Multidisciplinary Teams (requirement 53), to have new mental health proposals out for tender or funded through Mental Health and Addictions (requirement 54), and to have tenders awarded for new programs delivery commencing April 2024 (requirement 55).

103. Confidential Information

[REDACTED]

105. As was noted above, Year One requirement 54 was: “new Mental Health proposals out for tender or awarded through Mental Health and Addictions.” Confidential Information
106. The Province is seriously delayed in identifying and addressing the gaps and challenges in the healthcare system necessary to make the Remedy successful. Confidential addressing these gaps and challenges will be necessary to enable key goals of the Remedy, including deinstitutionalization, preventing hospital admissions and re-institutionalization of persons with disabilities, and enabling DSP participants to live good lives in the community of their choice.
107. The full cooperation and support of healthcare partners, including Nova Scotia Health, the IWK, the Department of Health and Wellness, and the Office of Addictions and Mental Health, are absolutely crucial to addressing healthcare system gaps and challenges necessary to make the Remedy a success. The Remedy must be a top priority for all branches of government whose involvement it requires. The DRC requests that the Monitor issue strong recommendations with respect to the compliance of healthcare partners, including Nova Scotia Health, the IWK, the Department of Health and Wellness, and the Office of Addictions and Mental Health, in implementing the Remedy requirements.



³³ *Ibid*, page 22.

³⁴ *Ibid*, page 25.

³⁵ *Ibid*, page 30.

³⁶ *Ibid*, page 33.

Concerns Regarding Eligibility for the DSP

108. The Disability Support Program is governed by the *Social Assistance Act*, RSNS 1989, c 432 ('SAA'). A core underlying problem which the Court of Appeal had before it in the *DRC v. Province of Nova Scotia* case was that the Province's DSP Program policies and practices did not reflect the legal requirements of the legislation which governs the DSP, the SAA. The DRC case was not a challenge to any laws or regulations. Rather, it emerged a result of the formal DSP Policies and DSP practices not being aligned with important key legal obligations under SAA.
109. For example, while the SAA imposed a legal obligation on the Province to provide assistance to people who had been found to be 'persons in need', eligible persons with disabilities were often told that there were no resources available or, even if eligible, there was a many-years long wait list, or, even, that the DSP was 'a voluntary program'.
110. Moreover, the SAA does not draw any distinction regarding eligibility based on the nature of an individual's disability. Despite lack of any legislative basis for doing so, the Province historically treated some persons with disabilities as ineligible for assistance under the Act due to the purported "complexity" or significance of the individual's disability-related needs.
111. The Court of Appeal found that the Province, in its DSP Program, had disregarded the legal obligations in the SAA in its DSP Program Policies and practices.³⁷ The Court found that in contrast, the Province adhered to similar legal obligations in the *Employment Support and Income Assistance Act*, the social assistance program for persons without disabilities or who did not require supports to live in community.
112. In negotiating the terms of the Remedy, the DRC was determined that a systemic 'remedy' to the discrimination had to ensure that the DSP Policies aligned with the Court of Appeal ruling, the SAA entitlements, and human rights principles. Eligibility in the DSP policies would need to be revised to reflect the Court of Appeal's findings that the SAA obliged the Province to provide assistance to "persons in need". For instance, instead of stating that 'eligible applicants may be assisted', DSP Policies had to state that 'eligible applicants *shall* be assisted'—mirroring the legal obligations in the authorizing SAA.
113. As the DRC discussed in its submissions regarding Year One, the Report from the Independent Experts discussed at length the fragmented nature of disability supports in Nova Scotia, and the siloing of supports available through the DSP and other programs.³⁸ The Order contains several features recommended by the Experts to create a human-rights compliant DSP which does not treat some persons as presumptively ineligible for support

³⁷ Disability Rights Coalition v. Nova Scotia (Attorney General), 2021 NSCA 70 at paras 170 and 220-22. See Interim Settlement Agreement at page 6, para. 3. '[Human Rights Act Violations](#)'.

³⁸ *Supra*, footnote 19, pages 55-58.

based on their disability: the Multidisciplinary Allied Health Teams, Intensive Planning and Support Coordination Services, and the expansion of the Shared Services Program.³⁹

114. The Experts also recommended the DSP Policy Manual be updated to reflect that eligibility to the DSP is governed by the SAA. This recommendation was incorporated into the Remedy Order as requirement 44 for Year One:

44. Complete review and update of DSP eligibility policy in accordance with the *Social Assistance Act*, including rescinding Eligibility policy sections 9.3 and 9.4.

115. In its response to the Province's Year One Report the DRC highlighted as a serious concern that the Province was maintaining barriers to eligibility for the DSP based on the nature of the applicant's disability. The DRC remains deeply concerned at the end of Year Two of the Remedy that the Province has not eradicated barriers to eligibility based on an individual's diagnosis.
116. The Remedy is a 'rights document'. The Remedy requires that rights be explicitly stated in writing so that never again will the disregard for legal requirements and protections be incorporated into the policies that guide the people implementing these programs.
117. This background explains the DRC's emphasis in its Year One and Year Two submissions to the Monitor that DSP Policies be updated, revised and implemented to align with the SAA and the Remedy. What follows is a focus on one aspect (comprehensive eligibility for DSP) while a fuller survey of eligibility and entitlement problems with current DSP Policy is found in our Compliance Comments in the attached Appendices.
118. Last Year the Expert Monitor issued a clear recommendation to the Province regarding eligibility for the DSP in the first Monitoring Report. At page 50 of the Report, the Expert Monitor stated:

Looking at Year Two

...

On Disability Support Program eligibility policy, I will be looking for the Province to provide public documentation in subsequent progress reports, which demonstrates the DSP Policy, application process, operational procedures, and related screening tool(s) are in accordance with the Social Assistance Act. Furthermore, to add greater clarity on the DSP Eligibility Policy, the Province should establish a program pathway which treats all applicants with disabilities fairly and equitably, regardless of the nature of their condition or impairment.

³⁹ *Ibid* at pages 9, 32, 55-58.

119. Despite these clear recommendations, the DRC is concerned that the Province’s approach to eligibility in the DSP does not reflect the SAA, the Court of Appeals’ ruling, and human rights legal principles.
120. The DRC includes with these submissions a thorough review of the ongoing misalignment between the current DSP Policy manual and the requirements in the *Social Assistance Act*, and the Remedy. This discussion can be found in the DRC commentary regarding the Province’s compliance with various requirements in Years One and Two, in the documents titled Appendices A, B, and C. To summarize key points from this review, the following problematic aspects of the DSP’s Policy Manual remain in place:
- The decades old ‘General Eligibility Requirements’ continue to impose restrictive, diagnosis-based restrictions on eligibility.⁴⁰
 - Within the DSP Policy itself, there are several references to an applicant needing to have an “eligible diagnosis” (there is no publicly available list of ‘eligible diagnoses’ that the DRC is aware of).⁴¹
 - The Province has also now formalized a DSP Policy at section 9.0: “Collaboration”. However, it, too, continues to contain diagnostically exclusionary provisions. In fact, this section of the DSP Policy manual replaces one which had been called “Ineligibility”.⁴²
 - Also, several DSP program Policies currently in place still explicitly state that even where persons with disabilities actually meet the eligibility conditions, they only “may” be provided with assistance—depending on “the availability of Departmental resources.”⁴³
 - None of the DSP Policies state that a person eligible for the DSP has a right to assistance in their community of choice, an important component of the Court of Appeal’s ruling.
 - These statements are explicitly at odds with the requirements in the SAA, and the NS Court of Appeal ruling that the Province engaged in systemic discrimination, in

⁴⁰ DSP Policy Manual at section 4.0, [DRC Book of Documents, Tab 2].

⁴¹ *Ibid*, at ss. 4.7.1(a), 6.1.6 and 5.1.3.

⁴² *Ibid*, “Collaboration” has replaced “Ineligibility” as section 9 of the DSP Manual.

⁴³ DSP Financial Eligibility Policies (February 2025) section “Eligibility” sections 4.1 & 4.3 [DRC Book of Documents, Tab 2].

part, based on the fact that DSP assistance was not being made available ‘as of right’ upon a finding of eligibility.⁴⁴

- To date, the DSP policies have not been revised to confirm that assistance provided as of right under the SAA must be accommodative and provided without delay.⁴⁵

121. In the Province’s commentary regarding requirement 44 for Year One in this Year’s Progress Report, which mandated the Province to complete a review and update of DSP eligibility policy in accordance with the SAA, the Province simply referred to the removal of Sections 9.3 and 9.4 from the Policy Manual.⁴⁶
122. After receiving the Year Two Report, the DRC asked the Province when it intended to revise the DSP Policy Manual and publish a new, Remedy-compliant version. The Province replied to this question by stating “the only changes required in the Remedy for eligibility were the removal of sections 9.3 and 9.4 which happened in 2024 – see document 46.”
123. The Province also noted the reference to a “Collaborative Pathway” at Section 9.0 of the DSP Policy Manual, and stated “new processes around determining eligibility considering the new roles are being implemented in the coming months.”
124. The Province provided document 117, titled “Collaborative Eligibility Pathway Information,” dated November 21, 2024, with its January 2025 Interim Progress Report. In this document the Province stated that no further edits were required to the DSP Policy Manual after 9.3 and 9.4 were removed.⁴⁷ As will be obvious from the above discussion, the DRC disagrees strongly with this statement.
125. At page 3 of the document, the Province noted it was moving away from an emphasis on diagnosis to determine need, and toward a focus on the impact of the disability upon daily functioning. Page 6 of the document has a table with different diagnoses, some of which are under the heading “Individualized Funding,” and some of which are under the heading “Collaborative Path (Screening Tool Required).”
126. The Province and the DRC met twice after the release of the Interim Progress Report and before the release of the Year Two Report. During a meeting on February 24th, the DRC had what we believed was a productive discussion in which document 117 was reviewed in detail. The DRC understood the following from that discussion that persons who were identified as having a “collaborative diagnosis” would not be presumptively treated as ineligible for Individualized Funding from the DSP.

⁴⁴ *Supra*, footnote 37, paras. 170 and 220-222.

⁴⁵ See DRC Comment on Requirement #44 in Year 1.

⁴⁶ See Y 1 April 2023-March 2024 Targets and Compliance Report, March 2025.

⁴⁷ Document 117, page 2.

127. The DRC is concerned and confused about the conflicting information provided by the Province with respect to how eligibility will work in the DSP moving forward. During the meeting on February 24th the Province provided details about how it intends the Collaborative Pathway program to work which are not clearly reflected in document 117. Slide 6 of Document 117 conveys that distinctions will continue to be made regarding eligibility based on the nature of an applicant's diagnosis, which is contrary to the information provided in the meeting held on February 24th.
128. The content of the information about eligibility conveyed to the DRC in the meeting held on February 24th does not appear in the Province's Year Two Progress Report
129. Moreover, the current approach to eligibility in the DSP Policies is at odds in important respect with the approach described in the meeting between the DRC and the Province on February 24th. Despite the misalignment between the DSP Policies and the Province's explanation on February 24th of how it intends to approach eligibility moving forward, the Province implied in the Year Two Annual Report it does not intend to make further amendments to the DSP Policy Manual.
130. The DRC had a follow-up conversation with the Province regarding eligibility after the publication of the Year Two Annual Progress Report. From that discussion we understand that the Province intends to make further changes to its approach to eligibility.
131. With respect to the "collaborative pathway" described in document 117, the DRC does not have an issue in principle with the DSP coordinating with another government department or service to provide the supports necessary for an individual to live in the community of their choice. For instance, the Shared Services model is a successful example of a collaboration between the DSP and another government department to support individuals to transition to life in community. The DRC understands that the Province treats persons supported through the Shared Services programs as full DSP participants, equal in all respects to persons the DSP has traditionally supported through its programs. The DRC would like to see this same model applied to other persons supported by the DSP in collaboration with another government department or service.
132. However, the DRC's position remains unchanged that it opposes barriers to eligibility for the DSP or differential treatment regarding the DSP based on the nature of the applicant's disability. The SAA is clear that it applies to all persons in need due to their disability, regardless of their diagnosis.
133. The DRC would be very concerned if some individuals were treated by the Province as ineligible for the DSP due to their diagnosis, but eligible for some support outside the scope of the DSP in collaboration with another government department. Being supported via other non-DSP 'Collaborative avenues' referenced by the Province presents at least two human rights problems:

1. It is not what the parties agreed to in the Remedy for the systemic human right violations; and
 2. The prospect of somehow being supported outside the DSP means being outside the protections of the SAA, a deprivation of the crucial statutory rights and protections enjoyed by those under the SAA, including statutory appeal rights.
134. Ensuring all persons with disabilities, regardless of their diagnoses, have their rights equally respected regarding access to the DSP is incredibly important.
135. The DRC calls upon the Province to ensure that it revises its policies and other documents which address eligibility result in consistency with the Remedy requirements, the SAA, and the Court of Appeal's ruling interpreting the *Human Rights Act* and the SAA.
136. The DRC requests that the Expert Monitor issue strong recommendations regarding ensuring that the Province revises its policies and documents regarding eligibility conform with the Remedy, the SAA, and *Human Rights Act* as interpreted by the Court of Appeal.

The Province's Plan not to Add New Applicants to the Service Request List

137. Requirement 20 for Year Two reads as follows:

20. Update efforts to remove waitlist for eligible applicants by establishing a human rights compliant pathway that ensures timely access to accommodative assistance.

138. The Province's comment on this requirement is:

4 DSP Connector roles (one in each Region) have been hired. Connectors assist persons with disabilities to access appropriate supports and services to meet their needs (i.e. LAC, IPSC, IF funding, etc.)

DSP Applicants will no longer added to the Service Request List. Instead, through the DSP Connector, they will be offered appropriate services through LACs or IPSCs.

139. The DRC opposes the Province's stated plan not to add new applicants to the Service Request List. The DRC submits that merely connecting successful DSP applicants to an LAC or IPSC does not suffice to meet the requirements of being ensured "timely access to

accommodative assistance.” This simply amounts to a ‘right to a plan’ and does not accord with the Remedy requirement that entitlement to “accommodative” assistance.

140. Appendix B of the Remedy requires that all applicants and recipients for DSP be placed on the Service Request List, “including those approved for individual planning and individualised funding allocations”.
141. Maintaining the Service Request List is an important measure of accountability and transparency. One of the major issues with the pre-Remedy DSP was the fact that people could be on the Service Request List for years while waiting for their disability-related needs to be met.
142. Even if under the transformed system people are quickly connected with a LAC or IPSC after they contact the DSP, they could conceivably wait for a period of time for all their disability-related needs to be met. In accordance with the Appendix B requirement, DRC, the Monitor, and the Public should continue to have access to Service Request List information about this group of individuals to ensure the Remedy requirements are being met. For instance, if it takes a year for an applicant to be provided support to live in the community of their choice after contacting the DSP, the DRC may take issue with the Province’s compliance with the requirement to provide timely access to accommodative assistance.
143. The DRC’s position is that the Province’s intended plan not to add new applicants to the Service Request List represents a unilateral departure from the Remedy. The DRC was not consulted about this amendment, contrary to the Monitor’s recommendation that the DRC be consulted about any alternative measures it is contemplating.⁴⁸
144. The DRC requests that the Expert Monitor issue a strong recommendation that the Province continue to maintain the Service Request List in line with the requirements in the Remedy, which includes a requirement that new Applicants continue to be added to the Service Request List.

Conclusion

145. The Province has established many of the foundational elements required by the Remedy to transform the DSP. However, much work remains to be done. At the end of Year Two the Province has fallen behind many of its legally-mandated Remedy timelines.
146. Three years remain to complete the transformational work required by the Remedy. Overcoming significant delays to meet the overall five-year Remedy timeline will require the Remedy to be treated as an urgent priority by all government departments whose

⁴⁸ *Supra*, footnote 1, recommendation 1, page 52.

collaboration it requires. The DRC calls upon the Province to put the resources necessary, with the urgency it requires, to get the Remedy on track by the end of Year Three.

147. We are reminded of the Premier's promise made to persons with disabilities in the first year of the Remedy:

To do this [i.e., end the systemic discrimination], we need to make significant changes across the Provincial government, changes which followed the direction of the human rights remedy....I commit to you today that we will do this."

148. We urge the Expert Monitor to make strong findings with accompanying recommendations in an effort to ensure, that the human rights Remedy is, indeed, fully implemented.

ALL OF WHICH IS RESPECTFULLY SUBMITTED this 27th day of June, 2025.

The image shows two handwritten signatures in blue ink. The first signature, on the left, is 'Vince Calderhead' and the second, on the right, is 'Katrin MacPhee'. They are positioned side-by-side, separated by a thin vertical line.

Vince Calderhead and Katrin MacPhee
Counsel for the Disability Rights Coalition