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 Third Annual Report (June 2026)

Submitted to the Expert Monitor and the Parties on June 30, 2026

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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 Third Annual Progress Report, dated June 1, 2026.

2. The DRC wishes to express its deep appreciation to the individuals within the Disability Support Program ("DSP") who are working hard to complete the transformational work required by the Remedy. The DRC also acknowledges that the groundwork has now largely been laid for the foundational changes that are required.

3. The DRC also wishes to acknowledge the Province's support for the DRC to carry out a 'Remedy Awareness Campaign' so that the promised benefits of the Remedy may be known by all Nova Scotians.

4. Despite all of these important efforts, by the end of Year Three, it must be said that the Province had fallen far behind with respect to a number of critical, legally mandated Remedy timelines.

5. With less than two years left in the five-year remedy, the DRC acknowledges that while the Province—and the Premier—have committed to the Remedy while making difficult fiscal choices, the Province still has a long way to go if it is to remedy systemic discrimination against persons with disabilities in Nova Scotia.

6. These failures include inadequate recruitment of specialized staff, being far behind mandated relocations from Provincial facilities and of persons under age 65 from Long Term Care homes and, at the governance level, a failure to maintain a 'Remedy Roundtable' intended to ensure that all Provincial government departments work in collaboration in an "all of government" effort to achieve equality for persons with disabilities in Nova Scotia.

7. For its part, the DRC remains deeply committed to and enthusiastic about the Remedy. It is not simply a once in a lifetime opportunity but is, in fact, the only rights-based way forward. As a group dedicated to the full respect of the rights of persons with disabilities in Nova Scotia, we see the completion of the Remedy, and the full honouring of the Province's obligations under it as the only way in which the systemic discrimination found by the NS Court of Appeal in 2021 can be brought to an end.

8. However, our current assessment of the Province's implementation of its Year 3 obligations makes clear that the Province must urgently re-commit to the Remedy's full and timely implementation.

9. The DRC's analysis of the Province's progress points to some signs of back-sliding and a loss of both urgency and priority being accorded to the Remedy by the Provincial government. In the 21 months remaining in the Remedy, the Province needs to re-prioritize the 'all of government' approach if the fundamental human rights of persons with disabilities in Nova Scotia are going to be realized by the scheduled completion of the Remedy in March 2028.

10. The DRC remains ready and willing to work collaboratively with the Province to ensure that persons with disabilities fully enjoy the right to live full and long lives in community.

11. A crucial feature of the DRC's human rights accountability work is the Independent Expert Monitor's own assessment of what the Province has done and what needs more commitment and work.

12. We therefore look forward to the Monitor's Third Annual Report for the insights on progress that it contains and its accompanying recommendations for better achieving the Remedy and, at bottom, a dignified life in community for persons with disabilities.

13. The DRC has structured these submissions similarly to our previous responses to the Province's Annual Progress Reports. 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.

14. The DRC's submissions also contain an analysis of the Province's compliance with requirements in the "Targets and Compliance" tables for Year 3 (**Appendix A**), a follow-up to some of the Monitor's Recommendations made last year (**Appendix B**) as well as those requirements which the Expert Monitor found to be incomplete after Year 2 (**Appendix C**). The DRC has not responded to each item in these Compliance Reports; our analysis is limited to specific items to which the DRC wishes to draw the Expert Monitor's attention. The DRC's decision not to comment on one or other Remedy requirements should not be taken as indicating our feeling that the requirements have been met.

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

(i) 'Boiler plate' compliance submissions regarding achievement fail to explain how Implementation Shortcomings Will be Remedied by Year 5

15. 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.

16. There continue to be several flaws in the Province's reporting of its progress. These lapses too often prevent meaningful human rights accountability, Expert Monitoring and, going forward, a realistic appraisal as to whether and how the Remedy can be achieved in the time frames which have been Ordered by the Board of Inquiry.

17. Section 15 of the Agreement specifies that when the Province is not in exact compliance with a particular requirement, the Annual Progress Report will provide "an explanation of the reasons and what steps the Province has taken or intends to take in response in order to be compliant in substance." [para. 15(a)(iii)] In addition, para. 15(c) requires 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; and

v. where relevant, whether the reasons for any non-compliance amount to factors outside the control of the Province.

18. The DRC notes that in its Year 3 Compliance Submissions, the Province has admitted in some 16 situations, that Remedy compliance has been less than "exact". This triggers the 'full explanation' requirements referenced above.

19. Specifically, a concern raised in the DRC's submissions last year was the Province's failure to explain: (i) the specific reason for the non-compliance and ii) exactly how it was going to regain ground so as to be able to achieve full Remedy implementation within five years.[1] Specifically, it must point to an evidence-based rationale for its belief that it will still meet the five-year timeframe regarding each indicator in question.

20. Given that we are now almost one-quarter of the way through Year 4, it becomes all the more important for the Province to explain to the DRC, and the public, exactly how it plans to make up for lost ground. Without more, simply stating, in boiler plate fashion, that "we made sufficient progress" to "anticipate it will contribute to remedying the discrimination in the required timeframe"[2] does not address the relevant question, let alone meet the 'full explanation' requirement.

21. This is consistent with 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

[1] See Interim Settlement Agreement, s. 15(a)(iii) and 15(c) and the DRC's Narrative Submission (June 2025) at page 5.

[2] The Province stated this on 10 of the 16 occasions in its Year 3 compliance report where it conceded less than 'exact compliance'.

> 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.[3]

22. Providing a fulsome discussion of how it intends to catch-up on delays is an important component of human rights-based accountability and transparency incorporated into the Remedy. As will be obvious for a review of the DRC's Comments on Year 3, the issue of belated compliance with individual requirements is very significant in this timebound Remedy. The demonstrated ability of the Province to meet the five-year overall Remedy timeline in the 21 months remaining is necessarily dependent on having cogent evidence and explanations.

(ii) Undated and Anonymous Documentation

23. Despite the Monitor's recommendation in the 2024 Annual Report, the Province continues to file documents/presentations to substantiate its claims which are undated and with the authorship unknown. This prevents the parties, the public and the Monitor from being able to determine when and by whom the information was created, whether it is recent and whether it is consistent with other similar information. In July 2024, the Monitor stated:

> "To enhance transparency and accountability, I recommend the Province ensure for future Interim Progress Reports and Annual Progress Reports that all supporting documents are dated, acronyms within each document explained, and lead responsible officials identified."[4]

24. This remains an ongoing and frustrating situation in assessing the Province's documentation. Looking only at documents provided by the Province during Year 3, there were some **16** documents which bore no date at all. Carrying out an assessment of undated and anonymous documents, and how they fit into the context of the Province's claim respecting any particular Remedy provision becomes very difficult. At this point in the Remedy monitoring process, the DRC and the Monitor should not still be facing these barriers.

(iii) Many of the Province's Self-Assessments are Unrealistic

25. In the course of reviewing the Province compliance assessments, it will become apparent that many of the Province's self assessments of its compliance are simply unrealistic.[5] This is more than a trivial problem of being 'overly optimistic' regarding assessment of one or other requirement. Rather, taken cumulatively, the systemic overstatement goes to the broader question of the Province's reliability in its claims concerning its ability to achieve the Remedy timelines.

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[3] Expert Monitor's First Annual Report (July 2024) page 45 & 48

[4] Expert Monitor's First Annual Report (July 2024) at page 49, and Recommendation #10 on page 53.

[5] Included in this comment are those instances where the measure relied on by the Province in its compliance submission was actually 'delivered' after the completion of Year 3.

26. In order to maintain the integrity of the Monitoring process, it would be helpful if the Province did not compensate for its underachievement of Remedy requirements by overstating its actual progress in the implementation of the Remedy.

2. Following up on Monitor's Recommendations from Year 2

27. One of the Recommendations made by the Monitor in last year's Expert Report' came at the conclusion of Section 6 of the Report—a lengthy discussion devoted to Eligibility and related issues in a reformed, Remedy-compliant DSP Policy Manual.

28. The DRC welcomed this recommendation and was enthusiastic in its efforts at working with the Province to engage around a collaborative re-drafting of the eligibility sections of the DSP Policy Manual. Unfortunately, this was not successful, and the DRC was left waiting to receive a draft DSP Eligibility Policy.

29. In the event, the DRC received a draft Eligibility Policy on May 15th, 2026. Apart from having failed to re-write its DSP Policies in accord with the Remedy timelines, as importantly, it now means that the DRC will be working on this Policy well into Year 4 without the benefit of the Monitor's guidance with respect to Remedy compliance.

30. In its preliminary comments on the draft Policy (located in **Appendix B**, #4) the DRC encourages the Monitor to make whatever comments may be helpful to the Parties.

3. Remedy Roundtable Has Effectively been downgraded and Lost its Critically Important Oversight and Governance Role

31. The Province has claimed '*exact compliance'* in achieving this Remedy requirement. However, the Province's submissions and supporting documentation make clear that the Province has effectively downgraded the Remedy Roundtable from its original role as a "critical lever" in the Provincial government's approach to responding to disability issues.[6]

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[6] In the Monitor's Year 1 Report, we find: "The role of the Government Roundtable, deputy ministers, and the DSP Advisory Committee, along with other governance structures, become even more important for oversight and monitoring of Remedy implementation." (page 50) In the Year 2 Report, the Monitor stated: "the Remedy Roundtable embodies the whole of government scope of, and collective responsibility for the Remedy." (page 40)

> "To establish effective health services that support DSP participants to transition to community life, the DRC contends, "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 Supports Program." This is a reasonable expectation of the deputy ministers and other senior public servants at the Remedy Roundtable to push forward. This work on mental health and addictions, and multidisciplinary outreach teams is pivotal not only to the Human Rights Remedy, it is central to the Nova Scotia government's agenda on health care and the Premier's historic apology to people with disabilities. Making the Remedy a major policy priority requires sustained strategic involvement by key Cabinet ministers and the Premier's Office." (page 46)

It is disappointing to the DRC that there was no consultation with the DRC about the Province's change to or diminishment of the Roundtable.

Background to the Remedy Roundtable

32. By way of background, the Parties agreed to retain technical experts Bartnik and Stainton to prepare a Report concerning all aspects of the Remedy required to resolve the four bases of systemic discrimination found by the Court of Appeal in 2021.

33. Their Report[7] involved six 'key direction's covering all aspects of resolving the systemic discrimination by the Province. Key direction Number 6 ('Strengthening whole Disability System capacity to enable transformation to a human rights approach') called for, *inter alia*, the establishment of a 'Government Disability Roundtable'.[8] For the Report's authors, the fact that the Roundtable would be located at senior levels of government had several benefits which are worth recalling in order to fully appreciate how far from the initial plan, things have moved. As designed, the Roundtable would:

> Adopt a **"whole of government approach:** The Government Disability Roundtable has a critical role to carry forward a whole of government response to the Remedy. Active and ongoing collaboration is required among all government departments in order to address the four areas of discrimination against persons with disabilities in order to eliminate silos and ensure that people have access to the supports and services they need in the community, regardless of which government department is responsible…..In particular, the timely provision of mental health clinical supports is critical to the achievements of the targets under Key Direction 2, Closing Institutions.[9] (emphasis added)

34. The Roundtable's Terms of Reference would be embedded, not just in the Remedy but, "ideally legislation" and include Ministerial and Cabinet reporting;[10] it would "meet regularly"[11] and "ensure consistency across departments and issues".[12] It would be 'enduring'.[13] All of this would be necessary "to progress the required whole of government engagement and response."[14]

35. Initially, the Province embraced the Remedy Roundtable approach as envisaged. Thus, in January 2024, Terms of Reference were discussed and reference was made to Roundtables being held quarterly.[15]

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[7] *Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia*, (February 6, 2023)

[8] While Bartnik & Stainton referred to it as the 'Government Disability Roundtable', almost from the beginning, the Province re-named it, the 'Remedy Roundtable' (Province's Document #2 (Jan 2024)

[9] See Bartnik and Stainton at p. 77.

[10] Bartnik and Stainton at pp. 17 (top); 19; 22; 65; 68 (see also Remedy requirement Year 1, #50)

[11] Bartnik and Stainton at p. 80

[12] Bartnik and Stainton at p. 67

[13] Bartnik and Stainton at p. 65

[14] Bartnik and Stainton at p. 19

[15] See Province's document #2 (January 2024)

36. In its Year One Annual Progress Report, the Province characterized the Roundtable in the following terms: "Another critical lever in the Remedy implementation has been the establishment of the Inter-Governmental Roundtable to ensure understanding and commitment across the provincial government for the Remedy."[16] (underlining added)

37. Since then, the Roundtable appears to have gone increasingly unused. Despite the strong recommendations of Bartnik and Stainton regarding the need to meet regularly, and the early endorsement the Province accorded to the Roundtable, a year ago at this time the DRC reported that the Roundtable appears to have "met a total of four times during the course of the Remedy".[17]

38. One year later, the Province is now reporting two more Roundtable meetings; only one of which appeared to have taken place in Year 3 (November 2025), and that meeting seems to have merely been briefings as to where the Remedy stood.[18] The Province has provided nothing by way of an agenda for that November 2025 meeting nor a list of any action items coming out of it.

39. The second Remedy Roundtable meeting the Province referenced in this year's Compliance report actually took place two months into Year 4 (May 28, 2026) and appears to have been in the nature of a 50-minute 'lunch and learn' about the role played by LACs under the Nova Scotia Remedy and the experience of LACs internationally. There was also a 10-minute briefing on the Province's about to be filed 'Third Annual Progress Report'.[19]

40. In January 2026, the Interim Report re Year 3, re #1 stated:

> "Feedback on the effectiveness of the Roundtable indicates new options should be explored to fine tune its mandate, membership, accountability/reporting and structure.…A review of the Roundtable governance structure is being undertaken with recommendations for a go forward structure to be implemented by 31 March 2026."

41. The Province indicates that the roundtable is being 'streamlined'. Again, none of this has been done with DRC consultation.

42. The DRC sees the Remedy Roundtable—in its original manifestation—as profoundly important. Short of actually being embedded in legislation[20] or having a 'Minister of Disability Rights', the Remedy Roundtable is one of the primary ways to safeguard the original, high level, 'all of government' vision of the Remedy. It is key that the original mandate and stature of the Roundtable continue to pervade policy development and implementation in all Departments—being secure in that role.

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[16] Province's Year One Annual Progress Report, page 6 (last para.)
[17] DRC Submissions to the Monitor regarding Year 2 Compliance re Requirement #1 at page 1 (June 2025).
[18] Province's Document #232
[19] See Province's Document #s 302 & 269 (May 26, 2026)
[20] While not pursued, this was the original recommendation of Bartnik and Stainton (page 68, and page 85), and see also the Interim Settlement Agreement, Appendix A, Year 1, #50.

43. **Concerns**: With respect, a fair assessment of the Roundtable at this point inevitably points toward the conclusion that this is far from the Remedy Roundtable contemplated by the Interim Consent Order—let alone by Bartnik and Stainton in their report. As matters stand,

    a. The documented record of the Remedy Roundtable does not reflect the 'critical role' let alone the 'all of government approach' called for in the Remedy;
    b. There is no documentary evidence that it is *the* vehicle used to ensure consistency across Departments in the implementation of a consistent human rights-based approach to disability issues.
    c. It does not "meet regularly" nor is its intended role "enduring";
    d. There is no sense at all that it involves either Cabinet or Ministerial reporting.
    e. All of this is in the face of clear indications that high-level, inter-departmental commitment is urgently called for at this point in the Remedy:
        i. there are far more young adults entering and now living in nursing homes/LTCs than at Baseline, while only 6 younger persons have moved out and into community since the Remedy began[21]—the apparent inter-departmental siloing problems interfering with the Province's achievement of its obligations under requirement 12(e) illustrate the Remedy Roundtable not functioning as it should;
        ii. the Allied Health Services Outreach Teams have yet to be formed in two of the Province's regions, while the one in Central Region won't get underway until the end of 2026.
        iii. the Individualized Funding backbone—designed for both OSD and SLTC clients, is now over two years behind schedule and, when rolled out in 2027, will require an all of government commitment for it to be properly realized.
        iv. The shortfall in the Province's IPSC and LAC recruitment must engage the departmental responsibilities of Labour, Skills and Immigration, Health and the Nova Scotia Community College;

44. **Requested Recommendation**: That the Monitor recommend that the Remedy Roundtable be reinvigorated so that it reports to Cabinet; at least quarterly meetings are held; that the DRC is provided with copies (on a Confidential basis, if necessary) of agenda or action items emerging from these meetings; that it be recommended that the Roundtable focus on those aspects of the Remedy that are markedly behind where the Order requires them to be at this point (e.g., Staff recruitment, Deinstitutionalizations, Allied Health Services, Regional Roundtables).

4. Significant Delays in Implementing Key Aspects of the Remedy

45. In its Comments regarding the Province's first two Annual Progress Reports, the DRC drew attention to the fact 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.

[21] See DRC Compliance submissions re Year 3, #12(e).

46. The DRC's concerns have not abated. They have increased. At the end of Year Three of the Remedy, the Province is seriously delayed in achieving numerous requirements. The situation is worsened by the lack of any apparent evidentiary basis for the Province's continued insistence that it will meet the five-year timeline.

47. The DRC highlights selected examples of delay with respect to significant aspects of the Remedy.

a. Progress in Deinstitutionalizing Persons Living in ARCs, RRCs, and RCFs[22]

48. The Province was required by the end of Year 3 to reduce the population of people living in its largest institutions (ARCs, RRCs, and RCFs), by 75%, a reduction of 653 people from the baseline figure of 870.

49. In fact, by the end of Year 3, the Province had reduced occupancy in the largest DSP institutions by a total of 311—a reduction of 36% from baseline of 870.[23] This represents less than half of the Year 3 requirement.

50. The Province has consistently made clear that the pace of deinstitutionalizations is closely linked to the availability of specialized IPSCs. For example:

> "IPSCs are currently working with 104 individuals, this number will increase significantly in the coming months as additional staff are hired. Now that these staff are in place, DSP is set to meet remedy targets and the overall 5-year timeline."[24]

51. What this means is that the lack of available and timely IPSC support results in a prolongation of the ongoing rights violation for persons with disabilities in large institutions.

52. The DRC urges the Monitor to issue a strong recommendation for the Province to meet these requirements of the Remedy, importantly by ensuring that required, specialized IPSC staff are available without further delay.

b. Adults under Age 65 Institutionalized in Long-Term Care[25]

53. In its previous submissions regarding this requirement, the DRC emphasized that adults under the age of 65 institutionalized in long-term care must enjoy the same benefits from the Remedy as adults institutionalized in other settings licensed by the DSP.

54. The Remedy calls for a significant reduction in the number of 'younger persons' with disabilities living in Nursing Homes. By the end of Year 3, it required a total reduction of **200** persons out of long-term care and being supported to live in community.

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[22] The DRC's detailed submissions are located in Appendix A, Year 3, #12(a)
[23] Appendix B, section 1
[24] Province's Year 2 Compliance submission, #3(c) (re planning for subsequent deinstitutionalizations)
[25] The DRC's detailed submissions are found in Appendix A, Year 3, #12(e)

55. For context, prior to the start of the Remedy, there were **424** younger adults living in Nursing Homes/Long Term Care. At the end of Year 3, there were **440**; clearly, there have been new admissions of younger adults into Nursing Homes since the start of the Remedy despite the Remedy's call for an end to these admissions.

56. In terms of the actual number of reductions of people moving out of long-term care homes, worryingly, the Province made little progress over the course of Year 3. The Province's own data shows that **3** 'young persons' moved out in Year 3 and only **1** person relocated in Year 2.[26]

57. Overall, the Province has fallen significantly behind in creating the legally-required Shared Services spaces for adults transitioning from long-term care. As of the end of Year 3, the Province had created a total of **10** Shared Services placements of the required 200, a mere 5% of the total required.[27] Bearing in mind that there were already 4 younger persons in the Shared Services program at the start of the Remedy, this means that a total of only **6** persons have moved out of Nursing Homes during the entire course of the Remedy.[28]

58. The DRC observes that this is another situation where, had the Province completed its IPSC recruiting as called for by the Remedy, more workers could have been assigned and more progress realized.[29] Given the overlap with the Department of Seniors and Long-term Care, the DRC also observes that a more vigorous, empowered and accountable Roundtable could be expected to bring a more concerted effort to bear.

59. Finally, the DRC encourages the Province to engage with the DRC to collaborate on jointly achieving more progress in this important obligation.

60. 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 revise LTC admission policies in line with the Remedy and human rights principles.

c. Failure to Reduce the number of Temporary Shelter Arrangements (TSAs)[30]

61. The Province is required under the terms of the Remedy to discontinue Temporary Shelter Arrangements ('TSAs') by Year 5. As the name suggests, TSAs are a crisis oriented, temporary form of accommodation used to support individuals in the absence of a permanent home in the community of the individual's choice.

62. By the end of Year 3, the Province was required to convert a total of 40 of the 83 TSAs which existed at the start of the Remedy into permanent arrangements in the community. Startlingly,

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[26] See the Province's Appendix B, section 4.
[27] Appendix B Metrics Report (31 March 2026)
[28] See the DRC's detailed Comments re Year 3, #12(e) in Appendix A.
[29] Last year at this time, the Province stated that: "It is anticipated that uptake of the Shared Services model of support….will increase significantly now that IPSCs are in place." (Province's Submissions, Year 2, #3(f)) (emphasis added)
[30] The DRC's detailed submissions are located in Appendix A, Year 3, #12(i)

as of the end of Year Three, there were actually 170 TSAs, an increase of 87 or 105% over baseline.[31]

63. One year ago at this time, the Province stated that: "we anticipate that TSA numbers will begin to reduce with additional IPSCs starting."[32] It bears repeating that the fact that the Province so closely links an increase in IPSCs to being able to catch-up on this Remedy requirement underscores the importance of the Province recruiting IPSCs and LACs in the numbers and in the timeline required by the Remedy.

64. The DRC's concern with respect to the Province's failure to convert TSAs, is deepened in light of local media reporting concerning worker treatment at many TSAs, with resulting concern around safety issues for residents.[33]

d. Recruitment Issues: Province's Reduced Hiring and Hiring Targets for LACs and IPSCs[34]

65. In previous Progress Reports, the Province had emphasized that the achievement of many Remedy obligations, including deinstitutionalizations, was delayed as a result of being behind in recruitment of required staffing—especially Intensive Planning and Support Coordinators (IPSCs) and Local Area Coordinators (LACs).[35] They are, after all, the cornerstones for the Remedy transformation.

66. Because the IPSCs are highly qualified and specially trained to handle more complex cases, the Remedy specifies that their case loads are to be rigorously limited: IPSCs are to work with a limit of 20 persons. LACs are limited to 50 cases.

67. The Remedy calls for **80** IPSCs and **80** LACs to have been recruited and operational by the end of Year 3 which would also complete its Remedy recruitment obligations.

68. In fact, only 42 IPSCs were recruited by March 31st—just over half of the required number. Only 55 LACs were recruited—just less than 2/3 (65%) of the required number.

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[31] Appendix B Remedy Metrics Report, section 1 (31 March 2026)
[32] See: Requirement 3(d), the Province's Year 2 Compliance Report.
[33] See: CBC coverage: 'More people with disabilities are in temporary housing despite N.S. plan' (CBC, July 2025); 'Workers quit emergency care for Nova Scotia's most vulnerable after CRA audit: Contractors worried lower staffing levels at Arden Professional Client Care have created a safety issue' (CBC, April 2, 2026); and 'Care workers say company scrambling to replace staff as long-standing workers leave' (May 7, 2026)
[34] The DRC's detailed submissions are located in Appendix A, Year 3, #4
[35] In addition to the many references above re the linkage between having adequate IPSC staffing and deinstitutionalizations, see the Province's Year 1, #7 req't: re institutional closure teams: "Once additional IPSCs and LACs are in place, a more robust strategy for assigning cases will be implemented." and: "Now that these [IPSCs] are in place, DSP is set to meet remedy targets and the overall 5-year timeline." Province's Year 2 Compliance Report re #3 and see page 11 of the Province's Second Annual Progress Report.

Adverse consequences of recruitment shortfalls

69. The significant delays in de-institutionalizations, both in terms of relocations from the larger Provincial institutions and out of Nursing Homes, is closely linked to the shortfall in IPSC recruitment. Conversions of Temporary Shelter Arrangements have been slowed as a result of insufficient availability of specialized staffing.

70. Fundamentally, what this means is that peoples' human right to live supported lives in community has been delayed—their rights violations prolonged.

The IPSC & LAC recruitment plan going forward?

71. In previous years, the Province's submissions regarding recruitment have been oriented around enhancing efforts and strategies to meet, albeit in a delayed way, the IPSC and LAC hiring requirements in the Remedy—80 IPSCs and 80 LACs by end of March 2026.

72. However, in this Year's Progress Report, the Province has revealed a different recruitment plan—one not in keeping with the Remedy.

73. In its compliance submissions and supporting documentation, the Province indicates that to the Year 3 total of 42 IPSCs, it will increase that number by transitioning 26 currently employed Care Coordinators to IPSC roles. By the end of Year 5 (when the Remedy is scheduled to be completed), the Province is now planning on having only **64** IPSCs on staff—not the 80 called for (see table below from the Province's Document #282, p. 11):

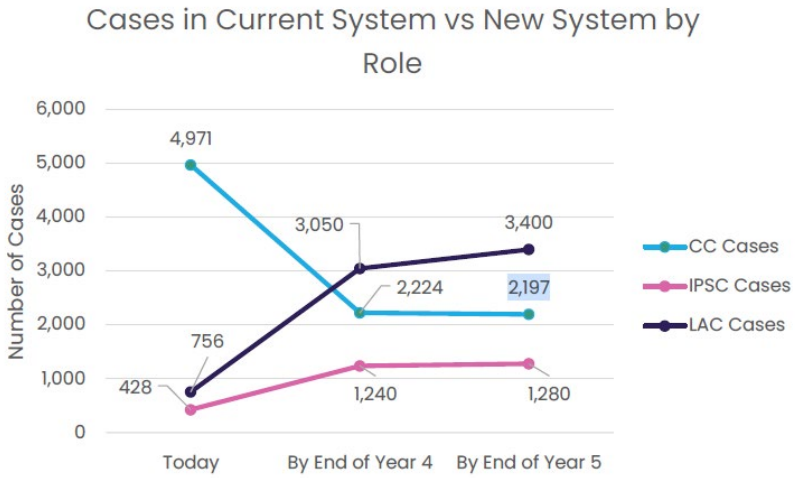
Role	Staff Today	Staff by End of Year 4	Staff by End of Year 5
CCs	53	30	27
IPSCs	42	62	64
LACs	55	64	68
EFACs	19	20	20
Total	169	176	179

74. Similarly, the Province's plan calls for LAC recruiting to only reach 68 *by Year 5*—12 less (15%) than required.

75. With so many fewer IPSCs and LACs hired, and with strict caseload limits, the question arises as how the Province will support its well over 6,000 cases?

76. The short answer appears to be through continued heavy reliance on Care Coordinators—those workers who, under the *old*, pre-Remedy DSP, have done front line work and whose caseloads too often prevented adequate support and planning to persons with disabilities.

77. Care Coordinators carry average caseloads of over 80 persons per worker. The Province itself has described this as "unacceptably high".[36] The DRC is very disappointed to see that even though last year the Province indicated that it was 'strongly committed to sunsetting the existing care coordination system',[37] it is currently planning for Care Coordinators, *by the end of Year 5*, to still be carrying some 32% of the projected caseload. (Doc. #282, p. 10):



78. Further, unlike IPSCs and LACs with their carefully controlled caseloads, these projected 27 Care Coordinators (who have no caseload limits) are expected to be carrying average caseloads of over **80** persons—the same as they did under the much-criticized old system. From the perspective of a person with complex disability-related needs who requires ongoing assistance from a support worker, would they prefer someone who has, at most, 19 other cases, or someone who has 79 other cases?

79. While the Province had last year provided the Monitor and the Parties a modelling document showing one hypothetical scenario in which fewer IPSCs could be recruited,[38] the DRC is only now learning that this is more than simply one scenario for discussion, but is actually the Province's staffing plan going forward.[39]

80. The DRC does not agree with or accept the Province's plan for reduced recruitment of specialized support staff from the levels carefully set out by the Technical Experts in the Remedy Report—let alone the continued heavy reliance on Care Coordinators through to the end of the Remedy.

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[36] See the Province's Year 3 Interim Progress Compliance Report (January 2026) re requirement #4 (second bullet) and, also, Care Coordinators "face high caseloads that limit proactive planning, community inclusion, and crisis prevention." (Provincial doc. #244, p. 7)
[37] See the Province's Second Annual Progress Report (May 2025): "We remain strongly committed to sunsetting the existing care coordination system". (page 15, first line)
[38] See Doc. #188 (May 30, 2025)
[39] For a more detailed discussion of the Province raising the possibility of recruiting less than the Remedy mandated 80 IPSCs and 80 LACs, see the DRC's Appendix B, Re Year 2, # 6

81. Again, Bartnik and Stainton envisaged specially qualified and trained and IPSCs and LACs as being Remedy cornerstones. On this point, we are reminded of the evidence of the former Deputy Minister of what was then the Department of Community Services about the central role played by support staff when she testified at the Board of Inquiry in this case (August 2018). In response to a claim that at the heart of community-based disability supports was 'housing' (in the bricks and mortar sense), she disagreed:

> Q. So [the Province's DSP program]– it's primarily about the supports and services and not really about the housing?
>
> A. That's right.[40]

82. The DRC urges the Monitor to address the troubling recruitment development regarding IPSCs and LACs and to issue strong recommendations calling for the Remedy's requirements to be complied with. Compliance is not only honouring the terms of the Remedy, but the minimum required to respect the fundamental human rights of all concerned in a timely way.

e. Delays in the External Evaluations of the Remedy

83. Monitoring the Remedy implementation is frequently a quantitative exercise or focussed at the level of administration or governance—removed from the actual experience of persons with disabilities who, after all, the Remedy is meant to be for. Questions such as whether persons with disabilities are better off post-Remedy than before, or whether they are able to actually enjoy a good life in community are not ones which arise in the normal course of this accountability exercise.

84. One of the few opportunities for bringing a more qualitative lens to the process is the External Evaluations called for by the Remedy. In Year 2, External Evaluation was to get underway. By the end of Year 3, External Evaluation Reports on individual outcomes were to have been completed (Y3, #6), and the Individualized Funding system adjusted accordingly (Y3, #11). The External Evaluation process was actually meant to carry on "for the duration of the transformation process".[41]

85. The delays in the IF Backbone procurement process have meant that the Evaluation process is, inevitably delayed, now until 2027. The DRC is anxious to both remain committed to and engaged in this work and to reviewing the final conclusions.

86. On the positive side, the Province has also indicated that it has commissioned a research study "into changes in quality of life for DSP participants transitioning from the current institutional system to community is now underway" which will augment the External Evaluation. The DRC welcomes this evaluative work and looks forward to receiving a copy of the final report.

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[40] Evidence of Deputy Minister Lynn Hartwell (August 10, 2018) Appeal Book at p. 7361 (see lines 7-**19**)

[41] Bartnik & Stainton, 'Monitoring and Evaluation Plan', page 66

f. DSP Policy Manual Reform in alignment with the Remedy[42]

87. In the Expert Monitor's Report released almost one year ago, a lengthy section was devoted to the need to reform the DSP Policy Manual so that it aligned with the *Social Assistance Act*, the requirements of the Remedy and human rights principles more generally.

88. It is vitally important that the reformed DSP Policy Manual reflect those principles and enshrine fundamental rights including, i) the right to assistance as an entitlement, ii) when in need and without delay, iii) without discrimination based on diagnosis and iv) the right to accommodative assistance which, in its amount, is adequate to meet the persons needs—including disability related needs; and v) the right to assistance provided in one's community of choice.

89. Year 3 saw little real progress in terms of Remedy-compliant improvements to the DSP Policy Manual. As the DRC has explained in its detailed Comments to the Province's Year 3 Compliance submissions,[43] some draft reforms have been received, either late in Year 3 or early in Year 4, and are now with the DRC for review and comment. However, some preliminary comments have been made by the DRC. It is hoped that the Expert Monitor may provide some interim guidance for the parties as they engage more fully in the 'foundational'[44] matter of DSP eligibility.

g. Allied Health Teams: Disability Support Outreach Teams

90. It will be recalled this this requirement was also addressed in one of the Monitor's Recommendation from his second Report (#8 on page 46) which resulted from apparent concerns the Monitor had vis-à-vis implementation of the Allied Health Services and Outreach Teams:

> "I recommend that to ensure continuous and timely progress for the Disability Support Outreach Teams model, the Province identify deliverables and milestones and publish timelines for the three phases and for the intended outcomes of effective and equitable provision of supports across Nova Scotia."

91. This Remedy obligation—for Outreach Teams in all four regions—was meant to be fully achieved by March **2025**.

92. Because of their crucial importance in carrying out other Remedy requirements, the delays in getting all these teams operational will have contributed to the delay in de-institutionalizations, conversions of TSAs and relocations of 'younger persons' from LTCs.

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[42] The DRC's detailed comments are located in Appendix A, Year 3, #14

[43] Re DSP Policy reforms: re 'no admissions to LTCs for 'younger persons', see DRC's Appendix A, Y3, #9; re eligibility, see DRC's Appendix A, Y3, #14, re reform of the DSP Waitlist Policy, see DRC Appendix B, #3,

[44] This is the Monitor's own characterization of DSP's Eligibility Policy's importance: "The sixth section [of the Monitor's Second Annual Report] focuses on a particular foundational issue of the Remedy, that is, the matter of eligibility for the Disability Supports Program. (page 7)

93. The Province points to its intended partnership with Dalhousie University related to the development of an Outreach Team in the Central region which was only announced recently (May 28, 2026). It is *expected* that it will be operational by the *end of 2026*. The same announcement also noted that: "planning is underway for services in the eastern and northern regions."

94. The Province's submissions on this Year 2 requirement, fail to squarely respond to the Monitor's recommendations that it "identify deliverables and milestones and publish timelines for the three phases and for the intended outcomes of effective and equitable provision of supports across Nova Scotia."

95. The likely conclusion is that these vitally important teams, which were not operational in Years 2 or 3 of the Remedy, may not be even fully underway by the end of Year 4.

96. Separately, the DRC is also concerned that staff from the former RRCs (Breton Abilities and Kings) who are now or will be centrally involved in Outreach Teams may not have been required to participate in both the Supported Decision Making and Human Rights Microcredentials trainings. Given the background of these institutions and their role in the systemic rights violations, and to ensure that staff there will have the capacity to bring a fresh, more human rights-based approach to their work under the Remedy, these learning opportunities ought to be seen as both important and necessary.

97. Finally, it will come as no surprise that the DRC understands that a lack of Allied Health Care services currently available to IPSCs is one of the barriers they continue to encounter in their efforts to assist persons to relocate from institutions.

Conclusion regarding Delayed Implementation of the Remedy

98. The Province is significantly behind the negotiated and legally binding timeframe for many requirements in the Remedy.

99. 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.

100. The DRC requests that the Monitor issue strong recommendations with respect to the Province's compliance with the timelines established in the Remedy.

5. Conclusion

101. 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 Three the Province has fallen behind many of its legally-mandated Remedy timelines.

102. Twenty-one months 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 a reinvigorated Remedy Roundtable and all government departments whose collaboration it requires. The DRC calls upon the Province to put the resources necessary, with the urgency it requires, to get the Remedy 'back on track' by the end of Year Four.

103. In its main Year 3 Narrative Report, the Province emphasized (**7** times) that its Remedy implementation work is "rights-based". The DRC welcomes this sentiment and, therefore, calls upon the Province to accord greater urgency and priority to realizing *all* the rights-based protections set out in the Remedy so that persons with disabilities in Nova Scotia can finally live in equality.

104. 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."

105. 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 30th day of June, 2026.

Vince Calderhead
Counsel for the Disability Rights Coalition