Monitoring Report 2025-26: Matters of rightful urgency

Year 3 of the Nova Scotia Human Rights Remedy

JULY 2026
REPORT OF THE EXPERT MONITOR
DR. MICHAEL J. PRINCE
TO THE PROVINCE OF NOVA SCOTIA,
NOVA SCOTIA DISABILITY RIGHTS COALITION,
AND NOVA SCOTIA HUMAN RIGHTS COMMISSION

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1. Message from the Expert Monitor

29 July 2026

It is my honour to present this third annual *Monitoring Report 2025-26: Matters of Rightful Urgency*. The report is prepared in accordance with the Board of Inquiry Decision and Interim Settlement Agreement. The report provides an independent and impartial assessment of the Province's compliance and progress in relation to the Agreement.

I appraise the extent to which the Province is fulfilling its obligations to remedy systemic discrimination by transforming the provision of social assistance supports so they meet the needs of persons with disabilities living in Nova Scotia and ensuring the provision of these services is timely. This redesign must accommodate the needs of all persons with disability who require social assistance, including children, youth and adults with intellectual disabilities, and those with long-term mental illness and/or and persons with physical disabilities.

This report presents the results of my review and assessment conducted for the third year of the Human Rights Remedy, April 1, 2025, to March 31, 2026. It also provides my update assessment of activities and time-periods for the second year.

The Province of Nova Scotia produced their third Annual Progress Report on May 30, 2026. In accordance with the Interim Settlement Agreement, I had 60 days from receipt of that Progress Report to file my response. In separate correspondence on May 30, 2025, the Province provided their response to the 14 specific recommendations contained in my Year One Report. On June 30, 2026, the Nova Scotia Disability Rights Coalition produced a set of submissions for my consideration about the Province's third Annual Progress Report.

I appreciate the shared commitment of the Parties to remedying systemic discrimination in the provision of services to persons with disabilities and to creating equitable and inclusive communities across Nova Scotia.

My gratitude to Dr. Melina Buckley, independent legal adviser in the monitoring process, for her legal counsel and other invaluable contributions to my report.

Respectfully,

Michael J. Prince, CM, BA, MPA, PhD

2. This Year at a Glance

In last year's Monitoring Report, I wrote of the absolute necessity for the Province to go from gaining traction in implementing the Human Rights Remedy to accelerating progress.[1] Now, in assessing the results for the third year, I conclude that alongside some points of progress, there is a troubling lack of traction and the absence of acceleration for several requirements foundational to the Remedy.

For 2025-26, there are 34 Remedy requirements overall. The Province self-reported exact compliance on 16 of these requirements, compliance in substance for four requirements, and substantial progress on 14 of the requirements. My assessment of Year 3 determines that seven requirements are in exact compliance, none are complying in substance, eight requirements are in substantial progress (of which three are in significant progress and five in sufficient progress), and 19 requirements demonstrate slight progress. See Table 1.

Table 1
Comparing Remedy status assessments for Year 3: By the Province and Expert Monitor

Status of Remedy Requirements (34)	Reported by the Province	Assessed by Expert Monitor
Exact Compliance	16	7
Compliance in substance	4	--
Substantial Progress	14	Significant Progress = 3 Sufficient Progress = 5
Slight Progress	--	19
Total	34	34

At this stage of the Remedy's timeframe, too many items are incomplete, too many are not meeting the targets for compliance. While the Province reported that most Year 3 requirements were in compliance, I conclude that more than half made only slight progress. Across the three years which I have now monitored, the level of slight progress is highest for Year 3.[2] Documentation on implementation and explanations of delayed results fall short of agreed upon and legally required standards of transparency. Collaborative relations between the Parties are

[1] *Monitoring Report 2024-25: Gaining Traction*, Year Two of the Nova Scotia Human Rights Remedy, p. 7. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_two.pdf

[2] For Year One, I determined that 48 per cent of the Remedy requirements attained slight progress. For Year Two, 21 per cent of the requirements attained slight progress. For Year Three, the subject of this report, 56 per cent of the requirements attained slight progress.

strained by unilateral actions by the Province. These conclusions, based on my close review of the progress achieved to date, led me to entitle my Report *Matters of Rightful Urgency*.

Remedy requirements fulfill the legal entitlement to human rights.[3] Legally established and formally negotiated, thousands of individuals and families throughout the province justifiably expect these requirements to be implemented. The province has the highest proportion of people aged 15 and over with disabilities in the country, at 38 per cent of the population or more than 300,000 persons.[4]

The Remedy sets out the concrete actions required to achieve the cherished values and legally established norms of non-discrimination, human dignity, freedom from unnecessary institutionalization, timely access to public services and local supports, living in a community of choice as citizens with valued roles and needed resources. Several obligations under the Remedy – of great importance to transforming Nova Scotia's disability support system – require immediate attention, swift action, and substantial results. Delays and shortfalls perpetuate barriers to enjoying and exercising these human rights. Fulfilling legal entitlements to accommodative social assistance is integral to eliminating the unfair treatment, the systemic discrimination of people with disabilities as a group, so that they can live with dignity and take up their rightful place in Nova Scotia.

Supporting documentation and explanations for reporting results contained in the Interim Progress Report and Annual Progress Report are less than satisfactory in several respects. I devote a section in this year's report on the importance of reporting requirements. I conclude that the Province needs to be more transparent about its progress in implementing the Human Rights Remedy.

This report makes fifteen recommendations. Several aim to improve transparency by the Province in reporting on the steps it is taking to transform the disability support system as it is legally required to do. I aim to assist Nova Scotians to better understand the rightful urgency of remedying systemic discrimination against people with disabilities. A second group of recommendations concern the necessity of planning for and expanding community-based housing options.

As Expert Monitor I have three key messages for the Province: (i) provide more transparent documentation of decisions and actions related to the Human Rights Remedy; (ii) engage in additional collaborative discussions with the Disability Rights Coalition; and (iii) exercise

[3] The DRC has stated: "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." DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 14.

[4] Disability without Poverty, Campaign 2000, and Family Service Toronto, *Disability Poverty Report Card*, p. 22. December 2025. https://campaign2000.ca/wp-content/uploads/2025/12/2025-Disability-Poverty-Report-Card-FINAL-English.pdf Data are for the year 2022. The Canadian average was 27 per cent of the population identified as having one or more disabilities.

greater determination and cooperation across provincial government departments and agencies to achieve the necessary progress and compliance.

3. Introduction

3.1 Purpose of this report

This report provides an independent and impartial assessment of the Province's compliance and progress in relation to the Interim Settlement Agreement (the ISA or the Agreement). The Agreement represents a collaborative and legally binding process, and comprehensive plan designed to result in a systemic human rights remedy the Human Rights Remedy or the Remedy.[5] I will use "the Remedy" as a short form of the Human Rights Remedy in this Report.

In particular, that assessment includes an in-depth examination of the progress to date in achieving the indicators, timeframes, targets, and outcomes for Year 3 of this Agreement.

The Agreement is unique in how it was developed, what it contains, and what it ultimately promises in moving toward an inclusive and fair society in Nova Scotia.

The Remedy sets out a five-year timeframe to implement a broad range of significant changes in provincial and local services, positive shifts in community networks and public attitudes, and in enhanced personal possibilities for individuals living with disabilities and their families.

Each year, the Province is responsible for submitting an Interim Progress Report (by January 15) and an Annual Progress Report (by May 31).

Under the Agreement, as Expert Monitor I undertake annual monitoring of the implementation to ensure the Province is continually making substantial progress and eliminating the systemic discrimination – the unfair treatment of people with disabilities as a group. I assess performance based on information provided by both Parties in line with the remedy action and outcome requirements. I report both positive and negative findings where appropriate and make recommendations to support the process and facilitate effective implementation of the Remedy.

This report presents the results of my review and assessment conducted as the Expert Monitor for the third year of the Remedy, April 1, 2025, to March 31, 2026. The report also provides my updated assessment of activities for the second year: April 1, 2024, to March 31, 2025.

3.2 The Remedy: matters of human rights

The Remedy is about how to support individuals and their families in building inclusive lives in communities of their own choosing throughout the province.

A human rights approach, which underpins the Interim Consent Order and Interim Settlement Agreement, provides guidance in how to assess the Province's activities and progress. This approach recognizes the interests and capacities of individuals. It aims to support people in

[5] Attached to the Interim Consent Order of June 28, 2023, the Interim Settlement Agreement is a 15-page document along with four appendices, agreed to by the Parties on April 25, 2023. Available at https://humanrights.novascotia.ca/sites/default/files/interim_consent_order_settlement_sig_redacted.pdf

communicating their preferences and making their own decisions. It entails ensuring the provision of accommodative social assistance. I will say more about these human rights principles and methods throughout this report.

To be effective, the Province must implement the Remedy by taking into account the needs of individuals with disabilities who experience implementation of each remedial requirement in specific life circumstances and in specific local communities. The Province must also evaluate whether implementation operates in real life to meet these particularized needs.

3.3 Terms of Monitoring Progress and Compliance

In assessing the obligation by the Province to remedy the discrimination the following terms are used in Interim Settlement Agreement.[6]

"Exact compliance" means that the Province has complied in exact terms with an indicator, timeframe, target or outcome;

"Compliance in substance" means that the Province has accomplished the underlying purpose of an indicator, timeframe, target or outcome by using alternative measures which are equally or more efficacious than the original indicator, timeframe, target or outcome, without necessarily meeting the exact requirement set out;

"Substantial progress" means that, from an overall perspective, the Province is making sufficient progress in complying and that it is still anticipated the discrimination will be remedied in the timeframe contemplated.

In assessing "substantial progress" this year I again have applied three additional terms, developed and adopted by me in first monitoring report as follows:[7]

• "Significant progress" refers to the Province making tangible improvements and advancements towards the intended outcomes, obtained to a considerable degree and with influential consequence.

• "Sufficient progress" refers to the Province making tangible improvements and advancements towards intended outcomes, realized to an adequate degree and effectiveness.

• "Slight progress" refers to the Province making modest tangible improvements and limited advancements towards intended outcomes, to a minimal degree and marginal in result. Slight progress on a Remedy requirement means the legal obligations are more in progress, than having made progress.

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[6] https://humanrights.novascotia.ca/sites/default/files/interim_consent_order_settlement_sig_redacted.pdf See p. 7.

[7] On understanding compliance and discerning substantial progress, see *Monitoring Report 2023-24: Getting on Track*, Year One of the Nova Scotia Human Rights Remedy, pp. 29-32, https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_one.pdf and *Monitoring Report 2024-25: Gaining Traction,* Year Two of the Nova Scotia Human Rights Remedy, pp. 10-12. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_two.pdf

Significant progress and sufficient progress align with the way the Interim Settlement Agreement defines substantial progress. From an overall perspective, the Province is making steps forward in complying, such that it is still anticipated that the discrimination will be remedied in the timeframe intended. Significant progress means that timely compliance is clearly within reach whereas sufficient progress means that timely progress is feasible but there is some doubt it is achievable within the timeframe. By comparison, slight progress recognizes that some steps have been taken but that it is uncertain the Province will be able to achieve timely compliance as expected.

Making these kinds of distinctions about substantial progress is useful for the processes of implementing the Remedy and monitoring implementation. One benefit is to yield assessments of the remedy requirements, which are more precise and fit empirically with the supporting documentation, where provided.

3.4 Outline of the Report

The rest of this report is as follows. Section 4 discusses the recent Class Action Settlement Agreement in relation to the Remedy.

In the role of Expert Monitor, I am required to review and comment on the accuracy and adequacy of the data provided by the Province and make any necessary recommendations to the Parties for further disclosure in order to monitor compliance and progress fully and properly with the Interim Settlement Agreement.[8] Section 5 therefore introduces the concept of information transparency and its central importance to implementing and monitoring the Remedy.

Section 6 provides updates on Year 2; specifically, on Remedy requirements and on the status of Monitor recommendations for that period.

Section 7 examines how the two Parties to the Human Rights Remedy, the DRC and the Province, characterize the state of progress and results by the end of March 2026.

Sections 8 through 11 assess Year 3 Remedy requirements in specific detail. These requirements include governance of the Remedy, staffing and workforce strategy, closing institutional facilities and expanding housing options, shifting disability support approaches, and v bringing lived experiences and expertise into the design and delivery of the Remedy.

Section 12 looks ahead to Year 4 while Section 13 offers conclusions. A summary of the recommendations are listed in Section 14.

4. Nova Scotia Disability Services Class Action Settlement

In Nova Scotia, people with disabilities may apply for assistance under the *Social Assistance Act*, 1989, through the Disability Support Program. Between April 1, 1998, and August 20, 2025,

[8] The Interim Settlement Agreement is a 15-page document along with four appendices, agreed to by the Parties – the Province and the Disability Rights Coalition of Nova Scotia – on April 25, 2023. https://humanrights.novascotia.ca/sites/default/files/interim_consent_order_settlement_sig_redacted.pdf

certain individuals who were eligible for this assistance were put on waitlists to receive services, and/or placed in Institutions, Nursing Homes, or Hospitals while on the waitlist.

A class action[9] was launched in 2022 against the Province of Nova Scotia, alleging that it mismanaged the system of assistance for people with disabilities. This class action was brought to claim compensation for people with disabilities who had been determined to be eligible to receive disability services under the *Social Assistance Act*, but were placed on the waitlist or placed in an institutional setting; in particular, placed in a Regional Rehabilitation Centre, Adult Residential Centre, or Residential Care Facility), Nursing Home, or Hospital. The lawsuit claimed that, because of this mismanagement, the Province was negligent and had violated sections 7 (right to life, liberty, and security of the person) and 15(1) (right to equality under the law without discrimination) of the *Canadian Charter of Rights and Freedoms.*

In June 2024, the Nova Scotia Supreme Court allowed the lawsuit to go forward as a class action. The Province subsequently agreed to settle the lawsuit and pay compensation to people who were affected by waitlists and unnecessary institutionalization, known as the Class Members.

I am commenting on the class action to assist the public to understand the distinctions between the two legal processes, despite the shared subject matter.

In August 2025, the parties in the lawsuit reached a Settlement Agreement worth $32 million.[10] In turn, in November 2025 the Nova Scotia Supreme Court approved the Settlement Agreement, describing it as "fair, reasonable and in the best interests of the Plaintiff and the Class Members."[11] Eligible Class Members will receive compensation based on how long they were on the waitlist for disability services, and how long they were placed in an institution.

Individuals who were waitlisted or placed in residential care at any time between April 1, 1998, and August 20, 2025, while they were eligible for disability services under the *Social Assistance Act* may be eligible for compensation. In addition, there are rules that apply to each type of Class Member.[12]

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[9] A class action is a lawsuit which provides a method for a large group of people with common claims to jointly advance one large claim. Class actions are a means through which a group of individuals can obtain compensation for systemic harm or negligence committed against them.

[10] On the Settlement Agreement between the parties, see https://assets.kmlaw.ca/wpcontent/uploads/2022/05/Settlement_Agreement_fully_executed_Aug_20_2025.pdf.

[11] On the Settlement Approval Order by the Supreme Court of Nova Scotia, see https://www.classaction.deloitte.ca/en-CA/ns-waitlist-settlement/order-settlement-approval-2025-11-12-nov---court-issued.pdf. The quote is by the Honourable Associate Chief Justice, Darlene A. Jamieson.

[12] There are four classes in the Settlement, and some individuals may belong to more than one class. (1) Waitlist Class: people who were on the waitlist for disability services other than a residential placement for seniors. (2)Institution Class: people who lived at a Regional Rehabilitation Centre, Adult Residential Centre, or Residential Care Facility while they were eligible for disability services. (3) Nursing Home Class: people who lived in a nursing home and had been assessed by the Department of Community Services as needing support based on the Disability Support Program Policy (or Services for Persons with Disabilities Policy) that

4.1 The Nova Scotia Human Rights Remedy and the Class Action Settlement Agreement

This class action lawsuit is separate from the Human Rights case started by the Disability Rights Coalition of Nova Scotia. In the Human Rights case, the Nova Scotia Court of Appeal found that the Province of Nova Scotia had discriminated against people with disabilities in how it managed the Disability Support Program thereby violating the provincial *Human Rights Act*. Because of the court's decision, Nova Scotia is obliged to make substantive changes to its policies and programs, supervised by a Human Rights Board of Inquiry. This process, called the Human Rights Remedy or Remedy, recently completed its third year of implementation, which is the focus of this report.

The Class Action Settlement works alongside the Nova Scotia Human Rights Remedy by providing compensation to those affected by the waitlists. The Settlement is managed by the parties involved in the class action and a Claims Administrator, while the Province of Nova Scotia continues with the Remedy.[13] Financial compensation paid in this Settlement does not impact an individual's eligibility for, amount of, or timing of Nova Scotia social assistance benefits delivered under the *Social Assistance Act* and the *Employment Support and Income Assistance Act*.[14]

Both the Remedy and the Class Action Settlement are legal processes initiated by Nova Scotians with disabilities in response to serious concerns over the outcome of provincial disability services. Specifically, concerns about extended delays in the provision of assistance for qualified, eligible applicants and recipients and unnecessary institutionalization in a range of institutional settings.

Both the Remedy and the Settlement resulted in court approved agreements intended to address these wrongs. Both underscore the statutory responsibility of the provincial government in providing services and supports to eligible people with disabilities as a right to assistance in a timely manner.

Both convey a positive conception of social assistance as an essential public service in Nova Scotia. The class action result underscores the cost of Provincial delay in meeting its legal obligations. This cost is normally borne by people with disabilities, their families and caregivers. The damages payable under the class action render these costs visible and transfer the burden of the rights violation to the appropriate party, the violator, who is the Province.

5. Transparency by the Province

Transparency is vital to the transformation of disability supports in Nova Scotia. The Human Rights Remedy necessitates a new approach to sharing information and communicating with

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was in force during the time they lived in the nursing home. (4) Hospital Class: people who were placed in hospital for no medical reason while they were eligible for disability services.

[13] Deloitte LLP, "Nova Scotia Waitlist Settlement Frequently Asked Questions (FAQ)," https://www.classaction.deloitte.ca/en-CA/ns-waitlist-settlement/nswaitlist_faq_march2026.pdf p. 6

[14] Ibid., p. 9.

people with lived disability experiences, families, caregivers, service providers and other community partners, an approach intentionally more open, frequent, and inclusive.

5.1 Components of transparent reporting

From the viewpoint of the Interim Settlement Agreement and the Remedy, there are four dimensions to the transparency of reporting by the Province on results.[15] These dimensions of transparency, set out in the Interim Settlement Agreement are as follows:[16]

(i) *adequacy* of data disclosures, that is, the completeness of information released to demonstrate compliance and progress;

(ii) *accuracy* of information, the reliability and fit of the information with actual outcomes and circumstances relating to compliance and progress;

(iii) *clarity* of information, the extent to which it is understandable for the purposes of monitoring progress and assessing compliance in accordance with indicators, timeframes, targets and intended outcomes; and

(iv) *explanatory* content of the information, the quality of reasons given when less than exact compliance exists. This explanatory dimension has several elements: reasons given by the Province on why a result is not in exact compliance, measures and steps the Province has taken to address the situation, other steps or measures the Province intends to ensure substantial progress is made, all in order to meet the required five-year timeframe.

Inevitably, an interim or annual progress report is a selective presentation of information. In monitoring progress and compliance what is of interest to me as Monitor are the choices the Province makes in crafting a narrative through the metrics presented and their relative attention. In the 2025-26 Annual Progress Report, the Province devoted considerable attention to selected highlights for the year. Challenges in implementation are given less discussion and expressed in generally vague language. Consideration of personal experiences are presented in the form of numerous vignettes, offering an emotional appeal and individual focus. Less attention is given to topics of systemic barriers or structural risks. Some presentations of information are transparent, others less so.

[15] This discussion has benefitted from the article by Andrew K. Schnackenberg and Edward C. Tomlinson, "Organizational transparency: A New Perspective on Managing Trust in Organization-Stakeholder Relationships." *Journal of Management,* 2014, Vol. 42 (7), pp. 1784-1810. See also *Monitoring Report 2023-24: Getting on Track*, Year One of the Nova Scotia Human Rights Remedy, pp. 15-18. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_one.pdf

[16] Relevant articles on transparency in the Interim Settlement Agreement include articles 15 ai, ii and iii, 15 cii and iii,16 bi, and 17. https://humanrights.novascotia.ca/sites/default/files/interim_consent_order_settlement_sig_redacted.pdf

5.2 Criticisms of the quality of information

The DRC, in a submission to me regarding the Province's Third Annual Report, claims the Report falls short of the reporting requirements set out in the Interim Consent Order. Specifically, the DRC puts forward three criticisms about the quality of information provided by the Province in its reporting on progress of the Remedy.

The first criticism is what the DRC dubs "boiler plate" compliance statements about achievements that fail to explain how implementation shortcomings will be remedied by the end of Year 5. The boiler plate statement the Province uses for several Remedy requirements[17] is that "we made sufficient progress" to "anticipate it will continue to be remedying the discrimination in the required timeframe."[18] In my earlier monitoring reports,[19] I have been critical about the Province's use of this repetitive and standardized language with respect to many requirements where exact compliance had not been obtained within the time frame established in the order. These failures to comply with the Remedy are compounded by reporting that does not include milestones, deliverable or timelines to achieve exact compliance. A statement of anticipation is not a plan. Nor is it a justification or reasoned explanation. The lack of fulsome explanations on results and clear remedial plans explaining how requirements will be achieved, is inconsistent with the responsibility and accountability of the Province under the legally binding consent order.

Second, the DRC states "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 similar information."[20] The poor quality of the documentation raises concerns about both the transparency of the Province's reporting and the adequacy and completeness of information provided by it.

Third, the DRC asserts "many of the Province's self-assessments of compliance are simply unrealistic. This is more than a trivial problem of being 'overly optimistic' regarding assessment of one or another 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."[21] The lack of full and transparent reporting of accurate and trustworthy information hinders the DRC's ability to participate in implementation of the Remedy and to

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[17] This vague language appears for Year 3 Requirements 5, 6, 11, 12d, 12e. 12f, 12i, 22 and 23. Other Year 3 Requirements include more specific language, such as 4, 12 a, and 19.
[18] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 3.
[19] *Monitoring Report 2023-24: Getting on Track*, pp. 45 and 48. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_one.pdf
[20] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 4.
[21] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 4.

assess progress. It similarly undermines my ability to fulfill my monitoring obligations. Underlying the Province's approach to reporting is what appears to be a generous and flexible self-assessment of its compliance. Requirements that were to be fully operational in Year 2 or Year 3 are deemed to show sufficient progress if planning is underway or a partnership is announced and/or if a measure is expected to be delivered some time in Year 4.[22] Without substantiation, such self-assessments are simple wishful thinking.

On a positive note, the DRC acknowledges the Province's support for the DRC to carry out a 'Remedy Awareness Campaign' so that all Nova Scotians may know the promised benefits of the Remedy.[23] This campaign has contributed to transparency by providing clear and comprehensible publicly-disseminated information written in accessible language. Current work for the Regional Advisory Councils on inclusive communications and facilitation is another constructive example and could be extended to facilitate transparency and accessibility about implementation progress for all Remedy requirements. The Leadership and Capability Panel could also serve a useful role through training and development activities that promote best practices in organizational transparency.

5.3 Consequences of gaps in transparency

Transparency is essential to good governance and is an enabler of provincial accountability. In this context, transparency requires the sharing of reliable, detailed information that describes plans, outlines procedures, explains reasons for them, and the intended outcomes. Effective information that is dependable, clearly visible, and easily understandable helps build understanding and trust. Transparency directly contributes to the accountability of government to the public for policy decisions and program results.

Conversely, limitations in the quality of information provided by the Province about measures taken and progress in achieving the Remedy requirements can have troubling consequences. Uneven and limited release of information and related explanatory analysis may represent a breach of the Settlement Agreement provisions setting out data and document disclosure obligations.[24] It is apparent to me that it negatively affects the working relationship between the Province and the DRC. Not having information on all the requirements, targets, and outcomes, constrains my ability as Expert Monitor to scrutinize and fully assess performance by the Province. In addition, gaps in transparency by the Province limits the capacity of the general public, disability sector workers, and community partners to understand what steps the Province is undertaking, why and how, and with what outcomes.

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[22] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, pp. 4 and 16.
[23] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 1.
[24] Of the 34 requirements for Year 3, for fully one-quarter (9 of 34) the Province provided no supporting public documentation. These are requirements 10, 11, 12b, 12c, 12e, 12i, 14, 16 and 20.

5.4 Corrective actions

In view of these transparency gaps in reporting on Remedy requirements, I recommend that the Province makes a concerted effort to ensure Annual Progress Reports and their supporting documentation and explanations of progress are in full accordance with section 15 of the Interim Settlement Agreement. These efforts are especially important where exact compliance of one or more Remedy requirements has not been achieved within the agreed upon time frame. Repetitive and generalized reporting claims, incomplete and unreliable information used to substantiate claims about progress, and overly positive or naïve self-assessments ungrounded in solid information and/or concrete plans to achieve exact compliance are simply unacceptable. Additionally, these transparency failures raise compliance issues with respect to the Province's data and disclosure requirements under the consent order.

6. Update on Year 2

This section provides an update on two aspects of progress respecting the Province's Year requirements (Year 2 ended March 31, 2025). The first concerns the status of Year 2 Remedy requirements as of the end of Year 3, March 31, 2026. The second is the Province's responses to the recommendations I made in my Year 2 monitoring report last year released on July 30, 2025. I offer observations and comments on both of these topics.

6.1 Updating the status of Year 2 Remedy Requirements

Of the 28 Remedy requirements for Year 2, I assessed that 12 were in exact compliance, 10 were in substantial progress (two of which were in significant progress, eight in sufficient progress), and six requirements showed slight progress. Overall, I characterized the second year as a time of gaining traction.

In the Annual Report on the Remedy for Year 3, the Province includes two types of updates on Year 2 requirements.

One update provides status reporting on Year 2 targets that did not continue onto a Year 3 target and yet were not in exact compliance nor had sufficient progress been made to confidently conclude that it would be possible to catch up by the end of the 5 year implementation period. There are five such requirements and for each the Province has provided a status narrative and supporting documents.[25] Table 2 sets out for each of the five requirements: my 2025 assessment, the Province's assessment as of 31 March 2026, and my up-to-date assessment.

Table 2
Status of progress on outstanding Year 2 requirements

Human Rights Remedy requirement	Monitor's assessment	Province's assessment	Monitor's reassessment

[25] Annual Progress Report – Targets and Compliance, Year 3, Appendix I – Status of outstanding requirements from Year 2 Annual Report, pp. 29-34.

	July 2025	March 2026	July 2026
3.k Regional Multidisciplinary Mental Health/Health Teams and Supports operational	Slight progress	Substantial progress	Slight progress
3.1 Award new proposals for MH/Health programs	Sufficient progress	Substantial progress	Significant progress
3.m Province wide Critical Response Team/capability fully operational	Sufficient progress	Exact compliance	Significant progress
6. Widespread accessible training commenced on supported decision making for individuals, families, service providers and DSP staff. Anchor efforts (in the short term) on the presumption of capacity in NS law	Sufficient progress	Exact compliance	Significant progress
25. Housing rental costs assistance review complete	Sufficient progress	Exact compliance	Exact compliance

I conclude progress has been made on four of the five Year 2 requirements, most notably in regard to completing the housing rental costs assistance review on DSP's excess shelter policy.

The Allied Health Teams in all four regions of the province were to be fully operational at the end of Year 2 of the Remedy; at the end of Year 3 this requirement remains unfulfilled. I continue to assess this Remedy requirements as slight progress in light of the fact that two regions are still in the planning phase. A consequence, the DRC observes, is that "a lack of Allied Health Care services currently available to IPSCs [Intensive Planning and Support Coordinators] is one of the barriers advocates continue to encounter in their efforts to assist persons to relocate from institutions."[26]

The second update on Year 2 requirements provides status reporting on the targets determined to not be in exact compliance. The Province usefully cross-references where the continuing status of these is reported in Year 3 items.[27] There are 24 such requirements and of these I conclude that the status of 11 requirements has not changed from my assessment last year: two continue to

[26] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, p. 16.
[27] Annual Progress Report – Targets and Compliance, Year 3, Appendix III – Year 2 targets, location of Compliance Status Reporting, pp. 37-40.

be characterized by significant progress, four sufficient progress, and five slight progress.[28] Year 2 requirements which continue to exhibit slight progress involve two issue areas central to the human rights complaint: (a) reducing the number of people residing in institutions and of younger people in nursing homes, and (b) reducing service wait lists for individuals deemed eligible for DSP services. I return to these issues of deinstitutionalization and waitlists later in the report.

For the other 14 Year 2 requirements, I determine their status has improved at least to some extent. Rather than describe each in turn, for ease of reading, Table 3 categorizes these by level of progress assessed by me in 2025, the Province's status assessment as of March 2026, and my up-to-date assessment.

Table 3
Changed status of Year 2 Requirements continued in Year 3

Status of 14 Requirements	Monitor's assessment July 2025	Province's assessment March 2026	Monitor's reassessment July 2026
Exact compliance	--	6	5
Compliance in substance	--	3	3
Substantial progress Significant Sufficient	5 (1) (4)	4	5 (4) (1)
Slight progress	8	--	--
Total	13	13	13

By end of Year 3, considerable progress has been made on these ongoing Year 2 Remedy requirements. Whereas, in July 2025, I determined that only slight progress had been made on nine of the requirements, sufficient or significant progress has been made during the past year. This assessment represents tangible and meaningful advances toward fulfilling the terms of the Agreement.

Sustained work and attention to all issue areas continues to be required until the overall outcome of remedying the systemic discrimination experienced by Nova Scotians living with disabilities within the provincial social assistance scheme.

6.2 Reporting on the status of Year 2 Monitor Recommendations

[28] Each item can be listed with its Year3 (and Year 2) reference. Those with continuing significant progress are items 13 (was 20) and 20 (28); sufficient progress are items 12a (was 3b), 3i 12g (3i), 10 (4) ,and 6 (18). Slight progress items are 12b (was 3c), 12i (3d), 12e (3f), 12 g (3j), and Year 2 3k. in Appendix 1.

As Expert Monitor, I review, comment upon, assess and make recommendations on the nature and extent to which the Province is in compliance with the Human Rights Remedy. I have the authority to make recommendations in two broad area, procedural (the 'how' of the work) and substantive (the 'what' of the work) in transforming disability supports in Nova Scotia. Both areas are important and practical matters of ensuring sustained, rights-based progress continues to be made consistent with the five-year schedule agreed to by the Province and the DRC and committed to by the Consent Order.

In the Monitoring Report last year, I made nine recommendations. The first was that for Year 2 and subsequent years, the Province's responses to each of my Recommendations be reported on in a unified manner that includes focused explanations with specific and contextual information. In their submission this year, the Province does include a specific document that provides status reporting on the Year 2 Monitor Recommendations.[29]

The nine recommendations made last year are listed below and the Province's responses appear in italicized text.

1. That for Year 2 and subsequent years, the Province's responses to each of my Recommendations be collected together and include focused explanations with specific and contextual information.

   Addressed in this table [that is, Appendix II of the 2026 Annual Progress Report]

2. That the Executive Director of the Remedy work with the Disability Rights Coalition, People First of Nova Scotia and Inclusion Nova Scotia to develop and implement an action plan for the routine production of plain language documents related to the Human Rights Remedy. One possibility would be for DSP to contract with People First and/or Inclusion Nova Scotia to work with provincial officials along with the Disability Advisory Committee in producing accessible documents.

   Draft Inclusive Communication and Facilitation Guidelines (Confidential Documents 280, 281 and 285) developed and submitted to DRC on 07 April 2026 for review and feedback. Once feedback is received documents will be finalized and implemented.

3. That the Province report on what mechanisms have been put in place to replace the Service Request List; and, that the Province collaborate with the DRC to ensure the alternative is fully transparent and in alignment with the Remedy and human rights principles more generally.

   Proposed Service Request list replacement measures and targets (Confidential Document 298) submitted on 07 April 2026 to DRC for review and feedback. Once feedback is received Service Request list replacement will be finalized and implemented.

4. That the Province integrates the Human Rights Remedy and human rights principles more generally in its update of Disability Support Program policy manuals. To do so by

[29] Annual Progress Report – Targets and Compliance, Year 3, Appendix II – Status of Year 2 Monitor Recommendations, pp. 35-36.

incorporating information about the Human Rights Remedy in policy statements; referring to guiding principles and values of human rights in the policy objectives; identifying specific rights and duties relevant to the specific procedures and practices; and, referring directly to the Remedy, noting pertinent outcomes in the accountability sections.

Proposed updates to Disability Support Program Policy integrating Human Rights principles (Confidential Document 299 and 300) submitted on 07 April 2026 and 15 May 2026 to DRC for review and feedback. Once feedback is received policy updates will be finalized and implemented.

5. That in order to accord with the Remedy, the Excess Shelter Policy should uphold the principle that a person meeting the criteria will receive the shelter expense amount, as per their household size, as a right to accommodative assistance.

   Policy has been updated see document 297.

6. That the Province commit to consultations with the Disability Rights Coalition on all major aspects of workforce strategy and activities, including recruitment, training and staffing decisions. Consultations could address hiring qualified IPSCs in a timely manner, balancing the workload of new roles (the LACs and IPSCs) with the workload of existing programs, meeting the facility closure timelines with adequate support planning capacity and options for individual moving into community.

   Consultation with DRC occurred on 09 June 2025, 20 October 2025, 21 November 2025, and 16 March 2026 additional supporting documents provided and reviewed including modelling assumptions and methodology, more detailed recruitment timelines, LAC assessment and scoring guide. It was also agreed that a first voice representative sit on hiring panels for Supervisor and above position in DSP.

7. That given the lack of a comprehensive overview of the governance landscape for the Human Rights Remedy, the Parties work together to produce a map, perhaps accompanied by a guidebook in plain language and available in alternate formats that would identify and briefly describe the roles and relationships. In addition, this information could indicate how human rights principles are present in mandates, processes and practices.

   Dependent on finalization of items #2 and #4 above.

8. 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.

   See Appendix I in Annual Progress Report Table.

9. That the Province develop an explicit policy statement on admissions to Long Term Care facilities for adults under 65 that is consistent with the Human Rights Remedy and human rights principles more generally.

   Proposed amendments to admission policy to Long Term Care facilities (Confidential Document 278) submitted to DRC on 29 April 2026 for review and feedback. Once feedback is admission policy will be finalized and implemented.

On these responses by the Province to my Year 2 Recommendations, I will make the following observations. First, I appreciate the Province has consolidated their nine responses in one document that forms part of their 2026 Annual Progress Report on the Human Rights Remedy. Second, for most of the recommendations, I welcome the references to specific collaborative interactions with the DRC inviting their review and feedback. These are positive developments.

On a more critical note, for several of the responses to Year 2 Recommendations the supporting documentation is entirely confidential material. I will echo a recommendation from my 2023-24 Report that the Province provide (without disclosing any personal information, jeopardizing IT security or revealing the provision of advice to a Minister, as per the Freedom of Information and Protection of Privacy Act), a high-level synopsis of information pertinent to that corresponding item. This would assist me in my role as monitor and be of interest to the general public. I especially see value in releasing in whole or a summary of the documents on accessible information, inclusive facilitation of meetings, and inclusive communications.[30]

The Province should clarify one point. It is unclear what is meant by a response stating that once feedback is received on confidential documents, these documents and policy updates "will be finalized and implemented." Does that mean the documents will be made public? Transparency is a critical underpinning for collaboration, change management, and trust by DSP participants and many others in the wider disability community in the province.

I therefore recommend that for Year 4 and Year 5 the Province, for all reporting on progress in implementation or responses to Monitor recommendations that rely on confidential documents, should include a description of plans for the public presentation and dissemination of materials designated as confidential.

7. Overall Representations of Year 3 by the Province and the DRC

How do the Parties to the Human Rights Remedy, the DRC and the Province, characterize the state of progress and results by the end of March 2026? The way they do so reveals a paradox: a seemingly shared way of talking generally about the Remedy with a strongly expressed division over the status of specific requirements.

[30] Confidential Documents 280, 281, and 285.

7.1 Shared perspectives

An emerging commonality responds to the need to be, and to be seen to be, as working together to remedy the systemic discrimination of Nova Scotians with disabilities. See Table 4.

Table 4
An emerging commonality of perspectives

Remedy Year 3	The Province	Disability Rights Coalition
The shape of progress	• "across all areas of the Remedy's Year 3 targets" • "shows a system beginning to take shape in real and practical ways." • "The progress we report here is meaningful."	• "Remedy is creating change." • "DRC welcomes this progress." • "meaningful change is beginning to take shape."
Challenges at this stage	• "Continued focus and effort will be required as the work carries on." • "sustaining meaningful transformation."	• "Province remains behind on several mandatory timelines and deliverables
Relations between the Parties	• "Year 3 was marked … by deeper collaboration with the Disability Rights Coalition." • "stronger first voice involvement."	• "The DRC remains committed to collaboration, transparency, and accountability." • "A shared obligation to get this right."
Core values	• Rights-focus on dignity, belonging, autonomy • Lived realities helping shape what is designed • The work carries urgency and responsibility	• Human rights framework • Sharing lived experiences of those affected • Delays must be addressed with urgency and corrective action
Work outstanding	• "it is not the end of the work. What matters most is that this work continues, steadily and deliberately."	• "Significant work remains to ensure the transformation reaches everyone as intended."

Sources: Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, pp. 1-10, and Disability Rights Coalition, "Court-Ordered Human Rights Remedy Is Creating Change – With More Work Ahead." Halifax, June 10, 2026, pp. 1-2. See also Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026.

This commonality in texts is, I believe, much more than being done for show. Words matter. How the parties talk about the Remedy and their work matters. It is an expression of their respective understandings of the Remedy, the present and likely state of development, and the implications for the lives of people with disabilities. To the extent there is a shared vocabulary, it

both reflects and contributes to interactions between the Province and the DRC on a range of tasks and issues. It can be a way too of managing tensions over other matters.

7.2 Serious differences

Serious differences in assessment of progress and compliance and of outlook do remain. This is to be expected given the complex and vast undertaking of this historic Remedy; the distinct roles, mandates and powers of the two Parties; and in view of ongoing gaps and delays in meeting many Remedy requirements.

In analyzing the Province's record in implementing Year 3 obligations, the DRC states:

- "the Province still has a long way to go if it is to remedy systemic discrimination against persons with disabilities in Nova Scotia."
- "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."
- "the Province has fallen far behind with respect to a number of critical, legally mandated Remedy timelines."[31]

The DRC highlights as "failures" the following key aspects of the Remedy that are "seriously delayed" or altered:

- Inadequate recruitment of specialized staff (IPSCs and LACs), "cornerstones for the Remedy transformation."
- Far behind mandated relocations of individuals from Provincial facilities
- More persons under age 65 are living in nursing homes and other Long Term Care homes, rather than there being a reduction of 200 persons living in community.
- Downgrading the role of 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.
- Allied Health Services Outreach Teams yet to be operational in three of the four regions.[32]

Touching on the issue of transparency discussed earlier, the DRC concludes: "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."[33] On the Province's ability to meet the overall five-year Remedy timeline, the DRC says that their concerns, which were already serious after the first few years, have intensified at the end of Year 3.[34]

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[31] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, p. 1.
[32] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, pp. 1 and 5-9, 11, 15-16.
[33] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, p. 9.
[34] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, p. 9.

My overall appraisal of Year 3 is twofold. First, there are aspects of progress on some requirements from Year 2 and in Year 3. Secondly, however, there is a troubling lack of traction and the absence of essential acceleration for several Remedy requirements foundational to modernizing the disability support system in Nova Scotia. Given the circumstances and obligations, my evaluation is that at this stage of the Remedy's timeframe, too many requirements are incomplete compliance.

YEAR 3 REMEDY THEMES

8. Disability Sector Leadership and Workforce Development

Governance of the Remedy is a multifaceted undertaking. It involves leading the transformation of the disability support system in Nova Scotia; strengthening training and professional development of staff and service providers; building capacity and learning as implementation progresses; and steering the shift toward a more person-directed and rights-based community approaches to supporting individuals with disabilities and their families.

Remedy requirements related to this first theme concern recently created organizations, new staff positions, a backbone administrative system for individualized funding, and workforce plans for the disability sector as a whole. The requirements are:

- "Update as to status and work of the Roundtable." (item 1)
- "Leadership and Capability Panel contract, a) Contract renewal or new Contract awarded." (item 2)
- "Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigation) and Intensive Planning and Support Coordination (IPSC)." (item 3)
- "Recruitment and training of new Local Area Coordination and Intensive Planning and Supports Coordination staff as per fidelity criteria: a. Handover commences for new LACs and IPSCs." (item 4 a)
- "b. Full complement of 80 LACs and 80 IPSCs operational, I Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8." (item 4 b)
- "Implement External Evaluation and revision of IF administrative system." (item 11)
- "Continue to implement Disability Sector Workforce Plan." (item 21)

A Government Disability Roundtable was a leading recommendation put forward in 2023 by the independent consultants who advised the Province and the Disability Rights Coalition on how to implement the Remedy. "The Government Disability Roundtable," as the consultants saw it, "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."[35]

The particular concern and pressing issue for which the model of the Roundtable was proposed was to foster collaboration among government organizations and "address inconsistencies in approach to disability across departments."[36] Membership on the Roundtable would be broadly cross-governmental. The consultants further saw the Roundtable's mandate including ideally a legislative foundation and with reporting obligations to cabinet through a minister responsible for disability along with community services.[37] Such reporting would directly link the coordination of disability policy reform to the government's objectives and priorities and their legal obligations under the Remedy.

In this year's submission, the DRC reiterated the necessity of a cross-governmental approach to implementing the Remedy. "The Remedy requires action across all of government, not just within one Department. Housing, health, education, labour, and transportation systems, for example, must work together to support community living and inclusion."[38] I address the need for action across all of government in my observations and recommendations.

8.1 The Remedy Roundtable: from horizontal discussion to hierarchical direction?

The working model of the Roundtable has been altered, with a new governance structure implemented as of March 31, 2026, with a narrower membership and a stronger emphasis on executive management. In my report last year, I remarked on the large membership of the Roundtable with 29 provincial government officials, spanning nine departments and encompassing at least six levels in organizational hierarchies.[39]

Following a review of the Roundtable, the Province reports that "membership has been streamlined and limited to Executive Deputy Ministers who will meet quarterly."[40] The stated mandate for the Roundtable continues to be "providing whole-of-government oversight, accountability, and risk management for Remedy implementation." [41]

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[35] Eddie Bartnik and Tim Stainton, Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, April 24, 2023, p. 77. https://novascotia.ca/coms/disabilities/human-rights-remedy-dsp-final-report.pdf

[36] Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, p. 65.

[37] Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, pp. 65-68 and 70.

[38] Disability Rights Coalition, Court-Ordered Human Rights Remedy Is Creating Change – With More Work Ahead, June 10, 2026, p. 2.

[39] Michael J. Prince, *Monitoring Report 2024-25: Gaining Traction*, p. 40. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_two.pdf

[40] Annual Progress Report-Targets and Compliance, Year 3, p. 1

[41] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, p. 7.

The DRC was not involved in reviewing the governance structure of the Roundtable nor consulted on these changes, which the DRC claims has effectively downgraded the critically important oversight and governance role of the Roundtable.[42] I appreciate these concerns.

The position of Executive Deputy Minister is a recent development in the Nova Scotia public service. In September 2023, four senior officials, all former deputy ministers, became Executive Deputy Ministers reporting to the head of the Public Service and Deputy Minister reporting to the Premier. Their duties include "the provision of strategic leadership, direction and coordination of information and advice to government."[43] According to a Halifax-based government relations firm, "These four will no longer be responsible for specific departments. Instead, they will work closely with the Premier's senior leadership and dedicated policy-focused political staff to focus on broader files to advance the Government's priorities within the bureaucracy. This restructuring will likely provide the Premier's Office with a more direct conduit to the inner workings of departmental operations and executives within the public service."[44]

In December 2024, changes announced to the senior public service showed that those officials with Executive Deputy Minister (EDM) responsibilities were now given additional responsibilities for one or two specific departments.[45] This could be seen as complicating the roles and responsibilities of EDMs in managing interdepartmental relations with the Remedy.

From my perspective as Expert Monitor, a key question that arises is what effects this EDM model will have on the implementation and coordination of the Remedy. How will the EDMs ensure there is policy coordination and consistency of efforts in undertaking the systemic changes required by the Remedy? The task is to achieve a workable balance between program change and program continuity, between central direction and departmental delegation, between timely action and community acceptance. In reality, these undertakings are more about organizational craft than management science.

Most significantly, the DRC concludes the mandate and stature of the Roundtable is now far off from that contemplated by the Interim Consent Order as well as the independent experts in their technical report to the Parties.[46] I agree with that assessment.

At a time of budget reductions affecting provincial departments and agencies, it is more important than ever to have representatives on the Remedy Roundtable with direct responsibility for, and understanding of the array of public programs which directly affect the well-being and

[42] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, pp. 5-7.
[43] Nova Scotia Executive Council, Order in Council Number 2023-246 and 2023-257. https://www.novascotia.ca/orders-council
[44] Enterprise Canada, Nova Scotia's Historic New Cabinet, September 14, 2023, p. 7. https://enterprisecanada.com/wp-content/uploads/2023/09/ENT_NS_CabinetShuffle_2023_09_14_V05.pdf
[45] Premier's Office, News Release, Changes to Senior Public Service, 19 December 2024, p. 2. https://news.novascotia.ca/en/2024/12/19/changes-senior-public-service
[46] Disability Rights Coalition, DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and the Parties on June 30, 2026, pp. 7-8.

human rights of Nova Scotians with disabilities.[47] In addition, while the previous size of the Roundtable members of 29 was unduly large, the current model of four or five executive deputies is too narrow. The Roundtable needs to communicate with management leaders across the many departments and agencies of the provincial public service to ensure "continued focus, sustained investment, and accountability."[48]

I therefore recommend that the Province (i) expand the size of the Remedy Roundtable membership to enable effective oversight, communication and collaboration across key departments responsible for disability issues; (ii) hold meetings on a regular basis, at least quarterly and more frequently as needed; (iii) share Roundtable agendas and meeting materials with the DRC (on a Confidential basis, as required); and (iv) include Ministerial and Cabinet reporting by the Minister of Opportunities and Social Development or designate.

8.2 Leadership and Capability Panel: agents of skill development and culture change

The Leadership and Capability Panel, comprised of nine external experts, continued through Year 3 "to support leadership development, and the design and implementation of new disability support programs for participants and training for frontline staff."[49] This included training for Local Area Coordinators (LACs), Intensive Planning and Support Coordinators (IPSCs), and existing Disability Support Program (DSP) staff. Panel members also supported work on cultural change and individualized transition plans for individuals in institutions and those with Temporary Shelter Agreements.

As an agent for leading change, the Panel is facilitating the adoption of international best practices that promote personal choice, community inclusion, and human rights for people with disabilities. Using a person-directed approach, applying the dignity of risk, and embedding supported decision making in programs and services are among these best practices.[50]

The Manager of Training and a Mentorship Program champion the design and delivery of training and in spreading innovation in ideas and practices. Several supporting documents provided detail the work on role specific training and mentorship programs for LACs and IPSCs.[51] The purpose of these mentorship programs is to ensure LACs and IPSCs receive the practical guidance they need by equipping their Team Leads with access to subject matter experts who can offer knowledge grounded in experience and focus on capacity-building.

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[47] Jesse Thomas, "Concerns raised about potential gaps as NS overhauls disability supports" May 5, 2026. https://www.ctvnews.ca/atlantic/nova-scotia/article/ns-advocates-say-province-has-failed-to-consult-as-it-overhauls-disability-support/

[48] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, up to end of December 2025, January 23, 2026, p. 2.

[49] Annual Progress Report-Targets and Compliance, Year 3, p. 2. There have been some changes in membership, with four new people joining five others who remain on the Panel. Among the new members is Anna MacQuarrie, a member of Inclusion NS.

[50] As examples, refer to Document 244, p. 6 and 246, p. 2.

[51] Documents 236, 237, 238, 239, 240, 241, 242, 243 and 269.

Notably, through a co-production model, persons with disabilities contributed to the design and delivery of a range of training activities.[52] This first voice engagement is a positive development, which I return to as a general theme later in this report.

8.3 DSP Connectors: the new first point of contact

The position of DSP Connector, located in DSP Regional Hubs and based in local offices, became operational in January 2026. Connectors play a key role in transforming the intake and navigational aspects of disability systems and community services and have a mandate to provide "a more streamlined connection and experience for individuals seeking disability support."[53] This mandate could extend to improving the experiences of families and personal networks. More broadly, the Connector role will help deliver on the Remedy and human rights of Nova Scotians with disabilities.

Under the legacy DSP system (or pre-Remedy system), Care Coordinators managed complex supports for individuals, often with high caseloads that limited their ability to offer planning, community inclusion, or crisis prevention. As the Province explains, participants had to fit into specific programs across different policies and different eligibility criteria. Many individuals experienced barriers accessing clinical, mental health, and other allied health services.[54]

Connectors are now the first point of contact for all new DSP participants. That contact may be initiated by an individual, family or friend, a service provider or other community organization. As a training resource explains: "DSP Connectors operate as the front door to DSP for new applicants and community members seeking supports and services. Individuals with disabilities are supported by DSP Connectors in understanding and navigating the steps to working with DSP or finding other supports and services that would be more appropriate given their unique needs."[55] Box 1 outlines the roles and responsibilities of the Connectors.

Box 1: Roles and responsibilities of a Disability Support Program Connector

- Linking individuals and their families/support networks with available Disability Support Program supports and services
- Collecting foundational information to support connections
- Connecting individuals with a Local Area Coordinator, Intensive Planning and Support Coordinator or Eligibility Assessment and Funding Coordinator
- Determining the priority of a persons' circumstances (triage) and intake of referrals to Disability Support Program from service partners such as hospitals and other providers
- Introducing individuals to additional Department of Opportunities and Social Development supports and services or external local programs and supports such as community organizations and service partners
- Reporting on patterns and trends in support needs, questions, gaps

[52] Documents 233 and 234.
[53] Annual Progress Report-Targets and Compliance, Year 3, p. 4.
[54] Document 244, p. 7.
[55] Document 246, p. 5.

- Supporting the smooth day-to-day operation of the Regional Hub (both the office and the virtual team across the region)

Source: Adapted from Document 244, pp. 12-13.

In contrast to the roles of LACs, IPSCs and EFACs, no information was reported this year on the number of DSP Connectors hired, actively working and fully operational in each region.[56] There is no information on how many Connectors were internal and external hires and no information on the caseloads of Connectors per full-time equivalent (FTE) as of 31 March 2026.

I recognize that no caseload ratio requirement for Connectors is spelled out in the Remedy. However, as the primary contact for individuals entering the DSP system, such information about Connectors is required to monitor and assess progress on implementing the Remedy.[57]

I therefore recommend that the Province provide information about Connectors to the Remedy Metrics Report and the Interim Progress and Annual Progress Reports for Year 4 and Year 5, including the number of FTEs and caseload per FTE for Connectors.

In addition, it would seem practical to have the Connector position explicitly featured in general recruitment strategies and included in the fidelity reviews of DSP roles.

8.4 Staffing Disability Support Front-Line Positions

Year 3 saw additional recruitment, training, and mentorship activities for the positions of LACs, IPSCs, and EFACs.[58] In addition, all new DSP participants are referred to LACs and IPSCs for individualized planning and support coordination.[59] The Province reports that all new DSP participants are connected immediately to Individualized Funding.[60]

Together, these staffing developments, and the associated changes in intake and navigation functions, contribute to an approach to practice focused more on the individual and community-based supports. As of March 31, 2026, LACs were working with 756 participants, and IPSCs with 428 participants.[61]

[56] Active in a position refers to when a person has been hired, has started their new role, and is taking on caseload. Fully operational, as the term suggests, is when the person is completely functioning all expected tasks and responsibilities. Information for Year 2 did note that four DSP Connectors were hired within the 2024-25 period. Document 210, p. 9.
[57] Document 244, p. 30.
[58] On the recruitment strategy launched in the summer of 2025, see Document 250. On LAC and IPSC training programs, see Documents 233, 236, 237, 238, 239. On mentorship programs, see Documents 240, 241, 242, 243.
[59] Annual Progress Report-Targets and Compliance, Year 3, p. 4.
[60] Annual Progress Report-Targets and Compliance, Year 3, p. 13.
[61] Annual Progress Report-Targets and Compliance, Year 3, pp. 6 and 7. A Local Area Coordinator can support an individual they are working with through their individualized funding; and while LAC support is encouraged when applying for DSP Funding, it is not mandatory.

The applicable Year 3 Remedy requirement on this staffing included the target of a "full complement of 80 LACs and 80 IPSCs" by March 31, 2026. As Table 5 indicates, there were 55 LACs and 42 IPSCs operational as of the end of March 2026.

Table 5
Staffing the Disability Support Program: Full-Time Equivalent Front Line Positions

Positions	March 2024	December 2024	March 2025	December 2025	March 2025
Local Area Coordinators	N/A	26	26	49	55
Intensive Planning and Support Coordination	N/A	20	24	37	42
Eligibility, Funding and Assessment Coordinators	N/A	17	17	14	19
Total	N/A	63	67	100	116

Source: Appendix B: Remedy Metrics Report, May 2026, p. 1. N/A = not applicable.

The Province maintains "the equivalent of 80 IPSCs and 80 LACs are in place" because "there are a total of 179 approved front line positions in DSP distributed across IPSC, LAC, EFAC and Care Coordinators."[62] The Province arrives at that number by including nine positions in recruitment and the 53 filled positions of Care Coordinators as of March 2026. Indeed, this is the total staffing complement assumed to be in place by the end of Year 5.[63]

The number of Eligibility, Funding, and Assessment Coordinators (EFACs) has remained relatively stable over the last three years. As their job title suggests, EFACs carry out initial eligibility evaluations. This involves reviewing diagnostic and functional information, medical documentation and financial information. They interview the applicant and their family or existing support person. Guided by policy and guidelines, EFACs then make an eligibility determination of DSP programs and levels of support.[64]

The present and future role of Care Coordinators deserves particular comment since the current service delivery model is led by Care Coordinators who support 80 per cent of the active adult cases in the system.[65] While the Remedy assumed that by the end of Year Three, 30 Care Coordinator positions would have transitioned to IPSC roles, the Province explains "the transition was delayed because such a significant decrease in the complement of Care

[62] Annual Progress Report-Targets and Compliance, Year 3, p. 5.
[63] Document 282, p. 5. This figure was informed by DSP organizational chart data, allowing for flexibility in IPSC and LAC hiring.
[64] Document 246, pp. 5-6. Also see Document 272 on EFACs.
[65] Document 282, p. 7. Of a total of 6,155 active adult cases, 4,971 were supported by Care Coordinators by the end of March 2026.

Coordinators would have further increased an already unacceptable high caseload size and destabilized supports to existing participants. To ensure the ongoing stability of service to participants, DSP delayed the transition of these 30 Care Coordinators until Years 4 and 5."[66]

By the end of Year 5 (March 2028), the service delivery system will be led in the main by LACs and IPSCs. The Province's projections are that by the end of Year 5 there will be 68 LACs and 64 IPSCs complemented by 27 Care Coordinators and 20 EFACs, for a total of 179 full time equivalent staffing positions.[67]

Care Coordinators will remain in the system to assist with Non-Remedy cases[68] and the Direct Family Support Children program – a DSP program that provides funding to families to support at home their children with an intellectual or physical disability. At the end of Year 3 (March 2026), Case Coordinators were supporting 872 active cases in the Direct Family Support Children program.[69]

The Province concedes that while overall system capacity improves, there remain "*trade-offs between caseload assumptions and role capacity persist through Year 4 and into Year 5*."[70] From my perspective as Expert Monitor, I have concerns over role capacity and sustainability over time, particularly for the demands and caseloads for LACs and Care Coordinators.[71]

The DRC submits that with this Progress Report, "the Province has revealed a different recruitment plan – and one not in keeping with the Remedy."[72] That plan is to have by end of Year 5, 64 IPSCs (not the Remedy requirement of 80); 68 LACs (not the Remedy requirement of 80); and an ongoing reliance on 27 Care Coordinators with comparatively higher average caseloads, rather than, as previously stated by the Province, phasing out the care coordination system.[73]

In the 2024-25 Monitoring Report, I observed that the Agreement was the result of a great deal of consultation and negotiation between the Parties and was deeply informed by the technical report. A unilateral decision to substitute requirements is not to be taken lightly. In the 2023-24 Monitoring Report, I recommended that where the Province is contemplating an alternative measure which could materially alter the agreed terms of a Remedy item, that the Province notify

[66] Annual Progress Report-Targets and Compliance, Year 3, p. 6.
[67] Document 282, p. 11.
[68] Remedy Priority Cases refer to individuals in Adult Residential Centres, Regional Rehabilitation Centres, Residential Care Facilities, Group Homes, and Developmental Residences transitioning to community living arrangements. Non-Remedy Cases are other individuals in the new system.
[69] Document 282, p. 5 and 7.
[70] Document 282, p. 14. Emphasis in original.
[71] Modelling projects that total LAC caseloads increase from 756 at end of Year 3 to approximately 3,050 by end of Year 4, with the number of LACs increasing from 49 to 62 staff. Document 282, pp. 10 and 13. By the end of Year 5, LACs are projected to manage almost half the total cases in the new system (3,400 of 6,877).
[72] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 12.
[73] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 13.

and consult with the DRC and adopt an alternative substantial measure only after best efforts to reach agreement.

In this case of hiring targets and recruitment plans, according to the information I have received the Province did not notify and consult with the DRC.

I do not accept the Province's description of this Year 3 requirement as compliance in substance. The underlying purpose of the requirement involves more than meeting the number of 160 front line positions in DSP. Having sufficient appropriate human resources turns on the respective functional roles of the staff, their skills and competencies, and their caseload ratios; in sum, their fidelity to the Remedy's human-rights approach.

I recommend that the Province reaffirm the Remedy requirement of recruiting 80 IPSCs and 80 LACs by the end of Year 5 and, in close cooperation with the DRC, oversee an independent fidelity review of the position and practice framework of Care Coordinators.

8.5 Individualized Funding administrative support system

The Year 3 requirement to implement an external evaluation and revision of the Individualized Funding (IF) administrative system (or backbone as it is also called) is not in compliance with the Remedy because the implementation of this new system has been delayed. According to the Province, the delay is due to the complexity and novelty of the procurement process.[74]

Implementation of the IF administrative service is now anticipated to begin in early 2027. It is curious that the Province includes procuring a new IF administrative "backbone" system as a one of the highlights of progress from Year 3.[75] In the meantime, an external evaluation firm has been hired and an evaluation plan developed for assessing the effectiveness of the IF administrative system. For DSP participants who are self-managing or supported by an approved DSP service, IF is available to them.

The Province reports that "this evaluation and any resulting improvements to service will occur before the end of Year 5 of the Remedy."[76] In response, the DRC express concern that delays related to the individualized funding backbone "have affected progress and must be addressed by the Province with urgency, transparency, and corrective action."[77] The DRC adds: "It is difficult to rate the Province's compliance with this obligation given the delay and that, objectively, in Year 3, it was clearly *not* in place."[78]

I agree there are legitimate concerns about the transparency of how this Remedy requirement will be realized. I lack details on corrective actions to be taken, when the IF system will be fully operational, and how the evaluation might result in any revisions. As a result, I am not confident

[74] Confidential documentation related to commercial contract negotiations.
[75] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, pp. 3 and 6.
[76] Annual Progress Report-Targets and Compliance, Year 3, p. 10.
[77] Disability Rights Coalition, Court-Ordered Human Rights Remedy Is Creating Change – With More Work Ahead, June 10, 2026, p. 2.
[78] Appendix A, DRC Comments on Selected Indicators: Year 3 (April 1, 2025-March 30, 2026) (June 2026), p. 11

that all this will occur within the required timeframe. While some progress was made in Year 3, entering Year 4 the Province is behind on this central requirement of individualized funding for all DSP participants.

I recommend that the Province set out measures and timelines that give assurance the implementation and the evaluation of the individualized funding administrative system, and any resulting improvements to the system, will occur before the end of Year 5 of the Remedy.

8.6 Disability Support Sector Workforce Strategy

The Remedy requires development of a disability sector workforce plan that "provides a blueprint for building a strong disability support workforce that is respected and has the skills, knowledge, and resources needed to support Nova Scotians with disabilities to live the life they choose."[79] Building on existing workforce plans, implementation of this strategy began in 2024-25, including new elements to advance the Remedy guided by four priority areas of goals and 31 actions. These four priority areas are (i) awareness and recruitment; (ii) learning and development; (iii) health and safety; and (iv) growth and stability.[80]

The Province's own assessment of progress is one of exact compliance with the requirement of continuing to implement the Workforce Strategy. "Of the 31 actions, 20 are completed or underway. The remaining 11 will be actioned in fiscal year 2026-27."[81]

Table 6 summarizes the implementation status of the Disability Support Sector Workforce Strategy, as of May 2026.

Table 6
Status of Disability Support Sector Workforce Strategy, May 2026

Priority Areas	Number of actions	Completed	In Progress	Not Started
Awareness and Recruitment	10	3	5	2
Learning and Development	15	4	4	7
Health and Safety	2	--	2	--
Growth and Stability	4	--	2	2
Totals	31	7	13	11

Source: Documents 262 and 284.

[79] Document 167, pp. 2-3.
[80] Documents 284 and 287. On how and why the workforce strategy was developed, see Document 167, pp. 2-5.
[81] Annual Progress Report-Targets and Compliance, Year 3, p. 26.

Of these 31 actions, seven are completed; a program delivered, a contract fulfilled, a workshop held, a certificate course launched, seats in a professional program started.[82] In the priority areas of health and safety, and growth and stability, none of the intended actions have been completed.

Another 13 actions are in progress – preliminary discussions with partners are underway, study results are being reviewed, a training project is being tested.

No steps were reported for the remaining 11 actions. The Province says they "will be actioned" this year. It is unclear to me what the Province means by this statement. Many of the activities not initiated will *begin* in 2026-27; some are impacted by other actions, their implementation status pending completion of other work. It is reasonable to conclude that completion for several actions in the workforce strategy will extend into the 2027-28 year, the fifth and final year of the Remedy.

Completed actions are of course notable, although by themselves are not sufficient to know whether desired outcomes for individuals have been achieved. Indicators are needed to measure how these actions interact and how the workforce is changing and improving.

On the seven Remedy requirements considered here dealing with disability sector leadership and workforce development, I determine two are in exact compliance (items 2 and 3), one exhibits sufficient progress (item 20), and the others slight progress (item 1, 4a, 4b, and 11).

8.7 Individualized Planning and Support Coordination & Individualized Funding

IPSCs, as noted earlier, are new roles in transformation of the DSP, with responsibilities to support those returning to community from institutional settings and new people entering the system with significant support needs. IPSCs assist individuals to connect with individualized supports across public services, informal supports, and generic community resources.

Individualized Funding (IF) enables individuals with disabilities or their families to purchase services and supports directly. Funding connects each individual's person-directed plan and disability-related needs.[83]

Table 7
DSP participants receiving Individualized Planning and Individualized Funding

	March 2024	December 2024	March 2025	December 2025	March 2026
Participants supported by an IPSC	0	0	104	320	428

[82] Department of Opportunities and Social Development, News Release, Province Expands Education , Training in Disability Support Sector, 22 April 2026. https://news.novascotia.ca/en/2026/04/22/province-expands-education-training-disability-support-sector

[83] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, pp. 3-4 and 6.

Participants receiving IF	3,218	3,373	3,422	3,719	3,854
As a share of all DSP participants	59.7%	60.7%	61.1%	64.2%	65.4%

Source: Appendix B: Remedy Metrics Report, May 2026, p. 1.

According to the Province, "all new DSP participants are connected immediately to Individualized Funding. There is therefore no need to allocate "places" as DSP is no longer a placement-based program"[84]

Table 7 shows progress toward individualized planning and support coordination with IF integrated into intake and navigation functions as well as expanding the number and overall share of DSP participants accessing IF to address their goals and preferences.

8.8 Service Request Lists: people with disabilities in need are still waiting

The issue of removing Service Request Lists (SRLs) or waitlists relates to all relevant policies, practices and procedures under the *Social Assistance Act* of Nova Scotia. A fundamental outcome of this Remedy is to provide that all persons eligible under that legislation and similar programs receive immediate and timely access to accommodative assistance as of right in their community of choice. Accommodative assistance includes individualized planning and coordination supports, individualized funding, local area coordination and referrals, supported decision-making, emergency and transition funding, and other new and ongoing DSP programming.

Several Year 3 Remedy requirements concern SRLs, including wait lists for eligible applicants with no support from the DSP.[85] These requirements are:

- "Reduce Waitlist (SRL) "no support group" (baseline of 589) by further 300 to zero through an IF option; i. Planning commenced for new applicants (need estimate from Client Projection model)" (item 12g.)
- "Update as to work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance." (item 13)

[84] Annual Progress Report-Targets and Compliance, Year 3, p. 13. At end of Year 3, the number of DSP participants in the Flex Independent program increased from the previous year by 29 participants (129 to 158) and in the ILS+ program by 69 participants (20 to 89). Both these programs are now "grandfathered," meaning they will continue to operate but are no longer available to new DSP participants. Appendix B: Remedy Metrics Report, May 2026, p. 1.

[85] In addition to the Remedy requirements discussed here, other Year 3 Remedy requirements affect removing waitlists for eligible DSP applicants. These are items 3, 4, and 7, dealing with the capacity of LACs and IPSCs and the introduction of the DSP Connector role along with item 19 concerning the DSP client projection model.

- "Update as to development and implementation of new program policies including arrangements for triage and "immediate assistance" once found eligible." (item 14)
- "Update as to regional review of "eligible but not receiving support" group to examine demographics and determine priorities." (item 15)
- "Remove waitlist for eligible applicants by implementing planning and support/Discretionary Funding for Waitlist "no service" group. Baseline of 589 versus: Waitlist/no support group reduced by further 300 to zero; planning commenced for new applicants (need estimate from Projection model)." (item 16)

On reducing and removing waitlists for eligible DSP applicants, at the end of Year 3 the Province reports exact compliance for items 13, 14 and 15; and substantial progress on items 12.g and 16.

Table 8 presents the number of DSP participants on the SRL for the first three years of the Remedy and the average length of time on the SRL in days. From the baseline[86] to the end of Year Three, the number of eligible participants on the SRL declined by 565 people or 31 per cent. In the annual change from 2025 to 2026, DSP eligible participants on the SRL declined by 84 people or 6 percent, while the length of time on the SRL increased by 163 days on average or 7 per cent. These different outcomes form part of the lived experience of many Nova Scotians with disabilities and their families.

Table 8
DSP participants on the Service Request List, by number and average length of time

	Baseline January 2023	Year One March 2024	Year Two March 2025	Year Three March 2026
DSP eligible participants on the SRL	1,834	1590	1353	1269
Average length of time on SRL (days)	N/A	2,152	2,400	2,563

Source: Appendix B: Remedy Metrics Report, May 2026, p. 1. N/A here means not available.

At the end of Year 3, the Province reported 231 individuals on the SRL were not receiving individualized funding support from the DSP. The Province has catalogued reasons why eligible applicants may not receive individualized funding at a given time.[87] While everyone on the SRL

[86] Throughout this report, the term baseline refers to information collected on DSP programs and the Service Request List as of January 2023, and reported in the Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, April 24, 2023. The baseline data informed the setting of targets, indicators and measures in the Human Rights Remedy.

[87] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, pp. 17-18. Reasons identified are that DSP funding is declined because the individuals does not want to receive DSP at the time, that some are waiting for a specific service provider or location, and that DSP staff no longer have valid contact information. Moreover, those individuals in hospital settings and not yet ready for discharge are not eligible for funding, though a transition plan may include access to funding upon discharge.

not receiving DSP supports has been assessed and assigned to a front-line staff person, this is different from all applicants being provided with immediate access to supports.[88]

On establishing a human rights compliant pathway that ensures timely access to accommodative assistance, the Province reported:

> As of 31 March 2026, the requisite program elements to ensure timely access to accommodative assistance were operational.
>
> New DSP applicants are no longer added to the Service Request List to await support. Instead, through the DSP Connector, they are offered support from an LAC or IPSC, as appropriate. LACs and IPSCs in turn have access to a variety of community resources (including Community Living Facilitators and Allied Health supports) and funding streams (including discretionary and rapid access) to create and activate innovative, person-directed plans and supports for Nova Scotians with disabilities.
>
> Collaboration is ongoing with the Disability Rights Coalition to develop measures, targets and reporting mechanisms to monitor the provision of timely access to accommodative assistance.[89]

There is much work to do to firmly establish a human rights compliant pathway to immediate assistance: the further development of access to allied health supports as well as to individualized funding; DSP funding streams that are more than one-time or for emergencies; a mix of community resources provided by local groups and statutory benefits provided by law.

Overall, on this core area of the Remedy I found no requirement in exact compliance or in compliance in substance. One requirement made significant progress (15) and two sufficient progress (13 and 14).

Two other interrelated items (12g and 16), which had little or no documentation to support the Province's self-assessed progress, I determined there to be slight progress. These two requirements deal with a critical subset of the waitlist population, those individuals deemed eligible but not receiving any DSP supports. At the end of Year 3, an additional 65 individuals in this group (baseline 589) were receiving supports, with 231 eligible people with disabilities still waiting for services. Of this group of 231 persons, 75 have LAC support. The DRC asks the question: "why haven't all of those in this group been offered planning support while awaiting further DSP engagement?"[90] The target had been that everyone in this group of eligible individuals would be in receipt of support through an individualized funding option.[91]

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[88] See Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, June 10, 2026, p. 5.
[89] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 21.
[90] Appendix A, DRC Comments on Selected Indicators: Year 3 (April 1, 2025-March 30, 2026) (June 2026), p. 20.
[91] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, June 10, 2026, p. 5.

I therefore recommend that the Province, in ongoing collaboration with the DRC, put in place the necessary measures to ensure all new applicants are provided with immediate access to individualized planning, coordination, and supports by or before the end of Year 4.

9. Shifting Disability Support Approaches

In presenting the 2026 Annual Progress Report on the Human Rights Remedy, the Executive Director of the Disability Support Program noted: "The Province continued to advance the structural, operational and service delivery changes needed to shift disability support toward approaches that are individualized, rights-based and grounded in community."[92]

There were signs of progress in Year 3 in transforming the disability support system in Nova Scotia. At the same time, as Box 2 outlines, challenges remain for some people with disabilities and their families in accessing essential services and the right supports to live a good life in community.

Box 2: Challenges in accessing services and supports for community living

- Services may not be available in rural or underserved areas where individuals live.
- Existing services often have strict eligibility criteria that may not align with specific needs or diagnoses of DSP participants.
- Individuals often require multiple coordinated supports (e.g., Occupational Therapy, Physio Therapy, behaviour support), which the public system may not deliver in an integrated or team-based way.
- Traveling to centralized health facilities can be challenging due to lack of transportation, physical accessibility barriers, or support needs during travel.
- Families and caregivers may need more guidance, coaching, and capacity-building than what standard health services provide.
- Individuals may face challenges accessing culturally safe and responsive service settings (e.g., Black Nova Scotians, Mi'kmaq people, and recent immigrants).
- Individuals may face challenges communicating effectively in settings not designed for their needs (e.g., nonspeaking or minimally speaking individuals and users of Augmentative and Alternative Communication methods).

Source: Adapted from Document 266, pp. 1-2.

Year 3 Remedy requirements that pertain to shifting the disability support system include the following nine items:

- "Continue implementation of new Provincial capability for technical and peer planning supports program." (item 5)
- "New individualized funding (IF) administrative/support system in place." (item 10)
- "Further new 200 ILS plus/Flex independent places allocated." (item 12c.)
- "100 new Homeshare options added for a total of 340." (item 12d.)

[92] Letter from Maria Medioli to the Monitor, May 31, 2026, p. 1.

- "Young persons in LTC [Long Term Care] – Shared Services 100% complete with 200 total." (item 12e.)
- "100 new school leavers funded and commence new supports." (item 12h.)
- "20 new Existing Temporary Service Arrangements (TSA's) converted (n= 40 of 83) and 20 new innovation places." (item 12i)
- "Continue implementation of: a. Innovation and Transition funding and allocations through Regional Advisory mechanisms." (item 18.a)
- "Continue implementation of: b. Services Transition Development Fund." (item 18.b)

Most of these items include measurable targets for monitoring, while three refer to "continue implementation" of initiatives. Overall, the supporting documentation is scant.[93] While a measurable target and corresponding number may tell a story of increase or decline, in public policy and administration there is always more of a story (or stories) behind the numbers -- about context, causes, control, and choices, among other matters. That is one of the reasons why providing public documentation on each requirement is so important for accountability.

Accordingly, I recommend that the Province redouble efforts to provide supporting public documentation for each Remedy requirement and every specific element, whether the status is exact compliance, compliance in substance, or some variant of substantial progress. This will, I believe, facilitate collaborative discussions with the Disability Rights Coalition, contribute to effective monitoring, and enhance transparent accountability to Nova Scotians. Documenting and reporting on the status of all Remedy requirements is not only a legal obligation; it's an exercise in democratic responsibility.

9.1 Participation by program types

Transformation of disability supports involves both innovations and realignments of existing programs. These nine requirements mainly deal with the implementation of new administrative systems, expanding new programs, and offering new funding for individuals and families and service providers. Two requirements, specifically those for LTC and TSAs, deal with *reducing reliance* on these traditional service arrangements.

One measure of transforming the disability support system is to track the actual number of DSP participants in the new programs under the Human Rights Remedy. Table 9 reports trends in participation by persons with a disability determined eligible, for five new programs for Year One through Year Three.

[93] No supporting documentation is provided for Year 3 items 12c., 12d., 12e., or 12i. For item 5, there is one document which is a draft report; for item 10, there is one confidential document. In contrast, for item 12h., the school leavers program, three documents (all public) are provided, and for items 18a. and 18b. on new funding streams, four documents (three public and one confidential) are supplied.

Table 9
DSP Participants by New Programs, 2024-2026

New Programs	March 2024	March 2025	December 2025	March 2026	Annual Change
Independent Living Support Plus	0	20	61	89	+28
Homeshare	0	0	0	0	0
Local Area Coordinators	0	61	492	756	+264
Innovations	0	0	0	0	0
Shared Services	4	7	12	10	-2

Source: Appendix B: Remedy Metrics Report, March 31, 2026, p. 1.

Another way to gauge the extent and nature of transformation is by counting the number of DSP participants by existing programs, new programs, and programs to be discontinued. Table 10 presents that information for three years.

Table 10
Number of DSP Participants by Program Types

Program Type	December 2023	December 2024	December 2025
Existing Programs	3,954	4,231	4,605
New Programs	4	16	565
To be Discontinued Programs	1,370	1,310	1,116
Total	5,328	5,557	5,792

Source: Appendix B; Remedy Metrics Report, March 31, 2026, p. 1.

From December 2023 to December 2025, the total number of participants in DSP programs, the caseload, increased by 464 individuals or 8.7 per cent over that two year period. This growth rate corresponds with the DSP client projection model assumption of an annual growth rate of four per cent.[94]

[94] See Document 261

The number of DSP participants in *existing programs* increased by 649 individuals or 16.4 per cent. As a portion of total participation, the share represented by existing programs increased from 74.2 per cent in December 2023 to 79.4 per cent as of December 2025. The continued large presence of existing programs can be seen partly as the result of the slow implementation of some new programs and also viewed positively as offering "ongoing stability of service" to individuals and families.[95]

The number of DSP participants in *new programs* increased by 561 individuals over this period, most notably during Year 3. That growth, as Table 4 shows, did not occur across all new programs, but rather concentrated in a few areas. Certain reforms -- such as the transition of roles from Care Coordinators to Local Area Coordinators, the launch of Peer Supported Planning, and the Homeshare program -- were deliberately slowed down by the Province.[96] As a portion of total participation, the share represented by new DSP programs grew from less than one per cent to almost 10 per cent.

The number of DSP participants in *programs to be discontinued* has gradually declined by 254 individuals or 18.5 per cent. Declines took place across various institutional settings.[97] As a portion of total participation, the share represented by programs to be discontinued has decreased gone from 25.7 per cent, in 2023, to 19.2 per cent in 2025.

From these numbers three basic observations can be made. Firstly, implementing major changes in the range and nature of programs takes time. Secondly, shifting disability support toward approaches that are individualized, rights-based and grounded in community means shifting the composition of types of programs Nova Scotians with disabilities and their families are accessing. Thirdly, even at the end of the five-year schedule, various pre-Remedy programs will continue to be operating. The question is will they and the associated staff embrace the necessary transformation in organizational attitudes and practices that advance rights-based community living.

9.2 Funding Innovations and Service Evolution

Requirements 18a. and 18b. involve continuing implementation of Innovation and Transition funding and allocations through Regional Advisory mechanisms; and of the Services Transition Development Fund.

Innovation and Transition funding with an annual budget of $500,000 for the entire province is designed to support local and regional projects by non-profit organizations and municipalities

[95] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 6.
[96] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, pp. 6-7 and 13-15.
[97] Declines in the number of DSP participants are reported for Adult Residential Centres, Residential Rehabilitation facilities, Residential Care Facilities, Group Homes and Developmental Residences. By contrast, the number of DSP participants in Temporary Shelter Arrangements increased. For more specifics, see Appendix B: Remedy Metrics Report, March 31, 2026, p. 1.

that build capacity of individuals with disabilities, families and community networks. Intended outcomes are to reduce barriers, promote equity, encourage peer support, and foster dignity and choice for Nova Scotians with disabilities.[98] Disbursement of funds will begin in 2026-27, which is a delay in relation to the Remedy.[99]

With an annual funding budget of $1 million for three years, the purpose of the Service Evolution Fund, which was launched in October 2024, is "to support service providers through operational and service changes required under the Remedy."[100] Existing and approved DSP service providers are eligible to apply for this funding. Applications are reviewed and approved by Regional Closure Specialists, the Provincial Closure Lead, and the DSP Executive Director. Funding priorities are innovative and person-centred activities that align with community engagement and inclusion, community-based local supports, professional development and sector collaboration. Funding has been awarded across all four provincial regions to 44 DSP service providers delivering 48 distinct projects. This represents about one-third of the service providers with which DSP works.[101]

These funding initiatives, while modest in the context of the Provincial budget, hold promise in transforming the disability support system in Nova Scotia on the ground from facility-based to inclusive community-based services and opportunities for mutual support and choice.

In summary, nine Year 3 requirements have been considered under the theme of shifting disability support approaches. Of these requirements, the Province assessed exact compliance for three (12h, 18a and 18b), compliance in substance for one (12c), and substantial progress for five other requirements (5, 10, 12d, 12e, 12i).

In monitoring these requirements, I determine that far less progress has occurred than indicated by the Province's self-assessments. Two requirements are in exact compliance (12h and 18b): targeted initiatives dealing with the school leavers program and service development funding. One requirement is in significant progress (18a) and two others achieved sufficient progress (5 and 10). Importantly, I determined that four requirements demonstrated slight progress (12c, 12 d, 12e, and 12i).

The Province made little or no progress in Year 3 on requirements to establish new independent living spaces, homeshare placements, and shared service arrangements for people in nursing homes to relocate to community or to reduce the number of Temporary Shelter Arrangements for Disability Support Program participants. In fact, the results are large shortfalls. These gaps in Remedy requirements accentuate the urgent necessity for the Province to modernize the system of disability supports for Nova Scotians.

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[98] Document 248, pp. 3 and 6.
[99] Interim Progress Report January 15, 2026 - Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 18.
[100] Document 248, p. 4.
[101] Interim Progress Report January 15, 2026 - Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 18.

10. Closing Institutional Facilities and Expanding Housing Options

Closing institutional facilities and expanding community-based housing choices are emblematic of the Human Rights Remedy and the transformation of disability supports system in Nova Scotia.

Year 3 Remedy requirements pertaining to closing institutions and expanding housing choices for people with disabilities include these seven items:

- "Update as to implementation of policy for firm prohibition on any new admissions ("No new admission policy") to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences." (item 8)
- "Update as to implementation of work with SLTC to ensure no admissions to LTC occur (for young people) due to DSP failure to provide appropriate community supports." (item 9)
- "The Province will have carried out the following the year: a. DSP institutions closure relocations 75% reduction in RCF/ARC/RRC (n= 652 of 870 total) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community." (item 12 a.)
- "Planning for next RCFG/ARC/RRC groups including capacity building and enhanced lifestyle (estimate n= 217)." (item 12 b.)
- "Reduction in psychiatric hospitals n= 36 of 48 total *and* forensic hospital n= 21 of 28 total. Year 3 target 20% = further 16 people moved out and provided planning/capacity building/enhanced current lifestyle." (item 12 f)
- "Implement new licensing and safeguard standards" for community-based housing. (item 22)
- "Implement new housing strategies" for people with disabilities. (item 23)

All of these requirements are readily assessable. Either they contain measurable numeric targets, specific policy decisions such as no new admissions, or references to implementation, which, as I understand that term, means the completion of policy development work and the application of a standard or strategy into practice. Of the 10 supporting documents for these requirements, one is confidential, and two others are from Year 2. This falls short of providing adequate and timely information on which to monitor and assess these significant requirements.

Other Year 3 Remedy requirements pertain to this theme of closing institutions and expanding housing choices for people with disabilities. For example, under requirement 2, the Optimal Individual Service Design course enables the development of support plans for individuals still in institutions and for individuals in receipt of Temporary Shelter Arrangements.[102] Under requirement 6, a research inquiry is now underway, with data collection started in June, "into changes in quality of life for DSP participants transitioning from the current institutional system to community."[103]

[102] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 2.
[103] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, pp. 8-9.

One of the outstanding Remedy requirements from Year 2 – "Housing rental costs assistance review complete: (item 25), is updated in this Year 3 Annual Progress Report. This review concerned the DSP Excess Shelter Policy that provides additional financial assistance to persons with disabilities facing challenges in securing suitable housing. More than 1,000 DSP participants receive this shelter assistance. The Province now reports the Excess Shelter Policy has been revised "to uphold the principle that a person meeting the criteria will receive the excess shelter expense amount as per their household size."[104]

Table 11 reports on the transition of DSP participants from a range of institutional settings over the first three years of the Human Rights Remedy.

Table 11
DSP participants who have moved from institutional settings, 2024-2026

Type of settings	March 2024	March 2025	March 2026	Totals by type
ARC, RRC, RCF, GH, DR	97	35	102	234
Long Term Care for people under age 65 (e.g., nursing homes)	0	1	0	1
Forensic and Psychiatric facilities	4	1	0	5
Hospitals	13	2	0	15
Alternate Level of Care	4	0	0	4
Yearly Totals	118	39	102	259

Source: Appendix B: Remedy Metrics Report, May 31, 2026, p. 2.
Note: Alternate Level of Care refers to hospital patients in an acute bed who no longer need acute services and is waiting for a more suitable placement.

Table 11 reveals two general patterns of deinstitutionalization in Nova Scotia under the Remedy.

One significant pattern is the limited progress in reducing the number of individuals in DSP funded residential facilities, namely, ARC, RRC, RCF and GH and DR. For these settings, there are specific timelines and targets and largely within the responsibility of the DSP and

[104] Annual Progress Report: Targets and Compliance, Year 3, Appendix I – Status of outstanding requirements from Year 2 Annual Report, p. 33.

Department of Opportunities and Social Development. As the Province notes, for ARCs, RRCs and RCFs specifically, as of March 31, 2026, occupancy has decreased by 301 individuals or 35 per cent over the baseline of January 2023.[105] However, this represents less than half of the target for the Year 3 requirement. At the end of Year 3, most of the DSP participants IPSCs were working with were individuals in ARCs, RCFs or RRCs; 268 individuals or 63 per cent of caseload.[106] Over this same period, occupancy in Group Homes and Developmental Residences decreased by 240 individuals or 45 per cent.

The second pattern shown in Table 11 is the minimal results in moving people with disabilities out of long-term care facilities such as nursing homes, general hospitals, and forensic and psychiatric facilities. In Year 3, no DSP eligible persons moved out of the Forensic Hospital.[107] The lack of full data disclosure limits my ability to monitor results for psychiatric hospitals and units across the province.[108]

I therefore recommend that the Province provide data showing: the number of patients in the Forensic Hospital and Psychiatric units , the number who have applied for DSP, the number of DSP applicants who have been assigned an IPSC, and the median length of time (in days) DSP eligible persons are waiting to move to community once their DSP application has been found eligible.[109] Such data collection and disclosure will aid the planning and implementation of moving people out an providing capacity building and enhanced lives as well as the monitoring of results for this Remedy requirement.

A similar observation about disappointing results applies to the rising number of individuals in need of TSAs.[110] This is a population of people with disabilities with more acute and complex needs for supports, located in systems and settings that require a considerable number of interdepartmental discussions and collaborations.

In varying degrees, these two patterns reveal a slow pace in deinstitutionalization and closure relocations. This results "in a prolongation of the ongoing rights violations for persons with disabilities in large institutions."[111] By the end of Year 3, this represented 559 persons in the large institutions and 295 persons in Group Homes or Developmental Residences.[112]

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[105] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, p. 11. Based on the Appendix B; Remedy Metrics Report, I calculate the number to 311 individuals. The bulk of this decrease is from ARCs (149 individuals) and RCFs (138 individuals).
[106] Of the 428 DSP participants IPSCs were working with as of March 31, 2026, 268 individuals or 63 per cent were people in the ARC, RCF or RRC institutional settings. Annual Progress Report: Targets and Compliance, Year 3, p. 6.
[107] Appendix B: Remedy Metrics Report, p. 2.
[108] Appendix A, DRC Comments on Selected Indicators: Year 3, p. 19.
[109] Appendix A, DRC Comments on Selected Indicators: Year 3, pp. 19-20.
[110] Notably, the IPSCs are working with half of the people (85 of 170) currently using TSAs.
[111] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Submitted to the Expert Monitor and Parties on June 30, 2026, p. 9.
[112] Appendix B: Remedy Metrics Report, p. 1.

The Province reports "it is expected that all RCFs, ARCs, and RRCs will be in a position to close by the end of March 2028 (Year 5) of the Remedy."[113] The ambiguity of this statement is problematic as its meaning it unclear thereby raising questions and concerns. Does the statement that these government funded institutions "will be in a position to close" mean they will all be closed by March 2028, as specified in the Remedy, or that some will be at a point of planning to begin closing by March 2028? If the latter, that would be a serious breach of the Remedy. To state "it is expected," in the absence of supporting documentation, is less a blueprint and more an assumption by the Province. Elements of such a blueprint are contained in a number of the Recommendations put forward in this Monitoring Report. I would highlight here the recommendation that the Province reaffirm the Remedy requirement of recruiting 80 IPSCs as specialized support staff.

10.1 Homeshare: a closer look at this community living option

The Year 3 Remedy requirement on new Homeshare spaces straightforwardly states: "100 new Home share options added for a total of 340." Is anybody home?

The result this year is all too familiar. For the third year in a row, no homeshare spaces have been created. There seems to be nothing straightforward about meeting this Remedy requirement. The Province reports: "the HomeShare program was officially launched in January 2026, accompanied by a marketing campaign to raise public awareness, generate interest, and attract host families to the program."[114]

The Province justifies the delayed launch of this new program as taking the time to learning from other the experiences of other provinces, developing a set of measures around safety and quality assurance, and training staff: "DSP has been very intentional in its program design for HomeShare and has taken the time required to integrate lessons learned from other jurisdictions, particularly in relation to safeguarding."[115] Substantial progress is what the Province labels the status of this Remedy requirement as of March 31, 2026, explaining that "we made sufficient progress (launching Homeshare)."

Last year's Monitoring Report noted the Province was providing funds to the Nova Scotia Residential Agencies Association to provide support to eight newly approved Home Share Coordinating Organizations across the province, all with the aim of creating a community of practice for homeshare. "It is crucial," I wrote, "that these efforts yield significant results in Year 3, especially in light of the fact that no Homeshare spaces are yet created in the province as part of the Remedy."[116]

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[113] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 12.
[114] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 13.
[115] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 15. The Province sets out five kinds of safeguards for HomeShare.
[116] Appendix C: *Monitoring Report 2024-25: Gaining Traction*, p. 10.
https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_two.pdf

The Province has selected 10 community-based Homeshare coordinating organizations, across the four regions of Nova Scotia, including an Indigenous-led disability support service provider. At the announcement on June 17, 2026, Premier Houston said: "Strong local leadership is essential to the success of HomeShare. These organizations bring deep community knowledge, trusted relationships and experience supporting people with disabilities. Together with the Province, they will help ensure HomeShare is delivered safely, thoughtfully and in a way that reflects the needs and strengths of each region."[117]

In each coordinating organization HomeShare Coordinators are now in place, "reviewing provider applications and meeting with potential host families." In addition, grant funding was provided the past year to the Nova Scotia Community Living Organizations "to field intake calls, answer questions from prospective providers, coordinate with and support partner organizations, and begin to create a community of practice for HomeShare."[118]

Looking ahead to the conclusion of Year 5, the Province makes three statements about Homeshare:

- "The resources required to accelerate the take up of HomeShare are in place."[119]
- The Province "anticipate[s] it will contribute to remedying the discrimination in the required timeframe by providing a new community-based option."[120]
- "By the end of year five there will be sufficient real time data to document the number of people who have moved into a HomeShare, or are in the process of planning."[121]

The first statement on accelerating the take up is surely assumed since no homeshare placements occurred by the end of Year 3. On resources, for 2026-27, the provincial government has committed $2.13 million to support HomeShare.[122]

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[117] News Release, "Province Names Local Co-ordinating Organizations for HomeShare Program." 17 June 2026. Premier's Office and Opportunities and Social Development. https://news.novascotia.ca/en/2026/06/17/province-names-local-co-ordinating-organizations-homeshare-program

[118] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 14. The Nova Scotia Community Living Organizations is a coalition of organizations serving people with disabilities and/or mental health support needs to live in community.

[119] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 14.

[120] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p.15.

[121] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 14.

[122] Of this amount, the Province has provided $49,060 to Nova Scotia Community Living Organizations for provincial co-ordination and support in 2025-26; $350,000 will be provided to local co-ordinating organizations. No other budget details were available to assess the adequacy of this resourcing. News Release, "Province Names Local Co-ordinating Organizations for HomeShare Program." 17 June 2026. Premier's Office and Opportunities and Social Development. https://news.novascotia.ca/en/2026/06/17/province-names-local-co-ordinating-organizations-homeshare-program

The imprecise language of the second statement gives no clear assurance that this Remedy requirement will be achieved by end of Year 5. Given that the term "contribute to remedying" is open to different interpretations, it is difficult to know what precisely to make of this assertion by the Province.

The third statement is expressed in administrative terminology, a dialect favoured among officials yet a language opaque to many citizens. As a matter of best practice, it is to be expected that data will be collected to document the number of people served by Homeshare. For Nova Scotians with disabilities, their families, advocacy organizations, and support networks, the question to ask is what do these words about Homeshare actually mean for practical results and legal compliance?

It is worth noting that this Remedy requirement includes a baseline total of 140 spaces from Alternate Family Support (AFS). [123] This program provides an approved, private family home where support is provided for up to two people who are not related to the AFS provider. Participants may receive levels of support with activities of daily living and routine home and community activities. From a baseline of 140 participants in AFS as of January 2023, the number of participants by the end of March 31, 2026, had decreased by 36 individuals to 104 participants, a 25.7 per cent decline over that period.[124]

To achieve significant and sustained progress on Homeshare, I strongly recommend the Province develop a detailed plan for Years 4 and 5 that includes a risk assessment, any mitigation strategies, implementation milestones, and timelines for meeting the Remedy requirements related to Homeshare. In conjunction with safeguards, such a plan should also take into account the guiding principles of supported decision making, person-directed, and dignity of risk.[125]

10.2 Temporary Shelter Arrangements

The Year 3 Remedy requirement for Temporary Shelter Arrangements (TSAs) says: "20 new Existing Temporary Service Arrangements (TSA's) converted (n= 40 of 83) and 20 new

[123] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, June 10, 2026, p. 4.

[124] Appendix B: Remedy Metrics Report, March 31, 2026, p. 1. By comparison, the number of participants in Small Option Homes (SOH), another DSP program, has grown over time. The SOH provides residential home support for three to four participants with varying degrees of disability. From a baseline of 756 SOH participants in January 2023, by end of March 2026, the number reached 1,014; an increase of 258 individuals or 34.1 per cent growth.

[125] "*Supported decision-making* allows individuals with disabilities to make their own decisions with support from a team of people they choose (e.g., friends, family, roommates, etc.). *Person-directed* is a model where persons with disabilities have control over their own care and support services. Unlike traditional person-centred approaches, the person-directed model emphasizes autonomy in decision-making. … the concept of the *Dignity of Risk* recognizes that life experiences carry the risk of failure and that we must support people with disabilities in experiencing a spectrum of successes and failures. In practice this means, coaching and enabling individuals to manage their own risk whenever possible." Document 244, p. 6. Emphasis added.

innovation places." The ultimate outcome by end of Year 5 is that all 83 arrangements would be converted to community living options.

With a baseline number in 2023 of 83 participants in TSAs, the number of people relying on a TSA has grown over time: from 98 in March 2024, 148 in March 2025, to 170 at the end of March 2026.[126]

In the latest Annual Progress Report, the Province states "the number of TSAs has stabilized." [127] This appears to be so in the short term, comparing the March 2026 figure of 170 to the December 2025 figure of 169. The DRC, taking the longer time frame, points out: "The Province has gone backward by 87 or 105%."[128]

By their nature, TSAs are ad hoc arrangements for emergency situations, when all other options have been exhausted, where individuals are supported, generally by one-to-one service provider staff. As the Province says, TSAs are "an interim measure" and "a tool of last resort due to urgent and critical circumstances."[129] The DRC adds: "Despite a common understanding that TSAs are approved for people leaving the OSD [Opportunities and Social Development Department] institutions or GHs/DRs [Group Homes or Developmental Residences], the reality is that these are *not* the source for over 90% of TSAs. Many, if not most, seem to be coming from family homes."[130]

No specific supporting documentation is provided for this requirement, though a few other documents touch on this area, including the role of Rapid Access Funding.[131] The absence of documentation makes the Provine's claim that the number of TSAs has stabilized and, presumably, will significantly decline in the coming few years, less credible.

One positive note is that half of the participants in TSAs (85 of 170) are engaged in individualized planning with IPSCs.[132] The DRC observes that "while the fact that 85 of the persons in 170 TSAs have an IPSC is, obviously, for the better, it is irrelevant to this Remedy requirement which is focused on the number of *reduced TSAs*."[133]

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[126] Appendix B: Remedy Metrics Report, March 31, 2026, p. 1.
[127] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 20.
[128] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, June 10, 2026, p. 4.
[129] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 20.
[130] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, up to end of December 2025, January 23, 2026, p. 9.
[131] Documents 248 and 268 both contain information on Rapid Access Funding. This is a budget mechanism for LACs and IPSCs that can be used, among other uses, to mitigate the risk and severity of crisis situations for DSP participants. Document 264, p. 2.
[132] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 20. "Additional transition planning support for participants in TSAs is provided through participation in the Optimal Individual Service Design course (OISD)."
[133] DRC Submissions Regarding the Province's Third Annual Report (June 2026), Appendix A, DRC Comments on Selected Indicators Year3: (April 1, 2025 – March 30, 2026), p. 22 (emphasis in original).

I recommend that in its Interim Progress Report for Year 4, the Province produce public documentation that assesses and reports on Temporary Shelter Arrangements for DSP participants in relation to the broader policy and program context of immediate assistance activities; crisis prevention and community response; the Optimal Individual Service Design course; Rapid Access Funding and other funding stream; supports to family of members with disabilities; and provincial housing strategies, including measures on homelessness prevention.

10.3 Long Term Care and Shared Services Settings

Shared Services refer to combining services and funding of the Disability Support Program in the Department of Opportunities and Social Development with programs offered through the Department of Seniors and Long-Term Care (SLTC) to provide support in community for individuals under the age of 65 living in nursing homes. "In June 2025, the leadership and management of oversight of Shared Services was assigned to DSP's Allied Health Supports team."[134]

The baseline in January 2023 was that four shared services places in community existed for DSP eligible persons with disabilities under the age of 65. The intent of the relevant Remedy requirement is to create additional places for this population group each year, so that for Year 4 and beyond all DSP eligible persons in long term care facilities who choose to live in community have done so.

Specifically for Year 3, the Remedy requirement was to provide an additional 90 places for young persons in Long Term Care (LTC) – Shared Services, making for a total of 200 places. This would be exact compliance with this requirement.

Here again the Province has failed to provide supporting documentation to assess compliance.[135] And, once again, a Remedy requirement for which the specific results fall far short of the stated target for Year 3. After three years, the actual outcome was a total of 10 persons having relocated to community or five per cent of the annual target. That is, 10 people in three years, when the cumulative total was 200 people relocated to community. The DRC observes: ""Approximately 440 younger adults with disabilities remain in nursing homes, while only a small number have moved into community since implementation began."[136]

The Province emphasizes the impact of various barriers hindering efforts to move adults under the age of 65 with disabilities out of nursing care facilities. Barriers relate to issues of consent,

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[134] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 15.
[135] On a related requirement, #9 on work with Seniors and Long Term Care Department to ensure no new admissions to LTC occur for young people, one confidential document is provided.
[136] Disability Rights Coalition, "Court-Ordered Human Rights Remedy Is Creating Change – With More Work Ahead." Halifax, June 10, 2026, p. 2. 7

privacy, and access to information sessions for residents and their families and caregivers. Of the approximate 440 younger adults with disabilities remaining in long-term care facilities, 18 are engaged in the Shared Service planning process with IPSCs, although they have yet to begin receiving support form DSP and SLTC.[137] As noted in my report last year, the large number of people with disabilities under age 65 residing in nursing homes represents unnecessary institutionalization.

I am especially concerned that the Province reports "barriers like IPSC caseload capacity and LTC facilities' willingness to participate still exists at a high level."[138]

In other words, there seems a reluctance if not resistance on the part of some nursing home operators in Nova Scotia who have residents under the age of 65. Resistance arises often because transforming a system involves departing significantly from familiar operating procedures, basic beliefs, and established roles. Moreover, departmental silos can breed complacency and deter change. After three years, the Department of Seniors and Long-Term Care admissions policy to ensure no new admissions of young persons with disabilities to long term facilities is still not finalized. Institutionalization continues to occur in large part because of a lack of access to appropriate DSP community supports.[139]

This cross-departmental Remedy requirement is well behind on Year 3 targets and timelines. I recommend therefore that the Province (i) engage with the DRC to further actions on measures required for achieving Remedy compliance within the mandated timeframe of the deinstitutionalization of adults under age 65; and (ii) through the Remedy Roundtable and other executive processes required ensure the adoption and implementation of Long Term Care policies in accordance with the Remedy.

10.4 Housing standards

Across Nova Scotia at present about 1,360 individuals with disabilities are residing in institutional settings. The Remedy requires that by April 2028 all these participants will be living in community-based housing arrangements with supports to meet their needs.

This transformative shift necessitates development of a safeguarding framework that guarantees participant safety while also promoting human rights principles of autonomy, dignity, self-determination and choice.

A provincial review of the current DSP licensing and regulatory landscape identified several critical risks. These were (i) current building codes and licensing standards not aligned with the Remedy; (ii) none of the existing licensing items fully are aligned with future requirements; (iii)

[137] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 16.
[138] Interim Progress Report January 15, 2026 - Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 11, and Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 15.
[139] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 10. See also Appendix A, DRC Comments on Selected Indicators: Year 3, pp. 15-18.

oversight mechanisms of accountability, reporting and response for unlicensed homes remain undefined. The Province notes: "There is a need to clarify how regulations apply from discussion to direction to unlicensed and community placements."[140]

This review highlights the importance of achieving the Year 3 requirement to implement new licensing and safeguard standards for community-based housing. "The shift away from institutional care requires development of new participant-centred standards for both unlicensed and licenced (e.g., SOH [Small Option Homes]) housing supports. These standards must include diversity of participant needs and include various living arrangements such as home share, private rentals and family-supported housing."[141]

The new Housing Safeguards Framework will complement the province's *Residential Tenancies Act* and regulations[142] and the current licensing requirements for licensed Small Option Homes. SOHs are approved and licensed residential home support for three or four participants with varying degrees of disability and needs.[143]

The specific focus of developing new safeguards is on unlicensed, approved support provider homes. These are residences "run by an organization approved by DSP under the Remedy model, but not subject to licensing. Despite lacking a license, providers must uphold housing safeguards and undergo bi-annual reviews by Licensing staff."[144] The purpose of the new framework is to establish consistent minimum expectations for the safety, autonomy, privacy, and dignity for DSP participants living in unlicensed, approved support provider homes.[145]

I commend the Province in taking a co-design approach in developing housing safeguards, with the Department of Opportunities and Social Development licensing team collaborating with the Office of the Fire Marshall, landlords, service providers and their staff and associations, participants and families. Intensive Planning and Support Coordinators and Local Area Coordinators also have a role in supporting participants.

Other major and ongoing work here involves further development and refinement of safeguarding standards for a system of mixed-housing arrangements to align with the Human Rights Remedy.

Given that current DSP licensing standards are outdated and not aligned with the Remedy, and given that this failure risks inconsistencies across service providers and families, and limiting

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[140] Document 263, p. 4.
[141] Document 263, p. 4.
[142] *Residential Tenancies Act*, R.S.N.S., 1989, c.40. See https://nslegislature.ca/sites/default/files/legc/statutes/residential%20tenancies.pdf For the Regulations, see https://novascotia.ca/just/regulations/regs/rtgenrl.htm
[143] For unlicensed Temporary Shelter Arrangements, the Office of the Fire Marshall, who is responsible for fire and building safety, applies specific requirements of the 2020 National Building Code of Canada as adopted in Nova Scotia. Document 263, p. 5.
[144] Document 286, p. 26.
[145] Core safeguarding themes include comfortable living spaces, healthy home, safe ad well-maintained home, medication safety and choice, fire safety and emergency preparedness, food safety, and home provider accountability and support. See Document 286, pp. 7-14.

housing options, it is both puzzling and troubling that the Province reports that "no immediate changes are being made to DSP Licensing."[146]

I strongly recommend that the Province, specifically the Department of Opportunities and Social Development and DSP leadership take steps in Year 4 and/or Year 5, through the Housing Safeguards project and other processes, to ensure DSP licensing standards are fully aligned with the Remedy.

10.5 Housing strategies in Nova Scotia

The Year 3 Remedy requirement also includes the implementation of new housing strategies. The aspiration of people with disabilities and their families, like those of all Nova Scotians, are to have choice of safe, affordable housing arrangements in local communities with accessible services and opportunities.

Housing is widely recognized to be an essential factor that can enable or restrict the changes required for transforming the disability system and other programs and services.[147] In Nova Scotia, public policy dealing with housing consists of three strategies:

- **A National Housing Bilateral Agreement between Canada and Nova Scotia** under the National Housing Strategy of 2017. In broad terms the aim is to deliver innovative housing measures across the housing spectrum of emergency shelters, transitional housing, public housing, community housing, rental housing, and market rental/ownership. The Agreement includes federal and provincial funding commitments, expressed priorities, identified targets, and monitoring of results. The most recent National Housing Strategy Action Plan for Nova Scotia runs from April 1, 2025, through March 31, 2028; effectively spanning Years 3, 4 and 5 of the Human Rights Remedy.[148]

- **Nova Scotia's own five year housing plan** released in October 2023, called *Our Home, Action for Housing*. The vision is that "Nova Scotians have access to safe housing that they can afford and meets their diverse needs."[149] Among the guiding principles for government and community partners are people centred – focus on actions that clearly impact the person seeking government support for housing, so people have better health, social, and economic outcomes; and diversity, equity and inclusion – all marginalized communities, including African Nova Scotians, Indigenous people, and persons with disabilities, have equal opportunities to find housing that meets their specific needs. The plan sets out targets, three strategic solutions, 12 actions to help create conditions for

[146] Document 263, p. 5.
[147] Eddie Bartnik and Tim Stainton, Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, April 24, 2023, p. 65.
[148] Nova Scotia 2025 – 2028, National Housing Strategy Action Plan. Province of Nova Scotia. https://www.novascotia.ca/sites/default/files/documents/1-3257/national-housing-strategy-action-plan-nova-scotia-2025-2028-en.pdf
[149] https://novascotia.ca/action-for-housing/docs/strategic-plan-action-for-housing.pdf Around this time, the province amalgamated five regional housing authorities into a Crown corporation, NS Provincial Housing Agency, which manages and operates over 12,400 public housing units for low-income Nova Scotians.

more housing options, and accountability through monitoring and reporting on results.[150] One notable development is the renewed investment and actions by the province in the public housing system. The time period covered by the Provine's housing action plan overlies that of the Remedy.

- **The Human Rights Remedy** includes a suite of housing goals and options, targets and measures. Informed by research and consultations and supplied with resources, the Remedy represents an emergent strategy on housing for people with disabilities in the province. Key elements of housing-related policy actions and organizational processes under the Remedy are outlined in Box 3. These elements (there may be others) aim at improving person-centred housing options for Nova Scotians with disabilities across different regions and different tenancy and ownership arrangements.

Box 3: Housing strategy elements for DSP participants under the Remedy

- No new admissions to DSP funded institutional facilities
- People moved out of Forensic and Psychiatric hospitals and provided community supports
- Alternate Family Support
- Small Option Houses
- Individuals in Temporary Shelter Arrangements provided individualized planning and support
- Excess Shelter Policy clarified as rights-based
- Persons under age 65 to transition from nursing homes to supported living in community
- Community Living Facilitators
- Housing Pathways Initiative
- HomeShare program launched with 10 Local Co-ordinating Organizations
- Licensing and Safeguarding Framework policy development
- Research study into changes in quality of life for individuals transitioning from institutional system to community
- 2026 Rebuilding Hope Conference with housing theme featured

These elements are in varying states of being realized and meeting the intended positive, practical impact. I expect that over time they will adjust to a dynamic environment of shifting constraints, promising lessons and changing opportunities over the medium to longer term for equal access by Nova Scotians with disabilities to safe, affordable and accessible housing.[151]

[150] See Nova Scotia Action for Housing Progress Report: July 2025. https://novascotia.ca/action-for-housing/docs/action-for-housing-progress-report-2025-07.pdf

[151] See the YouTube video by the Canadian Human Rights Commission, Monitoring the right to housing for people with disabilities, 2026. https://www.youtube.com/watch?v=2X8IbyLH2As

Learning from implementation and adjusting to an evolving context does not happen automatically. There are important roles here for the Roundtable of executive deputy ministers.

One obvious role is to oversee and ensure these elements of the Remedy work together with a consistency in decisions and results that advance accessibility (for example, in design and in public transit) and promote inclusive communities. As custodians of the Remedy, executive deputies need to consider what community-based housing arrangements should be prioritized by the Province. What might the desired housing continuum[152] for persons with disabilities look like at the end of Year 5 and beyond? How can this continuum be built thereby ensuring human rights compliant access to supportive housing?

A recent provincial government document on the housing options says:

> Currently, DSP funds and licenses over 300 Small Options Homes (SOH) across the province for persons with disabilities. In most cases, SOHs are owned by Service Providers who provide both housing and disability-related supports; as a result, occupancy can be tied to the service relationship. This means that *if/when a provider withdraws service, participants may be left without housing and without the same protections afforded under the tenancy act*. While SOHs conform to the Remedy's requirement for housing a maximum of four participants, in the future, the Remedy requires "diverse housing options not [solely] reliant on the Small Option Home (SOH) model. Accordingly, this project will clarify SOHs role within the future DSP housing continuum and identify additional housing options that align with the Remedy.[153]

In Year 1, the Province described a set of transitions within this continuum: as participants residing in a SOH moved into community with independent living supports, vacancies created in these homes could be filled by participants residing in a DSP-funded institution, TSA or hospital.[154]

It is uncertain whether this set of transitions is happening as intended by the Province.

Year 3 Remedy metrics show a growing reliance on the SOH program by DSP participants. From a baseline of 752 individuals in SOHs in 2023, to 809 in March 2024, then 872 in March 2025, to 1,014 by March 2026. The change is an increase of 258 individuals or 34 per cent since

[152] The concept of housing continuum encompasses a range of housing types: homelessness (the absence of stable, permanent, appropriate housing), emergency shelters (e.g., hostels), transitional housing (e.g., mental health support units), supportive housing (e.g., shelter assistance and/or supports and services), community/social housing, affordable housing (rental and home ownership), and market housing (rental and home ownership). See "What is the housing continuum?" United Way Halifax, July 23, 2020. https://www.unitedwayhalifax.ca/blog/what-is-the-housing-continuum/

[153] Document 288, p. 2. Emphasis in the original. Independent consultants Eddie Bartnik and Tim Stainton in their 2023 report also recommended the Province invest in community-based options beyond the SOH model. Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia, April 24, 2023, p. 67.

[154] Year 1, Appendix A, pp. 13-14.

the baseline.[155] The DRC, in their response to the Interim Progress Report, observed that "of the 113 persons who left large institutions or Group Homes/Developmental Residences for community settings, 70 (62%) moved to Small Option homes. Part of this is because, over time, as many Group Homes downsize, they are being reclassified as Small Option homes."[156]

I recommend that in Year 4, following the 2026 Rebuilding Hope Conference, the Province articulate a vision of the desired future state of the multiple DSP community-based housing options for the medium term (one to five years) and the longer-term (five years plus) with targets and action plans.

The Roundtable could also take the initiative to assess interactions between the three housing strategies operating in Nova Scotia and between housing measures and income supports. For example, the Canada-Nova Scotia targeted housing benefit is a portable, direct-to-household monthly rent supplement, with funding directed at vulnerable groups. Among working age (18 to 64) persons with disabilities in Canada, the highest rate of poverty has been in Nova Scotia.[157] How many DSP participants are beneficiaries of this federal-provincial housing benefit? In 2024, among Canadian provinces, Nova Scotia had the third lowest average monthly disability assistance amount for single individuals.[158] How does the federal benefit interact with the DSP's Excess Shelter Policy and more generally with Nova Scotia's social assistance program?[159]

I sound a note of caution about the community housing sector aspect of the Province's Action Plan. In projects contemplated for new community housing, a risk is that projects with 10 or 15 or more units for people with disabilities can result in a form of re-institutionalization. In the rush to increase supply and offer security of housing, the core value of inclusion must be front and centre in the planning for all new housing.[160]

I recommend that the Province, through the Remedy Roundtable ensure the housing-related requirements of the Remedy, individually and collectively, support and are supported by the

[155] Appendix B: Remedy Metrics Report, May 31, 2026, p. 1. Alternate Family Support is another DSP home support program, much smaller than the SOH (104 versus 1,014 as of March 2026). The AFS provides a private family home for one or two participants. The change in the number of AFS participants over the baseline to March 2026 period is a decrease of 36 individuals or 25 per cent.

[156] Disability Rights Coalition, Human Rights Remedy Requirements by Year Ends with Actual Results, up to end of December 2025, January 23, 2026, p. 9.

[157] As of 2023, the poverty rate among working age persons with disabilities in Nova Scotia was 19.5 per cent, compared to the Canadian average of 14.8 per cent. Disability without Poverty, Campaign 2000, and Family Service Toronto, *Disability Poverty Report Card*, pp. 15-16. December 2025. https://campaign2000.ca/wp-content/uploads/2025/12/2025-Disability-Poverty-Report-Card-FINAL-English.pdf

[158] This amount, calculated at $1,260, included basic social assistance, additional social assistance, and federal and provincial child benefits and tax credits. The Canadian average among provinces was $1,437. Disability without Poverty, Campaign 2000, and Family Service Toronto, *Disability Poverty Report Card*, p. 27. December 2025. https://campaign2000.ca/wp-content/uploads/2025/12/2025-Disability-Poverty-Report-Card-FINAL-English.pdf

[159] For general context, see Michael J. Prince, "Shelter and the Street: Housing, Homelessness, and Social Assistance in the Canadian Provinces," Chapter 20, in Daniel Béland and Pierre-Marc Daigneault (Eds.) *Welfare Reform in Canada: Provincial Social Assistance in Comparative Perspective.* Toronto: University of Toronto Press, 2015.

[160] See Nova Scotia Action for Housing Progress Report: July 2025, p. 5.

Housing Bilateral Agreement between Canada and Nova Scotia and the Province's Action for Housing Plan.

To conclude this section on closing institutions and expanding housing choices for people with disabilities, of the seven Year 3 requirements, I determine that the progress for one requirement was exact compliance (item 8) while for the other six requirements (9, 12a, 12b, 12f, 22 and 23) the Province achieved only slight progress, with implementation often delayed into Year 4. Rather than making substantial progress on these requirements, the Province is far behind schedule with respect to deinstitutionalization and increasing community living options for Nova Scotians with disabilities.

11. Bringing lived experiences and expertise into the Remedy

Some Remedy requirements specifically address the objective of ensuring the voices of people with disabilities are heard along with those of individuals with regional perspectives and those of families, departmental staff, service providers, and others. These requirements are:

- "Independent Review commences with a focus on the fidelity criteria" for Local Area Coordinators and Independent Planning and Support Coordination. (item 4c)
- "Complete External Evaluation team report on individual outcomes." (item 6)
- "Continue implementation and support of Regional Advisory mechanisms." (item 17)
- "Continue appointment of External Evaluation Team and report on appointment, activities, reports and recommendations of the Team." (item 20)

In addition, in Year 3 the DSP provided funding to Inclusion NS and to People First of Canada to support capacity building activities for families and caregivers of persons with disabilities and to self-advocates in the province to advance implementation of the Remedy.[161]

The shared theme of these requirements is *building system capacity by bringing lived experiences* directly into the Remedy whether through program design and advice or feedback on services and the evaluation of outcomes for the well-being of people with disabilities and their families. This work of incorporating lived experience both represents a culture shift and will contribute to further culture change in the coming years as the human-rights approach deepens in understanding and general application.

On the Independent Review requirement, the Province describes this as an opportunity for "integrating lived experience into fidelity reviews, evaluation designs, and program development." For the External Evaluation process, it involves "establishing an external evaluation infrastructure, including Evaluation Advisory Committee and quality-of-life research for participants." And, for the Regional Advisory Councils, "co-development approaches that bring lived experience into decision-making."[162] I assess the progress of each of these requirements in turn.

[161] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, pp. 3 and 24.
[162] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, p. 7.

11.1 Fidelity Reviews

Fidelity reviews are valuable for keeping a promise, meeting an obligation, honouring a commitment. Here, fidelity reviews refer to formal assessments of the practice frameworks of DSP positions, for example, for LACs and IPSCs. The purpose is to ensure that actual ways of working by staff align with international evidence and the intended rights-based, flexible, person-directed practice of the Remedy.[163] Seeing what is working well, what might need attention, and what, if anything, warrants urgent action, such reviews can identify any necessary changes to improve services and the effectiveness in organizational relationships among roles.[164]

As per Year 3 Requirement 4c, planning commenced in February 2026 for the fidelity review of LACs. Engagement by individuals and families receiving support was facilitated in sessions held in May and July 2026; that is, in the first quarter of Year 4.[165] A final report is expected to be delivered to the DSP Executive Director by the end of August 2026. Developing a plan for the fidelity review of the IPSC and EFAC roles is to be done by the end of December 2026, presumably with the fidelity review of those two staff functions completed in the Spring of 2027.[166]

In the documentation provided, no mention was made of the function of Care Coordinators being subject to a comparable fidelity review. Is this because Care Coordinators will remain in the disability support system to assist with Non-Remedy cases? If so, it seems a lost opportunity for assessing and updating the role of Care Coordinators in such a way as to advance more person-directed and community-based services. I address this in the fifth recommendation.

In the face of delays and a phased approach to undertaking the fidelity reviews, I determine there was slight progress on this requirement by the end of Year 3.

11.2 External Evaluations

On the External Evaluation of individual outcomes from implementing the Remedy (items 6 and 20), work began in October 2025. The Province states that the first Evaluation report is scheduled to be submitted in February 2027 to the Department of Opportunities and Social Development. A subsequent technical report is to be delivered by February 2028 and the final summative report by September 2029.[167] Given that the requirement was to have the external evaluation report completed by end of Year 3, I find that this to be slight progress.

An Evaluation Advisory Committee is now established, which includes three First Voice members, three service providers, two family members/support persons, two advocates, and one

[163] Other purposes of fidelity reviews can be to examine (i) the *internal consistency* of a position's functions overall and (ii) the *external credibility* of the criteria – that they make sense to participants, families, caregivers, and service providers.
[164] This last point refers to the level of independence of the roles of LACs and IPSCs, for example, in relation to EFACs and line management.
[165] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 7.
[166] Document 214, pp. 1 and 3.
[167] Document 253, p. 2. A summative report provides a final assessment of results; in this case, likely commenting on the overall effectiveness of the deinstitutionalization efforts and perhaps next steps.

academic.[168] Collecting data for the quality-of-life research study has begun. The study is on "understanding the impacts of deinstitutionalization (i.e., moving from care institutions to community living) on the quality of life of people with disabilities, supported by the Disability Support Program."[169] Up to eight First Voice individuals will be hired and trained as co-evaluators for the study. A range of dimensions of quality of life are to be examined, including life satisfaction, control over one's own life, social connections, happiness, anxiety, and feelings of being safe, among others.[170] On this requirement (20), I conclude there was sufficient progress made during Year 3.[171]

11.3 Regional Advisory Councils

As part of transforming the disability support system in Nova Scotia, each of the four regions in the province has a Regional Advisory Council. With 16 members appointed to each, these Councils are organized spaces "where local voices can share thoughts and help with problem solving related to the Human Rights Remedy."[172] In addition to offering advice, Councils connect Regional Hubs to local communities, participate in the monitoring and assessment of activities within regions, and advise on funding through the Innovation Fund for projects by community organizations that advance creative and person-directed approaches.[173]

On this Remedy requirements, the Province assessed the progress for Year 3 as exact compliance. I agree.

11.4 Valuing disability lived expertise

Along with the support system changing, the public status of people with disabilities is changing. What is occurring in Nova Scotia involves a shift from historical marginalization and little involvement in policy making and program design toward intentional engagement in the governance of disability services and social assistance to people with disabilities. Nova Scotians with disabilities are rights-holders and active participants with diverse life experiences. With various processes associated with the Remedy, Nova Scotians with disabilities are securing new opportunities as knowledge specialists.

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[168] Annual Progress Report: Targets and Compliance, Year 3: 1 April 2025 to 31 March 2026, p. 8.
[169] Document 278, p. 3. The data collection methods include the use of case studies in sites in each of the four regions; surveys of participants, families/caregivers, staff frontline, and service providers; and focus groups with multiple audiences.
[170] See Document 279 for additional details. Document 244, p. 4, lists seven common components for a plan for a good life in community. These are opportunities for valued relationships; contribution to home, family and community life; choice and control; security and a positive vision for the future; removing or overcoming barriers; opportunity for learning and sharing gifts and skills; and developing self-sufficiency and independence.
[171] The Province's self-assessed status of this requirement was exact compliance. No supporting documentation was provided for this assessment.
[172] Document 210, Year 2, p. 13.
[173] Membership from the Regional Advisory Councils sit on a provincial council that reviews and makes recommendations on applications to the Innovation Fund (Year 3 Requirement 18 a.).

After three years of implementing the Remedy, the lived experience and lived expertise of Nova Scotians with disabilities is gaining recognition by DSP officials, with support from the Government Roundtable, the Leadership Capability Panel, and first voice individuals and families.[174] It is a shift still in its early stages and admittedly uneven in application, but a shift from regarding Nova Scotians with disabilities as vulnerable subjects to knowledgeable and skilled fellow citizens. This is to be commended.

Engagement by people with disabilities and their families in public policy benefits everyone in the province. "Integrating lived experience into policy making offers a range of benefits that enhance the relevance, effectiveness and legitimacy of public policy. Individuals with first-hand experience provide unique insights into how policies impact real lives, revealing gaps, unintended consequences, and opportunities for reform that traditional data may overlook. Lived experience contributions diversify the evidence base, bringing emotional, contextual and qualitative knowledge into decision making."[175] First-hand experience also brings much needed quantitative information, such as the out-of-pocket expenses incurred by individuals and families for essential supports not covered by public programs or private insurance. In words of a disability association: "Our lived experience produces expertise which should guide how governments design, implement, and evaluate disability policy."[176]

Contributions by people with disabilities may come from sharing personal stories, offering peer support, and participating in public consultations. Increasingly, under the Remedy, contributions arise from involvement in training sessions or service co-design projects, attending policy feedback workshops, serving on regional advisory councils, assessing project applications, and evaluating the impacts of programs.[177] On the basis of acquired insights, practical know-how, and specialized knowledge, these are illustrations of how both individually and collectively people with disabilities make contributions of lived experience and lived expertise.[178]

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[174] The latest Annual Progress Report refers several times to lived experience or lived experiences as well as to lived realities and real experience of people with disabilities. See Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, pp. 1, 3, 4, 7, 9 and 10.

[175] Jennifer Smith-Merry and Damian Mellifont, "Introduction: Lived experience and policy making," in J. Smith Merry and D. Mellifont (Eds.) *A Research Agenda for Lived Experience and Disability Policy,* Cheltenham, UK: Edward Elgar Publishing, 2026, pp. 2-3.

[176] *Disability without Poverty*, Campaign 2000, and Family Service Toronto, *Disability Poverty Report Card*, p. 37. December 2025. https://campaign2000.ca/wp-content/uploads/2025/12/2025-Disability-Poverty-Report-Card-FINAL-English.pdf

[177] To give one example, feedback received on the Remedy Training Program (August 2024 to May 2025) with DSP directors and mangers noted that one of the ways the training could be improved was to "include first voice more in the development of materials and future learning opportunities." Document 249, p. 5.

[178] Shane Clifton, Emma Connor, Johnny Connor, et al. "Disability lived experience and expertise: recognising the expert contributions of people with disability." *Evidence & Policy* 21(4): 578-598. These authors define disability lived expertise as follows: "Disability lived expertise synthesises lived experience with a deep knowledge of the history, concepts, rights, and collective experiences of people with disabilities, the core values of the disability community, and advocacy skills needed to redesign and reshape the social environment to enable people with disabilities to flourish." (p. 590). https://bristoluniversitypressdigital.com/view/journals/evp/21/4/article-p578.xml?tab_body=pdf

The 2025-26 Annual Progress Report by the Province describes what occurred around first voice engagement this way: "engagement became less about asking for feedback after decisions were made and more about building programs, tools, and approached together. That shift matters. It means work is being tested against real experience as it develops. It means language is becoming more inclusive, planning processes more grounded, and implementation on choices more responsive to what people and their families actually need."[179]

Protecting and promoting the human rights of people with disabilities requires the consolidation of this good work on first voice and community engagement and to extension of the scope of this shift beyond the Remedy, and to ensuring a spectrum of lived experiences and voices are heard and participate fully.

To this end, I would offer as an observation the merit of a whole-of-government approach to the engagement with Nova Scotians with disabilities and their families and supporters across all areas of the provincial public service. Such a cross-governmental approach could be led at the senior executive level of the provincial government, with supporting roles by the Nova Scotia Accessibility Advisory Board[180] and Accessibility Directorate.[181]

12. LOOKING TO YEAR FOUR

My overall assessment is the Province has fallen behind and continues to critically behind in complying with the Remedy. There are instances of exact compliance and significant progress on only some Remedy requirements. Over half the requirements for Year 3 merely show slight progress.

12.1 Four pressing matters

Looking to Year 4, any number of indicators, targets, and timelines warrant closer attention and more consistent action by the Province. Here are four such pressing matters.

The role of the Remedy Roundtable and the nature of information transparency are critical matters of good governance underpinning the implementation prospects of the entire Remedy. I look forward to updates about how the Roundtable operates in practice and whether my recommendations are taken up by the Province.

The Disability Support Eligibility policy is a key component of achieving the Remedy. I will be looking closely at the results of the Disability Support Eligibility policy review still underway at the time of writing this Monitoring Report. I expect the Province and DRC can arrive at a shared

[179] Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026, p. 9.
[180] The Accessibility Advisory Board consists of 12 individuals committed to help build an accessible Nova Scotia, with the majority being persons with disabilities, Deaf and/or neurodivergent persons. https://nsaccessibilityboard.ca/
[181] The Accessibility Directorate is a division in the Nova Scotia Department of Justice "that supports the implementation and administration of the *Accessibility Act* and addresses broader disability-related issues, by working collaboratively with persons with disabilities, municipalities, businesses, and others to achieve the goal of an accessible Nova Scotia by 2030." https://novascotia.ca/accessibility/

position of a human rights compliant program pathway and how compliance is set out in policy and operationalized through administrative practices.

The recruitment of adequate numbers of IPSCs and LACs staff is a third urgent matter. I will be closely watching whether the mandated targets and caseloads are achieved; the transitions of staff in care Coordinator roles to IPSC roles; the transition of DSP participants from IPSC's to LACs; and the capacity and accessibility of robust community-based resources across the province.

A shortage of specialized staff has knock-on effects for a fourth issue: the reduction of service request wait lists and the promotion of community-based living. In particular, the reduction of wait times for people with disabilities deemed eligible for DSP supports but still not receiving immediate access to individualized planning, supports and coordination. The lack of timely access to appropriate support services can have adverse consequences for people with disabilities inhabiting forensic and psychiatric units, nursing homes, and congregate residential facilities, and for their families.

12.2 Four questions Nova Scotians may want to ask

The awareness and participation of Nova Scotians is integral to the Remedy compliance process. My role as Expert Monitor is only one part of monitoring compliance – people who are directly or indirectly affected by the dismantling of this systemic discrimination (including the general public) have an equally important role. To assist the public, I posit four questions with a view to helping to shape the democratic deliberative process:

1. What steps are the Province taking to ensure that all four regional allied health service and disability outreach teams are functioning by January 1, 2027?

2. Does the Department of Opportunities and Social Development have an action plan in effect to reduce the reliance on temporary shelter arrangements for people with disabilities?

3. Does the Government of Nova Scotia intend to introduce legislation on supported decision-making that would enhance the autonomy, dignity, and inclusion of adults with varying degrees and types of disabilities?

4. What is the strategy of the Remedy Roundtable to accelerate real progress and effective transformation across all systems and the range of court-ordered Remedy requirements.

Conversations on these questions and other aspects of the Remedy are important in the ongoing work of making progress, meeting needs, and improving the quality of life of people in the province.

12.3 More than Four Walls

A home, goes the saying, is more than four walls. Housing and living in community have featured in this Monitoring Report. As of March 2026, we know that more than 850 people with disabilities in Nova Scotia are still living in large congregate facilities. We know that a primary source of housing and disability support for Nova Scotians with disabilities is living in the parent's home. We know that well before the Human Rights Remedy was negotiated and accorded legal status, there was a significant unmet need for housing options for people with disabilities to live more independently in inclusive communities.[182] And there was a vision of supported housing, affordable, accessible, non-congregated, safe, and with access to community and disability supports.

Realizing this vision of housing requires harmonization with transportation, recreation, education, and other mainstream public systems. Supportive housing occurs with supportive public services. It also requires access to resources appropriate to the needs and requirements of people with diverse disabilities, including specialized supports for individuals with complex health and behavioural conditions.

Most of the housing-related Remedy requirements of Year 3 carry forward as targets and commitments in Year 4. Two such requirements, regarding housing standards and housing strategies, are not specified in Year 4. Nonetheless, I will be looking for updates from the Province on these essential areas of community-based housing.

13. CONCLUSIONS

Monitoring Report 2025-26 has assessed the Province's progress in dismantling systemic discrimination against Nova Scotians with disabilities, by implementing Year 3 requirements of the Human Rights Remedy.

In evaluating the reported actions on 34 Remedy requirements, I conclude the Province made limited progress in 2025-26. Progress is hesitant and incomplete and the Province continues to wrongfully equate creating the conditions for accommodative social assistance with actual provision of these services as required by the Remedy. More tangible and measurable outcomes should have been achieved by now, three years into a five-year implementation process.

Key cornerstones of the Remedy's foundation are missing, delayed in implementation, or underdeveloped. The Province described the status of many requirements as substantial progress. In assessing substantial progress I applied three standards: significant, sufficient, and slight progress. I determined that over half of Year 3 requirements were of slight progress, meaning the Province made modest tangible improvements and limited advancements towards intended

[182] See "Choice, Equality and Good Lives in Inclusive Communities: A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities Program." Submitted to the Minister of Community Services by the Nova Scotia joint Community-Government Advisory Committee on Transforming the Services to Persons with Disabilities (SPD) Program. June 2013. https://novascotia.ca/coms/transformation/docs/Choice_Equality_and_Good_Lives_in_Inclusive_Communities.pdf

outcomes, to a marginal degree with marginal results. Slight progress on a requirement means the legal obligations are more in progress, than having made progress. Implementing Remedy requirements in 2025-26 has not been done as fully or promptly as expected.[183] As a consequence, concerns fairly arise about meeting targets and intended outcomes; and about claims of being on schedule on deinstitutionalization and seeing "greater momentum and faster movement" in Years 4 and 5.[184]

This Report also assessed the quality of the documentation provided by the Province in their reporting on building new services and community supports for people with disabilities and their families. Several weaknesses in transparency were apparent in how the Province reported on progress in their compliance with the Remedy. The most serious ones concerned the reliability of the Province's self-assessment on progress[185] and the failure to provide any documentation to substantiate claims on a number of requirements.[186] Other weaknesses in transparency included insufficient disclosure of relevant information and the lack of clarity.[187]

There is a need for more relevant and accessible information, openly shared, in a timely manner. The four dimensions of transparency discussed in this Report – adequacy, accuracy, clarity, and explanatory content – offers provincial government leaders, managers, and front-line staff a framework for determining information quality and for designing communication practices with DSP participants, community partners, and the general public of Nova Scotia.

Purposefully improving the transparency of Remedy-based information will enhance accountability, which, in turn, can reinforce the urgency of fully implementing the Human Rights Remedy and improve the lives of Nova Scotians with disabilities.

Many of my recommendations aim to strengthen the transparency around implementing the Rights Remedy. A number concern the necessity of planning for and expanding community-based housing options. Others call for additional collaborative engagement by the Province with the DRC to resolve issues, share insights, and advance compliance. All the recommendations are meant to ensure the Province makes substantial progress in remedying the systemic discrimination against persons with disabilities in its provision of social assistance.

The choice of title for this Report, *Matters of Rightful Urgency*, reflects the slowness of compliance and lack of substantive results in line with the Remedy outcomes. Matters have now reached a state of rightful urgency. Rightful urgency is a focused, purposeful drive to act on what

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[183] *Monitoring Report 2024-25: Gaining Traction*, p. 54. https://humanrights.novascotia.ca/sites/default/files/monitoring_report_year_two.pdf

[184] Devin Stevens, "NS says it's on schedule to move people with disabilities out of institutions," The Canadian Press, June 10, 2026. https://www.cbc.ca/news/canada/nova-scotia/ns-to-move-people-with-disabilities-out-of-institutions-9.7230642 and Lyndsay Armstrong, "NS advocates say province has failed to consult as it overhauls disability support," The Canadian Press, May 5, 2026. https://www.cbc.ca/news/canada/nova-scotia/disability-advocates-disappointed-with-nova-scotian-government-9.7189827

[185] DRC Comments on Selected Indicators Year 3, p. 32.

[186] Requirements 10, 11, 12b, 12c, 12e, 12f, 12i, 14, 16 and 20.

[187] Requirements 17 and 19.

truly matters. It relies on clear alignment and real necessity of effective actions. It recognizes the fundamental nature of the required shift and understands the need to challenge institutional inertia. Now is the time to do whatever it takes to meet the requirements and obtain the results: accommodative social assistance for all people with disabilities who require it in communities of their choice.

14. SUMMARY OF RECOMMENDATIONS

I recommend:

1. That the Province makes a concerted effort to ensure Annual Progress Reports and their supporting documentation and explanations of progress are in full accordance with section 15 the Interim Settlement Agreement. In particular with regard to requirements where progress is less than exact compliance. (page 16)

2. That for Year 4 and Year 5 the Province, for all reporting on progress in implementation or responses to Monitor recommendations that rely on confidential documents, should include a description of plans for the public presentation and dissemination of materials designated as confidential. (page 21)

3. That the Province (i) expand the size of the Remedy Roundtable membership to enable effective oversight, communication and collaboration across key departments responsible for disability issues; (ii) hold meetings on a regular basis, at least quarterly and more frequently as needed; (iii) share Roundtable agendas and meeting materials with the DRC (on a Confidential basis, as required); and (iv) include Ministerial and Cabinet reporting by the Minister of Opportunities and Social Development or designate. (page 27)

4. That the Province provide information about Connectors to the Remedy Metrics Report and the Interim Progress and Annual Progress Reports for Year 4 and Year 5, including the number of FTEs and caseload per FTE for Connectors. (page 29)

5. That the Province reaffirm the Remedy requirement of recruiting 80 IPSCs and 80 LACs by the end of Year 5 and, in close cooperation with the DRC, oversee an independent fidelity review of the position and practice framework of Care Coordinators. (page 31)

6. That the Province set out measures and timelines that give assurance the implementation and the evaluation of the individualized funding administrative system, and any resulting improvements to the system, will occur before the end of Year 5 of the Remedy. (page 32)

7. That the Province, in ongoing collaboration with the DRC, put in place the necessary measures to ensure all new applicants are provided with immediate access to

individualized planning, coordination, and supports by or before the end of Year 4. (page 34)

8. That the Province redouble efforts to provide supporting public documentation for each Remedy requirement and every specific element, whether the status is exact compliance, compliance in substance, or some variant of substantial progress. (page 39)

9. That the Province provide data showing: the number of patients in the Forensic Hospital and Psychiatric units , the number who have applied for DSP, the number of DSP applicants who have been assigned an IPSC, and the medial times DSP eligible persons have been waiting to move to community once their DSP application has been found eligible. (page 45)

10. That the Province develop a detailed plan for Years 4 and 5 that includes a risk assessment, any mitigation strategies, implementation milestones, and timelines for meeting the Remedy requirements related to Homeshare. In conjunction with safeguards, such a plan should also take into account the guiding principles of supported decision making, person-directed, and dignity of risk. (page 48)

11. That in its Interim Progress Report for Year 4, the Province produce public documentation that assesses and reports on Temporary Shelter Arrangements for DSP participants in relation to the broader policy and program context of immediate assistance activities; crisis prevention and community response; the Optimal Individual Service Design course; Rapid Access Funding and other funding stream; supports to family of members with disabilities; and provincial housing strategies, including measures on homelessness prevention. (page 49)

12. That the Province (i) engage with the DRC to further actions on measures required for achieving Remedy compliance within the mandated timeframe of the deinstitutionalization of adults under age 65; and (ii) through the Remedy Roundtable and other executive processes required ensure the adoption and implementation of Long Term Care policies in accordance with the Remedy. (page 51)

13. That the Province, specifically the Department of Opportunities and Social Development and DSP leadership take steps in Year 4 and/or Year 5, through the Housing Safeguards project and other processes, to ensure DSP licensing standards are fully aligned with the Remedy. (page 52)

14. That in Year 4, following the 2026 Rebuilding Hope Conference, the Province articulate a vision of the desired future state of the multiple DSP community-based housing options for the medium term (one to five years) to the longer-term (five years plus) with targets and action plans. (page 56)

15. That the Province, through the Remedy Roundtable ensure the housing-related requirements of the Remedy, individually and collectively support and are supported by the Housing Bilateral Agreement between Canada and Nova Scotia and the Province's Action for Housing Plan. (page 56)