

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, February 11, 2014

Red Chamber

“Choice, Equality and Good Lives in Inclusive Communities” Report

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COMMUNITY SERVICES COMMITTEE

Ms. Patricia Arab (Chair)
Mr. Brendan Maguire (Vice-Chair)
Mr. Stephen Gough
Mr. Allan Rowe
Ms. Joyce Treen
Mr. Eddie Orrell
Mr. Larry Harrison
Hon. Denise Peterson-Rafuse
Mr. Gordon Gosse

In Attendance:

Ms. Kim Leadley
Legislative Committee Clerk

WITNESSES

Community Homes Action Group

Ms. Wendy Lill,
Co-Chair

Dr. Brian Hennen,
Co-Chair

Nova Scotia Association of Community Living

Ms. Jean Coleman,
Executive Director



House of Assembly
Nova Scotia

HALIFAX, THURSDAY, FEBRUARY 11, 2014

STANDING COMMITTEE ON COMMUNITY SERVICES

1:00 P.M.

CHAIRMAN
Ms. Patricia Arab

MADAM CHAIRMAN: Good afternoon, everyone. I'd like to welcome you here to the Standing Committee on Community Services. My name is Patricia Arab and I am the MLA for Fairview-Clayton Park and I am the Chair of this committee. I do apologize in advance that I have quite a bad cold today so I'm going to be very breathy and will try not to say too much and let our witnesses do the talking.

The committee will be receiving a presentation today from representatives of the Community Homes Action Group and the Nova Scotia Association for Community Living, regarding the *Choice, Equality and Good Lives in Inclusive Communities* report, which all of the members should have received a copy of. The witnesses will be more fully introduced shortly.

I'd like to ask our committee members to introduce themselves for the record, by stating their name and riding. Members are reminded that if they are substituting for a regular member, they should state the name and riding of the person they are substituting for - but we don't have any substitutions today.

[The committee members introduced themselves.]

MADAM CHAIRMAN: I'd like to welcome the members of our audience and remind them, as well as the members of our committee, that cellphones should be put on vibrate or switched off at this point. We would also like to remind the members observing in the audience that there isn't an opportunity for them to speak during this meeting, so unless they are called upon as a witness or are a member of the committee - everybody else is to just be an observer.

I want to really quickly review the evacuation procedures for the building. If there is a need to evacuate, please leave the Red Room, which is the room we're currently in, proceed down one flight of stairs, and exit through the doors on Granville Street. We will gather in the parking lot across from Province House and remain there until we have further instructions.

Our agenda today: our topic is Choice, Equality and Good Lives in Inclusive Communities Report. Our witnesses from the Community Homes Action Group are Ms. Wendy Lill and Dr. Brian Hennen; and from the Nova Scotia Association for Community Living is Ms. Jean Coleman, the executive director. After our witnesses have presented and we've been given an opportunity to ask questions, we do have a number of correspondence items to discuss and talk about our next meeting.

Again, a reminder for our recordings, our Hansard: do not bend your microphones; you can lift them up and down for height, but if they are swung side to side or pushed over to the side, it makes recording very difficult. That's my favorite reminder so far.

Members will have an opportunity to ask questions of the witnesses once the presentation is concluded. Members wanting to ask a question will signify to myself and I will maintain a speakers list. All questions should be directed through myself as the Chair, and I will recognize members and witnesses prior to their speaking. The red tally light on your microphones will be lit when you are speaking so your comments can be recorded. If your microphone is not lit - if you don't see the red light - then please wait until it has been activated before asking or answering.

Time will be reserved at the end of the meeting to deal with any committee business. As I mentioned, we do have correspondence to go over so we're hoping that questioning will wrap up some time around 2:40 p.m., we'll have a brief five-minute recess, and then we'll take the remainder of our time to discuss the correspondence that has come up.

I would like to welcome our first witness and that is the Community Homes Action Group, Ms. Wendy Lill and Dr. Brian Hennen.

MS. WENDY LILL: Thank you very much for having us here today. I want to first of all say that I already know some people in this room. I'm very happy to say that I've had a meeting already with Allan Rowe, who is my new MLA, and Denise Peterson-Rafuse is

here and she was instrumental in getting this document moving. It's really exciting that you have invited us here to be the first witnesses of your session.

You may have already been visited by a member of NSACL or Community Homes Action Group - we're actually going around. Family members are coming to talk to every one of their MLAs about the importance of this document and about moving forward on issues. I hope that if you haven't had a visitor yet, you'll probably be seeing somebody soon - and great.

We're here because we really want to talk about the significance of this report that you've got in front of you. It is groundbreaking. It is, in fact, a roadmap to transform the services for persons with disabilities in this province.

Brian Hennen and I are with Community Homes Action Group. We are a volunteer coalition of health care professionals and parents and advocates. We came together about four years ago to draw attention to the residential crisis for persons with disabilities and to work with the provincial government to try to move this issue forward.

Personally, I am the mother of a 28-year-old young man with Down syndrome so my advocacy journey has been 28 years long and it will probably continue until I am planted in the ground. Brian is a family physician, he is a researcher, nationally and internationally, around development disabilities and he is going to be sharing some important insights with you. Jean Coleman is the executive director of the Nova Scotia Association for Community Living. Their mandate is to make a better life for people with developmental disabilities and they do fantastic work. We're really glad to be here together.

Jean Coleman and myself had the privilege of sitting on the advisory committee that was struck back in the Spring, to do the work that you have in front of you. In the Spring of 2013 the government called on a group of 21 individuals to come together and create a roadmap that would ". . . reshape the system of supports for persons with disabilities by moving beyond the institutional model to a person-centred, community-based approach . . ." We were called together because there were and are critical issues facing this population. There is a widespread concern that the SPD - Services for Persons with Disabilities - program is broken. It is costly, it is providing very poor outcomes for individuals and it is falling far behind the other provinces in terms of deinstitutionalization and meeting the basic human rights of our most vulnerable citizens. That was the context with which this group got together, was called together.

It was an unforgettable experience, we will both agree to that. There were some very oppositional folks sitting around that table. They had been adversaries for many years. There were people from People First, front-line workers, people running institutions, service deliverers, advocates, parents, and then government members from Community Services and Health were all there. Together we had to focus on the task, which was to use

as our guide the UN declaration which is on the front of your document. It calls for persons with disabilities to “. . . have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;”

We started with that as our guide. We worked through massive amounts of documentation that had been done over the last decade or so. There have been a lot of reports written on this issue. There have been standing issues that have not been resolved for a long time and so we culled all of the issues, all of the reports, the recommendations and we went through it and we managed to come up with a very specific report and roadmap.

We have here in front of us, and we'll go through this for you and try to simplify it because quite frankly, it's too long; everything is always too long. We came up with three fundamental goals to guide the work; we agreed on 10 recommendations to bring about the transformation of services and we also came up with a timetable for action.

I'm going to turn it over first to Dr. Brian Hennen and then to Jean Coleman, to talk about this population a little bit and also about the issues they are facing.

DR. BRIAN HENNEN: Thank you and good afternoon. A few background comments; over 1,100 Nova Scotians live in large congregate care facilities - a disproportionate reliance on institutions compared with other Canadian jurisdictions. Funds continue to be spent on such facilities when we know we're getting less for the buck than if it were spent on supported community living.

At the turn of the century, Nova Scotia had begun shutting children's training centres and within the next 10 years the Halifax County Regional Rehabilitation Centre was closed. A moratorium on small options homes was instigated and still remains, and we're stalled, falling behind. Meanwhile, the number of adults needing residential supports has grown, with nearly 1,000 on waiting lists for a special program for disability services.

Family physicians and nursing colleagues and I have run a weekly assessment clinic for adults with developmental disabilities for over three years now and we are struck by the uncertainties these people have about their homes, among other concerns about transportation difficulties, not having meaningful jobs and having limited social interactions. Most are capable of greater independence with appropriate supports. They're eager to live in an apartment, a foster home, a small options home, a small group home - a home that offers comfort, safety and social interaction. My research colleague, Professor Deborah Norris from Mount St. Vincent University, who is behind me, is present and she is ready to answer questions.

Their Nova Scotia Research Foundation-funded research with Intellectual Disabilities Service Needs Research Alliance over the past five years has completed

comprehensive assessments of 147 adults with developmental disabilities from the central and northern regions of Nova Scotia. Each person was asked over 98 questions, including qualitative ones. Their answers revealed that half do not have a specific diagnosis or don't know if they do; 16 had Down Syndrome; 10 autism; six had cerebral palsy; six had learning disabilities; and six had mental illness - on top of their developmental disability.

In our presentation three years ago to this committee, you will read that Mary Tomlinson, a consultant psychiatrist, reported that one-third of patients referred to her for psychiatric management did not have mental illness, but showed challenging behaviours caused or made worse by the situation they were living in. A senior residential housing administrator recently traced decreased mental health to the wait lists and inflexibility in the system, which does not allow people to move to appropriate housing when their needs change. Only 50 per cent in Dr. Norris' research cohort see friends or family as often as they'd like to; 41 per cent live in private households; 24 per cent in small options homes; 13 per cent in licensed group homes, but their preferences are for living at home with a friend, relative or partner, being on their own or living with a known caregiver or staff person.

A one-day think tank I attended in Ottawa concluded that family members who provide care at home to their loved ones with a disability suffer from poorer health - both physical and mental health. A year ago, a joint committee of Capital Health and IWK made recommendations for improving the transition of children with chronic conditions into the adult system of care; the report is available. I want to make one point out of that discussion. The committee had a prestigious membership - senior vice-presidents, medical and nursing administrators, clinical department heads. Let me read two sentences:

“The committee quickly came to agreement that transition for youth with developmental/ intellectual disability requires particular consideration. There is the largest group of chronic conditions affecting children into adulthood (46% of visits) and support for this population is frequently very complex because of the severity of disability and/or co-morbidities.”

Coming to consensus in a few minutes, 18 seasoned health professionals acknowledged that this population, comprising the largest group of all youth with chronic conditions, requires particular attention.

Finally, developmental disability, also known as intellectual developmental disorder, involves both intellectual impairment and impairment in functional skills, such as activities of daily living, both of these being evident before usual development is completed. About one-third of people with developmental disabilities have co-existing autism spectrum disorder. In turn, autism spectrum disorder is a neuro-developmental condition characterized by difficulties in social interaction and communication, with rigid or repetitive behaviours usually apparent by age three.

The media in recent months has reported parents' concerns about delays in getting rid of inappropriate placements of Nova Scotians with developmental disabilities who have complex needs. Many with limited or no verbal language communicate their physical and mental distress through their behaviours. Such behaviours ought to be recognized as a means of expressing distress for individuals with impairments in developmental maturation, social interaction, and communication. Such behaviours ought not be categorized or treated as criminal. Thank you.

MADAM CHAIRMAN: Ms. Coleman.

MS. JEAN COLEMAN: Following up on Brian's remarks, in my role as executive director at Nova Scotia Association for Community Living, I too am very familiar with the frustration facing families as they try to navigate the system. We receive many calls from parents throughout the province who are looking for community, residential, and vocational options for their sons and daughters. What we have presently in the province is not working. People with disabilities want to choose with whom and where they live, and they need the right supports to do this.

The road map calls for focusing vocational programs on getting people into the labour force, with job coaches and other forms of supported employment. Individuals with an intellectual disability want to work alongside their classmates who they've been in school with, families, and friends. That is why the road map is so critical to individuals and their families. It is the first sign of hope that they will not be segregated, warehoused in an institution or in a vocational centre, but will be able to live in community with an opportunity to have a good quality of life like everyone else.

The work of the advisory committee that Wendy was speaking about had to begin with the key issues facing people with disabilities - their families, service providers, and the broader community - in advancing supported living in inclusive communities.

There are three major goals to guide the transformation of the SPD Program. They are: greater self-direction, choice, and control by people with disabilities and their families; modernized delivery system for supports and services to advance social and economic inclusion; and increased capacity and involvement of generic community systems in enabling inclusion.

To achieve these three goals and address the key issues that must be confronted, a 10-point transformation plan for the SPD Program was designed with the following elements and recommendations. The first one was person-directed planning navigation, so when someone needs to plan for his or her future, it will be about what his or her dreams are, where they want to work, and where he or she wants to live and with whom. This is all about what the person with a disability wants.

Individualized, personal disability and family supports. We need to establish a disability supports program that collapses the existing maze of programs into one that provides a straightforward path to what is needed, when it is needed.

The third is individualized funding mechanism. When a person receives the support and funding they need the funding to go to them, not an organization, and they have control over whom they hire to receive the services that they need and the supports.

Equal recognition of legal capacity and supported decision making. Often it is assumed that people with disabilities do not have the capacity to make decisions. Sometimes they may need help from loved ones or trusted friends, but they can make decisions with the proper supports. What I have been told is that people with disabilities just wish to be included in the decision making that has a huge impact on their lives.

Reduced reliance on large institutional facilities is the fifth recommendation. Nova Scotia has the most people with disabilities living in institutions, per capita, in Canada. Not one person in over 35 years since I have worked in this field has ever said to me, Jean, I want to live in an institution. We need to stop admitting people to institutional-like settings and find a way to support people in community. This is being done in many other provinces across the country, let alone around the world.

When people get to choose where and with whom they live and are able to hire the service provider to provide the supports they need, it is going to change the way we do business in Nova Scotia. This is good because it will be all about choice. Service providers will learn how to support people differently.

Vocational centres will find creative ways, as will employers, to hire and support people to work for full pay in community rather than in segregated settings. Some people with disabilities may not be able to work full time, maybe a few hours a day, but whatever amount they can work they will receive minimum wage. People with intellectual disabilities often are living below the poverty line.

Our eighth recommendation was equal access to housing. There must be an investment in people rather than in buildings. We need available housing options that are accessible and affordable, and individuals with disabilities need proper supports. Many people live in places that are not safe and, therefore, they are at risk because they have so little to spend on housing.

Comprehensive community-based networks of specialized support - that sounds like a mouthful, but what it really means is that people with complex needs or behavioural needs have limited options from living in community. Often they are placed in institutions or nursing homes, and we need a community-based system of specialized care services that can be provided to individuals in their own homes and communities.

Last, but not least, we need a coordinated and integrated disability and mainstream community services. We need to develop community capacity for social and economic inclusion of people with disabilities and their families. Thank you.

MS. LILL: Just to wrap this up, we are fully aware that the road map for change will require substantial investment, beginning right now in the year 2014-15. We see this as a transformative investment that will lead to the creation of a sustainable, cost-effective system of supports.

The research that we've done suggests that cost effectiveness and savings will result in a number of areas including reduced reliance on congregated settings, increased use of generic community services, tapping the resources of the housing market and Nova Scotia Housing Strategy, reduced reliance on high-cost, acute care services as a result of maximizing supported living in the community. There will also be savings to social assistance and increased personal tax revenue from increased labour participation of persons with disabilities. We can talk more about this later if people have questions.

Although we feel hopeful with the creation of this roadmap document, we can't overstate the urgency of moving forward with it immediately. It's time to move from words on a page to real action. The crisis continues for thousands of Nova Scotians.

We need to see action in the following areas: a substantial commitment in the upcoming budget for implementing the first steps of the roadmap, including establishment of an implementation team to start rolling out the plan; we need to start working on personal directed planning; we need to start investing in families by increasing the amounts available to families to create community living options; we need the announcement of a date for the moratorium on admissions to institutional residential settings; and we need a commitment to new, professionally-supervised, community-based approaches to crisis situations.

In closing, the work ahead is enormous. It will require visionary leadership and steadfast commitment and determination over the next many years and we need our commitment from elected officials. In order to turn all of this around we'll need government community service providers, mainstream community systems and disability organizations to all work together to bring about the fundamental changes needed if we're going to move the quality of lives of persons with disabilities closer to that enjoyed by the rest of society.

We urge you all to throw your hearts and your voices and your energy into this process of change. Together, we can bring about better lives for our most vulnerable citizens. Thank you for your time and we welcome your questions.

MADAM CHAIRMAN: Thank you very much. We're going to open up the floor to questions. Mr. Orrell.

MR. EDDIE ORRELL: Thank you very much for your presentation, it's very informative. I've read the *Choice, Equality and Good Lives in Inclusive Communities* report. To me, it sounds like a good report. It was well done and you went through some of that stuff in your presentation here.

We know that this was brought forth by the former government and we've had indications that the present government was going to honour the commitments made by the last government, when they were elected. Has there been any indication whether these commitments will be fulfilled on the document that was presented here, from the present government?

MS. LILL: I neglected to say right off the bat - and that's because I just moved away from my notes - we are happy to hear that the new Minister of Community Services has said she is committed to moving this document forward. We are very encouraged by that, so that is the starting point and we are eager to work on that with her.

MR. ORRELL: That's great. So the status right now of implementing - has it begun the process yet or is it just that you have that commitment?

MS. LILL: I would say that we have a commitment to move forward on this. We - Jean Coleman and myself - both heard that the advisory committee, this group that formed the group, is going to be called together again in March to get an update on what the status of the document is.

We're here because we all know that things don't move as fast as they need to and we want to make sure that everybody is on the same page and continuing to push. This is an education and a Q & A session to help everyone understand the urgency of this issue.

MR. ORRELL: We've also heard in your presentation about there being a cost to implementing this, moving forward. Is there any indication from you guys how much that is actually going to cost to move forward and to realize the savings that may happen down the road with other savings you are going to have? Is there any indication how much it is going to cost up front before we can realize the potential in those savings?

MS. LILL: I would actually defer to the minister and the deputy minister, who is, I gather, going to be presenting two weeks from now in terms of costing. I personally cannot speak to that.

MR. ORRELL: So in the road map that you did, there was no costing put forward out of that? No, okay.

Just one other for now. On Page 4 of your presentation you had talked about getting people in the labour force with job coaches and other forms of supported employment. I know you're aware of the problems that are happening right now with the Labour Market

Agreements and the Canada Jobs Fund that are going to interfere with people with disabilities getting the training they need. Is there any indication how that is going to affect the people with their living options and getting a good job if they can't access the funding to do the training that they need to get to that stage of work in the community?

MS. LILL: I'm actually on another board, the Dartmouth Learning Network, so this is a huge concern for literacy organizations that are really trying to move forward the cause of persons with low literacy, so you could definitely say that many of the people that we are talking about would fit into that category. It's a real concern that the federal government is yanking back the LMA from this population and basically in the interests of targeting some more very targeted skills development in certain areas, so that is a concern.

MR. ORRELL: What about the funding from the LMA? Can you draw on that to increase the funding for skills training for disabled individuals? My assumption is that's the money that's supposed to be going to developmental delays and training people with disabilities, but my indication is it's not being used for that right now - it's being used for other areas and that's where it's going to be affected. Have you had any discussions with the government over that yet? I guess I'm getting off track here.

MS. LILL: I can only say that I know that Dartmouth Learning Network has been very vocal on advocating in this issue. If the LMA is cut, they will lose half their funding and that will, in fact, have an enormous impact on all the learning organizations in Nova Scotia. I can't speak anymore.

MR. ORRELL: That's good for now, thank you. Sorry I took up all your time.

MADAM CHAIRMAN: Mr. Rowe.

MR. ALLAN ROWE: Actually, if I could just follow up on Mr. Orrell's questions, one or two things popped into my head. Just to clarify, have you had an opportunity yet to speak with anyone in the Department of Community Services or the minister?

MS. LILL: The minister came to an advisory committee meeting at the end of November; the committee was brought back together at the end of November. We actually finished and tabled our document at the end of August and the government of the day - and we have the former minister in the room - accepted this document as the way forward and we were very gratified. We were brought back together at the end of November. Minister Bernard was there. She came to the meeting and she said that she was on side with the document and she wanted it to be moving forward.

Lynn Hartwell, who is the Deputy Minister of Community Services, was the co-chair of this advisory committee, along with me. I was the community co-chair and Lynn Hartwell was the government co-chair. I have to say that we're very heartened by the

fact that she became the deputy minister and certainly her heart, mind, and energies are very much focused in this direction. We're very heartened by that, so we are optimistic.

MR. ROWE: Excellent. As a follow-up, as well, during your presentation - as you mentioned, Ms. Lill, you and I have met before on this and we've had an excellent discussion on it. Perhaps to clarify, No. 7, Increased Access to Competitive Employment, in the plan laid out - clearly government is always seen as a facilitator to help move things forward but when it comes to employing persons with disabilities, I am sure we would all agree that that requires a level of buy-in co-operation from private organizations, businesses, employers as well.

I'm curious as to what you've done so far in that regard, where we need to move that forward.

MS. COLEMAN: I think I can speak to that. The Nova Scotia Association for Community Living, with our colleagues across the country and our national association, are working very hard on an initiative, "Ready, Willing & Able". It is to work with employers to increase their capacity of knowledge and learning on working with persons with intellectual disabilities, so we have been working in that area. It hasn't been concrete here in Nova Scotia yet but we are hopeful it will be.

I just wanted to add that at the table, there was an executive director from one of the vocational centres here in Halifax. They are very excited about this roadmap because they, too, believe that many of the people who are in the vocational centre could be working in community. Did I answer your question?

MR. ROWE: You did. Thanks very much. I've got some others but that's okay for now.

MADAM CHAIRMAN: Okay, Ms. Peterson-Rafuse.

HON. DENISE PETERSON-RAFUSE: Thank you for the presentation. My first comments are actually to my colleagues here, through Madam Chairman, and that is that we must come together on this roadmap. This is about people not politics, so I will impress upon you the great need to support the efforts of community members, persons with disabilities, advocates, coming together with government for the first time in the history of our province, to respond to a very neglected group of individuals and families.

I'm just expressing the fact that we do need to work. This is a project we need to work together, to ensure it happens.

My first question is with respect to legislation. I know that in the document *Putting People First*, we heard that to move forward there were some key pieces of legislation that need to be changed and to be looked at. The legislation pieces were the Fire Safety Act,

Homes for Special Care Act and Occupational Health and Safety Act. There were plans to move that legislation forward in the Fall although that did not happen. Can you explain to the members here the importance of why that legislation needs to be taken care of as soon as possible?

MS. LILL: I can certainly say that the legislation we have in this province at this point is quite antiquated on several fronts. Certainly the Homes for Special Care Act, the department will say it is really not effective. It is not effective at the present time and if we are moving in this direction, it will become even more of a hindrance because it doesn't address the human rights of persons with disabilities.

At this point, I think I can't speak about the status of the legislative changes. I would be interested in knowing where the department has got to, in terms of moving these legislative changes forward. The issues have been identified but I don't believe they've been moved forward yet.

One of the issues that is clearly a problem that I can address is the issue around people having substitute decision-making versus supported decision-making. We are very far behind in that. There is just a common acceptance of the fact that a person with a disability is not able to make their own decisions and that, in fact, has been proven all around the world to not be the case. In fact, certain kinds of supported decision-making mechanisms can be set up that allow a much greater degree of person-based decision making and we need to move on that.

MS. PETERSON-RAFUSE: The follow-up question is once again reflecting the document, *Putting People First* and working with the Department of Health and Wellness and also the roadmap that came together because it's all integrated together, as you know. I know at the time it was brought forth in 2013, we talked about having community consultation and input to begin in the Fall of 2013. What has your involvement been in participating in that process and can you tell me your information of the process, of the community involvement?

MS. COLEMAN: To my knowledge, at this point in time, there hasn't been any community involvement or there were no talks that took place toward the end of 2013. I do believe that as we move forward it will be government, community, and disability organizations and self-advocates who will be working together in small groups and taking a piece of the puzzle and working toward the completion of the roadmap. This is not going to be done in isolation, it is going to be done between government and community.

MS. PETERSON-RAFUSE: Good. Thank you so much again for your presentation, for all of the work that you have done. We will all come together to make this a reality. We have to; it's time. There's just no question it's time. Thank you.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: Thank you very much for your presentation. I, myself, have a child with a learning disability so I know where you're going with this and I think it's great. My question is, statistics show that there are not a lot of persons with disability in the workforce right now. Some, of course, cannot work, but for those who can, what do you feel are the barriers that exist right now that prevent them from being able to be part of our labour force?

MS. LILL: I'll speak personally on this. I have a son with an intellectual disability who has three part-time jobs and that is because of structures that have been set in place to make that happen, that are working right now in Nova Scotia. A program called ACEE, run by Independent Living Nova Scotia and funded by the Department of Education and Early Childhood Development - it is called Access to Community Education and Employment program. After high school, people with intellectual disabilities are able to go to this program and they're able to get training in terms of bus training, in terms of job preparation; they are given an opportunity to work in a couple of supported work environments.

My son was one of the first ACEE graduates and was set up at that time with the opportunity to work at MacAskill's Restaurant in Dartmouth. He was trained in peeling carrots and potatoes, he was trained to use the bus. For the last five years he has been working at MacAskill's and he's now working at The Wooden Monkey. He travels freely on the bus system and is carefully supported throughout his day by a whole bunch of people really. There are people who know when Sam is going to arrive, they know that he's doing his work. If an employer such as his boss at The Wooden Monkey - or he also works at Shirreff Hall - is having some issues with his work, they call up his job coach. They will say we need to train Sam in peeling carrots or we need him to be on the dishwasher and she says, no problem, I'll be over there tomorrow.

It absolutely works. Sam Starr makes 20 hours' worth of minimum wage a week. He's a very proud young man. He gets up in the morning, he goes to work. He is a very productive member of our society and I can't tell you how many other people could be doing exactly the same thing as Sam. There's nothing special about - there's a lot that's special about him - but he's a perfect model of our fellow Nova Scotians with disabilities just right on the buses with us and they're going out to do their jobs and that's what we need.

MADAM CHAIRMAN: Mr. Maguire.

MR. BRENDAN MAGUIRE: Thanks for coming today. I want to start this out by saying that we do support this document. I'm not here and we're not here to point fingers at the previous government or even hopefully none of us are here to point fingers at the current government. I think Denise was right - I mean, you are right: this is about people. What I wanted to talk about is we've heard some numbers mentioned in the media that

there's \$58 million budgeted toward housing and I'm just going to be direct - where do you think it should be spent? If you had access to that money, where would you spend it?

MS. LILL: I would go back to the recommendations that we put forward. We need to staff this initiative to make sure that we've got dedicated individuals who are hired to work directly on moving this document forward, and that's job one. We can't have this being done off the side of anybody's desk. It has to be a dedicated staff.

We need that, but the community needs to have faith in this process. They have to believe that they can have hope so the families that are now struggling with their individuals living at home at the age of 30 or more, that in fact there may be - in clear sight - a day when they'll get relief from that, that there will actually be another alternative for their family member. We need to spend enough that we can - we need to buy some hope here. I can't put a price tag on that, but I bet your deputy minister could put a price on that. We need to buy some hope here.

MS. COLEMAN: I just wanted to speak to that also. All those millions of dollars, where it needs to be spent - it needs to be spent not on building group homes, not on building places; it needs to be used to support people in community. So if I were a person with a disability and I wanted to live with a couple of friends in an apartment, it needs to be affordable and accessible and there are a lot of apartments here in HRM or throughout the province and that's where the money needs to be spent - in supporting people, not on buildings. Thank you.

MADAM CHAIRMAN: Dr. Hennen, do you want to speak to Mr. Maguire's question?

DR. HENNEN: Yes, just briefly. I think another area is staff development in the facilities that are providing residential placements for people. The staff need to be educated at the highest level possible, given the kinds of problems they're dealing with at their work, and that hasn't been happening. I think that's really crucial.

In this metamorphosis - in this changeover - people who are going to probably be continually employed in this system are going to be doing new jobs and they're going to be doing different things, so they're going to need to be trained and now is the time to start the training.

MR. MAGUIRE: I have just one follow-up. I'm wrapping my mind around this. So what you're saying is that we need less bricks and mortar, and more support staff, and more trained staff that know how to deal with these situations - is that what I'm hearing?

MS. COLEMAN: Less bricks and mortar - and a commitment to providing the proper supports to people so they can live in community.

MR. MAGUIRE: One last question. With existing affordable housing and housing in general, what do you see as the barriers that exist right now for people with disabilities trying to live in this housing?

MS. COLEMAN: When I was speaking I was saying that many, many people with disabilities live well below the poverty line, so the affordability of decent housing in good neighbourhoods, in safe neighbourhoods, I think that's very important. Anybody else want to comment?

DR. HENNEN: Just that in the preamble to the development of this document there was a round table which Denise mentioned earlier. Everywhere, when they consulted with the public, when they consulted with administrators, when they consulted with bureaucracy, the first thing that was on everybody's mind was get rid of the poverty. So any way you can help these families with small injections of funds to help them do things a little better, a little easier. Transportation, for example is a huge problem - costly, time-wasting, insufficient quantities of it, those kinds of helps are what are needed for people who don't have a lot of cash in their pockets.

MADAM CHAIRMAN: Mr. Orrell.

MR. ORRELL: Thank you again. You mentioned earlier, Dr. Hennen, about not needing bricks and mortar but needing more staffing and supports and so on and so forth. Can you foresee that if the bigger institutions are closed, the workforce in those institutions are going in a supportive role in the community? Is that what I understand is the way we're talking about going about this?

DR. HENNEN: Right, and they'll be asked to do different things, maybe even out of the same physical facility they had been working in but they'll be a different kind of resource to that community.

MR. ORRELL: So with that we're going to have a larger demand for workers or different skills, so we're saying we should look into funding that retraining or training and the skills retraining of those individuals now, for what may happen in the future, according to the plan in the book here.

Is there specialized training that is in place now or is that something we would have to develop through a community college or a university, to make sure that the people who are going from institutionalized workforce to a community-based workforce, which are complete opposite needs and wants? I know myself, from being in physiotherapy, working in an institution where your bed goes up and down and it's all electronic and then going in and doing some home care where there are no physical helps to do that and the risks involved, if you are by yourself. Is there a training program now that we could implement or enforce or bring these people to or bring more people into, or do we have to develop something new to do that?

DR. HENNEN: To my knowledge, the community colleges have one course on support workers. But we're talking about different kinds of skills, we're talking about personal care kinds of skills. You're talking about changing the format so that the staff who are currently working in a group home might be the people who now have to decide what resources go to what people and how is it going to be delivered efficiently. They are going to need different skill sets to do that.

The other thing I'd mention specifically is the management of people with autism in this province really needs a big boost of professional development, both at the support level and at the professional teaching level. The health professions need more support to do what they have to in their training programs but the support staff also need professional development in that area, how to manage difficult behaviours without getting in a big tizzy. The people who work in those very high-risk situations are doing a wonderful job with their hearts. They need more support in their education.

MADAM CHAIRMAN: Can I just interject for one second? I hope I'm not stepping out of turn, but to answer your question, there's one seat per campus, per program at NSCC that is given to a student who has been on an individual program plan - an IPP - so it's an extremely competitive opportunity for training.

DR. HENNEN: Another example - someone was talking about the community gut-feeling support - the ACE program, which Wendy just talked about and has been so successful, is now in its sixth year. It was moved out of the Nova Scotia Community College and bounced by another professional school aspect because people thought it had a higher priority. I mean, this doesn't make any sense to me.

MS. COLEMAN: Just to follow up, staff who are working in institutions or in group homes now, they will not necessarily be losing their jobs. They are going to be doing their work very differently and community-based as opposed to what they're doing now. There is going to be training that is needed for some, but I think the community aspect of it could be a very easy flow from where they are now to supporting people in community.

MR. ORRELL: I guess what I was getting at - and maybe I phrased it wrongly - was because we have these people now who are working in institutions there together, it would be easier to provide training for them in the setting they're in now for the future. If you have a staff that is working a back shift in an institution and there are four of them there, well in their downtime - say, when people are sleeping - could they receive training while they're doing their job now instead of having to wait until that institution is closed?

When the other model is up and running and then we train them too late, you're going to get turnover because the people with inappropriate training are going into situations where they're not comfortable - there is already high turnover in small options places now. It's people who work relief or people who work casual-type work - if another job comes along that's supposedly an easier job or less stressful, we'll move into those

jobs. So if we have that training in place before this happens - I guess is what I'm getting at, so that's what I was trying to say with that.

One last question, if I may - so the training basically is our best way forward of having individuals cared for properly and maybe not getting the police involved and stuff like we've seen in the last little while, which is an unfortunate situation for everybody, but I'll leave it at that, and that's what I'm hearing and I thank you very much.

MADAM CHAIRMAN: Mr. Harrison.

MR. LARRY HARRISON: I want to say I have the utmost respect for parents who go through this. In my former life, I've been in a lot of situations where I've spent time with families who are looking after folks mainly in the home and they do one terrific job. I mean, the dedication they have is just amazing.

I'm representing a rural area more than urban area and I always found that if the community itself got together to discuss any particular issue and got their minds and hearts behind it, really good things can happen without a whole lot of money being invested. I guess I'm asking the question - have you been in rural areas and meeting with folks who have children or adults with disabilities and asked them exactly what it is that they would like to see happen, what they need, as opposed to just in the urban kind of areas?

MS. COLEMAN: In my experience, we're a provincial organization and we work with many individuals and families in rural areas. Parents are aging and some are looking after their 40- or 50-year-old son or daughter. They're worried that when they pass away where their son or daughter is going to go and they want their son or daughter, and probably their son or daughter wants to remain in community where they're familiar, where they're loved and cared for, and there are good safeguards. So that is a concern for us. Transportation is also a huge concern in the rural areas, so these are things that we need to take into consideration.

MS. LILL: I'd like to address the issue around families - the role families and communities have in this whole new transformation. I think it's a huge, untapped resource that the families and communities have to offer. I said that at our advisory committee table, but I've also said, do not think that this is we dump it back on very overworked, tired families to take up more of this huge burden.

I do think we underestimate the creativity that is out there and the fierce energy that families bring to solving problems. We need to be at the table with them. Government, family members, and the community have to say, what is the best solution for this individual? It's amazing how much you can actually accomplish if you sit down with the same level of interest and same respect for an individual - you can come up with miracles.

I think we've really dropped the ball on that. I think we institutionalize people, we say this is community services over here, this is where people with special needs are, they're working at a sheltered workshop or they're over there - they're not. They should be on the buses, they're part of our communities, they are fiercely loved members of families and communities, and there is a great social capital here if we start to harness it.

MR. HARRISON: I think communities really want to do things, they just don't know what to do. If they're given some direction, you're right, we have an untapped resource here that really is going to be incredible if we can just tap it. So continue your good work, it needs to be done.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: Would you agree to the fact that to go forward with the road map means not just a focus and commitment from Community Services? This is a philosophy, this is government priorities. There are many challenges for government in today's world so they have to prioritize where investments are to be made. Therefore, for this to be successful means that there needs to be an overall government support from a variety of departments and funding from these departments: Health and Wellness; TIR, for transportation; municipal services - you could start going through the variety of departments we have in government.

Do you agree that in order to make this go forward that it's not just about housing and creating housing settings, it's not just about the employment part, there are many different parts to this plan?

DR. HENNEN: I've got written down here, it's not just Community Services; it's Health and Wellness, Education, Justice, Housing, and Labour - they have to be working collaboratively and they have to have a common plan and they have to be active in it. You just can't come to a table and say, yes, this is okay; they have to commit something to it. It's a multi-departmental challenge.

MS. PETERSON-RAFUSE. Yes, thank you very much.

MADAM CHAIRMAN: Mr. Rowe.

MR. ROWE: I'm looking for your input here, just some comments or your thoughts on something. It was a follow-up actually - again, after our meeting, Ms. Lill - and it occurred to me when I was thinking about everything we had discussed later on. I've heard it so many times here today and I'm sure we all have such admiration for people like yourselves and any families who are dealing with young people and family members who are disabled and have disabilities.

I want your thoughts on what about those - and I'm assuming there are quite a few of them, and perhaps I'm wrong, please correct me if I am - who don't necessarily have that support network, who don't necessarily have the family members who can advocate, can assist them through the process? I'm just curious, what are your thoughts? I'm assuming there are quite a lot of those people; what do we do?

DR. HENNEN: We see a lot of people in our assessment clinic for adults. Some of them have really very strong, supportive families. Some of them have caring families that don't have many skills and don't know how to work the system. You have to know how to work the system. If you don't know how to work the system you're going to be in big trouble, and if you haven't got much money you're going to be in big trouble.

Those are two things that, as a physician or as a pastor or as a nurse in the community - those are the kinds of things you need to look out for: who are the people who need that little extra advocacy and support, and a few suggestions about how to make things work.

It's so simple - you see somebody, they need a home just like you have a home, they need a job. There's nothing that lightens up a young adult's face, someone who comes in and says I've got a job. It doesn't matter whether it's half a day a week - I've got a job. That establishes an identity and an appreciation by society that they've got something to commit. That's part of the whole business of making the communities more accepting of the population of these folks.

They need a friend. I meet people every couple of weeks and you ask them who their best friend is and they sort of look at you. They'll maybe mention a staff person who works at their group home, but they need a friend. So a home, a job, a friend, and nearly all of these people love music so they need some music.

MS. COLEMAN: This is where the Nova Scotia Association for Community Living comes in because we are province-wide, and we do support and advocate for people with intellectual disabilities. So if individuals don't have a support system, if they've been living in an institution or isolated and don't have family, that's where we could come in and work with individuals to develop a network of support, of people who they might not even think are interested in their lives but they are. It could be their hairdresser, if they go to the store or a church, people in their church. We have to look to find people who do have an interest in their lives.

It's really interesting when you do this - and Brian is right. Many people that I've met don't have a big circle of friends but when you start to really dig and get to know the person and really dig and say, well, what do you do for fun and where do you go and this sort of thing, there are people in their lives that they just don't recognize who could be part of their network, who could support them and help them to develop a plan to live in community. So a short answer is the Nova Scotia Association for Community Living.

MS. LILL: I think we hope that people will have supports throughout their lives, but obviously they don't always. Families pass away, families disappear. We live in a pretty scattered society and I think we have to come to an agreement about what we collectively need to do for vulnerable individuals.

There are many people who are lost, who are, in fact, not supported. They are isolated and they don't have advocates, so who is the advocate in that situation? I think it is the public, and that means it is our role as a society to make sure that vulnerable people don't fall through the cracks, that if there isn't somebody hammering away as an advocate beside them, then there has to be a social advocate, there has to be a person who steps in there, there has to be a guardian role that we provide that is respectful of individuals who are vulnerable. That's definitely part of this transformation, that we don't let people fall through the cracks.

MADAM CHAIRMAN: Mr. Gosse.

MR. GORDON GOSSE: When I think of deinstitutionalization, I think of Paul and Raymond Young on Cape Breton Island who lead this charge many years ago - over 20 or 25 years ago. Raymond was institutionalized for over 30 years and now is a productive member of society living on his own with the supports in place.

My question to you today is, when you talk about group homes, small options homes, CFAs, all of those options, are you saying - like Prince Edward Island has a model where they may have 12 apartments with people who were institutionalized at, say, Hillsborough Hospital's adolescent treatment centre at one time in their lives. Those people were slowly moved out of that institutional home that they were in and they had like 10 or 12 apartments where they had a social worker on staff, they had a nurse on staff, they had somebody in the room within that facility, but it was their own to come and go as they pleased. So that was one way of getting rid of that institutionalization on Prince Edward Island part of it from the Hillsborough Hospital setting.

The other one is the former radar base in Sydney. They have the PMQ homes and on one side of the home would be three individuals with, say, developmental disabilities or intellectual disabilities who live in that home by themselves, but they have a family that lives next door - a married couple with two children, whatever else. What they do is they kind of just check in on those three people who are living there to make sure their laundry is done and make sure if somebody has to have their medication.

I see what you're advocating for, but I'm trying to get my head around when you're saying not group homes - you don't want a group home with six people living in a group home. Do you want a group home with three people living in a group home or do you want a person living on their own in a home with the supports in place so they can live on their own, go to work - say, whether it's Horizon Achievement Centre in Sydney or whether it's the Prescott Group here in Halifax - those types of jobs, those people at that level of

developmental disabilities who go on the bus every day here in Halifax and go to the Prescott centre, come back home after work? They live with their parents; they have support networks next door.

What kinds of homes are we talking about if you're not talking about a group home, if you're not talking about a small options home or if you're not talking about institutionalization? What type of home do you actually want for the Province of Nova Scotia to build for children and adults with disabilities?

MS. COLEMAN: We don't want a place built for people with disabilities. We want what exists in Nova Scotia to be accessible and affordable for people. We don't want 12 apartments where people have access to a social worker and a nurse. We want maybe 12 apartments scattered throughout the city - say if we're in Halifax - and they can go to their nurse or doctor and their individual social worker. We don't want people congregated together. We're actually trying to move away from that.

Three people living together - if that's their choice, then that would be fine. But if it's not their choice - if they're three people who have nothing in common, don't share the same interests, might not even be in the same - might be one in their 20s and somebody in their 50s and they have no interests to share - that's not what we want. If that's what individuals want, then that's fine, but we want people to have a choice, that they get to choose who they live with - somebody who has the same interests and values and things that they like to do for fun. We don't want congregated living.

MR. GOSSE: More or less in the sense of when they built public housing back in the 1970s, they ghettoized certain neighbourhoods in certain areas of the province, so you're saying that persons with disabilities don't want to be the same as living in what we call the "chicken coops" in Sydney and Whitney Pier in the public housing. So you don't want that to happen - you're saying to spread that out. Like we just did at home in Cape Breton, we just built homes, but we built them all in different areas. We built single dwellings; we built duplexes - and these homes went to single mothers who were working mothers in that area; and then we built other homes for seniors that were barrier-free so that they could actually live on their own in barrier-free homes. So this is what you're saying too.

When you look at these apartments, some of them would have to be barrier-free; some of them may have some physical difficulties. That's the other thing; you're telling me you want the money to follow the client, correct?

MS. COLEMAN: To follow the person, yes.

MR. GOSSE: So that's what you're saying, you want the money to follow the person - X number of dollars for this person to live at this apartment, X number of dollars for a prescription. In other words, you want to be able to - would that person have a

caseworker to determine what the needs and wants of that person would be, each individual would be totally different in what their needs and wants are?

MS. COLEMAN: Exactly.

MR. GOSSE: So those dollars would follow them in different grades of what their needs are, correct?

MS. COLEMAN: Correct and for some people the supports that they need might be, say, 10 hours a week and then maybe because they're out in the community and have built friends and they have a life and are doing things, maybe they don't need 10 hours of support, maybe their support needs will lessen. Perhaps as they age, as we all do, their support needs might increase. Your needs change as you grow and that would be the same for persons with disabilities.

MS. LILL: To follow up on that - at the present time, the system is such that there is a 21-hour-a-week level of support that is available to people and after that, it's 24 hours a day. Clearly, there are many people who could probably handle 30 hours of support a week; maybe they need help with meals or maybe they need help with their banking. If that could be in place, then they would not have to be in a facility that is staffed 24 hours a day, nor do they want to be. There is really a lot of space there between the 21-hour-a-week to the 24-hour-a-day scenarios.

MR. GOSSE: In other words, the way it still works today is that it's income tested, correct, based on what your income is for the level of services you receive? So a person who has a low income - is it income tested, is what I'm trying to say? Like, to meet the eligibility for the program, is their income tested or is it just based on a person's needs? Say a person is living with a disability, has \$11,000 a month or something, does that prevent the person, because they're above the income test, from getting those services?

MS. COLEMAN: I don't believe it is income tested, the supports you need. I think assessments are done by your caseworker - I'd like you not to quote me on this, but I don't believe it's income tested. You are assessed by a social worker or your case manager and then the supports provided are based on that assessment, so it's not income tested, to my knowledge.

MR. GOSSE: It's an individual plan that's set out by the caseworker that says this is what the needs are. The caseworker determines that there are X number of hours, X number of appointments, and this is what's determined for that person? They're all individual, like going to school and you have an IPP.

In other words, it would make sense if somebody was epileptic and somebody was mentally challenged and epileptic at that time and that person wanted to live on their own, would there be a follow-up, someone to look after that person to make sure they were

taking their seizure medication, those types of supports in the community to make sure that person is taking their medication? Whether it's epilepsy, whether it's schizophrenia, whether it's those types of things - in other words, those are some of the supports that you're saying that for that person to live individually they have to be in place?

You said earlier you need Justice, Education, Health and Wellness - you need all of those agencies working together, so you actually need somebody in each department to be a liaison between all the departments to make sure they know what that individual is doing - correct - like all seven different departments?

DR. HENNEN: Also part of it is there needs to be more front-line authority for people to make decisions. There's a lot of delay, a lot of holdback, because somebody can't make the decision so they have to go to their superior, who has to go to their superior. We could get rid of some of that so that a person on the front line who has interviewed the family, who has probably been in their home and has knowledge of how much they're making, what they need to do - these are the resources we can provide and it happens, it doesn't have to go for approval.

MADAM CHAIRMAN: Thank you. I'm just being mindful of the time, I have one more speaker on our speakers' list, is there anyone else who would like to ask any questions before we recess? Okay, Mr. Maguire and then Mr. Rowe.

MR. MAGUIRE: First of all I wanted to say that to me this roadmap and this move forward seems like common sense. It seems like a path that we, as a people, as a province, and as a government should have started down years, if not decades, ago. I guess that's me getting a little preachy, I apologize. But I truly believe that we, as a society, are judged by how we treat the most vulnerable.

The statistic that I tried to find is the percentage of Nova Scotians who have some form of disability. The one I found was a little dated, it was 2006 and it was 20 per cent. Just for my own notes, do you have a more updated number? Something that kind of came to mind as we sat here was - it has always been a concern but people with disabilities as they age and if their caregivers, if it's home caregivers, are aging, we know that not only is it the stress of dealing with the disability but then health issues start to arise. What percentage - and I don't expect, you probably don't have a number but if you do, that would be great, but what percentage of the people in Nova Scotia who have a disability are approaching 55 years of age and older, when health issues start to become a concern?

DR. HENNEN: You've asked a very specific question which makes it very difficult to answer. I've just looked at what is going on in Ontario and tried to compare it with Nova Scotia. There are 12,850,000 people in Ontario and in 2011 they had 66,484 adults ages 18 to 64 years with developmental disabilities, so there's a very specific thing and a figure. That would mean that for Nova Scotia, we would be expected to have about 4,768 people with developmental disabilities in that age range.

The disability number of 20 includes all kinds of disabilities, including chronic disease, various kinds of mobility problems, with or without intellectual impairment. The number for developmental disabilities generally accepted in Canada is 1 per cent to 3 per cent of the population.

MS. LILL: Just picking up on what you are saying, I had a conversation recently with a woman who was running a L'Arche Home in Cape Breton. L'Arche is a service deliverer of an extraordinary - it has been claimed to be the best model for community living for people with disabilities around the world. They are very concerned about their population as they age and that the supports are that they're not getting enough funding to keep people in their homes. We all know that's a struggle with the whole population, that at a certain point they can no longer stay in their homes.

It seems that people with disabilities who may have lived somewhere for 20 years, suddenly if they start developing dementia in their 40s, and unfortunately Down syndrome often moves into some form of Alzheimer's; Alzheimer's is attached to Down syndrome at an earlier age than the rest of the population. This population is vulnerable to be moved into nursing homes, so you may find someone in their late 40s or early 50s in a nursing home with a population that may be 20 years older. They had a life, they actually had a good life in a small, supported living situation in a L'Arche home.

L'Arche is saying we need to make sure that the supports continue to be there for our population as they age and as their health status changes. That's part of the picture for sure.

The amount of money that would be required to add additional staff in that kind of situation I venture would be a lot less than the cost of putting someone in a very inappropriate nursing home setting for the next 20 years.

DR. HENNEN: We actually met with people who are running small group homes throughout the province and they all had a story to tell. One of the stories was, we wanted to keep Joe with us; he's getting increasingly difficult to manage - if we could have half a staff person every 24 hours we could keep him at home with us. We all love him, he loves us; he's getting a little funny, but we think we could handle him if we just had - and the response was no, you can't have half a person, you have to move him into the nursing home.

MADAM CHAIRMAN: Mr. Rowe - and that will be our final question.

MR. ROWE: Actually, if you'll permit me, I really don't have a question, it's just when you indicated we were down to the last speaker I just wanted to take one final moment to make a comment, if I may. I just wanted to say to the three of you here and to your colleagues and associates, as well, to commend you on the outstanding work that

you've done in putting this document together, first of all, but also in the work in your own personal lives and moving this whole issue forward.

Clearly, the merits of this document were recognized by a previous administration and by our administration as well. I think that speaks to the document itself that it's a very workable document and something that we all want to work together. As my colleagues have indicated a little earlier, this isn't a political issue; this is a humanitarian issue. This is something that goes far beyond what political stripe or colours you may be. This is something we need to do for the less fortunate or the disadvantaged in our society. I look forward to working together with everyone and further talks with yourself as well. Thank you again for coming today.

MADAM CHAIRMAN: Thank you very much. Mr. Rowe. You have stolen my thunder - that was how I was going to close things, but that's fine. Thank you so much. Thank you for your time. Thank you for coming, for all of your hard work.

With that, we will recess for five minutes and reconvene here at 2:35 p.m.

[2:27 p.m. The committee recessed.]

[2:38 p.m. The committee reconvened.]

MADAM CHAIRMAN: Order, please. Could all members of the committee come back to their seats, please.

There are actually two items of committee business that I'd like to discuss today. Since our last meeting we've received two letters of correspondence from groups that would like to appear as witnesses that have not been previously discussed. The first is the March of Dimes Canada, and I believe you should have that letter in front of you.

"For over 65 years March of Dimes Canada has provided programs and services to people with disabilities, their families and caregivers. As well, March of Dimes Canada has and continues to advocate for accessibility for all Canadians with disabilities.

On behalf of March of Dimes Canada I wish that we be placed on the list of organizations able to appear and present before a Standing Committee relating to all matters of disabilities and accessibility.

We would like the government of Nova Scotia to be able to hear from an organization that helped implement the Accessible Ontario Disability Act (AODA) and to express our experience related to the implementation of this act as well as creating accessible communities, cities and provinces.

Please advise me of hearing schedules that we would be able to make arrangements to either attend a committee meeting or prepare and send a submission.

Thank you for your time and consideration with this request.

Regards,
Jualane (Judy) Williams
March of Dimes Canada

The second item:

Ms. Patricia Arab,

The Child Welfare Boards of Nova Scotia are strongly in favour of amending the almost twenty-five year old Children and Family Services Act. We also join voices with others in the province who are calling for a broader more robust Child Advocacy Office.

We would appreciate an opportunity to present our position to the Standing Committee on Community Services. April would be our preferred date, but we would accommodate a date at your convenience. Included is some background information on Child Advocacy in Nova Scotia.

Sincerely,
Delores Feltmate

I will let you read the research on your own.

Our next meeting is scheduled for March 4th, and on top of the presentation of witnesses, we had planned for it to also be an agenda-setting meeting. I would like to propose to our committee that these two letters of correspondence be deferred to that agenda-setting meeting. I'm not sure if this was passed out or not, but there is a list of what our agenda items are for the upcoming meetings and I will have Kim send out an e-mail so that we can either keep our witness lists as they stand and possibly have additions - accounting for these two letters or these two groups - or we can see if substitutions are preferred. We will let the caucus have that opportunity to decide one way or another, but we can discuss this further.

Are there any objections to that if we defer until March 4th? The green ones on your sheets have already been approved and we are just trying to get more information or set a date for the Human Rights Commission - that is why there is no date appointed for that.

Our next meeting date is going to be March 4th and our witness is to be the Department of Community Services regarding Services for Persons with Disabilities program.

That concludes our business for the day. If there is no further business then we will now adjourn. Thank you.

[The committee adjourned at 2:43 p.m.]