

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, September 6, 2022

Committee Room

**Progress Update on Phasing out Adult Residential Centre and
Regional Rehabilitation Centre Facilities
and
Agenda Setting**

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COMMUNITY SERVICES COMMITTEE

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In Attendance:

Kim Langille
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Community Homes Action Group

Dr. Karen McNeil - Member of Community Homes Action Group and Family Physician,
Dalhousie Adult Developmental Clinic

Simon Snyder - Member of Community Homes Action Group, People First Nova Scotia,
and My Home, My Rights

Sheila Wildeman - Member of Community Homes Action Group and Associate
Professor, Dalhousie University Schulich School of Law

Department of Community Services

Tracey Taweel - Deputy Minister
Maria Medioli - Executive Director, Disability Support Program

Disability Rights Coalition of Nova Scotia

Claire McNeil - Disability Rights Coalition of Nova Scotia Legal Counsel
Vicky Levack - Member and Spokesperson of Disability Rights Coalition of Nova Scotia



HALIFAX, TUESDAY, SEPTEMBER 6, 2022

STANDING COMMITTEE ON COMMUNITY SERVICES

10:00 A.M.

CHAIR

Melissa Sheehy-Richard

VICE CHAIR

John White

THE CHAIR: Order. I would like to call the meeting to order. This is the Standing Committee on Community Services, and I'm Melissa Sheehy-Richard. I'm the MLA for Hants West, and I will be chairing the meeting today.

The biggest reminder before we start is to put our phones on silent. I'm going to ask the committee members to introduce themselves, beginning with MLA White to my left.

[The committee members introduced themselves.]

THE CHAIR: I just want to welcome MLA Jessome to the committee. He's a new committee member. We're happy to have you here today.

On today's agenda, we also have officials with us from Community Homes Action Group, Department of Community Services, and the Disability Rights Coalition of Nova Scotia to discuss a progress update on phasing out adult residential centres and regional rehabilitation centres. I want to welcome all the witnesses here today to our meeting and ask that you introduce yourselves. We will begin with the Community Homes Action Group. Mr. Snyder.

[The witnesses introduced themselves.]

THE CHAIR: At this point, I would like to invite the witnesses to make their opening remarks, and we will begin with Deputy Minister Taweel, please.

TRACEY TAWHEEL: Thank you very much for inviting the department here today to discuss our progress on phasing out our adult residential centres and regional rehabilitation centres. Committee members, I believe it's fair to say that each of us here today share the same goal. We all want our communities to be places where everyone has the opportunity to reach their full potential. I'm very pleased to be here today to discuss the topic at hand.

There is no question that institutionalized residential settings limit a person's choice, independence, community inclusion, privacy, and quality of life. These facilities ought to have been closed in our province years ago, and I sincerely wish they had been. We cannot change the past, but we can certainly work together to build a better future. My department is committed to doing this work, as are our partners. The Department of Community Services is pleased to be working collaboratively with the Disability Rights Coalition of Nova Scotia to develop a plan to address the finding of the human rights case. I am confident our work together will yield tremendous results.

In the last two years, we have created 170 new living options in community for Disability Support Program participants. As you would also be aware, in October 2020, the Department of Community Services announced the closure of Harbourside Lodge, an adult residential centre in Yarmouth. By the end of 2022, all participants should be transitioned into community living. This is a very important milestone, both for the department and for persons living with disabilities in Nova Scotia.

The most recent provincial budget contains an investment of \$16.4 million to continue phasing out large facilities, increase community living capacity, and restrict new admissions. This investment builds upon previous investments, and by 2025-26, will reach \$93.4 million to support the closure of large congregate settings. As we work toward closure, we will also realize offsetting cost reductions as facilities close. These funds will be reinvested into programming and supports for participants.

As you might appreciate, while certainly necessary, moving people from the places they have lived for many years is not a simple endeavour or one that can be rushed. We have been proceeding carefully to ensure that this process unfolds in the best interest of our participants. To that end, we have put a tremendous amount of work into research and planning. The Disability Support Program has conducted extensive consultation with the sector - including participants and families - to determine the best path forward. We are also working directly with communities to understand what we need to have in place to ensure success.

The happiness and safety of participants is paramount in everything we do. We want to honour the strengths, needs, and capacities of each individual. Participants who are moving out of these large settings want to be included in choosing where they will be living and who will be supporting them. As I mentioned, we are also working collaboratively with the Disability Rights Coalition on this large and complex piece of work.

As they move to community, we want to provide Nova Scotians with disabilities with more options to pursue their own interests, develop life skills, access employment, and connect with friends and neighbours. To that end, we recently launched a new initiative called My Days, an individualized approach to providing opportunities for people to choose how they want to spend their time as part of community living. Participants moving to homes in the community as part of the closure of Harbourside Lodge will be the first to take part in My Days.

We are also keenly aware that the timely construction of small option homes is critical for moving people to community. We also know that as more participants are being moved, we need to build even more homes. To that end, the Disability Support Program has procured two customized designs to build modular homes that will meet the needs of residents and be developed more quickly than traditional construction. Both designs will enable up to four participants to live in accessible energy-efficient homes that meet program and licensing requirements.

Construction of the first five modular homes began this Summer, and the homes will be located in the Annapolis Valley, on the South Shore, Halifax, and Cape Breton areas. Move-ins are expected to take place in early 2023. It is important to note that the design of the homes is based on inputs collected last Spring from participants and staff. We now have multiple options for the designs of these homes that participants and providers can choose from.

It is recognized that children with disabilities are more likely to achieve success when they are supported at a younger age to achieve independence, and when their families are supported to care for them at home. That's why government is investing \$3.5 million more in the Direct Family Support Program for children, which will increase support for families who have a child with a disability living at home. In addition, over the next three years we will develop a range of programs and services to meet the diverse needs of children with disabilities and their families.

This is the first time that the Department of Community Services will offer this diverse range of programs for children. This year specifically, we will increase the financial threshold and make more families eligible for support, explore options for the replacement of IQ as a criterion for eligibility, and formalize the existing pilots for day programs across the province for young people. We will also implement and approach for wraparound supports for families called the Intense Family Support Planning Program. These programs

will further develop and advance, allowing us to provide better support for vulnerable children across our province.

Additional programs to be implemented in future years include a transition planning pilot, a crisis planning pilot, a parenting program, agency-delivered respites, and outreach support. We're also undertaking other important initiatives. For example, we are removing the cap on the Independent Living Support Program over the next two years. By opening this program to address the service request list, more people will receive the supports they need with the maximum level of independence and autonomy.

We also recognize that there can be a gap for those with combined health and disability support needs. In the most recent budget, there is a \$3.5-million investment to continue to move young adults out of long-term care facilities and into community. This funding will allow young people to move to an apartment or a home and live independently with people of a similar age range, which is long overdue.

Mr. Chair, it is our overall goal at the Department of Community Services to help build a province where everyone has equal opportunity to fully participate in society and to succeed. The latest budget investment of \$54.2 million in the Disability Support Program demonstrates the importance government places on improving the lives of Nova Scotians living with disabilities. To do that, partnerships are essential. We have many partners - volunteers, community organizations, non-profits, and service providers, including my colleagues who are here with me today - who work tirelessly on behalf of persons with disabilities across the province. I would like to thank them for their advocacy and support, and again, thank you very much to the committee for the invitation to be here today.

THE CHAIR: We will move on to the Community Homes Action Group. I believe all of you have remarks. Would you like to go first, Ms. Wildeman?

SHEILA WILDEMAN: Again, I'm Sheila Wildeman. I am a law professor at Dalhousie. With Dr. Karen McNeil and Simon Snyder, I'm here on behalf of the Community Homes Action Group, or CHAG. CHAG members, as many of you will know, have worked for deinstitutionalization and responsive community supports for decades.

Over the last 20 years, we've contributed to many reports on system transformation. In 2013, as you know, government committed to the principles of *Choice, Equality, and Good Lives in Inclusive Communities*, also known as the Roadmap. That was ten years ago, yet today, hundreds of people are still living in institutions and over a thousand more are living in other settings with pressing unmet support needs. I can develop this theme of delay in more detail in the questions if you like.

Now the Province has been told by the Court of Appeal that it is illegally denying disabled people supports for community inclusion. In 2021, as you know, and as our colleagues at the Disability Rights Coalition can further describe, the Court of Appeal

recognized that putting people with disabilities to the untenable choice of institutionalization, removing choice and control over where and how one lives, or lack of support for one's basic needs, is a human rights violation. It's discrimination in access to social assistance.

With the DRC - the Disability Rights Coalition - we agree that what is needed for government to meet its obligations now are transparent, enforceable goals and standards anchored in human rights and the voices of persons with disabilities.

We are heartened - we are glad to hear - from government its commitments to work with us on this, but we need action and public accountability. CHAG proposes three key ingredients to disability supports transformation.

[10:15 a.m.]

The first is transparency. I recently asked Diverse Abilities NS, the largest institutional service providers, for their restraint and seclusion policies and was refused. Deinstitutionalization means rooting out deep institutional preferences for secrecy and control. I want to be really clear that by this, I don't mean to impugn any individual or organization. I'm saying that this is a systemic preference.

We need regular public reporting on the system transformation to which we are all committed. We need to know how government is meeting its commitments to provide individualized supports based on person-directed plans, including through access to allied social and health care and self-advocacy networks like People First Nova Scotia. Those who have lived in institutions most of their lives will need dedicated support to recover from that trauma. We need to know how these and other support needs are being met so people are not set up to fail.

Second, a transformed system requires accountability in light of human rights-based standards. The disability support system has long been rooted in a charity model marked by untrammelled discretion - unrestricted, effectively, practically discretion. System transformation requires legislated standards centering the Convention on the Rights of Persons with Disabilities and disability rights holders. It requires independent, accessible complaints and review systems and advocacy supports. It also requires - and I would like to come back to this in questions if possible - that disability-related income amounts are indexed to inflation as a matter of law, and that support staff wages are fair.

Third and last, deinstitutionalization requires rights-centred education and capacity building to facilitate the deep cultural shift from old reflexes of control to responsive supports. Again, we so welcome the recognition on all our parts that that is the shift we intend and seek to make. Karen and Simon will speak more on your responsibility as government to act now to build a culture of disability supports out of the legacy of institutionalized control.

With that I turn it over to my colleague, Karen McNeil.

THE CHAIR: Dr. McNeil.

DR. KAREN MCNEIL: Good morning. I'm a family physician of 33 years, and I work with intellectual and developmental disability folks from across the province at a consultant clinic within Dalhousie Family Medicine. I spoke to the committee last year with Wendy Lill about our need for more than bricks and mortar to address the housing crisis for people with intellectual and developmental disability. Today I would like to expand to look through a lens of equity, diversity, and inclusion.

People with intellectual and developmental disability are experiencing - and these are adults - a tragic gap in services compared to the general population. This is the equity piece. We put funding and focus into the early years and school years of children with intellectual development disorder, maybe not enough, but we do fund this. I certainly applaud the \$3.5 million that's going to go in. It's much needed to give them a good start.

When these children become adults, they meet a service cliff - a sheer drop. Basic services such as occupational therapy, speech language pathology, and psychology are essentially absent for this population. If you're an adult with intellectual and developmental disability in Nova Scotia, and you have not learned to communicate, toilet, do laundry, or self-regulate in childhood, too bad, so sad. You've missed the boat.

This sounds flippant, but I say it because since we've been deinstitutionalizing, our response to date has been flippant. As a province, we do not seem to acknowledge that people with developmental disability have just that - a developmental disability, not a developmental arrest. They continue to learn and develop as we all would if we were given the opportunity. This tragic gap in services results in missed life opportunities and very stressful homes for adults with intellectual and developmental disability, their families, and their caregivers. We would not tolerate this inequity for ourselves.

People with intellectual and developmental disability are neurodiverse. Do we understand and embrace their neurodiversity? I don't think we do. Do we understand how they learn, how they process things, how they experience the world? I don't think so. We spend hundreds of thousands of dollars doing the same thing over and over: one-on-one care, two-on-one care, replacing furniture, replacing walls, electronics that are destroyed, and caregivers who are sadly injured. It is also sad that we medically restrain people with intellectual development disorder because we do not have the resources to understand what they are trying to communicate, how to meet their sensory needs, or how to help them process their trauma.

We see these spending and prescribing practices - which I am not happy to take part in - largely because the neurodiverse needs of this population are not recognized or met. People with intellectual and developmental disabilities are not supported in their continued

development. Also, an important part is that families and caregivers are left to navigate complex communication, sensory, and trauma needs that many specialists - OTs, PTs, behaviour therapists - couldn't do without special training, and yet these folks are trying to navigate this. In some cases, they are successful, and I applaud that, but they shouldn't have to do that. It's a lot of stress and a lot of work.

We have knowledge and skills in our province. I see it weekly in my clinic, these little bright spots throughout the province. But we need to grow them with a provincewide approach and a lifespan approach. It's time to do something different. The present government is looking at health care with fresh eyes. I see that, I applaud that, I welcome that.

Can we embrace neurodiversity and look at the provision of services for people with intellectual and developmental disability differently? It sounds like there are some positive things going on. I'm very encouraged by what the deputy minister has told us today.

I think if we can do this - if we can really embrace their neurodiversity, learn how to communicate with them, learn how to deliver services with them and for them - I think we can build homes where there is less aggression, less chaos, more independence, and more productivity and happiness.

The final part of the EDI lens is inclusion. Simon is going to help us with that.

THE CHAIR: Mr. Snyder.

SIMON SNYDER: Hi, my name is Simon Snyder. I lived in an institution when I was younger. I lived in the Nova Scotia Youth Training Centre in Truro from the time I was 10 until I was 17. When I got out, I turned to alcohol, and about six months later, my father took me aside and he said to me: you can either be an alcoholic or a productive member of society. So I decided to be a productive member of society instead of an alcoholic.

When I went to school there, they had this strap, and if you didn't do what you were told, they'd strap you. The strap was two inches thick, four inches wide, and about 18 inches long. It was made out of leather. If you didn't do what you were told, you would get strapped.

You weren't allowed to have relationships. It didn't matter if two girls wanted to have a relationship, two boys, or a boy and a girl. You weren't allowed. If the workers found out, they would strap you, just for having a relationship.

A lot of people, when they get out of those kinds of places, they turn to substances like I did. It still happens today. They don't use the strap anymore in those places. What

they do is dope people up, and when they get out, that's all they're used to. They turn either to cocaine or stuff like that or shoot up with needles, because that's all they're used to. They got used to it when they were in the institution, and that's what they're going to do when they get out.

We need more group homes and to close these hellholes - that's what I call them. I know - I lived there. Take it from me. It's a hellhole. You give me the keys to a D9 or a D12 dozer and I'll bulldoze every goddamn one of them. I'm sorry about the language, but that's the way I feel. I'll bulldoze every one of them. I've never operated a dozer in my life, but I've got cousins who will learn me damn quick.

Also, I think, when the group homes and small options homes like that open up, the workers there need to be trained, because a lot of them only have a teaching certificate, and a friend of mine's sister who lives in one - my friend said one of the workers there only has a taxi license. They never had any training at all. They should have a training course for them like they do for lawyers, doctors, and nurses. They should have a training course for workers in those homes. Right now there's nothing.

Anybody who can pass the background check can get a job there. You just go, have a background check - 30 days after that, you're hired. That's the way I feel about it. I see things there that I talk about when I was in school there. It's too painful for me to talk about. I could talk for the next hour about things that happened there, but like I say, it's too painful for me to talk about a lot of things. There was physical abuse, mental abuse, and sexual abuse. Physical abuse I went through, mental abuse I went through. I was damn lucky I didn't go through sexual abuse, but I know people who did.

It's still happening today in these large institutions. You may want to bury your head in the sand and say no it doesn't, but it does. A lot of people aren't speaking up, a lot of workers aren't going to speak up because if they speak up, they're fired. You speak up one day, you're fired the next day.

Don't tell me what goes on in those places because I know first hand. Get off your asses, and build these homes instead of just talking about it.

THE CHAIR: Thank you very much, Mr. Snyder.

SIMON SNYDER: You're welcome.

THE CHAIR: Ms. McNeil.

CLAIRE MCNEIL: I'm appearing with Vicky Levack - I'm just going to give a brief introduction and then I'll turn the microphone over to her to make the presentation on behalf of the Disability Rights Coalition of Nova Scotia. I just wanted to thank the committee members for extending the invitation. In preparation for this meeting, we did

send along just a brief outline of our thoughts on this important topic that the committee has set for itself. I hope that's useful, and we're certainly looking forward to answering any of your questions about that written presentation.

In addition, Kim Langille sent us the research briefing memo from the Department of Community Services, so we've read that. We won't take too much time to respond to that in the short time allotted to us, but we are available for questions on that as well.

I realize we didn't really introduce ourselves in our written submission. The Disability Rights Coalition of Nova Scotia was formed in 2001. We're a broad-based alliance of first voice family members and other disability rights advocates in the community committed to achieving equality, especially in the area of people living with disabilities who need supports and services to live in the community and who are in need, who are living in poverty. That's something that was a particular focus right from the beginning and remains one.

[10:30 a.m.]

The coalition has been active in many areas, but one of the things that happened in 2014 is the Disability Rights Coalition jointly filed a human rights complaint along with three individuals because we had seen so many people come and go, and our members die, and nothing really changed. That was sort of the impetus to file a human rights complaint. I think there's already been some discussion here about the long progress of that process for the coalition.

I just wanted to give that little overview. Vicky and I are a team here. We'll jointly attempt to answer any questions you might have, but I'm now going to turn the microphone over to Vicky to make the presentation here this morning on behalf of the coalition.

Can you hear Vicky okay?

VICKY LEVACK: Testing, testing, one, two, three. Okay, hi guys. My name is Vicky, and I've been unjustly institutionalized for 10 years. I was forced to make this choice because I was told that in order to get the services I needed, because I was too high needs - their words, not mine - I could either move into a nursing home now or wait until my parents are dead and then move into a nursing home, but if I waited until my folks were dead, I would not receive supports. That didn't really give me much of a choice.

One thing I've noticed is that you guys are specifically talking about closing adult residential care facilities and RRCs. I forget what it stands for.

CLAIRE MCNEIL: Regional Rehabilitation Centre.

VICKY LEVACK: Thank you. I am here to say that the deep breadth of this issue goes far beyond that. We have people like me in nursing homes. We have people languishing in locked psychiatric wards when they needn't be. These places, nursing homes in particular, are what I can speak to. They are prisons without the name. Your choices are made for you, not with you, unless you fight for it - and I had to do that. I shouldn't have had to.

Granted, I now have a roof over my head, but I've had to give up my dignity, my autonomy, my sense of safety. I don't feel safe in my own home. I have been physically and emotionally abused by other residents and staff, and the emotional part anyway. I'm just wondering why we are only focusing on this when that is a small piece of the discrimination going on.

The people around this room and your colleagues have been calling this a housing issue. I would like to point out that this is not a housing issue. This is a human rights issue. It's not about bricks and mortar. It's about providing the human resources that people need to access what they need to live in community. That means the day after I'm found eligible, I should be given a navigator to develop a plan to get me and whomever else on the right track. This is not a money issue. It's not money we're after - it's human resource support. Navigating the system, of course, is very complicated, and to be put on a wait-list for decades for some people is not acceptable, and it is a human rights violation. So stop that, because it's bad. Where else was I?

CLAIRE MCNEIL: Did you want me to speak to the last point? It was about the research briefing memo that talked about social assistance - the Social Assistance Act.

VICKY LEVACK: Thank you, Claire. The briefing that you received, the report, did not mention the Social Assistance Act which is what this falls under. For the fact that they did not even include it, I think is a great oversight. I don't want to think that they did that intentionally, but part of me does because, again, they don't view this as a social assistance issue which is what the highest court in Nova Scotia has deemed it to be.

You need to look at that Act and what your actual legal obligations are. We are not asking for charity. We are not asking for special treatment. We are asking to be given the rights that we're entitled to. Thank you for listening to me today.

THE CHAIR: We're going to go into our round of questioning now, and each caucus will have 20 minutes to ask their questions, and the witnesses will be able to reply. At the end of the 20 minutes, I will have to call order, even if someone is speaking, and move on to the next caucus.

We will start with the Liberal caucus for the first 20 minutes. MLA Jessome.

HON. BEN JESSOME: Thank you, everyone. I'm going to kick things off, and then my colleague, Ms. Nicoll. We'll go back and forth here probably a little bit. We've got questions that we'd like to ask out of the gate, and then some that have arisen from the conversation today. I want to thank you all for being here and the opportunity to revisit this conversation here at committee.

Firstly, perhaps to the deputy minister, I would like to know how many adult residential centres/rehab centres are still currently open, and how many residents are in each of these facilities - collectively, perhaps?

TRACEY TAWHEEL: There are eight ARCs/RRCs combined. They all remain open. Harbourside is scheduled to close later this year, as I've referenced earlier. It's important to note that with all of these facilities, we have been decreasing occupancy over time, and the permit that those facilities operate under. The numbers of individuals within those facilities has been decreasing - and I just need to find my number here so I don't misquote.

Over the last 10 years, there has been a 15 per cent reduction in residents living in adult residential centres, and a 6 per cent reduction in the last five years. In regional rehabilitation centres, there has been a 5.5 per cent reduction over the last 10 years, and an 8.8 per cent reduction in the last five years. In residential care facilities, there is a 13.1 per cent reduction in the last 10 years, and a 6.1 per cent reduction in the last 5 years.

The numbers are reducing - not as quickly as we would like them to reduce, but the numbers are coming down. We have reduced bed capacity as well by - I believe the number's just under 35. By the end of this year, it will come down by another 34. Over time, as individuals move out of facilities, we are correspondingly reducing the licensing capacity so that those beds are not and cannot be refilled by new participants.

BEN JESSOME: I think we had someone else that might want to answer.

CLAIRE MCNEIL: I think it's a really good question. I'll go back to what we've said from the beginning - the problem of institutionalization in this province is not limited to ARCs and RRCs, and to define the problem like that gives you a very false sense of the scope and magnitude.

I think that's what your question is focused on: how big is this problem? Well, you've got to look beyond the ARCs and the RRCs where there are still hundreds of people. You've got to look at the residential care facilities which have almost 400 people. You've got to look at the psychiatric hospitals and the other hospitals where people are taking up beds where they don't need to be. They're medically and legally discharged, free to go, as were the three individual human rights complainants in the case that we did, but they're unable to move because there's no place for them to go.

You've also got to look (Interruption) - and get in nursing homes there too, because we don't have a figure and we haven't been given a figure by the Province for how many young people like Vicky are forced to live in nursing homes - but that's part of the problem too. I just wanted to highlight that. It's a really important question, and we've got to be very clear about the magnitude of this.

The second point is that what we have from the department is a policy, and it's come and go over the last 10 years since the roadmap about reducing reliance, or in the phrasing of this committee, phasing out institutions, but it's doing it in a very slow-motion, incremental fashion, almost by attrition. You have to wonder how many of those people just died in the institution, how many people actually got access to the community. The numbers are going down, but we don't really know any details about that. That's troubling, that people are living and dying in institutions still in this province.

From a human rights point of view, the obligation on all of you is immediate to fix this problem - not to let it go incrementally by attrition over the next several decades while we gradually reduce reliance or whatever you want to talk about. The object is to close the institutions. Whether you want to do it one by one or all at once - other provinces have done it. We know Newfoundland and Labrador did it all at once. They didn't hesitate. They closed the institutions. They put in the resources necessary to provide people - because the other part of it is you don't just close the institutions. You've got to provide a comprehensive system.

I think Deputy Minister Taweel has really tried to highlight that in answering your question about institutions - all the things they're trying to do to build up the community side, the community-based services that are needed to support people, and to create a system where there is meaningful access.

There isn't meaningful access right now to social assistance in this province. It's a human rights problem. It's also a statutory obligation that's missing from the research briefing memo that you got. There's a statutory obligation to provide social assistance on the Province that is being ignored by virtue of these very long wait times, delays that people experience. I just wanted to highlight that in response to that question.

VICKY LEVACK: As we wait, more and more people die. There are people in this province who are choosing medical assistance in dying because they don't want to live in these facilities. Even the people who are in them, the people who know they're going to go to them when their needs get too high are literally killing themselves, so they don't have that fate. That's something we need to stop immediately.

SHEILA WILDEMAN: Just a brief follow-up in support of the comments of Ms. McNeil and Ms. Levack. Back to the numbers, but also the very important point that this is not just about numbers. Within certain facilities, what we've heard is that there have been - putting together the ARCs and RRCs that were described - roughly a 10-per-cent

reduction in about 10 years of people living in the largest institutional settings. The latest numbers we were given show an estimated 870 people, down from 980 in the ARCs, RRCs, and RCFs - those are residential care facilities - maybe roughly 30 people in these facilities all combined. It's not clear, as was said, how much of that reduction reflects deaths, reflects restrictions on new admissions.

I wanted to add that another 535 individuals are in group homes, as they're called, or developmental residences of four people or more. What's really important to keep in mind is that those places - and actually also small option homes, which we often look at as the gold standard - may or may not replicate institutionalized control, which is really what the heart of access to community inclusion is about countering - so countering that residence-based block-funding model which creates conditions for institutionalized control.

[10:45 a.m.]

The last piece I'd add goes to the wait-list, which is the other aspect of the problem in access to social assistance. There's the problem of institutionalized control, and there's the problem of hurry up and wait on the other side - for some people, years or decades. There we've seen an increase - just back to numbers - in the numbers of people on that wait-list since 2013 with the roadmap commitment.

The most recent wait-list has 1,834 people on it. That's a significant increase since 2013. About 1,200 of those people are already receiving Disability Support Program service. That's about 1,200 people who are on the wait-list who are already receiving services, and that suggests a high degree of dissatisfaction. Whether it's because there's too little choice in those atmospheres, or too little support in those atmospheres that people are in, or both.

The last thing I would say is that that wait-list is falsely low in itself - as has been pointed out by others - because many people may not understand that community inclusion is a human right.

These are all complex factors to take into account. Again, I acknowledge the government has committed to moving people off this wait-list. That's an important commitment we've heard about, but that's a very small step toward transforming the system.

SIMON SNYDER: Yes, what is the combined number in all institutions of people in there, people with disabilities, who don't have a group home or something to go to?

THE CHAIR: Deputy Minister Taweel. Do we have the number?

TRACEY TAWHEEL: So you're asking how many individuals are living in ARCs and RRCs? (Interruption)

THE CHAIR: Sorry, Mr. Snyder. I just need to acknowledge you before you speak so that Legislative Television can turn your microphone on.

SIMON SNYDER: Sorry about that.

THE CHAIR: That's okay.

SIMON SNYDER: The combined number of all the different institutions and the people who live in them. That includes nursing homes and everything - psychiatric and different places like that. The total number.

TRACEY TAWHEEL: Thank you very much for the question - sorry to ask for clarification. Some of them are going to be off the top of my head, so I might be off slightly. I'll get you the firm number, though, after. For ARCs and RRCs, 498 individuals; in RCFs, 375 individuals; in nursing homes or long-term care facilities, roughly 300 individuals. Does that answer your question?

SIMON SNYDER: So that's around a thousand people or more.

THE CHAIR: Thank you, Deputy Minister Taweel. MLA Jessome.

BEN JESSOME: Thank you. There's certainly lots to unpack there. I think that perhaps in my attempt go direct at the line of questioning - I have a tendency to avoid too many preambles. That's personally how I do it. Hearing the comments from the remainder of the table, though, I think it's important to acknowledge that while my initial question pertained specifically to bricks and mortar, I am certainly sincerely aware that it's not specifically about bricks and mortar. I think we heard it pretty clearly, and have continued to hear it pretty clearly.

I have questions here related to transparency, related to Ms. Wildeman's comments about access to information, about human resources as it pertains to wraparound supports that go along with supporting folks in and around community rather than specific to.

I do appreciate the emphasis placed on the parallel important issues that go along with these centres. Maybe I'll ask, to Mr. Snyder's comments - and my question will go to the deputy minister. Mr. Snyder posed a statement that there are people being hired into support positions who perhaps need some more support so that they can in turn do more for their clients and residents living in those spaces. Perhaps, Deputy Minister, you can comment on the type of reinforcements that you are, as a department, empowering new hires and active employees with.

THE CHAIR: Deputy Minister Taweel.

TRACEY Taweel: If I could, I'd like to start first by clarifying that the department did not prepare the research package. I think that's really important for the other witnesses to know. There was a comment made about perhaps the department misleading or not providing information. I just need to be clear that we did not prepare the research package. I just want to be clear on that.

With regard to your question, and in response to Mr. Snyder's comments about training within the sector, I'd like to start perhaps with a very broad view of the disability support sector. I think this is a wonderful forum for us to have a conversation about the fact that, similar to other sectors, this sector is experiencing significant labour shortages and has been for quite some time. It is a sector that frequently doesn't get the same amount of attention, for example, as the health care sector receives, but there are significant parallels between the disability support sector and the health care sector, for example.

There are absolutely well-documented labour shortages from a health care perspective, but there are likewise shortages in the disability support sector. The department has been working with Health Association Nova Scotia and with all of our service providers to look at a variety of different tools and techniques to try to recruit skilled, qualified individuals into the sector.

We've employed recruitment bonuses. We've been working with the Nova Scotia Community College on training programs. We've looked at a variety of different tools and techniques to attract qualified, skilled, and I think most importantly, caring individuals into the sector who want to do this work, who understand the importance of this work. It's a deeply personal relationship with someone who works in a small option home or in some of the settings that we are working to phase out. It's a deeply personal relationship.

To Mr. Snyder's comments, individuals who are living in facilities - be they group homes, small option homes - they deserve to be treated with care and respect, and with the autonomy that the setting certainly allows for.

From a training perspective, entering this sector is a fairly low-barriered sector to enter, from an education perspective. You can enter the sector with a Grade 12 education and pursue on-the-job training or a combination of on-the-job training and certification through the Nova Scotia Community College. Certainly, not all individuals who work within the sector have that - are limited in that kind of experience or qualification that they have. Many have much more qualification than that.

Working with our service providers and other partners, such as the Disability Rights Coalition, CHAG, and others, we really need to look at both recruiting into the sector. Also - to come full circle to Mr. Snyder's point - we do need to professionalize, if you will, the sector in terms of increasing the level of education, qualification, et cetera, that is required

to work in the sector. As more people are supported in community - and appropriately so - there will be more need on this labour force. The needs in this sector are growing to grow, not diminish.

CLAIRE MCNEIL: I just have a comment in response to that. I think it's a really important issue that the Department of Community Services is focusing on in terms of people. It's recognized that the solution to this problem is going to be people-based - it's not a brick and mortar issue. We've been doing this in Nova Scotia since 1985, but the problem is this . . .

THE CHAIR: Order. My apologies. The time for the Liberal caucus questioning has ended. We need to move on to the NDP caucus.

Ms. Coombes.

KENDRA COOMBES: Yes, Ms. McNeil, if you want to finish your comment.

CLAIRE MCNEIL: I was just going to note in response to the question that one issue that the sector faces is the lack of wage parity. People are attracted to work in a sector because there are jobs. There haven't been jobs in this province, really, essentially for decades because this sector has been starved. The supply has dried up. We're now at a point where we're trying to turn that around, and that's great to hear, but the other problem is wages and benefits.

Recently, the government - in a very positive initiative - increased the wages for CCAs in the health care sector who were doing very similar home care kind of work - going into people's homes and helping them - and they recognized that they needed to provide better wages and benefits to that sector. Well, what does that do over on the community services side for people who are working in the sector that we're talking about? Really, they have to work hand in hand or else we get a situation where the government's incentivizing one sector at the expense of a different one, and that's really going to create a problem.

We have two things going on - sort of chicken and egg. The system has been starved of resources, and the interest in working in this area dried up because there weren't jobs. That's starting to change, which is good, but now we've got to really focus on the employment conditions people face working in this sector, and how we can improve that.

That's something, I think, as members of the Legislature - I don't know. I'm assuming you have powers to ensure that there is a level playing field there so that people working in this sector don't have to take a pay cut because they're working with people with disabilities who are living in poverty. That just doesn't sit right, you know? Just because they're not in health, they're in community services. That's something that you as committee members could go back and address with your respective parties.

KENDRA COOMBES: I couldn't agree with you more on that, and on wage parity as well. I think it's very important that those who are taking care of our most vulnerable in our society - our seniors, those with disabilities, our children - all deserve to have good wages and benefits so that we can recruit the best of the best, and they deserve that.

I come from the standpoint of having a brother who has Down's syndrome. This is very near and dear, as you are aware - we've had these conversations. I come from this from a very personal perspective of someone who has lived it and lived this experience, as well, along with my brother. I understand it very deeply, so I want to talk to Ms. Levack who has that personal understanding of it as well.

What is your impression, Vicky, of this government's progress on implementing the roadmap? Can you tell us more about the gaps in services and what it looks like in real life, and how they impact you?

[11:00 a.m.]

VICKY LEVACK: Of course, Ms. Coombes. For me, it impacts me a lot because we're having trouble retaining people in the sector. There's a lot of turnover in my nursing home. I don't get to decide who touches my body. I have no say. If I say I don't want them touching my body - this particular human - because I don't feel safe with them, well then you don't get care. So I put myself at risk to get basic necessities.

Another thing it says is - and this is not talking to any of my staff at all; I love the people who work with me - I feel like a body in a bed. I don't feel like a person. I'm a doll they have to get up. I'm not a human being.

We go without a lot of things - nothing that requires - that's dangerous. Although I say that, but - due to being short of staff - I have had to go to the hospital multiple times because things get out of hand. They go, oh, just wait and see, and then I end up in an ambulance to go to the hospital. If they had proper staff who could oversee things like that, I wouldn't have to go to the hospital. I've had to go to the hospital more living in a nursing home than I ever have in my entire life. I've spent a lot of time in ambulances unnecessarily, which luckily is paid for, but it could get very expensive for the government because the government is the one covering that bill.

As a result, I feel dehumanized and like, to this government, we don't matter. We don't. We might matter to individuals, but not the government as a whole. We are shoved in nursing homes and other facilities and forgotten about. We are the unwanted, and as a result, people are choosing to take their own lives rather than move into these facilities. I can't tell you how many times people have called me and said, "Ms. Levack, if I end up there, I will take MAID before I set foot in there." That's how bad it is.

KENDRA COOMBES: With that, I also want to hear from Mr. Snyder. We talk about deinstitutionalization. With deinstitutionalization, we also know that, as we've said here before - and I am truly of the belief of it - you can have a small option home or a small group home, but if you don't have access to community as a whole, you are still in an institution.

With that, I would like to ask you, what role should People First play in the deinstitutionalization work ahead?

SIMON SNYDER: People First and other groups, I think what government should do is talk to People First and see what they want. Make a plan with People First and other disability groups. Don't just say, "Here, that's what we're going to do. Take it or leave it."

We need to sit down as equals to talk about what we're going to do. If you don't do that, and if you're saying, "We're going to do this" or "We're going to do that," what in the hell is the good of it? It's not very good.

Talking about group homes, I lived in one when I was in Antigonish. I'll tell you, in that group home, out of all those workers who were there, there was only one bad apple. There were about 12 or 14 of them. They had three shifts: a day shift from like eight in the morning to four in the afternoon, a night shift from four in the afternoon to midnight, and then they had another shift from midnight until 8:00 a.m. Of all those shifts, there was only one. He shouldn't have been there. The last I heard, he was teaching in Ottawa. I don't even think he should be doing that.

SHEILA WILDEMAN: Just to follow up on that point - and I'd love to go back to resourcing of the system at some point, if that's possible, but I'd really like to take the opportunity to speak more to your question which was to Simon about People First's potential role in system transformation.

I'm working with Simon and others on an action research project which is precisely about activating the human rights expertise and knowledge, and the advocacy powers of persons labelled with intellectual disabilities and other disabilities. It's a topic quite close to my heart. I want to sort of turn the tables, in a sense, and look to government about its role and responsibilities in involving and making space for folks - including the members of People First - to inform system transformation. It's to actualize the transformed system, once that has really gained steam.

I don't want to forget to say that last piece about an ongoing role in actualization of system transformation, and that would mean an ongoing role in things like peer advocacy and support. I don't like to make the comparison, but you can think about the kind of independent peer advocacy under the Involuntary Psychiatric Treatment Act. I regret to have to make that comparison, but it's the importance of an independent peer advocate in this system for system navigation, as well as assistance with complaints. Also, the presence

of folks with experience and understanding of disabilities and disability services in ongoing monitoring and with accountability mechanisms, ensuring that the system is delivering on its core human rights obligations, is also an important piece.

I guess last, I'd say, just goes back to government's obligation to build spaces for inclusion of members of People First and others to participate in system transformation, and that would include some really concrete things. Some of them are already under way and need to be supported further, like development and investment in plain language materials; developing awareness of how to accommodate a diversity of disabilities around the table; mindfulness of intersections with other forms of oppression like race, ethnicity, language; and approaching consultation as an iterative process - for instance, alerting people to key issues in multiple formats in advance.

One is around building trust with and communication capacity among those consulting. One member of our My Home, My Rights team does not speak orally, uses text, and uses sign. Another member may take some time before responding to you. It would be difficult in this situation to adjust to those communication preferences and needs.

Also, fostering peer-led discussion - making sure people's views are captured adequately and reflected back, allowing people to reflect on and revise their views, demonstrating accountability to participants in light of their views.

These are all basic principles of deliberative democracy and good democratic practices. They should be identified by government as a matter of design, consultation design in relation to not only disability support legislation and policy, but all forms of policy as a matter of inclusive democracy. I just wanted to get that word in.

TRACEY TAWHEEL: I'll be very brief, thank you. I just wanted to make sure that Mr. Snyder is aware that we do have a disability supports advisory group that is advising the department on all changes that we're making, and 50 per cent of the membership comes from People First. I just really wanted to make sure that both the committee was aware, but more importantly, Simon, I wanted to make sure that you are aware.

SIMON SNYDER: Ah, yes. John Cox told me, and he's a member of that.

TRACEY TAWHEEL: I also really just want to say regarding Ms. Wildeman's, Mr. Snyder's comments, and the genesis, I believe, at the root of your question, Ms. Coombes - we believe completely in the fact that there does need to be an iterative process. We do need first voice, and we have to move as quickly as we can, but we have to acknowledge that we have an obligation to bring people with us, and we need to have deep and meaningful conversations that have not been had in years past. We are attempting to do that through the change that we're making now.

I just wanted to make sure that - honestly, that Simon was aware.

KENDRA COOMBES: Yes, and since the deputy minister has answered that question, I want to come back to the deinstitutionalization of people and government, and that is the fact that, in my opinion - I feel this - government has spent too much time fighting people with disabilities and putting resources into that with the courts, putting money and human resources into the courts when they could have been spending that money and that time on the deinstitutionalization work.

My question is, will the government commit to ending the institutionalization of people with disabilities now and closing the institutions for people with disabilities by 2023?

TRACEY TAWHEEL: I think government has made a commitment to closing large institutional settings, as evidenced by the commitment in this most recent budget. In my opening comments, I referenced the fact that by 2025-26, the budget to support individuals transitioning to community will grow to just under \$95 million. There is absolutely a commitment to closing large congregate settings.

As an aside, I will also say, to the comments made earlier - Mr. Snyder has made the comment, and in fact all of my colleagues at the table have made the comment - we need to move at a speed that allows us to ensure that we have the human resource capacity to support individuals as they transition to communities, that we respect where and how they'd like to live and support them appropriately. That is going to take us some time, to build that capacity.

I do think there is a risk that if we move too quickly, we will be creating, in effect, mini-institutions. I think you may have even made that comment, that small option homes could become small institutions. We don't want that. We need communities to be able to support and welcome in the richness that comes from individuals who have a range of abilities.

That's going to take some time to build. I cannot commit that these facilities will be closed by 2023. They will not be closed by 2023. What I can commit to is continuing the dialogue and working collaboratively with colleagues in the Disability Rights Coalition, with People First, with CHAG, and with many, many others who aren't represented here today to continue to create the conditions that allow individuals to live the life that they choose with dignity and respect, which is all anyone wants and all everyone deserves.

I cannot commit that they will be closed by 2023. That would be false for me to say that.

KENDRA COOMBES: I also made the comment that we spend too much time fighting people with disabilities and government has spent too much time fighting when we could have been doing that work. As Ms. McNeil pointed out, Newfoundland and

Labrador did it in one fell swoop. We could have done that. We could have done that by not fighting individuals with disabilities in the courts.

I want to make that comment. I want to make that clear. Government made a decision to fight people with disabilities in the courts rather than put all of that money and those resources into deinstitutionalization.

With that, I'm going to ask, when will all institutions be closed? That includes those in long-term care and nursing homes and those small institutionalizations that we have seen. What is the timeline government has set? Nothing works unless we have timelines here so that we know how well or how poorly we are doing.

[11:15 a.m.]

THE CHAIR: Deputy Minister Taweel, there's about 45 seconds.

TRACEY TAWHEEL: With regards to a timeline in terms of phasing out ARCs and RRCs, we are on an aggressive timeline, as aggressively as we can move. We have taken steps to work with participants who live in all of those settings to develop individualized plans to help them transition from those institutions into community. It will take us time to build the modular homes, the small option homes, or whatever the most appropriate setting might be.

I don't have an exact timeline for when every single individual will transition out of ARCs and RRCs. Harbourside will be closed by the end of this year, and we will continue to move individuals from those larger settings into community. In this most recent budget, we received funding to expand . . .

THE CHAIR: Order. The time for the NDP questioning has ended, and we will move on to the PC caucus. MLA Young.

NOLAN YOUNG: My question is to Deputy Minister Taweel. How will the 2022-23 budget support people living with disabilities?

TRACEY TAWHEEL: As I referenced, there was a significant investment in the disability support budget specifically. First, maybe I'll take a step higher. Within the Department of Community Services, there was an investment of almost \$94 million to the overall budget. Of that, \$54 million was dedicated to the Disability Support Program to do things as I referenced in my opening remarks, like create an array of children's programming which doesn't currently exist, which is in my view a significant gap.

We've also been funded to lift the cap off the Independent Living Support Program, which will help move individuals off the service request list and provide them with the supports they need. Every time we can support someone to move off the service request

list, if they're already in receipt of another service, it frees up some capacity potentially in, say, a small option home. If someone is living in a small option home and would prefer the ILS Program, if we can support them to move through the ILS Program, it then frees up space that another individual on the service request list might be waiting for.

Our hope is that we can, in effect, unstick the service request list, unstick our wait-list, which has been growing and is a bit stuck at this point. This uncapping of ILS is a significant step forward that will help us clear the wait-list of individuals waiting for that program.

We will also be building more small option homes and expanding the pilot, as I referenced earlier, into a program to support young people who currently live in long-term care facilities to move into community. We have received investment to move up to 200 individuals over the next two years.

CLAIRE MCNEIL: I just wanted to add to that in the sense that I think that the budget question is really key. That's what drives the whole ability of this department to meet its legal obligations under the Social Assistance Act and under the Human Rights Act. The first step that happened in this budget is unprecedented and really very positive, and that is both the acknowledgement that there's a budgetary cap on these programs that does not exist for non-disabled people who are in need, living in poverty, and need social assistance. Also it was there for people with disabilities in relation to ILS, which is one small program out of the array of programs that this offers to people with disabilities.

So, baby steps. Number one, there is a budgetary cap on all these programs that needs to be removed. Number two, there's been a partial step to removing that budgetary cap. That's great news for those who are people with disabilities who are able to qualify for ILS, but that's only a few people. Many people require a different array of services, as in the government's talk. They need different kinds of supports and services and they aren't eligible for ILS. For all those other people, there still is a budgetary cap.

That's what needs to change for all of you around this table - next budget, we need to completely remove the budgetary cap. The Court of Appeals spoke to that in its decision, that this is part of the discriminatory practices - not just this government but previous governments - that have undermined people with disabilities in their pursuit of equality.

The other thing I just wanted to quickly mention is around the need for - I think it's been mentioned - building or construction to create new small option homes. Our position on that is that, unfortunately, that still reflects a place-based system, that we've had small option homes being created in this province since the mid-1980s, and they haven't required new construction. They haven't required modular homes. That's not a necessary option, and it does delay things. We're concerned about the delay that's involved in that kind of approach to solving this problem. I just wanted to talk to that.

NOLAN YOUNG: My question is to Ms. Medioli. There are 14 small option homes that are currently under construction. I'm just wondering when these are expected to open.

THE CHAIR: Ms. Medioli.

MARIA MEDIOLI: They'll be staggered throughout 2022-23. I'm trying to remember exactly - I'm keeping track of so many - but I believe there are two or three that will be ready in the Fall and then they should all be completed by next year.

NOLAN YOUNG: Okay, perfect. I have one more for Ms. Medioli. Can you tell us a bit about the Independent Living Support Program? How will the \$8.8 million investment benefit those who need support as they transition into living in the community?

MARIA MEDIOLI: Thank you for the question. You've heard a lot about the ILS Program today. I do think the ILS Program represents a better future for many persons with disabilities. It reflects the values of choice, inclusion, and independence.

Independent Living Support is for participants who can live independently with some support. They would receive up to 31 hours a week of support, depending on their needs. That support is to assist with things like household chores, medical visits, those sorts of things. Participants are able to choose who will support them. There's a list of pre-approved service providers. I think there are 32.

So they can choose where they will live. They use their funding to obtain housing. They decide what service provider will support them. It really is an independent living program.

There's also the opportunity - you've got me going now, sorry - to pool that funding, so you don't have to live alone. You can live with another person, another participant. If they put their hours together, they could have up to 62 hours, for example, a week. So there's some flexibility and opportunity with that program.

NOLAN YOUNG: I'll pass it on to my colleague MLA White.

THE CHAIR: Mr. Snyder, you had some comments?

SIMON SNYDER: I had a question for the minister. My question is: Why doesn't the government index the income security from Community Services for inflation? Why don't they do that every year?

THE CHAIR: Deputy Minister Taweel.

TRACEY TAWHEEL: That, unfortunately, is not a decision that is up to me to make. That's a decision made by legislators - made by government. I work within government, but that's not a decision that is made by the bureaucracy, but thank you for the question.

SIMON SNYDER: I have a follow-up.

THE CHAIR: Mr. Snyder, you're acting in the capacity of a witness here today. Maybe we can have some conversations after the committee.

MLA White.

JOHN WHITE: My question is for Deputy Minister Taweel. Can you tell us more about the \$3.5-million initiative that aims to improve young adults with severe physical disabilities into community placements? More specifically, we're looking for how you expect this commitment to look in practice, and can you tell us a few of your considerations?

TRACEY TAWHEEL: As I referenced, I believe, in a previous response, at present, the department only offers one funding program that supports families who have children with disabilities. It is the Direct Family Support for Children program. That is the only program that we offer. We certainly have recognized and understand there is a need to provide a greater level of support to families and to children with disabilities. With the \$3.5-million investment, it will allow us to make permanent some programs that we have been piloting to support youth at the community level. For example, a youth day programming pilot will now become permanent.

We will also have the ability to increase the income threshold that will allow us to qualify more families for respite support. Our plan as well is over the next two to three years, we will increase the programming options that are available to support families - all based on feedback that we received through the pilot phase. We piloted a number of programs over a two- to three-year period, and those families told us very clearly the additional supports that they need. For example, transition planning support. When a young person goes through a major life event, there can be additional supports required at the family level, so we'll be looking at providing those additional levels of support.

We'll also be looking at crisis intervention planning, so helping families have a plan in place so that if something does not go the way the family is hoping it's going to go with the young person in their life, that they already have a plan in place. I believe I've referenced at this committee before, we all take comfort in having a plan and knowing what we're going to do in the event of an emergency. Families who are dealing with much added complexity and children who have different needs, they need the comfort of having those plans in place. Our intent is to create a program that provides that level of support.

We'll also have more supports through service providers. At present, families need to find their own respite provider, for example. That can be a labyrinth for anyone to navigate, but particularly when you are dealing with more challenges at home. We will basically have a matching service so that we can help families better navigate the system, have a pre-approved list of respite providers, and they'll receive support to help them navigate that list. Those are small examples that I think will have significant impact and that will help to close a very significant gap so that individuals receive support earlier.

The earlier we can provide support in a preventive and an earlier intervention type fashion, the better outcomes we will see down the road is our hope.

THE CHAIR: Dr. McNeil, you had a comment?

KAREN MCNEIL: Hearing a lot about support, and especially at a very acute time of transition. I think this is all wonderful news. What I am not hearing though is what that support includes. I spoke a lot about the peer professionals that this population needs to help them with communication and navigating their sensory issues and navigating their traumas, and that's really what I'm hoping to hear more of.

This not only helps families and the overall health of the family when they have someone to go to at a community level, because we don't have resources at the community level. I have no one to refer to if I have some speech issues or if I have somebody who is having sensory issues and can't go into the community, or is acting out in a behaviour that challenges. Remember, behaviours that challenge are behaviours that are trying to tell you something. They're trying to communicate with you, and you don't know what they're saying, but the onus is on us to figure out what they're communicating.

Without these peer professionals, we can't help move people forward. We can't hope to quell their angst, and we can't hope to move them into community where they're comfortable and other people are comfortable with them being around. I really hope that we have some kind of community-based teams that are going to come with all of this money - something similar to what Ontario has that will support our caregivers in the group homes, and also support families who are also trying to raise their children and launch them successfully.

SHEILA WILDEMAN: Thanks so much for that, Dr. McNeil, and for this line of questioning. It goes back to the point that Claire McNeil made around budgetary commitments that are required to achieve the system transformation.

I wanted to go back to the Court of Appeals finding of systemic discrimination, which really affirmed what disability rights expert Catherine Frazee said to the Nova Scotia Human Rights Commission in 2018 - and here I also want to come back to adults and that sort of cliff that Dr. McNeil spoke of. It was that pushing people with disability-related needs to the back of the social assistance line again and again, forcing them to navigate

these untenable options of institutionalization or insufficient supports rather than allocate the public resources required for supporting community living - that's systemic discrimination. It's a form of ableism that is unacceptable.

[11:30 a.m.]

This goes back for me to the issue of timelines and benchmarks, which require budget commitments to come up with those timelines. What we've heard is that there is no timeline or set of benchmarks for closing the large institutions and substituting that with the kind of resourcing of community inclusion that we've been talking about.

Last, just to speak a little bit to the kind of resources beyond this really important point about interprofessional teams and so on, I don't want to lose that point about staffing. Those frontline support workers are the ones who can realize these human rights obligations in the relationships that they build with the people they support. We heard about efforts to attract and retain staff, efforts to better train and professionalize staff - and by professionalize, we mean immerse in a human rights ethos of disability support, including supporting decision-making and autonomy by the folks supported. At the same time, we need to build in, as Vicky was saying earlier, recognition of the centrality of choice and control on the part of service users when it comes to their staff - an essential point.

Lastly, just around income support - back to the budgetary question. I think at the very least, we could ask here for government to commit to funding the salaries of disability support workers at least to parity with those continuing care assistants, which was a raise to \$25 an hour - versus the minimum up to \$17-ish an hour that disability support workers are getting in this sector. That's point one. Second, there are a set of disability-related income streams, both through the Disability Support Program and through the Employment Support and Income Assistance program that must be raised in order to support meaningful social inclusion.

To Simon's point earlier around indexing to inflation, I remind you that until 1989, provincial social assistance rates were linked by law to the Consumer Price Index and adjusted twice yearly. This is something we should move back to as a general point of equity, recognizing that many people on income assistance also have disabilities.

I'll just focus on two specific disability-related income streams for disability supports. First, there is a special diet allowance provided both under the Disability Support Program and income assistance, for folks with celiac disease or Crohn's or folks on dialysis and so on. That amount, \$150 maximum per month, has not been raised since the mid-'90s. It's typically much lower than that that people get for specific dietary needs.

We know that food costs generally have risen and in fact, there has been very minor, meager adjustments in income assistance amounts over that time - including for food - but

not to the special diet amount. That's a clear instance of disability discrimination or failure to accommodate disability. That's the special diet allowance.

Last - I know I'm taking time - but I don't want to miss this because members of CHAG brought this forward, what's called the comfort allowance under the Disability Support Program. This is an amount that's designed to enable basic community participation beyond survival supports, so things like tickets to events, coffee with friends, phone and data service, essential pieces to participating as an equal in your community. That amount has not been raised from \$115 per month since 2012, despite decreased purchase power. Prior to that, it hadn't been raised since 1998.

If we were to raise the comfort allowance, to restore the purchasing power of even 2012, that would mean an increase to \$145 per month - a \$30 increase per month . . .

THE CHAIR: Order, thank you very much for your remarks.

Today, in the interests of time, I'm going to allow the witnesses to have one minute each. We have agenda setting and other committee business that we need to get to in today's meeting. So if anyone had some final comments, you can have a minute. You can go ahead. If not, the witnesses are okay to leave at this point.

CLAIRE MCNEIL: I don't want to jump the queue, but we both have final comments.

I just wanted to sum up by saying that there were a lot of questions about how big is this problem, how many people are we talking about? This is doable - that's the message I want to give to this committee. We're not talking tens and tens of thousands of people here when we're talking about the Disability Support Program. Even when we include people on the so-called service request list, which operates as a form of wait-list, it's still a very manageable number of people that we're talking about.

We still don't have any clear timelines for closing institutions. That also is something that's very doable. I know it's doable. This department can do it.

The other thing is - and we made a commitment politically to it. I mean, the topic today is phasing out. Let's close them. What's all the talk about phasing out? Let's close the institutions.

THE CHAIR: Order. Ms. Levack, if you wanted to?

VICKY LEVACK: Of course. One thing I noticed was that nobody answered Ms. Coombes' question. She danced around it a little bit but did not give a direct answer. I would argue that that direct answer needs to be given.

We must remember that every time we do this phase-out approach, people suffer. The numbers are dropping because people are dying and those beds are being filled again - which is good, but we need to close these today, right now. For every day we wait, people suffer and people are choosing MAID and other terrible things, because they feel that their government does not care about them and they feel like throwaway people. I don't want to live in a world where people have to choose between institutionalization and death.

THE CHAIR: Thank you, Ms. Levack. Quickly, comments?

KAREN MCNEIL: The last point for me is that I hear there is money to be spent. Please consider the community-based teams. This is a way of knowledge translation, to get to the people who need it to be able to understand what people are saying through their behaviours.

THE CHAIR: Thank you.

SIMON SNYDER: My final comment is that there are places in Nova Scotia where there are no group homes. I think that they should start building some there and forget about Halifax and other places where there are a bunch of them. Start building where there's none - where there's zero. I can name two or three places.

THE CHAIR: Thank you, Mr. Snyder.

SHEILA WILDEMAN: At the centre of my remarks were really the imperative of legislative reform and embedding human rights norms as well as new norms of transparency, accountability, and independence of transparency and accountability into that legislation. Thanks for the time that we were given.

TRACEY TAWHEEL: I'll just say a quick thank you to the committee members for continuing to bring forward these topics. It is really important that we talk about these issues. It is very much a privilege to be here with my colleagues. It may sometimes sound like we're not on the same side, but I believe 100 per cent that the department, we are all in this for the same reason. We want to achieve the best possible outcome. To Ms. McNeil's point, we can do this, and we are going to do it. I thank you very much for your questions and for the opportunity to appear alongside my fellow witnesses.

THE CHAIR: At this point, the witnesses are free to go, and we will go straight into committee business. We have a couple pieces of correspondence to go over. (Interruption) Mr. Snyder, if you'd like to leave them with the clerk, she can see to us all getting them.

JOHN WHITE: Can I move for a five-minute recess?

THE CHAIR: We'll do a two-minute recess.

[11:41 a.m. The committee recessed.]

[11:44 a.m. The committee reconvened.]

THE CHAIR: Order. I call the Standing Committee on Community Services back to order. We will move into the committee business at this point, starting with the correspondence. We've received two pieces of correspondence. One is from the Department of Municipal Affairs and Housing, an information request from the May 3, 2022 meeting, and also correspondence from the Department of Community Services, an information request from the June 7, 2022 meeting. At this point I'm asking if there's any discussion on the correspondence. If there's no discussion, I ask if the committee is in agreement to post the correspondence onto the website as per our practice.

[11:45 a.m.]

At this point, we will move into the agenda setting portion of the meeting. The members have been provided with a list of topics. The procedure has been agreed upon by the committee for agenda setting that the PC caucus will have three topics, the Liberal caucus will have two topics, and the NDP caucus one topic. I ask that we put the topics forward individually so that we'll move them one at a time for clarity.

At this point I'll ask the PC caucus to put forward their first topic.

JOHN WHITE: I move that the first topic for the PC caucus be truth and reconciliation: language legislation and treaty education. The witnesses would be Justin Huston, CEO of the Office of L'nu Affairs; Nik Phillips, Office of L'nu Affairs; and Celeste Sulliman, Director, Treaty Education at the Office of L'nu Affairs.

THE CHAIR: Is there any discussion on the first topic for the PC caucus? I'd like to ask for a motion put forward for the record.

JOHN WHITE: I just moved it.

THE CHAIR: Oh, my apologies.

All those in favour? Contrary minded? Thank you.

The motion is carried.

JOHN WHITE: I move that the second topic for the PC caucus be an update on: Standing Together to Prevent Domestic Violence. The witnesses would be Deputy Minister Tracey Taweel and Stephanie MacInnis-Langley, Executive Director of the Nova Scotia Advisory Council on the Status of Women.

THE CHAIR: Is there any discussion on this topic?

KENDRA COOMBES: We love this topic, we think it's a great topic, it's an important topic, but we also feel that there are people missing who could add very robust conversation and important intel to this committee. With that, we're asking for Elizabeth Fry Society Executive Director Emma Halpern and a representative from Adsum House to be added.

NOLAN YOUNG: I think there's somewhere around 80 groups or so that would benefit from this important topic, and I find when we have too many witnesses, it's difficult, so I'm happy with the witnesses that we have here which respect everyone's time as witnesses.

SUZY HANSEN: I also wanted to make a point to making sure that we have first voice and the people who are doing the work on the ground, and that's why we wanted one or two of those to be added to the list. It doesn't seem to be a lot of people added. I just wanted to put that out there, because I think it's really good for us to have more options on what's actually happening.

BEN JESSOME: I'd just like to add that I think it's important to have some complementary perspectives that come from different perspectives, so perhaps an outside-of-government perspective would in fact add value to the conversation.

JOHN WHITE: Prior to the meeting when we discussed this, I was thinking, why not? Today, if it served anything, showed us that when we're too broad, we just can't get anything done. Each of these witnesses who were here today, I think we could have in for one meeting individually. They had so much information, a wealth of knowledge, and I'm actually feeling guilty that I didn't give any of them the time they deserve.

That's how I feel today. I don't feel good about this meeting today. Even though we had a wealth of information given to us, I feel like we didn't give them the just time. I'm concerned about adding to the list.

LORELEI NICOLL: I agree with MLA White on that point. It's an interesting situation where we have this discussion at Community Services, where we listen to the people on the ground who are trying to deal with whatever respective subject is brought forward.

That being said, domestic violence is one of the top issues that our police deal with on a daily basis. The two people presenting are not going to give us the intel that we need about what is actually happening with regard to domestic violence and the extreme occurrences that are happening in this province on domestic violence.

I would want to go back to the government putting this agenda item on the floor. Please give consideration to those who are actually seeing domestic violence on a daily basis so that we can understand what the root cause is and what we need to address going forward. I'm not seeing it in these two presenters right now.

NOLAN YOUNG: I just wanted to say that our intention for this topic was to hear specifically from the department, from Deputy Minister Taweel and Ms. MacInnis-Langley, and to give them ample opportunity to answer the questions that we have. That was the intention of this. Obviously, all the groups and stuff and hearing from voices is tremendously important, but our intention was to ask the department.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is carried.

The PC caucus.

JOHN WHITE: I move that the third topic for the PC caucus be community improvement grants and the witnesses be representatives from the Department of Communities, Culture, Tourism and Heritage.

THE CHAIR: Is there discussion on the PC third topic? I see no discussion.

All those in favour? Contrary minded? Thank you.

The motion is carried.

I recognize the committee clerk - Ms. Langille.

KIM LANGILLE: I just have a question about the last topic that was approved. Are there any specific programs within the community improvement grants? I'm told that there is a vast array of them. Is there any focus, or is it just wide open?

JOHN WHITE: I think we didn't specify because across the province it gets pretty broad - which projects are important to the communities.

LORELEI NICOLL: Just to that point, it's the Department of Communities, Culture, Tourism and Heritage. Each one has their respective grants. Which item is it? Is it mostly tourism grants? Heritage grants? Community grants? Cultural grants?

JOHN WHITE: We didn't specify, so it is what it is.

THE CHAIR: I invite the Liberal caucus to put through their topic at this point. (Interruption) I think we did vote. It passed. The clerk just needed some clarification.

BEN JESSOME: The Liberal caucus would like to see the Deputy Minister of Community Services; Nick Jennery, executive director, Feed Nova Scotia; and Christina Carter, executive director of Chebucto Connections, on the impact of the cost of living crisis on vulnerable Nova Scotians and those living on income assistance. Please and thank you.

THE CHAIR: Is there discussion on the topic? MLA Coombes.

KENDRA COOMBES: Yes. We would respectfully like to ask the Liberal caucus to add the Canadian Centre for Policy Alternatives Nova Scotia executive director, as well as the Nourish Nova Scotia executive director.

KIM LANGILLE: Who are they? You don't know the names?

KENDRA COOMBES: I believe the Nourish Nova Scotia ED is now Lisa Roberts. The Canadian Centre for Policy Alternatives Nova Scotia would be Christine Saulnier.

BEN JESSOME: I can offer an amended motion to add those two witnesses to the list of witnesses on that subject matter. Is that clear enough for the committee?

THE CHAIR: Thank you, MLA Jessome. We're going to vote on the amendment first.

All those in favour? Contrary minded? Thank you.

The amendment is carried.

We will move to the original motion at this point and vote on the topic selection.

All those in favour? Contrary minded? Thank you.

The motion is carried.

I invite MLA Jessome for a second topic.

BEN JESSOME: In seeing some overlap between a couple of different subject matters, we collaborated with the NDP to reform our specific list and take from both on the subject of the cost of living crisis as it pertains to energy poverty.

The witness list that we would like to see, collectively, is Judith Ferguson and Lia MacDonald from Nova Scotia Power; Stephen MacDonald, ED at EfficiencyOne; David Mitchell, mayor of Bridgewater; the Affordable Energy Coalition, sending their Chair or an equivalent; and finally, the Ecology Action Centre's energy coordinator - please and thank you.

THE CHAIR: Any discussion on the topic? MLA Barkhouse.

DANIELLE BARKHOUSE: I move that the witness list be amended to add the Deputy Minister of Community Services, Deputy Minister Taweel.

THE CHAIR: Is the committee in favour of adding Deputy Minister Taweel to the second Liberal topic, the impact of the cost of living crisis on energy poverty? MLA Jessome.

BEN JESSOME: Just for the record, I'd like to submit that it was our intention to focus the line of questioning outside of government toward stakeholders. As it was stated on the other side, the government was very narrowly focused on asking questions of government representatives, so in that spirit, we too were looking to address our line of questioning with stakeholders outside of government.

DANIELLE BARKHOUSE: So basically, what we were talking about when witnesses tried to ask - it leads me to ask why you would be inviting the Mayor of Bridgewater? What's the reasoning behind that?

BEN JESSOME: It's my understanding that the Town of Bridgewater has taken it upon themselves as an entity to put forward initiatives to address this from a regional perspective. Not limited, perhaps, to that - there could be examples out there, but this is one example that we thought may be a useful example to bring out in the interest of trying to understand more about what that localized game plan is and how potentially it could be useful across the board.

KENDRA COOMBES: Looking at the time, I am asking that we consider a 10-minute extension of this meeting.

THE CHAIR: We have two minutes. We're voting to add the Deputy Minister of Community Services to the Liberal topic.

All those in favour? Contrary minded? Thank you.

We'll move back to voting on the motion of the topic selection.

All those in favour? Contrary minded? Thank you.

The motion is carried.

We will now move on to the NDP caucus for their topic selection. MLA Hansen.

[12:00 p.m.]

SUZY HANSEN: For our witnesses, we would like to bring forward the Nova Scotia Health Authority CEO; the Nova Scotia Native Women's Association, the executive director of the association; Tajikeimik, the executive director; and the Association of Nova Scotia Midwives, the president or equivalent, to speak on the topic of access to midwifery and efforts toward reconciliation.

THE CHAIR: Order. We have unfortunately run out of time to finish the agenda setting. I call this meeting adjourned.

[The committee adjourned at 12:00 p.m.]