

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, December 20, 2022

COMMITTEE ROOM

Veterans and Families: Importance of Community and Peer Support

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VETERANS AFFAIRS COMMITTEE

Chris Palmer (Chair)

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Hon. Tony Ince

Gary Burrill

Lisa Lachance

[Chris Palmer was replaced by Melissa Sheehy-Richard.]

[Tom Taggart was replaced by Trevor Boudreau.]

[Hon. Ben Jessome was replaced by Hon. Brendan Maguire.]

In Attendance:

Tamer Nusseibeh
Legislative Committee Clerk

Karen Kinley
Legislative Counsel

WITNESSES

Department of Community Services

Tracey Taweel, Deputy Minister

Tracy Embrett, Executive Director, Child, Youth and Family Support

Halifax & Region Military Family Resource Centre

Shelley Hopkins, Executive Director

Mara Toombs, Family Liaison Officer and Team Lead

Veterans Farm Project

Jessica Miller, Founder and Director



HALIFAX, TUESDAY, DECEMBER 20, 2022

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Chris Palmer

VICE CHAIR
Danielle Barkhouse

THE CHAIR: Order. I call this meeting to order. This is the Standing Committee on Veterans Affairs. My name is Danielle Barkhouse. I am the MLA for Chester-St. Margaret's and will be chairing this committee.

Today we will hear from presenters regarding Veterans and Families: Importance of Community and Peer Support. Please turn off your phones or put them on silent. In case of emergency, please use the Granville Street exit and walk to the Grand Parade.

I will now ask the committee members to introduce themselves for the record by stating their name and constituency. I will start with MLA Sheehy-Richard.

[The committee members introduced themselves.]

THE CHAIR: MLA Maguire will be late. I'll have him introduce himself once he arrives. I'd also like to note the presence of Legislative Counsel Karen Kinley, Legislative Committee Clerk Tamer Nusseibeh, and Administrative Support Clerk Kim Leadley.

I welcome the witnesses and thank you for coming. I would ask all of you to introduce yourselves and anyone you might have brought with you. After that, we'll have opening remarks. We can start with Jessica Miller.

[The witnesses introduced themselves.]

THE CHAIR: Now we'll start with opening remarks, starting with Deputy Minister Tracey Taweel.

TRACEY TAWHEEL: Thank you for the invitation to be here today. It's very nice to meet my fellow witnesses. I'm very much looking forward to the discussion today. I would like to begin by saying thank you to veterans in Nova Scotia and across our country, as well as all the brave Canadians in uniform who have served and continue to serve in times of war, conflict, and peace.

It's also important to acknowledge that military service is one of the most demanding careers in existence, both for people serving and for their families. The immensely valuable contributions made by service people may also come at significant personal cost. Veterans are family members, neighbours, and people in our communities. As a society, it is important to acknowledge their highly stressful, life-risking work. We need to do our best to ensure they have appropriate supports as they leave active service.

Stability, security, and a sense of belonging are all part of having a sense of community. Social support is an important factor in preventing or decreasing the severity of many mental health conditions. It makes sense that peer support provides many benefits to those living with service-related mental health conditions. It may be very difficult for veterans to speak with anyone whom they feel perhaps won't understand when they're dealing with depression or anxiety about life issues. Many may feel the pressure to figure it out themselves.

The reality is that everyone needs a support system, and veterans need a direct connection to someone who has been in their shoes. It makes a critical difference to connect with someone who has walked the same path and knows what you're going through. Peer support provides veterans with that sense of immediate trust, and can give them a confidante they can connect with at any point in their journey. It is therefore vitally important for veterans and all service people that we all do our part to support them as they transition from military to civilian life.

As the committee would be aware, the Department of Community Services does not have any veteran-specific programs or services. However, our staff will help to navigate the programs and services that will best support mental health and wellness for all individuals at the community level. DCS funds programs and services that support individuals and families with a focus on prevention and early intervention.

Through family resource centres, we support the health and wellbeing of children and youth by strengthening families and communities. This is a proactive approach to support mental health and wellness, well-being, and economic security for vulnerable Nova Scotians. It focuses on building resilience and promoting safe, stable, and nurturing relationships and environments for children, youth, and families. These programs and services are available in communities across our province. They're delivered by

community-based service providers who are well positioned to build trusting relationships with youth, family, and other community members.

The main pillars of our prevention and early intervention programming includes parenting education and family support, home-based visitation, youth programs and services, sexual violence prevention and supports, and family preservation, family violence, and community mobilization. We support the well-being of families, and protect children and youth from abuse or neglect. Our hope is that through earlier intervention and support, families can get the help and support they need to stay together.

We believe that every Nova Scotian deserves access to the services and supports they need. That certainly includes the veterans who have bravely served our country. We will continue to do what we can to support these individuals and help them access the federal supports that are available where applicable.

Thank you again for the opportunity to be here today. As I stated earlier, I'm really looking forward to the opportunity to learn more from my fellow witnesses and to discuss this important issue.

THE CHAIR: I will ask Ms. Hopkins to make her remarks now.

SHELLEY HOPKINS: I didn't prepare anything formal - I just really wanted to tell you about our organization and what we do. We are one of 32 Military Family Resource Centres across the country. It's a non-profit organization. Many people believe that we're funded and associated with the Department of National Defence - we are not. We're independent because we want to be at arms-length. We don't want military personnel telling military families what their needs are and how those needs should be met, so they've been specifically stood up to be non-profit organizations. The board of directors is a requirement to be made up of 51 per cent of military and veteran spouses. It really is a for-families, by-families model.

Halifax is the largest base in the country, so we're the largest Military Family Resource Centre in the country. We have a range of programs and services. Our services are really tailored to address the needs and provide services that are specific to families that live the military lifestyle - then we added the veteran component about seven years ago.

The three main components and challenges associated with living the military lifestyle are relocation, absences - which are deployments and training - and transitions. Those are transitions from a civilian into the military community, and transitions of military into veteran/civilian life as well. Those are the three main areas of focus, and our services are really tailored to address those things through that lens.

We are very much a community partner agency. We don't like to duplicate services of community agencies that already provide services. We really work to navigate families

to services that already exist in the community. If those services don't exist or if there's a tremendous gap - for example, wait-lists for mental health services - then we provide those types of services as well, really as bridge support. It's about what we can do short-term until they can get a long-term solution.

We are the only agency that actually supports the military family. Seven years ago, we entered into a pilot for the Veteran Family Program. It was a partnership with our funder, Military Family Services with Veterans Affairs Canada. They realized that there was a gap in terms of the family side. They were doing a lot of support in terms of the veteran side, but where was the family getting the supports? They approached Military Family Services and Military Family Resource Centres. Seven of us were chosen to be pilot projects for the Veteran Family Program. Really, it was about not duplicating the wheel. Veterans Affairs Canada didn't want to recreate positions or recreate something. They knew that Military Family Resource Centres were already the subject matter experts in military family support, so why not look at extending those services to veteran families?

That pilot project specifically spoke to medically releasing veterans. To this day, it still sort of has that caveat of addressing the families that have medically releasing challenges. However, we don't turn any veteran away. Anybody who needs support, we'll provide that support.

There's a range of things, obviously, that we do from every age group to adult deployment support - like I said, all those things, but specifically around veterans. Mara is our family liaison officer. This position is actually quite unique. It is partially embedded with the CAF Transition Centres and partially embedded with the Military Family Resource Centre. So it's really a strategic partnership to make sure that transitioning veterans and families are receiving the same level of support. We support the family side while the transition centre supports the veteran side.

I think I'll probably leave it there. I could go on and on and on, but I'll leave it there. Thank you so much for the opportunity. It's really a pleasure to be here. I really look forward to listening to what everybody has to say, and answering any questions that you have for us about how we're doing with veteran support.

THE CHAIR: Thank you, Ms. Hopkins. Ms. Miller.

JESSICA MILLER: Good afternoon. Thank you for allowing me to be here today. I come today with lived experience and from knowledge of the Veteran Farm Project.

I am Sergeant Jessica Miller (Retired). I served 22 years in the Canadian Armed Forces as a senior medic in the army, and as a licensed paramedic. I've served in Afghanistan. I've transported ill and injured service members in the Air Force, and I completed three postings on HMC ships over a nine-year period. I was medically retired in 2018 from the Canadian Armed Forces.

I am the founder and director of the Veteran Farm Project Society. Our organization focuses on healing, discovery, and recovery. I started the farm project from a need to be with other servicewomen. I was not able to participate in groups with men. I am a survivor of military sexual trauma, so participating in groups with unknown individuals was impossible for me.

I believed that if I needed a safe place, there would be other women searching for the same thing. This is the reason why I began the Veteran Farm Project. Today, our achievements are too many to list, so please check out our social media and website for all that information.

What I would like to bring today for topics of discussion from my research, lived experience, and anecdotal information received through participants in the Veteran Farm Project is: what peer support is; the importance of peer support in the veteran community; how the Veteran Farm Project is providing peer support; and barriers to accessing peer support, including gender groups, stigmas, OSISS, and access to coursing. I've also come up with a few ideas that can help to eliminate some barriers to accessing peer support for our veterans.

First, I'd like to discuss what peer support is. Many have different definitions of this, but as defined by the Veterans in Community, a U.K.-based peer support centre:

“Peer Support may be defined as the help and support given by veterans to veterans through shared experiences and/or an experience of a mental health illness related to their military life.

It may be social, emotional or practical support but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.”

Why is that important? A peer support program or organization with trained peer supporters can be helpful in supporting veterans outside of that formal clinical environment. Serving in the Canadian Armed Forces is a unique cultural experience unlike any other institution. Having access to peer support can help bring successful transition to civilian life.

As discussed in the article “Using peer support groups to enhance community integration,” peer support groups “. . . provide a unique tool for helping veterans working through the military-to-civilian transition to achieve higher levels of social support and community integration.”

Social support is possibly the key factor underlying successful community integration, defined as the real or perceived ability of social resources. Lower levels of

social support are associated with increased risks of mortality, alcoholism, obesity, and decreased exercise.

[2:15 p.m.]

How we at the Veteran Farm Project are helping to support other veterans with peer support: we understand and acknowledge the significance of being together with others who have a shared experience. Finding a place where you can become a member of a tribe, just as in service, is important for overall well-being for veterans and their families.

At the Veteran Farm Project, we have volunteers with peer support training, as well as lived experience in all services, combat deployments, and survivors of military sexual trauma. The Veteran Farm Project has committed to maintaining the core values of peer support through social support, expert knowledge, trust, confidentiality, and ease of access.

Unfortunately, we do have many barriers to accessing peer support. A key one would be the gender makeup of groups. Understanding that the makeup of a group is increasingly important to the success of a program, the Veteran Farm Project has recognized the significance of providing a space for women to come together in a safe environment. Many of these volunteers and participants are survivors of military sexual trauma. Understanding that a mixed-gender group can cause stress and anxiety for some is important to understand. Allowing for there to be days for women gives women that security and safety they may not have outside of their tribe.

Unfortunately, there are stigmas and OSISS - they go together. Unfortunately, there have been many stigmas attached to formal help for mental health over the years. It was common to have service members mock you and fear reprisal from the chain of command for seeking help. These stigmas still exist, even as a civilian. Due to the institutional beliefs surrounding help for mental health injury, veterans can be very closed off to receiving formal medical help.

The Operational Stress Injury Social Support program was created in 2001 in partnership between the Department of National Defence and Veterans Affairs Canada. It was created to help deliver non-clinical support to serving members and veterans who suffer from operational stress injury. Although this type of support has been shown to be important for recovery from an OSI, the program itself in the veteran community has not been favourable. There have been many concerns in Nova Scotia, including lack of staff, long wait times for appointments, and the cold, sterile environment of the physical building, just to name a few.

Most significantly, and one that I can speak to, is that peer support is not available to anyone who discloses having experienced military sexual trauma. Officials at Veterans Affairs Canada and the Canadian Armed Forces have explained that those who disclose in a meeting - regardless of whether they have trauma through combat or other - that you have

been a victim of or experienced military sexual trauma, you are then excluded from the OSISS, because peer support coordinators do not share the same lived experience as you.

Veterans who experience military sexual trauma - and this is both men and women - are instead redirected to other external resources. This is in the civilian community. Many veterans have reported that these resources do not meet their needs because of the lack of an understanding of the military culture and information, and they don't have the information about Veterans Affairs benefits and services. This morning, I did check with OSISS, and the current wait time for a referral to civilian help, if going through OSISS, is 18 to 24 months - just to access someone to speak to if you are identified as military sexual trauma.

Research suggests that veterans who have experienced military sexual trauma would prefer to participate in a peer support group that is reflective and exclusive to their experience. Many have, in fact, requested the establishment of a military sexual trauma specific peer support, which would represent a safe space to connect with veterans who have the same lived experience.

As of June 2021, under the Office of the Veterans Ombud investigative report titled "Peer Support for Veterans Who Have Experienced Military Sexual Trauma," to this date, even with the 38 recommendations from Justice Arbour, there is currently no implementation request for creating a military sexual trauma-based peer support program. That wasn't even considered in her report.

Also, there seems to be a lack of available peer support courses for veterans. Currently, the only way to deliver peer support outside of OSISS or a formal clinic is to become certified through Peer Support Accreditation and Certification Canada, delivered through the Mental Health Commission of Canada. This course is not geared to the average veteran who would like to help other veterans and become a better person themselves. The application process is lengthy. Once you start, you have two weeks to fully complete it. It involves three to five references filling out online assessments of your potential to be a peer supporter at a cost of \$90, which is non-refundable to apply.

If you are accepted, the training you need to complete is 30 hours of group classroom instruction, complete a 50-hour practicum in a supervised environment, and then a final review to see if you pass. All of this is at a cost of \$750. That's excluding your completing of the practicum.

It is understandable the need for certification areas to deliver a clinical environment. However, peer support is most effectively delivered through programs, courses, and volunteer opportunities designed specifically for veterans. The Veteran Farm Project and other similar groups are the grassroots organizations that can deliver the support in a setting that meets veterans where they are at.

In conclusion, I would like to present some areas that we could work on for reducing the lack of peer support to the veteran community. Reducing barriers to access peer support is one of the ways to help military-to-civilian transition. It is the hopes of the Veteran Farm Project to see organizations like ours that have trained peer supporters be recognized by Veterans Affairs Canada as a part of a veterans rehabilitation program. This recognition would allow veterans participating in a program, workshop, or a volunteer day to submit a travel claim for that day. This could go a long way to reducing the financial burden that can occur with travelling outside their local community. This is no different than the veteran travelling to any other medical appointment that is outside the geographical area.

Delivery of peer support training does not need to be in the form of a complicated certification. There are courses available through other veteran organizations that are free and accessible to any veteran seeking the training. They are delivered by highly trained peer support mentors, and deliver the same curriculum as described in the handbook available through the Mental Health Commission of Canada.

Growing Veterans, a veteran organization in Washington State, offers free online courses for any veteran wanting to help deliver peer support through a veteran organization. I just completed that training last week so that I would have a better understanding of how that is run. Forty hours over five days - it was an excellent course.

Lastly, what I would like to say is recognizing organizations such as the Veteran Farm Project and the important work done, would help us - the Veteran Farm Project and other veteran-based organizations - access training and financial support to continue delivering programs and opportunities for veterans to find their tribe and work toward healing and transitioning to a new and healthy civilian life.

THE CHAIR: Thank you, Ms. Miller. If you could, MLA Maguire, introduce yourself, that would be lovely.

HON. BRENDAN MAGUIRE: Good afternoon, everyone. Brendan Maguire, Halifax Atlantic. Good to see you all.

THE CHAIR: Thank you.

Before I open the floor for questions, I would like to remind everyone to wait until their name has been called in order to cue LTV to turn on your microphones. I'd also ask that committee members stay on topic. This committee goes by raising your hand and not the 20-20-20, so I will keep a list of names. The floor is open if anyone would like to raise their hands to ask a question. MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: That was very moving. I can tell how passionate you feel about such important work. Being a female in sometimes male-dominated

situations is not an easy feat unless you're there. I can't compare my life experiences whatsoever to yours, but thank you for what you're doing.

On that note, I just wondered: Since the project started, can you share with us a little bit about how it's progressed over the years, and maybe some experiences that have led to the way that the project pivoted over those years?

JESSICA MILLER: Thank you for your kind words. The Veteran Farm Project has definitely grown and changed over the past five years. Originally, we started as a farm for people to be able to experience nature, to grow vegetables, and help deal with the food insecurity that is in the veteran community. We are still participating in that. This past Summer, we supported 45 families - over 250 people for four months. That's through the produce that we grow. Like I've always said, what we produce is the by-product of the healing and the journey that the veterans experience when participating on the farm.

We have a core dedicated group of female veterans. It fluctuates anywhere between 20 and 25 at any given time. People can pop in, pop out, participate in any of our free programs, free workshops, or just come and volunteer their time and just be in nature.

To this date, we have been able to feed over 700 individuals through our free We Care packages that we deliver. This is done through the Nova Scotia/Nunavut Legion Command. It's all anonymous, stigma-free. We just know the number and the composition of the families, and then we fulfill that.

We also have a free on-site farm stand open on Saturdays for the local community to be able to access fresh produce, and it's all take what you need and give if you can. We have noticed that there is a greater demand for more program workshops, which is what we're working towards in 2023. Now that COVID-19 seems to be a little bit behind us, we have been able to put in the infrastructure required for delivering excellent workshops outside, and we are looking forward to our weekly workshop series. Wednesdays will be just for women. That doesn't necessarily mean just veterans but women in general, because we all have similar lived experiences just by being a woman.

Sundays we're open to the general community to come participate in a workshop - that's families or couples, whoever wants to come. On Saturdays we are open for families to come explore the farm and just run around on the 26 acres that we have.

We hit on many different aspects for veteran peer support, because essentially peer support is just being that listening, empathetic ear that is available just to hear someone ask questions or give them guidance. We have a number of women who have come a long way since they first joined us. From women who have been on the brink of suicide, who have been drug-addicted, almost homeless, are now thriving and employed through the Veteran Farm Project in different ways - being able to grow, experience.

We pride ourselves on saying, just use the farm to do whatever it is that you think you want to do in a safe, enriching environment. It's just amazing to watch the women blossom as they get to just - there are no mistakes. It's just a do-again type situation.

[2:30 p.m.]

It's very important that we recognize that peer support isn't done through a clinic, it isn't done through a doctor's office. Peer support needs to be delivered in a way that you don't know that it's being delivered. It needs to be delivered in a way that people are getting help by finding a new tribe and being able to ask questions, gain resources, but not knowing that's what is happening.

I think that's the core of my feeling. The core of what's important about peer support is that trust and empathetic ear that you can build through being with other like-minded individuals.

THE CHAIR: My apologies, I neglected to mention that we do allow for follow-up questions if it pertains to the original question. MLA Sheehy-Richard, do you have a follow-up question?

MELISSA SHEEHY-RICHARD: Maybe, if it follows up to this. I did just sub in for the committee, so I haven't had a chance - I'm not typically a member here. I'm just curious, how long since you first started - have you built up from that beginning? Do you have some people there from the very beginning who are still there with you?

JESSICA MILLER: Absolutely, we do. We probably have about 10 or so women who have been with us over the last five years. They have become integral parts of the farm. I couldn't do what we are doing without them. We just constantly have new persons coming to the farm. We always open up our workshop opportunities. It's amazing how many new faces we get.

A lot of times we have people who are retired or medically released from the Forces get posted back to Nova Scotia or get posted into Nova Scotia, find out about our program, and then are blown away by the fact that there is a place for them to come and just be. We have everyone from the beginning, and we have new people every time we open the doors.

THE CHAIR: MLA Ince.

HON. TONY INCE: My question is to the Military Family Resource Centre. We've heard from other organizations about how to support veterans when they're entering civilian life, especially when it comes to transitioning into skilled labour. My question is: What do you see from your organization's perspective are the biggest challenges when transitioning into the workforce? How can we better support through peers or community?

THE CHAIR: Ms. Hopkins or Ms. Toombs, or both of you.

MARA TOOMBS: Coming from my role where I've been working at the Military Family Resource Centre and at the Canadian Armed Forces Transition Centre as a liaison between those two organizations, what I'm seeing is that the transition centres are standing up in a new way. They previously were only serving ill and injured members in their transition, but now they're standing to serve all members transitioning out. I think that's going to do a lot for that on the side of the formal managing of people's transitions in a way that they're aware of what supports exist, or they're aware of organizations like Helmets to Hardhats that are doing excellent work.

If people know about that early, it makes a big difference, or people knowing before their transition what options they have in terms of education. There's planning people need to do a couple of years before they're ready to leave if they can, and we want people to know about it. I think that CAF is taking that seriously and that's happening from what I see inside of the situation.

Once people are out - let's say they didn't access those supports or they were unwell and it was really impossible for them to even think about planning, and exiting the Forces was a much more painful process - then we end up with families who are getting access to information too late, and they're often in real disarray. I think often there are supports that exist that people don't know about, and it's almost really a navigation problem, is what we see. We don't know. I work in a navigation role a lot of the time as a social worker. Then a person will go off on their journey and I'll find out later about something that would have been perfect.

I almost wish there was an 811 that was just for all the veteran programs that exist, because there needs to be people whose expertise is really specifically in managing the array of excellent but disparate resources that exist. That could be a peer navigator training that could be about people who become peer experts in understanding what is out there.

THE CHAIR: Ms. Hopkins, would you like to add to that?

SHELLEY HOPKINS: I would just like to highlight the point that Mara was making about it is about systems management. What we find is that actually there are so many different agencies, and people just don't know they exist in their operating pockets. That's one of the things that we at the Military Family Resource Centre try to do. We have really strong partnerships and get familiar. We do community mapping where we know what's out there, so that we're not duplicating those services, but as Mara said, we can really navigate people to the appropriate systems.

One of the biggest challenges is there is a lot there. People just don't know that it's there. They're such niche markets for different things. Moving forward, some type of centralized system would be extremely helpful - an 811 or just an overarching body that

connects, whether it's the Veteran Farm Project, the Military Family Resource Centre and the things that we do that are specific. There are well over 100 different types of veteran support agencies, a variety of different kinds, but there's no centralized model to have a collective impact.

THE CHAIR: Thank you, Ms. Hopkins. MLA Lachance.

LISA LACHANCE: Thank you. That was a great start to some of my questions, which are a bit around that navigation and how the systems work together. I'm wondering if either Ms. Hopkins, or Ms. Toombs and Ms. Miller could talk a bit about: Do you have, through your programs, any interaction at this point with provincial services? By that I mean Government of Nova Scotia services, in or out. If so, how does that work, and with what part of government do you connect with?

SHELLEY HOPKINS: I would say most of our government interaction is through the Canadian Armed Forces and through Department of National Defence. So most of our partner agencies, funding is through Military Family Services, Veteran Family Program, through the Canadian Armed Forces Transition Group. A little bit provincially, but on the veteran's side, provincially in different ways in terms of the other supports and services we provide, particularly around children and youth. In terms of the veteran, it's mostly national funding, national agencies that we work with very closely with the transition group.

As Mara said, they're about to stand up their release centres as part of the transition group as the next phase here in Halifax. We're going to be the third location. We really have a seat at the table, of those types of things that are coming down - pilot projects, those kinds of things. I would say that at the provincial level when it comes to veterans, minimal - mostly at the national.

THE CHAIR: Ms. Toombs, would you like to add on?

MARA TOOMBS: One thing I do notice as a social worker working with veteran families when they come to our door looking for counselling, that's something we can provide, but we provide short-term supportive counselling. If there's a mental health emergency or a youth in the family who's in crisis, then that's going to be a referral from us to community mental health, and to the IWK, and to those regular resources. We're reaching out to the community for those supports, and sometimes there are supports available through Veterans Affairs Canada, but that is an area that I definitely struggle with as a social worker.

I'll have family members coming to us in distress because of a veteran's condition where they've been supporting someone, and then they've become vicariously unwell, and Veterans Affairs doesn't necessarily have support for them. They might, but it exists from

the point of view of we will fund you to get help so that you can support the veteran, but it's not prioritizing the well-being of the family members.

I think that's very short-sighted. I think we really ask families to serve, not just the members. So the fact that there isn't a guarantee of support - for example, if there's marital breakdown, then the veteran can say: I don't want them on my insurance anymore. Then that spouse's mental health isn't covered by that insurance. Those are the kinds of levels of interaction that often create a big crisis in the families we are helping.

THE CHAIR: MLA Lachance, do you have a follow-up question?

LISA LACHANCE: I had also posed that question to Ms. Miller in terms of interaction with provincial government departments.

JESSICA MILLER: Unfortunately, at the Veteran Farm Project, we do not have much engagement with the provincial government. Basically, because most services or funding that is available provincially requires us to have a charitable number, which we don't have. We are a registered society with the Registry of Joint Stock Companies of Nova Scotia. However, not being a licensed charity, we cannot access many of the funding programs out there that would then give support to our organization.

Also, with the lack of peer support designated for survivors of military sexual trauma, they are then referred to places like the Avalon Sexual Assault Centre here in Halifax. There is a wait time there of 18 to 24 months just to see someone, or two-plus years to get into group therapy. Those are today's figures from a psychologist I spoke to.

The psychologists who deal with veterans in this province have avoided sending anyone to the OSISS clinic because of all of the barriers to access, and then no access when it comes to a large demographic of our veteran community. It's sad that we can't support these survivors through other means. Unfortunately, as far as provincial access to funding or programs, we're very limited as a society and not a charity.

LISA LACHANCE: I do have a quick follow-up. The question is on the flip side from the Department of Community Services. Deputy Minister, do you have a sense of how many veterans access various programs? Is that a question that you collect in terms of whether it would be - I know most veterans would have a source of income - disability support or housing or through child supports or child protection? Just wondering if you collect that data.

TRACEY TAWHEEL: We don't collect that data. We would only have that data if the individual were to proactively disclose, but that is not data that we collect.

THE CHAIR: Ms. Miller.

JESSICA MILLER: The one point I did want to add is that not all veterans do have an income. If you are released prior to 10 years in the Canadian Forces, you don't have a pension. You get return of contributions. If you have a disability, you may receive funding from Veterans Affairs Canada, but it's not guaranteed. Not all veterans who are out there do have a source of income. That's part of the issue with some veterans who aren't able to be employed outside of the Forces, then find themselves in a downward spiral of lack of resources, funding. Then they just get into problematic situations. I just wanted to point out that not all veterans do have a source of income.

THE CHAIR: MLA Harrison.

LARRY HARRISON: My question would be for Ms. Miller and Ms. Hopkins. I certainly want to thank you for the passion you put into this. There are a lot of resources there, no question. Can you talk about the ways in which those resources can be accessed? I don't know whether people just automatically know that all that's available or not. If not, can you share some ways and resources that will allow them to have that information?

SHELLEY HOPKINS: Come to the Military Family Resource Centre where one of our number one priorities is navigation of resources. We make it our business to know what's available in the community, like in that community asset mapping. One of the primary ways is come through us.

We also struggle with people not understanding what the Military Family Resource Centre does - that we actually serve the veteran population. Again, where is that centralized system? I think that's the weakness - that there isn't one place where somebody can go and know. I think one of the gaps that we're trying to fill is that lack of centralization of understanding what all of the services are. We have a veteran family navigator, and that's her primary responsibility - making sure she understands what services are available in the community, how they can access, who's eligible for those services.

The other big part of the work that we do - again when I spoke earlier, we don't duplicate services - is we do partner. We don't duplicate and recreate. There's a finite number of resources in the non-profit sector, as everybody knows, so we have to use and allocate those resources appropriately. It's really important for us to partner with agencies. I'll actually use Jessica's agency as an example. She comes and does workshops through the Military Family Resource Centre to reach our audience. We're not going to recreate the great work that they do, but we're going to certainly make sure other people are aware of it.

That's a big piece of the work that we do. We make sure that military families and veteran families are integrating into the community. We're not an organization where you come here and we're the only people who serve you. Community integration and understanding a lot of these people are posted. Some choose to stay here. We serve the region all the way up to Cape Breton. There's a really large veteran population in Cape

Breton. We just make sure that we're really aware of the services that they can access without duplicating the services that Veterans Affairs Canada is responsible for.

[2:45 p.m.]

There's a tremendous amount of community resources people know nothing about, so come through the Military Family Resource Centre.

THE CHAIR: Ms. Miller, would you like to add on?

JESSICA MILLER: Yes, thank you. I did want to bring up one point. I just wanted to discuss the OSISS clinic. It's in Burnside. If you do go to the government website to search for the OSISS clinic, and then try to navigate your way through it, it's quite difficult. When it says, "Click on the OSISS website for more information to get started with the clinic," it redirects you to the morale wellness web page for the Canadian Forces, which also gives you information about pet insurance, VIA Rail, choice hotels.

My point is that it's incredibly difficult to find these resources. As a 22-year veteran, senior medic in the forces, I have a very strong understanding of health care, VAC, and accessing information. However, I can't even find OSISS on the website right now. I've gone through it many times before coming here, just to make sure that I could access the information, and I can't. I cannot find it. Therefore, if I can't find it - and I have a strong understanding - how is the average veteran who releases from the forces for whatever reason going to find their way to navigate toward this clinic that Veterans Affairs heavily promotes?

The other problem on that with peer support, is that the peer support liaison persons within OSISS are paid employees. Where is, then, the client within peer support? Is the client the government that's paying your wage, or is the client the person seeking services? It becomes a muddled situation.

The grassroots, the fundamentals of peer support, is one-on-one lived experience, - persons listening, being empathetic, and helping to guide in any way possible. I think what Veterans Affairs Canada has done is overcomplicated something that doesn't need to be as complicated as it is. Between Canadian Armed Forces and VAC, it's very muddled.

THE CHAIR: Thank you, Ms. Miller. MLA Harrison, do you have a follow-up?

LARRY HARRISON: Just quickly, are there any outreach branches or outreach departments within your groups?

SHELLEY HOPKINS: Yes, we actually have an outreach coordinator in Cape Breton who works right in the Garrison.

THE CHAIR: MLA Young.

NOLAN YOUNG: My question is to Ms. Miller. First off, I want to say thank you for your service, and thank you for all the important work around the farm project and sharing some of that with us today. As a veteran yourself, I'm wondering if you can tell us a bit about how founding and being so involved in a project like this has helped you, or perhaps others, to navigate their life after service?

JESSICA MILLER: The military culture is one that unless you've lived it, it's very difficult to understand. We are trained to believe that we are a special type of person in order to be able to engage in the types of work that we do. It's difficult to go to combat without thinking that you are the best. When you leave the Forces for whatever reason, you lose that sense of identity, you lose that sense of camaraderie, you lose the sense of your dedication to your country and service. I experienced all of that when I was medically retired. I didn't want to leave, but I had to.

For the Veteran Farm Project, yes, we are on a farm, but what we really do is give those who come and volunteer that sense of purpose - that sense of service still to others. The last two activities we did were in preparation for Camp Hill. We did all their Christmas decorations, we did all the gifts. We had two groups of women come out - 10 on each day. As a uniform-wearing person, every day is about acts of service. We try to find ways of giving other people the opportunity to feel like they're contributing to the community.

It's very difficult if you are a veteran who's been found to be permanently disabled and you're now in receipt of disability awards and pension through VAC. It's very difficult to accept that financial money without feeling like you need to do something in service to give back. For me and my partner, Steve Murgatroyd - 20 years through RCR, three combat tours overseas - we founded the farm together. We founded it because we knew that we needed something in order to continue that sense of purpose, drive and motivation moving forward and constantly challenging ourselves.

For myself, if I need that, I can't be the only one. We started the Veteran Farm Project small, and it's just exploded. This past year has been pretty wild. It was a very busy year. It's still not over. It came from this sense of need to feel connected to a tribe and delivering help to others, essentially.

THE CHAIR: MLA Maguire.

BRENDAN MAGUIRE: Normally I'm not on this committee, but it's ironic that I got a call today to be on this committee, because yesterday I met with Gus Cameron for breakfast, who is someone you may or may not know. Then a couple of days before that, I was speaking to my youngest brother who served quite some time in the military. Actually, he did two terms in Afghanistan and is now finally ready to tell his story and everything he went through when he came out.

I'm not speaking out of turn, because I spoke to my youngest brother about this. It's ironic that I spoke to him and the next day, Gus calls me up out of the blue to talk about stuff - and then I'm here today.

I'll just use my brother as an example. He had a very difficult time. I'm glad you said "tribe." I didn't understand what you were saying at first when you were making those comments, but then I tried to put it into my own personal experience with Michael. He's living in Ontario, so for us it was hard to go through some of the stuff he was going through. He had a pretty rough transition from military life in Afghanistan to here, and he was trying to find his tribe. A lot of times, those tribes don't take you in the right direction.

At one point - and again, I'm not talking out of turn - he was doing underground fighting, which I thought only existed in the movies. That was a way for him to get whatever was inside of him out. Michael, like a lot of military veterans, ended up homeless, and of course we had to go up and do what we could to help him. A lot of individuals who served in the military are too proud to reach out for one reason or another. He's doing fine now. He's got his life together. I always say he found the right woman, fell in love, and went from there. He had understanding people around him.

I was describing this with Gus yesterday. Gus said to me, you would be surprised at the number of military veterans who are living homeless or living rough, who are barely getting by. My question is to both sides, because we have the government here and then we have the resource centres and the farm. I'll start with Deputy Minister Taweel. We know that there are close to 600 people now living homeless in HRM, for example. Do you know how many of those individuals are military veterans? Do you know how many military veterans are living homeless across Nova Scotia?

For this beautiful group of people here, a lot of times accessing your resources and accessing your information is through technology. We know that not everybody has that. What would be your recommendation? Again, I'll use Michael as an example. For us, it was like pulling teeth. We had to fly up there, we had to go up there, we had to really help him out. Not everybody has that support system where people can do that. People who are living homeless - how do you get that information out to them, that there is a place for you to go, and there are resources for you to have? You've done this incredible service for our country, but you've got to let us do something for you now.

I'll start with Deputy Minister Taweel, and then kind of go from there.

TRACEY TAWHEEL: We have an estimate based on the current by-name list. The data that we have for HRM would suggest about 19 individuals on the overall list identify as being veterans, and province-wide, in rural parts outside of HRM, about six.

THE CHAIR: MLA Maguire, this would kind of be your third question, so you probably will not get a follow-up because you asked one question from the deputy minister

and one question from both Family Resources and the Veterans Farm Project. MLA Maguire.

BRENDAN MAGUIRE: Sorry, that was part of the first question, but I do understand. It's not just homeless, but it's living in poverty or living rough, if you know what I mean by that - just on the verge. Do we have those numbers?

TRACEY TAWHEEL: The only numbers that I have are the ones that I provided. We wouldn't have any other data.

THE CHAIR: Who would like to answer MLA Maguire's second question? Ms. Toombs.

MARA TOOMBS: I don't have a number, particularly. What I can say anecdotally from what I'm seeing at the Military Family Resource Centre is we have temporary accommodations for military families, and we get a tremendous number of calls from veterans looking to stay in them because of housing insecurity and homelessness. It's one of the most common calls we get that doesn't fit what that accommodation is for. They're short-term accommodations that are, for example, more for veterans or currently serving military families who need to come to Halifax for a medical appointment, or who are visiting an ill or injured member and they need to stay for a week or two weeks. They're low-cost and short-term.

We get calls, for sure, from housing navigators and domestic violence shelters. Veterans Affairs sends people to us as a place you could call for somewhere to stay. We talk about how there are so many resources, but I would say there is a big gap in terms of emergency housing. Even if the numbers are small, they're changing all the time. There might be 19 people who are experiencing it right now, but it's a different - people experience crises all the time. It's the hardest thing that we find we can't meet, is that need.

SHELLEY HOPKINS: I won't cover what Mara covered, but I'll answer your question about the virtual and accessibility. One of the things that we do have at the Military Family Resource Centre is a 24-hour information line, which a live person answers 24 hours a day.

JESSICA MILLER: What I'd like to add is that as an organization that has, as we say, boots on the ground, I can let you know that we have our message go through all the Legions within Nova Scotia. We have supported families all the way up to Cape Breton, and all the way down to Digby. This year, we were supposed to go to Yarmouth, but we didn't quite make it that far. Because we're just outside Windsor, we have Legions that contact us, asking if we can support this family that has now moved into the area.

All of the families that we support - we support from WWII veterans to families with serving members and can't meet the bills. We don't discriminate on who we support.

If Legion Command or the OSISS clinic, or even the Military Family Resource Centre, knew of a family who was needing a boost to help them get through - we're not a food bank, but what we do is supplement the fresh produce, bread products and pantry staples bi-weekly. We're able to get our message out, not just through social media or our website, but we do the Military Family Resource Centre and all through the Royal Canadian Legion branches as well. We are now working with the West Hants community centre to have our information put out to the West Hants community, as that's where we are.

[3:00 p.m.]

The other thing I'd like to speak about is that we've had many veterans that we've supported over the last five years who have been homeless, who have been put into temporary shelters via the Legion. Then they've asked us if we can help support them with food. We've done that as well.

I know of a few - probably five over the last five years - who have been homeless veterans and working towards a healthier life through the Legion. There are many out there who live in poverty or at the poverty line, not just necessarily homeless. We could support more families if we had more funding.

THE CHAIR: MLA Ince.

TONY INCE: Ms. Miller, understanding the unique relationship between all the partners: federal, provincial, and so on. I'm trying to word this properly. Let me ask: What additional supports could help your program or what are the supports you could use that the Province could provide, if any?

JESSICA MILLER: I think it goes back to - we have the will, we have the drive, we have the knowledge. It's not just about funding necessarily, but to recognize organizations like us as just as beneficial as a government agency in the sense that we are the ones who are connecting daily with the veterans. We see their highs, their lows, and help them navigate so many different resources. Provincially, I have put in an application for an agriculture grant, which was then denied for whatever reason.

The other thing that we also get a lot of, and I have to turn them down, is that there is no post-care places for veterans who have gone to places like Homewood Health Centre, which is in Ontario. There's no post-care facility for them to go and receive the care that they need after they just spent three months in a rehabilitation centre.

I get calls quite a bit from case managers at Veterans Affairs Canada asking if I can support a veteran who's needing guidance and needs to be with like-minded individuals. Unfortunately, I'm not at the point where I can support those types of individuals, because I'm not a social worker. I don't have a social worker or a psychologist on staff, and it would

be detrimental to those who are volunteering if we brought in someone who was not mentally ready to be in that position at the farm.

I think there needs to be more follow-up care for those who have sought help, because there seems to be a missing piece. You go to Ste. Anne's Hospital or Homewood, and then once you're released, you're back to the same environment you were in before. How does that help the veteran to become healthier and live a better life when they're just going right back to the same place that they were?

TONY INCE: I will suggest to you that from where I sit, you can reach out and I'll try to be a resource, to be that additional person who directs people to you. I can give you my card. I think MLA offices might be a good place also for us to begin to help you connect those dots. That's all I'll say.

THE CHAIR: MLA Burrill.

GARY BURRILL: Ms. Miller, I thought your explanation of recommendations was really clear. You were talking about the need to eliminate financial barriers of access to peer support, and then eliminate barriers that make it so complicated to be part of the program. Would it be helpful if this committee were to write Veterans Affairs Canada making those recommendations as well?

JESSICA MILLER: That would be amazing. I have, for the last couple of years, not been shouting it from the rooftops, but I do bring up those points to anyone who will listen. If you are a medically retiring veteran, or if you've retired and then you find yourself needing support, you can apply to the rehabilitation program through Veterans Affairs. That program has a guided case manager who will help you access benefits, access occupational therapists and physiotherapists.

We've been working on this for quite a while - myself and other organizations - hoping that we can get to the point where peer support is recognized as a fundamental piece to veterans' overall well-being. It should be recognized the same as any other medical appointment you go to in your rehabilitation program. I think if we could say you spent this day at the farm, for example, and you're allowed to put in that travel claim, that's a barrier that you can then eliminate. I don't see why that could be any different. That would be wonderful.

Also, I just wanted to point out that the word "tribe" is actually a word that's defined within peer support as an actual definition for those looking for like-minded individuals with lived experience. I'm not just making up a word. Tribe is actually a definition in the peer support program.

Also, like I said, I just completed the peer support training through the Growing Veterans in Washington State. It was an excellent online program delivered by an amazing

individual who served 26 years in the U.S. Air Force or Navy - not sure - but he also worked at the Pentagon. He has an incredibly large resumé of lived experience. Although I was the only Canadian - it was the first time a Canadian had taken that course - when I looked at the Canadian Mental Health Association's handbook on peer support and the curriculum from that program, they're identical.

If they're running these programs for free and allowing anyone to join, why are we making it so complicated with 50 hours of practicum with a peer support mentor? I'm not sure where you would find that in Nova Scotia right now, so it's impossible when peer support is supposed to be: How are you doing?

GARY BURRILL: I have a second question, but it's unrelated. Would you like me to go in the queue and come back later?

THE CHAIR: That's fine, you can go now.

GARY BURRILL: Thank you. I have a military families question that's not related to trauma or transition. I'm thinking about the situation in Windsor Park with child care. I represent Windsor Park. There was so much upset when people were told it's okay, it's going to be closed, you can go to the Shearwater Children's Centre. That's not a viable answer for a lot of people. I'm wondering, are you hearing - is there a path, a solution, something other than Shearwater that's going to be offered in that place? I haven't heard.

SHELLEY HOPKINS: It's a very loaded question, as you can well imagine, closing a child care facility. Shearwater was one option. We have two locations. Unfortunately - I believe they could probably speak to the issue as well - there is an early childhood educator shortage in the province. I don't think that's anything that anybody's not aware of. We operate two licensed child care centres. Interestingly enough, we're not mandated to actually provide that service under our umbrella of Military Family Services. In the core services we provide, child care is an addition to that. The shortage was the driver of the ability to operate two.

So Shearwater was an option, but we had also done the research in the local community and provided that research to all families. Actually, one of our military family navigators worked with families we had done the research on - all of the spaces that were available in the community in the radius of the Halifax area on the peninsula. Even if families were in the Sackville area and wanted to explore some options there, we had a military family navigator who worked directly with each and every family.

We provided them with what we felt was a really substantial, significant notice period. We also made sure, because we're a Military Family Resource Centre, that we didn't just close the doors of our child care facility. We wanted to really make sure that these military families were supported in that transition to secure alternate care, and we weren't going to close our doors until that happened.

Shearwater was one of a range of options that were provided. There was a fair amount of child care options in the community that were immediately available depending on age, of course, but we took all those things into consideration - the impact that it would have on military families. There was certainly access in the community. As I spoke about earlier, we're not in the business of duplicating services that already exist.

Military families are accessing child care all across the province. The military population here is around 10,000. Even if we serve 50 per cent, we're only serving less than 1 per cent in our child care centres of CAF members in HRM. We are actually extending those services, and our military family navigators will be doing some licensed child care outreach to be able to educate licensed child care centres. We do some school outreach, so we're going to adapt that model to actually reach out to licensed child care facilities in the province, and do some education and advocacy around what it is to live the military lifestyle, the unique impact that has on children, the effects of deployment on children, and those kinds of things.

We actually felt that, sure, we were providing some child care services directly, but there's an opportunity for us to do a greater education, including maybe getting into some of the ECE institutions and creating some workshops and courses around military lifestyle. If you're an ECE graduating from this province, chances are you're going to work with a military family at some point. We really want to get at the systems where we can make the most difference, as opposed to just providing the service, especially at a time when there's such a shortage of ECEs. It wasn't a problem that was going to be solved quickly.

THE CHAIR: Thank you, Ms. Hopkins. I will add that questioning will end at 3:40 p.m. I was waiting to see how the conversation went before I put the stop on. MLA Boudreau.

TREVOR BOUDREAU: Thank you again to the witnesses for some great information that we're learning here. I'm going to ask this question maybe to Ms. Hopkins, Ms. Toombs, and Ms. Miller, if you all want to chime in. You've all played the roles, or some kind of role, with supports of military families over the last little while. Have you seen any trends or changes in terms of best practices, or what has worked best for supporting families, and maybe some of the changes that have taken place over the course of your time in your role?

THE CHAIR: Ms. Hopkins.

SHELLEY HOPKINS: Yes, absolutely. The Military Family Resource Centre in Halifax has been operational for about 35 years, so there's certainly been some trends, challenges, and changes over the years. We're really an organization - non-profits in general, I would say, are pretty agile organizations. We're meant to be evolving and responsive, so over the years, different things - we are an evidence-based, so we really look at research. We attend things like CIMVHR - the Canadian Students for Military &

Veteran Family Health Research - every year to make sure we're current on what the latest things are that are impacting military families. We try to make adjustments to accommodate those.

[3:15 p.m.]

Employment - relocation affects employment every time a member is moved. It affects their spouse's employment. One of the trends that we saw around that initially when that was first started up in the late '90s - we had an employment coordinator. We noticed that spouses were really looking for jobs as a secondary income - like how to just augment. We move all the time, so we're just going to augment. The trend that we're actually seeing now is there are a lot of professionals who are spouses, and they want their careers to transition with them. So we're doing more career development, as opposed to just employment counselling support. That's one of the changes.

Basically, over the years - and this might be in other non-profits - we tended to stick to a lot of program developments and almost cookie-cutter models: we'll create this, and we'll develop this, and then people can come. We're much more of a family-centric model now where we recognize that every family has their own unique situation, and their own unique circumstance.

We've really adjusted to the navigator model. We have seven navigators now who come in and: What's happening for you, what's happening with your family? Then how do we really apply the resources on a family-centric basis, as opposed to: Here's a program, everybody sign up and everybody come, and you can all benefit.

That's probably one of the significant shifts in a global way, but certainly a lot of different things have evolved - the things that have been important. In Halifax, the most consistent thing is that this is a highly operational, deployable base here in Halifax - a lot of deployment. We are unique in that we serve all three elements of the Canadian Armed Forces. You have the Royal Canadian Navy, and then you have the Royal Canadian Air Force - we serve 12 Wing - and then also 5th Canadian Division, so we serve a segment of the Canadian Army.

One of the most consistent things, deployments have looked different. Probably one of the most evolving trends has been the virtual, the capacity to have virtual. Communications on ships look very different than they did 25 years ago when you had a delayed phone call with your spouse on the line. You had to stand in line, and you'd get your five minutes maybe in an entire deployment. Now you have Wi-Fi on ships. So even how we communicate and the partnerships we have with the command teams looks a little bit different than they did years ago, where we were the main conduit of communication. Now you can text somebody on ship - so there are a lot of changes, but all progressive.

THE CHAIR: Ms. Toombs, would you like to add on before I ask Ms. Miller?

MARA TOOMBS: I haven't been working in this field for as long as my counterpart, and certainly haven't seen as many trends pass through, but even in the short time I've been with the Military Family Resource Centre and the transition centre, the emphasis on resilience has really been a big change.

I think what I'm hearing from my colleagues - and what I see in the military families that we work with in this family-centred and trauma-informed way - is that rather than just trying to keep people operational or keep the family ready to move or deploy or deal with a crisis, we're really trying to build resilience, so that family can be healthy across the lifespan of that military career and after.

I think that the research is going in that direction. Hopefully, policies within the Canadian Armed Forces are going to go in that direction, but I think we need to be thinking about that from the family-centred perspective. It's not just a veteran perhaps who's in crisis; it's also a family system that's in crisis. What are the supports we need to put around that family so that they can be healthy and strong? Thinking in that long-term way about investing in family resilience and strength is more and more where the research is going, and where our program is going.

THE CHAIR: Ms. Miller, would you like to add on?

JESSICA MILLER: I think the trend that is now evolving is: What is a veteran? Everyone has this idea of a veteran being someone who's at Camp Hill or in a wheelchair, someone you see at Remembrance Day ceremonies. What we try to do with the Veteran Farm Project is introduce the community to what a veteran is nowadays. I'm 22-plus years in the Forces, I'm a combat veteran in Afghanistan. I'm a veteran. You wouldn't believe how many surprised faces I get when I introduce myself as the veteran and not the spouse of a veteran. It can be jarring for some people. That's why we're trying to get the point across - that veterans look very different now than they did maybe 10, 15 years ago.

The other point to that is women were allowed to integrate into the Canadian Armed Forces in 1989 in all aspects. We are just now seeing, in the last 10 years, the cohort of women who are retiring from the Forces who have been through combat. That didn't exist before. We didn't deploy on operations in a combat zone and effectively engage. Now we have all these women who are veterans and without the support services to help them.

Men have been veterans since the days when wars began. The services have been basically geared toward recovery of men and the family. As far as supporting women, we are a long way off from reaching those goals of meeting women and female veterans where they are. That's a completely different needs aspect for women than men. As a woman veteran, when you leave the Forces, there is an expectation that you're now home, so you take over the family life, the housework. All of that stuff still plays a part, but you are still maybe a veteran who's suffering from PTSD, where traditionally it has been a man suffering from PTSD and allowed to get away with certain things because of that.

I don't want this to sound gender-based, but I am coming from a place of lived experience. My lived experience is knowing that there's virtually nothing in Nova Scotia to support female veterans or the LGBTQ+ community. We have partnered with the only other female-driven organization in Canada, which is in Ottawa - Women Warriors' Healing Garden. This year coming, we're doing a virtual art therapy program for those here in Nova Scotia through virtual art therapists. It's difficult when you're only two organizations trying to support women. We need to have more understanding of that cohort of veterans, in my opinion.

THE CHAIR: Mr. Boudreau, do you have a follow-up?

TREVOR BOUDREAU: No follow-up question, but that was very insightful in terms of that perspective, Ms. Miller. I don't come from a military background, I don't have family who was in the military, but I was exposed. I lived in Petawawa for two years as my wife and I are both health professionals. We moved to the area, and it was probably one of the most eye-opening experiences in my life. It was a different culture, a different perspective. I think I was one of those people who was taken away when I'd meet someone in my office who was the same age as me and was coming in from a tour in Afghanistan.

I would say it's very important for our communities to - I don't want to say get exposed, but there's a lot of exposure that needs to happen so that more of us get to understand what's going on. I don't have a question, but if you have a comment.

JESSICA MILLER: The follow-up I just wanted to add was that's one of the pillars of our goals - to engage the community. We're heavily engaged with our local community in West Hants and basically any community that wants to come and participate. We work with the West Hants Education Centre. We have given a home, two acres on the farm, to the 106 Windsor Regional Royal Canadian Air Cadet Squadron because we veterans are people - the communities are people. The more that we integrate together seamlessly without dividing us with a title - injured veteran, PTSD, whatever it might be - the more that you become part of that community that you didn't know anything about before.

When you join at 18 and leave when you're 40, it's a different world out there. Engaging with the community is so important to feel like you belong where you are now.

THE CHAIR: MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: I have to say that when I came in on the last minute and not really fully engaged in the briefing note - and I apologize for not realizing I'm your MLA and we've met. In fact, I grew up six houses down at the bottom of Wentworth Road, up on the hill where the house is missing. We need to chat offline a little bit about some of this stuff, but I do remember visiting there during the campaign and seeing the work that was being done at that point.

My question is: What do you envision if possibilities are endless? What do you envision for the future of the farm and what you're doing might look like?

JESSICA MILLER: Don't offer the world, because I will shoot for the stars. What I hope to see and what I want for the future is not to have a program like this, ideally. In the meantime, we know that's not realistic.

We are recognized through Veterans Affairs Canada, I would just like to add. We are in receipt of the Veterans Affairs Family Well-Being Fund. We were just one of three organizations in Nova Scotia receiving it last year. However, that funding is for operational costs only. As far as running programs and finding qualified people to teach or guide people in a workshop takes time and effort. I do have an executive manager at the farm. She's amazing, but she only has so much time in the day. I only have so much time in the day.

Access to funding to employ someone who could help be a liaison between different provincial organizations - federally, locally in the community - would be amazing. I would love to employ a female veteran to do such a task, because I can't keep up. Also, my hope and my goal for the Veteran Farm Project is to grow in such a way that I can eventually turn this over to others and say, I've given you the guidance on how to run this - it's now up to you. I don't want this to be my whole life, but just to keep moving forward - always challenging, always striving for more, always trying to help more and engage with the community more.

All of that's important. I always tell people when you park in the driveway, everything stays behind. You are now just Melissa or Larry. You don't have a title behind you because we're all on the same common ground. We're just people. People have really appreciated that. Too often as a veteran, you are constantly being told that you will go to this appointment, then you will go to that appointment, and this is your label, and this is how you now operate through Veterans Affairs. Sometimes people just need to take a breath, enjoy themselves and get some dirt therapy.

I think I would be open to many possibilities for the future. We have a few veterans who stay in the farmhouse because they don't want to drive far. Being able to run five-day intensive workshops with a social worker on site would be amazing. We need formal support services. Ideally, that's what I would love to see. I could go on forever. There are so many possibilities. As cliché as it might sound, it's just growing and growing each year.

THE CHAIR: MLA Sheehy-Richard, do you have a follow-up question?

MELISSA SHEEHY-RICHARD: I don't really have a follow-up question. I just want to thank you again for the incredible work you're doing. I'll reach out in the new year.

THE CHAIR: MLA Maguire.

BRENDAN MAGUIRE: Thank you all for being here today. I appreciate those who serve for their service, and those who help for their help. I guess I had a whole bunch of questions, but then Ms. Miller said something that kind of took my brain down a different direction. I guess what I want to ask you is: What are we missing? When you were saying about male versus female veterans - I don't know, I just kind of never looked at it this way. Maybe it's because I'm a man, but I never looked at it that way. Then when you started saying that, yes.

[3:30 p.m.]

What does the system need? What do you, the stakeholders, need where you think that veterans coming out of the military - the female veterans in particular have an even playing field with the male veterans? Because obviously they're not. Obviously, coming out - whether it's blatant or not - they're expected to process things a little bit differently. They're probably expected to cope a little better, right? What do you think needs to happen to have an even, level playing field for all veterans?

JESSICA MILLER: That is a good question. You were speaking with Gus Cameron. I do know Gus.

BRENDAN MAGUIRE: He tells me lots.

JESSICA MILLER: Yes. I just wanted to point out that that group is just one group of many who are in the province or nationally to support veterans. However, an organization like that one can be quite intimidating, overwhelming, and scary. It's all men with motorcycle vests. It is not an approachable, safe environment.

What do we need? We need to understand that many women come from or leave the Forces, and they have institutional betrayal issues. They have been harmed by the Forces in many a different manner, whether it be military sexual trauma, or harassment and abuse. I think if we could find a way to recognize that these injuries are just as significant to that individual female as it is a combat wound from being on deployment overseas.

The OSISS clinic is the only peer-support recognized organization in Nova Scotia or nationally through Veterans Affairs. This means that if you are a veteran seeking help, Veterans Affairs is going to point you in the direction of the OSISS clinic. Well, if the OSISS clinic is not accepting anyone who reveals that they lived through military sexual trauma, and then they get sent to the Avalon Centre or somewhere else, how are we then supporting them? But a man - or woman, but let's say man - with combat wounds can go to the OSISS Centre and receive care almost immediately.

It's about recognizing that those institutional betrayals, those traumas that are inflicted - and I'm going to say mainly on women and in the LGBTQ+ community - are just as significant as trauma from a deployment combat. I think once we recognize that women

do have different lived experiences from the Forces, we can then begin to create programs and plans in order to support women.

Like I said, you can't go anywhere - I've engaged with Soldier On, for example, and asked them the question about why we can't have a just female Soldier On Program. Soldier On is a national program. It hosts activities through the community. The response that I got from Soldier On was that it wasn't fair to the men. That was the response I had. So I asked them, if I wanted to do my three-part growing series - which I'm doing with the MFRC - and only wanted it to be opened up to women to make it a safe environment for women to ask questions and feel comfortable, that was a no. The no was because we can't discriminate against men.

I think realizing that there are differences - and there are different needs for men and women, both separately and together - then we can start to find the healing process. But until then, women are fighting an uphill battle every day to be recognized for their traumas and experience. It was disheartening to see Justice Arbour's report not recognizing peer support - what we're supposed to be discussing today - as a way of helping survivors of military sexual trauma. It would go a long way to have individuals with lived experience supporting other men or women.

BRENDAN MAGUIRE: I have a follow-up, but I also have a comment. For anyone in a position of leadership to say that's not fair to the men should not be in that position of leadership. It doesn't matter what they're in. For someone to say that women and those in the LBGTQI community who have experienced sexual trauma - and if someone wants to set up a support system for them - that it's not fair to the men, I think it's time for them to vacate their position. I'll tell you, I've had breakfast with Gus and that group, and it's intimidating for me to walk into that group, so I can understand that fully.

Are you telling me that for women and for people who are part of the LBGTQI community - is there anything specifically set up for them for sexual trauma? Are you kidding me that there's nothing?

JESSICA MILLER: If you want to read a very interesting document, "Peer Support for Veterans Who Have Experienced Military Sexual Trauma," dated June 2021, through the Office of the Veterans Ombud, this document here outlines the significance of military sexual trauma. It recognizes the harm that causes, but in their conclusion, there is no conclusion that gives any sort of guidance or possible strategies to combat the situation. The conclusion just reads: Members who face military sexual trauma just need to go to the civilian community. That's exactly what it says in here. This is the latest report from those who study this, and that's their only response.

How can we even begin to move forward if the response is: go to that civilian clinic over there that has a two-year wait-list and has no understanding of the military culture and how that institution works?

THE CHAIR: MLA Lachance.

LISA LACHANCE: I was going to ask some questions, but I feel like the conversation has turned that way anyway. I know we only have about three minutes left. What I was going to ask about was the different experiences of veterans whom you know are struggling financially or with homelessness who are women and who are members of the 2SLGBTQ+ community. You started to talk a little bit about that differential impact, and I would welcome your input too, but is there anything else you would like to add or anything specific that you can say about the experience of homelessness for different types of veterans?

JESSICA MILLER: I specifically can't add to the homeless situation. However, I can add from participants - again, I can't add any information for the LGBTQ+ community. But from women veterans who have engaged with the farm, if you were found to be fully disabled through Veterans Affairs, but you were released, say, at the rank of private-trained or corporal, you are now stuck with an income of a private for the remainder of your time until you're 65, when it drops down to 70 per cent.

In most cases, that is not enough to live on, especially if you're a single person. The approximate take-home pay for that individual is about \$2,500 to \$2,700 per month. That's it. That's all. Yes, they have access to medical, health, and other benefits - although dental is not included, because if you served less than 10 years in the Forces, you have no access to dental care. I have seen women who have come to the farm struggling because they are essentially living in poverty because of the cap that they're put at because of their time in the Forces - and they cannot find gainful employment because their PTSD does not allow them to engage in the general public.

I have sent a lot of women home with food from the farm, because I know that accessing fresh produce and other items is not necessarily on the top of their list when they're paying \$1,700 a month in rent.

THE CHAIR: Ms. Toombs. We only have 20 seconds.

MARA TOOMBS: I would say that this comes down to the same thing that's being experienced in the province as a whole for a lot of low-income families. I just think it's very poignant, definitely for women veterans. Often they're the ones who are accountable for supporting their families. There's an additional burden in terms of trying to create a situation for a family that is sustainable and safe.

I think it's the same conversation that's everywhere about low-income housing. We just need low- and medium-income housing, and having some kind of stream of prioritizing female veterans or veterans like LGBTQIA veterans would be extremely beneficial, because we know they experience additional barriers.

Then there's also just wanting to acknowledge people's service and it's like what we've done. It's the cost that people are paying for us. The idea that people would be close to homelessness or experiencing homelessness is really shameful for us as a society, I'd say.

THE CHAIR: Does anyone have closing remarks? I thank all of you for coming. It was very informative. We truly appreciate your time and your energy, and the work that you do. We appreciate you. You are now free to leave. Merry Christmas, Happy New Year, Happy Holidays.

We'll have a five-minute recess.

[3:42 p.m. The committee recessed.]

[3:45 p.m. The committee reconvened.]

THE CHAIR: Order. Is there any committee business? MLA Burrill.

GARY BURRILL: I would like to move that the committee write to the Minister of Veterans Affairs Canada, calling for a reduction of financial barriers to accessing peer support services and for improvement of training accessibility for peer supporters, with the detail of the body of the letter to be drawn from the presentation given at the meeting this afternoon.

THE CHAIR: Is there any more discussion on the matter? MLA Boudreau.

TREVOR BOUDREAU: We probably have on record what was in her notes, but if we could get a copy of that to make sure we outline the three points to her discussions. One was the financial barrier, but there were a number of other ones as well.

THE CHAIR: Ms. Miller's opening remark was distributed to the committee.

GARY BURRILL: The motion just concerns the first two of her three recommendations. It seems to me that there's a precision about the first two that wasn't really the case with the third. It was a broader thing. The first two lend themselves more to a letter from the committee.

THE CHAIR: If there's no more discussion, I would ask for a vote.

All those in favour? Contrary minded? Thank you.

The motion is carried.

There is no other committee business, but the next meeting will be held January 17, 2023. The topic is Overview: Last Post Fund. The committee is adjourned.

[The committee adjourned at 3:47 p.m.]