

May 31, 2026

Dr. Michael Prince, Dean  
Human and Social Development  
University of Victoria  
via e-mail: [mprince@uvic.ca](mailto:mprince@uvic.ca)

Dr. Prince,

I am pleased to submit the attached 2026 Annual Progress Report on the Human Rights Remedy on behalf of the Province of Nova Scotia, covering the period from 1 April 2025 and 31 March 2026.

The submission consists of:

1. A narrative providing a summary overview of year 3 activities and outcomes,
2. Year 3 Compliance Table reporting on the status of each year 3 target including:
  - a. APPENDIX I – provides status reporting on year 2 targets that were not identified as being in exact compliance or sufficient progress by the Monitor and did not continue into a year 3 target;
  - b. APPENDIX II – provides status reporting on the year 2 Monitor recommendations;
  - c. APPENDIX III – Cross references all year 2 targets that were not found to be in Exact Compliance by the Monitor and identifies where their status is reported in year 3.
3. Appendix B Table – providing data on a variety of performance measures.
4. Supporting documents referenced in the Year 3 Compliance Table. Please note that supporting documents 233-266 were submitted with the January 2026 Interim Progress Report.

Year 3 represents an important point in the Remedy's implementation. The Province continued to advance the structural, operational and service-delivery changes needed to shift disability support toward approaches that are individualized, rights-based and grounded in community.

This report, along with its summary tables and supporting documentation, demonstrates progress across all of the Remedy's Year 3 targets.

Importantly, Year 3 reflects a transition – from system design to implementation in practice. Increasingly, the work is being shaped not only by policy and structure, but by partnership, engagement, and the lived experience of Nova Scotians with disabilities.

More than halfway through the Remedy's timeline, there is a growing sense that the foundation has been laid. The work ahead is both detailed and more personal – supporting people to move, to plan, and to build lives in community with the right supports in place.

Taken together, this progress shows a system beginning to take shape in real and practical

ways. As we move forward - now closer to the outcome than the starting point - the work is shifting from intention to action, with those changes increasingly being felt in people's everyday lives.

The pages that follow provide a fuller picture of that progress, along with the areas where continued focus and effort will be needed as the work carries on.

Sincerely,

Maria Medioli  
Executive Director, Disability Support Program  
Opportunities and Social Development

## **Nova Scotia Human Rights Remedy – Year 3 Annual Progress Report – May 2026**

This year's Annual Progress Report provides an overview of the Province's work to transform disability support in Nova Scotia during Year 3 of the Human Rights Remedy.

Year 3 was marked not only by progress on core areas of the Remedy, but by deeper collaboration with the Disability Rights Coalition, stronger first voice involvement in design and evaluation, and a growing number of practical examples that demonstrate what transformation really looks like in people's everyday lives.

This report reflects Nova Scotia's all-of-government approach to advancing the Remedy. It also shows the importance of collaboration with service providers, advocacy organizations, community-based partners, and – of course – Nova Scotians with disabilities, their families and support networks, and the communities we call home. These partnerships have been the driving force behind our progress in Years 1 and 2, and that is true again in Year 3.

While the reporting period captures continued operational progress in planning, service design, workforce development, and community-based support, it also reflects a broader shift in how the work is being carried out: through collaboration, engagement, and grounded in the lived realities of Nova Scotians with disabilities – past, present, and future.

### **Remedying discrimination against Nova Scotians with disabilities**

Our work to remedy discrimination is focused on advancing six key directions that together support a shift toward a more individualized, rights-based, and community-driven supports.

The following highlights from Year 3 illustrate how progress is taking shape across each of these areas. While not exhaustive, these examples demonstrate how the Remedy is being implemented in practice.

#### **1. Individualized planning and support coordination**

*A new system to drive more person-directed planning with a focus on community-based services*

- Implementing Local Area Coordination (LAC), Intensive Planning and Support Coordination (IPSC), and new intake and navigation functions to replace legacy pathways;
- Using the DSP Connector to route new applicants directly to planning and support coordination;
- Expanding access to individualized funding and related supports so planning can begin with a person's goals, relationships, and preferred way of living;

- Arming LACs and IPSCs with a range funding options to support flexible, person-directed responses and community inclusion opportunities;
- Developing supported decision-making resources, tools, and training to strengthen autonomy, self-determination, and informed choice;
- Introducing programs such as School Leavers to begin planning earlier and build pathways shaped by the person’s interests, aspirations, and strengths;
- Building training and cultural change supports for staff so individualized planning is understood as a rights-based practice rather than a service placement exercise;
- Supporting peer supported planning design and engagement so people with lived experience can help others plan in ways that reflect real goals and ordinary life.
- Providing a structured practice support model including mentorship programs connecting Subject Matter Experts with LAC/IPSC team leads;
- Undertaking external fidelity reviews of LAC/IPSC practice frameworks underway to ensure consistency with rights-based planning approaches;

## 2. Closing institutions

*A defined timeline and increased supports to facilitate the closure of institutions*

- As of 31 March, occupancy in RCFs, ARCs, and RRCs had decreased by 301 individuals (35% over baseline), with IPSCs working with 268 individuals on transition planning; with 65% of individuals living in RCFs, ARCs, and RRCs have either transitioned to community or are in active transition planning;
- Closure of Harbour Glen and transition of all former residents to community;
- Defined transition staging model in place guiding individualized moves to community;
- Formal “no new admissions” policy implemented across all DSP-funded congregate settings, including Group Homes and Developmental Residences (effective January 2026);
- Policy alignment with long-term care system to prevent new admissions of younger persons due to lack of community supports;
- Expansion of transition planning capacity through recruitment of sufficient IPSCs to support full institutional closure by Year 5 (based on modelling);

**Early signals of change in everyday life include:**

- A participant with a history of severe anxiety and trauma experiencing significant improvements in wellbeing after moving to an apartment, including no longer requiring prescription medication to access community. People who know them say they are

different person;

- A person selecting furniture for the first time and experiencing joy and autonomy in making choices about their home;
- A participant gradually becoming comfortable making everyday decisions, even something as simple as independently pouring a glass of milk;
- A participant who had been planning her move for many months spoke with pride about settling into her new apartment, highlighting simple but meaningful aspects of daily life – including having her own in-suite washer and dryer;
- After transitioning to her own home, one participant described making her own breakfast and taking her morning medication independently for the first time;

These examples reflect the deeper impact of institutional closure - supporting dignity, autonomy, and ordinary life.

### **3. Community-based supports and services**

*A broader system of community-based supports that enable a home and life in the local community*

- Launch of HomeShare as a new supported living option, alongside a province-wide campaign to recruit providers;
- Introduction of School Leavers program providing a more holistic approach to transition planning for young adults with disabilities preparing to leave high school;
- Supporting 48 service provider-led projects through more than \$2 million in Service Evolution Fund investments;
- Providing access to community-based supports such as Community Living Facilitators, allied health supports, and crisis prevention resources;
- Supporting younger people in long-term care through planning and policy changes to prevent admission due to lack of community supports;
- Creating alternative response pathways for individuals with urgent or complex needs, including hospital transitions and crisis response supports;
- Strengthening prioritization and transition supports for individuals in crisis, hospital, or at risk of homelessness;

## 4. Regional hubs and multidisciplinary support

*Province-wide multidisciplinary support program with regional hubs, including clinical and mental health supports*

- Advancing multidisciplinary outreach models, including the Dalhousie Community Outreach Pilot in the central region;
- Strengthening connections between health, community, and disability services to provide more coordinated and preventative supports;
- Expanding regional capacity to support individuals in community through integrated, team-based approaches;
- Establishing interim pathways to ensure immediate access to allied health supports while teams are being fully implemented;
- Expanding mental health supports including COAST program expansion, clinician consultation, peer support models, and crisis outreach teams;

## 5. Individualized funding

*Individualized funding for all DSP participants*

- Expanding access to individualized funding so supports can be tailored to individual goals and preferences;
- Increasing the number of service providers approved to deliver individualized funding;
- Supporting participants and families to use individualized funding flexibly to build meaningful lives in community;
- Integrating individualized funding more deeply into planning processes led by LACs and IPSCs;
- Increasing by 35% (998 participants) the number of DSP participants accessing individualized funding compared to baseline;
- Transitioning legacy programs into pathways toward a unified individualized funding system;
- Procuring a new individualized funding administrative “backbone” system.

## 6. Strengthening disability system capacity

*Strengthening system capacity to enable transformation to a human rights approach*

- Expanding workforce capacity across planning, coordination, and service delivery roles;
- Strengthening training and professional development to support a shift toward rights-

based, person-directed practice;

- Embedding first voice engagement across advisory structures, training, evaluation, and implementation;
- Supporting Regional Advisory Councils and co-development approaches that bring lived experience into decision-making;
- Integrating lived experience into fidelity reviews, evaluation design, and program development;
- Working with advocacy and community partners to build leadership, inclusion, and system capacity;
- Introduction of a human rights-based microcredential for sector leaders and service providers, co-designed with first voice;
- Ongoing work of the Executive Deputy Ministers' Roundtable providing whole-of-government oversight, accountability, and risk management for Remedy implementation;
- Establishing an external evaluation infrastructure, including Evaluation Advisory Committee and quality-of-life research for participants;

## **Featured highlights**

### **HomeShare**

HomeShare became one of the clearest signs in Year 3 that the system is beginning to create new ways for people to live ordinary lives in community. When HomeShare launched in January 2026, it introduced more than a new service option; it opened the door to a different idea of support—one grounded in home, relationship, and belonging rather than placement and programs.

Over the course of the year, that idea began to take practical shape. Public awareness efforts were launched to attract potential host families, ten regional coordinating organizations were approved, HomeShare Coordinators were put in place across the province, and provider applications, screening, and home study processes got underway.

At the same time, the program was built carefully and deliberately, drawing on lessons from other jurisdictions and placing strong safeguards at the centre, including regular monitoring, participant choice, and ongoing connection with family, personal networks, and community life.

What makes HomeShare significant in Year 3 is not simply that it was launched, but that it was launched with intention. It represents a shift away from congregate models and toward a more personal, rights-based way of thinking about home—one that begins with the possibility that people can live with greater choice, connection, and belonging in the communities they call their own.

## **Dalhousie Allied Health Outreach Service**

The Dalhousie Allied Health Outreach Service reflects a growing shift toward bringing supports closer to where people live, and strengthening the connection between health, community, and disability services. Developed in partnership with Dalhousie University, the service introduces a multidisciplinary outreach team in the central region, one of four teams being established across the province.

These teams are designed to complement existing community supports by providing access to allied health services such as occupational therapy, physiotherapy, speech-language pathology, social work, and other specialized supports. Their role is both practical and preventative: helping individuals build skills, maintain well-being, and navigate challenges in ways that support greater independence and stability in community.

What makes this initiative significant in Year 3 is not only the expansion of services, but the model itself. By pairing service delivery with clinical education and training, the partnership creates new opportunities for students and future professionals to learn within community-based, rights-focused environments. In doing so, it helps build a workforce that is better equipped to support people with disabilities in ways that are coordinated, inclusive, and grounded in dignity.

As this model develops, it represents an important step toward a more integrated and responsive system - one that improves access to supports today while strengthening capacity for the future.

## **School Leavers**

The School Leavers Program tells an important story about what becomes possible when transition planning starts earlier and is built around strengths, interests, goals, and dreams. For too long, leaving high school could mean stepping into uncertainty for students with disabilities and their families, often without a clear pathway into adulthood. The School Leavers Program was designed to change that.

Through School Leavers, students are connected with a Local Area Coordinator who works alongside the young person, their family, and school-based planning team to build a transition plan to early adulthood. Those plans can include employment, volunteering, further education, recreation, social participation, housing, and other community-based opportunities.

In Year 3, the program supported 101 school leavers supported across the province, including designated spaces for Indigenous/Mi'kmaw and African Nova Scotian/Black students, and supports available in both English and French. Planning for the next cohort has also been

completed.

But the significance of the program goes beyond meeting a target. Its deeper success lies in changing the timing and tone of transition—moving the system away from crisis response and toward earlier, more individualized planning that helps young people enter adulthood with stronger connections, clearer pathways, and a greater sense of possibility.

### **First Voice Engagement**

Throughout Year 3, first voice engagement was not something happening at the margins of implementation; it was woven into the work itself. Across the year, people with lived experience and families showed up in rooms where key decisions were being shaped and helped move the Remedy from intention into practice.

Their perspectives informed how Regional Advisory Councils took shape, how staff training was delivered, how supported decision-making resources were developed, how evaluation was designed, and how emerging work such as School Leavers, peer supported planning, disability outreach, mental health peer support, and individualized funding evolved. In this way, engagement became less about asking for feedback after decisions were made and more about building programs, tools, and approaches together.

That shift matters. It means the work is being tested against real experience as it develops. It means language is becoming more inclusive, planning processes more grounded, and implementation choices more responsive to what people and families actually need. It is about culture change as much as consultation: a gradual but visible move toward shared accountability, where lived experience is helping shape not only what is delivered, but how the system learns, adapts, and improves over the long term.

### **Harbour Glen Closure**

The closure of Harbour Glen in January 2026 was a milestone not only for the Remedy, but for the ten former residents who moved into their communities of choice with individualized supports shaped around their goals, needs, and preferences.

What stands out in this transition is not only the milestone itself, but what it meant in everyday life. For one participant, months of planning led to a move into a new apartment that she described with pride, especially the simple pleasure of having her own in-suite washer and dryer. For another, the first days in her new home brought a moment that captured the significance of the change: after months of planning focused on her strengths, goals, and readiness for independence, she was able to make her own breakfast and take her morning medication independently for the first time.

These are small moments on the surface, but they tell a larger story about dignity, autonomy, and belonging. Harbour Glen's closure shows that system transformation is not only about

meeting institutional closure targets; it is about supporting people to experience ordinary, self-directed lives in homes and communities that reflect who they are and how they want to live.

## **Challenges**

This work has not happened in the absence of challenges. At this stage of implementation, the challenges we face are less about building new structures and more about sustaining meaningful transformation.

Another challenge lies in the mindset shift required across the system. Moving from legacy approaches towards rights-based, individualized, and community-centred practices does not happen overnight and requires more than policy change - it requires ongoing learning, reinforcement, and leadership at every level.

As implementation becomes more operational and embedded in day-to-day practice, we are also beginning to see the natural pressure that comes with change. Sustained change management, communication, and support remain essential to maintaining momentum and ensuring staff, partners, and communities move forward together.

## **The legacy of the Remedy**

The Human Rights Remedy exists because of the lived experiences of Nova Scotians - Beth MacLean, Sheila Livingstone, and Joseph Delaney - who challenged a system that did not meet their rights, and who fought for something fundamentally simple: the opportunity to live a good life in community.

Their stories continue to anchor this work.

They remind us that this transformation is not about systems alone - it is about people, dignity, autonomy, and belonging. It is about ensuring that others do not face the same barriers, and that future generations experience something fundamentally different.

The work ahead remains complex, but the direction is clear.

We are building a system that better reflects the rights, choices, and lived realities of Nova Scotians with disabilities. That work carries both responsibility and urgency. It asks us to stay focused not only on *what* we are changing, but on *who* we are changing it for - and why it matters.

The progress we report here is meaningful, but it is not the end of the work. What matters most is that this work continues, steadily and deliberately, until the kind of lives envisioned through the Remedy are not the exception, but the expectation.