Support and Protect

October 8, 2020
I. Introduction

The mandate of the Protect and Support cluster is to assess the government’s responses to the recent events and recommend new ways for the provincial government to better protect and support Nova Scotians. Through group discussions and consultations, we identified six core issues:

1. Access to resources and safe spaces during crisis;
2. Access to online communication and technological resources;
3. Police and incarceration;
4. Dysfunctional regulatory bodies and court systems;
5. The trifecta of support: housing, income assistance, and access to healthcare;
6. Childcare and child protection.

The discussions highlighted barriers to innovative and sustainable solutions in the six areas and their disproportionate impact on marginalized individuals: people who are homeless, people living in poverty, people with mental disabilities or mental health problems, people who are elderly, people who are incarcerated, people in long-term care and other congregate residential living facilities, women, trans/nonbinary, Indigenous and Black persons and communities, youth, and people who are experiencing violence.
II. Nova Scotia’s Response to Crises & Pre-existing Challenges

1. Access to resources and safe spaces during a crisis

Provincial government policy failed to address the ways that marginalized groups may be disproportionately burdened or prevented from equitably sharing in benefits:

a) Lack of childcare during the pandemic has a particularly negative effect on women and primary caretakers who are required to work, care for dependents and school their children. This is especially challenging for African Nova Scotians as this group is disproportionately affected by lack of childcare and, thus, employment opportunities.¹ Nova Scotia is the only province that did not implement emergency childcare for essential workers.

b) The provincial response to the pandemic, the mass shooting and the protests against police brutality failed to consider how different people would experience individual and collective trauma. For example, in the days following the mass shooting, the government did not pause the COVID-19 Research Fund application. People affected by domestic violence, who may have


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been especially triggered by the event, were not allowed time to process their feelings lest they risk losing the chance of funding.

c) Safe spaces closed in response to the pandemic, which meant people in danger, particularly those experiencing domestic violence and marginalized youth, were left with few options to protect themselves. Many people with intellectual and developmental disabilities, and/or mental illness, were isolated. This resulted in many falling into crisis despite the best efforts of groups such as Club Inclusion, which provided online support to youth and adults with different abilities and challenges. Organizations like the Boys and Girls Club, Pathways to Education, the library, day programming for persons with disabilities, and places that engage most frequently with vulnerable people were closed, leaving few alternatives. Community organizations such as Pathways to Education, despite their best efforts, lost contact with their participants and lost the ability to identify not only who needed support, but in which areas.

d) The urban Indigenous population has been disproportionately impacted by the pandemic. Despite significant legwork by organizations such as the Mi’kmaw Friendship Centre in Halifax, including the writing of over 40 funding proposals, the resources they were provided with did not come close to matching the needs of the community. Access and cost of personal protective equipment (PPE), cleaning supplies, re-opening, food and housing were among the many expenses. The funding of Indigenous organizations encountered the familiar provincial versus federal debate on responsibility, with the province contributing very little. Indigenous support workers and organizations were stretched during the lockdown their responsibilities extending to securing funds, distributing resources, meeting the needs of their clients on the ground, and writing reports to account for the little funding received. Based on discussions with various community support groups, it became apparent that Indigenous organizations received significantly less funding from governments than other organizations. While many noted that they received resources and funds but had a hard time identifying need, the Mì’kmaw Friendship Centre noted that they had to support more individuals than usual, yet did not have adequate funding to do so. It also appeared that Indigenous groups faced increased bureaucratic barriers. That non-Indigenous people decided which needs of Indigenous people “deserve” to be funded contributed to the inadequate resource allocation. There was significant dissatisfaction and a sense of unfairness related to the fact that Indigenous organizations were not able to decide how to distribute the funding based on the needs of the community they work with and know best. This is a typical colonial response to Indigenous groups’ needs and it is deeply incompatible with the goals of the Truth and Reconciliation Commission’s Report and its recommendations.²

e) The importance of deconstructing the silo-ing of services in favour of wrap-around services has become obvious during the pandemic. Silo-ing has contributed to a division of resources and has been a barrier to finding innovative solutions for complex issues. Even in cases where resource availability was not an issue, a lack of communication and collaboration between organizations administering those resources (including at the highest government/departmental levels) led to logistical challenges in resource allocation.

Positive responses to the pandemic:

In response to the pandemic, some innovative responses broke down silos. For instance, community organizations that normally do not work together, namely John Howard Society, Elizabeth Fry and Coverdale, came together with a housing project (JEC), funded by the federal government, for the people released from provincial jail as a proactive measure to reduce the risk of COVID-19 transmission. Hotel rooms were made available and the organizations staffed the hotel, created plans for and housed, fed and supported 33 people throughout the first wave of the pandemic. Not one of these people has reoffended. Projects like these bring interdisciplinary teams together to work on innovative solutions. Unfortunately, the provincial government did not provide funding and the federal funding ran out at the end of June, despite the three organizations’ efforts to achieve an extension. Failure to support this work constitutes a failure of the provincial government to invest in public health and public safety.

2. **Access to online communication and technological resources**

a) Throughout the pandemic, most public information has been presented online without consideration for those who do not have access to online resources, have very low online literacy skills or do not read English. These updates reproduced ableism as they did not include sign language, plain language or other disability-accessible forms.

b) Children and youth were expected to learn from home, with the assumption that they had the technology, internet access and cognitive and social capacities needed to interact online. This plan alienated those groups least likely to have access to these things and essentially determined who gets to continue learning. African Nova Scotian youth already face systemic barriers to attaining education and these may have been heightened during this pandemic. Indigenous students lost access to their school-based advisors, which heightened pre-existing systemic barriers to education. There are concerns about the supports made available for students with disabilities and the success of their implementation. Students who do not speak English were neglected in the provincial education plan during the first wave of the pandemic. Community organizations we consulted said that for students who have recently immigrated or are refugees, English support services were cut off and their parents could not help them at home. The Province’s failure to provide universal access to education violates Canada’s obligations under the United Nations Convention on the Rights of the Child (UNCRC).

3. **Police and Incarceration**

The public tends to respond to most troublesome situations by calling the police, which has created a cycle of over-reliance and over-policing. Its negative consequences have never been more obvious than during the crises that hit Nova Scotia in 2020:

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4 African Nova Scotian Youth Lab, *supra* note 1 at 23.

a) Police are often asked to respond to health and social crises, which endangers lives and further stigmatizes racialized people and those with mental illnesses, intellectual disabilities and addictions. During the first wave of the pandemic, many individuals were ticketed for not complying with public health regulations even though they could not do so due to mental health problems, homelessness, etc. Thus, policing disproportionately impacted those who were already feeling increased health and financial consequences and the strain of the pandemic.6

b) A vast amount of money is invested in firearms training for police and funding for officers to respond to health and other issues that they are not adequately positioned to address. This budget should be re-invested in training for community first-responders in libraries, schools, hospitals and other settings, and should include training in de-escalation, cultural sensitivity and appropriate mental health responses.

c) Some Indigenous communities have been struggling with having their emergency band orders enforced. This is a longstanding issue but has become more visible during the public health crisis. These communities are policed by the RCMP, who do not see themselves as responsible for enforcing community-specific by-laws. Public Safety Canada asserts that it is either the band’s responsibility or the responsibility of the province, yet it is the RCMP that has jurisdiction in these communities. This makes it difficult to enforce any by-laws. During COVID-19, Public Safety Canada said the RCMP would enforce public health by-laws. However, enforcement was limited, which concerned the Indigenous experts we consulted.

Some positive responses have arisen from the pandemic:

a) Community organizations including Coverdale report that police have called them for help to find shelter for individuals with mental health issues rather than take them to jail. This is unprecedented; usually, police would arrest and detain these individuals.

b) For decades, the significant depopulation of prisons has been seen as unrealistic. Faced with a public health crisis, the Department of Justice worked with community advocates and courts to release individuals, reducing the prison population by half. The immediate result was that during the first pandemic wave, only one provincially incarcerated person tested positive for COVID-19. In comparison, jurisdictions that did not engage in meaningful decarceration, like the federal correctional system, encountered rates of infection 13 times higher than the community.7

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4. Dysfunctional regulatory bodies and court systems

Professional regulations preserve the silo approach discussed above, which is often counterintuitive. There are currently “unprofessional” professional regulations in place, which are non-holistic:

a) Justice and Healthcare functions are completely separated in correctional settings. This creates a lack of communication and competition for funding, which is already limited.

b) Lawyers must operate outside their “silos” to be effective. Lawyers must know the social supports available, for example, to help clients with bail and keep them out of remand. Lawyers should be required to learn outside of their scope of practice.

The state of professional regulation in Nova Scotia can be summarized as the absence of two concepts—"professional” and “independent.” Our model of “self-governance/self-regulation” demonstrates that the focus of most regulation continues to be on the “regulated professional” rather than the “public served.”

There is a lack of standards for what professional regulators do. Generally, they are run by “members of the profession” who have no training in regulation (or credentials) and, though well-intentioned, are woefully incapable of adequately addressing the broad issues professional regulation should address. They operate to enforce “rules,” not to assess the “risk of harm” created by poor professional conduct. If “regulators” took a risk-focused approach, they would deal with the context in which professional services are delivered and not focus primarily on the situation of individual practitioners. The current model results in an approach to regulation that dwells on the punishment of poor behaviour, rather than the circumstances that allow it to happen. Statistics on these ideas are difficult to obtain—which is another issue—but experts suggest that less than 4% of professionals are truly problematic. Most people want to do their work well and professionally, but often life circumstances get in the way.

A lack of flexible professional regulation in Nova Scotia has prevented well-meaning people from doing their jobs properly. Delivering community support often involves intersections between social and clinical services. For instance, case workers are unable to combine information from their clients’ social and clinical files due to confidentiality requirements. While respecting patient and client privilege, there must be a balance when both services are working toward one goal with individual clients. The intention of privacy legislation is to protect people; in this case, the insistence on patient-client privilege harms them.

There were some positive regulation-related changes during the first wave of the pandemic:

a) Extensions were made to the healthcare system, such as telephone appointments and faxable prescriptions. Healthcare professionals were allowed to practice in other provinces to respond to need and were also allowed to fill roles that their regulators previously prohibited. The success of tele-health in enhancing access, especially among socially marginalized populations who may have mobility restraints, is an example of the benefits of adopting a flexible approach to
professional regulation that is based on circumstance and need. Planning for access among people with sensory, intellectual, or other disabilities, and those with poverty-related or other restrictions on access to communications devices is key.

b) The first wave forced an easing of the regulations around how people conduct their business, and the increased flexibility allowed for innovative solutions. This flexibility allowed businesses to extend services to offer online ordering, customers to take out alcohol from a restaurant, etc. This is convenient for consumers, especially those in remote locations, and is beneficial to businesses, especially local businesses.

c) The court systems shut down for public health reasons and refused to hear matters that were not classified as urgent by the judiciary. Numerous criminal trials have been indefinitely postponed. While early release and bail processes went ahead, impacts on criminalized individuals who are overwhelmingly Black, Indigenous or have mental illnesses were still disproportionate. However, collaboration and learning by the Court, corrections, medical practitioners and lawyers shows that the disproportionate effects on these populations could be prevented with a more specific response that focuses on those most impacted.

5. The trifecta of support: housing, income assistance and access to healthcare

Housing, income assistance and healthcare intersect. The pandemic has exacerbated this trifecta of needs for marginalized people:

a) The ban on evictions for those affected by COVID-19 did not extend to people who were facing financial instability before the pandemic and whose hardship, while heightened during the pandemic, was not directly created by it. This led to a situation where people could be evicted and become homeless during a global pandemic. Over 70% of working-age persons with disabilities living alone live below the poverty line (versus 23% of working-age Canadian without disabilities who live alone). Racialized and Indigenous communities are grossly overrepresented among the poor. Those whose employment, housing and income have faced the greatest pressure during the pandemic fall into these or other already-marginalized groups.

A positive development, however, is that increased funding for organizations (such as Mi’kmaw Friendship Centre, Coverdale, Elizabeth Fry, John Howard Society) that help marginalized individuals, in particular formerly incarcerated or Indigenous People, with housing needs has demonstrated promising returns (i.e. it prevented individuals being returned to prison on account of breaching conditions of confinement).

b) The federal government’s response in implementing the Canada Emergency Response Benefit (CERB) without hurdles shows that improved access to social assistance is possible without the bureaucracy and challenges that often characterize applications for such supports (lengthy paperwork and documentation needed, long waiting times etc.).

However, provincial income assistance remains inadequate. During the first wave it was topped up only once. The government failed to consider that, despite not losing their jobs during the pandemic, those on income assistance may have lost other sources of support and faced heightened challenges due to the crisis. In addition, people released from prison face challenges in accessing income assistance. They are not eligible to apply while in prison. Once released, and paperwork is submitted, they must wait at least 2 weeks for the money. For weeks they are left without support, which puts them at higher risk of survival crime, violence, homelessness and overdose. While this issue preceded the pandemic, it has been made obvious with nearly 200 people released in a short time span.

6. Childcare and child protection

When the province implemented homeschooling measures, it failed to consider that not every child has a stable home in which to learn, or parents who are able to teach. In many cases children and their caregivers were left with inadequate resources. For caregivers who were still working, an additional challenge was that babysitters, daycare facilities and other forms of childcare were closed or restricted.

Child protection agencies moved their proceedings to telephone appearances, suspending support and leaving parents—disproportionately marginalized women—with no access to their children. These responses fail to account for the needs of children and women, and for the long-term impact it will have on already disenfranchised families. The UNCRC stipulates the child’s right to be parented.

III. Recommendations for a Reimagined Nova Scotia

It is important that these recommendations be implemented with the principles of a just recovery in mind. The six principles are: i) “put people’s health and wellbeing first”; ii) “strengthen the social safety net and provide relief directly to people”; iii) “prioritize the needs of workers and communities”; iv) “build resilience to prevent future crises”; v) “build solidarity and equity across communities, generations and borders”; and vi) “uphold Indigenous rights and work in partnership with Indigenous peoples.”9 The government can uphold these principles through consistent, transparent and accountable policy frameworks.

1. Access to resources and safe spaces during crisis

The provincial government must:

a) Collaborate with the businesses most impacted by loss of income during the pandemic. Due to changes in technology and business models, some laid-off workers may not be rehired. Marginalized individuals will be most likely to remain unemployed. As organizations adopt

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9 “We’re Building a Movement for a Just Recovery” (2020), online: Just Recovery for All <justrecoveryforall.ca/> [https://perma.cc/8SKH-3UX8].
flexible business models, the Department of Labour and Advanced Education must be aware of and plan for the effects this may have on employment, consent and employee surveillance.

b) Ensure students who rely on meals from their schools continue to receive those meals at home.

c) Ensure accessible services are available for persons with disabilities who have lost day programming, respite services and other services essential to maintaining a basic level of individual and family well-being. The province must also ensure that safe spaces remain open and that meaningful resources remain available for individuals who face domestic violence or other types of abuse.

d) Provide meaningful funding (i.e. funding that would cover at least essential needs) to Indigenous groups, without bureaucratic barriers to access.

e) Continue to provide the support that was increased during COVID-19 into the future. For community programming to operate properly and recover from this pandemic (and to assist the recoveries of the families it supports) funding must be consistent. Crisis does not just take the form of pandemics. Families were in crisis prior to COVID-19 and could not get sufficient support.

d) Collaborate with affected populations (for instance, through non-profit organizations) when creating/implementing response measures and reallocation of funds to ensure representation and that solutions do not further marginalize.

i. Implement the Gender-based Analysis Plus (GBA+) policy review tool that is used at the federal level.\(^\text{10}\) The pandemic disproportionately affects LGBTQA2S people, Black people, those with disabilities and women. This includes youth in all of these populations. Any change or development in this area must be collaborative. Use of the GBA+ review tool supports an inclusive, intersectional approach that reflects the lived experiences of these populations in Nova Scotia.

ii. Include youth voices by:

- Designating a Provincial Child and Youth Advocate with mandates in youth research and to coordinate meaningful youth engagement in public policy

- Conducting child rights impact assessments of all provincial cabinet submissions while tracking and assessing trends. This is consistent with Canada’s international responsibilities under the UNCRC.\(^\text{11}\)

- Integrating youth services and extending connections nationally to create a joined policy commitment.


\(^\text{11}\) UNCRC, supra note 5.
iii. For education/homeschooling formatting, consult with library staff and community programmers who work with youth and the designated Child and Youth Advocate. Youth and their parents/guardians who are impacted by closures must be consulted directly.

iv. Consult with the Mi'kmaw Native Friendship Centre and other Indigenous groups before allocating resources and allow them sovereignty in decision-making with respect to how these funds will be allocated. These organizations and communities understand their needs and their intervention will allow for culturally appropriate responses.

2. Access to online communication and technological resources

The provincial government must:

a) Act on its commitment to extend internet availability in rural areas. Marginalized groups must have free access to the internet, especially in times of crisis in which most information, work and education takes place online.

b) Ensure technology is available and accessible during mass closures and beyond by providing socially marginalized youth with devices (e.g. computers, tablets).

c) Ensure that online resources and platforms are disability-friendly, use simple language and include translations to multiple languages.

3. Police and incarceration

a) The provincial government and the municipal councils must redistribute funds from policing into other social services that decrease marginalization and reduce police action.

i. Replace the “drunk tank” with a sobering centre. Shift from a criminal justice response to a social determinative response. Investment in social programming will prevent crime.

ii. Invest in training for librarians, teachers and health professionals to respond to crises.

iii. Reallocation of funds and reforms of the police force must respond to recommendations from those disproportionately affected by over-policing.

b) Successful decarceration of half the imprisoned population during COVID-19 demonstrates that the province usually over-incarcerates. With proper collaboration between authorities and community organizations, most individuals can safely be kept in the community. This practice must continue.

4. Dysfunctional regulatory bodies and court systems

a) The government should create independent and community-based oversight of policing by:
   i) Moving away from self-regulation; and
   ii) Limiting the activities of police and increasing the transparency of police activity

b) Professional regulators must assess risk of harm factors as they relate to specific professions. This approach should be circumstance-centred rather than punishment-centred.

c) Flexibility in professional responsibility experienced through COVID-19 must continue, with examples including the expansion of tele-health, flexibility with prescription refills, etc.

d) Regulatory frameworks for those working in long-term care and group home/disability institutions must ensure adequate and human rights-centred support, training and oversight.

e) The collaboration between the community, the judiciary and lawyers, which has worked to ensure expedited bail hearings, must continue post-pandemic. This collaboration should be extended to include finding solutions to ensure that marginalized individuals are not disproportionately impacted by the postponement of trials during times of crisis.

f) Courts should continue to offer virtual hearings to facilitate access for people in remote locations.

5. The trifecta of support: housing, income assistance and access to healthcare

a) A significant portion of provincial support for housing involves transferring subsidies to landlords. Thus, public money is used to increase the wealth of individuals and companies instead of communities. The provincial government must change this process so that subsidies support affordable housing and build equity in the community. This is consistent with recommendation #5 of the 2020 declaration regarding resilience in Canadian cities.

b) During the first wave of the pandemic, community organizations and government came together to advance decarceration by supporting individuals in hotels. The provincial government must provide financial support to these organizations to secure housing for released individuals. Providing community housing is fiscally responsible and furnishes the support needed for safe reintegration.

c) Housing, adequate access to income assistance and healthcare for formerly incarcerated people must continue beyond the timeframe of the pandemic.

d) Increases in social assistance can disqualify households from other essential sources of financial aid. For example, collecting CERB brought some people above the financial

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14 Canadian Press, supra note 3.
threshold to qualify for Legal Aid. The criteria of “low income” must adapt. Individuals who do not have a minimum livable wage are most susceptible to victimization. A living wage must include the ability to put money aside and the financial flexibility to leave potentially unsafe situations. The government must not increase basic minimum wage without moving other systems along with it.

e) The provincial government’s one-time top-up to social assistance was insufficient. The amount should reflect current costs of living. A permanent increase is warranted.

f) The provincial government must remove barriers to applying for social assistance faced by people experiencing incarceration and those with disabilities, a population disproportionately affected by job loss and job restrictions.

g) CERB provided a model for the implementation of a universal basic income (UBI) program. NS must implement UBI to address marginalization across the province.

h) The provincial government must launch an inquiry into the regulation and provision of long-term care due to the disproportionate illness and death from COVID-19 within that population.

Many have called for an inquiry into the outbreak at Northwood and long-term care services more generally. We recommend a review that focuses on sites of incarceration and institutionalization, such as residential care facilities, group homes, youth incarceration facilities, adult prisons, etc. The review should examine the adequacy of COVID-19 protective measures and articulate best practices and incentives to improve continuity of essential services. These include ensuring timely access to PPE and other essential resources (including information on emerging best practices); site-specific infection control guidance, training and oversight; and guidance on human rights in pandemic contexts.

i) To protect against future infectious illness in congregate living institutions, the provincial government should create a comprehensive plan to support small-scale, community-based living for adults with disabilities. Currently, this group has no option but to stay in environments with inadequate supports or move into institutionalized environments.

j) The provincial government must adequately fund and protect workers to continue supporting persons with disabilities, in the in-home-service context and in congregate environments.

6. Childcare and child protection.

a) The provincial government must collaborate with women and primary caregivers to address childcare gaps. Women are overburdened with paid work, unpaid caregiving and homeschooling.\(^\text{15}\)

b) Childcare centres are essential. The public and, more importantly, the provincial government must recognize the importance of early childhood education and childcare work.

c) Childcare must be provincially funded and accessible to all.

IV. Conclusion

It has been a tough spring and summer for Nova Scotia. The many events highlight that perhaps we are not the inclusive, kind province we pride ourselves on being and that, in many respects, we can and should do better. The pandemic has made preexisting equity gaps more glaring than ever and has shown the weakness of the siloed approach in addressing complex issues. The responses to the pandemic and mass shooting have largely been tailored to the needs of the middle class, white, male Nova Scotian, with blatant disregard for the needs of already-marginalized groups. The handling of these two events, together with the Black Lives Matter protests, illustrates not only that structural discrimination is alive and well, but also that it constitutes a significant barrier to change.

There have been some positive innovations resulting from the pandemic, which indicate just how far ahead we would be if we worked together more and thought creatively. This report aimed to bring together the failures made obvious during the last few months of crisis and the positive responses that, as a province, we should build on. The recommendations provided are intended to start the conversation for a reimagined Nova Scotia, where support and protection are consistently provided to those who need it most, so the whole community can thrive.

This report draws upon the expertise of the following individuals and groups:

Chairs:

- Dr. Adelina Iftene: Assistant Professor at the Schulich School of Law and Associate Director of the Health Law Institute at Dalhousie University; Author of *Punished for Aging: Vulnerability, Rights and Access to Justice in Canadian Penitentiaries* (UTP, 2019).

- Martha Paynter: Registered Nurse practicing in abortion and maternity care; Founder of “Women's Wellness Within,” PhD candidate and scholar at Dalhousie University.

Research Assistants:

- Allison Hearns: JD candidate ’22 at the Schulich School of Law; B.A. (Honours) in Sociology at Saint Mary’s University.

- Brock Morrison: JD candidate ’22 at Schulich School of Law; B.B.A. (Honours) in Finance and Marketing at Nipissing University.
Participants:

- Alfred Burgesson: Community Organizer; Founder of “HFX Collective”; Serves on the Boards of the Halifax Public Library and the Prime Minister’s Youth Advisory Council.
- Asa Kachan: Chief Librarian and CEO of Halifax Public Libraries.
- Darrel Pink: Lawyer, former Executive Director of the NS Barristers’ Society; Engaged in professional regulation as a senior leader for over 30 years and continues to speak to and provide training to regulators across Canada. Community work has included leadership roles in the United Way.
- Deryk Stec: Assistant Professor in the Faculty of Management at Dalhousie University; Research focuses on history and coaching, especially as it pertains to leading, learning and responsibility.
- Lisa Lachance: President at “Wisdom2Action”; PhD candidate in Health at Dalhousie University and a recognized KMb and youth engagement expert.
- Megan Longley: Legal Aid lawyer since 1999 and CEO of Nova Scotia Legal Aid since 2016.
- Dr. Nancy Ross: Assistant Professor at the School of Social Work at Dalhousie University; Leads research teams focused on justice responses to gender-based violence and on adverse childhood experiences and resilience.
- Dr. OmiSoore Dryden: James R. Johnston Chair in Black Canadian Studies at the Faculty of Medicine at Dalhousie University; Associate Professor in the Department of Community Health and Epidemiology at Dalhousie University.
- Dr. Rachel Zellars: Assistant Professor at the Department of Social Justice & Community Studies at Saint Mary’s University.
- Sheila Wildeman: Associate Professor at the Schulich School of Law, member of Dalhousie's Health Law Institute; Founding Fellow of the MacEachen Institute for Public Policy and Governance.

Additional Individuals and Groups Consulted:

- Coverdale (Ashley Avery ED); Elizabeth Fry Society Mainland (Emma Halpern ED); John Howard Society of Nova Scotia (Leisha Seymour ED); Nova Scotia College of Social Workers; Canadian Centre for Policy Alternatives, Nova Scotia Office; Naiomi Metallic (Assistant Professor of Law, Chancellor's Chair in Aboriginal Law and Policy, Dalhousie University); Pathways to Education Halifax (Kelly Keating PD); Davis Pier (Mike Davis MD); Community Society to End Poverty (Stella Lord); Mi’kmaw Native Friendship Centre (Pam Glode-Desrochers).