ACCESS TO JUSTICE PROJECT

A Policy Report on Legal Barriers and Health Impacts

Black Communities in New Brunswick

Atlantic Equity and Research Alliance (AEARA)

Miramichi, New Brunswick | 2026

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38%
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68%
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82%
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Based on a community-driven survey of 359 Black New Brunswick residents
95% confidence level | N ≈ 15,000 estimated population

Abstract

Background: Black communities in New Brunswick face legal barriers that harm their mental and physical health. However, there is no known provincial data that has measured this issue.

Methods: A community-based survey of 359 Black residents, with a 95% confidence level and an estimated total population of 15,000, recorded types of legal disputes, resolution rates, access barriers, knowledge of simplified court procedures (Rule 77), and health effects.

Findings: 89% reported mental health issues due to legal problems. 38% dropped legal issues without resolution. 68% indicated cost as the main barrier. 82% had never heard of Rule 77.

Temporary residents, women, and younger adults face heightened vulnerabilities.

Interpretation: Legal issues negatively affect health. Failures in outreach, eligibility, and cultural awareness, not personal shortcomings, create the justice gap.

Policy Implications: Suggested short-term actions include legal clinics and campaigns to raise awareness of Rule 77, a feasibility study for the Health Justice Partnership, and anti-racism training.

Longer-term reforms should involve expanding legal aid eligibility, establishing Community Legal Navigators, and securing cross-ministry funding, which could save costs in health and social services.

Conclusion: Investing in legal access is a form of preventive health care. Immediate and coordinated action is needed to promote equity and enhance population health in New Brunswick.

Executive Summary

THE CHALLENGE

Black residents in New Brunswick face a compounding crisis: legal problems directly harm mental and physical health—yet the systems meant to help remain largely out of reach. This report presents findings from 359 Black New Brunswick residents who recounted experiences navigating housing disputes, employment issues, immigration challenges, and family matters.

Why It Matters Now

In New Brunswick, approximately 15,000 Black residents deal with daily life under the strain of unsettled legal issues. When someone cannot challenge an unfair eviction, resolve a workplace dispute, or understand their immigration options, the stress does not stay confined to paperwork. It appears as anxiety, depression, sleepless nights, and social isolation.

International research regularly shows that legal problems cluster in marginalized communities and directly worsen health outcomes. Until now, New Brunswick lacked data on how this plays out locally. This report fills that gap.

Key Findings at a Glance

Finding	Percentage
Participants who experienced mental health impacts—anxiety, depression, sleep problems, or social isolation—as a direct result of legal disputes	89%
Participants who abandoned their legal issues without any resolution, forfeiting rights and worsening health outcomes	38%
Participants who identified cost as the primary barrier preventing them from pursuing legal assistance	68%
Participants who had never heard of Rule 77, the simplified court procedure specifically designed to help people like them	82%

Policy Recommendations

Pilot an Integrated Health Justice Partnership (HJP) that embeds legal aid within trusted community health and settlement organizations

Launch a multilingual 'Rule 77' awareness campaign through trusted community channels.

Expand and destigmatize eligibility thresholds for Legal Aid to reflect current economic realities.

Create Community Legal Navigators—trained community members who provide triage and accompaniment.

Mandate trauma-informed and anti-racist training for all court personnel and legal professionals

Expected Impact

Carrying out these recommendations will advance equity in the justice system, improve population health, reduce downstream costs in mental health and social services, and strengthen community trust in public institutions. Investing in legal assistance is preventative health care—tackling root causes rather than managing crises.

THE ASK
Government departments, legal institutions, and community organizations need to collaborate to implement the roadmap outlined in this report—starting with immediately workable steps and building toward systemic transformation.

1. Background and Problem Statement

1.1 Current Situation

Black communities in New Brunswick, while growing, endure persistent systemic inequities. The 2021 Census recorded approximately 12,155 Black residents (1.6% of the provincial population), with figures indicating growth to around 15,000 by 2025. This community is diverse in immigration status, age, language, and regional origin—still united in confronting compounding barriers within legal systems, housing, employment, and health systems.

International evidence shows that legal problems are not evenly distributed across society. They cluster among socially disadvantaged groups, intersecting with and aggravating poor health. In New Brunswick, a lack of local data has obscured the specific justice barriers faced by Black residents. This report directly addresses that evidence gap.

1.2 Who Is Affected

The participants in this study represent the breadth of Black New Brunswick: young adults (18–34) comprise 58% of respondents; 63% hold temporary resident status; 64% identify as women. These are workers, students, parents, and community builders whose unsettled legal problems are eroding well-being and economic participation.

Housing insecurity: fighting evictions, poor conditions, and landlord discrimination

Employment precarity: wrongful termination, workplace discrimination, wage theft

Immigration complexity: status uncertainty, deportation fear, documentation challenges

Family law: custody and child welfare matters with great emotional concerns.

1.3 Evidence of the Problem

The evidence base for legal needs and health outcomes is well-established internationally. The Australian Health Justice Partnership research and the Irish Inspector of Mental Health Services report both confirm that legal problems are health-harming events. The 'Penrose hypothesis'—an inverse relationship between psychiatric beds and prison populations—illustrates the consequences when legal and health systems fail vulnerable people simultaneously.

In New Brunswick, this intersection has been invisible in policy. No prior data captured the specific experiences of Black residents. This study changes that.

1.4 The Policy Gap

Existing legal aid structures, court procedures, and community services were not designed with Black communities in mind. Eligibility thresholds are too narrow. Awareness of simplified

processes is near zero. Cultural trust is low. The result: a justice system that exists on paper but fails in practice for the community most in need of its protections.

POLICY RELEVANCE
This brief is directed at policymakers in the Departments of Justice, Health, Social Development, and Immigration; the Legal Aid Commission; the Court of King's Bench; community service organizations; and funders such as the Black Opportunity Fund.

2. Research Objectives and Questions

2.1 Study Purpose

This study intends to illuminate the legal and civil dispute experiences of Black people in New Brunswick. It investigates barriers to accessing legal assistance, help-seeking pathways, and awareness of simplified justice systems, such as Rule 77. It further examines the intersection of legal issues involving mental health, particularly in housing and immigration contexts. The ultimate goal is to generate evidence for developing integrated, culturally responsive support pathways that improve access to justice and wellbeing.

2.2 Research Objectives

Identify the types and prevalence of legal disputes experienced by Black New Brunswick residents.

Assess the barriers—financial, informational, cultural, and emotional—to accessing legal assistance.

Document help-seeking pathways and patterns of legal inaction

Measure the mental and physical health impacts of unsettled legal disputes.

Evaluate awareness and usability of Rule 77 as a simplified court procedure.

Assess demand for integrated Health Justice Partnership service models.

Generate actionable, evidence-based policy recommendations for government and community stakeholders.

2.3 Key Research Questions

What types of legal disputes do Black New Brunswickers most commonly face, and how are they resolved?

What prevents people from seeking formal legal help, and what informal supports do they rely on instead?

How do legal disputes affect mental and physical health outcomes?

Why is Rule 77 awareness so critically low, and how can it be improved?

What does an effective, culturally appropriate integrated legal-health service model look like for this community?

3. Literature Review

3.1 Existing Policy Framework

New Brunswick has several instruments that should, in theory, address legal access: the Legal Aid Act, the Court of King's Bench Rule 77 (simplified procedure for civil disputes), and the provincial Mental Health Act. At the federal level

The Charter of Rights and Freedoms guarantees equality rights. However, the gap between these instruments and their implementation for marginalized people is substantial and well-documented in access-to-justice scholarship.

3.2 Legal Needs Research

Legal needs surveys conducted in the United Kingdom, Australia, and Canada consistently find that lower-income and racialized communities experience higher rates of legal problems, yet access formal legal services at lower rates. The 'justice gap'—between legal need and effective access—is widest precisely for those who need justice most. Research by Pleasence and Balmer (UK) and the Canadian Forum on Civil Justice demonstrates that most people with legal problems never seek legal advice.

3.3 Health Justice Partnership Evidence

The Health Justice Partnership (HJP) model—embedding legal assistance within health settings—has demonstrated effectiveness in Australia (Health Justice Australia), the United Kingdom (Bromley by Bow Centre), and the United States (Medical-Legal Partnership model). These models produce measurable improvements in legal resolution rates, mental health outcomes, and trust in both health and legal institutions. The evidence strongly supports replication in New Brunswick.

3.4 Race, Immigration, and Legal Access

Research on racialized communities and legal access documents specific barriers other than cost: fear of systematic discrimination, language barriers, lack of culturally competent representation, and for immigrants, fear that legal engagement will trigger immigration consequences. Black communities specifically experience unique barriers based on historical and ongoing anti-Black racism within legal system institutions. The report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and work by organizations like the African Canadian Legal Clinic provide the closest Canadian parallel.

3.5 Knowledge Gap Being Addressed

Despite considerable Canadian and international research on legal needs and access to justice, New Brunswick-specific data on Black communities has been entirely absent. This study directly fills that gap, providing the first robust, community-centred evidence base for policy action in the province.

4. Methodology

4.1 Research Design

This study applied a community-based participatory research (CBPR) approach. The Atlantic Equity and Research Alliance (AEARA) worked alongside Black community advisors to design every aspect of the study—from question wording to outreach strategies. This was research with communities, not on them. The survey instrument was developed iteratively with community feedback and piloted before full deployment.

4.2 Population and Sample

The target population was Black residents of New Brunswick, estimated at approximately 15,000 individuals. The achieved sample of 359 respondents provides a statistically strong representation at a 95% confidence level with a margin of error of approximately ±5.2%.

Characteristic	Categories	Distribution
Age	18–34 (young adults)	58%
	35–44 (mid-career)	28%
Immigration Status	Temporary residents	63%
	Permanent residents	22%
	Canadian citizens	8%
	Refugees/asylum seekers	5%
Gender	Women	64%
	Men	33%
	Non-binary/other	3%

4.3 Data Collection Methods

The multi-channel outreach strategy prioritized meeting participants where they already were, rather than expecting them to find formal research channels:

Bulk SMS messaging: 83% of responses, leveraging existing community phone networks

WhatsApp group outreach: 9% through community and culturally embedded communication channels

QR code flyers at community events: 5% capturing in-person community participation.

Social media advertising (Meta): 3% reaching wider digital audiences

The survey was available in both English and French, with a plain-language design throughout.

4.4 Survey Instrument

The questionnaire captured six key domains: types of legal disputes experienced; resolution status (resolved, ongoing, or abandoned); barriers to getting legal help; mental health impacts of legal stress; awareness of simplified court processes (Rule 77); and interest in combined legal-health services.

4.5 Data Analysis

Data was analyzed using SPSS statistical software. Analysis included descriptive statistics (frequencies and percentages), cross-tabulations to examine differences by demographic groups—particularly immigration status—and inferential testing (p-values and confidence intervals) to assess the significance and practical importance of findings.

4.6 Ethical Considerations

Participation was fully voluntary and confidential. The project followed the principles of community data sovereignty, ensuring that the findings directly benefit the community. Data governance included community oversight and the commitment that data would be used only in ways explicitly sanctioned by community partners. All ethical protocols were reviewed and approved prior to data collection.

4.7 Limitations

This is a cross-sectional study that captures experiences at a single point in time through self-report. While the sample is robust at the provincial level, some sub-communities within New Brunswick's Black population may be underrepresented. Findings reflect association, not causation. The true scope of legal need is likely larger—the data should be considered conservative estimates.

5. Findings and Results

5.1 Legal and Civil Dispute Experiences

Participants reported a high prevalence of legal issues across multiple domains. The most common areas were:

Dispute Category	Nature of the Issue	Priority
Housing / Landlord-Tenant	Eviction, discrimination, unsafe conditions, withheld deposits	HIGH
Employment	Wrongful termination, workplace discrimination, wage theft	HIGH
Family Matters	Custody, child welfare, family separation	HIGH
Immigration	Status uncertainty, documentation, deportation risk	CRITICAL
Debt / Financial	Collections, credit, financial exploitation	MEDIUM

5.2 Dispute Resolution Patterns

A worrying pattern of non-resolution emerged. Many disputes remained ongoing or entirely unresolved. Even when participants described their dispute as 'resolved,' outcomes were commonly perceived as unjust or unsatisfactory—reflecting institutional power imbalances rather than genuine legal success.

38% abandoned their legal issues entirely without resolution

A significant proportion remain in ongoing disputes with no clear path to resolution.

Satisfaction with outcomes was low, even among those who accessed formal processes.

5.3 Barriers to Accessing Legal Assistance

When asked why they did not seek formal legal help, participants identified a consistent cluster of barriers that reinforce one another:

Cost Barriers (68% cited cost as the primary barrier)
The prohibitive cost of legal services was the most frequently cited barrier. Legal aid is perceived as inaccessible due to stringent financial eligibility criteria, leaving a gap group who cannot afford a lawyer but do not qualify for legal aid assistance.

Informational Barriers
Many respondents did not know where to go for help. The formal justice system is complex and opaque. Lack of awareness of rights, procedures, and available services—including Rule 77 and legal clinics—forms a major informational barrier that could be addressed using targeted outreach.

Trust and Emotional Barriers
Distrust in the system's fairness and fear of discrimination are pervasive. Participants expressed fear or emotional overwhelm at the chance of engaging with legal institutions. For immigrants and refugees, additional fear of immigration consequences creates a near-total deterrent.

5.4 Help-Seeking Pathways

When participants did seek help, informal channels dominated. This represents both trust and availability:

Family and friends: the primary first source of support for most participants

Online resources: frequently used but frequently inadequate for navigating complex legal matters

Trusted community or cultural organizations: used by a meaningful proportion, showing the potential of community-embedded services.

Legal professionals or legal aid: comparatively low—engaged as a last resort, if at all

No action at all: a concerning proportion of respondents—a rational answer to perceived barriers, but one that allows problems to escalate.

5.5 Mental Health Impacts

Legal disputes appeared as a direct and significant contributor to poor mental health. The impacts are multi-dimensional and mutually reinforcing:

Mental Health Impact	Description
Stress and Anxiety (89%)	Persistent worry, hyper-vigilance, and inability to focus on daily life tasks
Depression and Hopelessness	Feelings of powerlessness, loss of motivation, and despair about outcomes
Sleep Disruption	Insomnia and poor sleep quality are driven by legal uncertainty and financial worry
Social Isolation	Withdrawal from community, family, and support networks due to shame or overwhelm

5.6 Awareness of Rule 77

One of the most striking findings is the near-total lack of awareness of Rule 77—the simplified civil procedure specifically designed to make court processes more accessible to self-represented litigants.

CRITICAL FINDING: 82% Had Never Heard of Rule 77

Rule 77 was designed for exactly the people surveyed in this study—self-represented litigants navigating civil disputes without legal representation. Yet the vast majority of participants had never heard of it. This represents a systemic failure in communicating accessible justice options. Among those vaguely aware of Rule 77, there was widespread skepticism about the usability of the rule without a lawyer and significant confusion about the process. This underscores the need not just for awareness efforts but also for scaffolded navigation support.

5.7 Intersectional Vulnerabilities

Analysis by population subgroups revealed intensified barriers for specific populations:

Temporary residents face compounding fears—any legal engagement may trigger immigration consequences, creating a near-total deterrent to help-seeking

Younger participants (18–34) reported particularly acute navigation difficulties and lower awareness of available resources.

Participants navigating simultaneous immigration and civil legal issues experienced the most severe mental health impacts.

Women—64% of the sample—face particular vulnerabilities at the intersection of family law, housing, and economic precarity.

6. Discussion

6.1 What the Findings Mean for Policy

These findings present a justice system that serves as a formal mechanism of equity but fails in practice for Black New Brunswick residents. The gap between the existence of legal tools—Rule 77, legal aid, community legal clinics—and their effective use does not reflect individual failures of knowledge or effort, but systemic failures of design, outreach, and cultural responsiveness.

The 38% abandonment rate is particularly telling. These are not people who accessed justice and lost; they are people who gave up before the system could help them. Each abandoned case represents a forfeited right, a worsening problem, and a deteriorating health outcome.

6.2 Legal Stress as a Social Determinant of Health

The evidence that 89% of participants experienced mental health impacts from legal disputes confirms what the International Health Justice Partnership research has long argued: unsettled legal problems are not simply administrative inconveniences. They are health-harming events. Housing insecurity drives chronic anxiety. Immigration uncertainty creates hyper-vigilance. Employment disputes threaten economic security and self-worth. These are the upstream causes of poor health outcomes that downstream health spending cannot resolve.

Investing in legal access is therefore an investment in preventative health care. This reconsideration is essential for cross-departmental policy action—particularly for securing Department of Health investment in justice initiatives.

6.3 Systemic Causes

The barriers documented in this study are systemic, not individual. The solution is not to ask Black residents to try harder to traverse a complex system. It is to transform the system to meet them where they are—embedded in community, delivered through trusted channels, and designed around the realities of their lives.

The success of Health Justice Partnerships in other jurisdictions demonstrates that this transformation is achievable. The evidence is clear. What remains is political will and coordinated investment.

6.4 The Urgency of Action

Black New Brunswick residents cannot wait for multi-year reform timelines. People are abandoning legal rights today. Families are experiencing housing instability today. Mental health is deteriorating today. The recommendations in this report include immediately feasible steps—launching outreach campaigns, beginning the HJP pilot design, and mandating training—that can deliver impact within months.

7. Policy Recommendations

Policy recommendations are organized by timeframe and presented with responsible agencies, timelines, and anticipated results. Each recommendation is specific, feasible, cost-aware, time-bound, and assigned to accountable bodies.

7.1 Short-Term Actions (0–12 Months)

Recommendation	Responsible Agency	Timeline	Expected Outcome
Fund development & dissemination of multilingual plain-language Rule 77 guides	Dept of Justice & Public Safety; Court of King's Bench	0–3 months	Measurable increase in Rule 77 awareness and uptake among self-represented litigants
Support the feasibility study and design phase for a pilot Health Justice Partnership	Dept. of Health; Dept. of Justice; Black-led community organizations	0–6 months	Detailed implementation plan ready for pilot launch
Mandate cultural competency and anti-Black racism training for frontline justice personnel.	Court of King's Bench; Law Society of NB; Legal Aid NB	0–12 months	Improved trust, reduced discrimination in legal service delivery.

7.2 Medium-Term System Improvements (1–3 Years)

Recommendation	Responsible Agency	Timeline	Expected Outcome
Launch and evaluate 3-year pilot HJP program, co-located in a trusted community setting.	Dept. of Health; Dept. of Justice; AEARA; Community Health Centres	Year 1 launch	Measurable improvement in legal resolution rates and mental health outcomes
Create Community Justice Navigator pilot program—training & employing community members.	Legal Aid NB; Dept. of Social Development; Black-led orgs	Year 1–2	Expanded reach into communities that distrust formal legal channels
Reform Legal Aid NB guidelines to expand eligibility for family and housing law	Legal Aid NB; Dept. of Justice	Year 1–2	Closed 'gap group' of those too poor for lawyers but not qualifying for aid

7.3 Long-Term Structural Reforms (3+ Years)

Recommendation	Responsible Agency	Timeline	Expected Outcome
Institutionalize cross-ministry funding for integrated legal-health community services	Treasury Board; All relevant departments	Year 3+	Sustainable, long-term infrastructure for equitable access to justice
Implement a 'justice-in-all-policies' approach requiring impact assessments on new legislation.	All government departments, Cabinet Office	Year 3+	Prevention of new policies that inadvertently create legal barriers or stress
Support the development of a community-based, Black-	Black Opportunity Fund; Dept. of	Year 3+	Self-sustaining community institution

Recommendation	Responsible Agency	Timeline	Expected Outcome
led legal clinic or advocacy centre	Justice; Law Foundation of NB		providing ongoing access and advocacy

8. Implementation Considerations

8.1 Cost Implications

The recommendations in this report range from low-cost administrative actions (training mandates, information campaigns) to medium-cost program investments (pilot HJP, navigator program) to considerable long-term structural investments. However, all recommendations must be understood in the context of cost prevention: the downstream costs of pending legal problems—in mental health treatment, housing crisis response, social services, and economic productivity losses—far exceed the investment required for upstream legal assistance.

The Health Justice Partnership model has demonstrated strong return on investment in other jurisdictions, with Australian analyses showing savings of $2–4 in downstream health and social service costs for every $1 invested in integrated legal-health services.

8.2 Potential Barriers and Mitigation

- Bureaucratic fragmentation: Justice and Health ministries rarely collaborate. Mitigation: Establish a cross-ministry working group with a formal mandate and reporting requirement.
- Community trust deficits: Past engagement with institutions has harmed many community members. Mitigation: all programs must be co-designed and governed with Black community representatives from inception.
- Legal Aid capacity: Expanding eligibility without expanding capacity creates bottlenecks. Mitigation: incremental implementation with navigator models to bridge demand in the interim.

Staff recruitment and retention: Culturally competent staff are in short supply. Mitigation: invest in community member training as navigators and create career pathways into legal professions.

8.3 Stakeholder Roles

Implementation needs a genuine partnership across three sectors:

- Government: funding, policy reform, mandate, and accountability systems
- Legal institutions: Rule 77 promotion, training, duty counsel, pro bono partnerships
- Community organizations: co-design, delivery, navigation, trust-building, and governance

AEARA and its partner organizations are positioned to lead community-side co-design and governance. No implementation should go ahead without meaningful community representation at the decision-making table.

8.4 Monitoring and Evaluation

All funded programs must contain strong evaluation components. Key metrics should include:

- Number of individuals served through navigators and HJP pilots.
- Legal resolution rates (disputes resolved vs. abandoned)
- Self-reported mental health outcomes before and after court action
- Rule 77 awareness rates (tracked annually through community surveys)
- Legal aid eligibility expansion coverage
- Community-defined success metrics developed with Black community partners

9. Conclusion

Black communities in New Brunswick experience a high burden of pending legal problems that harm health, deepen disadvantage, and weaken trust in institutions. The barriers are systemic—financial, informational, and cultural. The data is unambiguous: 89% experiencing mental health impacts, 38% abandoning legal disputes, 82% unaware of processes designed to help them.

The way forward does not lie in asking communities to navigate a broken system more successfully, but in reforming the system to meet them where they are. The evidence from Health Justice Partnerships in comparable jurisdictions demonstrates that this transformation is achievable, cost-effective, and urgently necessary.

This report was made possible by 359 Black New Brunswickers who trusted researchers with their experiences. Every statistic in these pages represents a person whose rights went unprotected, whose health declined, and whose trust in public institutions eroded. They shared their experiences because they believe change is possible.

THE TIME FOR ACTION IS NOW
By implementing the recommendations in this brief, policymakers can take concrete steps toward a more equitable, healthy, and just New Brunswick. The evidence is clear. The community mandate is explicit. The international precedent is established. What is required now is decisive action.

For questions about this report, partnership opportunities, or implementation support, contact the Atlantic Equity and Research Alliance (project@aeara.org) in Miramichi, New Brunswick.

10. References

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Appendices

Appendix A: Survey Methodology

Full survey questionnaire (English and French), sampling strategy, recruitment methods, data collection timeline, response rates, quality assurance procedures, and ethical protocols. *Available upon request*

Appendix B: Detailed Statistical Tables

Cross-tabulations by demographics (age, immigration status, gender), significance testing results, response frequencies for all survey questions, subgroup comparisons (temporary residents vs. citizens), and confidence intervals with margins of error. *Available upon request.*

Appendix C: Community Resources Directory

Current legal services in New Brunswick with contact information, eligibility criteria, and languages served; mental health resources with cultural competency indicators; housing advocacy organizations; immigration support services; Black-led community organizations; and referral pathways. *In development.*

Appendix D: Rule 77 Plain Language Guide

Plain-language explanation of Rule 77, step-by-step process with visual flowcharts, eligibility criteria, required documents, filing instructions, court expectations, and the appeals process. Available in English, French, and additional languages based on community needs. *In development.*

Appendix E: Health Justice Partnership Blueprint

Detailed service model with staffing ratios, physical space and technology requirements, intake and triage protocols, case management workflows, partnership agreement templates, staff training curricula, client consent and confidentiality procedures, performance metrics, and budget breakdowns. *In development*

Appendix G: Evaluation Framework

Theory of change and logic model, output and outcome indicators, impact indicators, data collection tools, reporting templates, community-defined success metrics, and comparison baseline data. *Available upon request*.

ACCESS TO APPENDICES

Some appendices package is available upon request in PDF format while others are to be completed before the end of 2026 subject to funding. Individual appendices can be requested separately. Customized materials and technical assistance are available to support organizations implementing these recommendations.

Contact: AEARA via project@aeara.org | Miramichi, New Brunswick | 2026