

# AGING WELL AT HOME. TOME 4: A MUCH-NEEDED TRANSFORMATION Executive Summary

Mandate on home care  
and support services  
January 2024



Home support services in most industrialized jurisdictions were developed a long time ago and, as such, are ill-equipped to meet the current and future needs of their populations. Quebec's home support ecosystem is no exception.

The results of the Health and Welfare Commissioner's work on home care and support services are clear: the situation is concerning. The current lack of efficiency jeopardizes the long-term viability of our services.

**The home support ecosystem is:**

- **built on weak foundations;**
- **complex, non-integrated and inefficient;**
- **based on programs and measures with inconsistent eligibility requirements;**
- **financially unsustainable.**

A transformation is needed. We need to create a momentum for change that will enable us to meet the current and future challenges of home support services.

How?

The Commissioner has identified a number of initiatives that could help build this momentum and achieve the ambitious goal of improving seniors' ability to maintaining autonomy and remaining independent for as long as possible.

**Solutions do exist, and answers can be provided right now. These include:**

- **moving from a home support-centered approach to a government approach to maintaining autonomy;**
- **strengthening the foundations of home support;**
- **providing better support to the population;**
- **ensuring that the government supports innovation and ensures the sustainability of promising initiatives to generate value.**

The next few years will be critical.

### Ministerial Decree of March 9, 2022

In March 2022, the Government of Quebec mandated us to evaluate the performance of government home support programs.

As part of this mandate, we addressed the following issues:

- Is Quebec's home support model relevant, effective and results-oriented?
- Are the means of funding efficient and equitable?
- Under what conditions is the use of private and community services socially acceptable?

In response to this mandate, we have released four tomes:

- Tome 1 gives an overview of the home support ecosystem.
- Tome 2 features a quantitative analysis of the performance of home support services.
- Tome 3 analyses and assesses the degree of implementation of the "Chez soi: le premier choix" policy from 2003.
- Tome 4 summarizes all analyses carried out in the first three volumes, and provides reflections, guidance and recommendations.

## 1. CHANGE IS NEEDED; OTHERWISE IT WILL BE IMPOSSIBLE TO MEET THE IMPERATIVES OF HOME SUPPORT SERVICES

### 1.1 A system built on weak foundations

The very foundations of the system are fragile, and some critical issues have never been addressed.

#### **The policy from 2003: once innovative, but never fully implemented**

In 2003, the Quebec government adopted the "Chez-soi: le premier choix" policy. This ministerial document is the main foundation on which the home support sector was built. However, **this policy was never reviewed or approved by the Cabinet.**

The aim of the policy—providing homebound care—has never been validated with the people concerned.

**While the universal nature of home support** referenced in the 2003 policy represents a **significant financial challenge**, this factor has never been validated, either by the government as a whole or by the general public.

**The resources needed to implement the policy have not been secured, and ministries whose involvement has an impact on the ability to age at home don't seem to be committed.**

## 1.2 A complex, inefficient system

### The 2003 policy: a policy with no integrated plan

Strategies to implement the orientations set out in the 2003 policy were overlooked right from the start, contributing to its weakness. The policy was then followed by several regulatory frameworks, but without any real effort to make them cohesive or synergetic, there was no real implementation.

In fact, **there was no comprehensive plan to develop a coherent, integrated system to support people who experience loss of autonomy.**

The same pitfalls as those encountered since 2003 are to be expected with the 2003 policy update, published in April 2023.

### Difficult navigation

These factors result in a system that is **unnecessarily complex, unintegrated and inefficient, of which only a few players have an overall understanding.**

This complexity is characterized by the diversity of users, the large number of stand-alone services offered, the multitude of service providers and the different funding possibilities.

The resources needed to implement the policy have not been secured, and ministries whose involvement has an impact on the ability to age at home don't seem to be committed.



## Measuring performance: disappointing results

This complexity of the system and its lack of integration have a direct impact on the performance of the home support system.

The Commissioner carried out a quantified assessment of the performance of home support services provided by the facilities.

At the end of this process, the Commissioner noted that the direction chosen by the Ministry of Health and Social Services (MSSS)—i.e., increasing the quantity of services—doesn't seem to yield the results expected by the 2003 policy in terms of accessibility, while matching needs, efficiency, viability and productivity are achieving fair results.

### Scores of dimensions assessed for home support services managed by facilities in Quebec. 2019–2020 and 2021–2022

Across Quebec, the main issue is accessibility, while the dimensions of viability, alignment with needs, productivity and efficiency need improvement.

Only the relevance dimension scores adequately.



**Source:** Health and Welfare Commissioner (2023). *Bien vieillir chez soi – tome 2: chiffrer la performance*. 79.

**Accessibility is the most problematic aspect of home support services.** The number of people waiting for their first service rose from 13,250 on March 31, 2019, to 17,226 on March 31, 2022, a 20% increase.

## A portion of spending that remains modest for home support

The poor performance can be explained in part by low spending on home support. Although the growth in spending on home support services has exceeded that of all other healthcare expenses since 2015–2016, the portion of spending allocated to home support remains modest.

The portion of healthcare spending dedicated to home support services has increased from 4% in 2003–2004 to 4.5% in 2021–2022, which ranks Quebec among the Canadian provinces that allocate the least financial resources to home support services.

Furthermore, residential care receives 62% of financial resources allocated to long-term care, but provides care to only 16% of users, while home support receives 38% of financial resources and cares for 84% of users.

This means that due to the significant costs of residential care, prioritizing home support would be a rational choice for the public funding of long-term care.

In 2023, the average annual operating cost for a person receiving home support services (at home or in a retirement home) was estimated at \$13,900. The cost varies between \$67,400 to \$96,800 for a person in residential care, depending on the type of accommodation (intermediate/family-type resource or CHSLD).

## The population's wish to age at home for as long as possible

This financial and human resource challenge will be even more important considering that the Quebec population wants to age at home.

A survey conducted in 2021 in Quebec by the collaboration network of domestic help social economy businesses (EESAD) showed that aging at home is the preference of the concerned individuals.

Staying at home is the first choice of Quebecers with a limited loss of autonomy.

In case of severe impairment, residential care seems more appropriate.

This survey, led with 1,000 respondents representative of the Quebec population aged 18 and over, found that 83% of Quebecers identify with the statement "at home for life," including 91% of people aged over 55. Agreement with this statement increases the more people feel concerned by the topic.

Work conducted on behalf of the Commissioner by a team of researchers at HEC Montréal has led to the finding that staying at home is the first choice of Quebecers, but not under any conditions

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### 1.3 Measures and programs with variable eligibility conditions that fail to meet all of the population's needs

The home support system relies on six programs—including funding, budgetary (funding of direct services to users) and taxation (support to people with loss of autonomy and their caregivers) programs—that were built without paying attention to the complementary nature of services or synergies to achieve common goals.

## THE SIX FUNDING PROGRAMS

1

### CISSS/CIUSSS home support services

Professional care and services:

- Nursing care
- Nutrition services
- Basic rehabilitation services
- Psychosocial services

Home support services:

- Personal support services
- Domestic help services
- Civic support activities
- Complementary home support services
- Support for family tasks

Services to caregivers:

- Caretaking or presence-supervision
- Respite
- Ad-hoc care
- Support for caregiver daily tasks
- Physical healthcare support
- Psychosocial services and support
- Information, awareness and training

Technical support:

- Medical and specialized supplies, equipment, technical aids and technology tools that allow a person to stay at home or return home

2

### Direct allocation program—Service employment paycheque

Through this program, people with loss of autonomy or those with functional limitations can hire an independent worker.



This worker will provide home support services such as:

- Personal assistance;
- Domestic help;
- Support to the family or caregivers (caretaking, respite, ad hoc care).

### **3 Financial assistance program for domestic help services**

Through this program, people can benefit from a reduction in the hourly rate charged for domestic help services by social economy businesses. This assistance can include housekeeping and meal preparation.

The program provides fixed financial assistance. People meeting certain criteria can benefit from a variable supplemental amount. The rate reduction doesn't cover all costs, which means that people have to pay any difference between the total financial assistance received and the hourly rate.

### **4 Community organization support program**

Community organizations working in the field of healthcare and social services can receive funding through this program.

Funded organizations can still define their own directions, policies and approaches. The program supports the overall mission of community organizations and contributes to the stability of their human and material resources.

### **5 Tax credit for home-support services for seniors**

This tax credit applies to home-support services and care for seniors aged 70 or over. It helps them to stay at home for as long as they can.

The tax credit can apply to:

- Personal care services, such as domestic help and assistance with daily living;
- Some home maintenance services.

### **6 Tax credit for caregivers**

There are two components to this tax credit.

First component:

- The caregiver must provide care to a person aged 18 or over;
- The person receiving care must have a severe and prolonged impairment in mental or physical functions;
- This person must require assistance.

Second component:

- The caregiver must provide care to a relative aged 70 or over;
- The caregiver must live with this relative;
- The caregiver must be a person other than a spouse.

The multiplication of financial support programs and service contracts hinders the ability to provide integrated services and meet demand, in addition to creating confusion about the role of each type of organization.

Furthermore, these programs vary depending on the service providers, with different funding amounts and eligibility criteria. There is a lack of consistency between programs.

Processes for accessing financial support generate inequities that impact:



- **Users:** Inability to choose the provider, hard-to-obtain information, access hurdles, difficulty in navigating the system due to a lack of information and a lack of service integration. Those who are penalized are often citizens with a mild loss of autonomy, although early treatment could limit the deterioration of their physical and mental condition, etc.;



- **Caregivers:** Significant burden caused by problems in navigating the health and social service system, programs and services that fail to consider all their needs or the risks associated with their role, eligibility criteria to the tax credit for caregivers that are too restrictive, etc.;



- **Service providers:** Multiplication of programs and access conditions, regulations that prevent them from developing more efficient services to meet the needs and expectations of users, consistency problems in the management and integration of services, regulation that restricts the ability of actors to develop innovative means of action, etc.

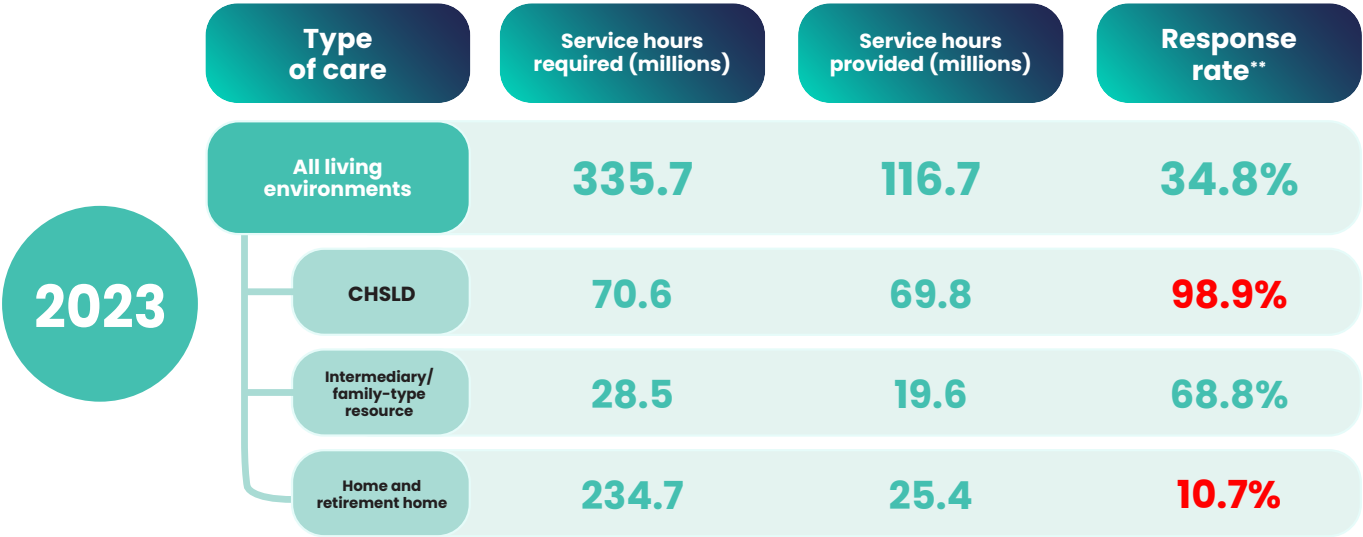


### 1.4 A financially unsustainable system: Towards a growing imbalance between home support services and needs

At the present time, long-term service needs are estimated at 33.57 million hours per year. Out of those hours, 234.7 million are required to meet home support needs.

However, in 2023, the long-term care and service system is able to provide only a total of 116.7 million hours, including 25.4 million hours for home support (at home and in retirement homes).

Service hours required, service hours provided and response rate for long-term home support based on the type of care – 2023\*



Forecasted data from: Clavet, N.-J., Hébert, R., Navaux, J., Raïche, M. and Michaud, P.-C. (2023). Horizon 2040 : Projections des impacts du soutien à l'autonomie au Québec, HEC Montréal.

Long-term care service hours are primarily centred on residential care, where needs are met with a higher response rate.

While the public system meets nearly 100% of needs in CHSLDs and 68.8% of needs in intermediary/family-type resources, it meets only 10.7% of home support needs.

However, this figure doesn't include users who benefit from community and private-sector services, or the contribution of caregivers who meet the majority of needs.

Nevertheless, the particularly low response rate to domestic help needs is a major source for concern. Domestic help includes, among other things, assistance provided to people struggling with proper meal preparation.

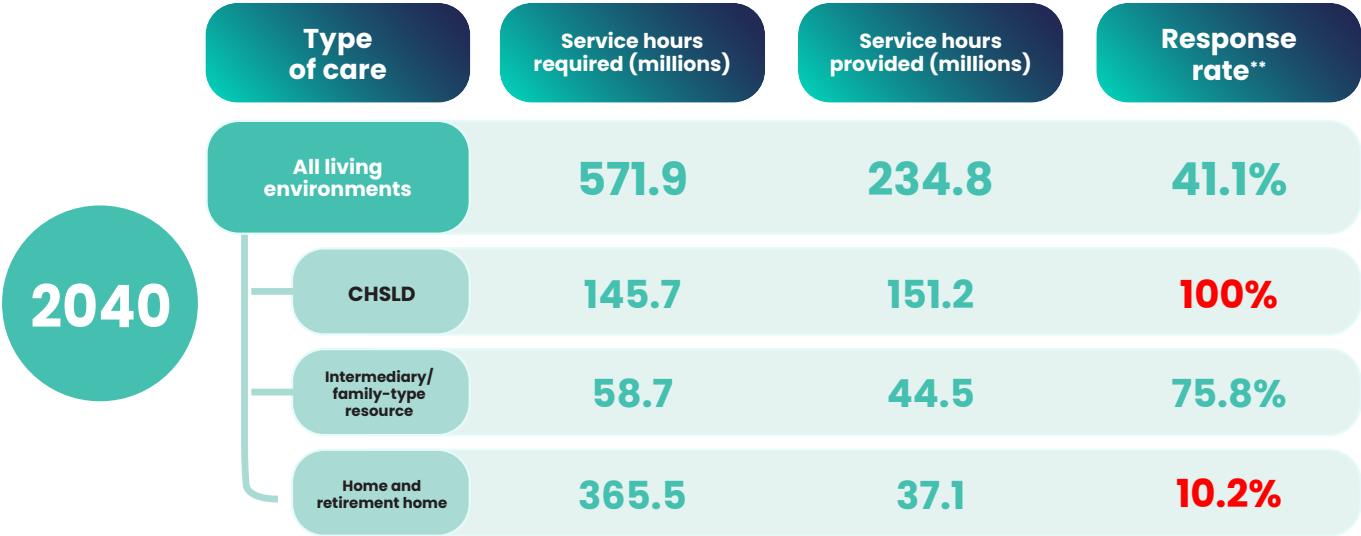
Without this help, the condition of the concerned users can quickly deteriorate, leading to an increase in their support needs.

\* These figures do not include alternate levels of care (ALCs), a term used to refer to the status of patients who occupy a hospital bed, but no longer require hospital-level care, and who are generally waiting for a placement in a post-hospital resource. This explains the difference between the sum of all figures and the total.

\*\* The response rate is the ratio between service hours provided and service hours required for clients assessed by the public network. The number of hours required for nursing, personal care and domestic help services is determined based on the assessment. In other words, this percentage doesn't represent the proportion of people receiving home support.

In addition, it is estimated that by 2040, long-term care and service needs will be more significant, representing 571.9 million hours, including 365.5 million hours for long-term home support.

Service hours required, service hours provided and response rate for long-term home support based on the type of care—forecast for 2040\*



Forecasted data from: Clavet, N.-J., Hébert, R., Navaux, J., Raïche, M. and Michaud, P.-C. (2023). Horizon 2040 : Projections des impacts du soutien à l'autonomie au Québec, HEC Montréal.

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By 2040, long-term care and services should cost an additional \$8.9B per year, for a total of \$16.5B.

Furthermore, 2,500 additional beds per year would be required in retirement homes over the next 17 years, and 6,632 full-time equivalents would need to be hired for nursing care and home support. In addition, 13,700 nurses and 45,000 assistance workers (activities of daily living) and support service workers (instrumental activities of daily living) would need to be recruited by 2040 for all long-term care services.

If long-term care service hours remain primarily centred on residential care, the response rate of the public network to home support needs would remain at 10.2 %.

\* These figures do not include alternate levels of care (ALCs), a term used to refer to the status of patients who occupy a hospital bed, but no longer require hospital-level care, and who are generally waiting for a placement in a post-hospital resource. This explains the difference between the sum of all figures and the total.

\*\* The response rate is the ratio between service hours provided and service hours required for clients assessed by the public network. The number of hours required for nursing, personal care and domestic help services is determined based on the assessment. In other words, this percentage doesn't represent the proportion of people receiving home support.

This perspective appears unlikely.

In addition, it doesn't take into consideration:

- The population's wish to age at home for as long as possible;
- The need to build infrastructure at an unprecedented pace;
- The challenge associated with the availability of human resources to meet needs and to build the required infrastructure.

## 2. 2. RECOMMENDATIONS: REFOCUSING THE GOVERNMENT'S APPROACH

### Four major categories of recommendations

It's time for transformation. We need to engage in a dynamic of change towards a system of home support care and services that is tailored to the needs and expectations of users, and that is based on maintaining autonomy.

The Commissioner recommends that, while undertaking this medium-term transformation, the MSSS immediately launch a number of initiatives with short-term benefits. More specifically, the Commissioner is proposing 16 recommendations.

These recommendations can be grouped into four major categories of required changes.



### **Towards a governmental approach to maintaining autonomy**

#### **➔ Ensuring the government commits to building a society that supports the autonomy of seniors**

We recommend adopting a societal approach.

Aging is not an illness. Long-term care and services should be integrated in order to ensure lifelong well-being, and organized based on the individuals' priorities.

The population wants to maintain its autonomy in its choices and remain self-sufficient for as long as possible. This involves a societal approach to maintaining autonomy, rather than a medical approach focused on supporting people with diminished autonomy.

We recommend that the government adopt an approach that is based on maintaining the autonomy of seniors.

This requires seniors to remain a part of their home communities, and to be valued and safe. Seniors also need to be able to support their basic needs, which includes having the financial means to feed themselves and keep a roof over their heads.

The existing literature is very clear: the best way to prevent premature loss of autonomy is remaining socially, mentally and physically active.

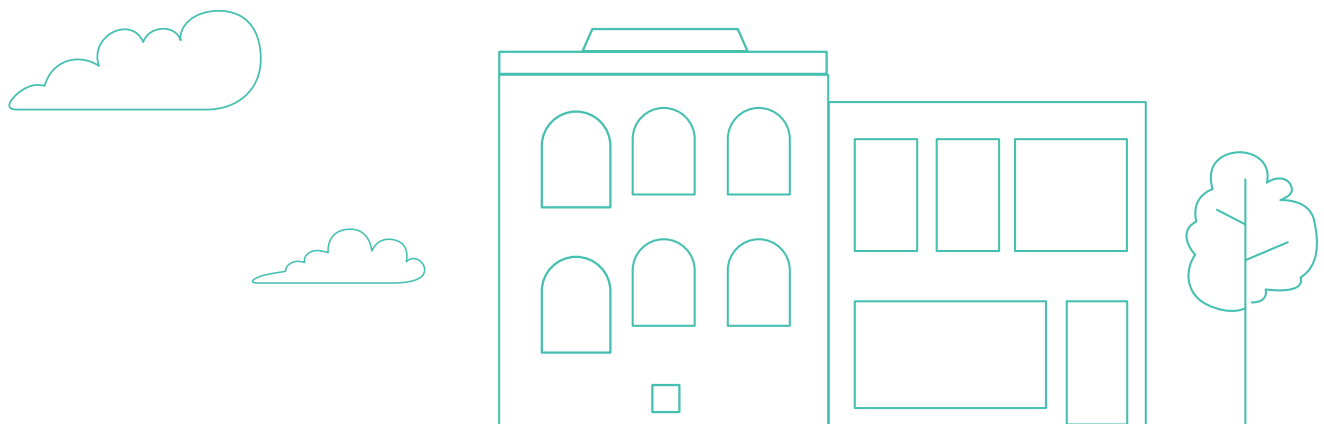
This requires:

- Engaging in a true transformation of the way that aging is perceived;
- Refocusing the long-term care and service system, which is now primarily organized around residential care, to support maintaining the autonomy of individuals for as long as possible in their community;
- Implementing joint planning between the various government departments involved, and also between the government and municipalities.

This involves a societal approach to maintaining autonomy, rather than a medical approach focused on supporting people with loss of autonomy.

**Recommendation 1 :** That the MSSS propose a vision and develop a policy for the maintenance of autonomy that is based on the expectations and preferences of the population, and that preserves the system's financial viability.

**Recommendation 2 :** In the medium term, the Health and Welfare Commissioner also recommends that the government adopt a policy for the maintenance of autonomy that clearly outlines the vision proposed to citizens, as well as the objectives being pursued, and the actions chosen to achieve those objectives.





## Strengthening the foundations of home support

Strengthening the foundations of the home support system will require several changes.

### ➔ Ensuring the government clarifies eligibility rules and sees to the financial viability of home support

The Commissioner highlighted the needless complexity of the current ecosystem and how it impacts each of the stakeholders. To meet the population's expectations, we need to work on simplifying and streamlining funding programs and mechanisms for home support.

In particular, this simplification would help to ensure consistency in the definition of eligibility criteria, reduce the number of programs, and clarify the interconnections between the different programs.

**Recommendation 3:** That the MSSS propose eligibility rules for home support services for people with diminished autonomy, and define a funding plan for the corresponding services.

In addition to the simplification and alignment of home support funding programs and measures, the financial viability of home support services also needs to be ensured.

The Commissioner has identified several options to improve the financial viability of home support, including:

- Placing greater emphasis on funding home support services in the evolution of long-term care funding;
- Improving at-home care and thereby contributing to delaying the need for residential care for people with loss of autonomy;
- Restricting admission to CHSLDs to people with an Iso-SMAF\* profile of 10 or more;
- Increasing the contribution of users of CHSLD residential care services, while protecting their financial capacity and improving the efficiency of home support funding programs.

\* Iso-SMAF profiles (functional autonomy measurement system) correspond to groups of people with similar impairments that require similar care with similar costs. Following a SMAF assessment, users are assigned to one of the 14 ISO-SMAF profiles, depending on the intensity and type of services required to maintain their autonomy. The 14 profiles are grouped into five categories, including: • predominant loss in instrumental activities of daily life (profiles 1, 2 and 3); • predominant loss in mobility functions (profiles 4, 6 and 9); • predominant loss in cognitive functions (profiles 5, 7, 8 and 10); • mixed motor and mental alterations (requiring mobility assistance) (profiles 11 and 12) • mixed motor and mental alterations (bedridden) (profiles 13 and 14).



**Recommendation 4:** That the MSSS develop strategies to improve the financial viability of long-term care and services, including home support, taking different options into consideration.

**Recommendation 5\*:** That the government charge a contribution to users of publicly funded home support services according to their financial means.

\* This recommendation excludes medical, nursing and professional services, as well as post-hospital services and palliative care. It applies to publicly funded domestic help and personal assistance services.

## ➔ Improving the efficiency of home support

Home support is dictated by a volume-based approach that is purely operational in nature; the only goals identified in strategic plans are increases in the number of service hours provided and in the number of users. Activities are centred on processes and volumes, rather than the outcomes desired by the population of a given territory based on its particular needs and characteristics.

The Commissioner believes that the home support system requires governance that makes it possible to define directions based on the evolving environment, verify the achievement of results, manage risks and ensure the system's proper functioning.

This condition is required so that workers who are close to users and field operations can translate the intentions of government policymakers into organizational and clinical practices with an added value for users.

**In 2022, the Commissioner had made the same findings after completing the mandate received** from the government on the performance of senior care and services during COVID-19. The Commissioner noted in particular that the government should encourage the transition from a department that acts like a production system operator to a department that ensures governance based on the value of care and services for the community.

**Recommendation 6 :** That the MSSS fully play its governance role by focusing the efforts of all actors on the objective of maintaining the autonomy of seniors, and support actors in achieving this objective.

**Recommendation 16 :** That the MSSS continue to implement the recommendations outlined by the Health and Welfare Commissioner in *The Duty to Do Things Differently*.

## ➔ Bringing together the conditions for success

To govern efficiently and achieve the expected results, the MSSS needs to undertake comprehensive strategic planning.

A policy for the maintenance of autonomy needs to be implemented through a plan and strategies that support its deployment. So, the success of the future policy depends on the development of a strategic plan that is informed by a forecast of medium-term needs, an assessment of financial and human resource capacities, and in-depth analysis of internal and external environments. This strategic planning needs to be based on solid forecasts of needs and human resources that include all long-term care needs.



**Recommendation 14 :** That the MSSS undertake a comprehensive and rigorous strategic planning exercise for long-term care and services based on reliable forecasts, and support the achievement of results.

In addition, the growth in financial resources allocated to home support services has not translated into a proportional increase in the workforce. Recruitment and human resource availability issues are a major obstacle to meeting the needs of people with loss of autonomy. The general context is characterized by a staff shortage, in both the public and community networks and in domestic help social economy businesses.

For that reason, the Commissioner believes it is crucial for the MSSS to include in its planning a strategy on staff attraction and retention, especially considering the increasing demand for home care.

**Recommendation 15 :** That the MSSS develop a strategy on staff attraction and retention in the home support sector.



## Providing better support to the population

### ➔ Improving the experience of people with loss of autonomy

The lack of knowledge about home support programs was raised several times in the Commissioner's consultations. Governmental decisions would be better supported if the population was better informed.

In Quebec's current system, information is hard to obtain, and users find it difficult to sort it all out. Available locations are not widely known. Navigating the system is difficult, information isn't centralized, and the population doesn't have the required tools to access different programs, or easily and clearly know its rights.

Regional  
home  
support  
offices acting  
as a gateway  
to home  
support.

In addition to being better informed, the population would benefit from proximity services. Home support services should be developed by focusing on community-level action and should build on alliances with local stakeholders.

The creation of regional home support offices acting as a gateway to home support would help users navigate the healthcare system, and enable the implementation of mechanisms for identifying people with loss of autonomy and inspection visits of home support services and residences.

The regional offices could also help assessing the needs of individuals and their caregivers, and coordinating home support services.

**Recommendation 7:** That the MSSS develop support services to facilitate the deployment of regional home support coordination services that are integrated with healthcare services.

**Recommendation 8:** That the MSSS mandate and fund institutions to implement regional home support offices, including one office for the Indigenous population.

## Improving the quality and efficiency of services

In addition to creating regional offices, the government should provide the necessary flexibility to institutions so they can offer services tailored to the needs of their local population, while considering the resources available to them.

For this purpose, the MSSS should support the development of new local organization models, taking into consideration the strengths, weaknesses and needs of local communities.

This would support the delivery of services according to local capacities, including domestic help social economy businesses and community organizations. Their intervention capacity would be strengthened by sustainable budgets, training and reinforced quality control.

This way, institutions could be responsible for ensuring regional and local governance in collaboration with all actors, and for providing integrated healthcare and home support services.

**Recommendation 9:** That the MSSS mandate institutions and give them the flexibility to reinforce their action capacity to provide services tailored to local needs, while considering the resources available to them.

To provide integrated and locally adapted services to the population, obstacles to collaboration must be reduced.

Encouraging collaboration is another way to improve the system's performance. Collaboration within the system would have many benefits.

It would make it possible to reduce the number of different persons working with the same user, decrease the number of trips, improve the service provider's knowledge of users, and better use resources while breaking down the obstacles resulting from work in silos. This would make it possible to improve the safety and well-being of users.

The MSSS should encourage and support collaboration, and focus on decreasing the obstacles to the development of collaborative projects.

**Recommendation 10:** That the MSSS encourage collaboration between actors and take action to reduce obstacles to this collaboration.

## ➔ Ensuring more equitable access to tax credits

People living in retirement homes who benefit from the administrative support of their residence have better access to the tax credit than people living in their own house or in a rental unit or condominium. In addition, the fact that there are different application forms raises the question of equitable access to this measure.

For that reason, the Commissioner believes it is crucial to ensure consistent access to the tax credit, regardless of where a person lives.

**Recommendation 12 :** That the government adjust the process for claiming the tax credit for home-support services for seniors. For this purpose, access to the tax credit should be improved to make it consistent, regardless of where a person lives.

## ➔ Improving support to caregivers

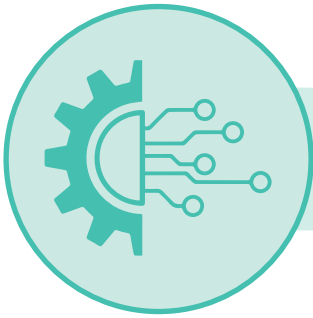
Truly recognizing the importance of caregivers would mean taking into consideration the need for caregivers to avoid losing their job, or their ability to contribute to their own retirement plan while they are caring for their loved one. The goal would be to protect the financial capacity of caregivers.

This would also be accompanied by the development of services and training that really take into consideration the crucial role of caregivers in supporting autonomy.

Improving the ability of caregivers to care for their loved ones would have the following benefits:

- Improving the well-being of the person receiving care due to their pre-existing relationship with their caregiver;
- Reducing the pressure on already-strained human resources;
- Decreasing the likelihood that the person receiving care will need to move into a long-term care residential centre.

**Recommendation 13 :** That the government increase the financial support provided to caregivers by improving eligibility conditions and the amount of tax credits available to them.



## Supporting innovation to generate value

### ➔ Supporting greater innovation

New approaches play a key role in improving home support. For that reason, implementing and supporting a culture of innovation is crucial.

The government and society can already take inspiration from innovative projects to accomplish this vision. Several interesting projects are underway in Quebec and could be implemented on a larger scale. International successes could also serve as examples.

The Quebec government also supports various community initiatives aimed at improving the well-being of seniors. While those initiatives are effective, they face various obstacles, including with regard to their integration in the existing system. This is an obstacle that needs to be addressed to improve the effectiveness of promising initiatives.

**Recommendation :** That the MSSS implement efficient mechanisms to support the development of new value-added ideas and their deployment in care settings.

## CONCLUSION

We need to act collectively to implement the recommendations and engage in a dynamic of change.

The MSSS cannot shoulder alone the responsibility of developing the ecosystem required for maintaining autonomy.

Preventing the loss of autonomy and improving the living conditions of the concerned people cannot be considered separately from the action of public services other than healthcare and social services. The challenge to overcome concerns many other departments and, beyond that, the entire Quebec society.

