

## The Process of Transitioning Adults with Intellectual and Developmental Disabilities to Community Living in Manitoba: What Can We Learn from Community Agencies?

*Le processus de transition des adultes ayant une déficience intellectuelle ou un trouble du développement vers un milieu de vie en communauté au Manitoba : que pouvons-nous apprendre des organismes communautaires ?*

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### Abstract

*The process of supporting persons with intellectual and developmental disabilities (IDD) to move from an institution to homes in the community is complex. Staff who work in the community homes and provide care post-transition play an important role throughout the process, but limited research has examined the process from their perspective. The purpose of this cross-sectional study was to explore the experiences of community agency staff, who supported adults with IDD with their transition from St. Amant's Health and Transition Services (Winnipeg, Manitoba) and provide post-transition care in their new homes in the community. Twenty-six community agency staff (i.e., group home managers, coordinators or supervisors, and directors) participated in an online survey that examined three main areas: (a) the selection criteria St. Amant used to identify candidates for community transitions, (b) the process St. Amant used to implement community transitions, and (c) the support community agency staff received from St. Amant throughout the transition process. Overall, survey respondents evaluated the community transitions process positively. Further, community agency staff indicated they were supportive of future community transitions and recommend using the same selection criteria guided by individualized transition plans.*

## Résumé

Le processus consistant à aider les personnes ayant une déficience intellectuelle (DI) ou un trouble du développement (TD) à passer d'une institution à un milieu de vie en communauté est complexe. Le personnel qui travaille dans les résidences communautaires et prodigue des soins après la transition joue un rôle important tout au long du processus, mais peu d'études ont examiné ce processus selon leur point de vue. Le but de cette étude transversale était d'explorer les expériences du personnel d'un organisme communautaire qui a appuyé des adultes ayant une DI ou un TD dans leur transition depuis les services de santé et de transition de St.Amant (Winnipeg, Manitoba) et a fourni des soins post-transition à leur nouveau domicile dans la communauté. Vingt-six employés provenant d'organismes communautaires (c.-à-d. gestionnaires, coordonnateurs ou superviseurs et directeurs de foyers de groupe) ont participé à un sondage en ligne qui a examiné trois domaines principaux : (a) les critères de sélection utilisés par St.Amant pour identifier les candidats pour les transitions communautaires, (b) le processus utilisé par St.Amant pour mettre en œuvre les transitions communautaires, et (c) le soutien que le personnel de l'organisme communautaire a reçu de St.Amant tout au long du processus de transition. Dans l'ensemble, les répondants au sondage ont évalué positivement le processus de transition communautaire. De plus, le personnel des organismes communautaires a indiqué qu'il était favorable aux futures transitions communautaires et recommande d'utiliser les mêmes critères de sélection guidés par des plans de transition individualisés.

**Mots-clés** : transition communautaire, désinstitutionnalisation, déficience intellectuelle, troubles du développement, Manitoba

## Introduction

Many persons with intellectual and developmental disabilities (IDD) live in shift-staffed homes and require daily support from community agency staff and care providers to help with daily living tasks and activities. These staff members play a vital role in the lives of persons with IDD and can impact their community living experiences, especially after a move from an institutional setting. Community agency staff influence opportunities for choice, self-determination, participation, and inclusion, which in turn affect a person's quality of life (Hamelin et al., 2011; McCarron et al., 2019). Despite the importance of community agency staff in supporting persons with IDD in their daily lives, limited research has examined community transitions (i.e., deinstitutionalization) from the perspective of this stakeholder group. This study is one component of a longitudinal study aimed at evaluating the process and outcomes of community transitions for persons with severe IDD initially supported at a complex care facility located in Winnipeg, Manitoba. The current study examined the process of community transitions from the perspective of community agency staff via an online survey. In this study, community agency staff were senior level personnel including managers, coordinators or supervisors, and directors working at community agencies supporting persons with IDD who moved into community homes.

Deinstitutionalization refers to the transition from a large residential, congregated care setting into a home in the community (Mansell, 2006), or what is referred to as a *community transition*. Changes in policies in support of community transitions for persons with IDD began over 50 years ago (Jones et al., 2008) and were aimed at promoting independence, self-determination, and community inclusion for persons with IDD (Hamelin et al., 2011; Jones & Gallus, 2016; McCarron et al., 2019; McCauley & Matheson, 2016; Scotch & Carey, 2011). The progress made in transitioning persons with IDD from congregated settings to the community varies greatly by region, but is more common in Western countries (Lemay, 2009). In Canada, the provinces of British Columbia and Ontario have closed all institutions as of 1995 and 2009, respectively (Friedlander, 2006; Owen et al., 2015), and the Manitoba Government recently announced the closure of the last long-term care facility, the Manitoba Developmental Centre, by 2024 (Province of Manitoba, 2021).

A core benefit of community transitions is that persons with IDD experience a higher quality of life and standard of living when living in a home in the community compared to an institution (Cameranesi et al., 2022; Martin & Ashworth, 2010; McCarron et al., 2019; Taylor Salisbury et al., 2017). Additional benefits of community living include improvements in adaptive behaviours (Bredewold et al., 2020; Young et al., 1998), increased independence (Taylor Salisbury et al., 2017), and more effective services and care delivery (Bredewold et al., 2020; Hamden et al., 2011). Operationally speaking, community living is also cost effective compared to institutional care settings when quality of care factors are considered (Mansell & Beadle-Brown, 2010).

A person-centred transition plan to guide the process is an essential component and considered best-practice when supporting persons with IDD to move from an institution into their home in the community (People First of Canada and the Canadian Association for Community Living, 2010; Valley View Centre Transition Steering Committee, 2013). A person-centred approach also requires an experienced team to navigate the complex community transition process (Owen et al., 2015). Support staff are key to successfully transition persons with IDD to the community because they perform vital tasks throughout the deinstitutionalization process (Jones et al., 2008). Community staff members represent a system of support to persons with IDD (Robinson et al., 2021) and range from direct support professionals to keyworkers, team leaders, group home managers, and director-level positions. This system of support can improve a person's quality of life and security, while enhancing social networks for persons with IDD (Robinson et al., 2021) and ensuring their daily needs are met (Ailey et al., 2014). In a study by Hundert et al. (2003), it was found that community staff impact the deinstitutionalization process by providing individuals who are transitioning to the community with more social experiences and leisure activities in the community, compared to when living in an institution. Further, Griffiths et al. (2015) found the quality of the relationship between persons with IDD and their community staff to be an integral component of successful community transitions. These studies highlight the importance of assessing the perspectives of community staff supporting community transitions, particularly due to the large impact they have on the deinstitutionalization process and therefore, the health and well-being of persons with IDD.

Despite the importance of their role in the lives of persons with IDD, the perspectives of community agency staff are not well represented in deinstitutionalization research. Some rare exceptions include a study by Vesala et al. (2014) on staff attitudes regarding the deinstitutionalization of persons with IDD, and a study by Griffiths et al. (2015) on the outcomes of community transitions for individuals with IDD as reported by community staff. Both studies

were conducted in relation to deinstitutionalization due to institutional closures in Finland and Ontario, where additional factors such as, relocation of facility staff, potential job loss, and reassignment of responsibilities and re-training of staff were involved, issues that differ from the context of the current study as the institutional facility examined was not closing and rather undergoing a service model change.

The purpose of the study presented here was to explore the experiences of community agency staff who supported adults with IDD with their transition from a complex care facility to their new homes in the community. The community transitions examined in this study were implemented by St.Amant, a not-for-profit organization that provides a wide range of community-based services to persons with IDD and their families throughout Manitoba, and also specialized services at their complex care facility, St.Amant's Health and Transition Services, in Winnipeg, Manitoba ([www.stamant.ca](http://www.stamant.ca)). Since 2014, transitions from institutional care to community residential living were offered to persons with IDD who would benefit from living in the community.

## **Materials and Methods**

### **Setting**

Manitoba is the 5<sup>th</sup> largest by population of 10 provinces and three territories in Canada with a population of 1.38 million (Province of Manitoba, 2020). There are an estimated 6,500 adults with IDD living in this province (Kaçamak & Kroeker, 2018), many of them supported by over 100 community-based service agencies. St.Amant is one of the larger organizations supporting over 2,200 individuals with IDD and their families. Between 2014 and 2019, 55 persons with IDD moved from St.Amant's Health and Transition Services, a complex care facility in Winnipeg, Manitoba, into homes in the community. A large majority of these community-based living arrangements were in shift-staffed group homes. Other community living options included moving into their family's home or with a foster family.

### **Study Design and Procedures**

This article describes a cross-sectional study involving the collection of quantitative and qualitative data via an anonymized online survey of community agency staff who were involved in the community transition process of adults with IDD (former residents of St.Amant's Health and Transition Services). In March of 2020, the executive directors of the 14 residential community organizations that now support transitioned individuals in their community homes were invited by email to participate in the study. The invitation emails included a brief description of the purpose of the study and data collection method, followed by an invitation to participate, and a link to the survey. Specifically, the invitation asked for the participation of the staff member who had been most involved in the community transition process of each former St.Amant resident. Respondents participated in the online Qualtrics survey at their preferred time, date, location, and via a device of their choosing. The survey took an average of 24 minutes to complete. The study was approved by the University of Manitoba Health Research Ethics Board and by a St.Amant Research Access Review Committee.

## Study Participants

A total of 26 community agency staff, from seven different Manitoban organizations participated in the study, corresponding to a response rate of 47.3%. Four organizations are located in Winnipeg, and the remaining organizations are located in Selkirk, Winnipegosis, and Winkler. Participating organizations support between 18–210 persons with IDD within 4–80 community group homes. At the time of completing the survey, participants held a variety of roles, including managers or supervisors ( $n = 16$ ; 62%), program directors ( $n = 4$ ; 15%), executive director or CEO ( $n = 2$ ; 4%), or other unspecified roles ( $n = 4$ ; 15%). Two (8%) participants also served on St.Amant's Transition Steering Committee.

## Materials

The survey used in this study was developed by an external research firm, Kaplan Research Associates Inc., in consultation with our research team and the evaluation working group, involving key stakeholders from St.Amant who helped implement the community transitions, as equal community partners. The external research firm assisted with the survey administration, as well as data collection and analysis.

The survey included 91 items, containing a combination of closed-ended and open-ended questions (Shooshtari, 2020). The purpose of the survey was to investigate the experiences of community agency staff who helped support individuals with IDD throughout their community transition from St.Amant's Health and Transition Services and provided care to these individuals post-transition. The survey focused on three main areas: (a) the selection criteria St.Amant used to identify candidates for community transitions, (b) the process St.Amant used to implement these transitions, and (c) the support the community agency staff received from St.Amant throughout the transition process. Before its implementation, the questionnaire was pilot tested with a director of a community agency to receive feedback on the relevance and clarity of the 91 survey items.

## Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 25 was used for quantitative data analysis, which was conducted at the aggregate level. First, descriptive statistics were generated on all survey responses and percentages and proportions were calculated and reported based upon the number of respondents who answered each question.

Next, the qualitative data extracted from the open-ended survey responses was analyzed using content analysis (Charmaz, 2014). As responses were simple sentences, only one research assistant analyzed the qualitative data. First, in-vivo codes were inductively extracted from the participants' written responses and then, the in-vivo codes were synthesized within and across participants and elevated to the higher orders of categories and themes. The most common themes within and across participants were reported.

## Results

Overall, community agency staff evaluated the community transitions process positively. First, survey results related to the community transitions selection criteria and factors involved in the process are presented. Next, experiences with communication, pre-transition planning and visits, and training and supports are summarized. Lastly, identified concerns, recommendations for future community transitions, and overall assessments of the process are presented below.

### Selection Criteria for Community Transitions

The selection criteria used to identify people for community transitions include: (a) people who do not require 24-hour nursing care, (b) the person's and their family's wishes to live in the community, and (c) recommendations of an interdisciplinary team that the person would benefit from community living. Most survey respondents (96%;  $n = 25$ ) rated the criteria St. Amant uses to identify people who were ready for community living as *very effective*, and the other respondent rated these criteria as *somewhat effective*. None of the respondents indicated they would change the selection criteria if they could, and no recommendations were provided to change these criteria.

### Deciding Factors for Community Transitions

Respondents rated the extent to which they believed that several factors contributed to St. Amant's decision to move residents into their agency's community home (see Table 1 for details). The agency's experience working with people with similar needs, accessibility of the residence, and St. Amant's prior experience with the respondent's agency were the contributing factors most commonly indicated. Respondents were also asked about factors their agency considered when deciding to move a person into one of their community homes, and the most common factors respondents reported included positive experiences working with people with similar needs, the anticipated support and expertise of St. Amant staff, positive experiences with St. Amant staff and other St. Amant residents previously transitioned, and the accessibility of their agency's community home (see Table 1 for details).

**Table 1**

*Respondents' Agreement with Various Aspects of the Community Transitions Process Implemented by St. Amant*

	Very Much	Somewhat	Not Very Much	Not At All	Not sure
	% (n)	% (n)	% (n)	% (n)	% (n)
Factors St. Amant used to select your agency's community home					
Your agency's experience working with people with similar needs	85% (22)	12% (3)	-	-	4% (1)

Accessibility of the residence	77% (20)	15% (4)	4% (1)	-	4% (1)
St.Amant's prior experience with your agency	73% (19)	12% (3)	4% (1)	-	12% (3)
Specific needs of the person moving to the community	65% (17)	27% (7)	4% (1)	-	4% (1)
Person's compatibility with other people living in the home	54% (14)	35% (9)	8% (2)	-	4% (1)
Preferences of the person moving to the community	35% (9)	35% (9)	15% (4)	-	15% (4)
Social / recreational activities of other people living in the home <sup>1</sup>	32% (8)	44% (11)	20% (5)	-	4% (1)
Neighbourhood or geographic location of the residence	27% (7)	38% (10)	19% (5)	8% (2)	8% (2)
Preferences of the person's family/ natural support network	27% (7)	42% (11)	12% (3)	-	19% (5)
<b>Factors your agency took into account to decide to support the person in your community home</b>					
Our positive experience working with people with similar needs	88% (23)	8% (2)	-	-	4% (1)
The anticipated support and expertise of St.Amant staff	85% (22)	12% (3)	-	-	4% (1)
Our general positive experiences with St.Amant staff	84% (21)	12% (3)	-	-	4% (1)
Our positive experiences with other St.Amant residents previously transitioned into one of our homes <sup>1</sup>	83% (20)	4% (1)	-	-	13% (3)
Accessibility of the residence	77% (20)	15% (4)	4% (1)	-	4% (1)
Specific needs of the person moving to the community	65% (17)	27% (7)	4% (1)	-	4% (1)
The person's compatibility with other people living in the home	42% (11)	39% (10)	19% (5)	-	-
Social / recreational activities of other people living in the home <sup>1</sup>	32% (8)	44% (11)	20% (5)	-	4% (1)
Neighbourhood or geographic location of the residence	27% (7)	38% (10)	19% (5)	8% (2)	8% (2)
<b>Evaluate the process St.Amant uses to communicate with community agency representatives about the people moving to their residences:</b>					
Were attempts made to address any questions or concerns <sup>1</sup>	96% (23)	4% (1)	-	-	-

Was the information provided in a clear manner <sup>1</sup>	92% (22)	8% (2)	-	-	-
Was the information provided in a timely manner <sup>1</sup>	83% (20)	17% (4)	-	-	-

Note.  $n = 26$ ; <sup>1</sup>a subset of respondents participated in the survey question.

## Communication

Respondents were first notified about the prospect of St.Amant transitioning a person into one of their agency's community homes by either an in-person meeting (58%;  $n = 15$ ), email (23%;  $n = 6$ ), phone (12%;  $n = 3$ ), or another unspecified way (8%;  $n = 2$ ). As shown in Table 1, respondents considered St.Amant's communication to be *very much* responsive (96%), clear (92%), and timely (83%).

## Pre-Transition Planning

Respondents indicated they on average attended six (range 0 – 12) transition planning meetings in preparation of the person's move into one of their agency's community homes. When asked about how involved their agency was in the development of the individualized transition plans for people moving to the community, most respondents indicated they were *very much* (61%;  $n = 14$ ), or *somewhat* (30%;  $n = 7$ ) involved. Only two respondents (9%) reported that they were *not very much* involved.

All survey respondents indicated that they had the opportunity to meet the person transitioning prior to the move (100%;  $n = 25$ ), and the person transitioning met new staff (100%;  $n = 25$ ) and the other people living in the community home (100%;  $n = 26$ ). Most respondents (89%;  $n = 23$ ) had contact with St.Amant staff before the person moved to their agency's community home. Most persons with IDD also had the opportunity to visit the community home before their move (88%;  $n = 22$ ) several times ( $M = 8$ ; range = 1 – 20). The majority of people also experienced overnight visits (65%;  $n = 17$ ) on several occasions ( $M = 2$ ; range = 0 – 5) before they were discharged from St.Amant's Health and Transition Services. The average time between the first contact with St.Amant and when the person moved into their agency's community home was 10 months (range 2 – 36 months).

## Support

Apart from one respondent, all participating staff members reported receiving training from St.Amant to help meet the needs of the person(s) moving into their community home(s) (96%;  $n = 25$ ). Support for a variety of topics were provided to community agency staff including individualized health and support needs (100%;  $n = 26$ ), diet texture training (69%;  $n = 18$ ), medication administration (62%;  $n = 16$ ), seizure protocols (54%;  $n = 14$ ), lifts and transfers (38%;  $n = 10$ ), and g-tube training (31%;  $n = 8$ ). Most survey respondents (85%;  $n = 22$ ) also reported receiving resources from St.Amant to help meet the needs of the person transitioning. A follow-up open-ended question asked what resources St.Amant made available and a number of responses were provided: (a) personal characteristics (e.g., likes and dislikes of the person,



communication preferences, interests, daily routines), (b) health-related information (e.g., seizure protocols, dietary needs, occupational therapy and physiotherapy assessments), and (c) physical resources (e.g., medications, feeding resources, equipment).

### Concerns

A small proportion of survey respondents (8%;  $n = 2$ ) indicated having concerns about St.Amant's community transitions process. When asked to briefly describe their concerns, one respondent noted the community transitions process has improved over time, and the other respondent noted, understandably, that some of the restrictive practices used at the centre (i.e., complex care facility) were not common practice for people living in the community.

### Overall Evaluation and Recommendations

When asked for an overall assessment of how successful the organization was in implementing community transitions, 73% ( $n = 19$ ) of respondents indicated *very successful*, and the remaining respondents (27%;  $n = 7$ ) indicated *somewhat successful*. Additionally, all respondents indicated that St.Amant should continue to offer community living options to the people they support. A total of 25 respondents answered two subsequent questions. All of those staff members indicated that they would consider supporting people moving from St.Amant to their agency in the future and that other agencies should also consider supporting people in their community homes.

Eight respondents answered the open-ended question that asked what changes they would make to the community transitions process. Four respondents indicated no process changes were required. Two recommendations were related to pre-transition visits to the new home specifically, one respondent suggested more visits, and one suggested a pre-transition trial period prior to the final move. Of the two other respondents, one staff member recommended providing more information about personal preferences, and another indicated the person transitioning and their families should have more input about who the person will be living with.

### Discussion

The purpose of this cross-sectional study was to explore the experiences of community agency staff who supported persons with IDD, who were living at St.Amant's Health and Transition Services, through their transition into homes in the community and provide post-transition care to those who transitioned. We used an online survey to collect relevant data from study participants to overcome research restrictions posed by the COVID-19 pandemic. Conducting online research to collect individual-level data during a time of severe restrictions in in-person interactions imposed by governments such as the COVID-19 pandemic is a recommended common practice (Cameranesi et al., 2022b). Overall, survey respondents evaluated the community transitions process positively. The selection criteria used to identify people who can successfully transition to community living, and communication with St.Amant were also rated positively. Additionally, all respondents indicated support for the continuation of St.Amant's community transitions strategic initiative.

As prior research examining staff perspectives of community transition processes is extremely sparse, only limited conclusions can be drawn by comparing and contrasting our findings with those of other scholars. However, some observations can be made by performing such comparisons. For instance, the study by Vesala et al. (2014), which compared staff attitudes of those working in an institution and those working in the community in Finland provides evidence that do not align with the perspectives reported by our study participants. Unlike the respondents in our study, the Finnish staff viewed the community transitions process implemented by the organization as poorly planned and indicated that they were neither involved in the planning process nor provided sufficient information about this process. We can speculate that these differences may be due to how the community transitions were implemented such as variations in the degree of systematic, person-centred planning, and communication practices across studies. Additionally, the contextual factors in the Finnish study, whereby community transitions were the result of an institutional closure and institutional staff faced workplace changes and work reassignments to community home settings may have contributed to the dissatisfaction of staff in the Vesala et al. study. Another important distinction between studies are the survey respondents as direct care staff participated in the Vesala et al. study, whereas supervisors and more senior-level management participated in our evaluation study. However, due to the scant evidence on the perspectives of staff members around the community transition process, these differences should be further investigated in future research.

The process of moving a person with severe IDD into the community is complex and multifaceted and involves a variety of stakeholders that contribute to successful outcomes. Although the study by Griffiths et al. (2015) examined outcomes of community transitions rather than process specific questions, community agency staff were generally satisfied with many different outcomes following community transitions, and these successful transitions were attributed to components of the process. Griffiths et al. suggested person-centred planning, and pre-transition support and training for community agency staff contributed to their satisfaction with the outcomes and experiences with successful community transitions. These key components, staff providing person-centred care, and training and support to prepare community agency staff, identified by Griffiths et al. were also important aspects of the community transitions St.Amant systematically and effectively implemented according to respondents in the current study.

## **Limitations**

The timing of the current study, at the onset of the COVID-19 pandemic, may have contributed to the low response rate we experienced as organizations shifted resources to plan and respond to the uncertainties and rapidly changing information related to the global pandemic. Although respondents indicated overall positive processes and experiences, our sample only represents 47% of the total community transitions that occurred at the time the survey was implemented. Those staff who may have experienced more challenging community transition processes may not have been motivated to participate in this study. The small sample size did not allow for any statistical testing of research hypotheses and limits the generality of our study results. In addition, respondents were group home managers, coordinators or supervisors, and directors. No direct support staff from the participating agencies responded to the survey, and therefore their perspective is not reflected in the findings presented in this paper.

The psychometric properties of the survey questionnaire (e.g., including test, re-test reliability, or validity other than face validity) that was used to collect data from community agency staff were not assessed in this investigation. Rather, the survey tool was developed in consultation with members of the research working group who have expertise in survey research and IDD.

Future research is warranted to account for these limitations. Relatedly, this research was established to assess the community transitions of only one Manitoban service provider. Limitations of the current study may be addressed by designing more robust and comprehensive studies of community transitions in Manitoba with St.Amant, but also with the Manitoba Developmental Centre, which has a planned closure in 2024.

## Conclusions

Based on the study findings, community agency staff in Manitoba believe that St.Amant is utilizing a very successful community transition process, and that they are supportive of future community transitions. The anticipated supports and expertise of St.Amant are found to be critical for other community agencies to hold such a positive perception towards supporting persons transitioned from St.Amant's Health and Transition Services to live in their organization's community homes. The information, resources, and/or supports provided by St.Amant were recommended to be tailored to address the unique needs and conditions of each person transitioning to a community home. Developing individualized transition plans for people being transitioned from St.Amant's Health and Transition Services prior to their transition to the community, with the active involvement of community agency staff who will be supporting them after their transition is key to providing person-centred care to ensure success of community transitions. Collectively, these findings have policy and practice implications for planning and implementation of person-centred community transitions that also build capacity of well-trained staff within community agencies.

## Key Messages From this Article

The key messages from this article support community living for people with disabilities as shared by many other researchers.

**People with Disabilities:** You have the right to live in the community. Supports to live in the community should focus on your needs.

**Professionals:** The process of community transitions should be guided by an individualized plan for each person based on their needs.

**Policymakers:** People with disabilities need policies that support their right to move from institutions into homes in their desired community and with people they want to live with. Community-based services also need to be provided by qualified staff that support peoples' unique needs.

### **Messages clés de cet article**

Les messages clés de cet article soutiennent la vie en communauté pour les personnes ayant une incapacité, comme le font de nombreux autres chercheurs.

**Personnes ayant une incapacité** : Vous avez le droit de vivre dans la communauté. Les mesures de soutien pour vivre dans la communauté doivent être centrées sur vos besoins.

**Professionnels** : Le processus de transition communautaire doit être guidé par un plan individualisé pour chaque personne en fonction de ses besoins.

**Décideurs** : Les personnes ayant une incapacité ont besoin de politiques qui soutiennent leur droit de passer des institutions vers des milieux de vie dans la communauté de leur choix et avec les personnes avec qui elles souhaitent vivre. Les services communautaires doivent aussi être dispensés par du personnel qualifié qui répond aux besoins uniques des personnes.

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