



G R O U P E A S S O C I A T I F

Une histoire qui nous relie

TRIADE meeting, 14th of November
2016

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- Since 2012, Head of the accommodation care homes for elderly in Val de Marne
- Since June 2016 Head of the accommodation care home for elderly “Verdi” in Mandres les Roses

Birth of the groupement ARPAVIE

July 2016

Fusion of 2 associative groups :

AREPA

AREFO – ARPAD

Giving rise to the first association of 125 establishments (46 residential accommodation homes, 77 Autonomy Residences, 1 rental residence with services and an Nursing service at home SSIAD).

3 000 collaborators

9 000 hosted residents

The accommodation care home for elderly “Verdi” Mandres les Roses

- 1995 construction of the residence VERDI (residential accommodation home) - 77 beds
- The unit for ageing people with disabilities is result of a collective effort and a project launched in 1984:
 - **To meet the real need of aging disabled people who cannot or would not stay at home or within the accommodation care home for disabled people;**
- It is a partnership between the ESAT (work protected place) of Rosebrie, the municipality of Mandres les Roses, the group of the associations
- In 1995 creation of a very innovative project in the heart of the municipality: residential accommodation coupled with a reception of aging disabled people

Unit of live for disabled people « Verdi »

- The ESAT (protected work place) and accomodation home for disabled workers or hospitals can no longer support these people, an orientation is made towards the Unit of live for disabled people within in a medical setting
- For the under 60s a derogation is requested from the MDPH (departmental house for people with disabilities)

Regarding disabled people

- Allowing ageing people with disabilities who were in institutions, to hold/continue or to recreate a social link.
- Allowing ageing people with disabilities who stayed at home to break the isolation;
- Maintaining continuity of their life and social and cultural achievements;
- Avoiding multiple changes of accommodation;

Regarding their families

- To ensure the relay, medical and social support when parents cannot continue to support their children ageing people with disabilities or after disappearance of parents;
- To allow a joint institutionalization (parent / child);

Unit of live for disabled people

« Verdi »

- Until today, 16 people live in Unit of life within residence "Verdi".
- Their support is based on several dimensions:
 - **Emotional dimension**: exchanges, discussions, family;
 - **Educational dimension**: respect, exchange of information and knowledge, valorization, maintaining independence, life experiences.
 - **Social dimension**: links with family, friends, other people, exchange, outings, recreation, respect of worship;
 - **Cultural dimension**: personal improvement and opening to the outside;

Who are ageing disabled people within the Units of life?

- 16 hosted people:
 - 4 people aged - 60;
 - People with trisomy 21;
 - Persons with a mental disability;
 - People with Korsakoff disease, stroke, multiple pathologies,
 - People with schizophrenia, depression;
 - 8 women and 8 men;

Team

- 4.6 FTEs with two educators and 2.6 FTEs medico-psychological assistance;
- Resident staff: nurses, doctor, night staff, psychologist, administrative staff;
- General doctors come to residence;
- Collaboration with local ESAT for linen maintenance (convention);

Aims of the Unity of life

- To support aging people with disability in the essential acts of their daily life respecting their rhythm, intimacy, maintaining their autonomy and social life and developing new skills and capacity.
- This support allows to create a special and individualized time:
- For the staff, this may be a way to detect physical or mental abnormality.
- For the client, the support should be a time of reevaluation of self-esteem, well-being and autonomy.

Vocational training

- Particular attention to vocational training for staff :
 - Training on ageing simulation in order to understand better the consequences of ageing;
 - Training on different types of disability, their evolution with age in order to understand better the needs of aging people with disabilities;
 - Training on relational approach in case of refusal, aggression;

Quality of life

- Individual care;
- Maintaining autonomy;
- Ensuring their safety;
- Thinking about their well-being;
- Examples:
 - Choice and preparation of the meal;
 - Accompaniment to the leisures;
 - Accompaniment to the doctor and psychiatrist;

Perspectives

- Multiple partnerships:
 - With the accomodation care home in order to support better everyday life and especially the end of life;
 - With the medical care home for disabled people and the protected work in order to mutualize skills and competences;
 - Developing partnerships with psychiatric services;
 - Development of professional training for professionals ...