

Les Maisons de Lyliane

APAPHPA

78550 RICHEBOURG – France

*President, Founder: Mme Janine CAYET*



04/05/2012



04/05/2012

Place  
du Canal

Square  
Lytiane

04/05/2012



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*President, Founder: Mme Janine CAYET*

*The association manages five institutions, where 285 people with intellectual deficiencies (sometimes with in addition, related mental illness) reside*

1990

- Association created

1996

- Opening of first institution, housing for ageing and intellectually disabled adults

2003

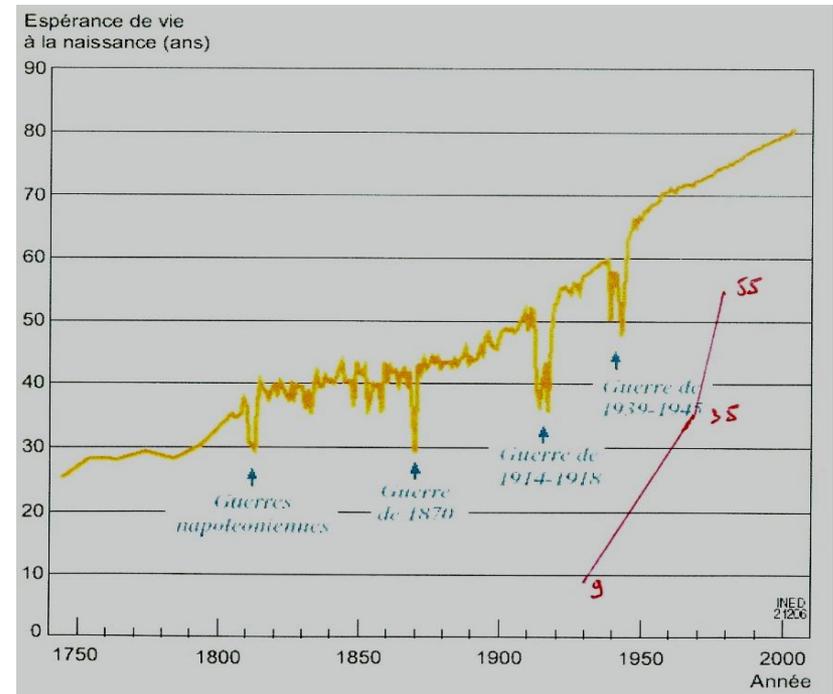
- Opening of second « medical » institution



*Life expectancy in people with intellectual deficiencies has increased significantly:*

*For example, statistics in France from 1930-1995*

- *Yellow line - life expectancy of the general population*
- *Red line – life expectancy of people with Down syndrome*





*At the beginning of their stay in our institution, we witness often a positive evolution of the person due to*

- a new, more stimulating environment*
- dynamic institution with positive atmosphere*
- new relationships with staff based on an individualised educative project*

*The first signs of ageing are therefore often perceived as:*

- tiredness*
- sometimes even as a decline and depression*



promenc

04/05/2012





TOUT  
MACHINES E  
FIXE OU POI  
NE DOIVENT ETRE UTILISEES  
QU'EN PRESENCE D'UN  
EDUCAT  
ET CE IMPERAT  
MERCLEZAVAN

Conduite miche  
VOTRE SÉCURITÉ

04/05/2012



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Les Maisons de Lyliane

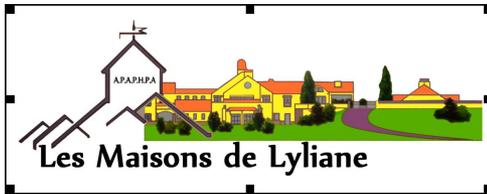
Association accueillant des adultes handicapés mentaux

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**Ce vélo a été réalisé par les  
Résidents des Maisons de Lyliane  
à l'occasion de**

**PARIS - NICE 2011**

04/05/2012



*Staff often reacts by reinforcing activities and increasing stimulation*

*At first, this has positive affects, but only temporary. And this temporary improvement can be at the cost of several failures and suffering. The staff member questions his/her professional capacity and requests help from medical staff with a treatment/drugs.*

*At this point, ageing causes greater dependancy and educative activities are no longer possible. Daily routines are installed (meals, toilet, medical needs...) as the individual is less and less receptive.*

- loss of cognitive and instrumental capacity*
- fatigue*
- body functions slowing/declining.*



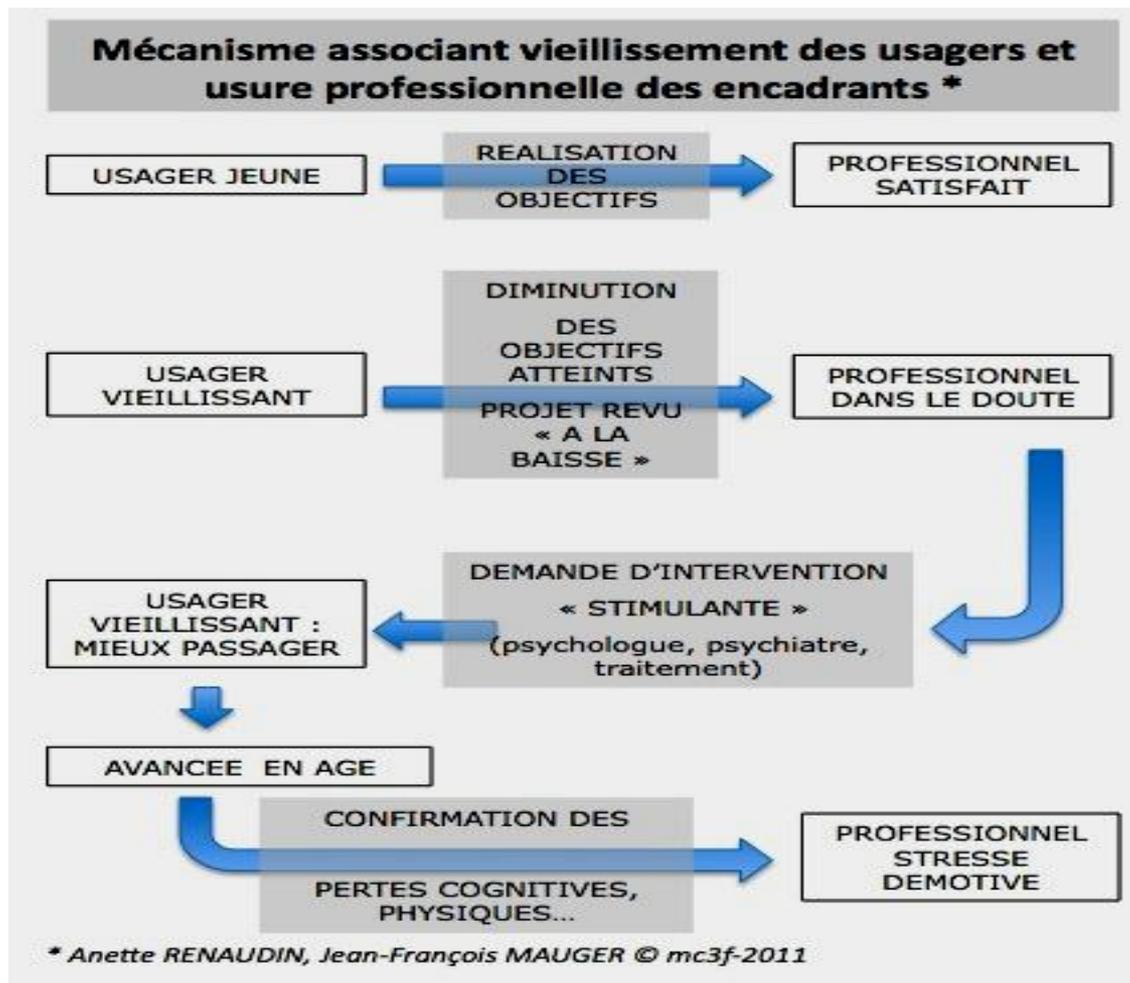
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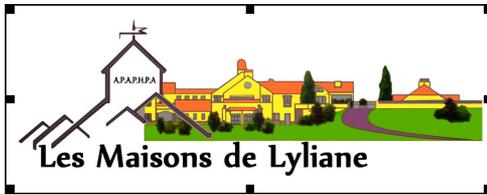


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*The process is as follows :*





*Staff support and care must therefore change its focus:*

- allow more time for thought, reflection and communication*
- training to prevent abuse et to promote proper care*
- training on ageing and its effects on both the general population and people with intellectual deficiency in particular*
- support for the staff confronted with residants with terminal illness*
- constant and close watch of the staff and their potential feeling of helplessness and failure to succeed at reversing the ageing process ....*

***a process that we all go through inevitably...***