Co - Residency

**– a way for a person with a disability to live an ordinary life**

My son who is now 40years old has lived in his house since he was

21. He has Down Syndrome and Type 1 Diabetes and so requires 24 hours a day supervision as he is unable to monitor Blood Glucose Levels, insulin doses and food without considerable assistance due to his intellectual disability.

He has been able to live in his home with the support of housemates. They provide support for him in lieu of rent. He receives support from support workers for the rest of the time who help him with personal grooming and household tasks so that he can fulfil his responsibility as a housemate. He attends Art and Drama groups and a dog walking work site when NSW is not in lockdown. He leads an ordinary life.

This Co-residency model was established by Uniting Care using funding from the NSW Department of Ageing Disability and Home Care (ADHC) and was later funded by the ADHC Supported Living Fund. My son’s home is now funded by his NDIS ILO package.

This has worked well for nearly 20 years and several of his former housemates have become friends adding to his network of informal supports. He goes away for weekends and holidays with them – again when not in lockdown – and engages with them using FaceTime regularly. They very much add to his social network. The co-residency model is a natural way of establishing friendships with people who are not staff.

This model of ordinary living has enabled my son to have a ‘good life’ following his interests and relationships with family and friends with appropriate support.

The key to this model working is the Lifestyle Co-ordinator role who facilitates communication between my son, his housemate/s, his family, support staff and the managing agency. When the model has run into problems is when this linking role has fallen down. Then everyone feels isolated and unsupported.

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