HOPES CO-OPERATIVE LIVING PROJECT

The co-operative living project is designed to give people with cognitive and/or physical disabilities a safe environment in which to live as independently as they are able. The project offers a financially viable, and personally empowering supported living model for people with acquired and neurological disabilities, who are unable to live satisfactorily in the community without support.

The model consists of a small cluster of independent units surrounding a common house, encouraging residents to interact and support each other, while retaining their personal space. Residents needing varying levels of assistance share support dollars/hours, and this is supplemented with rostered volunteer and peer group support. The common house doubles as a respite/transitional living centre, offering another source of income.

The units and common house can be stratum titled, to enable private purchase of one or more of the units. The common house is owned by the co-operative*. The balance is public housing, with the option of later purchase by the Co-operative or individual residents.

A Co-operative body consisting of residents and advocates is responsible for managing housing and day-to-day lifestyle issues. The Co-operative appoints a caretaker, who has rent-free accommodation in the common house. An established service provider, Optia, is responsible for co-ordinating support hours, according to individual resident's options.

To our knowledge, this innovative model has not been trialled elsewhere, but aspects of it (such as co-housing communities, and a co-operatively managed shared home) are operating successfully in various parts of the world.

Rationale:

A majority of adults with cognitive and/or physical disabilities following an acquired brain injury or neurological disease, have led full independent lives prior to the event and have a clear memory of that life.

Common outcomes range from problems with memory, planning and organisation, plus a lack of insight, to severe physical impairments; and, for most, loss of social networks, and a feeling of uselessness.

Traditionally, adults with disabilities have been housed in one of the following situations:

- The family home with family support (the majority)
- "Group" homes – Gov. and non-government, with paid supporters
- Nursing homes and other institutions

  And for a very few
- Independently, with personal support packages

The first three situations often lead to increased dependency, and a heightened sense of uselessness; where lives are controlled by others and there is little opportunity to give back or make a useful contribution. The few lucky enough to be funded through compensation or personal packages often suffer from social isolation and a similar sense of uselessness.

Even life in the family home, i.e. with parent(s), is not "normal" in an adult community, and puts strain on family relationships.

Currently people funded to live in a shared situation are generally housed according to their level of support need – i.e. people with high physical or behavioural support needs are housed with people with similar levels of disability, for economic purposes. However, this may well exacerbate the situation. Residents' behaviour may worsen with poor role models, making the support worker's role impossible; and residents with high physical support needs will have little incentive to improve communication and other skills.

Management Structure:

In the co-operative living model, the property is managed by a Co-operative body consisting of residents and their advocates, assisted by the appointment of people with specific skills if necessary. It is an incorporated body, working under legislative requirements. The Co-operative ensures rental payments are made, resolves any residential or common house issues, approves new residents, selects a caretaker, monitors support, and deals with maintenance issues. It is also responsible for establishing selection criteria, grievance procedures, and exit policies.

Regular meetings are held in the common house, and each supporting family or advocate member is required to assist with communal support (e.g. cooking, gardening) on a rostered basis - or arranges a nominated substitute if they are unavailable.

Rental:

Each resident pays an agreed weekly or fortnightly rental to the co-operative body if the unit is leased, or a body corporate amount for general property costs (e.g. rates) and maintenance.

Two or three bedrooms are included in the common house for respite and/or transitional skills development, for which rates are determined by the co-operative (in conjunction with the support co-ordinator). These rooms may also be used as transitional accommodation for residents who are apprehensive about moving into unit accommodation. Additional respite may be available in residents' units, where this arrangement meets with the resident's approval.

Support:

Residency is dependent on the availability of sufficient support dollars to address the resident's needs. The ability to support residents with higher support needs depends on the amount of support already available to the incoming resident, in conjunction with existing on-site support hours. Such decisions are made by the Co-operative, acting on advice from the Co-ordinator. Paid support is supplemented with peer and family/external volunteer support.

Residents nominate their own support workers but the appointed service provider has responsibility for co-ordinating support, and assists with the appointment of a caretaker.

Living arrangements in each unit are flexible and may include family members (e.g. supporting parents) if wished, for short or long periods. This then constitutes a transitional situation, enabling parents to move out when they are comfortable with the level of external support, or are no longer able to offer physical support themselves.