

OVERVIEW

Welcome to the December 2014 Networker magazine. This edition is produced both electronically and in paper form as the feedback has indicated that some people still prefer the hard copy. As always the Networker will be available at our seminars and on request.

In this edition, we focus on the living options available to people with disabilities. We receive regular enquiries about this topic so felt it appropriate to give an overview of options, reviewed by the Ministry of Health.

There are some current options and some emerging options which are based on the Ministry of Health (MoH) New Model for supporting people with disabilities. We will look at four options: Community Residential Care, Supported Living, Choice in Community Living (CiCL) and Family Governed Models.

Families can work through these options and we hope that by putting this information in the Networker it will help their understanding. This overview is of living options in Auckland at present – it is important to note that not all options are available everywhere in New Zealand at this time (eg: CiCL).



INTRODUCTION




So we have gone through the years raising and caring for our disabled children, from early diagnosis, dealing with therapists, child development teams, special education system, had to deal with illnesses, Starship Hospital stays, support systems, Home & Community Support Services and Carer Support...the list goes on.


And we come to a point, often at the end of schooling or just before, when we start thinking "where to from here?" What kind of a life do we visualise for our children? How much support do they need (or we for that matter)? What decisions can they make? How much of a role do we want in their lives and how much do they want us in their lives? Most of these questions are typical ones in any family no matter what ability their child has - some of them are special questions and probably the most important question is "are WE ready to let go?"

It is a normal transition for young people to move out of the family home. This is the same for young disabled people. Young adulthood is a time of many 'transitions' – leaving school, sometimes leaving home and leaving childhood behind – and parents transition also within this process.


Some parents may well decide that the best option is to keep their child at home and care for them until they can't do it any more, believing that they can provide the best care. No doubt every parent believes they know their child best and can provide the best care. But other options could be considered too.




Community Residential Care offers fulltime support with aspects of household and personal cares. The house and care is provided – this option is generally suitable for more severely physically and/or intellectually disabled people.



Supported Living has more of a facilitation component. A house or flat is rented or owned by the disabled person (sometimes with Work and Income support). The person receives support to facilitate independent living.



Choice in Community Living (CiCL) is an alternative to residential services for those with significant disabilities. This offers more choice over where and how people live and how they can be supported to facilitate this.



Finally there are Family Governed Models which allows the person to own or rent their own place, using Individualised Funding and Work and Income benefits to buy the support they need.

At a quick glance each service offers a greater/lesser degree and type of support. With that also comes more/less choice and control and also more/less self-responsibility.

We will look into each in more detail and offer a little personal story with each.

COMMUNITY RESIDENTIAL CARE

WHAT IS IT?

Community Residential Care allows a person with a disability to live in a home-like setting, receiving fulltime care. It is provided in the local community wherever possible (depending on the provider chosen) and staff support the person taking part in activities in the neighbourhood. It involves having access to community and leisure activities, being able to socialise, meet other people and have as near typical life experiences as possible whilst receiving the support needed to do so. The aim is to reach maximum community participation.

PROCESS

When considering Residential Care as an option, a needs assessment is the first step – to ascertain eligibility and talk through the options. During a meeting the family and disabled person jointly identify the person's strengths and what disability supports might be needed. Taikura Trust determines the eligibility for Ministry funded Community Residential Care. Abilities, resources, goals and needs are all considered.

Once eligibility is established and residential care is agreed as the preferred option, Taikura Trust then sends a report to Ministry of Health for their approval. It details the level of support needed and identifies providers who might be suitable to provide the necessary care.

- NASC starts the funding process with MoH.
- NASC will also liaise with providers to establish financial, practical and timely availability.
- Once approval is received from MoH the person/family/carers can meet providers (from a given list) and choose the one most suitable for them.
- As a parent your role is to meet providers, choose and move your person into their new home.
- There will be some paperwork required (eg, appointing the provider as agent for Work and Income) - the provider assists with this.

WHAT IS PROVIDED?

- Fulltime care
- Comprehensive support to live in the home (may include personal cares and household management)
- Accessible house or flat



FUNDING

The disabled person will probably be on a Supported Living Payment benefit. Work and Income will take out of this benefit what is needed for food, power, phone, rent etc and transfer it directly to the provider. The disabled person will retain "pocket money" to pay for extras like toiletries, outings etc.

Residential Care funding predominantly funds staff support for daily living (cooking, cleaning, showering, etc.) and may include some accommodation costs.

POINTS TO CONSIDER

Providers of Residential Care cater for people with a range of disabilities (eg: physical disabilities, intellectual disability, etc.)

Community Residential Care can offer a sense of family, belonging and companionship, with opportunities of socialisation (outings, meeting new people, and friends). Conversely for those who seek greater independence or control over the daily choices of their life – there is a risk of isolation, dissatisfaction or withdrawal from communal activities. Under these circumstances it is possible other living options may be more suitable.

MY EXPERIENCE WITH RESIDENTIAL CARE

– A PARENT'S STORY

It's been over 3 years now that I decided to go with Creative Abilities. The process started quite a bit earlier.

I remember James was still 18 and Joshua not 16 yet when I started to wonder about not only their lives but also my age and my decreasing ability to physically care for them. Having two children with profound disabilities meant I could not give them all the experiences of life they could have. I was always (as a solo parent) reliant on support to take them anywhere. Summer holidays were never good when carers had holidays too and we were stuck at home. I realised this would be quite similar if they stayed with me after schooling.

The other thought I had was around my own mortality. What if... I kept my boys at home and cared for them until I died? What then? I tried to imagine what that trauma would do to them. Losing mum (would anyone explain it to them? would they understand?) and at the same time being put into care (and not having a choice/voice), probably not even being placed together! Would it not be better for them to already have a life independent of me or their dad, where we could visit (just like typical parents) and be part of their lives? And then when finally we can't come anymore their lives would at least continue in the established way, without the extra trauma of losing their routine, separation, etc.

One of my needs assessments addressed that issue and the process started. Due to my sons' profound physical and intellectual disability and medical needs, Supported Living was not an option for us. A friend of mine had gone through the Family Governed Model, but I felt that it posed too much responsibility on me to find staff, do payroll, find other parents who I felt comfortable with etc. For once I just wanted to be "MUM". It was about their independence from us, not being independent as such.

At the same time I wanted them to be happy and well looked after. So after my needs assessment and authorisation I was given a list of possible providers. The idea was for us to go and have a look and meet with each one to then decide who we wanted our boys to live with. Creative Abilities had everything we wanted (apart from only having houses on the North Shore) and I felt a strong connection to their philosophy and empathy from staff and CEO.

However, because we wanted both boys to stay together we faced two issues: finding a house with two empty rooms at the same time could possibly take a long time (we were looking at probably two years). Also, if we found a house earlier, my youngest son would have been younger than the usual Ministry of Health Residential Support threshold (which is 17yrs of age) and would require special authorisation. We decided not to worry about that part and just take each step as it came.

As it was it came around much quicker than anticipated. After three months we were given the option of a beautiful house with two adjacent rooms separated by a joint bathroom, big enough for a shower trolley, toilet chair and all their bits and pieces. Creative Abilities put all the processes in place (applying for the residential subsidy through Work and Income), special authorisation for Joshua with Ministry of Health etc. All we had to do was paint the rooms in the colours we wanted and buy some furniture. Beds were supplied too. While I was painting I met the other residents, some mobile, verbal, all friendly. Staff looked after me supplying me with endless coffee and sandwiches. Very soon both boys moved in.

And it wasn't too soon. Four days after they moved in I had a heart attack. And I know that I wouldn't have gone to the hospital that night if the boys had still been at home in my care! How quickly things can happen!



We then started the process of training staff with the care of our boys - every little thing was documented, about their pump feeds, their personal cares, their positioning in the wheelchair and in bed, how to get them ready for school etc. Initially I was there a lot, especially around the time of shift change to make sure I met as many people (staff) as possible. And yes there were hiccups but nothing drastic.

We could keep the same school (James only had another year to go and both boys went to the same school) and transport. After school at 21 the only change was going to be what they were going to do instead. I am a firm believer in one change at a time.

A few months later unfortunately James passed away. He had been medically fragile and he just didn't wake up one morning. It was traumatic for not only us as parents and his brother but also for staff who had come to know and love him. They allowed us to treat James' home as exactly that - his home. As such all meetings we had to conduct, all visits from friends and family, his being in a coffin in his room, everything was done to make us feel that this was how it should be. They fed and watered not just us but everyone who came. They helped us with arrangements, they went out of their way to support the whole family. I could not have wished for better people to support us through that difficult time. And afterwards - anticipating Joshua's grief - they went out of their way to ensure Joshua was especially supported.

To say that absolutely everything is perfect is not giving a realistic picture. Sometimes staff go by the book where I as parent would tap into my experiences and use my common sense. The constant turnover of staff is indicative of the disability sector and not of Community Residential Care. As such I sometimes feel like a parrot going on about the same issues like positioning or wheelchair changes, feeding regimes or appropriate clothing. As separated parents it took a long time before we were consistently informed separately, rather than one being messenger for the other. A good relationship with at least the co-ordinator goes a long way to making sure Joshua gets the best care possible. I like involving the co-ordinator in all clinic meetings, because maybe one day we won't be there at all, and it is a good idea (to me) to start a certain routine early on so they can carry on without us one day.

Joshua now lives with two other people slightly older and one more mature person. They all get on and we as parents get on. It's like another family home, just not run by parents. And Joshua....all I need to know is that he is healthy and most importantly - HAPPY!

I remember one day over the weekend Joshua's father texting me to say he'd gone to visit but Joshua was out and did I know where he was, to which I replied "he has a life". And that sums it up for me. He will never lead an independent life but he is independent from us now. And we can just be....parents.

SUPPORTED LIVING

WHAT IS IT?

"Supported Living is a service that helps disabled people to live independently by providing support in those areas of their life where help is needed". (MoH)

The main focus of Supported Living is supporting the disabled person to live independently.

A house is not provided as part of Supported Living. A disabled person may access a house through Housing New Zealand, a community housing provider or may own/rent their own private residence.

PROCESS

Supported Living is available to eligible people with a disability who are over the age of 17yrs. The disabled person contacts NASC (Taikura Trust) for a needs assessment. He/she must be eligible for Disability Support Services.

A collaborative approach is used to determine if Supported Living is the best way to meet the person's needs. NASC will supply the person with a list of providers and it is up to the person to meet providers and choose the service they want to be referred to. A plan for support is drafted by the provider and is based on needs and desired outcomes. If agreeable the disabled person signs this plan – it must be written in such a way the disabled person understands the plan. Then the provider sends a proposal to the NASC detailing how, when and where they will support the disabled person. Supported Living is not intended to be a 24/7 support – the aim of SL is to support skill development to ideally enable a disabled person to live independently.

WHAT IS PROVIDED?

Support in areas of need to enhance independent living skills with the disabled person (eg shopping, meal preparation, budgeting). SL is not intended to be a prolonged or 24/7 support.

FUNDING

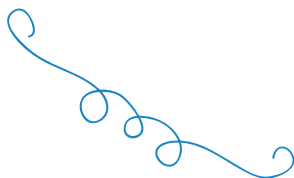
Ministry of Health provides Supported Living funding – eligibility and funding approval is through the NASC.

Under Supported Independent Living Ministry of Health will fund those disability support components which are needed to support the disabled person to learn to live independently. This funding predominantly funds staff for agreed-upon tasks detailed in the plan for the purpose of skill development. Home and Community Support Services can be allocated separately if the person requires them but Supported Living itself does not include assistance for Personal Cares, Household Management, Rehabilitation or Vocational Services.

The disabled person remains in control of their own bank account and income. Or they may be receiving personal income or a Work and Income benefit such as Supported Living Payment, Accommodation Supplement, Disability Allowance, etc.

POINTS TO CONSIDER

Supported Living is an option for those whose aim is independent living but need support with this process. It is expected that the support will be greater at the beginning when the disabled person needs the most support and decrease over time as the person masters more general living skills.





SUPPORTED LIVING – A PARENT’S STORY

My experience as a mother of four daughters with the eldest having developmental delays.

My daughter has been in Supported Living for 8 years now. When I first applied nearly 10 years ago I recall the process taking longer than expected. This of course was due to a high demand of clients wanting suitable houses. There was a need to wait until a room came available with a compatible group.

The assessment was an emotional experience. Having to verbally “lay it all out” describing in detail all aspects of why I wanted my daughter to go into care. This was all said in front of her. There were mixed emotions as it’s nervous to let go of your child along with that feeling of failure to look after her or desire to want to once she reached that adult age.

When a house came available there was a settling in period for us both. Coming from a home where I did most things for her and understood her physical and emotional needs it felt as if the Supported Living house rules and some staff took on their role with my daughter as if they knew “best”. It was nice to have someone else deal with it all but they didn’t always know “best”. I felt there was a lack of support given to the parent in this transition stage.

Despite the lack of support I was confident that my daughter was being cared for in a safe environment and knew I had to take a step back and allow her to learn the dynamics of her new home. The staff had a job to do to settle the group into a routine to make the home flow. My daughter knew I was there for her but having to step back does leave you with a silent sense of failure.

Eight years on my daughter is very happy in Supported Living. She has moved houses a few times with a change of staff and new house dynamics which she copes very well with. It does take time to settle in but the rewards are positive. I will always be her mother but as with most teenagers and young adults generally our role of mother becomes redundant as they grow into their own independence and spend more time with their peers.

CHOICE IN COMMUNITY LIVING

WHAT IS IT?

Choice in Community Living (CiCL) is one alternative to Community Residential Care – it is aimed at people with significant disabilities who would typically access Residential Care. CiCL is a part of the Ministry of Health's New Model for supporting those with disabilities – it offers choice and control around where, how and with whom a disabled person lives. Choice in Community Living is currently only available in Auckland and Waikato.

PROCESS

The first step is a needs assessment with your local NASC. This needs assessment, with the disabled person and their family will determine if CiCL is suitable and what supports are needed.

The disabled person/family together with NASC will make a plan to establish what kind of housing is needed and the support required. If two or more people chose to live together there may be opportunity to pool supports – but it is also possible for a disabled person to live alone if they prefer.

NASC will give a list of providers of CiCL services (7 provider hosts) from which to choose the best one suited to achieve the desired outcome.

The chosen provider will work with the disabled person (and family/whanau) to determine how to support the disabled person. This will be different for everyone. People can choose where they live, with whom and who supports them within the parameters available.

- The provider purchases the supports on behalf of the disabled person
- The disabled person and family/whanau find suitable housing.

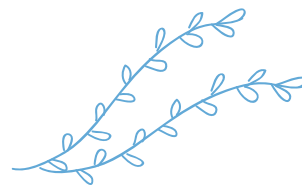
WHAT IS PROVIDED?

NASC does needs assessment, develops the plan and finds a provider host.

The provider is responsible for general living supports according to the plan. Supports are intended for the person to be able to be included in the community as much as possible, not just general living supports.

What a provider will purchase on behalf of the disabled person is guided by the Purchasing Guidelines. The principles are that purchases must be:

- a disability support
- that the disability support contributes to outcomes in a person's individual support plan
- within scope of relevant Ministry of Health policies and responsibilities.



FUNDING

Ministry of Health will cover the cost of support as assessed by Taikura Trust. MoH will only fund supports which fall within their criteria and definition of disability.

Work and Income benefits are for general living and accommodation costs and there is an obligation by the disabled person to make sure living costs are met. It is possible the disabled person may qualify for Disability Allowance for ongoing medical/disability expenses. For further information on Work and Income supports refer to our April 2013 Networker magazine or click here

http://disabilityconnect.org.nz/wp-content/uploads/2013/05/Networker_April_2013_Web.pdf

POINTS TO CONSIDER

- At present CiCL is available only in Auckland and Waikato (prior to a decision being made regarding national availability)
- CiCL gives more housing choice (eg: owning/renting/sharing) but Auckland housing prices may limit real choice
- Finding suitable flatmates can be challenging
- Increased choice means increased self-responsibility.

7 PROVIDER HOSTS:

1. IRIS
2. CCS Disability Action (Auckland and Waikato)
3. Community Living Trust
4. Idea Services Ltd
5. Renaissance 2001 Ltd
6. Spectrum Care Trust
7. Te Roopu Taurima o Manukau Trust.



OUR EXPERIENCE OF CHOICE IN COMMUNITY LIVING (CiCL)

In April this year my daughter made a big move in her life, she moved out of home and into a supported living environment (there is a carer in the house all the time that the flat mates are home.) Laura is 26 years old and has special needs. It was always both ours and Laura's wish that one day she would be able to live in a supported living environment. Laura was quite agreeable with the thought of moving out, but it was a big thing for all the family.

I found out about the "Choices" programme purely by chance. In January this year I needed to renew Laura's carer support days and I so called Taikura Trust to do this. I mentioned that there was a chance that Laura could have the opportunity to move into a house and was told about "Choice in Community Living." It was arranged for someone to come and talk to us about the programme. Laura's needs were assessed and Taikura came up with a figure for the year to enable Laura to pay for her care in her new house, (her rent and everyday living expenses come out of her invalid benefit.) We also had a meeting of family and friends guided by Taikura to talk about what Laura wanted in her future life. Laura played a big part in this process.

In the meantime we had to choose a provider to be the fund holder. We went with Renaissance. We can log on to their website at any time and see the accounts for Laura's fund. They are also on the end of the phone if we have a problem. To start with there seemed to be a lot of paperwork, but this has improved.

Laura is unable to manage her personal money so we still have a lot of input in that area. She calls us every evening to keep in touch and spends Wednesdays and every other weekend with her family. At the present time this works well for all involved, and as long as Laura knows what the arrangements are for the week she is happy.



FAMILY GOVERNED MODELS

WHAT IS IT?

The Family Governed Model of housing is, as the name suggests, largely under the choice, control and responsibility of the family. This option uses a combination of funding (based on eligibility) to contribute to living/accommodation costs – Individualised Funding and Work and Income support.

Individualised Funding is used as a mechanism to manage Home and Community Support funding (Personal Cares and Household Management) to contribute to the support of the disabled person living in a home of their choice. Under IF in the Family Governed model the disabled person (or their IF Manager) becomes an employer of support staff. This provides flexibility and control over who, when and how support is provided but also requires responsibility and accountability. Work and Income supports contribute to the accommodation and living costs.

PROCESS

Under a Family Governed model the disabled person and their family/whanau source the house or flat directly either via social housing providers or the private marketplace. This offers flexibility because a home can be sourced near to the social community of the disabled person, however pricing constraints are inevitably a factor in Auckland.

An application can be made to Work and Income for the Accommodation Supplement to contribute towards the cost of rent. It is also possible the person will be eligible for the Supported Living Payment. These two Work and Income supports can be used to help pay for the cost of accommodation and basic living expenses. The disabled person may also be eligible for the Disability Allowance – check with Work and Income. For further information on Work and Income support for people with a disability check the April 2013 Networker magazine

http://disabilityconnect.org.nz/wp-content/uploads/2013/05/Networker_April_2013_Web.pdf

Taikura Trust (NASC) performs a needs assessment based on the intention of the disabled person to move away from the family home and into a flatting arrangement. The support needs of the disabled person must be carefully considered to accurately gauge the level of any Ministry of Health funded Disability Support Services required. If eligible for Home and Community Support Services (Personal Cares and Household Management) these are managed under Individualised Funding.

WHAT IS PROVIDED?

The needs assessment will identify support needs and eligibility for funded support. Guidance to manage Individualised Funding is available from the IF host agency.

FUNDING

Two primary sources of funding (based on eligibility) contribute to the living expenses under the Family Governed model:

- 1) Individualised Funding for Personal Cares and Household Management
- 2) Work and Income Support (Supported Living Payment, Accommodation Supplement, Disability allowance, etc.)

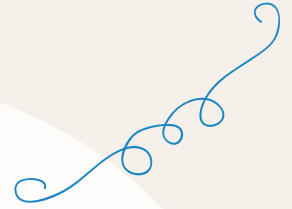
POINTS TO CONSIDER

- Sourcing a home to rent or purchase in Auckland can be very expensive
- With increased flexibility comes increased self-responsibility – managing Individualised Funding, being an employer, managing day to day running of the household
- A person with a disability can live on their own if they chose, or live with others (disabled or non-disabled).
- There is more detailed information on Family Governed Models in the booklet Four Go Flatting (and other publications) available from Disability Connect.



FAMILY GOVERNED MODEL

– A PARENT'S STORY



What factors drove your decision to choose a Family Governed Model instead of Residential Care or Supported Independent Living?

I thought that this model would work best for us. It meant I helped the other parents choose who Richard's caregivers were going to be. I could still be involved right up where those important decisions were going to be made with Richard.

How did you find out about Family Governed Models? Was there guidance to understand how this process works?

We really created our own model because there wasn't any book written about it. We started from a set of key ideas that we thought were important and worked from there.

One set of parents had seen something like this in Australia but not with four young people living together. Gosh we've done a lot of talking. That's it really. You have to sit down and really talk through what you want and why.

What was straight-forward and positive about the process of preparing for, and entering your young person into, a Family Governed Model?

Richard chose who he wanted to live with and we just went from there. It has been easy working with the other parents but we didn't know that it would be when we started. It's all been about give and take. We meet weekly and I think that really helps. We share so much and not all of it is about our kids actually.

What was challenging or distressing about the process of entering a Family Governed Model? Did you feel well-supported or somewhat like a trail-blazer in enacting this relatively new living model?

It was really hard finding a flat. We got turned down for a number of houses and that really hurt. It was like those landlords were rejecting Richard. However the four of them are in a great house now and they love it. We have a good landlord and that is really helpful.

The other thing I had to do was to challenge the NASC report saying how many hours Richard had to support him in the flat. But I did it. And they looked at Richard's abilities again and added more hours of support. That is the one thing that after a year, all the parents had to ask for more hours as we underestimated what we actually did for our kids and of course the carers were trying to do it all without the hours to support them. So that was a real learning curve.

Yes I think it is very different. Maybe we are trail blazing. But even if parents took our model and used it they would come up with a number of different solutions to some of the situations we found ourselves in.

How did you find the process of understanding the funding mechanism to support people living in a Family Governed Model – encounters with NASC, getting enough support, finding staff, using Individualised Funding and becoming 'an employer'?



It is like maze. You start off thinking you have a fair understanding but you have to be prepared to listen and learn as you go. That's why it's been great having the other parents. We talk a lot about what is going on in the flat, what we do or do not understand about funding. We meet just about every week to talk things through. Just like in a maze – there are a few dead ends. It can get frustrating at times. Sometimes we haven't understood what Work and Income is doing but we've stuck with it and asked them, and asked them again if we have to and in the end we've got there. Hiring staff is a new thing for me. We've had some staff members that are still with us after three years. We think we've been lucky with the people who have worked with the flatmates. It's been like the United Nations. So our young people have had people working with them from all around the world, which has given them lots of different experiences.

We've had to think through what the staff need from us and that is new to all of us as well. I think we work pretty well as a team – the staff and the parents and the young people. We are putting together a Staff Orientation Book and all the staff have had a lot of input into that which we think is great.

Any suggestions or advice for other parents considering entering into a Family Governed Model?

All the parents say – we put the young people at the centre of everything we do. It is their flat. We want to carry on helping to make decisions with our young people. This model enables us to do that. We have a book that all parents can get hold of – Four Go Flating. We think it has a lot of great advice. I'd start there.

Wendy Bisley

FINDING A HOME

Once funding options are put in place the next step is to find a suitable home. It is important that the person is able to live in their own familiar (or desired) community. So consider the following when seeking a home:

- Proximity to family
- Proximity to workplace (if applicable)
- Proximity to vocational programme, school or volunteer work
- Cost of renting/owning a home
- Accessibility

There are emerging creative ways of sourcing 'bricks and mortar' accommodation. For example, a viable option under Choice in Community Living model is a basement flat or 'granny flat' on the property of the family home. But please check with your CiCL host because there are criteria which must be adhered to.

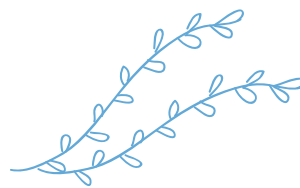
One of the challenges families find in seeking to rent accommodation is that some property owners sometimes seem reluctant to rent to a person with a disability – this is probably due to unfamiliarity with disability in general. It may be worth pointing out to a potential landlord that generally disabled people make reliable and trustworthy tenants. Pleased to be in their own (or shared) semi-independent accommodation, a tenant with a disability will often take particularly good care of a home.

Price is a strong determinant of the whereabouts of accommodation in Auckland. This can be a limiting factor because whilst (for example) the disabled person may wish to live in the central suburbs to access their community networks, the price of renting/owning may make it more viable to seek accommodation on the periphery of Auckland. Then transport factors need to be considered – can the disabled person use public transport? Or are they dependent on taxi or wheelchair accessible transport? The cost and availability of transport is a significant factor.

Traditionally Housing New Zealand has been the largest supplier of social housing in New Zealand but some changes have taken place over 2014. From 14th April 2014 eligibility for social housing is no longer assessed by Housing New Zealand, instead Ministry of Social Development (Work and Income) assess eligibility. Click here for further information <http://www.hnzc.co.nz/info-for-tenants/Changes-for-applicants-and-tenants-on-14-April/reviewable-tenancies> Housing New Zealand retains the role of managing the physical maintenance of their own housing stock.

Government policy requires more social housing providers in future. Below is a list of some organisations who assist with community housing in Auckland:

- Auckland Community Housing Trust
- Accessible Properties
- Bays Community Housing Trust
- CORT Community Housing
- Habitat for Humanity (Auckland)
- Lifewise and the Airedale Trust
- Monte Cecilia Housing Trust
- New Zealand Housing Foundation
- The Salvation Army
- Vision West Community Trust



If you are considering social housing the first step is to contact Work and Income to assess eligibility, then research the providers of social housing and contact them directly about a possible home.

Naturally renting or owning a residence privately is another option. In this case the person with a disability and their family would rent/purchase in the private marketplace.

USEFUL LINKS

IMAGINE BETTER www.imaginebetter.co.nz

PREVIOUS NETWORKER MAGAZINES www.disabilityconnect.org.nz/resources/networker-magazine

GUIDE FOR CARERS www.msd.govt.nz/documents/what-we-can-do/community/carers/carers-brochure-english.pdf

CARERS NZ www.carers.net.nz

HOUSING NZ www.hnzc.co.nz

SOCIAL HOUSING ELIGIBILITY www.hnzc.co.nz/info-for-tenants/Changes-for-applicants-and-tenants-on-14-April/reviewable-tenancies

TAIKURA TRUST www.taikura.org.nz

MINISTRY OF SOCIAL DEVELOPMENT www.msd.govt.nz/about-msd-and-our-work/work-programmes/social-housing

OFFICE FOR DISABILITY ISSUES – ENABLING GOOD LIVES www.odi.govt.nz/what-we-do/improving-disability-supports/enabling-good-lives

AUCKLAND INDIVIDUALISED FUNDING HOST AGENCIES:

- **MANAWANUI IN CHARGE** www.incharge.org.nz
- **HEALTHCARE NZ** www.healthcarenz.co.nz
- **LIFEWISE** www.lifewise.org.nz
- **ENLIVEN** www.northern.enliven.org.nz
- **VISIONWEST** www.visionwest.org.nz
- **ACCESS** www.access.org.nz

MINISTRY OF HEALTH More information about IF www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/individualised-funding

SOCIAL HOUSING PROVIDERS www.cort.org.nz/community-housing/auckland-community-housing-providers-network/

DO YOU FULLY “UNDERSTAND AUTISM”?



Join the Children's Autism Foundation
Professional and Personal Development
Full Day or Evening workshops

Featuring:
Leading Paediatrician and Author
Paul Taylor & colleagues



The workshops are designed to support professionals & parents
with practical and easy information to further understand ASD
Workshops available throughout Auckland

In South, Central, West Auckland, North Shore & Warkworth
Wednesday 18th March – Saturday 21st March, 2015

Value - \$220/person/day or \$59/person/Evening Workshop

Full funding may be available (*) for families/professionals for applications received by January 30th, 2015

**disability
connect.**
helping families

Email: admin@autism.org.nz or www.autism.org.nz
Phone (09) 415 7406

*Limited spaces are available
Proudly supported by Disability Connect



A BIG THANK YOU...

We would like to take this opportunity to
thank our Funders including:

Anonymous Trust

Auckland Council

COGS Committees – Auckland, Manukau,
Papakura/Franklin & Waitakere

Counties Manukau District Health Board

Infinity Foundation

New Zealand Post

Pelorus Trust

The Lion Foundation

Community Post 

 **THE LION
FOUNDATION**
Here for good



VISION

That people with
disabilities and their
families are able to
lead the lives they
want

CORE VALUE

To respect and
support choice

MISSION

To lead and
influence change
for people with
disabilities and their
families

We do this through:

- Information and advice
- Influencing national policy and decision making
- Programmes and seminars
- Networking

DIAS Provider

Disability Connect is a Disability Information and Advisory Service, otherwise known as a DIAS Provider. We are contracted by the Ministry of Health to provide a service to families and whanau of disabled children and young people in the Auckland Region.

Parent and Family Resource Centre Inc trading as Disability Connect - CC21603 - is a registered charitable entity in terms of the Charities Act 2005. For more information about Disability Connect, visit the Charities Register at www.charities.govt.nz

We have moved! Our new address is 3b Olive Road, Penrose. All other contact details remain the same. We have visitor car-parks at our front door and we are fully accessible in our new premises. We also have two large seminar rooms available for use.

DISABILITY CONNECT is a Disability Information and Advisory Service (DIAS) and is open weekdays 9–4.30pm.
3b Olive Road, Penrose, Auckland
Post to Disability Connect, PO Box 13385, Onehunga 1643, Auckland.
For more information on Disability Connect visit www.disabilityconnect.org.nz or phone (09) 636 0351.

Disclaimer: The views and suggestions in this newsletter are those of individual contributors and are not necessarily supported by Disability Connect.