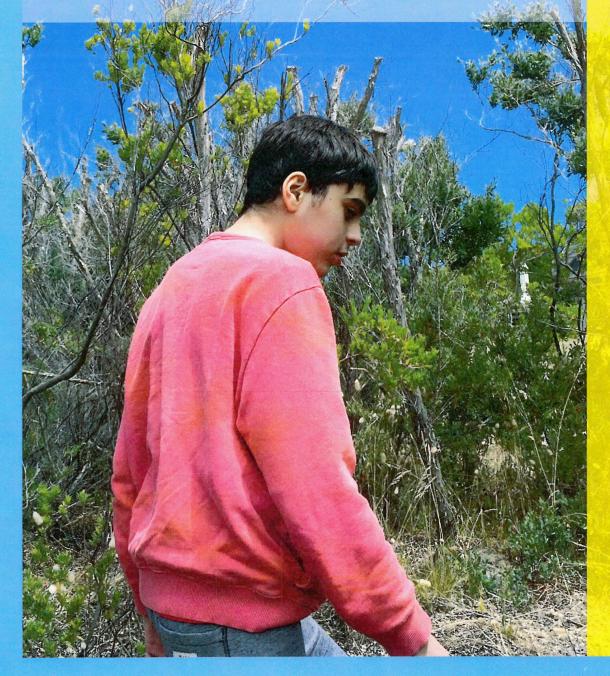
Keep Clyde Street Open for kids with disabilities



Facebook: @KeepTheDoorOpen

Keep Clyde Street Open for kids with disabilities

We acknowledge that Clyde Street is on the traditional lands of the Wurundjeri people and pay our respects to elders past, present and future.

ABOUT THE KEEP CLYDE STREET OPEN CAMPAIGN

This booklet has been produced by the parents of children and young people who attend Clyde Street – a residential positive behaviour intervention service – run by Melbourne City Mission. Our children stay at Clyde St either two days a week or every second weekend.

All of our children have an intellectual disability and extreme behaviours of concern. Most also have autism. We all love our children very much and want them to stay living with us for as long as they can. To do this, we need the specialist support provided by Clyde St. Unfortunately, Clyde St is at risk of closing because of lack of funding.

This booklet tells you about how Clyde Street works with our children and how it has transformed our children's lives as well as our families. It will show you why Clyde Street is such an important service that needs to be rolled out more broadly.

Despite the obvious benefits of the Clyde Street model, the National Disability Insurance Scheme (NDIS) has not funded it to the level it needs to remain open. In fact, the NDIS are only providing about half the funds needed and Clyde Street is at risk of closing very soon.

This is very bad news for the children who go to Clyde Street and their families. Clyde Street has been a lifeline for us. Our children have severe disabilities and find the world very difficult. They have problem behaviours such as self-harm, hurting others, causing damage to property, not sleeping, and many difficulties with self-care. Time and time again other services have turned our children away because they do not have the skills or resources to work with them. Many support workers sent to our homes never come back.

Clyde Street is different. Staff are trained in positive behavioural support, they are focused on helping the children develop new skills and interests, they make sure that children have the opportunity to participate in the community, they support families to develop strategies to address behaviours in the home and they give families an important break.

We need the Victorian government and the National Disability Insurance Agency to find a solution urgently to prevent the closure of Clyde Street.

Without Clyde Street children and families will be thrown into crisis. Some families will no longer be able to care for their children. The health of parents and siblings will be compromised and many parents won't be able to continue working. Most importantly, our kids will miss out on the numerous opportunities Clyde Street provides.

We need the Victorian government and the National Disability Insurance Agency to find a solution urgently to prevent the closure of Clyde Street.

WHAT IS IN THIS BOOKLET

In the next two pages, we describe the range of behaviours of concern that Clyde Street staff address with our children. We think you will be convinced that our children need highly specialised staff trained in positive behavioural support. It shows why Clyde Street is not simply a respite service. In the following pages are the stories of seven of the twelve children who currently attend Clyde Street. The stories powerfully show the outstanding work of the Clyde Street staff and just how far our children have come with their support. They also show how much more needs to be done.

Families wrote their own stories or spoke to us, also parents of children who use Clyde Street, about their experiences. We shared them because we want to Keep Clyde Street Open for kids with disabilities. We ask that you respect our privacy and do not share them on social media or other media without permission.

CONTACT

Follow us on Facebook on @KeepTheDoorOpen

Parents of Clyde St children Declan and Jai and coordinators of the Keep Clyde St Open campaign.

BEHAVIOURS OF CONCERN

To be eligible for Clyde Street, children must regularly display extreme behavioural problems that significantly impact on their daily lives as well as that of their families. Clyde Street addresses these issues with children and families as part of the intensive positive behavioural intervention service they provide. The intent is to eliminate, or reduce, these behaviour problems so that they can more easily live in the community. **Twelve children currently attend Clyde Street.**

The table below was provided by the Clyde Street house manager. It shows some of the behaviours of concern the children display. The final column in the table has the number of children who have displayed these behaviours. These children have strategies to address these behaviours in their individualised support plans.

BEHAVIOURS OF CONCERN	Children
Unsafe when left alone (e.g. climb onto high buildings, try to get into stationary and moving cars, take medications, eat or drink dangerous non-food items)	8
Wandering or running off sometimes in front of cars, buses or to places they can't be found (with police having to be called)	7
Behaviours that harm others such as pinching, biting, pushing, hitting, throwing things or lunging at others (peers or carers)	6
Self-harming behaviours such as head-banging, slapping or scratching self which sometimes causes significant injury.	8
Dangerous behaviours in vehicles such as lunging at others including the driver, pulling on the hand brake while driving, trying to get out of or into cars while they are still moving, throwing objects around the car or out of the windows attempting to get out of the vehicle while moving or stationary in traffic.	6
Going up to people they don't know and touching, harming them (e.g. push, bite), demanding something, taking something from them such as a cigarette or food	8
Spitting, yelling, screaming or shrieking, picking skin/sores to point of infection.	7
Dropping to the ground and refusing to move (sometimes in the middle of the road)	6
Not following directions such as to get dressed, get in or out of the car etc. sometimes for hours at a time	All 12

9
6
6
6
10
10 8
8



JAI

Jai has a diagnosis of autism and intellectual disability. He is 13 years old and has being going to Clyde Street for 2 years.

We reached crisis point in 2015 when our son was 11 because we were no longer able to cope with constant hyperactivity and frequent behaviours of concern, including aggression towards us as parents and Jai's younger brother (7 years old at the time). Jai did not sleep full nights and frequently wet his bed and his clothing during the day and night. Jai couldn't take himself to the toilet for urinating or defecating. Because of this, Jai wore pull-ups during the day and at night. We did everything for Jai in terms of dressing – all clothes were brought to him and he was passive in getting dressed. Jai was really unpredictable in public spaces; for example, he would move along the ground on his stomach in the supermarket, and lay on the ground and refuse to move (i.e. on the footpath or the road). Jai was non-verbal even after receiving four years of intensive

therapy from four years of age. He was frequently angry and aggressive because he was unable to tell us what he wanted.

We were often confined to our house on weekends and evenings and one parent could leave for only short periods of time to do essential tasks before returning to support the other parent. When we tried to take Jai into the community we only ventured for a brief walk a few metres from our house. During these outings Jai would often show aggressive behaviour towards others including his carer (parent) or his brother and we always had to plan the outing around his need to constantly keep on the move.

Many mornings before school we had difficulties getting Jai out of bed and dressed to get on the bus. He was often aggressive and several times we were unable to get him to get on the bus to go to school. He was also aggressive at school and on the bus. This behaviour was so extreme that he was banned from the school bus at one stage due to the danger this posed to the bus aide and other children on the bus.

Jai had no interests except watching movies on TV or on the iPad and had a severely restricted diet (tuna and rice, toast and vegemite, apple or orange juice with rare variations). He did not interact with anyone other than us or even acknowledge their presence.

Jai's ability to go to the toilet independently showed astounding improvements.

Clyde Street staff developed strategies to reduce Jai's aggressive behaviours, improve Jai's communication skills, life skills and to

The skills Jai has learned at Clyde St are helping him to become more independent and improve his life at home and at school.

promote his independence. Clyde Street has worked together with Jai's school and with us at home to implement these strategies, which have had positive results.

As soon as Jai started attending Clyde Street his aggressive behaviours lessened in frequency and severity. In addition, his communication skills improved (he is starting to say single words on occasions) and he developed an understanding that he needs to wait in some circumstances if he doesn't get what he wants immediately.

Jai's ability to go to the toilet independently showed astounding improvements. Jai is far better at responding to bladder and sometimes bowel sensations, and he is compliant in toileting. He now sits forward so that urine actually goes into the toilet and is exceptionally tolerant to wiping after bowel movement. He still wears pullups occasionally. We have also noticed personal hygiene improvements since he has attended Clyde Street. He is now compliant in showering, washing, tooth brushing, hair brushing, more willing to stay still for fingernail clipping and cutting hair.

Jai's dressing skills have also improved. Jai is now able to pick up an item of clothing and orientate it so that it is (mostly) correct and put it on. This is able to be done with pants, tops and socks. He can now put his feet in his shoes and will even pick them up from his room occasionally when asked and put them on if he wants to go out.

Jai's morning routine has improved significantly since Clyde Street designed a strategy for Jai to understand the individual steps of

his routine. Clyde Street provided a communication board and cards (PECS) for us and an identical set for the school, which were really effective.

Since Jai started at Clyde Street his ability to access the community has improved. We can now take him out every weekend and he can go for short walks and follow simple instructions to keep safe. Jai's behaviour is now more predictable in the community with fewer instances of aggression.

Since being at Clyde Street, Jai has shown a willingness to try new foods and this is now carrying over to some extent at home. Jai now can sit at the table with the family to eat his meal and seems to enjoy the routine and time together during this activity – this is new and due to the behavioural intervention at Clyde Street.

Clyde Street has also improved our family life. Things are better for Jai's younger brother and Jai's parents are able to make more effective contributions to the work force. During the time Jai is at Clyde Street the family can recover from the high intensity caring role that is necessary to keep Jai living at home.

The skills Jai has learned at Clyde Street are helping him to become more independent and improve his life at home and at school. Jai's continued access to Clyde Street's unique program is critical for him to continue to improve his independence and reach his potential.



DANNY

Danny is 15 years old and has a diagnosis of autism and an intellectual disability. He started attending Clyde Street when he was eight years old.

Danny was diagnosed with autism and an intellectual disability at the age of three. His behaviours stood out at an early age, starting with running in lines, and lining things up around the age of two years old. As he got older he would climb on anything in sight, run away as fast as he could, pull everything and anything out of cupboards, the car, the fridge and off shelves. I lost count of the amount of times we had to retrieve him from the neighbour's roof, or from the road, every window and door in our then rented home were installed with locks.

That was only the beginning, he began smearing faeces and pulling and biting everyone in the family home and pushing my youngest son over (who was one year old at the time) leaving him with bruises and cuts. While all this was happening, I had to feed, dress

and maintain all his personal care for eldest son who has severe quadriplegic cerebral palsy. (He is now 16 and the level of care Jayden needs remains the same).

As you can only imagine I was at breaking point from Danny's relentless behaviours, we could not leave our home with Danny. We felt trapped.

We could not go out for dinner, a park or even the shops. Danny would attack other tables at restaurants, eating people's food or pushing their cakes over and drinking their drinks. He would pull items off shelves in shops, and run away in any out-door setting. Any water, pool, dam, lake or ocean, Danny would pull away from you and, despite an inability to swim, run straight in, with no fear of depth. We couldn't travel in a car unless an adult sat next to him, because he would try and get out.

Over time we gave in to a life within our four walls. Phil built the highest of fences, the council put speed humps on our road, and apart from 3 hours a week of respite for two disabled children, our time was spent at home.

I contacted DHHS in the bid to protect my other children and our sanity asking them for support but very little was offered. I then spoke to them about relinquishment of Danny, for the sake of the whole family. It was at this time

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The angel establishment here on earth for parents of children with extreme challenging behaviours, gave us a small, yet significant light at the end of our very dark tunnel.

that I hit my lowest point. Instead of feeling understood and supported, I was made to feel like an incapable parent. I was told I was to be investigated as parent to all my children, not just Danny. This was humiliating, and soul breaking.

I contacted the media and my story was heard on the radio. DHHS then quickly changed their approach providing us with options, one being Clyde Street. Just typing that sentence now gives me goose bumps. The angel establishment here on earth for parents of children with extreme challenging behaviours, gave us a small, yet significant light at the end of our very dark tunnel.

At first Clyde Street just meant down time for our family; unlock the doors, walk out of the house, quickly however it became so much more.

As they worked on Danny's behaviours, things started to improve, little things like Danny being able to click in his seat belt which meant I only had to lift Jayden and Peter into their car seats and click them in and he would sit at a restaurant for small amounts of time, we ate quickly but it was a start.

Clyde Street works along-side his school teachers. We can now get Danny to do a wee on the toilet and he can now dress himself with assistance. He will hold his carer's hand. There are endless changes to Danny's behaviours thanks to the dedication of the staff at Clyde

Street.

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Our journey is still difficult. In a perfect world, I would like Danny to be able to access Clyde Street more often. There should be more services like Clyde Street, not less. Clyde Street saved Danny from being removed from his family at the age of 8. He is now 15, over 7 years longer within the family home. I'm not an accountant, however, I know without a doubt their service with our family alone has saved the government a large amount of money.

Please for the sake of the current families and future families like ours, take the time to understand the unique service that Clyde Street provide, and most importantly the dramatic impact it has had and will have moving forward.



Danny at a play ground on his weekend at Clyde St.



LEWIS

Lewis is 17 years old and started at Clyde Street when he was aged 10. He has a diagnosis of autism, intellectual disability, epilepsy and attention deficit hyperactivity disorder.

We were first told of the Clyde Street program when Lewis was about 10. At the time, he was waking up between 3-4am, pacing and running through the house. We had accessed a respite service in Greensborough, where Lewis attended one weekend every 6 weeks. There were never any outings or excursions, and he literally spent the entire time in the backyard. The kitchen was locked.

Lewis occasionally spent the night at his grandparents. This was always done with the proviso that they would tell us when they were unable to manage him, and this occurred when Lewis was six. Unfortunately for us there was no other family willing or able to help out.

For years we struggled with Lewis'

behaviours, which were varied and many. He attended a specialist autism school until the age of 11 when we were advised that due to the severity of his intellectual disability and high needs he could no longer be educated in this environment. At this stage Lewis moved to his first of two Special Developmental Schools, which, in terms of available play space and classroom space, was grossly inadequate, sparking another change of school. As we are out of the pick-up zone, we now transport Lewis both ways ourselves. I have had to give up work as a result of this responsibility.

Lewis' older brother has Asperger's syndrome and has always attended a mainstream school. There has been an enormous amount of stress in our home and Lewis' brother's childhood has been very severely affected by Lewis' very high needs. Because of Lewis' behaviour, we have never stayed to watch his brother play an entire football game. We have never seen a school play as a family. Because Lewis' brother is also on the autism spectrum, he has very little understanding or empathy when it comes to Lewis, and when Lewis is home he spends a lot of time in his bedroom. At about the time Lewis' brother started high school that Clyde Street emerged as an option for us. As parents, we are now separated. Without the support of Clyde Street, I don't know what would have become of either of our boys.

When Lewis started at Clyde Street, it was such an incredible relief. We finally had somewhere for him to go where he was accepted, and not a hassle or a problem. The support they have offered is hard to put into words. The practical help they have offered in managing Lewis's behaviour has been the most important.

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Even in the last month, we have had to go 'back to the drawing board' as Lewis has developed some serious side effects from his medications. We have had to immediately cease certain medications, and he is now obsessed with running away (though Lewis calls it 'chasey') at every opportunity. Lewis is a big guy – he's about 6ft 2 and weighs 92kg and Clyde Street have had to employ an extra staff member just to get him from the front door to the bus.

Lewis has developed a love of cooking at Clyde Street. He is eating more slowly, and eating a wider variety of foods. He has so many words now. He has sort of made some friends at Clyde Street, and at the moment he has a special affinity with a young boy who the same days as he is. This has never ever happened before, and I feel very emotional as I write this. He has literally never had a friend.

We are hoping Clyde Street can remain open, to provide support to us and others in the future.



Lewis at the beach.



Lewis emptied an 'unbreakable' bean bag on his bed and was found rolling in them and eating them.



DECLAN

Declan is 14 years old and began attending Clyde Street when he was 9 years of age. He has a diagnosis of autism, intellectual disability and severe anxiety.

Before Declan started attending Clyde Street, he could not manage his emotional responses to people or the environment around him. It was common for him to become distressed or enraged if could not get something he wanted immediately and to scream or cry, slam and kick doors, throw objects and harm himself and others. This could occur go on for hours. It was difficult to get him to follow instructions and exhausting to get him through simple routines such as getting ready for school in the morning (he refused to get out of bed, get dressed, do his teeth and walk to the bus). Declan did not interact with peers and had no hobbies or independent play skills. He was entirely dependent on parents or caregivers for supervision, instruction and prompting with all self-care activities and activities of daily living.

Declan also had severe anxiety and repetitive behaviours.

Outside of the home, there were very few places we could visit, and if we did, it would require both parents be present to ensure his safety and the safety of others. He would run off, become distressed, impulsively pursue activities such as turning on and off switches and approach strangers indiscriminately. He would drop on the ground and refuse to move (sometimes in the middle of the road with oncoming traffic). Our family could not socialise outside our own house and he could not cope well with visitors to our home.

Declan began at Clyde Street two days a week after one of his parents become very unwell and was diagnosed with a serious chronic condition which made it even more difficult to provide him with the care he needed.

In consultation with our son's school and family, Clyde Street has developed a program for him that includes lots of community access and focuses on independent living skills and developing his interests. He is supported to be successful going to the library, supermarket, for walks and to parks which and has demonstrated to staff and family his enjoyment with all of these.

During each stay Declan learns skills for personal care such as washing and brushing teeth and dressing independently. He is actively involved in many domestic tasks and has learned how to shop for food, use the self-serve check-out, make simple meals with supervision, make his own bed and prepare his own school lunch. Clyde Street praise our son's dishwashing and enthuse to us about how good he is at cleaning up the kitchen after a meal – a skill that he has transferred to the

home environment. It is so gratifying for our family to have our teenage son contribute at home in this way.

Clyde Street has developed a program whereby Declan has gradually become able to occupy himself with a leisure activity such as a puzzle or bubble blowing for longer periods of time. While it may seem like a small achievement this length of time has gone from two minutes to 10.

Declan used to 'melt down' if he had to wait for something he wanted. He is now able to prompt himself to "wait" and doesn't get upset while waiting or if he doesn't get things his way.

Declan has been able to transfer the skills learnt at Clyde Street to the home and school environment. We have also learnt new skills which increase our capacity to care for him. As a result, we all enjoy our time as a family much more. For example, recently the whole family was able to go to dinner at the house of trusted friends and Declan was able to stay for about one and a half hours. This has not happened since he was a toddler.

During his time at Clyde Street, the rest of the family have an opportunity to "recharge" which has meant we are better able to relate positively with him. Our participation in the paid workforce has increased (both parents are employed between 30 to 40 hours a week) and serious chronic illness for

one parent is much better managed.

Declan has many new skills to develop and we are working on these with Clyde Street. Because of Clyde Street we are more hopeful that Declan can acquire more independent living skills, access the community and develop more interests which will enable him to enjoy his life and be able to live separately from his family when he gets older.



Declan at the park cooking on the BBQ for lunch whilst at Clyde St.



SORA

Sora is 17 years old and has complex medical and behavioural issues due to her rare chromosomal disorder. She began attending Clyde Street in 2012.

Sora has complex mix of attributes: she is mobile, cognitively alert, and has very good receptive language, but she is unsteady on her feet, non-verbal and shows behaviours of concern (toileting and hygiene issues, self-harming and aggression). Sora did not sleep through the night regularly until she was well into primary school. Even as a teenager, she sometimes has trouble settling down in the evening and she rises at the first light of day. She also experiences respiratory issues, epilepsy, life threatening allergies, and mobility issues arising from low muscle tone and scoliosis. Being nonverbal, she experiences frustration and anxiety about unfamiliar routines and often picks her skin until she bleeds as a way to distract herself from these feelings. Despite these restrictions, she is a physically active young person

who wants to get out and see the world, meet new people and try new things. She adores riding trains and trams, rides at Luna Park, eating in restaurants, visiting shopping centres to buy stickers, colouring books and Freddo Frog chocolates, and chasing birds in parks.

Sora has attended Clyde Street since 2012 and, thanks to the specialised one on one support there, has learned to use Picture Exchange Communication (PECs) which allow her to visualise routines and come to terms with the idea that morning tea comes when the clock says 10, rather than 8:30! They have also provided Sora with visual social stories for self-care routines like toileting, washing hands, and brushing teeth which have helped us immensely at home with these daily tasks. Sora has learned to dress herself, now understands boundaries regarding her room and her bed, which is very important for overnight routines. She has learned to sleep in a bed which was not enclosed at Clyde Street, which gave her a sense of freedom.

At Clyde Street, Sora learns independence skills as those listed above, but there are other equally important skills embedded in her Clyde Street experience. She has learned how to get along with new people (both children and staff) outside her immediate family. She has learned to eat meals away from home, prepared by different people and presented in different ways. This kind of flexibility is extremely important given our family structure, while stable now, may not be able to provide for her in idiosyncratic ways forever. By learning to live away from home periodically, she is preparing herself for the inevitable moment when her parents can no longer care for her. Having the Clyde Street experience makes that future transition much

Sora's achievements and progress at the Clyde Street program are due to the distinguished skills and professional integrity of the staff. The staff and manager prepare the individual support plan specifically designed for Sora to set goals and create strategies to achieve such goals.

easier for her.

Sora's achievements and progress at the Clyde Street program are due to the distinguished skills and professional integrity of the staff. The staff and manager prepare the individual support plan specifically designed for Sora to set goals and create strategies to achieve such goals. The plan is quite comprehensive and regularly reviewed and updated by the staff. Outside the special school Sora attends, we have never encountered such professionally coordinated program like Clyde Street which supports Sora's skill development.



Sora engaging in sensory play at Clyde St.



Sora at the beach whilst at Clyde St.



ISSA

Issa, aged 10, has been attending Clyde Street for one and a half years. He has diagnoses of autism, an intellectual disability, asthma and a hearing impairment.

When Issa started at Clyde Street he had severe behaviours of concern. He would throw himself to the ground and repeatedly beat himself on the floor, hit his head, legs and back on the ground, and kick and hit himself in the head. Sometimes this continued for over an hour, resulting in bruising and cuts and triggering asthma attacks. Issa was violent towards his siblings and myself. He did not eat meals at the table and would throw food. He was obsessively craved high starch foods and would overeat. His restricted diet and overeating resulted in bowel problems.

Travelling in cars was difficult due to dangerous and self-injurious behaviours in the car. Issa lost all but one afternoon of transport service and had been turned away from numerous other transport providers. He had

no formal communication. He was withdrawn from the world, did not make eye contact, engage with staff, siblings or classmates or even acknowledge others existence.

Issa is extremely sensory focused, especially orally fixated and enjoys light and movement stimulation. To address his behavioural problems, staff at Clyde Street started by making him safe. They designated safe areas in the house with soft mats, bean bags and cushions and have taught Issa to bring himself there when he is upset and about to lose control.

Once his behaviour was being displayed in the safest way possible, Clyde Street staff investigated the causes of Issa's behaviours and found they occurred because he had no other form of communication, had bowel discomfort and was confused about the schedule and the expectations of him.

Since being in Clyde Street, Issa has made remarkable progress in his communication, eating, travelling in cars and buses, self-care skills and in accessing the community. He now understands Picture Exchange Communication (PECs) through a keychain which started off with just five pictures but now has fifteen pictures that Issa recognises. This is used with a visual schedule so he understands routine, what is expected of him, what he has to do and what is coming next. He is also learning key word signs and can now sign 'more' independently and understands 'finished'. Clyde St gave us a PECs keychain which means that we are able to communicate effectively with Issa for the first time.

Clyde St developed a mealtime strategy whereby if Issa threw food on the floor he was prompted to pick it up. Issa no longer puts food (and other Please understand that all the work and effort that have gone into Issa's development will go to waste. I personally can't do the things that the Clyde Street team teach Issa.

objects) from the floor in his mouth and has finally stopped throwing food. We now have family meals at the table. Now Issa will try new foods including fruit and vegetables and has started to learn to manage his portions which is reducing his bowel discomfort.

Before he attended Clyde Street, Issa needed to be put in a stroller for every community outing. In order to achieve a more age-appropriate way of getting around, and ensure Issa's long-term health, Clyde Street take Issa for walks each day without the stroller and have helped us do this at home.

Clyde St have managed behavioural problems in cars with the use of a safety harness and by bringing Issa on short drives to preferred local destinations. Issa now travels on the school bus. During the last school holidays, Issa made a tremendous achievement: he travelled a longer distance with staff to an indoor play centre where he spent over two hours playing with staff, laughing, being part of his community, making friends with other children at the centre and exploring new surroundings without incident.

Not only has Issa learned to trust the staff at Clyde Street, he has also learned how to be part of the outside world. He engages with staff and other children at school. Issa is starting to understand that sometimes he must wait for the things he wants. At Clyde Street, Issa makes his own bed with assistance, is helping to prepare meals and snacks, is starting to brush his own teeth and, although it is still early stages, is helping to dress himself. Issa is

still in pull-ups but is working on toilet training in conjunction with school and home. He has been producing results on the toilet and Clyde Street aim to have him out of pull-ups in the near future.

Issa has difficulty sleeping. Clyde St have established a routine that allows the whole family to sleep and rest better.

I urge you to reconsider the closure of this facility. Please understand that all the work and effort that have gone into Issa's development will go to waste. I personally can't do the things that the Clyde Street team teach Issa. I have another child who has a disability who also needs special attention who does not receive government support.

As well as enabling Issa to reduce behaviours of concern and access the community, Clyde Street gives me the chance to catch up on things. Mentally I will struggle without this break from Issa as he is very difficult to care for. We really need this facility to keep running. I cannot cope without it. It is very unfair that after so many years it shuts with the click of a finger. It is not only our family, but many children and their families that will be affected by this closure. You can't do this to our children and families. No other service can cope with our children because of their severe disabilities. You are not considering the future of our children and their families. Please don't do this and find it in your heart to keep Clyde St open for the sake of the children.



TATIANA

Tatiana is 16 years of age and has a mild to moderate intellectual disability. She started attending Clyde St two and a half years ago.

Tatania's behaviour has made it very stressful physically and emotionally for all the family, including Tatiana. Tatiana's behaviours of concern have included punching, kicking, slapping, spitting, and cornering people. She really hurts people, including her sister 'who has had to grow up so fast and miss out on being a kid'. She has to get up in the morning and tolerate being sworn at.

Tatiana had to be put on medications and the stress of Tatiana's behaviours was so extreme that Tatiana's mother sought professional help for her own mental health.

At the time that she was referred to Clyde St, Tatiana was being suspended 3-4 times a week from school for behavioural issues and eventually needed to be moved to a different specialist school. Even now Tatiana sometimes refuses to get on the school bus. When this happens, her mother is late for work as a receptionist and although her employers have been tremendously understanding she wonders "how much can I push them?".

Other than her parents, no one unpaid looks after Tatiana. Tatiana's family have not been able to recruit and retain home care workers of the same caliber as Clyde Street. For example, she has had three different workers in the last month. Tatiana's behaviour is triggered by not getting foods she wants. Her workers admit to being afraid of Tatiana and sometimes look shaken up when her mum arrives home. Recently, Tatiana cornered a worker in the bathroom and punched, kicked and hit the worker who said that they wouldn't come back. After an incident like this Tatiana will laugh, cry and then start hitting herself.

In contrast, Tatiana's aggressive behaviours do not happen with the Clyde Street workers because of the behavioural strategies they develop and apply. Her mother says "I'm at peace when I drop her off at Clyde St. I know she will have consistency and that they will assist her to make choices, and tolerate restrictions around food". Clyde St workers direct her away from the

Her mother says "I'm at peace when I drop her off at Clyde St. I know she will have consistency and that they will assist her to make choices, and tolerate restrictions around food".

Knowing that Tatiana is being cared for by people who really care makes all the difference for her mother. Her mother says "when she goes to Clyde Street, I am ready to have her back again at the end of her stay. Her mother says "I pray to God every day that this service continues, not just for Tatiana but for other children like her."

fridge – something other workers have not been able to do.

Since she has attended Clyde Street, Tatiana is more able to be involved in developmental activities. Clyde Street has helped her mother to give her more freedom at home such as unlocking the fridge. Clyde Street have initiated strategies to reduce her problem behaviours around food. Her mother says that Clyde St are helping her daughter to be healthy, happy, and accepted in the community. They are helping her to be appropriate in the community. Tatiana is learning not to swear in public and to accept boundaries.

Tatiana has a lot of potential – on a good day she gets productively involved in lots of activities and tasks for independent living, planning meals using a recipe book, making own breakfast and cups of tea. She helps with planning dinner and walks to the shops to buy food. She has so much potential but her behaviour if not dealt with well gets in the way. Clyde Street is helping her reach her potential and brings hope for her future.

Tatiana still displays some aggressive behaviours and her family need Clyde Street to function and to spend time with one another. Her mother says "if I thought I didn't have this service I'd have a breakdown". Knowing that Tatiana is being cared for

by people who really care makes all the difference for her mother. Her mother says "when she goes to Clyde Street, I am ready to have her back again at the end of her stay. Her mother says "I pray to God every day that this service continues, not just for Tatiana but for other children like her."



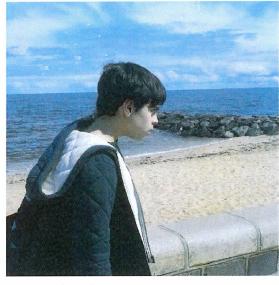
Tatiana playing with another child at Clyde St at the park.



Tatiana at the park on her weekend at Clyde St.



Danny at the park.



Jai at the beach.



Issa on a jumping castle.



Issa engaging in sensory play.



Lewis and Xavier celebrating Xavier's birthday.



Lewis singing Xavier Happy Birthday.



Issa practising eating with cutlery.



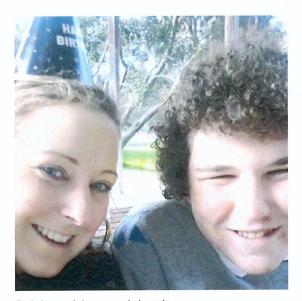
Lewis and Samir on a bushwalk.



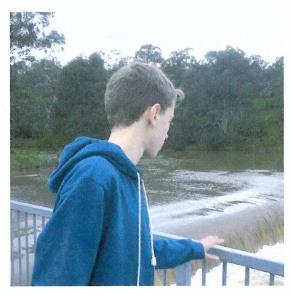
Samir making dinner.



Declan at the beach.



Roisin and Jesse celebrating a birthday.



Danny watching the Yarra River.