TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into services for people with autism spectrum disorder

Bendigo — 17 October 2016

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Witnesses

Ms Susanna Flanagan, and
Mr Martin Flanagan.

The CHAIR — Welcome, Susanna and Martin. Thank you for attending our public hearing this afternoon. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. Recording of the proceedings will commence today, and you will be sent a proof copy of the transcript and be able to make factual or grammatical corrections if necessary.

You made a submission to our inquiry. Thank you very much for that. I will hand over to you now for your 15-minute presentation.

Ms FLANAGAN — Firstly, we would like to thank you for the invitation to present today and for the opportunity to submit to the Inquiry. My name is Susanna Flanagan and this is my husband, Martin. We believe that the voices that dominate this Inquiry should be autistic ones. Between us we are trained and experienced in the fields of the health profession, mental health, leadership, management, HR, business management and continuous improvement, among other things. We are active in advocacy and support relating to the autistic community, both locally and in the wider communities across Australia and worldwide.

As accomplished, passionate, driven and dedicated autistic parents to three amazing autistic children we can offer valuable insight into our experiences within the community, education and employment settings. Humanity in and of itself is diverse, and we ourselves are divergent. Being autistic for us means we are different and experience things differently. Our needs and the way we do things look different. The biggest barriers we have experienced is lack of real, genuine acceptance and inclusion. Being constantly expected and pressured to fit into mainstream expectations is devastating in many ways and at times traumatic. For us, being autistic means our abilities vary and our time lines are different, but we are severely limited by the constant oppression and lack of knowledge that denies us our right to just ‘be’ and excel in our own way, at our own pace.

We were not sure exactly what to prepare to present. Our submission provided a lot of in-depth information, and we cannot condense or cover that in a 10-minute speaking slot.

Mr FLANAGAN — One of the words in the Inquiry reference terms that stood out to us was ‘cost’, so we thought we would briefly touch on cost today — cost, not the cost of autism, but of environments that are not accepting or inclusive. So today’s presentation will be about cost. The biggest and most concerning cost for us is the cost to our kids. We have them here. They are actually at the library with our oldest at the moment because we now currently homeschool. That is because we have also got a limited support network, and some of that probably comes down to understanding. We will now try to explain what cost looks like for us and our kids.

Ms FLANAGAN — There is cost of schools and therapies focussed on presenting autistics to align with typical norms; the cost of ignorance and arrogance; schools that will not listen, or only after a lengthy, debilitating and dramatic fight; or those that do listen, up until a point. There is the cost of almost complete incapacitation; the cost of using carers leave, long service leave, unpaid leave, annual leave to provide support at school, and to then be judged, ostracised, victimised and bullied for advocating for and meeting the genuine needs of your children. I apologise, this is emotional.

The CHAIR — No, that is fine; take your time.

Ms FLANAGAN — There is the cost of contacting endless organisations, pleading for assistance but unable to find support.

Mr FLANAGAN — There is the cost of therapies and school systems that operate and deliver based on a pathologising model focusing on treatments, cures or indistinguishability; the extreme and detrimental impact of pressuring autistics to align with typical norms, which simply do not apply to us. They do not respect autonomy, individuality and difference but push to modify and mask our individuality and needs.

Ms FLANAGAN — There is the cost of an educational curriculum based on strategies, and an entrenched culture within an archaic system requiring conformity and being limited to schedule, including basic human needs, such as toileting, drinking, eating and diet, including content, frequency and time. These basic human needs and rights are essential in a child’s ability to focus, learn and regulate and even more so for many, if not all, autistic children. There is the cost of positive behaviour and compliance-based methodologies used to enforce compliance, such as group public display behaviour charts, negative consequences, inappropriate negative consequences such as withholding recess, which is significantly detrimental for children with sensory integration differences and needs and movement needs, enforced yard duty with teachers, wearing hi-vis — effectively communicating a lack of compliance with the entire school — removal of earned points and rewards for compliant behaviour, time out or exclusion and isolation and being berated and spoken down to in front of the class. The costs of these methods provoke shame, undermine self-confidence and motivation and are at best damaging, disrespectful and misguided.

The education delivery system is largely based on a model perceiving behaviour not as the form of communication that we know it to be, but as challenging, unwanted and distracting. Education delivery based on these misguided models serves to degrade self-esteem, confidence, motivation, mood, mental health, wellbeing, the ability to function, and they are highly anxiety-provoking. This perpetuates the cycle of negative consequences being imposed.

Mr FLANAGAN — There is no way to convey the astronomical impact of uncooperative teaching and school staff and the failure to really hear and acknowledge parents when advocating for their children. Our children are the future. What does it say about early education staff if they cannot accept reasonable requests and genuinely and openly listen to parents, putting aside their own agendas in the interests of the children's wellbeing and safety. This is not part of a culture we believe in nor want for our children. When a child's wellbeing and safety are in question, there is no room for arrogance.

Ms FLANAGAN — The cost of holding it together, fitting in or behaving and conforming to expected mainstream standards is often astronomical and profoundly debilitating. Without environments, policy and practice tailored to diverse needs, school attendance can be at the cost of function, quality of life, mental health, safety and wellbeing. We have often experienced a reluctance or unwillingness of staff to accept that our children can be working incredibly and ridiculously hard to maintain this expected and rewarded facade. The reluctance to hear us results in inadequate supports, which compounds the trauma, suffering and consequent inability to attend classes or maintain wellbeing and quality of life outside of school. This is a prime example of the entrenched attitudes that pervade our lives and are the biggest barriers to our ability to live life with the same respect and equality as the rest of the community. Many differences and disabilities are not visible but still require individual supports in place.

Mr FLANAGAN — The cost of having to fight every step of the way for basic rights is not fair or sustainable. The cost of upholding the psychological barriers required to constantly fight and withstand ongoing disapproval, judgement and inconsistency takes a phenomenal amount of energy. There is the cost of a system with such serious flaws as to value money as a priority above our children, who are not only precious and amazing in their own right but are also the future. It is not acceptable that a system be so deficient as to have children requiring medication and experiencing trauma in order to attend. A system that operates in this fashion and views this as even remotely acceptable holds no value and will continue to disadvantage and fail individuals and communities

Ms FLANAGAN — There is the immeasurable and profound cost of having a child so traumatised and incapacitated as to be unable to function, starting to self-harm and to want to die through sheer raw, intense distress. There is the emotional cost of the formal complaint process to the commission and reporting to UN. It is extremely tough preparing and completing these documents, and there is a real risk of exorbitant costs associated with obtaining justice, recognition and ultimately systemic and ground-level changes for disabled children in schools. The cost of being advised that our home could be at stake — how is this fair? We go to these lengths to obtain inclusion, acceptance and education that most take for granted.

The thousands of dollars in equipment, supports, reports, therapy, travel, parking and assessments; the costs of transitioning schools, setting up homeschooling and providing all educational requirements.

The cost of losing an entire annual income long term and its impact on a career.

The cost of the real deficit of authentic knowledge of autism amongst professionals**-** particularly education and health professionals and including diagnostic teams**.**

The cost of desperately seeking loans to pay for several diagnostic assessments at $950 to $1300 each.

The cost of inadequate support, deteriorating health, medications, therapies and consequent loss of ability to engage in our own wellbeing.

The cost of growing up autistic but undiagnosed has meant that more focus has been on our differences rather than harnessing and nurturing our strengths. This experience taught us that we are different and we are not good enough, that we need to fit into common stereotypes and that to ***not*** is to be ***less***.

We need to look, behave, act, feel and know in ways that meet standards determined by neurotypical society. This experience has pushed, poked and prodded us into boxes we do not fit in, forcing us to exist in a life that is at times excruciatingly painful, bewildering**;** particularly vulnerable and invalidated. ***Appearing*** unidentifiably different means we are constantly held to expectations that are not meaningful, attainable or beneficial for us. That there is something ***wrong*** with us.

We are often judged, oppressed and ostracised for having genuine but different needs, having to constantly prove and justify ourselves, which has significant implications for a sense of identity and which instils strong self-doubt. Society in general operates with the intent to force those that are different to fit into defined 'norms', eroding a sense of identity, self-esteem and autonomy. Learning to mask and imitate in order to appear typical often comes at an extraordinarily high cost to the individual. This is deeply damaging on a soulful level.

Mr FLANAGAN — It is only now that we can understand, accept and celebrate who we really are. We learn and understand more every day and know that although our neurological makeup is different, we are no less capable or deserving. Between us we can offer different perspectives, higher empathy and compassion, a dogged and passionate determination for social justice and understanding and dedication and drive to match no other. Each individual has needs and requires support. We are no different in this regard. Each individual has the right to live an authentic and meaningful — ***as determined by the individual*** — life.

It is a fundamental human right and need to lead a meaningful — as determined by the individual — healthy and satisfying life. It is a fundamental human right and need to participate in and be accepted and included in the community. Autistic individuals have a right to equitable access to supports, services, education, employment and community environments.

Ms FLANAGAN — To this end it is imperative that significant focus be afforded to acceptance and inclusion of autistic people. Implementing programs fostering social acceptance of neurological diversity will lay the foundations for a world in which autistic people are respected and valued and are able to experience the same autonomy, access rights and opportunities as the wider community. Autistic voices must be included in policy development and delivery; policy must use the language of diversity and be about working towards dispelling community myths and misperceptions that serve to restrict and damage autistic people.

The biggest and saddest cost that I do not want to see anyone pay is what the world could be missing out on if these amazing kids are not supported so they can contribute to the future, but that will only happen if change happens now; to be more accepting and inclusive of all needs. With the increase in diagnosis, a time will come in the not-too-distant future, there will be a tipping point, when the currently accepted 'norm' will become the minority. Perhaps this is actually evolution, and this generation is more in tune with what should really be our focus in education and life. For us and our family that focus is understanding, acceptance and happiness for all.

Mr FLANAGAN — Recommendations. We have included a more in-depth discussion with some considerations for beginning to make the change towards an accepting and inclusive society and environment. The one and most crucial and valuable recommendation we have is to incorporate autistic mentors and professionals into roles within schools and all undergraduate training for teaching, social, community and medical courses- including a study component around disabilities, in particular autism and related co-occurring considerations.

In creating a truly meaningful and inclusive environment and education for autistic children, further considerations are included in our original submission.

Ms FLANAGAN — Our children are our future. The decisions you make today determine the legacy you will leave for them tomorrow.

The CHAIR — Thank you very much, Susanna and Martin. We much appreciate your very comprehensive presentation today. I just have a couple of questions. Your submission was very thorough; thank you for that. You are both describing yourselves as autistic adults. When were you diagnosed?

Mr FLANAGAN — Last year?

Ms FLANAGAN — Yes, about two years ago.

Mr FLANAGAN — I guess it started when our son suffered through school, so we started there and then the more we looked and the more we learnt, the more we went through that process.

The CHAIR — And you have three children?

Mr FLANAGAN — Yes.

The CHAIR — And what are their ages?

Mr FLANAGAN — Sixteen, almost 17, 7 and 5.

The CHAIR — And when were they diagnosed?

Mr FLANAGAN — Pretty much all across about an 18-month period.

The CHAIR — What was the catalyst to get them diagnosed?

Mr FLANAGAN — School.

Ms FLANAGAN — Yes, I think the very first thing was realising that things were changing very rapidly as soon as we started school — well, with the middle child. We started to find a lot of objection to us trying to advocate for their needs, and not realising why we just understood their needs and what we needed to do. So then we started to realise that there was something else we needed to consider. That is when we started a process through BEARS as an urgent thing, because we ended up having to go down the road of medication and we were not able to attend school much.

The CHAIR — For all three children?

Ms FLANAGAN — For the middle one. The youngest one had not started. The oldest one has a lot of supports in place, and we need to fairly regularly touch base and try to tweak them and things like that.

The CHAIR — Did you have the diagnosis here in Bendigo or did you have to travel to Melbourne?

Ms FLANAGAN — We had to travel to Melbourne. The teenager — —

Mr FLANAGAN — The youngest two were here.

Ms FLANAGAN — The youngest two were here, but for us and our 16–17-year-old we had to go to Melbourne. We did go to the initial appointment at CAMHS and walked very quickly out and sought a very expensive assessment in Melbourne instead.

The CHAIR — What do you think in terms of post-diagnosis? What sort of supports were available and also therapies? Were there any therapies made available?

Ms FLANAGAN — To be blunt, it is crap. My husband and I have not been able to really find anything apart from travelling to Melbourne and paying $275 a session. The biggest thing with us was finding support to try and continue on with school. I am pretty sure your office was one of the ones that I contacted, as well as Jacinta and goodness knows who else. But we did not actually get the support to keep us going at school. It was too much of a fight to get adjustments in place, such as visual cards, that sort of thing. So our child ended up so devastatingly unwell that we could not even leave the house for quite some time.

The CHAIR — Were your children at a mainstream school?

Ms FLANAGAN — Yes. But as for supports for us, we still have not actually found any. We have been looking and asking, and we have been on waiting lists and following up and all that sort of thing.

For the children, there are minimal supports. Our middle child became so unwell that the funding we did have access to we used a certain amount of it for equipment and therapy and things, but then it expired because of our child's age. So there is funding sitting there but we cannot access it now, because magically it just changes when they turn seven.

The five-year-old, that has been a bit difficult because we were subject to a waiting list for early intervention. The early intervention we were hoping for would be accessible before we started kinder to try to help with that transition, because we could see she was really struggling. But on that waiting list, it did not come in until we started kinder. Then we were pretty much told, 'You're doing everything that we would do, so not sure what we can really do'.

Then there were changes in the ECIS workers, so that kind of held things up a bit. Then kinder got more tricky, so we ended up having to start homeschooling, because our meetings there did not really do anything either. We were told it was a bit difficult and there were not enough staff for the ratios of children to staff in the actual environment. The children per class is based on the physical amount of room in the kinder but that includes the fixed furniture, so that does not really help a kid that is really struggling and they have got extra kids in there.

Mr FLANAGAN — So through that process as well — and that is partly what this is about — I have actually taken long service leave so that one of us could be at kinder and the other one could be at primary school, because they will not diagnose us as severe enough that they can get an individual aid worker to assist with that, and there was no-one else that could help with the transition as we started those things. So we have had to just take time out and separate to do that as much as we possibly could.

Ms FLANAGAN — I think another one of the huge things too is that it is not visible to everyone else — the struggles that you are going through and what you are holding in through the day when other people can see you. Then people have their own assumptions and observations, and they limit resources based on what they are seeing, regardless of what we are telling them. So we fought long and hard for an aide for the middle child that was gradually less and less attending school, but it was not until they found out we had put in a complaint to the Commission that we were offered an aide, and it was too late by then. We were just unable to function, and no child should have to attend school at the cost of their safety and wellbeing.

Ms COUZENS — Thank you for coming along today. I appreciate it. I am really interested to hear a bit more about the idea of people with autism having an input into policy and things like that. Have you got an idea of how that might happen?

Ms FLANAGAN — I guess making the environment a bit more accessible. I looked at joining one of the advisory boards recently, but given the amount of trips we make to Melbourne and the cost it involves already, I could not commit to the once-a-month extra trips to Melbourne — so tweaking those things to make it a bit more inclusive for autistic individuals to be able to be involved. The other thing is just actively having autistic people involved, because we are out there. We want to be and we are trying to be. I think it is a lot of the attitudes and things that we struggle with. What else would you say off the top of your head?

Mr FLANAGAN — We talked a fair bit about different thought processes and stuff. I think if we really want change, instead of repeating things, we really need to make sure that we have got that full coverage and that is across all of the diversity that we are talking about. And I guess the world with its technology and everything else, and we are now global in how we get our information and share it, so considering that, we really need to make sure that we are tapping into as much of that as we possibly can.

Ms COUZENS — So teleconferencing, videoconferencing and those sorts of things?

Ms FLANAGAN — Yes, the Royal Children's do that.

Ms COUZENS — Not everybody is high functioning, though.

Ms FLANAGAN — No, and we do not like functioning labels because what you see now is different to what you might see in our home. That is why we are saying also that technology can change that around. There are all sorts of different ways you can involve people with different abilities and strengths. It is looking at strengths and harnessing them that is the most important thing, I think.

Ms COUZENS — So did you have the opportunity to participate in the education state review of students with disability?

Ms FLANAGAN — When was that?

Ms COUZENS — Early last year.

Ms FLANAGAN — No, I don't think so. I think we were mid-trauma at that stage and fighting other battles. But, yes, we definitely take on any opportunities we come across now.

Ms COUZENS — Yes, because that was a good opportunity for people with children with disability, particularly autism. I know in Geelong the autism community came out in full force for that consultation.

Ms FLANAGAN — You know, the other thing too that I was just musing over when we were writing this submission the other day is that all this information is out there. I do not how many newspaper reports there are that say all of this stuff. So it kind of gets a bit confusing as to what to bring to things like this and why, given that it is all out there already.

Mr FLANAGAN — Probably for me, being part of going through this process and learning a lot, and I am not sure where I actually heard this, but I have always been a big believer of it: our kids are our future. What we want to leave is our legacy and those things, but we need to be the change that we want to see too. That is probably what has really put us a lot more into this. We have always been committed in lots of different things, but this is something that we are really passionate about now and it is quite personal for us.

That is probably why we also went and got our diagnosis. That gives us a bit more validation for people to actually listen when we advocate for our kids now too, whereas other people are just like, 'You're the parent; we're the teachers', and that sort of stuff. We have had to do a bit of that as well so that people will take us a bit more seriously when we say, 'We actually know this stuff. We live this stuff'. Yes, we live with these kids too and we are all different, but we have had to do a bit of that, which has been at a reasonable cost in itself to be able to get that behind us. You have to get letters from someone else to say the same thing that you are trying to explain.

Ms FLANAGAN — And in urgent situations that is really tough as well.

Ms COUZENS — Are you involved in any community organisations around autism or advocacy groups?

Ms FLANAGAN — Yes, we are. We have both been volunteers with the Autistic Family Collective. I am Co-Convener of the Bendigo Autistic Advocacy and Support Service. Also, you mentor.

Mr FLANAGAN — Yes, I do lab sessions with children at the BAASS centre. That has just started as well.

Ms COUZENS — Great.

Mr FLANAGAN — And then our oldest daughter is also part of that. She does mentoring with me, but they have also started AsperTeens, which we think is something that is needed in Bendigo as well. That is something else: you have got to be careful, as you go through those teenage years, that your kids are not just hiding in their room — thinking those are the normal teenage things; there is other stuff going on here. What we have found is that with girls it is harder to diagnose some of this stuff. Then when we did find those things, we have missed out on funding, we have missed out on other things, and there is so much stuff that we could have done differently to better support her and her anxiety through all these years, particularly as she transitioned, went through puberty, started high school — all those massive changes that you need to go through that you do not quite know how to navigate; you may not pick up all the other cues that other kids are probably sending.

Ms FLANAGAN — It is a very vulnerable, at-risk time, and often they find that puberty is when kids go through a lot more and can lose their way a bit more too.

Ms McLEISH — Can you tell me how it felt for you when you were diagnosed?

Ms FLANAGAN — For me?

Ms McLEISH — Both of you.

Ms FLANAGAN — For me, I had a dogged determination to find out because the more I saw it in our children — and other people just did not get us, whereas I just intuitively knew and provided. I came around to realising, 'Oh, right, so when I collected spark plugs as a kid, when I collected this, when I did that, when I cannot cope with that' — so it was very validating. It was a huge relief. It was very empowering, and it also gave us that road to assist our children and things as well and the broader autistic community.

Ms McLEISH — And for Martin?

Mr FLANAGAN — Mine is probably slightly different. I guess I probably did not really mind which way my diagnosis went. I probably knew things and stuff like that, but I am probably a bit different too in that I am a twin as well, so there are different things there. I have already had different supports along the way because we were in a small country town and stuff like that. So I had lots of, I guess, things in place that helped me get through that. I probably have not had some of the struggles that Susanna has had or our kids have had and stuff like that too, so it has been a bit different for me. My brother has not gone and had a diagnosis or anything, so perhaps that is a whole different case study for down the track.

Ms FLANAGAN — Yes.

Ms McLEISH — Raising children can always be tricky. You know, you have got to almost expect the unexpected and be terribly flexible.

Ms FLANAGAN — Yes.

Ms McLEISH — How have you found that, given that a lot of the traits of autism include routine and so on, when your children are not — —

Ms FLANAGAN — It is very tricky because we cannot seem to find any supports to give us an opportunity to maintain ourselves. We are pretty much constantly providing for what our children need, and it has been a bit trickier along the way, but it can be really challenging when you have your own needs and then you have got six other needs in the house to try and meet. You have to get pretty creative and have lots of down days, because we just need that in between.

Mr FLANAGAN — I was very lucky that I had a long-term job until recently. I have just been made redundant. But they were a very supportive workplace, and again I had the flexibility. I had long service leave and that — I had worked with them for a long time — so I was quite lucky to have the flexibility when we needed to do these things, whether it was meetings with school or things like that. I was pretty lucky to have that support of a great employer as well. I will have to see what happens going forward as I find another job.

Ms McLEISH — Just finally, is anyone on medication; has anyone been prescribed any medication for anxiety or anything along the way?

Ms FLANAGAN — Yes, myself and our then 5-year-old; and our 16-year-old is being looked at at the moment for medication, but that is another long waiting list. The paediatrician referral has just been denied, so we have to go through all that again because of waiting lists, and because it was not picked up earlier.

Mr FLANAGAN — And the thing with our middle child is we actually had to increase it, and then when we took them out of school and really scaled things back, that anxiety dropped back so that we do not need to do some of that medication. So it really shows how you can perform: instead of medicating it and just trying to subdue it all, you can actually find the happy little person inside and you make the most of that.

The CHAIR — What was the waiting list? What was the waiting time?

Ms FLANAGAN — The waiting list for the paediatrician referral — luckily the other two are in — was refused based on an approximately six-month-plus waiting list and 150 younger children being on the list, so that then takes priority over a 16-year-old, regardless — —

The CHAIR — And that was in Bendigo?

Ms FLANAGAN — Yes. Regardless of her struggles. She is trying to do year 11 at the moment, which has been really, really tough. It is a whole different ball game from going through high school, which was tricky enough. To look at the medication she needs and things, she needs to see the paediatrician, but she cannot see our family paediatrician, who knows us well, for consistency because of the waiting lists and younger children needing it. But her diagnosis came a bit late for her to really deal with that sort of thing beforehand.

I think the other thing about diagnosis is to do with women. We know that women can experience things a lot differently because there is a huge difference in the expectations of women — the social expectations, the academic expectations. We tend to experience things a bit differently based on that and have a bit of a chameleon-like ability to mask and imitate really.

Ms McLEISH — With your paediatrician, the one that knows you well, if you paid privately, could you get your child seen by them quickly?

Ms FLANAGAN — We have been looking at that, but I do not think she actually can. She operates one day in Moonee Ponds and the other days are up here, so we have been in contact with her personally, and she is so — —

Mr FLANAGAN — She is trying to look at options because she knows where we are at, but she is a bit stuck in the middle.

Ms FLANAGAN — And that means a longer wait and our daughter going through year 11 without what she needs.

The CHAIR — I just have one last question. With your youngest child, have you introduced any therapies? Has she been to or have you paid for therapists?

Ms FLANAGAN — Yes.

The CHAIR — Early intervention?

Ms FLANAGAN — Early intervention, speech therapy, psychology and occupational therapy. But we look at things a little bit differently and we provide a lot of information for our therapists because we have found that they are all trained in certain areas and not necessarily related to autism; a lot of their therapies and ways of approaching things are based on getting your children's skills up to scratch compared with other neurotypical children, which we do not believe in because we know how it affects you. We prefer to do things that are more supportive of your individual needs instead of making your play skills look like others' play skills. It does not matter; they are playing, and that is learning in itself.

Mr FLANAGAN — I guess that through school and all of these things the biggest thing that we are trying to get in our children at the moment is a love of learning, and that is where we have really struggled with our middle child. Even after trying with two different schools, we just could not get that love of learning. We did have some good teachers along the way that really worked, but I guess overall that system really did not work the way we needed it to because it is trying to make you fit into a mould that does not fit everyone.

Ms FLANAGAN — It is tough to have a love of learning when you drive past a suburb sign that is the same as the school name and you end up with a couple of weeks of meltdowns, anxiety, sleeping troubles and distress. That is the kind of impact that schools that are not inclusive have on our kids. It is just not acceptable, so we have been homeschooling this year.

The CHAIR — Thank you very much for your presentation this afternoon. You mentioned that a lot of this information is out there in the media et cetera. We do not always believe what we read in the media. It is not always as factual as perhaps it could be. That is partly why this inquiry is so important. It is actually hearing from people with autism and their families about children with autism and about adults with autism as well. We want to actually get the facts as opposed to perhaps non-facts. No offence to the media who might be present in the public gallery today. Thank you again for your contribution. It is much appreciated. Good luck.

Mr FLANAGAN — Thank you for taking the time to listen.

Witnesses withdrew.