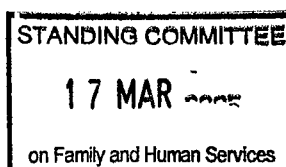


**Submission for Inquiry into Adoption of Children from Overseas**

In response to the request for submissions into the Inquiry into Adoption of Children from Overseas as adoptive parents we submit the following.

- *Any inconsistencies between state and territory approval processes for overseas adoptions; and*
  - o There is significant inconsistency with the fees charged between the various states. Fees are as low as \$2,000 increasing to up to \$10,000. Clearly the fees should be abolished to financially support adoptive parents, similar to the financial support provided to biological parents through Medicare and private health insurance.
  
- *Any inconsistencies between the benefits and entitlements provided to families with their own birth children and those provided to families who have adopted children from overseas.*
  - o Maternity Payment
    - The maternity payment unfairly discriminates against inter-country adoption with the 26-week rule. The current legislation states that a child is to be "entrusted in the care" within 26 weeks of birth. In our situation, along with most inter-country adoptive families we did not receive custody of our child until after 26 weeks of age. Therefore, according to the current legislation it was argued by Centrelink that we did not qualify for the maternity payment.
    - The purpose of the maternity payment was introduced to assist with the costs of a new family member (ie cot, baby seat, stroller, nappies, food, etc). All of these costs are required to be borne to adoptive parents as well as biological parents.
    - There are additional significant costs and expenses incurred through inter-country adoption such as adoption fees and travel costs that are not incurred by biological parents.
  - o Parental leave / maternity leave
    - The current maternity leave legislation discriminates against adoptive parents.
    - DSTO, part of Defence a Federal Department, unfairly discriminates against adopting primary care providers as opposed to a biological mother who provides primary care for a child. Fourteen weeks paid maternity leave is provided to a biological mother and no paid leave provided to an adoptive parent.
    - Two weeks paid parental leave is provided to a biological and adoptive mother.
    - Federal Legislation provides an avenue to limit this further discrimination against adoptive parents by requiring equality in benefits between both adoptive and biological primary care givers.



o Other

- Adoptive families are required to pay significant fees (our personal experience is between \$25,000 to \$30,000) which pays for government fees, fees for adoptive country, visa fees, travel expenses, foster care etc. Federal and State governments highly subsidise birth and reproductive technology via Medicare and private health insurance subsidy. It is only reasonable that the Federal and State governments should also financially support adoption. Instead, the current situation in SA is a user pays arrangement for adoption services (ie assessment, mandatory education, file handling etc). Such a 'user pays' arrangement is subject to anomalies between states and is discriminatory against people choosing adoption. Rarely are other government services funded on a user pays scheme. The cost of such services should be borne from the same tax revenue as other government services.
- Health Insurance funds discriminate against adoptive parents imposing waiting periods that would not otherwise be imposed upon biological children. Adoptive children undergo medical assessment to be granted permission to be adopted in Australia. It is unfair for adoptive parents who pay the expenses of private health insurance (and should be proscribed by legislation to discriminate against new family members joined through birth or adoption) to be subject to waiting periods not imposed upon biological children.
- Australia is facing a looming workforce and welfare crisis due largely to a diminishing population of working age and generally low fertility rates. It is absurd that governments facilitate (and even create) so many barriers and discriminatory policies to hinder adoptive parents add to our population. This action and inaction is even more enigmatic when considered in light of the considerable funding provided for reproductive technology and treatments.

17<sup>th</sup> March 2005

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