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From: Minogues |

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To: Committee, FHS (REPS)

Subject: Submission to the Inquiry into Adoption of Children from Overseas

Friday, April 22, 2005

Chairman
Inquiry into Adoption of Children from Overseas
Standing Committee on Family & Human Services
Parliament House
Canberra

Dear Sirs/Madams,

Re: Inquiry into Adoption of Children from Overseas

Introduction

We Andy and Lisa Minogue reside in Victoria, and have used the Intercountry Adoption Service (ICAS), Department of Human Services Victoria for our two Ethiopian adoptions.

Our first contact with ICAS was in December 1996. We are still involved with the department as our second child is just about to be legalized. We plan to adopt more children in the future whilst residing in Victoria, and are grateful to have this opportunity to make a submission to this inquiry.

As a family who have adopted twice from Ethiopia, we belong to a parent group known as AACASA - Australian African Children's Aid and Support Association Inc., as such we are involved in a network of families from all over Australia and have had much exposure to many personal stories and experiences which we base our submission on.

In addition we have close friendships locally with couples who have adopted from other countries which include India & China, as well as couples who have children adopted through local adoption. In the nine years of our involvement in adoption in Australia the vast variances of experiences amongst our peers has been astonishing.

We offer below our views on the questions posed for the Inquiry.

 Any inconsistencies between state and territory approval processes for overseas adoptions; and

1.1 Gender selection.

With our first adoption which commenced in 1997 as a part of our initial assessment interview with our ICAS appointed social worker, we were asked to select which country, age group and gender we were applying to adopt for. We selected an Ethiopian female as young as possible and went through our assessment process with this preference very clear. Our social workers final report

clearly stated that she 'recommended that the husband and wife be considered to adopt a healthy child, preferably a female and as young as possible.'

After a three year wait and distressing error with the ICAS 2 ½ years into our process relating to gender selection, we were allocated our precious daughter.

Forward to our second adoption which commenced in April 2001, we were interviewed by the Acting Head of ICAS (who was the senior social worker of our first adoption), and was asked at our initial interview if we had a gender preference. We remarked that although we would be happy with either gender, we would again be very pleased to request a female child. With that said we were threatened by her, that if we showed a preference for a girl during our assessment, our case would be halted and she would demand we attend 'counseling' over this issue.

We know that this same department worker had recently approved at least one single mother with one biological female child to adopt a baby girl. Certainly in Victoria ICAS had no problem approving a consecutive second female in a family.

Up until recent times NSW had a policy of only approving single applicants for female children. Although the policy seems to have now changed, preferences are still allowed in NSW.

This is an example of the variations between state approvals and the subjectivity that is applied when assessing individual families. If gender selection or preference is available it should be offered to all applicants.

1.2. Travel variations.

At the time of the allocation of our first child several other babies were similarly allocated to applicants in other states. All our babies were very small, in crowded conditions with serious illnesses circulating through their foster home. Two families chose to leave as soon as possible after allocation to individually care for their baby until they were eligible to come home to Australia.

Regular practice was and still is that parents are not to travel to their child's country of birth until after all medicals have been cleared and the child has been issued with a visa to travel to Australia.

We knew and respected this however considering we had knowledge that two other families with identical circumstances to us were welcome to go, and were swiftly able to begin nurturing and caring for their babies it seemed reasonable that we too would be able to.

We made an appointment, out of courtesy to discuss our reasoning with the Acting Head of ICAS. When we told her of our plans she became enraged and threatened that if we continued ahead with our plans, she would immediately call an inquiry into people traveling early and effectively temporarily close the program.

Out of respect for the program, other families and our fear of jeopardizing our future adoption plans we elected to cancel our early travel plans. The other families, who traveled at the time from Queensland and NSW, did so with no intimidation or repercussions from their departments.

1.3 Naming rights

When our children are allocated to us, they have a given name or names depending on their circumstances. With both of our children neither were named by their birth mother, both received Ethiopian names from carers in their first orphanages.

We have always felt passionate about gifting our children with names that have purpose and love from us. In our case both our children have names that are very meaningful to our family.

Naming a child is the RIGHT of every biological parent in Australia.

In NSW around 2 years ago legislation was passed making it very difficult to change a child's name at the time of legalisation. Parents have to justify their desire to amend a child's name and it is at the discretion of the judge presiding whether to approve or not.

2. 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.

Our first child, a daughter is nearly 6 years old and arrived in Australia in January 2000. Our son is 2 ½ years old and arrived in Australia in April 2002.

Both our children are Ethiopian born and both were allocated to us at 2 months old and arrived home with us at the age of around 6 months old.

2.1 Maternity Allowance.

When our daughter arrived we immediately applied for the maternity allowance which was then approximately \$850. We had to lodge the necessary documents on the day we arrived home to ensure we fell within the 26 weeks criteria.

When our son arrived at the same age as our daughter, we were told by Centrelink staff that he would not be eligible for the maternity payment and we should not apply. This advice caused us to loose all chance of receiving this retrospectively as we were later informed we were eligible to do.

2.2 Immunisation Allowance.

We fully immunized both our children within the Australian guidelines. When our second child's immunization program was complete, we applied for the immunization allowance, which we had received for our daughter and to our surprise were rejected.

When pressed for an answer, we were told that because he had not been approved for the maternity allowance, he would not be eligible for the immunization allowance, even though he had fulfilled the guidelines. Apparently the immunization allowance is now directly tied to the maternity allowance.

We requested an appeal of our sons case, and when assessed he was ultimately approved for the immunization allowance, but we were ineligible for the maternity allowance retrospectively.

2.3 Double Orphan Pension

This pension was/is arbitrarily given to some families and not others throughout Australia.

When our daughter was assessed initially for benefits, she was deemed eligible for the double orphan pension, as were several other children who arrived from Ethiopia at the same time.

We received the orphan pension for approximately 6 months until out of the blue our case was reassessed for reasons unknown. As a result we were advised she was no longer eligible for this entitlement and it was ceased immediately. Neither her nor our circumstances had changed. When pressed for answers we were clearly told that this pension was not intended for intercountry adoption children.

Recently it came to our attention that up until mid last year a 3-4 year old child adopted from India received the double orphan pension for the full period from arrival to legalisation.

2.4 Family Tax Benefit B

Under this assistance program a parent who earns less than approx. \$1800 per year is entitled to the maximum of \$114 per fortnight until the child turns five years old. For families with biological children this means they receive the maximum benefit payable for 5 years. Adoptive families whose child comes to them at various ages will only receive this benefit for a much shorter time.

The equitable solution is for all families to receive this benefit for a period of 5 years from child arriving to Australia subject to meeting the other qualifying requirements.

2.5 Adoption costs

The Adoption fee costs paid to state departments in Australia, government departments or agencies overseas along with the additional costs for immigration, travel expenses to collect your child etc run into tens of thousands of dollars for all families. The costs to have a biological child are by comparison negligible.

The costs of providing financial information, police checks, various medical tests, immunisations before travel and having documents notarized by a barrister etc. is born by the adoptive family. These requirements and thus costs are not incurred by biological families.

Donations made by the adoptive family to the orphanage that their adopted child lived or financial support given to an adopted child's family in their birth country is not tax deductible yet a donation to World Vision is fully tax deductible.

A solution to reduce the financial burden would be for the government to make all or a significant proportion of the costs tax deductible.

Conclusion:

As it stands now, families choosing intercountry adoption to make and/or extend their families are in the hands of one department per state at most.

Considering each department has limited staff and resources we are without choice unlike people who are making their families biologically.

If a woman is mistreated or has a personality conflict with her IVF provider or gynecologist she often has ample choices to take her business elsewhere so she can have a premium family making experience.

This option does NOT exist for any of us, unless we uproot ourselves and move interstate or lodge an appeal which adds excessive time to an already painfully long process.

Therefore during the most exhilarating and often stressful time of our lives we are at the mercy of the personalities of the members of one department. If we have had difficulty or problematic experiences with staff with strong personal bias, we have no choice but to apply to them again and have them arbitrarily treat us as they wish. Often this does not make for premium family making experiences.

Intercountry adoption is one form of immigration to Australia. The significance here is that these new citizens of Australia are children who will grow up to become valuable contributors to our society and be the next generation of doctors, teachers, plumbers, accountants and dare we say politicians.

Every effort and encouragement should be given by both Federal & State Governments and their departments facilitating adoption, to assist us, those families and individuals who wish to adopt our children from overseas and respect and support us as they would if we were making our families biologically.

Yours sincerely,

Andy & Lisa Minogue