AUTHORISED: 25.05.05 Marth

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From: **Association and Association and Associa**

To whom it may concern:

We are in the process of adopting from China and live in Victoria. We have been allocated our baby and will travel to China in two weeks to become a family.

Given the government is looking at the issues surrounding the process of intercountry adoption, I would like to voice a few of my concerns and areas I would like to see improved.

As a pre-amble, I would like to say that I am reasonably happy with the process here in Victoria although I would like it to be more efficient and therefore a bit faster!

From the date of our formal application in September 2003 up until we first hold our baby in May 2005, the process will have taken 20 months which does seem like a very long gestation period. (and China is one of the most efficient and reliable programs available to us).

My concerns relate to the differing rules and systems in the different states, some of which seem unreasonable and to apparent lack of financial support for adoptive parents.

1. If we were living in South Australia, I would be seen as too old to be a mother. I am not yet 45 years of age and am very fit and healthy. Age alone should not be a factor precluding people from adoption. Their health status and capacity to be parents should be the factor. As the Prime Minister said last night in a press conference," it is not age but capacity" that determines suitability for a job! I strongly believe that age restrictions should be removed in all states.

2. I believe single people should be entitled to adopt from those countries that will accept them. At present at least South Australia and Queensland preclude "singles" and I see no rational reason for this.

3. I believe very strongly that our children and the families that become families by adoption should not be discriminated against in any way. We should all be entitled to any maternity payments as awarded to children born here. Whilst I won't incur specific medical costs for delivery of my child I have substantial travel costs for the delivery and they certainly are not covered by Medicare or my private health insurance.

The total costs of the adoption with fees here and in China far exceeds any "gap" payment a doctor would charge for obstetric care and many people who receive the Maternity payment have no medical costs as they use the public hospital

system. We incurred numerous medical costs in the assessment stage of the adoption process, none of which were recoverable from Medicare!

We have the same "set up costs" for a new baby as any other parents. Even though my baby is 15 months old, I still need a car restraint, cot, stroller, high chair, safety equipment in my house, clothes and nappies etc. In addition, one of us is obliged to stay home for 12 months full time after placement of the child so the loss of one income is guaranteed.

The Government has recognized that having a baby is an expensive business and deemed it appropriate to provide some financial assistance. The Government now needs to recognize that this is the case regardless of how people become families, by birth or adoption. The payment should be available irrespective of the age of the child at placement.

4. There should be no less adoptive leave entitlement compared with maternity leave. Many workers currently receive far less paid leave than if they gave birth and this is also discriminatory. Both parents need leave to travel, for us a minimum of two weeks in China. My husband is only entitled to one weeks paid leave at the time of the adoption. He is entitled to another two weeks but it must be unpaid or come out of annual leave. Awards do not at this stage recognize the demands of intercountry adoption and therefore do not accommodate adequately. The challenges for adoptive parents are different but certainly require no less time and probably more, to form good bonds with their children compared with biological children.

5. I would like to see the whole system adequately resourced such that interested prospective parents can be dealt with quickly so the process is faster and smoother.

In an ideal world there would not be fees but I believe to expect that would be unrealistic and we would risk such severe underresourcing of departments that none of us would be able to adopt. The costs do however preclude some great potential parents from proceeding.

6. There are wide variations in the assessment process and the time taken for that assessment between the various states. There are considerable differences in the medical tests that are required to prove good health and much of it is not logical. The medical assessment and any investigations should be based on good clinical evidence. For example, a chest xray is required in Queensland but no where else. This is a curious requirement and one that would yield very little and merely adds another cost.

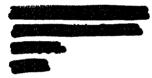
It would appear to me, as a qualified medical practitioner, that a simpler and standardized medical assessment could be used to ensure equity across the whole country. 7. I would like to see good support systems when we come home to ensure we get rapid assistance if we need it. Babies who have spent time in institutional care can have a variety of problems and assistance needs to be readily available should we need it. Adoptive parents should also receive all the same information about family assistance and other resources as given to mothers in hospital when they deliver a child.

In many ways it feels like adoptive children are seen as second rate but they are VERY MUCH our children, loved and adored and cherished just like any other children.

At present the culture in Australia is no where near as accepting of adoption as say, the United States. Successful adoption that gives children a good home and loving parents can be achieved with appropriate education and support. The community of adoptive parents in Australia is very committed to this.

I hope the government can change things to help us and others like us achieve our dream!

Yours truly,



VICTORIA