SUBMISSION NO. 192
(Supplementary to Sub No. 143)
AUTHORISED: 22-06-05

SUBSEQUENT SUBMISSION TO THE INQUIRY ON ADOPTION

This Submission has been written by

To the Committee Members Inquiring into
Adoption of Children from Overseas

Thank you, again for the opportunity to further comment on the inquiry into the adoption of children from overseas. I have been following the progress of the Inquiry, as much as is possible, by reading the submissions and the transcript of your recent public hearing.

I note with interest a number of points raised by your committee, which I believe warrant additional comment and recommendations, as these issues were not included in my initial submission.

Delegation of responsibility for Inter-country adoption to State jurisdictions:

I am resident in Victoria and adopted both of my children from Ethiopia. The Ethiopian inter-country adoption program was established and is managed by the Queensland Department of Families. I note that during the public hearing, Mr. Cadman was questioning Mr. Duggan (Attorney-General's department) in regard to the process for reviewing the effectiveness of the States to manage their adoption programs.

I can state, from an adoptive parent's position, that the program management process can be frustrating. In August 2004, a number of adoptive parents in Victoria met with our DHS representatives. This meeting was to voice our concern with certain practices of the Ethiopian adoption agency, to share our personal stories and have these matters investigated. Our Victorian DHS representatives could not deal with those issues which were subsequently documented and sent to their counterparts at the Queensland Department of Families. We understand that those issues were discussed at one of the six-monthly meetings held between the States and the Commonwealth Attorney-General's department. To date, we have received limited response to our concerns.

There is no clear process through which parents can raise issues or concerns (positive or otherwise) in regard to the various adoption programs. Indeed, in this instance, we do not know if the Queensland Department of Families is even required to address our concerns and respond to them.

In addition, there are policies established by each Department of Human Services (or equivalent) that I understand, have been the subject of many of the submissions to your Inquiry. Some such policies refer to financial criteria for applicants, or medical (e.g. BMI) conditions that must be met. These procedures are not consistent amongst the States. It is interesting in the instance of Victoria that through the process of inter-country adoption, at no stage is a copy of the policies issued to applicants.

As a potential parent there is a sense of frustration at the lack of transparency during the adoption process. Certainly potential adoptive parents who have not yet been allocated children feel helpless to challenge the process for fear of retaliation. There is a fear, which I believe is perceived rather than actual, that your file may go to "the bottom of the pile" if you challenge the system. I feel that while this fear is perceived, certainly in my experience, the DHS do not take criticism kindly. I commend the courage of a number of those who have made submissions to your Inquiry who potentially will incur the displeasure of their local DOCS representatives in speaking out against current practices. While the inter-country process is currently one that operates as a "user pays" process, the experience is very much one that DOCs "holds all the cards".

Overall, being an applicant for Inter-country adoption can be an immensely exasperating experience. This is a "user-pays" process with little sense of service to the "customer" or applicant. As applicants we pay at every step of the process. However, as the paying user of the process, in instances where challenge or disagreement between the applicant and the specific DOCS unit occur, there are no clear steps for raising and resolving issues. This point is illustrated in Appendix #1 (Confidential / personal information).

I note from the transcript of the public hearing, and also from a number of the submissions, that there appears to be some degree of confusion over the role of the Attorney-General's department and the individual State DOCS. Clear responsibilities and processes are urgently required to make the inter-country adoption process operate smoothly, quickly and fairly.

Recommendations:

1. That the Attorney-General's department (or other appropriate Federal agency):
    - Resume responsibility for the renegotiation of the bilaterial agreements;
    - Develop an independent process that can be used to identify and address concerns that arise with the various adoption programs;

- Establish a set of criteria, against which each inter-country adoption program can be assessed (which may include adherence to the *principles* of the Hague Convention, adherence to appropriate legal procedures, and adherence to documented procedures and policies).

2. That the Attorney-General's department (or other appropriate Federal agency):
   - Work with the State DOCS units to develop a uniform set of policies (and procedures) to be applied to the Inter-country adoption process, including service standards to applicants and parents;
   - That it be a requirement that these policies be documented and distributed to potential applicants at the commencement of the process;
   - Collate and make public, audit reports from each of the State DOCs on the processes, service and standards provided by each State Inter-country adoption unit;
   - Develop an independent process that can be used to identify and address concerns that arise with the individual DOCS units.

HIV / Other medical conditions

During the public hearing, I note that Mrs. Irwin asked Mr Mills (DIMIA) what number of children "fail" the health requirements for entry into Australia.

It is my experience with the Ethiopian inter-country adoption program, that children in the host country are usually screened for "high risk" diseases prior to being eligible for adoption. Hence, the response from Mr. Mills may be "Nil".

When I adopted my first child, we discovered one surviving relative, a six-year old sister. She had been diagnosed as being HIV positive, supposedly acquired from her father when she was the recipient of a blood transfusion from him earlier in her childhood. She "failed" her health test required as a condition of being adopted to Australia. Subsequently, she was separated from her sibling (my child), and placed in an orphanage for children dying of AIDS.

I visited her at that orphanage in Addis Ababa, run by the Missionaries of Charity (order of Mother Theresa). That orphanage held approximately 120 residents, mostly children aged from infancy to about 14 years of age, all waiting to die, with little or no medical equipment or medicines to assist them to die with dignity. Children shared their bunk beds; no one wore shoes; there was no water at the orphanage the days I visited; no play equipment; very few toys.

Upon returning to Australia, I enquired into the possibility of bringing my child's sister to Australia – with the sole intention of reuniting them, and allowing her to die with dignity. I was advised by a representative of DIMIA and also by a private migration agency that there was absolutely no chance of bringing her to Australia, as she had an existing medical condition that presented as a "public health risk" that would be a very significant cost to the Australian taxpayer to treat.

At the time, I was anguished (still am). We're talking about bringing a six-year old girl, who has already suffered the death of both parents and the separation from her only surviving family member to live her remaining months in a loving and caring environment. As events transpired, she died in impoverished conditions, with no one to love her and give her comfort. My family and I live with the memory of that situation. I sincerely hope none of you ever feel the helplessness of a similar situation.

My understanding is that it remains impossible to adopt to Australia any child who "fails" our health requirements.

Recommendations:
I would like to recommend in instances such as I have described, that each case be assessed on it's merits. However, I am aware of the precedents that such an approach creates. Given the relatively small number of inter-country adoptions, the number of occurrences requiring individual assessment to waive the health requirements would be small. I know of another 2 cases similar to mine that occurred at approximately the same time that I initially visited Ethiopia. Waiving the health requirements is only one consideration. Given that my child's sister only lived for a further eight months (would she have lived longer if she had been living in Australia?), there would have been insufficient time to get through the DOCS and DIMIA bureaucracies to bring her here in time reunite her with her sibling and to die with dignity.

However, the issue of family reunion for inter-country adopted children is rarely discussed, and again, no clear process exists to expedite any reunion of surviving siblings if/when they are found. This is irrespective of any health issues that may be present in the surviving siblings.

Members of the Inquiry, I continue to track the progress of your investigation with great interest. I hope that the results of your labours will result in a more equitable, speedy, and reliable process for inter-country adoptions throughout Australia. While the inter-country adoption process brings incredible joy to those of us who persevere, I trust that your Inquiry will bring about much-needed reform to streamline the process.

I would be more than willing to clarify any of the information contained in this subsequent submission, if required.