Investing in Adoption: Exploring Child Development Accounts for Children Adopted from Foster Care

Amy Conley Wright

University of Sydney, Australia, amy.conleywright@sydney.edu.au

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Recommended Citation

Available at: https://scholarworks.wmich.edu/jssw/vol45/iss4/8

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
Investing in Adoption: Exploring Child Development Accounts for Children Adopted from Foster Care

Amy Conley Wright
University of Sydney

Adoption is arguably the most powerful intervention available for children in foster care who are unable to be restored to their birth families. Adoption promises stability and a family for life, in contrast to foster care or guardianship, which are expected to end when the child reaches adulthood. In comparison to foster care, adoption is associated with better educational, financial, and social outcomes. However, because children adopted out of foster care have had adverse experiences, they may have additional support needs in later years. These unknown costs can be off-putting to potential adoptive parents, who may not be in the financial position to pay for costly services which may be needed to address trauma and support psychosocial functioning. To address this issue, countries such as the U.S., U.K., and the state of New South Wales in Australia have introduced adoption subsidies and allowances for adoptive families. This article suggests that financial supports for adoption could be extended by introducing Child Development Accounts for children adopted from foster care. Child Development Accounts have been used to encourage savings among youth in foster care and other target populations. These programs function by providing matched funds for purposes enabling positive development. The paper argues that Child Development Accounts for children adopted from care could potentially benefit a highly-vulnerable group of children and support them to access services and achieve more positive life outcomes.

Keywords: Foster care, adoption, Child Development Accounts, adoption subsidies
The child welfare systems of the United States, United Kingdom, and Australia are recognized as having a shared “child protection” orientation (Gilbert, 1997). Research conducted in one of these nations has often gone on to influence policy and practice reforms in another. Adoption from foster care is a part of each system, to a varying degree, with highest preference for this permanency option and greatest volume of adoptions per capita occurring in the United States, followed by the United Kingdom, and then Australia, where this placement option is primarily utilised in New South Wales (Ross & Cashmore, 2016).

While adoptive families can access publicly-funded allowances or payments in all three countries, an asset-based approach to supporting adoptions from foster care has not yet been trialled. Child Development Accounts have been used to encourage savings among low-income families and other target populations, including youth in foster care (Jim Casey Youth Opportunities Initiative, 2009). These programs function by providing matching payments to participants’ contributions, with restrictions on use of funds for purposes enabling positive development, such as higher education. Beyond the financial benefits of accumulating savings that can be used for children’s education and other needs, research suggests that participation in these programs can have positive psychological benefits for children and parents, promoting aspiration and positive views of the future (Huang, Sherraden, Kim, & Clancy, 2014).

This article considers the potential application of Child Development Accounts to enhance the life chances of children adopted from foster care, through an investment-oriented approach to child welfare. Child Development Accounts for adopted children could help build assets for use, if needed, to access social services, and to promote a successful launch into adulthood, covering costs associated with higher education or starting a small business. The paper argues that this proposed policy could potentially benefit a highly-vulnerable group of children who have experienced abuse and neglect and support them to access services and achieve more positive life outcomes.
Adoption from Foster Care

Countries with a “child protection” orientation to child welfare services (Gilbert, 1997), including the United States, United Kingdom and Australia, share certain broad features. These systems are legalistic in nature, including mandated reporting of child abuse and neglect, investigation as preliminary intervention, and involuntary out-of-home placement when deemed necessary for children’s safety and development. Birth families are typically offered services intended to ameliorate child protection concerns and can be compelled through the coercive power of the state to comply with services (Gilbert, 1997). If courts deem that insufficient change had been made to address child protection safety and risk concerns and that restoration to the family of origin is not in the child’s best interests, other placement options are considered. These options include adoption, guardianship, or long-term foster care, with carers who may be relatives or strangers. Adoption from foster care is considered an integral part of the child protection system in the United States and United Kingdom, and has recently increased in Australia, particularly in the state of New South Wales (Ross & Cashmore, 2016).

Adoption is defined as the permanent severing of legal ties to the birth parents and establishment of new legal ties to adoptive parents (Barth, 2008). Adoption from state care may occur with or without the consent of birth parents. Federal policy in the U.S. dispenses with the requirement for parental consent, while in the United Kingdom and in New South Wales, Australia, the courts may dispense with parental consent (Ross & Cashmore, 2016). Adoption from foster care can involve the child’s foster carers transitioning from a temporary to permanent arrangement. In these circumstances, jurisdictions may pursue concurrent planning, where adoption and reunification are both considered at the point of placement (D’Andrade, Frame, & Berrick, 2006), or sequential planning, where efforts toward reunification, if unsuccessful, are followed by consideration of adoption (Tregeagle, Moggach, Cox, & Voigt, 2014).

The United States, United Kingdom and New South Wales, Australia, have each instituted a hierarchy of permanency placement options. In the United States, adoption is preferred as the
next option if restoration to birth parents is not possible. Adoption by relatives is encouraged. By contrast, the United Kingdom and New South Wales preference is legal guardianship to relatives as the second choice, reserving adoption to non-relatives as the third option (Ross & Cashmore, 2016). In the United States, the majority of adoptions from foster care tend to be done by the child’s foster parents and only a minority are comprised of stranger or matched adoptions, while the reverse is true in the United Kingdom (Selwyn, Wijedasa, & Meakings, 2014).

Adoption is generally associated with more positive outcomes for children than long-term foster care (Triseliotis, 2002). Research on the outcomes of children adopted from care have found that they tend to do fairly well in terms of child development and well-being indicators, though not as well as the general population (Zill, 2011), a finding that is not surprising given issues that may arise from early childhood trauma (Wrobel & Neil, 2009). Looking across meta-analyses of adopted children in intercountry and domestic adoptions, van IJzendoorn & Juffer (2006) find evidence for a “catch up” model of adoption, with positive impacts associated with adoption in the areas of physical growth and development, attachment, cognitive development, and school achievement; however, research supports that adoption is not a panacea that can overcome all the impacts of past trauma (Smith, 2013).

For children adopted from foster care, their experiences of child abuse and neglect can create a legacy of emotional, behavioral and developmental challenges (Pennington, 2012). Adolescence, with its accompanying major changes to brain development and hormones, as well as psychosocial tasks associated with identity development, has been reported as a challenging time by adoptive families of children with foster care backgrounds (Selwyn et al., 2014). In their study of 390 adoptive parents, Selwyn et al. found that about a quarter reported multiple, overlapping difficulties, with under 10% having left home early, though often maintaining contact with the adoptive family. Adoption breakdowns (which may be called disruptions or dissolutions) have been estimated to occur in the United States in about 10–25% of cases, depending on the population examined, and about 4–11% in the United Kingdom (Selwyn, Wijedasa, & Meakings, 2014), though more recent findings in Wales
and England point to a lower rate of disruption of 3% or under (Wijedasa & Selwyn, 2017).

Because of challenges arising from experiences of early childhood adversity, children adopted from foster care may require additional services and supports. Therapeutic interventions are particularly critical, to help the child adjust to the new family and to resolve past trauma, as well as to support healthy identity formation and ongoing contact with the birth family. Studies suggest that a substantial proportion of families who adopt children from foster care are likely to seek services for adjustment issues and children’s emotional and behavioral issues (Selwyn, Wijedasa, & Meakings, 2014; Vandivere, Malm, & Radel, 2009). These interventions include helping adoptive parents develop skills in “therapeutic” parenting so they can support the child learn to trust, feel safe and develop attachments (Petersen, 2012).

Children adopted from care often bear risk factors associated with the development of adult mental health problems (Selwyn, Wijedasa, & Meakings, 2014), highlighting the importance of early intervention mental health services to address behaviors that may be early signs of for potential later mental health problems. Educational supports are also important, as children can manifest difficult behaviours and learning difficulties associated with an early trauma history that can be poorly understood by educators (Pennington, 2012). Moreover, children in adoptive and foster families have reported experiencing bullying from peers, which can create an unsafe environment within the school (Rao & Simkiss, 2007). Educational leaders can take measures to promote “adoption-friendly” schools that are sensitive to the needs of children who have experienced trauma (Langton & Boy, 2017).

While post-adoption services and supports are crucial, there are often barriers to access. Adoptive families report a lack of information about where to go for services and challenges accessing them, such as service costs (Selwyn et al., 2014). Access to services is needed at various points, including transitions such as puberty that can trigger challenging behaviors, not just immediately after the adoption. The types of services requested by adoptive families, including child and adolescent mental health services and other therapeutic supports, often have limited availability (Bonin, Lushey, Blackmore, Holmes, & Beecham,
Frequently, services are only available as interventions at the point of crisis, rather than as preventative supports for a population known to be at higher risk for emotional and behavioral issues due to early childhood trauma (Beauchamp, 2014).

However, costs to provide post-adoption supports should be considered in relation to those associated with adoption breakdown. The experience of adoption breakdown can create fresh pain from rejection and disrupted relationships. Youth with disrupted adoptions can also be isolated and vulnerable to exploitation and abuse (Selwyn et al., 2014). Adoptive parents who experience disrupted adoptions often report a lack of post-adoption supports (Festinger, 2014). On balance, there are clear financial arguments for supporting the success of adoptions from care in terms of direct cost savings associated with providing a foster care placement, and indirect savings, by reducing the likelihood of negative life experiences, such as incarceration and unemployment (Bonin et al., 2013; Zill, 2011).

Increasingly, governments are reorienting toward an investment-oriented approach to child welfare services. This includes considering adoption from care as a placement option with better prospects for children, at lower public costs (Zill, 2011). These savings offer an opportunity to reinvest back into supports to enhance the well-being of children and their adoptive families. For example, in 2015 England established the Adoption Support Fund, and in two years the fund has expended more than £50 million on providing therapeutic support for over 23,000 children adopted from foster care, as well as children on guardianship orders and intercountry adoption (Adoption UK, 2017). The next section considers a new possible direction: establishing Child Development Accounts for children adopted from foster care.

An Investment-oriented Approach to Child Welfare

As discussed by Midgley (this issue), the paradigm of social investment has emerged as a contrast to the traditional welfare state paradigm. Social investment emphasizes human capital accumulation, very often through child-centered approaches such as high-quality early childhood education and care (Esping-Andersen, 2002). Social investment through public policy can partially offset inequalities in the distribution of financial
and human capital through provision of resources and services to parents to meet their children’s basic needs (Wright, 2017). Social investment thinking is part of a broader change-oriented developmentalist approach that emphasizes building people’s strengths and capabilities (Midgley, this issue). In the area of child welfare, a developmental approach accomplishes this goal through prevention and poverty alleviation using strategies such as early childhood education and asset accumulation (Conley, 2010a). For example, the Integrated Child Development Scheme in India builds human and social capital through early childhood education, while providing a platform for child protection when families are identified as being at-risk for child maltreatment (Conley, 2010b).

The concept of social investment is increasingly being applied to child welfare. On the face of it, there are substantial social expenditures into the child welfare system, primarily related to the cost of foster care, which is with poorer outcomes. In the U.S., for example, state and federal annual costs for foster care exceed $9 billion dollars under the Title IV-E funding stream alone. At the same time, adults in the U.S. who experienced long-term foster care as children are disproportionately represented among the prison population and are significantly more likely to experience costly social problems such as school expulsion, homelessness, teenage pregnancy, unemployment and substance abuse (Zill, 2011). These costs to individuals and to government can extend into the next generation. Research on the intergenerational transmission of foster care in the U.S. (Courtney, Dworsky, Lee, & Raap, 2010; Jackson Foster, Beadnell, & Pecora, 2015), Australia (New South Wales Government, 2017) and other countries, including Denmark (Mertz & Andersen, 2016), has found those who have grown up in foster care are significantly more likely than the general population to have their own children go into foster care.

Raising children is a costly undertaking, and children adopted from care can have additional needs that may add costs. The time, energy and resources needed to parent children with care backgrounds can exceed what is required for children without this background (Forbes, O’Neill, Humphreys, Tregeagle, & Cox, 2011). Costs can increase incrementally for families adopting sibling groups from care. Adults with the time to provide intensive parenting are frequently those more likely to lack
financial resources, either because they work part-time or, having raised their own biological children, are now close to retirement. Research on families who adopted children from foster care in the U.S. found that a significant portion are low-income (U.S. Department of Health & Human Services, 2011), with some evidence suggesting that foster families who are blue-collar or lower-middle income may be most successful in providing care due to the similarity between socioeconomic status of the child’s birth and foster families (Eastman, 1982; Rosenthal, Groze, & Curiel, 1990).

In recognition of the additional costs associated with adopting a child from foster care and to reduce financial barriers, many jurisdictions have introduced financial subsidies for adoption. In 1980, the United States implemented federal monthly payments to adoptive parents who adopt children with special needs from the foster care system, and in 2001 introduced an unqualified tax credit of $10,000 U.S. dollars (Hansen, 2007a). Special needs are defined as a condition making it difficult for the child to be placed in an adoptive home, such as being part of a sibling group, older age, medical disability, or membership in an ethnic or racial minority. Each family negotiates the amount of subsidy with their state, depending on factors such as the child’s needs and the adoptive family’s income, resulting in substantial variation in payment, with a median monthly payment of $461 in 2006 (Buckles, 2009).

The United Kingdom introduced adoption allowances in 1983, which are recommended by local adoption panels when approving adoptive placements (O’Halloran, 2009). These payments may be made in circumstances where it is perceived that adoption may not otherwise be possible or practical, such as adoption of a child with special needs or a sibling group (CoramBAAF, n.d.). Data on average adoption allowance payments are not available, but post-adoption support, mostly comprised of the cost of adoption allowance, has been reported as £2334 per case per year (Selwyn, Sturgess, Quinton, & Baxter, 2006). Since 2015, adoptive parents also have the same leave and social payment rights as birth parents (UK Department of Education, 2015). New South Wales, Australia, recently re-introduced a means-tested adoption allowance, for children adopted from foster care from July 2017, for an amount up to $25,000 Australian
dollars annually for children under age 4 and up to $37,000 for older children (McNally, 2017).

Cost-benefit analyses of adoption from foster care (Barth, Lee, Wildfire, & Guo, 2006; Hansen, 2007b) suggest they result in significant cost savings to the government. These costs savings come from the lower child welfare costs of supporting an adoptive placement, even with allowances or subsidies and post-adoption services, compared to providing a foster care placement. In addition, adoption may offer greater access to social capital when compared to foster care (Barth, 1999), promoting positive development leading to better outcomes in education, employment and other measures (Barth et al., 2006). This can result in a reduction in downstream costs for services such as special education and criminal justice involvement. Hansen (2007b) estimates that each dollar spent on adoption from foster care yields about three dollars of cost savings. Barth and colleagues (1997) caution against making precise estimates, based on issues accessing service costing and other data, but similarly argue that there is clearly a substantial savings. Moreover, they point out that adoptive parents contribute a significantly higher proportion of their own finances towards the welfare of their children compared to foster parents, so adoption “secures a private partner (family) that invests additional resources over a child’s lifetime” (Barth, 1997, p. 27). This permanent familial relationship is also likely to generate benefits into adulthood, in terms of financial and other forms of support (Barth et al., 2006).

While not often considered as an investment in human capital, adoption is arguably the most powerful form of social intervention (U.S. Senate Committee on Finance, 1997), going well beyond a program that provides education or health services by providing a child with a normative family experience (van IJzendoorn & Juffer, 2006). Because it is an intervention that takes place in the private sphere of family, it is easy to overlook. However, adoption does not remove the responsibility of society towards children who have been abused and neglected (Wrobel & Neil, 2009). As previously discussed, children from foster care backgrounds can experience greater challenges on their pathways to successful adulthood, and their history of adverse childhood experiences can require special services and supports. Social investment to support families created through
adoption is necessary to ensure the best outcomes for children and to avoid privatizing costs associated with adverse childhood experiences.

Child Development Accounts for Adoption

Child Development Accounts (also called Child Savings Accounts, or Individual Development Accounts, which include adults) are a policy innovation developed by Sherraden (1991) that has captured wide international attention. The basic idea is an account that will allow parents, often supplemented by government, to accumulate savings on behalf of children that will be available to support their successful launch into young adulthood. The common design features of a Child Development Account are seed funding from government with a match (1:1 or different rate) to parental contributions, with restricted use of funds for designated purposes such as higher education or starting a small business, or other human capital generating endeavors (Meyer, Zimmerman, & Boshara, 2008). Countries including Canada, the United Kingdom, South Korea, and Singapore have implemented Child Development Accounts on a population basis, often with additional targeted funding for low-income families (Loke & Sherraden, 2009). There have also been smaller-scale efforts to introduce Child Development Accounts in other countries, including developing countries, in a variety of forms, including through governmental policies associated with social assistance and through non-governmental groups (Meyer, Masa, & Zimmerman, 2010).

Child Development Accounts have also been targeted to special populations, such as youth in foster care, or to children in low-income families. The largest of these initiatives, Jim Casey Youth Opportunity Initiative’s Opportunity Passport, is implemented in 11 sites in the United States and provides current or former youth with a matched savings account, with accumulated assets that can be used for costs such as a computer for university studies, a car or housing. Participants receive deposits for completion of financial education training sessions (Peters, Sherraden, & Kuchinski, 2016). An evaluation of 10 sites, with 3,052 youth participants, found an average youth contribution of $1000 (Jim Casey Youth Opportunities Initiative, 2009).
Qualitative interviews of participants identified benefits but also challenges with saving, with highest rates of savings for those who were employed or still receiving foster care benefits (Peters, Sherraden, & Kuchinski, 2012).

Saving behavior and asset accumulation are not the sole benefits of Child Development Accounts. There is limited but compelling evidence that these initiatives can encourage positive psychosocial outcomes. A randomized control trial of a Child Development Account program targeting orphaned youth in Uganda found positive association with participants’ academic aspirations and performance, reduced risk behaviors and reduced depression (Ssewamala & Ismayilova, 2009; Ssewamala, Neilands, Waldfoegel, & Ismayilova, 2012). Findings from a randomized control design study of OK-SEED (Saving for Education, Entrepreneurship, and Downpayment), a Child Development Account pilot in Oklahoma, suggest that there can be significant impacts on socio-emotional development. This outcome appears to be mediated through parental behavior, by enhancing parental expectations for their children’s futures and involvement in promoting their children’s development (Huang et al., 2014).

As yet, there have been no Child Development Accounts for children adopted from care documented in the literature, but such an approach offers interesting potential benefits. This approach should add to, not supplant, current adoption subsidies and allowances. Adoption subsidies and allowances reduce financial barriers to adoption and pay for ongoing needs for children, such as school uniforms, school supplies, sports and excursions, which enables lower-income families to adopt without incurring unaffordable expenses. This is important, as children in foster care are likely to be adopted by their foster carers, who may be low income and unable to adopt without a subsidy.

A Child Development Account, on the other hand, would allow for asset accumulation to support a positive launch to adulthood for children adopted from foster care. The government would offer a 1:1 or greater match to contributions by the adoptive family or others who care about the child, up to a maximum amount per year. In terms of their contribution, adoptive families could choose to save a portion of the adoption subsidy. This would allow the funding to be saved “for a rainy day” for their
children, if costs associated with the child’s needs did not consume the full subsidy. This keeps the focus of the subsidy on the child’s needs and allows for asset accumulation when possible.

The focus of a Child Development Account for children adopted from care would be to support the adopted youth to transition to adulthood. In the majority of cases, this would likely be to support the costs of higher education or entrepreneurship, to set up a small business. There are potential psychosocial, as well as material, benefits for this arrangement. Knowing that the child has assets to support the transition to adulthood can elevate aspirations for the future, providing a positive counter-narrative to the negative early history that resulted in the child being in foster care. This may help sustain the adoptive relationship, by encouraging hope and positive aspirations in the parent, which are then transferred to the child, as per the Oklahoma pilot (Huang et al., 2014). Having the means to positively support the transition into adulthood may also act as an incentive and support for older child adoption. In addition to having this “parachute” to launch the adopted youth into education, training or entrepreneurship, the Child Development Account could also function as a safety net. For cases where there is a serious need for services that cannot be met through universal services such as public health and mental health care systems, assets could be used to privately pay for services that can help to heal trauma and promote psychological healing.

Conclusion: Investing in Positive Futures

Child Development Accounts for children adopted from care could support a positive launch to adulthood for children who have experienced abuse and neglect. These assets could be used to support the costs of education or entrepreneurship as well as promote hope and aspiration. For those who need more extensive post-adoption services, the assets could serve as a rainy day fund if needed, allowing adopted youth to access the services they need for psychological healing. Were these children to remain in long-term foster care, they would incur higher direct costs associated with foster care payments and services, as well potentially indirect costs associated with poorer outcomes in adulthood. These social savings can be reinvested into their future, by providing assets that can promote positive outcomes in adulthood. As Midgley (2018)
points out—assets store resources, investments produce returns. By storing some of the cost savings associated with adoption from foster care into assets that could be used for the child’s future, these resources can be turned into investments that produce positive life and even intergenerational returns.

In addition to financial arguments, there are moral arguments to be made for Child Development Accounts for children adopted from foster care. Once adopted, the social norm is that the child is part of the family and no longer the direct responsibility of the state. Yet, while these children now have a “forever family” through adoption, that does not erase the hardship associated with their experiences of abuse and neglect, nor does it eliminate the state’s responsibility in promoting equitable outcomes for this group. Before they were adopted, the state held parental responsibility for these children. Creating Child Development Accounts for children with foster care backgrounds would fit into a normative view of good parenting, which is to ensure children’s long-term well-being through assisting them to achieve education goals and being able to access services if needed. This is a promise that governments can make to all care leavers, defined as adults who spent a portion or all of their childhood in state care (Care Leavers’ Association, 2013). Such a policy would be consonant with a capabilities approach that seeks to build human and social capital (Sen, 1993).

To move from concept to reality, a Child Development Account for children adopted from care would require a receptive political context and likely a “policy entrepreneur.” In the U.S., the concept of Individualized Savings Accounts has “diffused” to 39 states to become part of federal policy through the Assets for Independence Act. Grinstein-Weiss et al. (2008) credit this success in part to policy entrepreneurs, who helped policy makers appreciate the link between welfare policy and asset building to help low-income families get out of poverty. A related message about promoting aspiration and positive life outcomes for adopted youth who experienced a challenging start to life could be an effective framing to encourage Child Development Accounts for adoption. Piloting this approach as a randomized control trial would allow for building an evidence base to test effectiveness. Such research could include cost-benefit analyses to compare the costs with the ultimate benefits of these social investments.
References


Pennington, E. (2012). *It takes a village to raise a child: Adoption UK survey on adoption support*. Banbury: Adoption UK.


