



Minority Children in Residential Care: What Do Palestinian-Arab Children Think About Their Well-Being?

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Abstract

This study explores the subjective well-being (SWB) of Palestinian-Arab children aged 9–13 in residential care in Israel. It focuses on how these children perceive their well-being in terms of their satisfaction with residential care and life in general. Eighty-two children completed self-report questionnaires. It was found that the participants' satisfaction with their residential care facility was lower than their overall life satisfaction. Specifically, they were most satisfied with their relationships with the social worker and care workers (non-professional counsellors) in residential care, as well as with their peers, and least with rules and regulations, independence and autonomy, and free time. Several factors were positively correlated with children's satisfaction with the residential facility, including positive aspects of relationships with staff and the degree to which they were listened to. Children who visited their parents more frequently were also more satisfied with the facility. These findings are discussed in the cultural context of Palestinian-Arab children, who often feels stronger allegiance to their birth families compared to the Israeli and Western norm, given that family values are highly prioritized in Arab culture.

Keywords Residential care · Out-of-home placement · Subjective well-being (SWB) · Child protection services · Palestinian-Arab children in Israel

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1 Introduction

The biological family is the child's natural environment. However, in every country there are children unable to live with their biological families due to parental abuse and neglect. Welfare services provide for them mainly through residential and foster care (Berrick et al., 2023; Kosher et al., 2017). Significant efforts have been made over the years to determine the most effective ways to enhance the well-being of children in residential care.

Numerous studies have explored their needs and experiences. However, much of this research has been framed in an adult perspective (Magalhães & Cerdeira, 2024), without giving sufficient voice to the children. Moreover, even when taking that voice into account, many studies have focused on negative outcomes, like behavioral problems and emotional distress (e.g., Rohanachandra et al., 2022; Westlake et al., 2023). Very little attention has been devoted to positive aspects such as their quality of life and subjective well-being. The current paper addresses this gap by providing deeper understanding of how children in residential care perceive their experiences, focusing on positive aspects in their lives and therefore offering crucial insights that have often been overlooked. It further contributes to the literature by heeding to the oft-silenced voices of minority children.

1.1 The Well-Being of Children in Residential Care

In many Western countries, the policy framework emphasizes community-based treatments, with out-of-home placements as a last resort (Firmin et al., 2022; Holmes et al., 2018). This perspective is based on the belief that a parental home offers the best environment for child development, and that parents have primary responsibility for their children's upbringing. However, when community-based interventions fail to ensure a child's safety and development, out-of-home placements become necessary (Ben-Shimhon & Goren, 2016; Dalgaard et al., 2024).

This policy orientation is also reflected in the Israeli context. From 2016 to 2021, the number of children placed in residential care institutions dropped across all population groups. The largest decrease occurred among children from Palestinian-Arab society. As noted in the State Comptroller's report, this trend corresponds to a policy shift within the Ministry of Welfare toward prioritizing community-based responses over out-of-home residential placements and expanding community-based support for children and families (Meisel, 2022).

At the same time, residential care remains necessary for children experiencing severe distress or for whom alternative interventions are unsuitable or culturally inappropriate (Henderson, 2025). It offers both a protective living environment and comprehensive therapeutic support.

Over the years, numerous studies have examined children in residential care (e.g., Attar-Schwartz, 2008; Casas & Ditzel, 2025). Studies consistently show that they face numerous challenges, including adversity, oppression, instability, and separation from supportive environments. These often lead to higher rates of mental

health issues. In some cases, their time in residential care exacerbates these challenges, making the transition to adulthood even more difficult (Dalgaard et al., 2024; González-García et al., 2017). These challenges are typically associated with diminished well-being (Llosada-Gistau et al., 2017).

While these studies are valuable, they also have significant limitations. First, as mentioned, much of the literature has focused on negative aspects: the prevalence and types of emotional, social, and educational problems, as well as psychopathology among these children such as behavioral issues, mental health challenges, and academic difficulties have also been frequently studied (e.g., Garcia-Molsosa et al., 2021; González-García et al., 2017, 2023; Stewart et al., 2024). Second, few studies have studied children's SWB using self-reports, depending instead on reports by adult counsellors or social workers, potentially leading to incomplete and inaccurate findings (Ben-Arieh & Kosher, 2019).

Given this context, it is crucial to explore the experiences of children in out-of-home care from their own perspective, focusing on positive metrics such as life satisfaction, self-efficacy, personal growth, and hope. Engaging children in research on their lives not only contributes to accuracy but also affirms their right to participation, acknowledged in Article 12 of the Convention of the Rights of the Child (CRC; United Nations, 1989). Influenced by the CRC, scholars acknowledge that children's voices should be heard in research about their lives (Broström, 2012), particularly maltreated children (Garcia-Quiroga & Agolia, 2020; Kosher & Ben-Arieh, 2024). Consequently, there is growing recognition of the critical importance of assessing children's perspectives on all aspects of out-of-home care (McTavish et al., 2022; Ten Brummelaar et al., 2018).

1.2 Subjective Well-Being of Children in Residential Care

Children's SWB is people's self-evaluations and feelings about the quality of their life, including their happiness and satisfaction, and feelings of health and success (Casas & Ditzel, 2025). The measurement of SWB should include positive aspects – not merely the absence of negative ones – and evaluations of life overall, usually referred to as life satisfaction (Diener, 2012). It is typically categorized into three types: cognitive, psychological, and affective. Cognitive well-being involves an individual's evaluation of their life and satisfaction with it in general or specific areas. Psychological well-being relates to feelings of thriving, positive future outlook, and the extent to which basic psychological needs are met. Affective well-being pertains to an individual's emotions and mood (Diener & Suh, 2000). An increasing interest in children's SWB has been observed over the last two decades (Casas & Ditzel, 2025), and it has become a valuable tool for a deeper conceptualization of children's well-being and positive development among all child populations. Although literature on this specific issue is still scarce, the last decades have also seen a growing body of studies on the SWB of children in residential care. Generally, these children exhibit lower levels of SWB compared to their peers in the general population (Delgado et al., 2020; Llosada-Gistau et al., 2017), and they express lower satisfaction with their living environment compared to their peers in foster care (Carvalho & Delgado, 2020).

1.2.1 Indicators and factors of children's subjective well-being in residential care

Several indicators of children's SWB in residential care have been studied, such as relationships with staff, peers and parents; safety and physical conditions; and autonomy and free time.

General experience Roche (2019) conducted a scoping review based on 27 peer-reviewed articles on children's experiences of residential care settings in the Global South. It found that children express generally positive views towards their settings, emphasizing how they support their well-being by providing peace of mind (Johnson, 2011), love and care (Malatji & Dube, 2017), and protection from the outside world (Khoo et al., 2015). Côté and Clément (2022) studied the experiences of children aged 6–15 in residential care in Canada. While some reported feeling safe and comfortable, others struggled to perceive residential care as “home”. Factors such as lack of privacy, noise, high staff and resident turnover, and the stigma and shame associated with placement contributed to their difficulties.

Interactions with residential care staff were found to be a crucial indicator of children's well-being (Costa et al., 2020; Magalhães & Calheiros, 2017; Roche, 2019). It was found that many children faced challenges in forming meaningful emotional connections with residential staff, often due to past trauma and unstable attachment experiences (Babo et al., 2024; Côté & Clément, 2022; Garcia Quiroga & Hamilton-Giachritsis, 2016). Moreover, children who perceive the residential staff as kind and attentive, and who are satisfied with their care, generally report greater SWB (Carvalho et al., 2020; Casas & Ditzel, 2025; Llosada-Gistau et al., 2017, 2020).

Participation and autonomy Several studies examine children's participation in residential care as part of their well-being. Research in different countries suggests that many feel excluded from the decisions about their lives (Merkel-Holguin et al., 2020; Vosz et al., 2020), and that many do not fully understand the reasons for their removal from their family homes, contributing further to their confusion and insecurity (Côté & Clément, 2022; Carvalho & Delgado, 2020; Casas & Ditzel, 2025; Ten Brumme-laar et al., 2018).

Children in residential care who perceive fewer opportunities to make decisions about their lives tend to experience lower well-being (Llosada-Gistau et al., 2015). Casas and Ditzel (2025) studied 268 Chilean adolescents and found that the more they felt adults at home and at school listened to them and treated them fairly, and the more they perceived adults in general as respecting children's rights, the higher were their SWB scores. Conversely, when children felt treated fairly and listened to, their SWB and overall satisfaction significantly improved. Carvalho and Delgado (2020) found that children who felt unheard or excluded tended to experience greater insecurity and emotional distress, and as a result reporting lower levels of SWB.

Family contacts Whereas the study of the impact of family connections of children in residential care has been attracting growing attention recently, findings regarding

its impact on children's SWB specifically remain inconsistent. Roche (2019) found that children described missing their biological family, feeling disconnected, feeling concern and sadness about their absent parents, and not seeing their relatives enough as a difficulty. In general, it was found that children's contact with their parents was a significant indicator of their well-being. For example, Carvalho and Delgado (2020) found among a sample of 145 Portuguese children in residential care that most presented joy or satisfaction during parents' visits and more diffuse feelings after the visits. They also found that most children would like to have more visits. Some suggest that children in residential care who have no contact with their mothers report higher SWB, while others indicate that lack of parental contact correlates with lower well-being (Llosada-Gistau et al., 2017; Schutz et al., 2015). Complicating the picture further, positive perception of family support has been linked to better SWB (Shunary, 2020).

Placement stability is crucial It was found that children in residential care are often exposed to far greater instability due to placement changes, and that this affects their schooling, friendships and extra-curricular activities (Wade et al., 2011). Nevertheless, there are almost no studies examining this issue with relation to children's SWB. One exception is a study that found that children who remain in the same setting for three years or more generally report higher SWB, whereas frequent placement changes are associated with lower SWB (Llosada-Gistau et al., 2020).

Sociodemographic factors such as age and gender play a significant role in influencing the SWB of children in residential care. Girls in residential care tend to report lower satisfaction than do boys, and younger children often report higher SWB compared to older ones (Carvalho et al., 2020; Casas & Ditzel, 2025; Delgado et al., 2020; González-García et al., 2022; Llosada-Gistau et al., 2015).

1.3 The Cultural Context: Palestinian-Arab Children in Israel

Palestinian-Arab citizens of Israel constitute a national minority group, representing approximately 20% of the population. They hold Israeli citizenship while maintaining a distinct cultural, linguistic, and national identity, and often experience structural inequalities across multiple domains, including education, welfare, and access to services (Elias et al., 2019; Kamal-Ghattas, 2025; Sulimani-Aidan, 2020). While children in out-of-home care are a marginalized group within the child population, children from minority groups in out-of-home care are even more marginalized. Studies indicate that they are overrepresented in residential care (Dettlaff & Boyd, 2020). Nevertheless, very few studies have investigated minority children's experiences of out-of-home care (Fylkesnes et al., 2018).

The current paper examines the SWB of Palestinian-Arab children in residential care in Israel. Their intersectional vulnerability stems from the unique sociopolitical and cultural context. As SWB is a context-sensitive construct, understanding children's experiences necessitates situating them within their broader social, cultural, and temporal contexts (Cárcaba, 2025). Palestinian-Arab population in Israel faces reduced access to welfare services (Nijam-Akhtilat et al., 2018). Residence in geo-

graphically segregated areas and lower public investment in services, often linked to structural inequalities, further limit access (Sulimani-Aidan, 2020). Moreover, the collectivist nature of Palestinian-Arab culture often encourages individuals to rely on extended family or community support, rather than seek formal assistance (Nijam-Akhtilat et al., 2018), explaining why the placement of Palestinian-Arab children in out-of-home care is less common (Shimoni & Benbenishty, 2011).

The placement of Palestinian-Arab children in residential care facilities involves unique issues. According to the Ministry of Welfare and Social Affairs, 17 residential care institutions operate for children from Arab society in Israel. Most of these are concentrated in specific regions, with 13 located in Arab-majority areas in Israel, three in East Jerusalem, and one in a Jewish locality, rather than being evenly distributed across the country. This geographical concentration means that children are at times placed in institutions located at a distance from their families' place of residence. For example, parents residing in East Jerusalem often place their children in institutions located in the Northern District, which may complicate ongoing contact between children and their families (Meisel, 2022). Moreover, Palestinian-Arab children in residential care represent a particularly vulnerable subgroup. According to the Ministry of Welfare and Social Affairs, these children are typically exposed to severe risk situations, and in some cases to immediate life-threatening conditions, arising from family-related or broader community factors. The Ministry further notes that Arab cultural norms emphasizing the centrality of the family contribute to the complexity of removing children from the home. As a result, Palestinian-Arab children often enter residential care at a relatively later age, at which point their prospects for rehabilitation are reduced (Meisel, 2022).

1.4 The Current Study

Despite these challenges, to the best of our knowledge, no study has examined the SWB of Palestinian-Arab children in residential care in Israel. Accordingly, the present study explores the SWB of Palestinian-Arab children in residential care facilities in Israel from their perspective. It has two main goals: to examine the children's level of satisfaction with their lives and with their residential care facility, in general and with specific aspects of it; and to examine factors related to their SWB.

2 Method

2.1 Participants

The sample included 82 Palestinian-Arab children aged 9–13 ($M=11.5$) living in residential care facilities in northern Israel. All were placed in these facilities by the child protection system due to neglect or maltreatment in their parental homes. The study was conducted in three facilities serving Palestinian-Arab: two facilities are located in Arab towns, while the third is situated in a rural village predominantly inhabited by Jews. They were sampled through convenience sampling, with the researcher approaching the settings based on personal familiarity. The participants

included 56 boys (68.3%) and 26 girls (31.7%). Most were Muslims (93.9%), and the rest Christians (4.9%), and Druze (1.2%).

2.2 Measures

The research instrument was partly based on the Children's Worlds survey that has examined children's subjective well-being in over 40 countries worldwide, including Israel (Rees et al., 2020). For the purposes of the current study, it was adapted to the context of residential care by adding items related to children's experiences in residential settings, while items referring to life at home were removed.

2.2.1 Cognitive Subjective Well-Being

Overall Life Satisfaction (OLS; Campbell, 1976) is a single-item cognitive SWB scale: "How satisfied are you with your life overall?" Children rated their satisfaction on a scale from 0 ("not at all satisfied") to 10 ("very satisfied").

Children's Worlds Subjective Well-Being Scale (CW-SWBS; Rees et al., 2020). Developed through consultation with researchers and children worldwide, this scale was derived from the Students' Life Satisfaction Scale (SLSS; Huebner, 1991), and subsequently validated across different contexts. It examines SWB using six items to which children rate their agreement, from 0 ("strongly disagree") to 10 ("strongly agree"). For example, "I enjoy my life"; "I have a good life"; "I am happy with my life" (Cronbach's alpha = 0.92 in the current study).

Satisfaction with residential care was measured using two indicators. First, children rated their overall satisfaction with the residential care on a scale from 0 ("very dissatisfied") to 10 ("very satisfied"): "Overall, how satisfied are you with the residential care you are currently in?" Second, children reported their satisfaction with seven aspects of life in residential care: interaction with care workers (counsellors who are not professional staff), interaction with social workers, rules and regulations, peer group, free time, independence and autonomy, physical condition of the facility, and family relations during their stay. For example, "How satisfied are you with your relationship with the care workers in residential care?"; "How satisfied are you with the rules and regulations of the residential care facility?". These aspects were combined into an overall index, and a total score calculated for each child (Cronbach's alpha = .82 in the current study).

2.2.2 Perceptions of life in Residential care

Perceptions of life in residential care were examined by six indicators: relationships with staff (e.g., "The professional staff in residential care take care of me and care about me"); safety ("I feel safe in the residential care"); participation (e.g., "The professional staff in residential care listens to me and considers my opinions"); and enjoyment ("I enjoy my time in residential care"). Children were asked to report their agreement on these items on a 5-point scale, from 0 ("strongly disagree") to 4 ("very much agree"). A total score was calculated for each child by averaging the relevant items (Cronbach's alpha = 0.91 in the current study).

2.2.3 Family Contacts

Family contacts were examined through two items: “I visit my family home” – from 1 (“every week”) to 5 (“never”); and “How satisfied are you with your relationship with your parents during your time in residential care?” – from 0 (“very dissatisfied”) to 10 (“very satisfied”).

2.2.4 Sociodemographic Variables

Children were asked about their background characteristics: age, age at entry to the current residential care facility, gender, whether they live with siblings, and place of residence before entering residential care.

2.3 Data Collection

Principals of nine residential care facilities for Palestinian-Arab children were approached; three agreed to participate. The participating facilities included 12, 26 and 44 children from each. Within them, social workers identified children aged 9–13 based on the study’s inclusion criteria. A passive parental consent procedure was used: parents received a consent form and were asked to return it only if they objected to their child’s participation. Only two parents declined participation.

Data were collected in each facility using a self-report questionnaire in Arabic between July and September 2020, during the COVID-19 pandemic. This period was characterized by unique institutional and social conditions, which may have influenced children’s experiences and should be considered when interpreting the findings. The questionnaire was administered in Arabic using a previously validated Arabic version of the Children’s Worlds Subjective Well-Being Scale (Ben-Arieh & Shimon, 2014). The questionnaire took 30–50 min to complete. The children completed it in a group setting, while ensuring each child’s privacy. A researcher was present to answer any questions the children had and to read the questions aloud to those who had difficulty reading it.

2.4 Ethical Considerations

The study was approved by the Ethics Committee of the School of Social Work and Social Welfare of the Hebrew University of Jerusalem and the Department of Research, Planning, and Evaluation at the Israeli Ministry of Welfare and Social Services. Before completing the questionnaires, the researcher obtained the children’s verbal informed consent. Parents’ consent was received via a passive procedure, as mentioned.

The researchers considered the power dynamics that may arise during the process of obtaining children’s consent, as well as during the completion of the questionnaires, particularly given that participants were children living in residential care. To

address this issue, several steps were taken. First, the researcher explained the study's purpose and emphasized that participation was voluntary with no negative consequences for opting out. Information was provided in age-appropriate language, and understanding was checked before the child received the questionnaire. Second, children were informed that they could skip any questions they did not wish to answer and that the study was anonymous. Third, the questionnaires were completed in a setting that ensured privacy and minimized the presence or influence of residential staff. Finally, the children were assured that their responses would be kept confidential and would not be shared with staff or affect their care.

2.5 Data Analysis

Data were analyzed using IBM SPSS Statistics for Windows. Initially, descriptive statistics were employed to summarize the children's responses to all variables. To present all the scores related to the satisfaction scales, they were converted to a 0-100 scale, in accordance with the method used in the Worlds of Childhood study (Kosher & Ben-Arieh, 2017). Next, bivariate tests—including t-tests, one-way and two-way ANOVAs, and Spearman's and Pearson's correlations—were used to explore relationships between variables. Finally, hierarchical multiple regression analyses were conducted to examine the relationships between the independent and dependent variables.

3 Results

3.1 Subjective Well-Being

The children's overall satisfaction with life was measured in two ways: through a single general question that directly assesses how satisfied the children are with their lives (OLS), and through the calculation of the average score of the series of six items that measure the children's positive perceptions and feelings about their lives (CW-SWBS). The overall score, ranging from 0 to 100, was divided into three categories to distinguish between children with very high satisfaction (100) and those with low satisfaction (below 50). As shown in Table 1, the mean scores were 75.0 ($SD=33.38$) on the OLS scale and scale and 74.1 ($SD=30.67$) on the CW-SWBS, with just over one half and just over one third of the children, respectively, reporting the highest level of satisfaction.

Table 1 Children's Overall Satisfaction with Life

	M	SD	Score (%)		
			<50	50–99	100
OLS	75.0	38.33	13.40	35.40	51.20
CW-SWBS	74.1	30.67	17.10	48.80	30.50

OLS - Overall Life Satisfaction; CW-SWBS - Children's Worlds Subjective Well-Being Scale

Table 2 Children's Satisfaction with Residential Care

	M	SD	Score (%)		
			<50	50–99	100
Relations with social workers	90.2	26.27	11.0	6.1	82.9
Relations with care workers	82.0	28.43	20.7	19.5	59.8
Relations with peers	80.5	30.63	22.0	17.1	61.0
Physical conditions	75.8	36.51	22.0	20.7	57.3
Free time	72.7	36.52	31.7	18.3	50.0
Participation and autonomy	69.4	38.40	34.1	15.9	50.0
Rules and regulations	67.8	41.44	34.1	13.4	52.4
From the RC in general	59.3	42.71	35.4	21.9	42.7
<i>Mean score of all items</i>	<i>76.8</i>	<i>33.40</i>	<i>13.5</i>	<i>63.4</i>	<i>20.7</i>

3.2 Satisfaction with Residential Care

Children were asked how satisfied they were with seven different aspects of their residential care facility. As shown in Table 2, the mean score of the items was 76.8 ($SD=33.40$). When the children were asked directly about satisfaction with their residential care facility, the mean was 59.3. The participants were most satisfied with their relationship with their social worker, followed by their family (during their stay in residential care), and care workers (counsellors who are not professional staff). They were much less satisfied with their degree of participation and autonomy and with the regulations and rules.

3.3 Children's Perceptions of Their Lives in Residential Care

Children described aspects of their daily life in residential care. As illustrated in Table 3, the item that received the highest score was "If I have a problem, the residential care staff will help me." The two items with the lowest scores were related to enjoyment of life in residential care and whether they made decisions about their lives together with the staff.

3.4 Family Contacts

About one-eighth (12.2%) of the children reported that they visited their family home every week, 50.0% went home every two weeks, 29.3% visited once a month, 3.7% went home rarely, and 3.7% did not visit home at all. The mean score of children's satisfaction with family contacts was 88.5 ($SD=26.58$), indicating a generally high level of satisfaction during their stay in residential care.

3.5 Multivariate Analyses

3.5.1 The Relationship Between Children's Perceptions of life in Residential care and their Subjective Well-Being

To examine the relationships between children's perceptions of their life in residential care, Pearson's correlation tests were conducted between each item and the mean

Table 3 Children’s Perceptions of life in Residential Care

	M	SD	Score (%)		
			Do not agree at all / agree to a small extent	Agree to a moderate extent	Agree to a great or very great extent
The professional staff in residential care takes care of me and cares about me (<i>n</i> = 79)	3.24	1.28	12.2	9.8	74.4
If I have a problem, the residential care staff will help me (<i>n</i> = 79)	3.16	1.26	13.4	7.3	75.6
I feel safe in residential care (<i>n</i> = 80)	2.88	1.70	24.4	6.1	67.1
The professional staff in residential care listens to me and considers my opinions (<i>N</i> = 77)	2.78	1.60	22	9.8	62.2
The residential care staff and I decide about my life together (<i>n</i> = 78)	2.59	1.64	24.4	18.3	52.4
I enjoy my time in residential care (<i>n</i> = 78)	2.45	1.52	35.4	3.7	56.1

score of each variable. As can be seen in Table 4, most of the relationships were significant.

3.5.2 Family Contacts

A one-way ANOVA was conducted to examine the relationship between the frequency of children’s visits to their family home and their satisfaction with life (CW-SWBS). No significant relationship was found ($F(2, 78) = 2.18, p = .120, \eta^2 = 0.05$). A significant relationship was found between the frequency of visits and satisfaction with residential care, as measured by the seven-item index ($F(2, 78) = 3.53, p$

Table 4 Correlations Between Perception of Life in Residential Care (RC) and Subjective Well-Being

1 OLS ¹	1	2	3	4	5	6	7	8
2 CW-SWBS ²	0.72***	1						
3 RC satisfaction ³	0.42***	0.37***	1					
4 RC satisfaction index ⁴	0.53***	0.56***	0.65***	1				
5 Satisfaction with family contacts	0.55***	0.50***	0.36***	0.39***	1			
6 Agreement with items (<i>M</i>)	0.53***	0.43***	0.62***	0.72***	0.49***	1		
7 The staff cares about me	0.26*	0.2	0.41***	0.42***	0.37***	0.75***	1	
8 If I have a problem the staff will help me	0.51***	0.41***	0.42***	0.54***	0.23*	0.81***	0.68***	1
9 I enjoy my time in RC	0.44***	0.43***	0.65***	0.69***	0.40***	0.78***	0.43***	0.54***
10 I feel safe in RC	0.50***	0.45***	0.66***	0.69***	0.33**	0.87***	0.71***	0.73***
11 The RC staff listens to me	0.51***	0.51***	0.48***	0.67***	0.35**	0.88***	0.58***	0.75***
12 The RC staff and I decide together	0.39***	0.35**	0.44***	0.58***	0.27*	0.77***	0.41***	0.56***

¹Overall life satisfaction; ²index of 6 life satisfaction items; ³single item; ⁴index of 7 items; * $p < .05$; ** $p \leq .005$; *** $p \leq .001$

= .034, $\eta^2 = 0.083$). Post-hoc comparisons revealed that children who visited their families weekly ($M=60.18$, $SD=22.74$) reported significantly lower satisfaction with residential care compared to children who visited every two weeks or once a month ($M=79.01$, $SD=23.28$). No significant differences were found for other visit frequencies.

3.5.3 Relationship Between Sociodemographic and life Satisfaction in Residential care

Age. A moderately significant negative correlation was found between the child's age and their satisfaction with residential care measured by the single item, meaning the younger the child, the more satisfied they were with residential care ($R=-.26$, $p = .020$). However, no significant correlation was found between age and satisfaction with residential care on the seven-item index ($R=-.13$, $p = .259$).

Age of entry. A moderately significant negative correlation was found between the child's age at entry to residential care and their satisfaction with residential care measured by the single item ($R=-.28$, $p = .018$). The younger the child was at the time of entry, the more satisfied they were with residential care. However, no significant correlation was found between age at entry and satisfaction with residential care on the seven-item index ($R=-.14$, $p = .242$). Additionally, no significant correlation was found between age at entry and life satisfaction on either of the two life satisfaction measures: OLS ($R=-.08$, $p = .479$); CW-SWBS ($R=-.14$, $p = .238$).

Table 5 Hierarchical Regression Predicting Children’s Life Satisfaction

Variables	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gender	0.34**	0.31**	0.25*	0.26*	0.27*	0.23*
Age	-0.24*	-0.23*	-0.23*	-0.22*	-0.23*	-0.19†
Staff care		0	-0.09	-0.18	-0.19	-0.29†
Staff help with problems		0.35*	0.06	0.04	0.03	0.13
Staff listening			0.42*	0.34†	0.39†	0.25
Staff and I decide together			0.81	0.05	0.06	0.04
Feeling safe				0.22	0.24	0.21
Enjoying my time in the RC					-0.08	-0.11
Satisfaction with family relationship						0.41***
Frequency of family visits						-0.06
<i>F</i>	4.97*	5.26***	4.22***	1.22***	1.22***	7.87***
<i>Df</i>	(2,66)	(4,64)	(6,62)	(7,61)	(7,61)	(10,58)
<i>R</i> ²	0.13	0.25	0.34	0.36	0.36	0.49
ΔR^2	0.13*	0.12**	0.09*	0.01	0.01	0.14***

RC=residential care; †0.05 < *p* ≤ .09; **p* ≤ .05; ***p* < .005; ****p* < .001

3.5.4 Regressions

Two hierarchical stepwise regression analyses were conducted to examine the extent to which the independent variables—sociodemographic variables and children’s perceptions of their lives in out-of-home care—predicted their satisfaction with their lives in general (Regression 1) and their satisfaction with the residential care facility (Regression 2). Tables 5 and 6 present the results of each regression model.

Regression 1 A six-step hierarchical regression was conducted to predict children’s life satisfaction. The model was theory-driven, with variables entered in conceptually distinct blocks reflecting different aspects of influence on children’s life satisfaction in residential care. The model explained 49.5% of the variance. In step one, the back-

Table 6 Hierarchical Regression Predicting Satisfaction with Residential Care

Variables	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gender	-0.18	-0.13	-0.13	-0.12	-0.1	-0.11
Age	0.19	0.16	0.07	0.1	0.09	0.1
Staff care		0.23	0.06	-0.07	-0.06	-0.18
Staff help with problems		0.33*	-0.13	-0.17	-0.15	-0.04
Staff listening			0.61***	0.47***	0.40*	0.33*
Staff and I decide together			0.25*	0.19†	0.17	0.20†
Feeling safe				0.37*	0.33*	0.31*
Enjoying my time in the RC					0.17	0.1
Satisfaction with family relationship						0.18†
Frequency of family visits						0.20*
<i>F</i>	1.74	12.18***	18.46***	5.82***	0.95***	2.95***
<i>Df</i>	(2,66)	(4,64)	(6,62)	(7,61)	(8,60)	(10,58)
<i>R</i> ²	0.05	0.31	0.57	0.61	0.61	0.65
ΔR^2	0.05	0.26***	0.26***	0.04*	0.01	0.04†

RC=residential care; †0.05 < *p* ≤ .09; **p* ≤ .05; ***p* < .005; ****p* < .001

ground variables (gender and age) were entered. They accounted for 13.1% of the variance, with boys and younger children reporting higher satisfaction. In step two, the items reflecting children's relationships with staff were entered. Only "perceived support from residential staff" was significant, adding 12.3%, to the variance in life satisfaction. In the third step, items related to children's participation and autonomy were entered. They contributed an additional 8.9%, with the item about staff listening to children being significant. The fourth and fifth step, which added variables related to feelings of safety and enjoyment in the residential care, did not contribute significantly. Finally, two aspects related to family contact were entered: satisfaction with the relationship with family and frequency of family visits, adding a significant 13.7% to the explained variance, with satisfaction with the relationship emerging as a strong predictor. Overall, factors related to social support, involvement in decision-making, and family contact played key roles in shaping children's life satisfaction.

Regression 2 A six-step hierarchical regression was conducted to predict children's residential care satisfaction. The model explained 64.8% of the variance. In the first step, the background variables (gender and age) were entered, but they did not contribute significantly. In the second, variables related to support from residential staff, particularly the perception that staff would help in times of need, were entered and found significant, explaining 26.2% of the variance. In step 3, items related to children's participation and autonomy in decision-making were entered, contributing an additional 25.7% to the variance, with both variables significantly predicting satisfaction. In the fourth step, which added variables related to feelings of safety in residential care, a significant contribution of 3.8% was found. The fifth step, which added variables related to enjoyment in residential care, did not contribute significantly. Finally, incorporating frequency of family visits made a marginally significant contribution, with lower frequency associated with higher satisfaction, while satisfaction with family relationship did not significantly affect satisfaction with residential care. Overall, staff support, involvement in decision-making, and feeling safe were key predictors of children's satisfaction with residential care.

4 Discussion

The current study examines the subjective well-being (SWB) of Palestinian-Arab children aged 9–13, living in residential care settings in Israel. Its uniqueness lies in giving voice to the young children and on the cognitive aspect of SWB, specifically the children's satisfaction with their lives and various aspects in residential care. The findings of this study provide important insights into children's subjective experiences. At the same time, they should be interpreted with caution in light of broader changes that may have influenced children's experiences over time.

4.1 Children's Satisfaction with Their Lives and Residential Care

The findings indicated that children's overall satisfaction with their lives ranged from 74 to 75 on a scale of 0–100, aligning with prior research (González-García et al.,

2022; Llosada-Gistau et al., 2015, 2017). Most recently, for example, a study on adolescents in residential care in Chile reported a mean overall satisfaction score of 71.3 (Casas & Ditzel, 2025). Although the current study did not include a comparison group from the general population, situating these findings within the broader literature provides important context for interpreting children's SWB. Studies of children in the general population have consistently reported higher mean levels of life satisfaction, typically ranging from 80 to 90 (e.g., Borualogo & Casas, 2021; Rees et al., 2020). Studies that made that comparison found that children in residential care reported lower levels of satisfaction (Llosada-Gistau et al., 2015, 2017; Schutz et al., 2015). This pattern is also reflected in the Israeli context. For example, Shonari (2020) compared levels of life satisfaction among children living in residential care in Israel, children attending after-school programs for at-risk children, and children from the general population, and found that children in residential care reported lower satisfaction with both life and the care setting than children in the other groups.

These findings suggest that the relatively lower levels of life satisfaction reported by children in residential care may reflect the cumulative impact of adversity and institutional living conditions. This may be partly related to the complex circumstances characterizing the lives of Arab children at risk, who face elevated risks across multiple domains, including physical safety, health and development, family belonging, social integration, skill acquisition, and protection (Meisel, 2022). It is also possible that children's life satisfaction is shaped by the social meaning attached to residential care within Arab society. Placement in residential care is not considered a preferred or normative solution in that culture, and children may be aware of the complexity and stigma associated with such placement (Mahamid et al., 2026). Experiencing residential care as a stigmatized setting may therefore influence how children perceive their lives and well-being.

Another comparative aspect is worth noting. In a series of studies among representative sample of Palestinian-Arab and Jewish children in Israel, Arab children consistently reported lower levels of life satisfaction than Jewish children (Ben-Arieh & Shimon, 2014; Gross-Manos et al., 2020). In addition, in the latest survey it was found that Palestinian-Arab children were less satisfied with the degree of freedom and autonomy they experienced in their lives and with the extent to which they felt protected, overall and compared to Jewish children. In contrast, they reported the highest levels of satisfaction with their family relationships and their home environment (Gross-Manos et al., 2020). All of these indicate that SWB is linked to the ethnonational context of children in Israel, and so the findings of the present study shed light not only on the SWB of children in residential care, but also on the unique context of SWB among Palestinian-Arab children in Israel. Another significant finding was children's satisfaction with their residential care facility was lower than their overall life satisfaction. Their satisfaction with the residential facility was generally low, with a mean score of 59 on the single item measuring it. This should raise concerns among those responsible for the well-being of children in such settings, as residential care is meant to serve as a substitute for a home.

Specifically, 15% to about one-third of the children in this study were not satisfied with the facility at all (see also González-García et al., 2022). Carvalho and Delgado (2020) found that children in residential care reported lower overall life satisfaction

and less satisfaction with their living environment than their counterparts in foster care. Only 20.1% of children living in residential care described themselves as “very happy” with their placement, compared to 81.3% of children in foster care.

A third finding related to the gap found between two measures of satisfaction with residential care. The direct measure, where children were asked directly how satisfied they were with residential care, yielded a lower mean compared to the mean score of items on satisfaction with various aspects of residential care (59 compared to 76). One explanation for this gap may be associated with internal conflicts, concerns, and dilemmas that arise in children when they are asked directly about their lives in residential care. Reporting very high satisfaction may trigger guilt for “breaking the bond” with parents, while questions focused on specific areas in residential care may be less threatening in that regard. Support for this is provided by Winter (2010), who found that children in out-of-home placements reported that after years of treatment, they still had intense and unresolved feelings of sadness, guilt, anger, worry, and longing for their family. Similarly, Wilson et al. (2020) found that low satisfaction among children in residential care often derived from conflicting emotions of loyalty to their parents despite experiences of abuse, and unmet expectations regarding safety and stability.

These emotional conflicts may be even greater among Palestinian-Arab children in Israel. In a collectivist context that places strong emphasis on family ties, separation from the family may be experienced as particularly difficult. While the care framework provides for their needs, these children often feel a strong allegiance to their families (Jarayseh, 2012; Lev-Sadeh, 2012). As a result, these children may be struggling to accept their placement in residential care and might experience particular difficulty finding content there.

Lee and Yoo (2015) found a similar gap between using a single satisfaction measure and a series of items, with children reporting higher satisfaction in the second approach. Their explanation for this gap was that using a single-item scale as the only measure of life satisfaction was limited, whereas the multidisciplinary measure was more sensitive to various events and contexts in the children’s lives (Borualogo & Casas, 2021).

A fourth finding related to the varying level of satisfaction of children with aspects of their lives in residential care. The three areas with the highest satisfaction scores were the relationships with the social worker, care workers, and peers. Various studies in different national contexts found that the relationship formed between the therapeutic staff and the children was significant for the children (Babo et al., 2024; Hartley et al., 2022). For example, a study among children in out-of-home care found that those who agreed with the statement that the care workers were kind and attentive to them and expressed appreciation for them showed higher levels of SWB (Llosada-Gistau et al., 2020). Another study found that support and closeness to staff were seen as factors contributing to a positive residential care experience (Soenen et al., 2013). In the Israeli context, relationships within the peer group were found to be central in determining the child’s level of satisfaction with residential care (Schiff et al., 2006). Finally, Pinchover and Attar-Schwartz (2018) found that the peer group of children in residential care in Israel was ranked as the second most important source of support.

Conversely, the areas with the lowest levels of satisfaction among children in this study were rules and regulations, independence and autonomy, and free time. This finding aligns with what is known about daily life in residential care. Children in out-of-home placements have limited control over decisions affecting them. In fact, from the moment they are placed in the facility and throughout their time there, a group of internal and external professionals makes decisions for them, including care workers, social workers, administrators and others.

Previous studies have consistently documented children's limited sense of control in residential care. Children have described institutional rules as restrictive, alongside frustration with the large number of adults making decisions about their lives (McMillen et al., 1997). Zeira (2012) noted that one of the negative aspects in the lives of youth at risk was their sense of lack of control over their fate and the recognition that they were dominated by forces stronger than them. Conversely, a higher sense of control was found to be associated with more positive feelings.

Focusing specifically on participation, Ten Brummelaar et al. (2018) found that children placed in residential care reported poor opportunities to participate in decisions regarding their admission to residential care, transition or discharge planning, medication use, and the care inspection process, as well as limited participation in formal decision-making forums. In contrast, opportunities to participate in decisions about everyday matters were reported as mixed. These findings are consistent with studies indicating that children and adolescents in out-of-home care were rarely consulted regarding decisions affecting their lives and often felt that their views were not valued or recognized (Bessell, 2011; Gaskell, 2010; Goodyer, 2016).

These findings may also be influenced by cultural characteristics. Previous research suggests that within Arab families, children typically occupy a lower position in decision-making hierarchies and are generally expected to respect and comply with adult authority (Nijam-Akhtilat et al., 2018). Within such a context, children's participation in decision-making may be less commonly emphasized, which may shape expectations and practices surrounding their involvement in institutional settings.

These experiences may also be understood in light of how decisions regarding out-of-home placement are made. A qualitative study conducted among Arab child protection officers in Israel demonstrated that decisions concerning intervention and removal from the home are primarily shaped by professional, familial, and community considerations (Jedwab et al., 2025). Although this study was published after the data collection period, it provides relevant contextual insight. Children's direct participation in these decisions is not described as a systematic component of the decision-making process. In this context, children are largely positioned as recipients of decisions rather than active participants. Evidence from the perspectives of Arab mothers further highlights limited participation surrounding decisions of out-of-home placement. In a qualitative study among Arab mothers from East Jerusalem whose children were removed to residential care by court order, mothers described the removal process as largely unilateral, characterized by limited information, lack of partnership, and minimal involvement in decision-making (Sold et al., 2024). Although this study focused on mothers rather than children, it underscores the broader decision-making context of Palestinian-Arab society, in which out-of-

home placement is experienced as externally imposed. This context may be reflected in children's subsequent experiences of limited agency within residential care.

These findings should also be considered in light of the COVID-19 context in which the data were collected. During this period, residential care facilities were subject to additional restrictions aimed at limiting the spread of the virus, which may have further reduced children's autonomy and opportunities for social and recreational activities. This context may have intensified children's dissatisfaction with rules and regulations, as well as their perceptions of limited independence and free time.

4.2 Factors Related to Children's Satisfaction

In the current study, a significant correlation was found between the children's positive *perceptions* of various aspects of life in residential care and their satisfaction with both life in general and the residential facility. Specifically, it was found that the more a child reported that the residential care staff takes care of them, shows empathy, helps them when they encounter problems, listens to and considers their opinions, and makes decisions together with them, and the more the child feels secure in residential care and enjoys their time there, the more satisfied they are with both residential care and their life. These findings align with similar research (Llosada-Gistau et al., 2020; Magalhães & Calheiros, 2020; Southwell & Fraser, 2010). The correlational findings were reinforced by the regression results: children's positive perceptions explained about 55% of the variance in their satisfaction with residential care; relationships, participation and safety were the three indicators that predicted children's satisfaction with residential care.

The study also found a significant correlation between the frequency of children's *family contacts* and their satisfaction with the facility. Children who visited their parents once a week reported significantly lower satisfaction with residential care compared to those who visited every two weeks or a month. However, no significant difference was found in the satisfaction levels of children who visited their families once a week, every two weeks, or once a month, compared to those who visited rarely or not at all. At the same time, a positive correlation was found between the children's satisfaction with their relationship with their family during their stay in residential care and their satisfaction with both their life and residential care.

These latter two findings are inconsistent, as on one hand, the more children visit their family, the less satisfied they are with residential care, while on the other, the more satisfied children are with their relationship with their family, the more satisfied they are with their life and residential care. This inconsistency mirrors findings in the literature. Some found that continued contact with parents contributed to the children's SWB and positive outcomes (Schutz et al., 2015; Sen & Broadhurst, 2011). Conversely, Llosada-Gistau et al. (2017) found that children in out-of-home care who reported having a connection with their mother also reported lower SWB compared to children who reported no connection with their mother.

One possible explanation for this pattern is that frequent family visits may be associated with children's emotional allegiance to their family of origin. Conversely, repeated transitions may contribute to emotional strain and instability, while dimin-

ishing children's sense of belonging within residential care (Henderson, 2025). This pattern may be reflected in lower reported satisfaction with the residential facility among children who visit their families more frequently. Further research is needed to better understand the impact of this connection on children during their stay in residential care.

A negative correlation was found between the child's *age* and their satisfaction with residential care: the younger the child, the higher the reported satisfaction. This finding aligns with other studies, which show that the SWB of children decreases with age. For example, a study of SWB among children aged 8–12 in 15 countries found a trend of decreasing satisfaction starting at age 10 (Casas & González-Carrasco, 2019). This may be part of a natural developmental process (González-Carrasco et al., 2017), as with the onset of adolescence, children are preoccupied with where they come from, who they are, and their aspirations and desires. This effect may be even more prominent among children in residential care because a child who is forcibly separated from their family, often without awareness of the circumstances leading to their removal to residential care, will struggle to form their identity in such a situation. It is even more pronounced when it comes to an Arab child in a setting that is viewed negatively in Arab society. Within this sociocultural context, residential care may be perceived as a source of stigma (Mahamid et al., 2026), further complicating children's identity formation and ability to experience residential care as a legitimate or supportive environment.

Gender was not associated with satisfaction with residential care, but was significantly related to life satisfaction, with boys reporting higher levels than girls. Gender differences in children's SWB have been widely discussed in the literature, with mixed and sometimes contradictory findings (e.g., Casas et al., 2013; Dinisman & Ben-Arieh, 2016; González-Carrasco et al., 2017). The study shows that gender is a central consideration in child welfare decision-making within Arab society, with cases involving girls perceived as more complex due to cultural norms related to family honor (Jedwab et al., 2025). These results suggest that boys and girls may experience well-being differently in residential care contexts: minority girls in residential care may face unique sociocultural or emotional challenges that warrant further attention, highlighting the importance of further research focusing on gender-sensitive experiences.

A significant negative correlation was found between the child's *age at entry* into residential care and their satisfaction with life in residential care: the younger the child was upon entry, the higher their reported satisfaction with their stay. One possible explanation for this finding is that children entering residential care at a younger age may find it easier to adapt to a new place, build trust, and form attachments with the staff. This may contribute to the child perceiving residential care more positively and being more satisfied with it. Another possible explanation is that entering residential care at a young age reduces the duration of exposure to distressing situations in the family home, thereby contributing to the child's well-being. Indeed, other researchers emphasize that early removal from home shortens the harmful period and its effects on at-risk children. Children removed from their homes before age 7 exhibited lower adjustment problems compared to children removed from their homes at a later age (Shechory & Sommerfeld, 2007). Additionally, Tarren-Sweeney (2008)

found that the child's age at entry into out-of-home care was a strong predictor of their mental health and developmental outcomes. In this study, receiving treatment at an early age was found to be a protective factor. It should be noted that some of the literature cited was published after the data collection period; however, these studies provide relevant contextual and theoretical insights that help interpret the findings.

4.3 Limitations

The current study has several limitations that should be considered when interpreting its findings. First, it used convenience sampling and included children from only few residential care facilities. This limits the generalizability of the findings to other minority groups or to other children in residential care, as the sample did not include children from diverse groups or from different types of facilities. Second, the sample included only 82 children, most of whom were boys and children aged 9–13. This restricts the ability to draw conclusions about other age groups or about girls. This small and non-representative sample restricts the ability to draw conclusions about other age groups and about girls, and requires that the findings be interpreted with caution, limiting their generalizability.

Finally, since the study was conducted at a single point in time, children's responses may have been influenced by temporary emotional states. Data collection took place during COVID-19, which may have further shaped children's daily routines, institutional conditions, and perceptions of well-being. In addition, the data were collected in 2020, and therefore may not fully reflect the current realities of Palestinian-Arab children in residential care, particularly in light of the sociopolitical and environmental changes that have occurred in the region since then.

4.4 Implications for Policy, Practice and Research

The findings highlight the importance of residential life and the quality of relationships with staff members in shaping children's SWB. Practitioners can help bridge the observed gap between children's direct and indirect reports of satisfaction with residential care by legitimizing children's mixed feelings toward both the residential setting and their family of origin, and by creating everyday practices that enhance autonomy, emotional safety, and sense of belonging.

Therefore, it is recommended to promote the development of residential care programs that foster a sense of safety, meaning, participation, and belonging among children. Key recommendations include investing in staff training to cultivate positive and attentive relationships with children, allocating resources to create a supportive residential environment, and emphasizing children's right to voice their opinions and participate in decisions affecting their lives, such as through regular listening circles facilitated by professionals. At the policy level, children's voices should be recognized as a powerful tool for shaping responsive policies. Moreover, investment is needed in professional training for staff and in the development of specialized intervention programs, particularly for girls and for children who enter residential care at a relatively late age.

In the Israeli context, these recommendations are particularly relevant for residential care settings serving Palestinian-Arab children, whose experiences are shaped by distinct sociocultural and structural inequalities. Future research and practice should therefore explicitly attend to the voices and needs of children from Palestinian-Arab society in Israel, and develop culturally-sensitive residential care settings that reflect their lived realities. Finally, further longitudinal research is encouraged to examine children's well-being over time, with broader representation across cultures, ages, genders, and types of residential settings.

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Data Availability The data that support the findings of this study are available from the corresponding author upon reasonable request.

Declarations

Competing interests The authors declare no competing interests.

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