

The subjective well-being of children in kinship care

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Abstract

Background: Studying the subjective well-being (SWB) of children in out-of-home care is becoming important. However, there is a lack of results on the subjective well-being of children in kinship care. The aim of this study was to analyse and compare the subjective well-being of children at the age of 12 years old in kinship and residential care and in the general population, taking into account gender differences. **Method:** We administered the questionnaire used in the International Survey of Children's Well-Being (ISCWeB) including two psychometric scales (OLS and PWI-SC). **Results:** The results showed differences in overall SWB scores (using PWI-SC as a SWB indicator) and in its components among the three groups: children in kinship care scores were more similar to those from the general population. The PWI-SC displayed good fit statistics with the pooled sample and good comparability with the Multi-group SEM with constrained loadings and intercepts, suggesting it was acceptable for comparing correlation, regressions and mean scores of the items. Gender appeared to have statistically significant effects on the OLS scale, showing lower scores for girls in residential care. **Conclusions:** Supporting kinship appropriately and taking into account gender issues are the challenges facing public policies for children in care.

Keywords: Subjective well-being, kinship care, residential care, SEM.

Resumen

El bienestar subjetivo de los adolescentes acogidos en familia extensa. Antecedentes: estudiar el bienestar subjetivo (BS) de los niños del sistema de protección va adquiriendo relevancia. Hay poca información sobre el BS de los que están acogidos en familia extensa. El objetivo fue analizar y comparar el BS de los que viven en familia extensa con los de acogimiento residencial y la población general teniendo en cuenta el género. **Método:** se administró el cuestionario de la Encuesta internacional de bienestar infantil (ISCWeB) que incluye dos escalas psicométricas (OLS y PWI-SC). **Resultados:** existen diferencias en las puntuaciones de BS (usando PWI-SC) y en sus componentes entre los tres grupos: los que están acogidos en familia extensa fueron más similares a los de población general. El PWI-SC mostró buenos estadísticos de ajuste con la muestra agregada y buena comparabilidad en el Multi-grupo MEE con cargas y constantes restringidas, lo que permite comparar correlaciones, regresiones y puntuaciones medias de los ítems. El género tiene efectos estadísticamente significativos en la escala OLS, mostrando puntuaciones más bajas para las niñas en centros residenciales. **Conclusiones:** apoyar el acogimiento en familia extensa apropiadamente y tener en cuenta las cuestiones de género son desafíos a los que se enfrentan las políticas públicas de protección a la infancia.

Palabras clave: bienestar subjetivo, acogimiento en familia extensa, acogimiento residencial, MEE.

Studying the subjective well-being (SWB) of children in out-of-home placements, whether residential or family foster care, is becoming increasingly important in psychosocial research. Studies exist on residential care (Llosada-Gistau, Montserrat, & Casas, 2015; Shultz, Sarriera, Bedin, & Montserrat, 2015) and on non-kin foster care (Selwyn, Wood, & Newman, 2016; Wood & Selwyn, 2017), and even on youth leaving residential care (Dinisman, Zeira, Sulimani-Aidan, & Benbenishty, 2013). Subjective well-being measures are also gradually being incorporated into studies, which focus either on specific issues, such as the mental health of children in residential care (González-García, Bravo, Arruabarrena, Martín, Santos, & Del Valle, 2017), or have a wider perspective, such as studies on the general population that also

include the in-care population (Rees, Goswami, People, Bradshaw, Keung, & Main, 2012), and the at-risk population (Tomin, 2013).

The study of subjective well-being – a non-material component of people's quality of life – enables us to know and analyse the perceptions and evaluations which children, in this case, make about their main life domains, as well as their aspirations and levels of satisfaction (Campbell, Converse, & Rodgers, 1976; Diener, 2012). Giving voice to children is essential not only out of respect for their rights, but also to better understand them and implement programs that meet their needs, and even more so from a quality of life approach, which gives priority to the evaluation of positive social change (Casas, 2011). Based on this, it is then the responsibility of researchers, practitioners and policy-makers to make real and appropriate use of children's contributions.

However, one of the challenges addressed in the present article is the issue of comparability, not only with children in different types of out-of-home placement, but also with the general population of the same age. The issue of sample comparison raises many ethical and methodological questions: Why are we comparing? Which aspects? How do we go about it? Comparing

children from the general population with those who have been victims of abuse immediately elicits a common sense response – we know the latter are worse off. Yet, establishing with methodological rigour not only specific aspects, but also decisive factors and potentially protective factors can be highly relevant for professional interventions and policy design, as well as serving to question stereotypes and deeply-rooted beliefs.

We know that subjective well-being varies significantly depending on which life domain is being analysed, but also on the child's life path and psychosocial and economic environment (Casas & Bello, 2012; Main, Montserrat, Andresen, Bradshaw, & Lee, 2019), which is precisely what sets apart many of the children who have entered the child protection system. They often have a background of abuse; their family environment is clearly different from that of the majority of the population; so too is the relationship they are obliged to establish with practitioners, and the uncertainties they experience on leaving care (Wood & Selwyn, 2017). Finally, choosing the instrument to measure subjective well-being and applying it – with adjustments if necessary – to children, regardless of who they live with, or where, is another fundamental ingredient in terms of comparability. However, as Selwyn, Wood and Newman (2016) pointed out, from a qualitative approach, instruments also have to be developed that are properly adapted to the characteristics of children in care, including the very youngest.

We are already aware of certain facts: comparisons between the general child population and the child population in residential care (Llosada-Gistau et al., 2015; Schutz, Sarriera, Bedin, & Montserrat, 2015) have shown that the latter have lower levels of subjective well-being. In addition, studies carried out in the UK (Rees et al., 2012; Selwyn, Wood, & Newman, 2016) among children in non-kin foster care point to differences in lower levels of subjective well-being among the in-care population. Tomyn (2013) also found differences among the at-risk child population, pointing out that girls in this situation scored lower than boys, and also that youngsters who were regularly in touch with their friends had higher levels of subjective well-being. Recently identified in a study by Wood & Selwyn (2017) were lower levels of well-being in girls in non-kin foster care.

Children in non-kin foster care, as opposed to the general child population, have highlighted certain areas that have a greater impact on their well-being. For example, the relationship with their foster parents, caseworkers and siblings has great importance for them, as does being able to trust adults. Also of relevance for them is “having a coherent account of their histories and knowing the reason for being in care” (Selwyn et al., 2016), which makes no sense in the lives of most children from the general population.

It is also worth noting that, in research on the mental health of youngsters in residential care (González-García et al., 2017), significantly lower scores of subjective well-being were observed among the group with more important mental health problems (Bravo, Del Valle, González, & Arruabarrena, 2014).

However, while reviewing these studies, we found an evident lack of results on the subjective well-being of children in formal kinship care by itself (Montserrat & Casas, 2006), and in comparison with either the general population or, with children in residential placement. This is the issue we address in this study.

Our study focuses on two types of out-of-home placement (formal kinship care and residential care), given that they are the two main types of care provided by the child protection system in

Spain, where this study was carried out. According to the Ministry of Health, Social Services and Equality (MSSSI, 2017) 40.2% of children were in residential care, 38.1% in kinship care and 21.7% in non-kin care.

The main aims of this paper are:

- To check data comparability among the three groups.
- To conduct a comparative analysis of the subjective well-being of children in kinship and residential care and the general child population, all of whom were in the first grade of secondary education (mainly 12-13 years).

We further aim to suggest changes or improvements for professional interventions and childhood policies based on these results.

Method

Participants

We worked with three different samples: children enrolled in first grade of secondary education aged 12-13 years (hereafter, general population); and the children in care aged between 12 and 14 years (also in the first grade), distinguishing between children in kinship care and those in residential care.

The International Survey of Children's Well-Being (ISCWeB) questionnaire was used to study the general population. In Spain, from the initial sample of 5,934 children, 154 cases were excluded from the study because they had 3 or more missing values in items on the PWI-SC7 scale. The remaining missing values were imputed by multiple imputation using regression, as performed by SPSSv23. The final sample was made up of 5,777 children.

The data relating to youngsters in kinship care and residential care were gathered using the same ISCWeB questionnaire, following some adjustments to adapt it to the characteristics of the in-care population. Of the total number of youngsters in out-of-home placement in Catalonia (Spain), 412 in residential care (71% response rate) and 235 in kinship care (49% response rate) answered the questionnaire. Thirty-three residential care and 16 kinship care cases were excluded because they had 3 or more missing values on the PWI-SC7 scale. The rest were also imputed using regression. Finally, we worked with a sample of 379 youngsters in residential care and 219 in kinship care.

Instruments

The ISCWeB survey was self-administered with 42 questions grouped in thematic sections referring to: personal data; your home and the people you live with; money and possessions; friends and other people; the area where you live; your school; free time; how you feel about yourself, and your opinion on the questionnaire. The version children in care included 34 questions with the same thematic sections, but the wording of some questions was adapted to the residential and kinship care context. In addition, 4 questions were added referring to visits with their birth families and their level of agreement with their placement. The respective questionnaires were first pilot-tested.

The questionnaires included two psychometric scales to measure the SWB: The Personal Well-being Index - School Children (PWI-SC) and The Overall Life Satisfaction Scale

(OLS). The PWI-SC is a multi-item domain-based scale that was first designed by Cummins and Lau (2005). Originally, it included seven items on satisfaction with different life domains, considered equivalent to the life domains included in the PWI for adults. An end-labelled bipolar format, from completely dissatisfied (0) to completely satisfied (10) was used for the Children's Worlds project.

The version used here was one adapted by Casas and Bello (2012) containing some variations in relation to the original. Two of the original items referring to satisfaction with school, proposed by Tomy and Cummins (2011), and satisfaction with how you use your time, proposed by Casas, Sarriera, Abs, Coenders, Alfaro, Saforcada and Tonon (2012) were changed. This version will be called henceforth PWI-SC7 and it included the satisfaction with: your health; how safe you feel; the opportunities you have in life; the things you have; your relationships in general; your school or high school; how you use your time. Cronbach's Alpha was calculated to measure internal consistency of the scale (0.79).

The OLS is a single-item scale that measures global life satisfaction. The importance of including this single-item scale in subjective well-being studies has been highlighted by several authors (Campbell et al., 1976), and additionally, according to Cummins (1995; International Wellbeing Group, 2013) any valid SWB measure should contribute unique variance when regressed against a single-item measure on 'Satisfaction with life as a whole'. Scores range from 0 to 10 and it has an end-labelled format.

Procedure

The sample unit for data collection from the general population were the schools. Stratified random sampling by clusters was used, the strata being state or private schools and their location in urban, semi-urban and rural settings. In schools with more than two classes per first grade, two classes were randomly selected. The questionnaire was administered to the children in groups in their usual classrooms by trained researchers.

Regarding the in-care population sample, each youngster was sent the questionnaire by post in a named envelope, which included a letter with a brief description of the study and the questionnaire to fill out, as well as an email contact address to clarify any questions. In addition, either the residential home directors or the team in charge of monitoring the foster placement were informed about the study objectives and data collection, so they were able to encourage participation. The response rate from adolescents in residential care was 73% and from adolescents in foster care was 49%.

Data analysis

To verify the validity of the factorial structure with data from the three groups, different models were tested by means of the confirmatory factorial analysis (CFA) of the PWI-SC7 scale using AMOS 22 for Structural Equation Modelling (SEM). The comparability of the data among the three groups was then tested using a multi-group SEM analysis. Maximum Likelihood Estimation (MLE) was used. Results were calculated using the bootstrap method given that the data showed larger multivariate kurtosis than desired.

The Comparative Fix Index (CFI), Root Mean Square Error of Approximation (RMSEA) and the Standardized Root Mean

Square Residual (SRMSR) were used for statistical model fit. CFI results above .950 and RMSEA and SRMSR results below .05 were considered acceptable (Byrne, 2010).

To compare statistics between groups (in this case, between youngsters in residential care, youngsters in kinship care and the general population), it was first necessary to check for factorial invariance. This refers to the degree to which the items included in the questionnaire have the same meaning for the members of the different groups, and this is a requirement for factorial comparison to make sense. If not, differences in averages or correlation coefficient measures could be attributed to real differences in distribution or to different meanings of the variables (Meredith, 1993). Checking for factor invariance was done in three steps: (a) configural invariance (unconstrained variables); (b) metric invariance (constrained factor loadings); (c) scalar invariance (constrained factor loadings and intercepts). Metric invariance allows for a meaningful comparison of correlations and regressions, while scalar invariance allows for a meaningful comparison of the latent means (Coenders, Batista-Foguer, & Saris, 2005). When any constraint is added to a model, a change in the CFI of more than .01 is considered unacceptable (Chen, 2007; Cheung & Rensvold 2001). Finally, the multi-group SEM analysis was put to the test, incorporating the OLS scale, age and gender.

Confidentiality and anonymity of the data were ensured according to Spanish Act 15/1999 on data confidentiality. Individual data was encoded to ensure anonymity. This study was approved by the department of the Catalanian Government responsible for the Child Protection System (DGAI). Informants participated voluntarily and were not paid financial incentives.

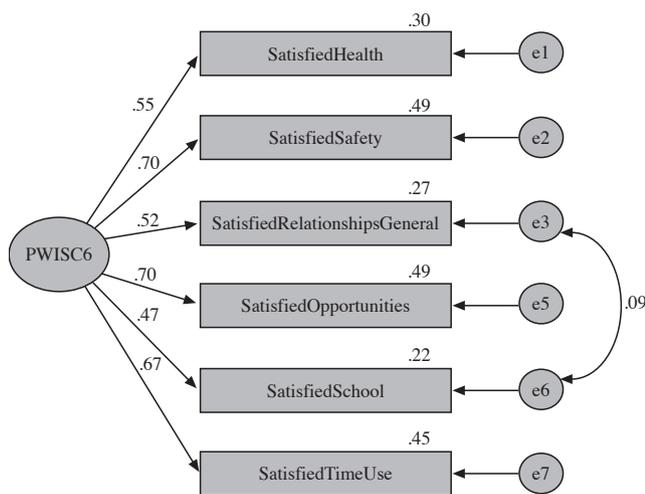
Results

The initial model with the three aggregate samples that related the 7 items on the PWI-SC7 scale with their latent variable (unconstrained and with no error covariance) showed an acceptable fit (Table 1, Model 1). However, the same model was also tested with two error covariance estimators: between *satisfaction with the things you have* and *satisfaction with relationships in general* and between *satisfaction with the things you have* and *satisfaction with school or high school*. This modified model had a better fit than the initial one (Table 1, Model 2), but two error covariates observed with *satisfaction with the things you have* led us to test a new model without this item. The new model (Table 1, Model 3), which related the 6 items of the latent variable PWI-SC6 (unconstrained and with no error covariance), had an excellent fit. By analysing the modification indexes, the same model was again put to the test with an error covariance between *satisfaction with relationships in general* and *satisfaction with school or high school*, and a further improved model fit was observed (Table 1, Model 4). Figure 1 shows the standardised factorial loadings with aggregate samples. This was the model tested first as an unconstrained multi-group model (Table 1, Model 5) and then with constrained loadings (Table 1, Model 6) and with constrained loadings and intercepts (Table 1, Model 7).

The decrease in the adjustment index and, particularly in the CFI, with each new constraint was less than .01 (Chen, 2007; Cheung & Rensvold, 2001). This meant that not only were we able to compare correlation and standardised factor loadings, but also average scores between groups.

Table 1
Statistical fit of different structural equation models including the PWI-SC7 or the PWI-SC6 as latent variables

Model			χ^2	df	p-value	CFI	RMSEA	SRMR
1	Initial model PWI-SC7	pooled samples	209.97	14	.000	.981	.047 (.041-.053)	.0221
2	PWI-SC7 modified with 2 error cov.	pooled samples	120.19	12	.000	.990	.038 (.032-.044)	.0163
3	PWI-SC6	pooled samples	60.78	9	.000	.994	.030 (.023-.037)	.0145
4	PWI-SC6 modified with 1 error cov.	pooled samples	20.72	8	.008	.998	.016 (.008-.024)	.0076
5	PWI-SC6 unconstrained	Multi-group	58.86	24	.000	.995	.015 (.010-.020)	.0101
6	PWI-SC6 with constrained loadings	Multi-group	125.03	34	.000	.988	.020 (.017-.024)	.0109
7	PWI-SC6 with constrained loadings and intercepts	Multi-group	159.07	44	.000	.984	.020 (.017-.024)	.0122
8	PWi-SC6 + OLS+ age + gender with 1 error cov.	Multi-group	399.74	69	.000	.971	.027 (.025-.030)	.0257



CHI = 20.715; CFI = .998; RMSEA = .016

Figure 1. PWI-SC6 pooled samples (Table 1, Model 4)

The data in Table 2 show the standardised factor loadings of the items on the latent variable PWI-SC6 for each of the three groups. The differences in mean subjective well-being values (PWI-SC6), with confidence intervals calculated using bootstrap, are also shown.

The standardised loadings in the majority of items can be seen to be higher among youngsters in residential care. The three items with greater weight in all three groups were: *satisfaction with how safe you feel*, *satisfaction with how you use your time* and *satisfaction with the opportunities you have in life*, but in a different order. Thus, for the group of youngsters in residential care, the order was as indicated above (.728; .719 and .653, respectively). For youngsters in kinship care, the item with the greatest weight was *satisfaction with how you use your time* (0.692), followed by *satisfaction with the opportunities you have in life* (.679) and *satisfaction with how safe you feel* (.678). For the general population, *satisfaction with how safe you feel* carried the most weight (.684), followed by *satisfaction with the opportunities*

you have in life (.676) and *satisfaction with how you use your time* (.635).

The item contributing least to the PWI-SC6 scale was *satisfaction with school*. The second item that least contributed to subjective well-being for the group in residential care was *satisfaction with your health*, while it was *satisfaction with relationships in general* for the general population and in kinship care.

Both youngsters in kinship and residential care had lower mean SWB scores (PWI-SC6) than the general population. Nonetheless, the kinship care group only had on average 0.5 points less than the general population on a 0 -10 scale (-5 points out of 100), while the residential care group had 1.7 points less on average (-17 points out of 100). The difference in SWB between youngsters in kinship care and those in residential care was 1.3 points (-13 points out of 100). All the differences in mean SWB scores reached statistical significance ($p < .05$).

We then incorporated the variables OLS, age and gender in Model 4 (Table 1, Model 8) and checked that the model also had a good fit. Table 3 shows the standardised estimates with confidence intervals calculated using the bootstrap method for each of the variables included in the model. Figure 2 shows the SEM path diagram for the sample in residential care.

Taking a closer look at the Table, girls in residential care showed lower regression weight than boys of the same age on the OLS scale, and this difference achieved statistical significance. Differences according to gender in the other two groups in relation to the OLS scale were not observed.

Regarding age on the OLS scale, as age increased subjective well-being decreased, both for residential care and the general population. This pattern was not observed in youngsters in kinship care. The fact that SWB decreased with age was also observed on the PWI-SC6 scale for the general population, but in neither of the in-care groups. This would suggest different sensitivities between the two SWB indicators in relation to the three groups.

On the other hand, high OLS effects were observed on the PWI-SC6 scale in all three populations; more intensely in the general population (.762), followed by those in residential care (.702) and the kinship care group (.674).

Table 2

Confirmatory factorial analysis of the PWI-SC6 scale via the multigroup model with constrained loadings and intercepts. Standardised factorial loads (Table 2, Model 7)

Bootstrap ML. 95% confidence intervals. Resamples=500			General population			Kinship care			Residential care		
Parameter			Estimate	Lower	Upper	Estimate	Lower	Upper	Estimate	Lower	Upper
S. Health	←	PWISC6	.519	.480	.555	.555	.465	.633	.515	.443	.570
S. Safety	←	PWISC6	.684	.653	.716	.678	.606	.758	.728	.673	.778
S. Relations	←	PWISC6	.498	.458	.536	.520	.401	.608	.534	.478	.601
S. Opportun	←	PWISC6	.676	.644	.706	.679	.571	.776	.653	.584	.723
S. School	←	PWISC6	.447	.415	.482	.373	.302	.471	.462	.404	.527
S. Time Use	←	PWISC6	.635	.604	.663	.692	.619	.774	.719	.653	.784
PWI-SC6 (Means no stand.)			0 ¹	0	0	-.484*	-.717	-.282	-1.731*	-1.967	-1.486
PWI-SC6 (Means no stand.)			.484*	.282	.717	0 ²	0	0	-1.247*	-1.558	-0.926

* p<.05

1 General population has been used as a reference in the comparison of PWISC6 mean scores among the three groups

2 Kinship care has been used as a reference in the comparison of PWISC6 mean scores among the three groups

Table 3

Multigroup Structural Equation Model in relation to OLS, Gender and Age with PWI-SC6. Standardised estimates (Model 8)

Bootstrap ML. 95% confidence intervals. Resamples = 500			General population			Kinship care			Residential care		
Parameter			Estimate	Lower	Upper	Estimate	Lower	Upper	Estimate	Lower	Upper
OLS100	←	Gender	-.009	-.037	.016	-.118	-.255	.015	-.230*	-.328	-.137
OLS100	←	Age2	-.099*	-.131	-.070	-.101	-.234	.022	-.122*	-.220	-.024
PWISC6	←	Age2	-.049*	-.076	-.026	-.091	-.211	.018	-.054	-.176	.038
PWISC6	←	OLS	.762*	.734	.791	.674*	.517	.776	.702*	.613	.766
PWISC6	←	Gender	.014	-.006	.038	.101	-.014	.222	-.032	-.123	.061
Age2	↔	Gender	-.021*	-.030	-.013	.054	-.076	.167	.036	-.066	.144
e3	↔	e6	.206*	.124	.299	.039	-.109	.224	.063	-.057	.204

*p<.05

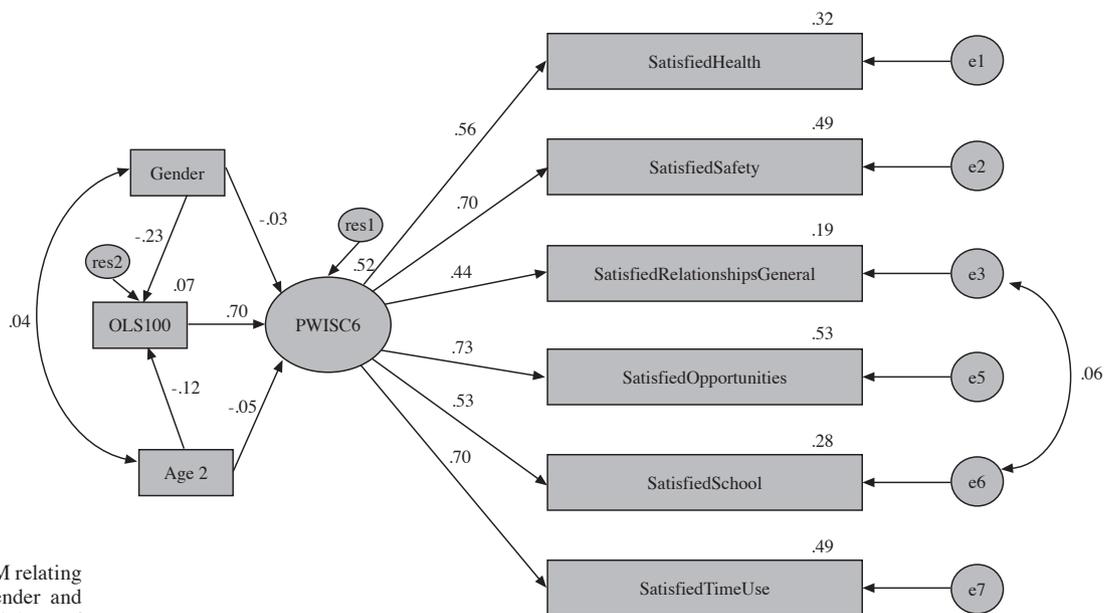


Figure 2. Multigroup SEM relating PWI-SC6 with OLS, Gender and Age. Standardised weights of children in residential care (Table 1, Model 8)

CHI = 399.966; CFI = .971; RMSEA = .027

Finally, both the correlation between age and gender and the correlation between error covariance only reached statistical significance in the general population.

Discussion

Derived from these results, the first point to highlight is related to the methodology: the PWI-SC6 displayed good fit statistics in a CFA with the pooled sample of 12-13 years old children in care and a sample of the overall population at the same age. Moreover, the multigroup SEM of the PWI-SC6 supported metric invariance of the data, and therefore the comparability of correlation, regressions and mean scores between groups. Testing for comparability of the data between groups of children with different characteristics – as already done by different authors like Savahl, Casas and Adams (2016) – is an important previous step to develop any further statistical analysis in order to guarantee that answering styles are not significantly different.

We observed from this comparison that, on average, youngsters in kinship care displayed lower SWB scores than the general population, but not such low scores as the residential care population in particular. Several authors have identified factors that contribute to the well-being of children in kinship care, such as living in their birth family environment, and having a sense of belonging and normality, which give them stability (Pitcher, 2014). In contrast, children in residential care may have previously been in a foster placement that failed, or lack a family support network. Recent research has pointed to both these factors contributing to the prevalence of mental health disorders among the population in residential care (Bravo et al., 2014; González-García et al., 2017). These results encourage further promotion and support of kinship care, which carries great weight in the Spanish child protection system (MSSSI, 2017).

The other relevant fact is that satisfaction with most life domains – especially with feeling safe, use of time and opportunities in life – would appear to make a higher contribution to overall life satisfaction among children in care than among children from the general population, and particularly among those living in residential care. In this regard, the latest studies have shown how more disadvantaged population groups are more affected by what happens to them in one or more specific areas of their lives, with repercussions on their satisfaction with life (Main et al., 2019).

Another result derived from this study is that satisfaction with school is a much more important life domain for the SWB of children in residential care than for the SWB of the other groups analysed. The implications in this case are clear: the issue of school for children in residential care must take centre stage and be given more support, as other authors have pointed out with implications for policy-making and professional practices (Jackson & Cameron,

2014). This would suggest that school is a highly sensitive area of these children's lives and could be a great compensating factor or, on the opposite site, a risk factor. The school plays a key role in the lives of vulnerable children like those in residential care, maybe due to social support they may have in the schools and be able to participate like their peers in a non-especial situation (Bravo & Del Valle, 2003). On the other hand, when they reach age 18, young people with a care background display more social problem indicators, than the general population and one of the compensating factors is the education (Jackson & Cameron, 2014). Further research is needed to explore these explanations.

Even more relevant was the fact that girls in residential care showed the lowest scores for SWB, when gender differences were not apparent among children of the same age in kinship care or in the general population. In this regard, our results coincided with those derived from studies on populations that live in situations of inequality in which girls show significantly lower levels of life satisfaction than boys (Wood & Selwyn, 2017). It is worth noting the study on the general population by Kaye-Tzadok, Sun Suk and Main (2017) in which gender differences, again to the detriment of girls, were observed when the last 25% of 12 year-olds with the lowest subjective well-being scores were analysed. Differences were also found according to the life domains studied; interpersonal relationships having a greater effect on girls and academic achievement, on boys. This could be one of the main factors: the importance to relationships, and the other would be related to the importance that girls give to family issues. In the case of youth leaving care in their transition to adulthood, maintaining a positive relationship with their birth mother is one factor that contributes favourably to their subjective well-being. In contrast, having learning difficulties has a negative impact. Yet again, gender plays a role (Dinisman et al., 2013). This suggests an urgent need to analyse further this issue, both in research and social policy-making, since it does not seem to have been specifically addressed as yet.

One of the limitations of this study was the impossibility to take into account also the situation of children in foster families (non-kinship) and it remains to be explored in future research. In addition, it would be necessary to include qualitative data collection to go in-depth regarding the main issues emerged from this study.

These findings challenge public policies on childhood by increasing efforts to promote equal opportunities for vulnerable children, but particularly for those in residential care. The differences in the SWB and its components among the three groups underline the urgent need to address particular life domains of children in care like feeling safe, the use of time and opportunities in life as well as the key role of the school, taking seriously into account gender differences. It is, the need to improve the wellbeing of girls in the child protection system.

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