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I Introduction

Ethnic minority children living in poverty are a disadvantaged group often trapped in the vicious circle of poverty and exposed to many risk factors to their wellbeing (Lee & Jackson, 2017; United Nations [UN], 2018). This most certainly threatens their fundamental human rights (UN, 1989, 1992) and requires interventions on different levels in society. Emerging from the theory of resilience, research has begun to focus on facilitative factors for child development and wellbeing in the face of adversity (Masten, Cutuli, Herbers, & Reed, 2009).

The relationship between a child and its parents is a key component to their development (Bronfenbrenner, 1979) and the quality of their interactions affect their outcomes positively or negatively (Bronfenbrenner & Ceci, 1994; Guralnick, 2001). This is why protective and promotive factors for ethnic minority children living in relative poverty have to be further investigated and why they most beneficially should be explored in terms of parent-child relations to best inform interventions and professional practice.

I.1 Background

I.1.1 Poverty

The country, and the very family and setting, into which a child is born truly matters, and the difference in for example life expectancy can be vast. Albeit not a perfect and single measure of health and (in)equalities, life expectancy provides an instrument with which life outcomes can be predicted and compared between countries. It could be asked if, even though the gap is closing in, being born in Sierra Leone should mean a 29.3-year shorter life expectancy at birth compared to being born in Sweden (both sexes combined) (World Health Organization [WHO], 2016). The link between socioeconomic status (SES) and health is strong, and poverty inevitably has a substantial negative impact on children's health (Lee & Jackson, 2017). Belonging to the lowest quintile of income equals a significantly higher risk of not surviving childhood, as shown in a study of 60 countries by WHO (2003). Poverty is nevertheless a broad concept which needs to be defined. This thesis will view poverty from a relative and objective perspective, inspired by Townsend (1979) who stated that those who are poor [..]

[..] lack the resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs or activities.

Townsend (1979), p.31

This will hereon be referred to as *relative poverty* or *poverty*. Another factor posing a risk to a child's wellbeing and development is belonging to an ethnic minority group (Garcia-Coll & Magnuson, 2000).

1.1.2 Ethnic minorities

There is no clear international definition of ethnic minority groups, but the UN describes them as a within-country group meeting one or more of these criteria: not being in a dominant position; being smaller in numbers than the rest of the population; being different from the majority in culture, language, religion or race; and wanting to uphold those attributes (2018). In their Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (1992), the UN combine these groups into the collective term minorities, reiterating everyone's equal worth and rights, no matter which ethnicity, religion, linguistic group or culture a person belongs to. However, ethnic minorities are often discriminated against and for children growing up in these circumstances, the disadvantages start even before birth (European Union Agency for Fundamental Rights, 2016; UN, 2018). The association with poverty among ethnic minorities is strong, the access to services is often poor and the risk of children not completing their education is high, as these groups battle the repercussions of centuries of oppression and often slavery (UN, 2018). A few of these ethnic minority groups will here be introduced in brief.

1.1.2.1 The Roma

One of the ethnic minority groups in Europe are the Roma. A people thought to have migrated from India (Ringold, Orenstein, & Wilkens, 2005) now make up around 12 million of Europe's inhabitants (United Nations Children's Fund [UNICEF], 2015), although the reported numbers vary greatly. Without their own nation, the Roma are in many ways considered immigrants in the countries in which they live and have been identified as a vulnerable and discriminated group (UNICEF, 2015). In Romania, for example, they were an enslaved people from the 15th century until the turn of the 20th century (Ringold et al., 2005) and the sense of oppression remains. The European Union Agency for Fundamental Rights (2014) reports in one of their studies that 80% of Roma are at risk of poverty, 30% have no indoor tap water and 46% do not have indoor toilet or shower.

1.1.2.2 African Americans, Native Americans and Hispanics/Latinos

In the US, African Americans, Native Americans and Hispanics/Latinos are three of the four minority groups (James & David, 2013). Native Americans, the indigenous population of America, suffered greatly when colonisation began in the 1500's where their numbers dropped dramatically through disease and war in the oppression that followed. Even today they are fighting

for their rights and often live in poverty (Pollard & O'Hare, 1999). African Americans are ancestors of the African slaves shipped to North America as early as the 1600's and were traded as free labour and were often deprived of even the most basic human rights until the abolishment of slavery in 1865 (Boyer, 2012). The road from there has been difficult, and the African American part of the American population face inequalities still today (Pollard & O'Hare, 1999). Hispanics encompasses the Mexican American communities as well as many Central American descendants. Although a growing population, they experience great levels of discrimination by the government (Pollard & O'Hare, 1999).

1.1.3 Wellbeing

Wellbeing encompasses emotional, physical and social dimensions and are facilitators of everyday functioning in children and youth (WHO, 2000). This study will focus on the emotional and social aspects of wellbeing, even though the three are interrelated.

1.1.4 Child development and childhood interventions

A child's biological make-up and the environment they grow up in are the two main factors influencing its development through an intertwined process, a concept often referred to as 'nature-nurture' (Shonkoff & Marshall, 2000). This makes childhood, and particularly the early stages thereof, an incredibly vulnerable time but also a time of possibilities and opportunities for positive change and prevention through intervention (Björck-Åkesson, Giné, Bartolo, & Kyriazopoulou, 2016). Focusing on the ecological (nurture) rather than the biological (nature) aspect, there are layers of contributors which need to be considered. Since these factors are interactive and includes for example culture, societal values, family attributes and personal characteristics, all in a changeable environment, the intervention process needs to be 'targeted at a particular problem for a particular child in a particular family in a particular culture' (Sameroff & Fiese, 2000).

When planning interventions, intentional goals need to be set and implemented to reach an intended outcome (Granlund, Björck-Åkesson, Wilder, & Ylvén, 2008). Childhood interventions are often implemented by professionals, for example social workers, nurses, psychologists, physiotherapists, occupational therapists, speech-and-language therapists and dieticians. This collaboration can be multi-disciplinary (when professionals work parallel to each other), inter-disciplinary (working jointly but still from their own professional perspective) or trans-disciplinary (working jointly and with a common framework) (Rosenfield 1992, as cited in Mitchell, 2005). The transition at present is towards more trans-disciplinary methods of working, where professionals work together from a biopsychosocial perspective for the best interest of both the child

and its family (Mitchell, 2005). Looking beyond the scope of professionals, *collaborative problem solving* - a theory of empowerment – aims to make the parents and child active participants in the intervention process (Björck-Åkesson, Granlund, & Olsson, 1996). This highlights the need to consider the family as a unit - a context in which *transactional processes* take place between the child and people and things in its environment (Bronfenbrenner & Morris, 2006). In these family units there is a wide scope for interventions. Using the strengths of families as resources for interventions and finding both informal and formal support can have hugely beneficial outcomes for both the parents and the child (Trivette, Dunst, & Deal, 1997).

It can be summarised that relative poverty and belonging to an ethnic minority group places children's health, development and overall wellbeing at risk. These risk factors, and many others, have been a topic of interest for many years and the reason for a range of theories and research. Interventions are required, and there is a need for research to look beyond stating what the risk factors are in a child's life. It is relatively recently that researchers have started to highlight what *aids* children's development and wellbeing in the face of adversity, with the emerging of studies in the 1960's and 70's which focused on what would eventually be labelled resilience (Masten et al., 2009).

1.2 Theoretical frameworks

1.2.1 Resilience

Resilience is defined by Masten et al. (2009) as 'patterns of positive adaptation during or following significant adversity or risk' (p.4). Some children somehow do well against the odds. The combination of two risk factors such as relative poverty and belonging to a minority group can lead to resilience. Two aspects of how resilience is formed have emerged, namely *protective factors* and *promotive factors*. Promotive factors are assets predicting positive outcomes regardless of risk level, whereas protective factors are characteristics of individuals or groups which, put simply, act as a buffer in high risk level scenarios specifically (Masten et al., 2009).

1.2.2 Children's rights

The responsibility to promote and maintain children's rights runs from the adult individual all the way to the government (National research Council and Institute of Medicine, 2000). Documented in the UN Convention on the Rights of the Child [UNCRC], children's rights include everyone's equal right to life, education, freedom, services, developing into one's full potential and having a say in matters affecting oneself (Articles 6, 28, 14, 15, 24 and 12, UN, 1989). To maximise this last article in research, it is important that measures are taken to allow the child to have a voice (Nilsson et al., 2015).

Child perspective vs child's perspective

There can be a difference between a child's opinions, feelings and experiences, and an adult's interpretation of what they might be. The latter is known as *a child perspective*, where adults attempt to understand these variables and from there define the child's best interest, whereas the former is called as *a child's perspective*, where the aim is to give the child a voice and opportunity to express what is most important to them, directly taking their experiences into consideration (Sommer, 2009). Which perspective to utilize in child research depends on the cognitive level of the child, what is being asked, and the context in which it is being undertaken (Nilsson et al., 2015). For the purpose of this literature review, the aim is to use a *child's perspective*. This was attempted through ensuring that at least parts of the data in each study were reported by the child.

1.2.3 The Bioecological Model of Human Development

The Bioecological model was created and expanded by Urie Bronfenbrenner through collaborations with various colleagues spanning decades (see e.g. Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). It sets the child in the microsystem, the centre of four nested systems (the micro-, meso-, exo- and macrosystems). In the microsystem, the child's immediate surroundings are found and includes parents and friends and others in close communication with the child. The model presents the interrelated key concepts of *Process, Person, Context* and *Time*, and describes how development occurs as a child interacts with its environment and those in it. Snapshots of these interactions are called *proximal processes* and they can have either facilitating or dysfunctional outcomes. They are hugely formative for a child's development and require frequency and high levels of exposure over time (Bronfenbrenner & Evans, 2000). This clearly highlights the importance of the quality of parent-child relations as an engine for positive development in children.

1.3 Rationale

The combination of the negative consequences of poverty and the often-experienced discrimination and disadvantages of belonging to an ethnic minority puts ethnic minority children living in relative poverty at risk for ill health, on every level. Finding out more about what promotes wellbeing in these children is therefore of critical importance, and focusing on the proximal processes of the parent-child relations can create a platform for positive change and help inform interventions (Bronfenbrenner & Ceci, 1994). In addition, there are many reasons to use strengths of families to promote child wellbeing (Guralnick, 2001; Trivette et al., 1997) and it is therefore

important to synthesize these findings for wellbeing in order to inform interventions and professional practice to uphold and promote children's rights. The vicious circle of poverty needs to be broken (Ringold et al., 2005), but do to that more needs to be understood about what the facilitators for resilience are in a child's life.

1.4 Aim

The aim of the study is to explore what facilitates wellbeing and promotes resilience among ethnic minority children living in relative poverty in regards to parent-child relations.

1.5 Research questions

The research questions being asked are

1. What are the protective or promotive factors identified for wellbeing among ethnic minority children living in relative poverty which relate to parent-child relations?
2. What, if any, is the difference in these factors between the ethnic minorities?

2 Method

2.1 Systematic literature review

To answer the research question and to meet the aim of this paper, a systematic literature review was undertaken. A systematic literature review is a written summary and synthesis of the studies already undertaken within a certain area of research using prescribed methods (Jesson, Matheson, & Lacey, 2011; The Cochrane Collaboration, 2011). Due to the nature of the research questions, the studies reviewed will be of a quantitative nature, with exception being made for mixed-methods studies. The formulation of a PICO (Participants, Intervention/Exposure, Comparison and Outcome) (Statens beredning för medicinsk och social utvärdering, 2017) was used to aid the stages of this process (National Institute for Health and Care Excellence, 2014) (see Appendix A for PICO).

2.2 Search strategy

Three databases were used for the literature search: PsycINFO, CINAHL and MEDLINE. These were chosen as they are substantial databases which cover the fields of social, psychological and health research. Boolean phrases were used and truncations were applied where relevant to maximise the opportunities to find the relevant articles. Thesaurus/MeSH terms were used to find the optimal search phrases in each database, and they were combined with free-text search words. Thesaurus/MeSH terms were adjusted according to each database, and the free-text

words were identical in all databases. Words which were used as the foundation for the search string were ‘poverty’, ‘socio-economic status’, ‘ethnic minorities’, ‘resilience’, ‘protective factors’, ‘promotive factors’, ‘well-being’ and ‘parent-child relations’. They were built up into blocks which together formed the final search strings. Final searches were carried out on the same day in March in all three databases, to ensure the results were as cohesive as possible (see Appendices B and C for search terms for each database and example of a search string).

Filters were applied, being a) peer-reviewed (where this was an option); b) date of publication (see below); c) language (see below); and d) age of participants. Using filters, articles focusing on children over 18 and infants (children under two) were excluded. No further filters were applied regarding age of participants, to allow for all relevant research to be obtained.

2.3 Selection criteria

Guided by the PICO, the aim and research questions, inclusion and exclusion criteria were created before the searches (see Table 2.1 for inclusion and exclusion criteria). The primary outcome and measure were resilience and social and/or emotional wellbeing.

Table 2.1

Inclusion	Exclusion
<i>Publication Type</i>	
<ul style="list-style-type: none"> - Peer-reviewed journal/research articles - Published in English - Date of publication: 01.01.2009-19.03.2019 - Data collected no later than 2004 (at latest point of data collection) 	<ul style="list-style-type: none"> - Book chapters, doctoral theses and dissertations and other grey literature
<i>Population</i>	
<ul style="list-style-type: none"> - Ethnic minority children - Age range: 2 – 18 - Living in relative poverty 	<ul style="list-style-type: none"> - Only focusing on adults/parents - Studies focusing on a specific medical condition and societal issues (substance use, violence and juvenile criminality) - Data collected in hospital settings
<i>Measure</i>	
<ul style="list-style-type: none"> - Socio-/emotional wellbeing or resilience - Data collected from child OR child and parent(s) - Including factors looking at parent-child relations 	<ul style="list-style-type: none"> - Physical wellbeing only - Articles with data only from parents and/or professionals
<i>Design</i>	
<ul style="list-style-type: none"> - Quantitative - Mixed-methods 	<ul style="list-style-type: none"> - Qualitative - Literature reviews

Inclusion and exclusion criteria

2.4 Selection Process

The reference management software program EndNote (Clarivate Analytics, 2019) was used for finding and removing duplicates and for managing sub-groups of the excluded articles. A software program created for undertaking systematic literature reviews, Covidence (2019), was used for the screening process to ensure no articles were lost or missed. Screening was undertaken in two main stages: title/abstract and full-text, and the selection process can be seen in Figure 2.1.

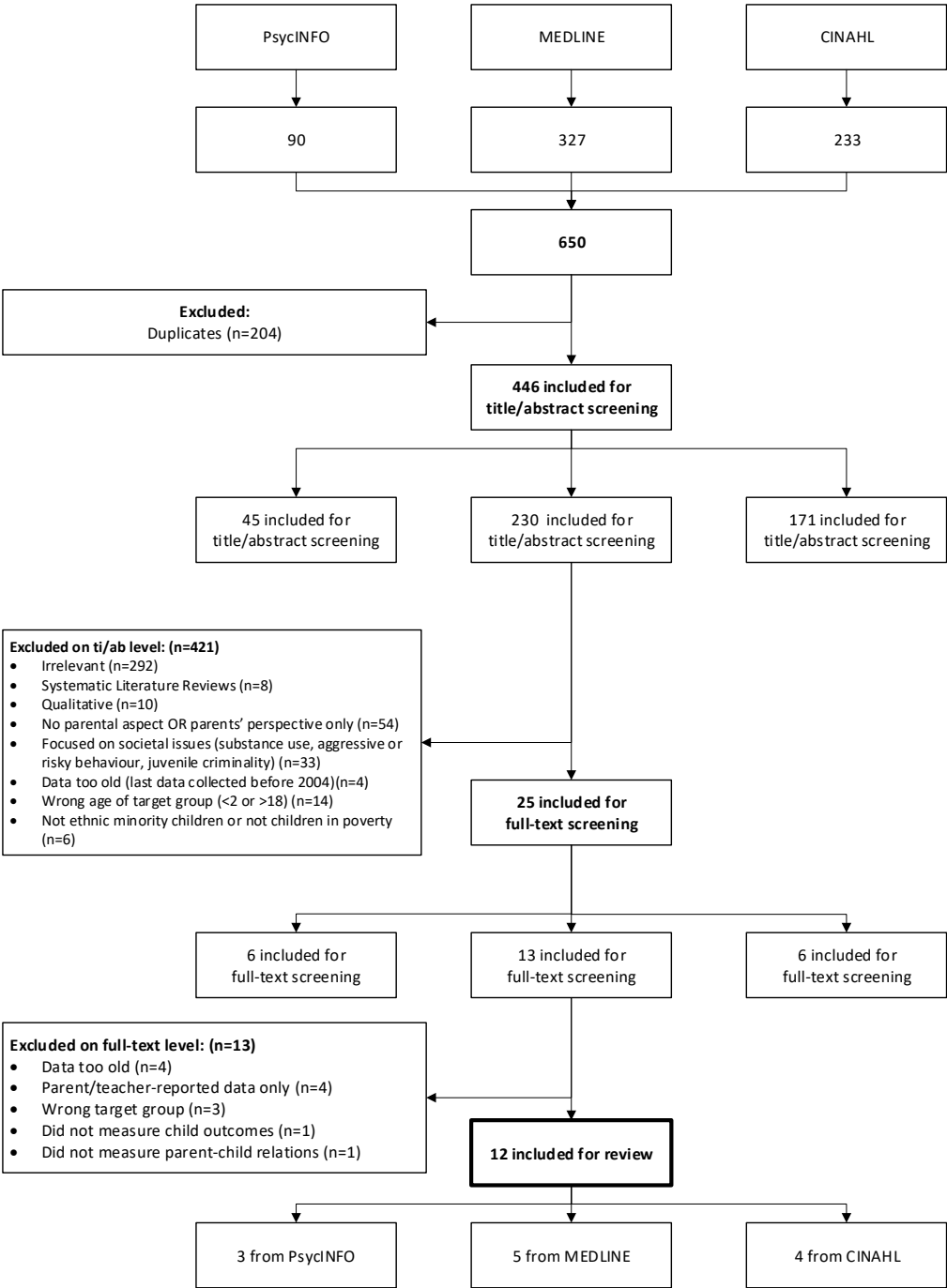


Figure 2.1. Flow chart of inclusion and exclusion process

2.4.1 Title/Abstract Screening

Initially, 650 studies were found in all three databases combined. Once duplicates were removed, 446 articles remained. These were screened on title/abstract level, after which 25 articles remained. During this part of the screening, articles were excluded for various reasons related to the inclusion and initial exclusion criteria.

2.4.2 Full-text Screening

Full-text screening was carried out with the remaining 25 articles, of which 13 were excluded at full-text level. In this process, the last exclusion criteria were applied. Four were excluded as the data was too old (last data collected pre-2004); four only used parent- or parent/teacher-reported data and hence not advocating a child's perspective; three had the wrong target group (homeless adolescents, adolescent mothers and parents); one did not measure parent-child relations or identify protective/promotive factors; and one which did not measure child outcomes. 12 articles remained for review and are presented in an overview in Table 2.2.

Table 2.2

Overview of articles included for review

Authors	Year	Title
Suizzo et al.	2017	The unique effects of fathers' warmth on adolescents' positive beliefs and behaviors: Pathways to resilience in low-income families.
Smokowski et al.	2014	Ecological Correlates of Depression and Self-Esteem in Rural Youth
Scott et al.	2016	Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
Leidy et al.	2011	Fathering and Adolescent Adjustment: Variations by family structure and ethnic background
Kolarcik et al.	2015	The mediating effect of discrimination, social support and hopelessness on self-rated health of Roma adolescents in Slovakia
Khafi et al.	2014	Ethnic Differences in the Developmental Significance of Parentification
Eisman et al.	2015	Depressive symptoms, social support, and violence exposure among urban youth: A longitudinal study of resilience.
Dimitrova et al.	2014	Collective Identity and Well-Being of Bulgarian Roma Adolescents and Their Mothers
Dimitrova et al.	2015	Intergenerational transmission of ethnic identity and life satisfaction of Roma minority adolescents and their parents
Dimitrova et al.	2018	Ethnic socialization, ethnic identity, life satisfaction and school achievement of Roma ethnic minority youth
Carter et al.	2014	Mediating Effects of Parent-Child Relationships and Body Image in the Prediction of Internalizing Symptoms in Urban Youth
Wang et al.	2015	Parental Involvement and African American and European American Adolescents' Academic, Behavioural, and Emotional Development in Secondary School

2.4.3 Peer review

Since this was a review carried out by one person, a peer-review element was added to strengthen the review and increase the reliability of the study. Out of the 25 articles that had been selected for full-text screening, nine were randomly selected and were read by the peer-reviewer. In all nine cases, the reviewer and author reached the same conclusion in terms of which studies should be excluded and which should be included in the review.

2.5 Data analysis

In a systematic literature review, data is extracted using a data extraction protocol created specifically for the review being undertaken and each study is assessed for quality before the data is synthesized (Jesson et al., 2011).

2.5.1 Data extraction

The extraction protocol created to identify data relevant for this review included the categories aim, research design, ethnic minority studied, recruitment, participant information, data collection method, measured outcomes and results. In addition, data indicating the quality of the study was also extracted. A summary of all the categories used to extract data can be found in Appendix D.

2.5.2 Quality assessment

Quality assessments are undertaken to determine the internal validity of a study and are used as a support in judging the quality of each study in a review (Statens beredning för medicinsk och social utvärdering, 2017). For this literature review a quality assessment tool was adapted from the Evaluation Tool of Quantitative Research Studies (Long, Godfrey, Randall, Brettle, & Grant, 2002). The studies were evaluated on seven items with scores from 0-2 depending on how clearly defined or carried out the items were (2 = clear; 1 = unclear; 0 = not included/mentioned). Maximum score was 14 points, with 0-7 points being considered low-quality, 8-11 points moderate quality, and a total of 12-14 points equalled high quality. Using this adapted quality assessment tool, two studies were deemed high quality (Khafi, Yates, & Luthar, 2014; Scott et al., 2016), eight considered of moderate quality (Dimitrova, Chasiotis, Bender, & van de Vijver, 2014; Dimitrova, Ferrer-Wreder, & Trost, 2015; Dimitrova, Johnson, & van de Vijver, 2018; Eisman, Stoddard, Heinze, Caldwell, & Zimmerman, 2015; Kolarcik, Geckova, Reijneveld, & Van Dijk, 2015; Leidy et al., 2011; Suizzo et al., 2017; Wang, Hill, & Hofkens, 2014) and lastly, two were low-quality studies (Carter, Smith, Bostick, & Grant, 2014; Smokowski, Evans, Cotter, & Guo, 2014). The full quality assessment can be found in Appendix E.

2.5.3 Data analysis

The remaining 12 studies were reviewed and analysed to synthesize the results and provide a platform for the discussion. The information from the data extraction protocol was used and the studies themselves were revisited to ensure a thorough analysis. Because the included articles were not randomized control trials, used the same instruments or assessed the outcomes of an intervention, a meta-analysis was not undertaken but instead the data analysis used a narrative approach whilst attempting to reflect statistical findings (Statens beredning för medicinsk och social utvärdering, 2017).

2.5.4 Ethical considerations

There are four pillars regarding ethics in research: autonomy, beneficence, non-maleficence and justice (Beauchamp & Childress, 2009). Put simply, this means to respect the person and their opinions, to do good, avoiding to do harm and to be fair towards that person and protect their rights. These landmark principles were examined in the reviewed studies and will be returned to in the discussion.

3 Results

Demographic data will first be reported. Secondly, the results regarding the two research questions will be presented. Due to the specific inclusion criteria for this review and the nature of systematic literature reviews, most articles that were reviewed examined aspects of the topic not related to the research questions, for example included groups other than ethnic minorities. In these cases, only relevant results are presented and discussed. An overview of general data of the studies is presented in Table 3.1, and further details are found in Appendix F.

3.1 Descriptive results

3.1.1 Demographics

Although the aim was not to look at a certain age group of children, all studies included were largely focused on adolescents, with ages ranging from 10 to 20 (age range not specified in four of the studies). This does contradict the inclusion criteria of participants being 2-18 years old. However, the two articles which this concerned were allowed in the review due to acceptable mean ages similar to that of the others, the target group of those studies still being children and there being no further reason to exclude them. Children, according to the UN (1989), includes anyone under the age of 18, and this is largely the target group for this review. However, due to the age

span of the children included in the reviewed articles, the participating children will from hereon be referred to as ‘youth’ as this best encompasses the ages represented.

Table 3.1.

Overview of general data regarding the reviewed studies

	ETHNIC MINORITY GROUP					COUNTRY	DATA REPORTED BY			MEAN AGE (IN YEARS)
	African Americans	Hispanic/Latino	Native American	Roma	Asian American		Child	Parent(s)	Teacher	
Suizzo et al. (2017)	X	X				US	X			11.86
Smokowski et al. (2014)	X	X	X			US	X			12.8
Scott et al. (2016)	X	X				US	X	X		11.1
Leidy et al. (2011)		X				US	X	X***	X	12.9
Kolarcik et al. (2015)				X		Slovakia	X			14.5
Khafi et al. (2014)	X					US	X	X**		10.17*
Eisman et al. (2015)	X					US	X			14.86*
Dimitrova et al. (2014)				X		Bulgaria	X	X		16.18 (boys) 16.08 (girls)
Dimitrova et al. (2015)				X		Bulgaria	X	X		15.16
Dimitrova et al. (2018)				X		Bulgaria	X			16.25
Carter et al. (2014)	X	X			X	US	X			13.06*
Wang et al. (2014)	X	X				US	X	X		12.9*
TOTAL	7	6	1	4	1		12	6	1	

Note: * Mean age at first wave (longitudinal study) ** Specifically mothers *** Specifically mother AND father

All of the studies were quantitative, whereof four were longitudinal (1- 7 years between waves) and 8 were cross-sectional. The majority (8) were set in the US, whilst three were undertaken in Bulgaria and one in Slovakia. The ethnic minorities which were studied were African Americans; Hispanic/Latinos; Native American; and Roma. One study (Carter et al., 2014) also included Asian American youth, but it did not report relevant results for this this group and hence the results presented here will not include this ethnic group. Other results from this particular study will however be included as they were relevant. Some studies also had ‘mixed race/other’ as a category but these groups were too small in numbers to create any quantifiable data.

As per inclusion criteria, all articles included some sort of child-reported data, to ensure a child's perspective approach. Six studies used child-reported data only, five used child and parent-reported data and one also included teachers' perspectives.

Regarding recruitment, 10 studies used schools as an entry point. One, which had certain requirements about maternal qualities, recruited via targeted announcements in social service offices, clinics etc., and one study recruited participants through local community organisations. Six of the studies used pure questionnaires/surveys (of which one was online) and six used an interview-format to administer their Likert-scale questions. Most data collection took place in the schools, but some were undertaken at home or in a research facility.

3.1.2 Measurements and instruments used

Many different instruments were used to measure outcomes related to youth wellbeing. For example, ethnic identity was measured using two versions of Phinney's Multigroup Ethnic Identity Measure from 1992 and 2007 (Dimitrova et al., 2015; Dimitrova et al., 2018; Smokowski et al., 2014). Aspects of Quality of Life (QL) was taken from Varni et al. in 2001 (Scott et al., 2016). Depression levels were measured using adaptations of Kovac's 1992 Children's Depression Inventory (Khafi et al., 2014; Leidy et al., 2011; Wang et al., 2014). A table with outcomes and instruments used in the studies can be found in Appendix G.

3.2 Protective and Promotive Factors Identified Relating to Parent-Child relations

The answer to the first research question revealed that factors which related to parent-child relations and had a positive influence on ethnic minority youth wellbeing included *parental involvement in education* and *parental warmth* (Wang et al., 2014); *ethnic identity* (Dimitrova et al., 2014; Dimitrova et al., 2015; Dimitrova et al., 2018; Smokowski et al., 2014); *ethnic socialization* (Dimitrova et al., 2018); *father's warmth* (Suizzo et al., 2017); *parental support* (Smokowski et al., 2014); *mother support* and *mother support over time* (Eisman et al., 2015); *maternal attachment* (Carter et al., 2014); *parental nurturance* and *family cohesion* (Scott et al., 2016); *perceived social support* from mother and father (Kolarcik et al., 2015); *emotional parentification* (Khafi et al., 2014); *mother's life satisfaction* (Dimitrova et al., 2015); *father acceptance* and *monitoring, consistent discipline* and *interactions with the youth* (Leidy et al., 2011). These factors will be divided into four groups and presented more closely.

3.2.1 Parental factors

Parental educational involvement in the shape of preventive communication (parent communicating with teachers, asking child about homework); linking education to success in the future; and

home structure (e.g. rules and schedules for homework) were positively associated with decreased problem behaviour in African American youth (Wang et al., 2014). Depressive symptoms in African American youth were reduced when associated with a) an increase in quality of communication (between parents and teachers); b) scaffolding techniques used by parents to encourage autonomy in academic work; and c) linking education to future success (Wang et al., 2014). These depressive symptoms were particularly decreased the lower the SES.

Parental warmth moderated the relation between home structure and problem behaviours in African American youth (Wang et al., 2014). Kolarcik et al. (2015) learnt that *perceived social support* from parents decreased the negative effect of hopelessness and discrimination for Roma youth. Higher levels of perceived social support were shown to be able to improve self-reported health among Roma youth as it acted as a mediating pathway between ethnicity and self-reported health (Kolarcik et al., 2015).

High levels of *parent support* were associated on a significant level with high levels of self-esteem in Native American, African American and Hispanic/Latino youth (Smokowski et al., 2014). For African American youth, *parental nurturance* was positively associated with QL (Scott et al., 2016). Smokowski et al. (2014) who used the Bioecological Model as a lens, found that proximal processes in the micro-system that lead to protective factors, such as ethnic identity, school satisfaction and religious orientation were key prognostics for self-esteem and depressive symptoms in Native American, African American and Hispanic/Latino youth.

3.2.2 Maternal factors

Ethnic, familial and religious identities for Roma mothers were positively associated with ethnic identity and wellbeing outcomes in their children (Dimitrova et al., 2014). Similarly, *the life satisfaction* of Roma mothers was positively related to the life satisfaction of their offspring (Dimitrova et al., 2015). Regarding *maternal support*, Eisman et al. (2015) found it to have a direct effect on depression among African American youth. When the support remained over time, it was shown to be a protective factor linked to lower depression symptoms in African American youth. For the same group, higher levels of *maternal attachment* were associated with lower levels of negative body image, which was linked with decreased internalizing symptoms at the second wave (Carter et al., 2014). However, for Hispanic/Latino youth in the same study, maternal attachment only had a direct effect on internalizing symptoms.

Emotional parentification was defined by Khafi et al. (2014) as when the child is “expected to fulfil a parent’s need for support or companionship” (p.268). Their findings in their mother-

child study suggested that emotional parentification was associated with positive youth outcomes through a significant positive enhancement of parent-child relationships in African American youth.

3.2.3 Paternal factors

Father's warmth was associated with a) optimism in female Hispanic/Latino and African American youth and b) language arts self-efficacy among male Hispanic/Latino and African American youth (Suizzo et al., 2017). Leidy (2011) studied intact and step-families and found that for Hispanic/Latino youth, *paternal acceptance; monitoring* (tracking and surveillance); *father interaction* with the youth and his *discipline being consistent* with the mother's were overall positively associated with positive youth adjustment. This was a particularly evident regarding *father acceptance* which had a protective effect on self-reported lower levels of anxiety and depression levels in Hispanic/Latino youth, and which went beyond mother's parenting behaviour. At very high levels of father acceptance, the association with parent-reported positive behaviour in intact Hispanic/Latino families was apparent (Leidy et al., 2011). Regarding *father involvement*, very high levels were linked to decreased anxiety and depression in Hispanic/Latino youth in step-families (Leidy et al., 2011).

3.2.4 Ethnicity-related factors

Ethnic identity was defined by one set of authors as "a process of maintaining positive distinctiveness, attitudes, and feelings that accompany a sense of group belonging" (Dimitrova et al., 2014, p.376). *Ethnic socialization* concerns parental practices where culture, history and heritage are communicated from parent to child and is a form of bias management which buffers the impact of discrimination and potential racism (Dimitrova et al., 2018). Both these concepts are a continuous process where the parent-child relationship is central (Dimitrova et al., 2015; Dimitrova et al., 2018). For Native American, African American and Hispanic/Latino, *ethnic identity* showed a significant relation to high levels of self-esteem (Smokowski et al., 2014). Dimitrova et al. (2014) found that a positive ethnic identity and familial identity were beneficial for psychological outcomes in Roma youth (as well as for their mothers). In a later study, Dimitrova et al. (2015) identified a positive association between ethnic identity and life satisfaction for Roma youth. And most recently, Dimitrova et al. (2018) confirmed and expanded this finding by reporting that there is a positive and significant link between ethnic identity and a) life satisfaction and b) academic achievement among Roma youth. In this last case, positive messages in ethnic identity mediated the effect of high levels of *ethnic socialization* in regard to life satisfaction outcomes.

Scott et al. (2016) found that there was a significant interaction between *family cohesion* and SES on self-esteem, as well as SES on psychosocial health-related QL in both African American and Hispanic/Latino youth.

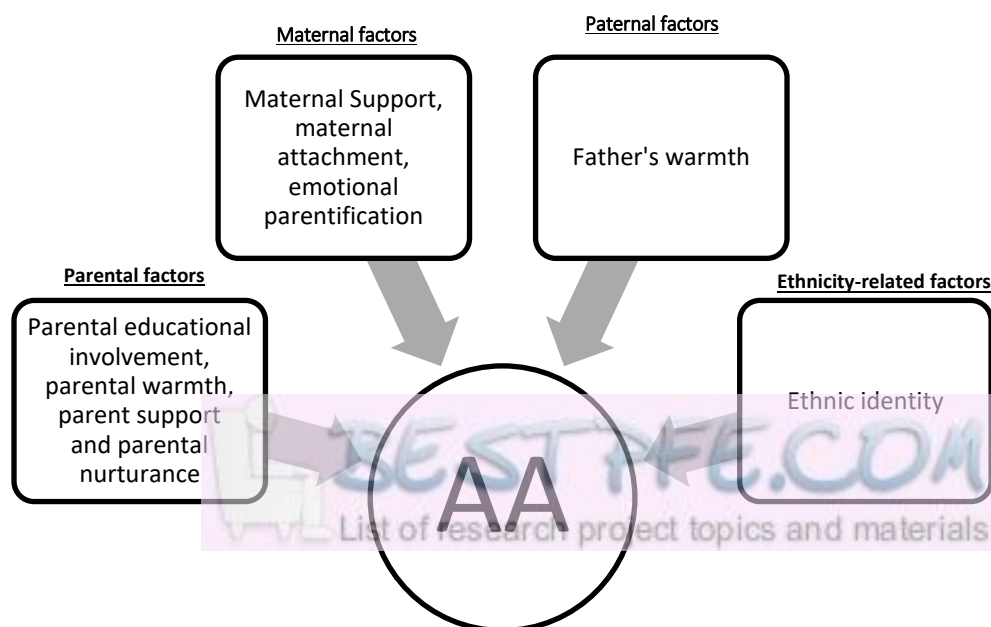
3.3 Differences between ethnic minorities

To help answer the second research question, the results are here presented in relation to each of the ethnic minorities studied in the reviewed papers to highlight any differences. It is done through figures, to visually present which protective and promotive factors were present for each ethnic minority and how they were distributed. The same four groups are used as in the previous section of the results, namely: a) *Parental factors*; b) *Maternal factors*; c) *Paternal factors*; and d) *Ethnicity-related factors*. It should be noted that the diagram presents the numbers of factors identified and do not indicate the strength of the association with wellbeing and resilience outcomes. Additionally, the studies reviewed looked at one or more of the ethnic minorities below and used different measurements. Therefore, it is not suitable to make a direct comparison of the results as not all ethnic minorities were represented in every study.

African American youth

For African American youth, who were part of seven of the studies (Carter et al., 2014; Eisman et al., 2015; Khafi et al., 2014; Scott et al., 2016; Smokowski et al., 2014; Suizzo et al., 2017; Wang et al., 2014), parental factors such as warmth and support were prominent among the protective and promotive factors. Maternal factors were also apparent contributors for their wellbeing, whereas paternal factors and ethnic identity-related factors were less prominent, but beneficial nonetheless. See Figure 3.1 for an overview.

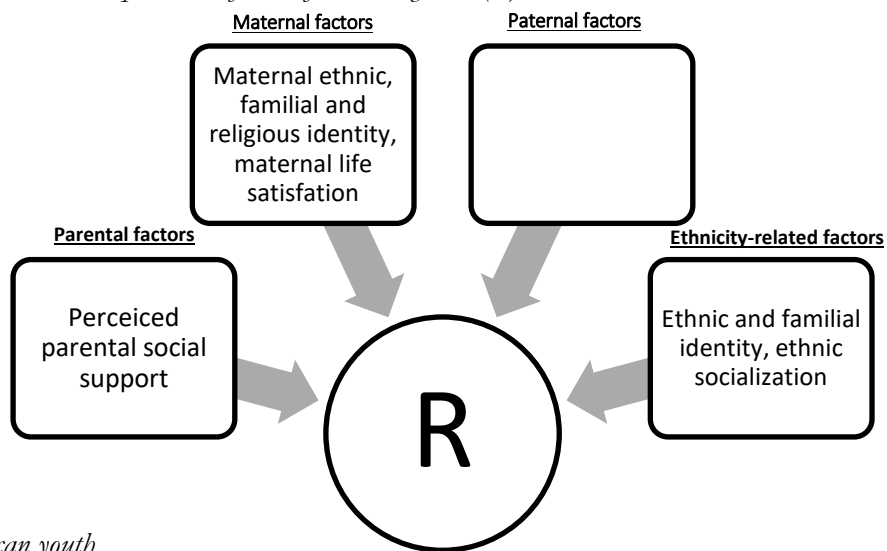
Figure 3.1. *Protective and promotive factors for African American youth (AA)*



Roma youth

For Roma youth, who were in four studies (Dimitrova et al., 2014; Dimitrova et al., 2015; Dimitrova et al., 2018; Kolarcik et al., 2015), general parental factors were less represented, and no paternal protective or promotive factors identified. However, Roma youth were not studied in any of the articles which specifically looked at paternal factors. Maternal factors were more studied, and were also well represented in protective and promotive factors identified. Ethnic identity-related factors were also well represented. See Figure 3.2 for overview.

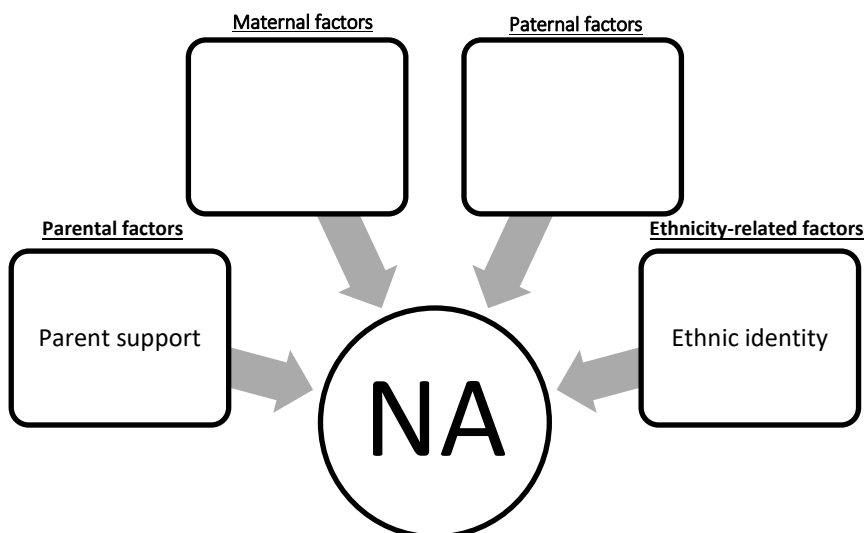
Figure 3.2. *Protective and promotive factors for Roma youth (R)*



Native American youth

Regarding Native Americans, they were only part of one study (Smokowski et al., 2014). Hence the results of protective and promotive factors are limited. In any case, they were equally divided between parental factors and ethnicity-related factors.

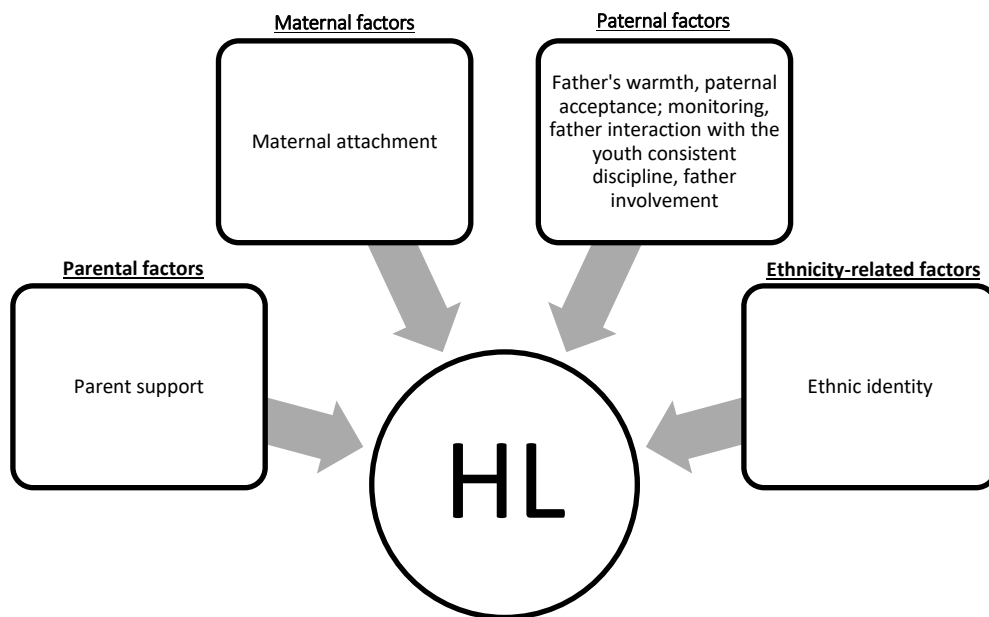
Figure 3.3. *Protective and promotive factors for Native American youth (NA)*



Hispanic/Latino youth

Lastly, Hispanic/Latino youth were represented in six studies (Carter et al., 2014; Leidy et al., 2011; Scott et al., 2016; Smokowski et al., 2014; Suizzo et al., 2017; Wang et al., 2014). They had low but equally many factors regarding parental, maternal and ethnic identity factors. Paternal factors were however more striking, with five paternal factors associated with resilience and/or well-being.

Figure 3.4. *Protective and promotive factors for Hispanics/Latino youth (HL)*



4 Discussion

This systematic literature review aimed to identify protective and promotive factors for ethnic minority children living in relative poverty in regards to parent-child relations. There was a total of 12 studies which fit the criteria and were reviewed, and the results will be discussed and reflected on guided by the three theoretical frameworks described in the background.

4.1 Reflections on findings

4.1.1 Resilience

It was evident that there are parent-child related protective and promotive factors leading to resilience in ethnic minority youth in relative poverty. Despite negative circumstances, factors were identified which promoted wellbeing and the negative circumstances could be overcome, which supports the findings of Zimmerman et al. (2013) who highlighted the vital role adults can have in the development of resilience. For example, feeling supported by one's parents decreased the negative effect of discrimination and hopelessness in Roma youth (Kolarcik et al., 2015). The findings from this review support Masten and Monn's (2015) conclusion regarding the need to link child resilience with family resilience and shift to a strength-based approach. This was particularly evident in the fact that maternal life satisfaction was positively associated with life satisfaction in Roma youth (Dimitrova et al., 2015). It suggests that there is indeed a call to go beyond child resilience and seeing the family as a unit to a higher degree than previously, working with the family as a whole and planning interventions accordingly. The child's individual competencies must however not be forgotten and ought to be encouraged as protective factors (Werner, 2000). The amount of positive findings in this review is in accordance with Neblett, Rivas-Drake, and Umana-Taylor (2012) who encourages research to not only see ethnic minority as a disadvantage and risk factor.

4.1.2 Children's rights

To uphold children's rights, findings from this review can be used to facilitate and inform childhood interventions. Using a family-centred approach building on family strengths (Guralnick, 2001; Trivette et al., 1997), the result from this review would suggest that interventions for ethnic minority youth living in relative poverty ought to be more inclusive of the parents to be more effective. Involving parents and enhancing their wellbeing can have a direct or indirect impact on the wellbeing of these children. The results indicate that different ethnic minority youth can respond differently to stimuli. For example, father acceptance had a protective effect on self-reported levels of anxiety and depression beyond the mother's acceptance in Hispanic/Latino youth (Leidy et al., 2011). This was however contrasted with Carter et al. (2014) who found maternal effects to

have beneficial impact on internalizing symptoms in Hispanic/Latino youth, and that maternal but not paternal attachment was associated with positive outcomes in African American youth. Similarly, Dimitrova et al. (2015) found that life satisfaction in Roma youth was related to maternal but not paternal life satisfaction.

If children are to develop into their full potential and rightfully access – and continue – their education as per the UNCRC (UN, 1989), parental involvement in education is important, and the message from parents to their child needs to be that education equals hope for the future, as shown by Wang et al. (2014). This requires understanding the cultural values of the ethnicity in question. Among Roma children, more than 75% do not finish secondary school (World Bank, 2012). This is not necessarily an indication that their parents are intentionally overturning the UNCRC, but it is an example of a situation where cultural mismatch has occurred between parents and a service provider – in this case the school (Garcia-Coll & Magnuson, 2000). Improved communication between parents and teachers and an increased understanding of the differences in culture and values are key to move forward. This demonstrates the need to encourage ethnic diversity also on a societal level.

Poverty continues to provide obstacles for child wellbeing and undermine children's rights. The inequalities caused by growing up in a low-SES family need to be persistently and actively resisted and counteracted. Identifying protective and promotive factors are a part of upholding children's rights and must not be ignored.

4.1.3 The Bioecological Model

Returning to the Bioecological Model, it can be summarised that all the results from this review are related to the proximal processes there described and promoted. Enhancing these proximal processes nearest the child can facilitate positive child development, which these studies all confirmed through positive parent-child interactions leading to positive outcomes.

This was especially visible in the results regarding ethnic socialization and ethnic identity. These two highly interactive processes are built on and shaped by the relations between parent and child, and were shown as ingredients for wellbeing in Roma youth (Dimitrova et al., 2014; Dimitrova et al., 2015; Dimitrova et al., 2018; Smokowski et al., 2014). This links with the results from Cameron, Lau and Tapanya (2009) which states that secure relationships with those within closest proximity such as parents are key contributors for protective factors in the lives of children growing up in diverse communities. In addition, it confirms the findings of Vera et al. (2011) in regard to ethnic identity moderating the effect of discrimination on life satisfaction. Naturally, these

nurturing parent-child relationships can be traced back to Bowlby and his attachment theory, and in this case perhaps most suitably to his work specifically on security (Bowlby, 1988). The results also sustain the theory in Guralnick's Developmental Systems Model for Early Intervention (2001) which in line with the Bioecological Model promotes the quality of parent-child transactions as critical to a child's development. Fiese and Winter (2010) also support the notion of focusing resources on the family environment and exchanges – in their case specifically to aid socioemotional wellbeing in chaotic families.

The results for African American youth regarding parental involvement and paternal warmth support the conclusions of Williams, Hewison, Wagstaff, and Randall (2012) saying authoritative parenting and affection are related to wellbeing outcomes in African and African-Caribbean youth. This is reiterated in a review of the influence of low-income fathers on their children by Carlson and Magnuson (2011). Their conclusions include the quality of interaction between father and child as a predictor of child wellbeing. However, they call for further studies on specifically low-income fathers as the amount of evidence is relatively small. This can also be said following this review, where paternal factors were only a small part of the data available.

4.2 Limitations and methodological issues

4.2.1 Methodological issues

There are advantages and disadvantages to a systematic literature review. If done correctly – systematically, critically, neutrally and transparently - it synthesizes findings within a specific field in order to promote it for practice as well as identifying gaps in that knowledge which need attention in further studies (Jesson et al., 2011). It also means it is replicable and that another researcher should be able to reach the same conclusions. However, there are ways through which the systematic literature review can be weakened. Despite being carried out with diligence as the concept requires, there are nevertheless limitations to this review, summarised in four main methodological issues.

Firstly, the search process. Three databases were used, PsycINFO, MEDLINE and CINAHL. This could be deemed sufficient, and the author believed this to be an appropriate amount for the task in relation to the time and resources available. Despite this, more databases could have been included if further resources had been available, or alternatively the databases used could have been challenged and potentially altered to cover a broader area. However, the three databases used are large and cover health from medical, sociological and psychological perspectives. No manual search was carried out, which could have detected articles that the database searches missed. In

addition, ethnic minority groups are not always referred to as such, and there is the risk that some minorities were missed and thereby not represented in the research reviewed. A manual search could have prevented this to some extent.

Secondly, this systematic literature review was undertaken by a single researcher over a restricted amount of time. Generally, these reviews are a substantially larger project, which minimizes the risk of bias in the selection process and maximizes the number of articles which can be processed. To balance out this disadvantage and increase the reliability of this study, there was an element of peer-review in this paper, when a second researcher read a randomly chosen third of the articles (9 out of 25) selected for full-text review. Using the PICO and the inclusion and exclusion criteria, with guidance from the full-text extraction form, the peer-reviewer was able to minimize bias through assessing these articles independently.

Thirdly, the quality assessment carried out is a potential risk for methodological issues. Naturally, quality assessments are an important part of systematic literature reviews and can enhance the credibility of its findings (Statens beredning för medicinsk och social utvärdering, 2017). They are also a risk for bias, as it is the reviewer's judgment which leads the assessment and subsequently the scoring (Jesson et al., 2011). Therefore, it needs to be considered a potential methodological issue, even though the author took measures to maintain as objective as possible and create a quality assessment tool suitable for the review. However, creating a quality assessment tool specifically for this review also aids the reliability of it.

Lastly, some of the filters and exclusion criteria used may have impacted the outcomes of the articles which were screened. The author set a limit for when the data for each study had to be collected, which was that the last set of data should not have been collected earlier than 2004. This was a way to ensure that the articles were still relevant, as the review set out to investigate the last ten years of research. But this did also restrict the articles included for screening. Age of participants was also used as a filter, and even though the only limit set was for children to be over two and no older than 18, it may have inadvertently removed eligible articles before the screening process. Additionally, ethnic groups contain individuals of great variety who embrace their cultural identity to a greater or lesser extent. Hispanic/Latino youth were grouped together, creating one large group of rather many groups of different albeit similar origin and the results may not be applicable to all subgroups. Similarly, the Roma culture is a diverse ethnic minority. Signified by their 'mosaic' blend made up by clans and subgroups, they are a group which is difficult to generalize findings for.

4.2.2 Limitations

This section will highlight the four main limitations identified regarding the studies included in this review.

Variations in instruments and definitions

There were some inconsistencies in instruments and definitions between the studies reviewed. The measurements and instruments used in the articles varied greatly and the instruments have not been scrutinised by the author, which can compromise the validity of the findings (Creswell, 2009). Additionally, SES was measured and defined in different ways in each study, and were in some cases quite poorly defined. Although this review uses the concept of relative poverty, it can be considered as a weakening factor for the review. Despite the varied measurements and definitions in the studies, the aim was not to compare interventions but rather to find factors which improved the wellbeing of ethnic minority children living in relative poverty, which then allows for a slightly broader use of measurements and definitions, and the aim was still achieved.

Ensuring a child's perspective

Although the aim was to capture a child's perspective of what aids wellbeing, and despite all articles using child-reported data, this does not guarantee the findings representing the child's perspective. The key flaw to raise here is that only parent-reported data was used for parental warmth in one study (Wang et al., 2014) and for family cohesion in another (Scott et al., 2016) which can be debated if that is the most optimal way of measuring those concepts. Additionally, it can be discussed if using child-reported data ensures a child's perspective or not. Whichever way a study is undertaken, there are ways to making children active participants and thereby giving them a voice (Nilsson et al., 2015), and this could have been adhered to more closely.

Type and quality of study

Four of the 12 reviewed studies were longitudinal and the remaining eight were cross-sectional. In most research, systematic literature reviews and meta-analyses are considered the highest level of evidence, but in order to only review research first-hand these were excluded during the search process. In medical research, this is followed by blind or double-blind randomised control trials which minimizes risk of bias and promotes the highest level of evidence (Jesson et al., 2011), but this was naturally not relevant either in this review due to the nature of the research questions. However, that does not indicate that the level of evidence should not be challenged. Longitudinal (cohort) studies are generally considered higher up than cross-sectional studies in the hierarchy of

evidence (Jesson et al., 2011), but unfortunately only a third of the studies were longitudinal. In addition, resilience is best studied over time (Rutter, 2000). Therefore, if more of the studies had been longitudinal the findings would have had the chance to be more deeply grounded through observations over time.

Recruitment and participants

Recruiting through schools, which was the most frequently used method, can skew the results as this is likely to inadvertently miss truant children and those who do not attend school at all, and none of the articles addressed this problem. Often these are children in most need of being heard, and the recruitment pathways must consider this and not take advantage of the easiest option for recruitment.

4.2.3 Ethical considerations and issues

It is imperative to ensure that ethical standards are maintained in research, especially when it concerns children. The four cornerstones of Beauchamp and Childress (2009) were all present in the reviewed studies and it was clear that the authors' intentions were in the best interest of the participating children. However, there are steps which – if done inattentively – can unintentionally compromise these values. Methods of ensuring that a study maintains ethical standards include gaining ethical approval from relevant ethics board, maintaining the participants' confidentiality when storing and presenting data, providing information to the participants and obtaining consent (Creswell, 2009). Two of the twelve studies explicitly expressed using active (parental) consent *and* assent. Two had no mention of neither consent nor assent. The remaining eight had a mixture of active and passive consent or assent. This is particularly interesting considering the relatively high age of the participating children, and causes a call in line with Nilsson et al. (2015) for an increased level of information to the child - written or verbal - as the foundation for informed consent or assent. Another issue regarding consent is that of passive parental consent in cultures where illiteracy levels may be high. Four of the studies concentrated on Roma youth, whereof three (Dimitrova et al., 2014; Dimitrova et al., 2018; Kolarcik et al., 2015) used passive parental consent. In the south-eastern European region, 22% of Roma men and 32% of Roma women are illiterate (UNICEF, 2011). Besides the light it sheds on the needs to promote education for the Roma, it sharply challenges whether passive parental consent is ethically sound and appropriate in those situations and if it gives the parents a fair opportunity to choose not to participate. This raises the issue of 'hard

to reach' groups. The groups which are in most need of helping to inform research and subsequently interventions and policies are often the most difficult groups to reach, and this can lead to both methodological and ethical challenges such as this (Kennan, Fives, & Canavan, 2012).

4.3 Future research and implications for practice

Looking forward, there are lessons from this systematic literature review to consider in future research. Firstly, there were not many child-centred studies focusing on the parent-child aspect in regard to protective and promotive factors for ethnic minority children in relative poverty. This despite them being an acknowledged vulnerable group at risk for remaining in the vicious circle of poverty and at risk for suffering many physical and psychological disadvantages. They are a target group which is often hard to reach, making the need for studies even greater.

Ethnic identity and/or ethnic socialization were constructs which were associated with positive outcomes in wellbeing among all four ethnic minorities (Dimitrova et al., 2014; Dimitrova et al., 2015; Dimitrova et al., 2018; Smokowski et al., 2014) and supports the findings of Zapolski, Beutlich, Fisher, and Barnes-Najor (2018) who underscore the need to involve parents and caregivers in interventions for wellbeing. The concepts of ethnic identity and ethnic socialization were however only part of four of the studies reviewed, leaving ample space for broadening that particular field of research to more fully understand the effect of ethnic identity and socialization on youth wellbeing. This is in line with Zimmerman et al. (2013) who argue that ethnic identity and social support should be a central focus for intervention as they can be altered and can help by using positive characteristics for youth adjustment.

As the results showed such benefits of parental factors (be it joint, maternal or paternal), interventions for youth - and children – in these circumstances ought to focus more closely on family-based interventions. Carlson and Magnuson (2011) called for further research on how the fathering process among low-income fathers and the effect of it varied by culture, ethnicity and race – a call with which this review can only agree. This would require rather complex aspects to be considered, such as absent fathers, mothers with children from different partners and cultural beliefs about fatherhood. The question is also how ethnic minority youth differ or do not differ from mainstream youth in their countries – do they need interventions that are different from other youth also living in relative poverty? How much does discrimination affect outcomes? Or does it simply come back to Sameroff and Fiese's (2000) individual perspective of seeing 'a particular child in a particular family'? Is research prone to wanting to generalise too frequently, and can all children within a certain ethnic minority group be assumed to respond in the same way to protective and

promotive factors? These are questions to consider and weigh, whilst not forgetting to strive for these children's rights and their best.

A gap in the research which became evident during even the early search stages were the age groups represented in studies on ethnic minority children. Despite only limiting the initial search through filters removing articles focusing on children under 2 and over 18 years, only seven studies out of the 25 articles reviewed at full-text level included children under the age of 10. It can be argued that if a child's perspective is desired, youth will be the most suitable group for self-report. However, youth are not the only age group of children able to provide a child's perspective (Nilsson et al., 2015). There is a need to look beyond fixed assumptions and to return to the foundation of the effectiveness and importance of *early* childhood intervention. Surely here further research with younger children is required to provide them with the best possible start as early in life as possible.

Applying the findings to practice, practitioners in all fields can facilitate the results from this review in daily work and intervention planning. In the educational field, the fact that parental educational involvement decreased problem behaviour among African American youth and that the quality of parent-teacher communication was significant (Wang et al., 2014) signals the importance of good parent-teacher relations as a route to positive outcomes for these youth (Trieu & Jayakody, 2018). Although the findings cannot be generalised to other groups without further research they can still be considered. Within the field of social work and other community-based roles, the positive effect of parental wellbeing on child wellbeing among Roma (Dimitrova et al., 2015; Dimitrova et al., 2018) can be absorbed into practice through increased services to parents as a mean to child and youth wellbeing. This can partly be enhanced through strengthening their informal support (Trivette et al., 1997). Also in healthcare results from this review can be applied, including facilitating maternal and paternal resources for reducing depressive symptoms in ethnic minority youth (Carter et al., 2014; Leidy et al., 2011).

5 Conclusion

This systematic literature review explored what the facilitating factors for wellbeing were for ethnic minority children living in relative poverty, with the specific focus on factors regarding parent-child relations. The parent-child related protective and promotive factors included parental involvement and support, maternal attachment, paternal warmth and ethnic identity and socialization. For African American youth, many joint parental factors as well as several maternal factors (such as attachment and support) were shown to be linked with positive outcomes. For Roma, the

results centred largely around ethnic identity and ethnic socialization, but also maternal factors - for example maternal life satisfaction - were associated with wellbeing in Roma youth. No factors directly linked with purely paternal input were identified for this group. Native American youth were only part of one study, which showed parent support and ethnic identity as protective and promotive factors. Lastly, wellbeing in Hispanic/Latino youth were primarily associated with paternal factors such as warmth and acceptance, complimented by parent support, maternal attachment and ethnic identity.

In sum, the parent-child related protective and promotive factors for wellbeing in ethnic minority youth were many, and can be used to inform strength-based interventions and family-focused programs. These results are a reminder that there are things which can be done to improve the lives of children in high-risk situations, these results bring hope that there is always something which can be done to turn unfortunate situations around. This review has confirmed the importance of viewing families as a unit, and highlights that even when children become more independent the relationships with their parents are still an important factor for wellbeing. Ethnic minority children living in relative poverty are a vulnerable group but there are many factors which can aid their wellbeing and provide opportunities for positive growth. These need to be considered when planning interventions and can be heeded within the fields of social work, healthcare and education.

6 References

*starred items indicate articles which were included for the systematic review

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7 Appendices

7.1 Appendix A. PICO

PICO

Participants	Ethnic minority children
Intervention/Exposure	Relative poverty
Comparison	Within-group
Outcome	Resilience/wellbeing

7.2 Appendix B. Search terms

Search terms for each database.

PsycINFO Search 19th March 2019

Poverty

MeSH/Thesaurus	Free-text (title OR abstract)
Poverty	poverty
Socioeconomic status	poor
Family Socioeconomic Level	low-income ("socioeconomic status" OR ses) ("low socioeconomic" OR low-ses) disadvantage*

Ethnic Minorities

MeSH/Thesaurus	Free-text (title OR abstract)
Minority Groups	ethnic*
Racial and Ethnic Groups	minorit* (race OR racial)

Resilience/wellbeing

MeSH/Thesaurus	Free-text (title OR abstract)
Resilience, Psychological	wellbeing
Adaptability (Personality)	well-being
Coping Behaviour	"well being")
Emotional Adjustment	happiness
Protective Factors	"life satisfaction" resilien* adapt* coping protective promotive

Parent-child

MeSH/Thesaurus	Free-text (title OR abstract)
Parent Child Relations	parent* mother father

MEDLINE Search 19th March 2019

Poverty

MeSH/Thesaurus	Free-text (title OR abstract)
Poverty	poverty
Socioeconomic Factors	poor low-income ("socioeconomic status" OR ses) ("low socioeconomic" OR low-ses) disadvantage*

Ethnic Minorities

MeSH/Thesaurus	Free-text (title OR abstract)
Minority Groups	ethnic*
Ethnic Groups	minorit* (race OR racial)

Resilience/wellbeing

MeSH/Thesaurus	Free-text (title OR abstract)
Resilience, Psychological	wellbeing
Adaptation, Psychological	well-being
Protective Factors	"well being") happiness "life satisfaction" resilien* adapt* coping protective promotive

Parent-child

MeSH/Thesaurus	Free-text (title OR abstract)
Parent-Child Relations	parent* mother father

CINAHL Search 19th March 2019

Poverty

MeSH/Thesaurus	Free-text (title OR abstract)
Poverty	poverty
Socioeconomic Factors	poor low-income ("socioeconomic status" OR ses) ("low socioeconomic" OR low-ses) disadvantage*

Ethnic Minorities

MeSH/Thesaurus	Free-text (title OR abstract)
Minority Groups	ethnic*
Ethnic Groups	minorit* (race OR racial)

Resilience/wellbeing

MeSH/Thesaurus	Free-text (title OR abstract)
Hardiness	wellbeing
Adaptation, Psychological	well-being
Coping	"well being") happiness "life satisfaction" resilien* adapt* coping protective promotive

Parent-child

MeSH/Thesaurus	Free-text (title OR abstract)
Parent-Child Relations	parent* mother father

7.3 Appendix C. Example of final search string: PsycINFO

```
((MAINSUBJECT.EXACT("Poverty") OR MAINSUBJECT.EXACT("Socioeconomic Status")
OR MAINSUBJECT.EXACT("Family Socioeconomic Level")) OR ((ti(poverty) OR ti(poor) OR
ti(low-income) OR ti(("socioeconomic status" OR ses)) OR ti(("low socioeconomic" OR low-ses))
OR ti(disadvantage*)) OR (ab(poverty) OR ab(poor) OR ab(low-income) OR ab(("socioeconomic
status" OR ses)) OR ab(("low socioeconomic" OR low-ses)) OR ab(disadvantage*))) AND
((MAINSUBJECT.EXACT("Minority Groups") OR MAINSUBJECT.EXACT("Racial and Eth-
nic Groups")) OR ((ti(ethnic*) OR ti(minorit*) OR ti((race OR racial))) OR (ab(ethnic*) OR ab(mi-
norit*) OR ab((race OR racial)))) AND ((MAINSUBJECT.EXACT("Resilience (Psychological)"
OR MAINSUBJECT.EXACT("Adaptability (Personality)") OR MAINSUBJECT.EXACT("Coping
Behavior") OR MAINSUBJECT.EXACT("Emotional Adjustment") OR MAINSUB-
JECT.EXACT("Protective Factors")) OR ((ti((wellbeing OR well-being OR "well being")) OR
ti(happiness) OR ti("life satisfaction") OR ti(resilien*) OR ti(adapt*) OR ti(coping) OR ti(protec-
tive) OR ti(promotive)) OR (ab((wellbeing OR well-being OR "well being")) OR ab(happiness) OR
ab("life satisfaction") OR ab(resilien*) OR ab(adapt*) OR ab(coping) OR ab(protective) OR
ab(promotive))))))
```


7.4 Appendix D. Data extraction Protocol (categories only)

Data extraction protocol		
Study details	Authors	
	Year	
	Title	
	Journal	
	Aim	
	Research Questions	
	Hypothesis	
	Country	
	Type of study	
	Participants	Number of participants
		Age
a. Pre-school (2-5), School-aged (6-12), Adolescence (13-18)		
b. Mean		
c. Range		
Gender (%)		
Ethnicity		
Socioeconomic status (how defined and measured)		
Method and analysis		Recruitment
		Sampling strategy
		Data collection method
	Data collected by	
	Data reported by	
	a. Child	
	b. Parent	
	c. Teacher/school	
	In which setting	
	a. At home	
	b. At school	
c. At research facility		
Year(s) when collected		
Measured outcome(s)		
Instrument(s) used		
Results		
Conclusion		
Quality assessment	Clear inclusion/exclusion criteria	
	Clear aim, rationale and RQ/hypothesis	
	Theoretical framework used (present and defined)	
	Reasonable validation of low-SES	
	Ethical approval and consent/assent	
	Clear selection process	
	Limitations	
	Overall quality level	

7.5 Appendix E. Quality assessment

Article	Type of study	Aim and re- search ques- tions/ hypothesis	Selection pro- cess	Sample size	Ethical ap- proval	Consent and assent	Description of SES	Overall ranking
Suizzo et al. (2017)	1	2	1	0	2	1	1	Moderate
Smokowski et al. (2017)	1	2	1	1	0	1	1	Low
Scott et al. (2016)	1	1	2	2	2	2	2	High
Leidy et al. (2011)	1	2	1	2	0	0	2	Moderate
Kolarcik et al. (2015)	1	1	1	2	2	1	1	Moderate
Khafi et al. (2014)	2	2	2	1	2	2	1	High
Eisman et al. (2015)	2	1	2	2	2	1	1	Moderate
Dimitrova et al. (2014)	1	2	1	1	2	1	0	Moderate
Dimitrova et al. (2015)	1	2	1	2	2	1	1	Moderate
Dimitrova et al. (2018)	1	2	2	1	1	1	1	Moderate
Carter et al. (2014)	2	2	2	0	0	0	1	Low
Wang et al. (2014)	2	1	1	2	2	1	1	Moderate

Type of study: Cohort study = 2, Cross-sectional = 1. **Sample size:** >500 = 2, 200-500 = 1, <200 = 0

Consent/assent: Active consent and assent obtained = 2, Unclear, passive or lacking one of the two = 1, No mention of consent or assent = 0

All other categories: Clear=2, Unclear=1, Unspecified=0

Total score 0-7 = Low quality. Total score 8 - 11= medium quality. Total score 12- 14 = high quality

7.6 Appendix F. Table of general information regarding the studies

	Journal	Aim	Type of study	Number of participants
Suizzo et al. (2017)	<i>Sex Roles: A Journal of Research</i>	“To investigate whether and how fathers’ warmth contributes to adolescents’ academic outcomes, over and above the contributions of mothers’ warmth, and to explore possible gender differences in these relations.”	Cross-sectional	183
Smokowski et al. (2017)	<i>Child Psychiatry And Human Development</i>	“To further uncover what individual characteristics, supportive microsystem relationships, stressful microsystem interactions, meso- and macrosystem characteristics were associated with symptoms of depression and levels of self-esteem in rural youth.”	Cross-sectional	4321
Scott (2016)	<i>Journal of Early Adolescence</i>	“To examine separately and jointly family and social community factors as potential moderators of the effects of low SES among racially/ethnically diverse youth.”	Cross-sectional	4824
Leidy (2011)	<i>Fathering: A Journal of Theory, Research & Practice about Men as Fathers</i>	“Examines the links between reports of fathering and preadolescent adjustment across these four family types (step versus intact and Mexican American versus European American).”		194 Mexican American families (mother, father, child, e.g. 582) (199 European American families)
Kolarcik (2015)	<i>International Journal For Equity In Health</i>	“To investigate whether discrimination, hopelessness and social support mediate differences in self-rated health (SRH) between Roma and non-Roma adolescents.”		330 Roma adolescents (722 non-Roma)
Khafi (2014)	<i>Family Process</i>	“The first aim of this study was to describe patterns of emotional and instrumental parentification from early to late adolescence. The second aim of this investigation was to assess the impact of parentification on youth’s adjustment as indicated by both maternal and youth reports of psychopathology (i.e., depressive symptoms and externalizing behavior problems) and parent–child relationship quality. The third aim of this investigation was to assess the moderating role of ethnicity on relations between parentification and adjustment.”	Longitudinal (2 waves, 3-7 years between waves)	132 mother child dyads
Eisman (2015)	<i>Developmental Psychology</i>	“Investigate the influence of violence exposure and social support on depression over time in a sample of urban youth during the high school years.”	Longitudinal (4 waves over 3 years)	824

Dimitrova (2014)	et al.	<i>Journal Of Youth And Adolescence</i>	“To explore the intergenerational transmission of collective identity in the Roma minority group in Bulgaria and to what extent collective identity is a resource for well-being in such a marginalized group.”	Cross-sectional	194 adolescents and 178 mothers
Dimitrova (2015)	et al.	<i>Journal of Adolescence</i>	“[...] investigates intergeneration transmission of ethnic identity as a resource for life satisfaction of Roma adolescents and their parents.”	Cross-sectional	419 Roma adolescents, 155 Roma mothers, 123 Roma fathers (248 Bulgarian mainstream youth and their parents)
Dimitrova (2018)	et al.	<i>Journal of Adolescence</i>	“To test a mediational model of relationships between ethnic socialization, ethnic identity, and youth outcomes in a Roma minority sample in an Eastern European country.”	Cross-sectional	202
Carter (2014)	et al.	<i>Journal of Youth and Adolescence</i>	“To examine relationships with mothers and fathers and how they impact youth’s internalizing symptoms with the specific type of negative cognition, body image, as a mediator.”	Longitudinal (2 waves over 2 years)	140
Wang (2014)	et al.	<i>Child Development</i>	“To examine trajectories across middle and high school, linking the trajectories to adolescent outcomes, and determining how ethnicity, SES, and parental warmth moderate these relations.”	Longitudinal (over 2 years)	1090 (at wave 3 of 3, 78% of original sample)

7.7 Appendix G. Overview of outcomes measured and instruments used

	Measured outcome	Instrument used	Reported by
Suizzo et al. (2017)	1. Grades	1. School	1. Teachers
	2. Parental warmth	2. Memories of Parents Questionnaire (Muris et al., 2003)	2. Child
	3. Optimism	3. Youth Life Orientation Test (Ey et al., 2015)	3. Child
	4. Academic self-efficacy in Language Arts (and Maths)	4. Adapted from Patterns of Adaptive Learning Questionnaire (Midgley et al., 2000)	4. Child
Smokowski et al. (2017)	1. Microsystem Proximal Processes that result in protective factors:		
	1a. School satisfaction	1a. Seven-item school satisfaction scale (from the School Success Profile [SSP] by Bowen and Richman, 2008)	1a. Child
	1b. Ethnic identity	1b. Six-item revised Multigroup Ethnic Identity Measure (Phinney, 2007)	1b. Child
	1c. Religious orientation	1c. Three-item Religious Orientation scale (SSP, Bowen and Richman, 2008)	1c. Child
	1d. Discrimination experiences	1d. Three-item Perceived Discrimination scale (Gill and colleagues, 1994: 1996; and 2000)	1d. Child
	2. Microsystem Social Support: 2a. Parent support	2a. Five-item Parent Support scale (SSP, Bowen and Richman, 2008)	2a. Child
	2b. Teacher support	2b. Eight-item Teacher Support scale (SSP, Bowen and Richman, 2008)	2b. Child
	3. Stressful Microsystem Conflicts:		
	3a. Parent-child conflict	3a. 10 of the 20 items from the Conflict behaviour Questionnaire (Prinz et al., 1979)	3a. Child
	4. Depressive symptoms	4. Four items from the SSP (Bowen and Richman, 2008)	4. Child
5. Self-esteem	5. Adapted from Rosenberg Self-esteem scale (1965)	5. Child	
Scott et al. (2016)	1. Three dimensions of QL:		
	1a. Physical health-related QL	1a. Physical health QL scale	1a. Child
	1b. Psychological health-related QL		1b. Child

			1c. Self-esteem 2. Family cohesion 3. Parental nurturance	1b. Psychological health QL scale (mixture of emotional, social and school subscales) (both from Varni et al, 2001) 1c. Self-perception profile for children (Harter 1983) 2. Family cohesion scale (Olson, 1985) 3. Maternal and Paternal subscales from Berne's Parental Nurture scale (1987)	1c. Child 2. Parents 3. Child
Leidy (2011)	et al.	al.	1. Marriage quality 2. Parent acceptance, rejection and consistent discipline 3. Parental monitoring 4. Parental involvement 5. Adolescent internalizing and externalizing behaviours 6. Positive behaviours 7. Adolescent sociometrics 8. Adolescent depression 9. Adolescent anxiety	1. 6 items from Johnson et al. (1986) 2. Adapted version of Child's Report on Parental Behaviour Inventory (Teleki et al., 1982) 3. Six item adapted from Stattin and Kerr (2000) 4. Five questions from Coltrane et al. (2004) 5. Behaviour Problem Index (NSLY, 1979) 6. 10 item scale based on Quint et al. (1997) 7. Three sociometric items 8. Child depression inventory (Kovacs, 1992) 9. Revised Children's Manifest Anxiety Scale (Reynolds & Paget, 1982; 1983)	1. Parents 2. Parents and child 3. Parents and child 4. Parents and child 5. Teachers 6. Parent 7. Teachers 8. Child 9. Child
Kolarcik (2015)	et al.	al.	1. Perceived discrimination 2. Self-rated health 3. Perceived social support from mother, father and significant others 4. Hopelessness 5. Social desirability	1. An item adopted from the IRSD questionnaire (Zhang et al., 2000) 2. One item from the SF-36 questionnaire (Ware & Sherbourne, 1992) 3. Adapted items from Spouse/Partner perceived social support subscale (Turner & Marino, 1994) 4. Adapted from Hopelessness Scale for Children (Kazdin et al., 1983) 5. The Social Desirability Response Set (Hays et a., 1989)	1. Child 2. Child 3. Child 4. Child 5. Child

Khafi (2014)	et al.	<ol style="list-style-type: none"> 1. Parentification 2. Child psychopathology: <ol style="list-style-type: none"> 2a. Child reports of depressive symptoms 2b. Maternal report of child externalizing symptoms 3. Parent-child relationship quality: <ol style="list-style-type: none"> 3a. Child report of parent-child relationship quality 3b. Maternal report of parent-child relationship quality 	<ol style="list-style-type: none"> 1. Child Caretaking Scale (Baker & Tebes, 1994) 2a. Children's Depression Inventory (Kovacs, 1992) 2b. Behavioural assessment System for Children and Adolescents [BASC] (Reynolds & Kamphaus) 3a. Relations with Parents subscale from BACS Self-Report of Personality (Reynolds & Kamphaus) 3b. Involvement scale of the Parent-child Relationship Inventory (Gerard, 1994) 	<ol style="list-style-type: none"> 1. Child 2a. Child 2b. Mother 3a. Child 3b. Mother
Eisman (2015)	et al.	<ol style="list-style-type: none"> 1. Depressive symptoms 2. Mother support 	<ol style="list-style-type: none"> 1. Six items from the Brief Symptom Inventory (Derogatis & Spencer, 1982) 2. Five items from The Perceived Social Support-Family Scale (Procidano and Heller 1983) 	<ol style="list-style-type: none"> 1. Child 2. Child
Dimitrova (2014)	et al.	<ol style="list-style-type: none"> 1. Collective Identity 2. Well-being 	<ol style="list-style-type: none"> 1a. Bulgarian Mainstream Identity Scale (created by the authors) 1b. Roma Ethnic Identity Scale (unclear origin) 1c. Familial Identity Scale (unclear origin) 1d. Religious Identity Scale (unclear origin) 2. Satisfaction with Life Scale (SWLS), Diener et al, 1985 	<ol style="list-style-type: none"> 1a. Mother and child 1b. Mother and child 1c. Mother and child 1d. Mother and child 2. Mother and child
Dimitrova (2015)	et al.	<ol style="list-style-type: none"> 1. Ethnic identity 2. Life Satisfaction 	<ol style="list-style-type: none"> 1. Multi-Ethnic Identity Measure [MEIM] (Phinney, 1992) 2. Satisfaction with Life Scale (SWLS) (Diener et al., 1992) 	<ol style="list-style-type: none"> 1. Parents and child 2. Parents and child
Dimitrova (2018)	et al.	<ol style="list-style-type: none"> 1. Ethnic socialization 2. Ethnic identity 3. Life satisfaction 4. Perceived School achievement 	<ol style="list-style-type: none"> 1. Adapted from the Teenager Experience of Racial Socialization Scale (Stevenson et al., 2002) 2. Multigroup ethnic Identity Measure (MEIM, Phinney 1992) 3. Satisfaction with life scale [SWLS] (Diener et al., 1985) 4. Single-item measure (authors' own) 	<ol style="list-style-type: none"> 1. Child 2. Child 3. Child 4. Child

Carter (2014)	et	al.	<ol style="list-style-type: none"> 1. Internalizing symptoms 2. Body Image 3. Mother and Father attachment 	<ol style="list-style-type: none"> 1. Youth Self Report (Achenbach, 1991) 2. Two subscales from the Multidimensional Body-Self Relations Questionnaire (Cash & Grasso, 2005) 3. The mother and father versions of Swanson's Child-Parent Rating Scale (1950) 	<ol style="list-style-type: none"> 1. Child 2. Child 3. Child
Wang (2014)	et	al.	<ol style="list-style-type: none"> 1. Problem behavior 2. Depressive symptoms 3. Parental involvement in education 4. Parental warmth 	<ol style="list-style-type: none"> 1. Five items based on Elliot, Huizinga and Menard, 1989 2. Based the Children's Depression Inventory (Kovacs, 1992) 3. Based on Family Management Study items (Furstenberg, Cook, Eccles, Elder & Sameroff, 1999) 4. Four items from the Family Management Study 	<ol style="list-style-type: none"> 1. Child 2. Child 3. Parent 4. Parent
