

ORIGINAL ARTICLE

The antecedents of well-being in first-generation migrant children: A systematic review

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Abstract

Migrant children's well-being has emerged into the spotlight of academic literature and policy-makers in recent times. This systematic review is aimed at analysing the publication trends on the topic and at synthesising the available evidence on the antecedents of well-being of first-generation international migrant children. Systematic searches of primary studies were conducted in 18 databases using search terms related to migration, childhood and well-being. Three rounds of screening and data extraction, researchers' full agreement and the inclusion criteria produced 39 eligible studies. Critical appraisal of results revealed a fragmentation in the literature, the evidence available being mostly descriptive and focused on involuntary migrants settled in Western countries. A bias across publications overlooking younger migrant children was unveiled. The compartmentalisation of the evidence hindered an understanding of the magnitude of the different effects of migration on well-being. Antecedents of well-being have been documented as factors fostering and hindering well-being. Important gaps in literature and key antecedents of well-being have been uncovered for voluntary and involuntary migrant children. These findings show limitations in the available evidence pointing to specific

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suggestions for future research that should help improve interventions at the social and individual levels.

KEYWORDS

asylum seeker, child well-being, migrant children, refugee, systematic review

INTRODUCTION

Child migration is becoming a topic of increasing interest and a political priority due to the significant growth of this population in migratory flows and to the factors that stratify their well-being opportunities and outcomes: Conditions like the developmental stage of children or the uneven access to rights and opportunities related to their legal status, and some risks of migration, such as unsafe journeys, family separation or xenophobia, make of migrant children one of the most vulnerable populations worldwide (Schumacher et al., 2019). Thus, migration impacts children's well-being through their exposure to diverse risks and opportunities during their journey, once they settle in the country of destination and later in their integration processes (Beck & Tienda, 2012). The effects of migration on well-being have been widely studied in adult migrant populations (Gatrell, 2011; Helliwell et al., 2018); however, only a few studies have provided evidence on the antecedents and outcomes of well-being in the case of migrant children (Adserà & Tienda, 2012; McCarthy & Marks, 2010). This fact requires considering international migrant children as a heterogeneous population with very specific needs depending on migration circumstances (Adserà & Tienda, 2012). The literature still needs to identify the antecedents of well-being across migrant children, accommodating the notion of child well-being as a holistic, multi-dimensional and dynamic outcome, relative to the child's appropriate development (Minkinen, 2013).

Policy-makers and public administrations have given priority to the safeguarding of these children's rights, needs, equal opportunities and social inclusion, more so after the so-called 'migratory crisis' of 2015 (You et al., 2018). Hence, reliable information about the conditions in which children grow and how they differentially affect their well-being is necessary, not only to unfold the relationship between migration and well-being in children but also to better inform evidence-based policy-making, health promotion and interventions by professionals and influential stakeholders (WHO Regional Office for Europe, 2018).

The purpose of this article is to gather peer-reviewed, relevant and updated literature exploring the effects of international migration on the well-being of migrant children. The results will lead to the collection of combined evidence adopting a broader approach on the antecedents of well-being previously identified in the literature.

Background

Addressing migrant children's well-being implies considering their capabilities in accordance with their age and their engagement with the world in child-appropriate ways (Raghavan & Alexandrova, 2015). International definitions consider a child to be 'every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier' (UNHCR, 1989) and 'migrant' as an umbrella term refers to 'a person who moves away from his or her place of usual residence' (IOM, 2019). Under these broad definitions, different profiles can be identified depending on (a) the circumstances of migration (Adserà & Tienda, 2012)—children can be travelling with their parents or guardians (family

migration), with other non-related adults (separated children) or alone (unaccompanied children)—(b) their legal status (Adserà & Tienda, 2012)—they can enter the host country regularly (short- or long-term permit) or irregularly (undocumented), or be unable to return to their home country because of persecution (asylum seekers and refugees)—and (c) their country of birth (Rumbaut, 2004)—they can be considered first generation if they reside in a country other than their country of birth or second generation if they were born in the host country and at least one of their parents is not.

These circumstances affect migrant children's well-being. For instance, processes of discrimination and barriers to integration can negatively influence the well-being of migrant children (Perreira & Ornelas, 2011). Chang (2019) showed that social determinants of health, such as an effective access to health care systems, poverty, education, housing issues, legislation or social attitudes towards migration, lead to health and well-being disparities between migrant children and natives. Moreover, Behtoui (2019) showed that migrating while being still a child affects the processes of socialisation and identity construction, as well as experiences of belonging and social well-being.

Despite this evidence, there are still some gaps in the literature. On the one hand, the quantitative data available on migrant children and well-being are limited, lacking in particular disaggregated data on age, gender, disability, ethnicity, migration status, etc. (You et al., 2018). Such data limitations make it very difficult to identify antecedents and change mechanisms of well-being in such a heterogeneous population (Benninger & Savahl, 2017; Curtis et al., 2018). On the other hand, the available qualitative data can provide a holistic scope of relevant topics in the experiences of children. Still, due to the nature of the method, these findings are specific to contexts and cannot be extended to larger populations (Creswell & Poth, 2018).

It is yet unclear how these two fragmented bodies of evidence can be connected to inform the development of more holistic interventions to promote well-being in migrant children. Therefore, our research questions are as follows: Where and how is the topic of well-being in migrant children covered in the relevant literature? And which are the antecedents of well-being identified so far in the literature of migrant children?

METHOD

This systematic review was conducted following the procedure for the search and selection of studies set in the PRISMA guidelines (Moher et al., 2009) and Cochrane (Higgins et al., 2019).

Eligibility criteria

The review includes updated peer-reviewed full-text papers (journal articles, thesis dissertations and conference proceedings) written after the United Nations Convention on the Rights of the Child (UN-CRC) (1989). The Convention represented a landmark in the international commitment to ensure necessary protection and care for children's well-being. The criteria for inclusion that determined the eligibility of studies were the design employed, the type of participants and the specific outcomes considered. Hence, this systematic review covered primary research studies involving first-generation international migrant children (from 0 to 18 years), whether voluntary or involuntary, that measure their well-being outcomes through diverse methodologies (qualitative, quantitative and mixed methods). Hereafter, asylum seeking or refugee children will be referred to as 'forced or involuntary first-generation migrant children' and the term of 'migrant children' will be used to designate generally all other voluntary first-generation migrant children.

Studies deemed to be eligible had to be child-centred, focussed on their well-being and must contain primary data on children. Studies about returned migrant children, left-behind children, international adoptees or in which the generational background of migrant children and/or their sociodemographic variables were unclear, were excluded.

Non-randomised studies were included based on the need to address children's experiences, the long-term effects of migration on their well-being and the population-level conditioners (e.g. legislation) that influence migrant children and cannot be randomised. Hence, eligible studies needed to be able to establish clear relationships between antecedents and empirical well-being outcomes. The PROGRESS-Plus framework (Oliver et al., 2008) guided the identification of key characteristics that might stratify well-being outcomes in the selected studies. The acronym 'PROGRESS' describes the factors of place of residence, race/ethnicity, occupation, gender, religion, education and socio-economic status and the 'Plus' refers to the additional factors of social capital, age, disability and sexual orientation (O'Neill et al., 2014). When available, these factors are collected for further analysis as personal or contextual characteristics that could generate disadvantages in well-being.

Information sources

An interdisciplinary selection of 16 bibliographic databases, one register of randomised controlled trials and two grey literature databases were selected, to reduce the risk of publication bias and to maximise the identification of relevant evidence. The review covered searches throughout Academic Search Complete, APA PsycInfo, CENTRAL, CINAHL, Complementary Index, DART, Directory of Open Access Journals (DOAJ), ERIC, MEDLINE, ProQuest, PsychArticles, Psychology and Behavioral Sciences Collection, ScienceDirect, SCOPUS, SocINDEX with Full Text, Sociology Database, Supplemental Index, Worldcat and Web of Science Core Collection.

Search procedure and data collection

The search strategy (see Annex A in Supporting Information) combined the following Boolean terms (in English) in the title, abstract or key words regarding migrant children (child* OR adolesc* OR teenager; *migrant OR refugee OR asylum seek*) and well-being (wellbeing OR well-being). Three rounds of searches were conducted by one reviewer who screened titles and abstracts, compiling records for inclusion. After these rounds, the sample was checked by two additional researchers finally including those records that met with the full agreement of the team. One reviewer carried out a full-text screening. Quality assessment and data extraction were performed by one reviewer and checked by two additional reviewers, with discrepancies resolved through discussion.

Data about publication trends and methodologies were extracted and synthesised considering the relevant axes of analysis for the research questions, including the country of destination, the country of origin when available, the age of the children, gender, methods and relevant outcomes and, when specified, whether the children belong to a specific profile of involuntary migrants (asylum seekers or refugees). Data about other relevant characteristics that can lead to socially stratifying effects were also extracted taking into account PROGRESS-Plus considerations (O'Neill et al., 2014).

The method for the analysis of antecedents of well-being entailed a thematic synthesis using NVivo11 software (Thomas & Harden, 2008). This method comprises three stages: (a) the identification, codification and categorisation of variables related to or affecting the well-being of migrant children, (b) the generation of descriptive themes that aggregate the categorised variables capturing their

meaning in a synthetic topic and (c) the generation of analytical themes that structure the descriptive themes adding a new layer of meaning. Analytical themes are therefore key synthetic dimensions that allow interpreting the original primary findings from diverse types of evidence (qualitative, quantitative and mixed methods) to answer our research questions.

Quality assessment

To identify strengths and limitations of the selected primary studies, a quality assessment was made following the Mixed-Methods Appraisal Tool (MMAT) version 2018 (Hong et al., 2018). A rating matrix was built (see Annex B in Supporting Information) including all papers with the MMAT quality criterion across different methodologies. Scores ranging from 1*(weak) to 4*(strong) were inspired by previous reviews carried out with similar population (Curtis et al., 2018).

RESULTS

The search parameters produced 1527 records of peer-reviewed papers published from 1989 to September 2020 and accessible in full-text. Duplicated articles were excluded automatically. The complementary use of the snowball sampling method for referenced articles and previous literature led to the inclusion of 312 additional records. An initial assessment of these 1839 eligible papers was made by screening the title and abstract of the studies. After examination, only 153 records were found to meet the inclusion criteria. A full-text assessment of these 153 records was performed, leading to the final inclusion of 39 studies for synthesis (Figure 1).

All records obtained presented a quality score in MMAT of 4* except two that obtained a high score of 3*, indicating an appropriate approach to addressing the research questions, adequate collection of data and coherence between data collection, analysis and final interpretation (see Annex B in Supporting Information).

Publication trends and methodological approaches covered in the literature

Regarding where and how relevant studies about this topic are published, results highlight a multi-disciplinary interest in the subject. The 37 journals included had a scope focused on public health, development, medicine, psychology and, to a lesser extent, social sciences (see Annex C in Supporting Information).

Overall, the studies included were all journal articles, except for one conference paper (Binstock & Cerrutti, 2016), and they analyse different profiles of migrant children: asylum seekers ($n = 6$), refugees ($n = 20$) and voluntary migrants ($n = 13$). More than half the studies ($n = 25$) were published between 2015 and 2020, and those conducted with involuntary migrant children ($n = 26$) were twice as many as those with voluntary migrants ($n = 13$) (Figure 2).

All studies took place at the destination countries, of which the majority ($n = 34$) were Western countries, with only five in non-Western contexts (Lebanon, Ethiopia, Bangladesh). The United Kingdom was the country accounting for the most studies ($n = 9$), including the three profiles of migrant children. This was followed by Australia ($n = 6$), where studies involved only involuntary migrants (refugees and asylum seekers) (see Annex C in Supporting Information).

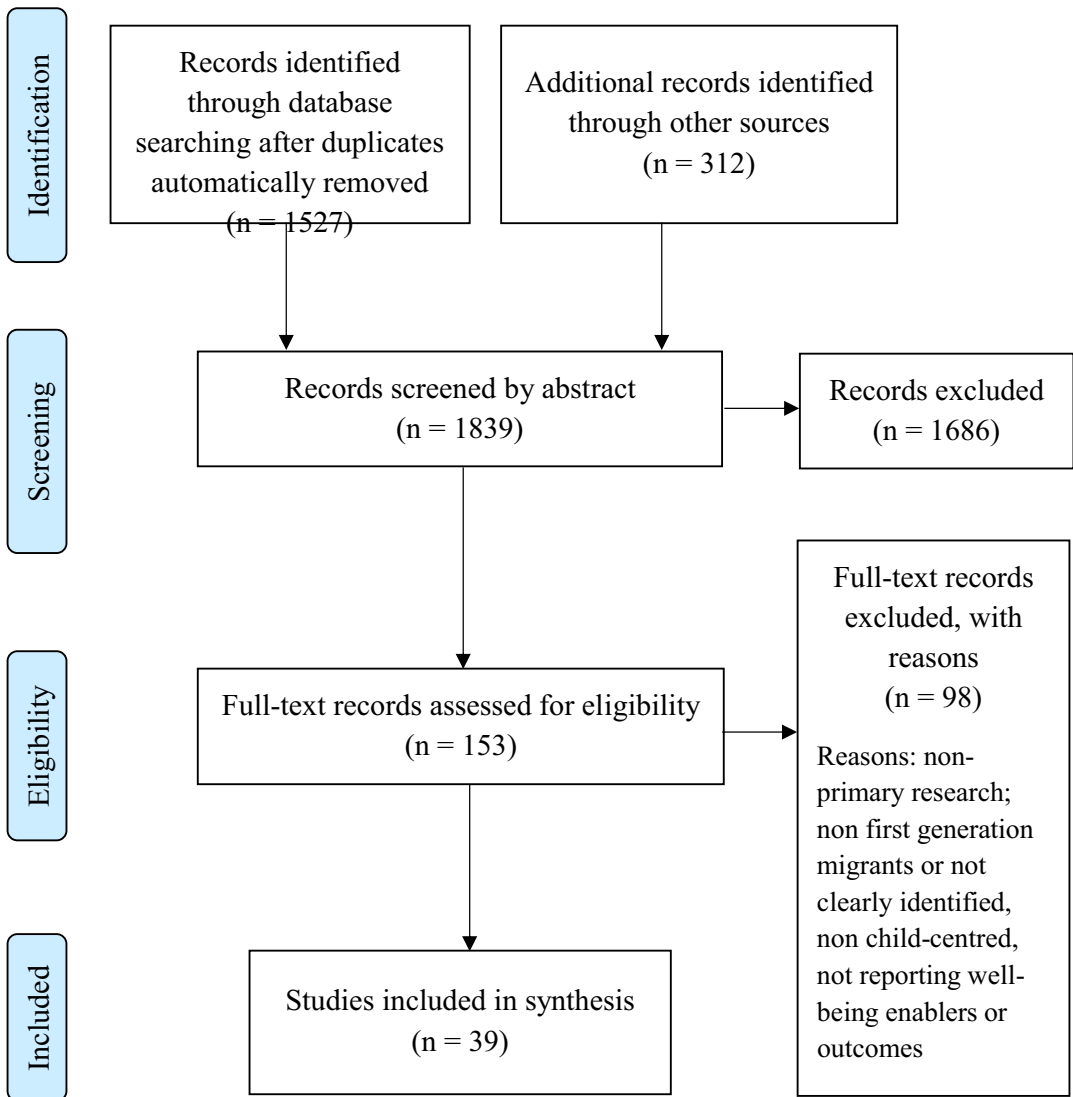


FIGURE 1 PRISMA diagram of study flow (Moher et al., 2009)

[Colour figure can be viewed at wileyonlinelibrary.com]

A compartmentalisation of the literature by migrant profiles depending on the country of destination has been revealed. Developed countries from Europe and Northern America (Table 1) tend to include profiles of voluntary and involuntary migrants while non-Western countries cover only involuntary migrants. Specifically, studies with forced migrants in non-Western countries tend to include topics less salient or even uncovered in the case of other voluntary migrants (e.g. trauma, health promotion needs and detention experiences) (Correa-Velez et al., 2010, 2015; Khawaja et al., 2017; McMichael et al., 2011; Zwi et al., 2017, 2018).

Most of the studies applied either quantitative ($n = 20$) or qualitative ($n = 11$) methodologies with only eight studies applying mixed methods. Descriptive and cross-sectional designs accounted almost for nearly half the included papers ($n = 16$). All the profiles of migrant children have been studied from all the methodological approaches (Table 2).

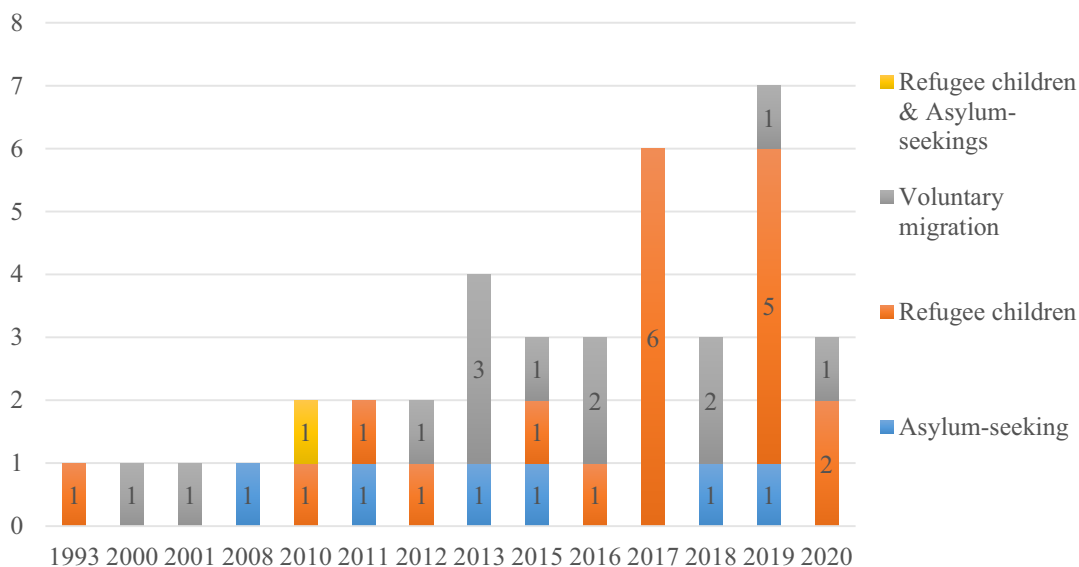


FIGURE 2 Overview of publication chronology of the selected papers with specification of profiles of migrant children included in the study [Colour figure can be viewed at wileyonlinelibrary.com]

TABLE 1 Amount of studies by region and migration profile

UN region	Population in the study				Total
	AS	RC	RC and AS	VM	
Latin America and the Caribbean				1	1
Oceania	1	5			6
Central and southern Asia		1			1
Sub-Saharan Africa		1			1
Northern Africa and Western Asia		3			3
Europe and Northern America	5	9	1	11	26
Multi-region				1	1
Total	6	19	1	13	39

Abbreviations: AS, asylum seekers; RC, refugee children; VM, voluntary migrants.

Antecedents of well-being

A total of 13 descriptive themes and two analytical themes or dimensions emerged in the analysis. Descriptive themes represent the main aggregated topics emerging from the primary variables identified in the papers' results, whereas analytical dimensions represent axes relevant to structure the antecedents of well-being from an applied perspective, pointing to processes (fostering vs. hindering factors) and to ecological levels (intrapersonal, interpersonal and external factors) (Table 3).

Results are presented below in the form of a narrative review organised around the two main analytical dimensions. Due specification is made when factors have been identified only with refugee and/or asylum-seeking children.

TABLE 2 Methodologies and designs in the selected papers by profile of migrant children

Methodology and design	Population in the study				Total
	AS	RC	RC and AS	VM	
Mixed methods	2	4	1	1	8
Convergent design	1	2	1	1	5
Sequential explanatory design		2			2
Sequential exploratory design	1				1
Qualitative	2	4	0	5	11
Case studies	2	2	0	3	7
Narrative design				1	1
Qualitative description design		2			2
Qualitative exploratory design				1	1
Quantitative	2	11	0	7	20
Cohort study	1	1	0	0	2
Cross-sectional designs	0	2	0	4	6
Longitudinal designs		1			1
Quantitative descriptive designs		5		3	8
Quasi-experimental design	1	1			2
Randomised cluster trials		1			1
Total	6	19	1	13	39

Abbreviations: AS, asylum seekers; RC, refugee children; VM, voluntary migrants.

TABLE 3 Matrix of analytical themes containing the resulting descriptive themes

Systemic levels	Process factors	
	Fostering well-being	Hindering well-being
Intrapersonal	Personal factors	Mental health Victimisation
Interpersonal	Positive relationships Educative experience Positive family life Cultural openness	Migration challenges Family challenges Isolation, loneliness and detachment
External	Health promotion Leisure activities	Limited access to rights

Note: External level refers to community, institutions and public policy. These represent a level of intergroup interactions that indirectly affect the child even if he/she does not participate directly in them.

Factors fostering well-being

At the intrapersonal level, personal features emerged as important to foster well-being in 13 papers about both voluntary and involuntary migrant children. Coping strategies appeared in several cases as key (Brabant et al., 2016; Chase, 2013; McCarthy & Marks, 2010; Mels et al., 2008; Mohamed & Thomas, 2017), as well as identity (Chase, 2013; Correa-Velez et al., 2015) and personal traits such

as self-esteem (Samara et al., 2020; Schwartz et al., 2015), resilience or self-reliance (Bartlett et al., 2017; Mels et al., 2008). In this respect, the sense of control appeared only as a personal trait relevant in refugee children's articles (Correa-Velez et al., 2010). Some demographic variables such as the age of arrival, gender or the country of origin emerged as relevant as well (Closs et al., 2001; DeJong et al., 2017; Hernando et al., 2013; Samara et al., 2020).

At the interpersonal level, factors comprising direct interactions of children with their social context emerged. In this regard, 15 studies cited the theme of positive relationships as fostering the well-being of all migrant children (Bartlett et al., 2017; Buchegger-Traxler & Sirsch, 2012; Burgos et al., 2019; Closs et al., 2001; Correa-Velez et al., 2015; DeJong et al., 2017; Deveci, 2012; Ekblad, 1993; Hamilton, 2013; Khawaja et al., 2017; Kneer et al., 2019; McCarthy & Marks, 2010; McMichael et al., 2011; Metzler et al., 2019; Samara et al., 2020). Other peers and the teachers in the school context were the main figures cited as fostering social well-being (Correa-Velez et al., 2015; DeJong et al., 2017; Deveci, 2012; Ekblad, 1993; Hamilton, 2013; Khawaja et al., 2017; Kneer et al., 2019; McCarthy & Marks, 2010; McMichael et al., 2011; Samara et al., 2020). In one of these articles dedicated to asylum seekers and refugees, stable settling made it easier for the children to cultivate positive relationships, mentioning variables like not having moved in the last year (Correa-Velez et al., 2015). The theme of a positive educative experience found a place in 14 of the papers reviewed. A self-perceived good performance, previous schooling, engaging and succeeding in learning or motivation to study were identified as variables providing a sense of belonging to all migrant children (Bartlett et al., 2017; Deveci, 2012; Khawaja et al., 2017; Kneer et al., 2019; McCarthy & Marks, 2010; McMichael et al., 2011; Mohamed & Thomas, 2017; Roupetz et al., 2020).

The theme of a positive family experience appears in four papers being a key element for the well-being of migrant children. Parental monitoring (Buchegger-Traxler & Sirsch, 2012), living with parents at home, having positive feelings about home (Correa-Velez et al., 2010), having an optimistic mother (Ekblad, 1993) and meeting the family's basic needs (Pejic et al., 2017) were related to better outcomes in well-being.

Lastly, the theme 'openness to cultural diversity', manifested in integration practices such as sharing languages, religious communities or openness to peers of the host society in home, is also present as factors fostering the well-being of all migrant children in four of the papers (Bartlett et al., 2017; Brabant et al., 2016; Buchegger-Traxler & Sirsch, 2012; Hamilton, 2013).

At an external level, the emerging themes referred to relationships with organisations and communities. In this regard, preventive interventions tackling health promotion needs emerged in four of the articles dedicated solely to refugee and asylum-seeking children. Participants in the studies benefited from having access to psychological treatment for traumatic experiences, grieving and uncertainty about their personal situation and the future (Foka et al., 2020; McCarthy & Marks, 2010; Pejic et al., 2017). The family turned out to be key for the engagement of children in health promotion programmes (Pejic et al., 2017).

Finally, leisure activities were cited in three papers as important for all voluntary and involuntary migrant children to enjoy and feel positive emotions. Concretely, media usage, after-school activities or access to sports were the factors highlighted in the studies (Brabant et al., 2016; Closs et al., 2001; Kneer et al., 2019; Metzler et al., 2019).

Factors hindering well-being

At the intrapersonal level, mental health issues have been pointed out in 12 papers as hinderers of well-being (Brabant et al., 2016; Buchegger-Traxler & Sirsch, 2012; Chase, 2013; Closs et al., 2001;

DeJong et al., 2017; Deveci, 2012; Ekblad, 1993; Gatt et al., 2020; Groark et al., 2011; Hamilton, 2013; Kronick et al., 2015; Liebkind & Jasinskaja-Lahti, 2000; Lincoln et al., 2016; Mohamed & Thomas, 2017; Roupetz et al., 2020; Zwi et al., 2018). Particularly among asylum seekers and refugee children, detention experiences have been described as having a negative impact on the mental health of children not only in the short term (acute stress symptoms) but also in the middle and long terms, leading to more social, emotional and behavioural difficulties (DeJong et al., 2017; Zwi et al., 2018). Related to this, the specific theme of past victimisation experiences emerged as relevant in nine studies with involuntary migrants, considering prior negative experiences at school or during migration, traumatic experiences, exposure to war, violence or discrimination, unsafety feelings (intersecting with gender), etc. (Bartlett et al., 2017; Betawi, 2019; Correa-Velez et al., 2010, 2015; Deveci, 2012; Ekblad, 1993; Lincoln et al., 2016; Mohamed & Thomas, 2017; Roupetz et al., 2020).

At the interpersonal level, the discrimination and the loneliness derived from the experience of being a migrant were the most cited themes hindering well-being. For instance, in nine studies carried out in educational contexts, many forms of discrimination and social comparisons appeared together with identifying themselves as different, feeling isolation and the pressure to assimilate (Binstock & Cerrutti, 2016; Borraccino et al., 2018; Brabant et al., 2016; Buchegger-Traxler & Sirsch, 2012; Closs et al., 2001; Gatt et al., 2020; Hjern et al., 2013; Liebkind & Jasinskaja-Lahti, 2000; Schwartz et al., 2015). Additionally, the lack of information and arriving at older age were cited as variables with negative effects for all migrant profiles (Binstock & Cerrutti, 2016; Ekblad, 1993; Hamilton, 2013; Samara et al., 2020). Findings on longer lengths of stay are inconclusive, including both negative (Binstock & Cerrutti, 2016; Ekblad, 1993) and positive effects (Correa-Velez et al., 2015; Liebkind & Jasinskaja-Lahti, 2000). This seems to vary depending on length of periods considered, contexts and ages of arrival, and two distinct mechanisms seem to be at play: facilitation of positive relationships on the one hand, and exposure to discrimination and pressure to assimilate on the other hand.

In the family context, variables related to the challenges of migration such as parents struggling to overcome socio-economic hurdles, downward social and work status or conflicts to achieve a work-life balance, are cited in two studies as generating a feeling of detachment in children (Correa-Velez et al., 2010; Hamilton, 2013). Additionally, variables such as parental separation, inter-generational conflict in bi-cultural family units (Ekblad, 1993; Hamilton, 2013; Liebkind & Jasinskaja-Lahti, 2000), cultural dissonance (Closs et al., 2001) and changes in the family structure (Hamilton, 2013; McMichael et al., 2011) were cited hinderers of the well-being of children related to the migration experience of children.

Finally, at the external level, the theme of limited access to rights, affected by the legal status of migrants in the host country, emerged as an important factor hindering the well-being of children in 13 studies (Borraccino et al., 2018; Chase, 2013; Correa-Velez et al., 2010, 2015; DeJong et al., 2017; Deveci, 2012; Ekblad, 1993; Hamilton, 2013; Liebkind & Jasinskaja-Lahti, 2000; McCarthy & Marks, 2010; Mohamed & Thomas, 2017; Zwi et al., 2018). Two studies carried out with refugee children cited low access to reproductive information and health services and, in some cases, low access to education and employment (McCarthy & Marks, 2010; Roupetz et al., 2020).

Risk of bias across studies

Most of the studies collected data on adolescents only, leading to a significant bias. Merely five out of the 39 studies focused on school-age children (7–13 years old) (DeJong et al., 2017; Ekblad, 1993;

Foka et al., 2020; Pejic et al., 2017; Sadownik, 2018) and only five studies included children from 0 to 18 years (Betawi, 2019; Binstock & Cerrutti, 2016; Kronick et al., 2015; Zwi et al., 2017, 2018). The few studies involving children of different age ranges did not provide a differentiated approach depending on the children's developmental stage. Comparisons in outcomes were made irrespective of qualitative differences between infants, preschool children, school-aged children and teenagers.

DISCUSSION

This paper examined the publication trends, methodologies and factors fostering and hindering well-being in the relevant empirical literature about first-generation migrant children. This scoping work has served to identify gaps for future research in the coverage of current literature and the antecedents of well-being in first-generation migrant children. A publication bias by the age of children was clearly perceptible, indicating areas for future research such as including younger children in the studies, methodologies adapted to their developmental stages, or comparisons between younger and older children.

The results point to an increasing concern about migrant children's well-being in the last few years in academic research, with many recent papers published about this topic (Betawi, 2019; Burgos et al., 2019; Foka et al., 2020; Gatt et al., 2020; Khan et al., 2019; King & Said, 2019; Kneer et al., 2019; Metzler et al., 2019; Roupetz et al., 2020; Samara et al., 2020). This interest seems to be larger for the specific population of involuntary migrant children (refugees and asylum seekers) and not for other voluntary migrants. Most of the studies of the last decade are dedicated to the so-called 'refugee crisis' of 2015 and cover three of the populations most affected by civil wars and ethnic persecution (Syrian, Sudanese and Rohingya children). These populations are currently among the five origin countries producing two-thirds of the refugees worldwide (UNHCR, 2020). Besides, the articles exploring the well-being of voluntary migrant children relate to traditional destinations for migrants in Western countries, even though non-Western regions such as Asia (60%) and Africa (20%) host three out of every five child migrants in the world (UNICEF, 2019). This compartmentalisation prevents a transversal perception of how the common experience of migration affects the well-being of all migrant children, leading to partial representations of each profile of migrants, focused on different topics and contexts.

The studies' designs are mostly quantitative and, to a lesser extent, qualitative and mixed methods. Due to this very reason, the mixed evidence obtained did not allow either estimating the magnitudes of the effects or clarifying change mechanisms or causal relationships that impact well-being outcomes. However, it did allow identifying a holistic pool of antecedents of well-being for migrant children. The two resulting analytical themes served to stratify process factors fostering or hindering well-being at three ecological levels based on the degree of interaction of children with their more proximal or distal context. These premises are in tune with previous studies from a macro perspective (Byrne, 2018), ecological developmental approaches (Minkinen, 2013; Raghavan & Alexandrova, 2015) and the eudaimonic tradition of well-being (Ryan & Deci, 2001).

Factors fostering well-being identified intrapersonal variables that seemed to protect children from the personal risks derived from migration and integration processes, suggesting opportunities for capacity and resilience building in proximal contexts. The school and family are precisely the main contexts where the children's sense of belonging and supporting networks are developed. Leisure activities and health promotion in other external contexts also fostered the well-being of children. Future randomised control trials and comparative studies could be done in order to assess

these variables' contribution in interventions addressing the well-being of voluntary and involuntary migrant children.

Factors hindering well-being emerged too at all levels. The risk to suffer discrimination and victimising experiences, that have negative consequences on the mental health of children, emerged as a key issue. This risk seemed to vary depending on the length of stay, although mediated by the age of arrival, contextual aspects and the changing demands during migration and integration for the different profiles of children. At interpersonal and external levels, socio-cultural understandings of health, migration and childhood in the host society shape the conditions that may produce well-being hazards. In particular, limited access to rights and services of children and their families, based on their legal status, notably hindered children's well-being.

However, still few studies cover other possible needs related to cultural meanings, so future research should include more ethnographic studies about the relevant role that culture plays in health and health-related behaviours of migrant children.

CONCLUSIONS

Our literature review outlined only 39 primary studies addressing the well-being of first-generation migrant children. The results uncovered important gaps in current literature and a fragmentation in evidence that hinders the development of future holistic interventions. An analysis of the antecedents of the well-being of migrant children in the selected studies identifies factors at interpersonal, intrapersonal and external levels fostering and hindering well-being outcomes of children; however, the mixed evidence obtained made impossible to carry out a further quantitative meta-analysis on the magnitude effects and causal mechanisms involved in these effects.

Several suggestions for future research emerge from the evidence obtained. Firstly, conducting more studies to connect the fragmented evidence of the literature is necessary. In particular, there is a need to test qualitative findings in quantitative studies capable of identifying clearer cause-effect relationships between variables as well as change mechanisms. Randomised control trials and comparative studies would significantly contribute to better assess the effects of migration on the well-being of these children. Second, different profiles of migrant children need to be further explored and connected within this body of literature, including comparative studies across profiles. Third, more studies about international migration within Asia or Africa are needed to address the effects of international migration on the well-being of children in non-Western countries, exploring other possible needs of children, as well as comparative studies with more traditional Western countries. Fourth, future research needs to address the well-being of migrant children from an agreed perspective: though many different measures are expected to reflect well-being, no study (to our knowledge) has clearly pointed to the best measures of the construct in terms of feasibility, validity or accessibility. Finally, reaching children at different developmental stages is necessary, as focusing on adolescence does not fully reflect the changes in the needs of children as they grow.

CONFLICT OF INTEREST

We have no conflicts of interest to disclose.

ETHICAL APPROVAL

Authors met the ethical guidelines including adherence to the legal requirements of the European Union.

DATA AVAILABILITY STATEMENT

Data available in article supplementary material.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section. Supplementary Material

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