


BMJ Open Understanding lived experiences and perceptions of resilience in black and South Asian Muslim children living in East London: a qualitative study protocol

Aisling Murray ¹, Faiza Durrani,² Ali Winstanley,^{3,4} Eleanor Keiller,¹ Patrisiya Ali Taleb,⁵ Shahlima Islam,⁶ Sevasti Foka,⁷ Maria Grazia Turri,⁸ Jennifer Y F Lau¹

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For numbered affiliations see end of article.

Correspondence to

Aisling Murray;
a.j.murray@qmul.ac.uk

ABSTRACT

Introduction It is important to promote resilience in preadolescence; however, there is limited research on children's understandings and experiences of resilience. Quantitative approaches may not capture dynamic and context-specific aspects of resilience. Resilience research has historically focused on white, middle-class Western adults and adolescents, creating an evidence gap regarding diverse experiences of resilience in middle childhood which could inform interventions. East London's Muslim community represents a diverse, growing population. Despite being disproportionately affected by deprivation and racial and cultural discrimination, this population is under-represented in resilience research. Using participatory and arts-based methods, this study aims to explore lived experiences and perceptions of resilience in black and South Asian Muslim children living in East London.

Methods and analysis We propose a qualitative study, grounded in embodied inquiry, consisting of a participatory workshop with 6–12 children and their parents/carers to explore lived experiences and perceptions of resilience. Participants will be identified and recruited from community settings in East London. Eligible participants will be English-speaking Muslims who identify as being black or South Asian, have a child aged 8–12 years and live in East London. The workshop (approx. 3.5 hours) will take place at an Islamic community centre and will include body mapping with children and a focus group discussion with parents/carers to explore resilience perspectives and meanings. Participants will also complete a demographic survey. Workshop audio recordings will be transcribed verbatim and body maps and other paper-based activities will be photographed. Data will be analysed using systematic visuo-textual analysis which affords equal importance to visual and textual data.

Ethics and dissemination The Queen Mary Ethics of Research Committee at Queen Mary University of London has approved this study (approval date: 9 October 2023; ref: QME23.0042). The researchers plan to publish the results in peer-reviewed journals and present findings at academic conferences.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The study will use embodied and qualitative research methods to provide insights into experiences and perceptions of resilience in a population typically excluded from resilience research.
- ⇒ Findings will be analysed through a socioecological lens to show the importance of a systems approach for supporting children's resilience.
- ⇒ The use of arts-based and participatory methods with children and parents/carers will provide a creative, accessible and participant-led approach to data collection and will allow for multiple informants' perspectives to be captured.
- ⇒ Excluding non-English speakers means we cannot compare the different experiences that they likely have compared with English-speaking individuals and families.

INTRODUCTION

Many children globally are considered 'at-risk' of failing to thrive due to chronic stressors occurring within families and the wider environment.^{1–3} Exposure to adversity in childhood can have lifelong effects on health and well-being.^{4 5} However, contrary to a 'monochromatic view'⁶ of children and families who experience social adversity as at-risk, many children who encounter adversity overcome this and experience healthy functioning due to protective characteristics, resources and support systems within their environments which promote resilience.^{7–9} Understanding what promotes resilience in children is essential for the development of evidence-based early intervention strategies.¹⁰

Despite conceptual differences,¹¹ most definitions of resilience within psychology capture the ability to overcome adversity and experience positive outcomes in spite of this adversity.¹² Definitions have evolved from viewing resilience as an inherent and stable

trait, such as Anthony and Cohler's 'invulnerable child',¹³ to recognising the socioecological dimensions of resilience as a dynamic relationship between individuals and their environments.¹² Accordingly, resilience is viewed by these theorists as a dynamic interactive process,¹⁴ or as "the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways".¹⁵ These more ecological definitions capture the multivariate, contextual and cultural dimensions of resilience.

One evidence gap in our understanding of resilience is how it is experienced in childhood. Most resilience research has focused on adult or adolescent resilience, usually as a response to trauma and other adversities.¹⁶ However, some key developmental tasks are likely unique or particularly pronounced in childhood, such as the development of emotional bonds with caregivers, meaning there are likely differences in resilience factors in children compared with adults and adolescents.¹⁰ There is an emerging need for research to examine socioecological factors in childhood, particularly given that children have less capacity to shape their environments compared with adolescents and adults.¹⁰ Understanding contextual risk and protective factors and resources from children's perspectives can inform prevention and early intervention strategies to support coping and healthy development in later life.²⁻³ Identifying socioecological factors is also empowering as it suggests that all individuals have the capacity to be resilient in resource-rich environments¹⁷—and that this capacity is not related to the presence or absence of inherent invulnerability.

To understand contextually and culturally relevant meanings of resilience, community-based research is needed to identify risk and protective factors which are relevant to communities from historically minoritised ethnic backgrounds, rather than relying on theory-driven surveys and measures designed for white, middle-class Western participants.⁶⁻¹⁸ Qualitative inquiry is well-suited for this¹⁹ as it can inform local definitions of risk and protective factors and positive outcomes. Arts-based research is a form of qualitative inquiry which uses symbolism, metaphor and artistic processes to explore subjective human experiences,²⁰ such as those which are difficult-to-quantify²¹⁻²² or verbalise.²³ Body mapping is a visual arts-based method rooted in embodied inquiry, which has been manualised as a therapeutic²⁴ and research²⁵ method. It is defined as "creating body maps using drawing, painting or other art-based techniques to visually represent aspects of people's lives, their bodies and the world they live in".²⁶ It involves tracing the body to produce a life-sized outline then filled with words, colours and symbols based on prompts.²⁷ In research, body mapping is often done in groups followed by individual interviews or group sharing activities for participants to describe their body maps.²⁸ As a method which

focuses on inner strengths and assets,²⁸ body mapping has been described as strengths-based,²⁹⁻³⁰ making it suitable for exploring and promoting resilience.²⁸ For example, it has been used in research to explore resilience in young refugees³¹ and women with HIV,³⁰ the coping strategies of Indigenous women and girls²⁹ and women's experiences of, and resistance against, gendered violence.³² Body mapping is also suited to research with children; its visual nature overcomes limitations of verbal or written engagement³³ and its participant-led approach can shift "the power balance between researcher and participant".³⁴ It holds promise as a method which can prioritise local knowledge over dominant Western discourse which may be irrelevant, or even harmful, to children in these contexts.⁶⁻³⁵

More research is needed with diverse communities typically excluded from resilience research to contribute to a culturally meaningful evidence base on child resilience. Islam is the largest non-Christian faith group in the UK. Census data show that between 2011 and 2021, the population of Muslims in England and Wales increased from 4.8% to 6.5%.³⁶ Muslims in England and Wales are predominantly from minoritised ethnic backgrounds: according to 2011 census data, 67.6% of Muslims identify as Asian, 10.1% as black and 6.6% as Arab.³⁷⁻³⁸ Minoritised ethnic communities are more likely to experience many of the social determinants of poor mental health, including low income, low socioeconomic status and perceived discrimination.³⁹⁻⁴⁰ For example, the East London boroughs of Tower Hamlets (39.9%) and Newham (34.8%) have two of the highest Muslim populations of UK local authorities³⁶ and are characterised by the highest rates of child poverty in the UK.⁴¹ In addition to living in areas of high deprivation,³⁶ many Muslims also face racial, religious and cultural discrimination³⁷ which contributes to worse health outcomes.⁴²⁻⁴⁴

While important to acknowledge the nature and impact of these inequalities, there is limited research on the resilience of children and families within these communities. As above, culture plays a role in the manifestation of resilience⁴⁵ and associated protective factors.⁴⁶ Religiosity is also an important protective factor and coping strategy across contexts.⁴⁷⁻⁵¹ Studies have examined the dynamics of resilience among adult and adolescent Muslim refugees and migrants in non-UK contexts,⁵²⁻⁵⁵ yet there is limited research on experiences and meanings of resilience among children and second- and third-generation migrants within the UK. Additionally, research has often focused on British Muslims from a single ethnic group living in a specific area,⁵⁶ such as Bangladeshi Muslims in Tower Hamlets,⁵⁷ challenging the ability to separate the influences of religion, culture and social context.

Given that these factors impact beliefs and experiences related to resilience, it is timely to examine diverse perspectives within the Muslim community. While 14.3% of London's population is Muslim,⁵⁸ Tower Hamlets, Newham and Waltham Forest in East London are home to the largest populations of Muslims, who are predominantly

people from South Asian backgrounds. While there are limited region-level data, the proportion of Muslims in the UK who identify as black (ie, black, black British, black Welsh, Caribbean or African) is increasing,⁵⁹ the majority of whom identify as black African (7.7%),³⁷ with a significant proportion from Somali backgrounds.⁶⁰ In Newham, for example, the proportion of residents who identify as black (17.5%) is above that of both England (4.2%) and London (13.5%).⁶¹ Yet, black Muslims in the UK remain under-represented in health research and public discourse and policy and face anti-black discrimination both within the Muslim community and wider society.^{59 62}

To address this research gap and gain rich insight into how multiple intersecting identities, including those related to ethnicity, religion and culture, influence experiences and perceptions of resilience, this study seeks to explore resilience within black and South Asian Muslim children and their parents/carers living in East London. Black and South Asian populations represent the largest broad ethnic groups of Muslims in the UK⁵⁶ and have both shared and divergent experiences, needs and perspectives.

To our knowledge, no study has explored perceptions and experiences of resilience of Muslim children from diverse minoritised ethnic backgrounds living in East London. We believe that this study will provide insight into the role of socioecological factors in fostering individual and community resilience⁶³ and provide rich information on dynamics and determinants of resilience in children and families from this population.

Aims

1. To explore perceptions, meanings and experiences of resilience among black and South Asian Muslim children and their parents/carers living in East London.
2. To identify the factors and resources which constrain and contribute to resilience among black and South Asian Muslim children living in East London.

METHODS AND ANALYSIS

Study design

We have selected a qualitative approach underpinned by embodied inquiry, which is a research approach centred on embodied lived experiences and grounded in phenomenology, hermeneutics and multimodal communication.⁶⁴ We will conduct a participatory workshop involving body mapping with children and a focus group discussion with parents/carers. Drawing from phenomenology, embodied inquiry asserts that humans are “located and set in the world as relational and contextual beings and that our being-in-the-world is personal to us, as we interpret our experiences”.⁶⁴ This aligns with our aim to understand personal perspectives on resilience within social, cultural and historical context.

Through recognising the interconnectedness between the mind, body and social experiences, and encouraging

multimodal expression of difficult-to-articulate experiences, embodied inquiry is useful for exploring sensitive topics related to mental health.²⁸ As an approach which critiques “normative perspectives...[and] dominant discourses”,⁶⁵ phenomenology aligns with our focus on understanding the contextual experiences and perceptions of a community typically excluded from resilience research. In line with this, body mapping captures knowledge which “would otherwise be overlooked or rendered invisible”.²⁷ Similarly, our participatory methods, including body mapping, will help to deconstruct researcher-participant power dynamics, encourage active participation and enable discussion of sensitive topics. Using multiple data collection methods with children and parents/carers will also enable triangulation of findings. Through using these methods, we will gain a range of perspectives from visual and oral accounts.

Setting

The current study will be conducted at a community centre connected to a mosque in Tower Hamlets. This community centre offers community services primarily for women, including prayer facilities, classes and counselling and well-being services.

Sampling strategy

We will use a non-probabilistic, purposive sampling strategy. The deliberate selection of participants means that the data will contribute to a better understanding of a particular community and their experiences.⁶⁶ The demographic population of interest recruited for this study are English-speaking black and South Asian Muslim children and their parents/carers living in East London. We will attempt to recruit near-equal representation of black and South Asian participants.

Participants and recruitment

We will recruit children aged 8–12 and at least one of their parents/carers. A maximum of two children per family may take part to ensure a diverse sample. Potential participants will be identified and recruited through the community centre and through recruitment facilitated by a member of the research team (FD). We have designed a study poster with a QR code and weblink to an expression of interest form containing participant information sheets on an online survey platform. Physical posters will be put up at the community centre and circulated digitally. Potential participants will have the opportunity to ask questions either in-person or via email.

If families are interested after reading the participant information sheets, parents/carers may complete the online expression of interest form which asks for contact details (eg, email address) and includes a brief eligibility questionnaire. If families meet the eligibility criteria, they will be contacted to confirm their participation. To ensure an ethical process of informed written consent, whereby participants have fully read and understood the study information, parents/carers will have the choice

to complete the consent forms (for themselves and their children) online or in-person before the workshop while children will complete assent forms in-person before the workshop.

Eligibility criteria

Participants may be eligible for the study if the following criteria apply:

- ▶ Able to speak sufficient English to take part.
- ▶ Aged 8–12 (for the child participants).
- ▶ Are Muslim.
- ▶ Live in an East London borough.
- ▶ Identify as black or South Asian.
- ▶ Consent to the workshop being audio-recorded.

Participants will be ineligible if they:

- ▶ Have a condition which inhibits their capacity to give written informed consent (eg, neurological disorder, head injury, severe learning disability).

Patient and public involvement

This study has been codeveloped with the manager of the community centre in Tower Hamlets. AM met with a group of parents from an Islamic primary school in East London to discuss aspects of the study design, such as splitting the parent/carer workshops by gender. Some parents from this school may remain involved throughout the study, including reflecting on findings and advising on dissemination. Our research team includes researchers from the Muslim community, who have been involved with study design and will assist with facilitating the workshop. This is to ensure that the study is designed and conducted with an understanding of the dynamics of culture and language, as well as community trust and rapport.⁶⁷ Participants will also be involved in decision-making regarding dissemination, particularly around whether to display body maps at a public exhibition.

Sample size

Approximately 6–12 children and at least one of their parents/carers will be recruited for the current study. While there is variability in the number of participants typically involved in body mapping research (eg, as low as 3 and as high as 48²⁸), Macken *et al* suggest that 6–12 participants are sufficient to capture rich data on diverse experiences relevant to the research questions.⁶⁸ A small sample size is also typical of phenomenological research so that a manageable amount of in-depth data is obtained.⁶⁹ If 12 participants are recruited, we will split body mapping into two age-based groups to improve participant engagement and the explanation of activities. We will aim to recruit at least one parent/carer per child participant, so there will be no minimum threshold based on parent/carer gender. If we recruit more than six parents/carers for the workshop, we will create two groups for discussion. We may organise a separate focus group with fathers to reduce power dynamics and encourage openness. This also aligns with the recommendation of no more than 12 focus group participants

to ensure that everyone can contribute.⁷⁰ Small groups will allow for active participation and high-quality interactions between all participants.⁷¹

Data collection

Data will be collected via a demographics survey and workshop of approx. 3.5 hours. The workshop will follow a semistructured topic guide consisting of open-ended questions. It will include an introduction and icebreaker, whole-group introductory activities, participatory activities and whole-group feedback session. Additional sessions may be scheduled if the allocated time is insufficient or if participants would like a longer break between sessions. The workshop will be carried out in English and audio-recorded with participants' consent. The workshop will take place in December 2023 and an additional focus group may take place in early 2024. We will begin analysis and dissemination once data collection is finished and aim to complete this by the end of 2024.

Demographics survey

To account for varied digital literacy in our sample population, participants will have the choice to complete the demographic survey online or on paper at the beginning of the workshop. The survey will collect key demographic information on participants, such as age, gender, ethnicity, education, employment and information about the family home. This will enable analysis based on demographic information to see if these relate to experiences of resilience. We have adapted the questions based on a survey from an existing study in the Youth Resilience Unit, Queen Mary University of London (QMUL).

Body mapping

Guided by two researchers for approx. 1.5 hours, participants will complete individual body maps during a group session (see online supplemental material 1 for the procedure). Large paper rolls will be used for the body maps and a wide selection of craft materials will be available. To begin, the researchers will lie the paper on the floor and participants will have the choice to trace their bodies or use a premade outline. This outline will be filled in during a creative and reflective process, aimed at representing embodied experiences of resilience. The researchers will offer prompts to the group throughout, including depicting a self-portrait, colouring the hands and feet, creating a personal slogan and/or symbol and power symbol²⁹ and depicting supportive figures. Participants will be encouraged to use images, words, symbols, colours and any other depictions to visualise their experiences, feelings and perspectives. Following body mapping, participants will describe their body maps to the group or individually to a researcher if preferred. Participants will be asked a series of open-ended questions that invite them to reflect on their body maps and the process of body mapping (online supplemental material 1).

Parent/carer focus groups

While children complete body mapping, parents/carers will do two activities involving drawing and discussion of children's resilience in their community. This session will last around 1.5 hours and will follow a focus group-style format. Participants will be asked a series of open-ended questions which will be based on a semistructured topic guide and responses from the drawing activities.

First, participants will be provided with a body template and sticky notes to draw and/or write down factors they view as being important for children's resilience (eg, qualities, relationships, resources). They will be asked to place personal qualities of children within the body outline and external factors outside of it. The questions asked will include defining resilience, school, the family environment and community factors. Next, participants will create a stakeholder Venn diagram of external and internal agencies and actors in the community that support the development of resilience in their children.⁷² Participants will be guided by prompts about the relative importance of each group, the levels of cooperation between them and who they benefit the most.

Data analysis

We will audio-record the workshop so that we can transcribe verbatim and analyse the data. We will photograph participants' body maps and other paper-based activities. We will ask participants to avoid using names or personally identifying information when speaking or drawing and where they do, we will remove this from transcripts or distort it in the photographs. Participants will be pseudonymised to ensure their confidentiality.

Data will be analysed using systematic visuo-textual analysis⁷³ which views visual and textual data as equally important in analysis. This process involves weaving between two levels—(1) noticing and describing and (2) conceptualising—and three elements—(1) visual only, (2) transcripts only and (3) visuo-textual combined (table 1). First, the researchers will read the transcripts and look over the visual data multiple times to gain familiarity. The researchers will then follow an iterative process of coding the visual and textual data separately at level 1. The researchers will do independent open coding followed by collaborative discussion to reach agreement. Following coding, the data will be grouped together and checked for emerging patterns to identify themes (level 2). This will be done collaboratively between the researchers. Findings will inform a socioecological

framework to reveal multileveled culturally meaningful child resilience factors and resources in the community. We will use NVivo V.12 for data management, coding and theme identification.

Reflexivity

Reflexivity is an ongoing process⁷⁴ of self-evaluation of one's positionality as a researcher⁷⁵ and how this positionality influences the lens through which we approach research. Our research team represents a range of 'insider-outsider' perspectives in relation to the Muslim community of East London, including team members who are part of this community and others who are from different religious and cultural backgrounds. However, rather than a strict dichotomy between 'insider' and 'outsider', we each hold multiple positionalities.⁷⁶ For example, the first author (AM) is a white non-religious British woman with experience of migration and living in a majority-Muslim country. Rather than privileging 'insider' or 'outsider' perspectives, we will adopt the methodology of coresearching whereby neither position is privileged.⁷⁷ This acknowledges that we each bring diverse insights and perspectives to the research process.

Throughout the research, we will engage in reflexivity collectively, acknowledging and disrupting power imbalances within the team.⁷⁵ Rather than striving for objectivity, we will maintain our positions as community advocates, remaining aware of how this positionality affects how we conduct research.

DISCUSSION

This study aims to fill an evidence gap in qualitative research on experiences of resilience in children from diverse minoritised ethnic backgrounds in East London. Through gaining insight from children and their parents/carers and situating findings within a socioecological framework, this study will contribute local knowledge about how resilience is defined and experienced communally and contextually in a community historically excluded from research. This study will also add to the literature on the use of arts-based and participatory methods for research with children.

Limitations

The limitations of our approach must also be considered. First, although drawing may be 'cultural practice'⁷⁸ in childhood, not all children enjoy it or find it easy. To avoid

Table 1 An outline of the systematic visuo-textual analysis process

	Element 1: visual only	Element 2: transcripts only	Element 3: visuo-textual combined
Level 1: noticing and describing	Artistic in visual work (eg, use of perspective, colour and space)	Linguistic in textual work (eg, use of language, words and phrases)	Connecting the visual and the textual (eg, structure, meanings, expressions)
Level 2: conceptualising	Essential elements that unite artefacts	Words/phrases that capture patterns/themes	Connections between artefacts and themes
From Brown and Collins. ⁷³			

participant self-consciousness during body mapping, we will emphasise creativity over the final product and self-expression over artistic talent.⁷⁹ Second, while our offer of premade body map outlines could constrain creative expression,³³ it will ensure that participants have agency over how they wish to create their body maps. Third, since we will only recruit participants who are proficient in English, we cannot capture or infer the experiences of non-English speakers. While a limitation, this will ensure that all participants have a good understanding of what they are being asked to do and can fully participate in group discussions and provide informed consent.

ETHICS AND DISSEMINATION

Ethical approval has been obtained from the Queen Mary Ethics of Research Committee at QMUL (approval date: 9 October 2023; ref: QME23.0042).

Benefits to participants

There is limited resilience research with black and South Asian children which prioritises their voices. This study will highlight culturally relevant and community-based resilience factors. Body mapping has been described as child-centred, therapeutic and strength-based.^{27 28} Children who participate will depict sources of strength and resilience-promoting resources which may translate into 'tools' they can draw on to build resilience.²⁹

Parents/carers will connect with other families and have an opportunity to discuss ideas, concerns and hopes in relation to their children's resilience and well-being. Through creating a space for reflection and coproduction during the workshop, participants will be able to reflect, and raise awareness, on issues that are important to them. In line with notions of participatory research, this process itself may be empowering and produce knowledge for local action within the community.⁸⁰ Parents/carers will also gain knowledge of resources they can use to support their children as we will share study findings with them in an accessible format.

Consent

Written and verbal consent will be obtained from all participants prior to their participation in the study. Assent will be obtained from children alongside parental consent. Prior to providing consent, participants will be informed of the purpose of the study, the types of data and methods involved, the right to withdraw, the benefits and risks of participation, reimbursement details, how the data will be stored and used and how results can be made available to participants. An opportunity to ask questions about the study will be provided before participants consent.

Confidentiality

All data obtained from participants will be kept confidential unless a safeguarding concern arises. Participants' names will be replaced by unique ID numbers during transcription and analysis. We will also remind participants

that what others have said in the workshop is confidential, and that although participants may talk about the group discussion, it is important that they do not tell people who else took part or who shared particular information.

Reporting on findings may include showing individual-level data (eg, a quote or image of a body map). The inclusion of this data will be considered to determine if there is a risk of disclosure through their publication. In these cases, data will be censored or obscured if necessary to protect confidentiality. This will ensure that no data are published which could be linked to a person or organisation. If a body map exhibition is held, the above considerations apply. If it is too difficult to cover up identifiable information on the original body maps before displaying them, we will display photocopied versions with this information removed or distorted.

Storage of personal data

Data management and storage will be subject to the UK Data Protection Act 2018 and General Data Protection Regulation and will follow relevant QMUL policy and procedures. Transcripts will be pseudonymised and audio files will be destroyed once transcripts have been created. Following study completion, all anonymised data will be kept securely within a University-managed secure drive, preserved and accessible for 10 years. Identifiable data will be stored securely and safely destroyed within 6 months of publication of the study's main findings. Manual files which contain personal information, such as consent forms, will be kept in a secure filing cabinet at the university that only the research team can access. Body maps will be stored securely unless participants wish to keep them.

Dissemination

This study will form part of the first author's PhD thesis. The researchers will prepare manuscripts and publish study results in relevant peer-reviewed journals and present findings at academic conferences.

Arts-based knowledge translation may be more accessible to a wider range of stakeholders and can expand "understanding of what counts as evidence".⁸¹ It can also amplify minoritised voices often ignored in policy and public discourse and can change public perceptions of communities.⁸² Body mapping studies often involve public exhibitions of body maps as a form of advocacy and knowledge dissemination for diverse stakeholders to attend.²⁷ Therefore, if participants believe it is a good idea and consent to having the body maps displayed publicly, we will codesign an exhibition with participants.

Author affiliations

¹Youth Resilience Unit, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London, London, UK

²Centre for Preventive Neurology, Wolfson Institute of Population Health, Queen Mary University of London, London, UK

³Freelance Creative Health Consultant and Facilitator, Brighton, UK

⁴Brighton and Sussex Medical School, Brighton, UK

⁵Department of Psychology, Brunel University London, London, UK

⁶Faculty of Medicine and Dentistry, Queen Mary University of London, London, UK

⁷Department of Biological and Experimental Psychology, Queen Mary University of London, London, UK

⁸Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London, London, UK

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ORCID iD

Aisling Murray <http://orcid.org/0009-0000-1817-1420>

REFERENCES

- Rak CF, Patterson LE. Promoting resilience in at-risk children. *J Couns Dev* 1996;74:368–73.
- Poole JC, Dobson KS, Pusch D. Childhood adversity and adult depression: the protective role of psychological resilience. *Child Abuse Negl* 2017;64:89–100.
- Wright KA, Turanovic JJ, O'Neal EN, et al. The cycle of violence revisited: childhood victimization, resilience, and future violence. *J Interpers Violence* 2019;34:1261–86.
- Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* 2017;2:e356–66.
- Allen J, Balfour R, Bell R, et al. Social determinants of mental health. *Int Rev Psychiatry* 2014;26:392–407.
- Ungar M. Introduction: resilience across cultures and contexts. In: Ungar M, ed. *Handbook for working with children and youth: pathways to resilience across cultures and contexts*. Thousand Oaks, CA: SAGE Publications, Inc, 2005.
- Carbonell DM, Reinherz HZ, Giaconia RM, et al. Adolescent protective factors promoting resilience in young adults at risk for depression. *Child Adolesc Soc Work J* 2002;19:393–412.
- Marley C, Mauki B. Resilience and protective factors among refugee children post-migration to high-income countries: a systematic review. *Eur J Public Health* 2019;29:706–13.
- Yule K, Houston J, Grych J. Resilience in children exposed to violence: a meta-analysis of protective factors across ecological contexts. *Clin Child Fam Psychol Rev* 2019;22:406–31.
- Gartland D, Riggs E, Mueen S, et al. What factors are associated with resilient outcomes in children exposed to social adversity? A systematic review. *BMJ Open* 2019;9:e024870.
- Southwick SM, Bonanno GA, Masten AS, et al. Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol* 2014;5.
- Vella S-L, Pai N. A theoretical review of psychological resilience: defining resilience and resilience research over the decades. *Arch Med Health Sci* 2019;7:233.
- Anthony EJ, Cohler BJ. *The invulnerable child*. New York: Guilford Press, 1987.
- Herrman H, Stewart DE, Diaz-Granados N, et al. What is resilience? *Can J Psychiatry* 2011;56:258–65.
- Ungar M. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *Am J Orthopsychiatry* 2011;81:1–17.
- Siriwardhana C, Ali SS, Roberts B, et al. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Confl Health* 2014;8:13.
- Twum-Antwi A, Jefferies P, Ungar M. Promoting child and youth resilience by strengthening home and school environments: a literature review. *Int J Sch Educ Psychol* 2020;8:78–89.
- Ungar M. Trauma, context, and culture. *Trauma Violence Abuse* 2013;14:255–66.
- Ungar M. Qualitative contributions to resilience research. *Qual Soc Work* 2003;2:85–102.
- Wimpenny K, Savin-Baden M. *A practical guide to arts-related research*. Rotterdam: SensePublishers Rotterdam, 2014.
- Chilton G, Scotti V. Writing: the properties of collage as an arts-based research practice in art therapy. *Art Therapy* 2014;31:163–71.
- Leavy P. *Methods meets art: arts-based research practice*. 3rd Ed. New York, USA: The Guilford Press, 2020.
- Teachman G, Gibson BE. Integrating visual methods with dialogical interviews in research with youth who use augmentative and alternative communication. *Int J Qual Methods* 2018;17:160940691775094.
- Solomon J. Living with X: a body mapping journey in the time of HIV and AIDS: facilitator's guide. South Africa, 2002.
- Gastaldo D, Magalhães L, Carrasco C, et al. Body-map storytelling as research: methodological considerations for telling the stories of undocumented workers through body mapping. 2012.
- Gastaldo D, Rivas-Quarneti N, Magalhães L. Body-map Storytelling as a health research methodology: blurred lines creating clear pictures. *Forum Qual Sozialforsch/Forum Qual Soc Res* 2018;19. Available: <https://www.qualitative-research.net/index.php/fqs/article/view/2858/4199>
- de Jäger A, Tewson A, Ludlow B, et al. Embodied ways of Storying the self: a systematic review of body-mapping. *Forum Qual Sozialforsch/Forum Qual Soc Res* 2016;17. Available: <https://www.qualitative-research.net/index.php/fqs/article/view/2526/3986>
- Murray A, Steffen M, Keiller E, et al. Body mapping for arts-based inquiry in mental health research: a scoping review. *Lancet Psychiatry* 2023;10:896–908.
- Lys C. Exploring coping strategies and mental health support systems among female youth in the Northwest Territories using body mapping. *Int J Circumpolar Health* 2018;77:1466604.
- Greene S, J. Odhiambo A, Muchenje M, et al. "I shall conquer and prevail" – art and stories of resilience and resistance of the women, ART and criminalization of HIV (WATCH) study. *J HIV AIDS Soc Serv* 2021;20:330–53.
- Davy C, Magalhães LV, Mandich A, et al. Aspects of the resilience and settlement of refugee youth: a narrative study using body maps. *CTO* 2014;22:231–41.
- dos Ventos Lopes Heimer R, Rizzini Ansari M, Leal J, et al. Body-territory: mapping women's resistance to violence in the favelas of the Maré, Rio de Janeiro. London, 2022. Available: <https://peoplesp.alaceprojects.org.uk/wp-content/uploads/2022/04/body-mapping-report-1.pdf>
- Britton E, Kindermann G, Carlin C. Surfing and the senses: using body mapping to understand the embodied and therapeutic experiences of young surfers with autism. *Glob J Community Psychol Pract* 2020;11:1–17. Available: <https://www.gjcpp.org/pdfs/BrittonETal-Final.pdf>
- Dew A, Smith L, Collings S, et al. Complexity embodied: using body mapping to understand complex support needs. *Forum Qual Sozialforsch/Forum Qual Soc Res* 2018;19.
- Ungar M, Brown M, Liebenberg L, et al. Unique pathways to resilience across cultures. *Adolescence* 2007;42:287–310.
- Muslim Council of Britain. Census 2021 first look. London, UK, 2022. Available: <https://mcb.org.uk/wp-content/uploads/2022/12/MCB-Census-2021---First-Look.pdf>
- The Muslim Council of Britain. British Muslims in numbers: a demographic, socio-economic and health profile of Muslims in Britain drawing on the 2011 census. London, UK, 2015.

- Available: https://www.mcb.org.uk/wp-content/uploads/2015/02/MCB_CensusReport_2015.pdf
- 38 Nomis. DC2201EW - ethnic group by religion. Nomis - Official Census and Labour Market Statistics; 2013. Available: https://www.nomisweb.co.uk/census/2011/DC2201EW/view/2092957703?rows=c_relpuk11&cols=c_ethpuk11 [Accessed 03 Nov 2023].
 - 39 Silva M, Loureiro A, Cardoso G. Social determinants of mental health: a review of the evidence. *Eur J Psychiatry* 2016;30:259–92.
 - 40 Ingleby D. Migration and the 'social determinants of health' agenda. *Psychosoc Interv* 2012;21:331–41.
 - 41 Joseph Rowntree Foundation. UK poverty 2022: the essential guide to understanding poverty in the UK. York, 2022.
 - 42 Samari G, Alcalá HE, Sharif MZ. Islamophobia, health, and public health: a systematic literature review. *Am J Public Health* 2018;108:e1–9.
 - 43 Firdous T, Darwin Z, Hassan SM. Muslim women's experiences of maternity services in the UK: qualitative systematic review and thematic synthesis. *BMC Pregnancy Childbirth* 2020;20:115.
 - 44 Jaspal R, Lopes B. Discrimination and mental health outcomes in British black and South Asian people during the COVID-19 outbreak in the UK. *Ment Health Relig Cult* 2021;24:80–96.
 - 45 Malindi MJ, Theron LC. The hidden resilience of street youth. *South African J Psychol* 2010;40:318–26.
 - 46 Evans AB, Banerjee M, Meyer R, et al. Racial socialization as a mechanism for positive development among African American youth. *Child Dev Perspectives* 2012;6:251–7.
 - 47 Foy DW, Drescher KD, Watson PJ. Religious and spiritual factors in resilience. In: Southwick SM, Litz BT, Charney D, et al., eds. *Resilience and mental health: challenges across the lifespan*. Cambridge, UK: Cambridge University Press, 2011: 90–102.
 - 48 Mhaka-Mutepefa M, Maundeni T. The role of faith (spirituality/religion) in resilience in sub-Saharan African children. *Int J Community Soc Dev* 2019;1:211–33.
 - 49 Pieloch KA, McCullough MB, Marks AK. Resilience of children with refugee statuses: a research review. *Can Psychol* 2016;57:330–9.
 - 50 Stuart J, Ward C. The relationships between religiosity, stress, and mental health for Muslim immigrant youth. *Ment Health Relig Cult* 2018;21:246–61.
 - 51 Thomas J, Barbato M. Positive religious coping and mental health among Christians and Muslims in response to the COVID-19 pandemic. *Religions* 2020;11:498.
 - 52 Mitha K, Adatia S. The faith community and mental health resilience amongst Australian Ismaili Muslim youth. *Ment Health Relig Cult* 2016;19:192–207.
 - 53 Siriwardhana C, Abas M, Siribaddana S, et al. Dynamics of resilience in forced migration: a 1-year follow-up study of longitudinal associations with mental health in a conflict-affected, ethnic Muslim population. *BMJ Open* 2015;5:e006000.
 - 54 Skalisky J, Wanner S, Howe B, et al. Religious coping, resilience, and involuntary displacement: a mixed-methods analysis of the experience of Syrian and Palestinian refugees in Jordan. *Psycholog Relig Spiritual* 2022;14:539–47.
 - 55 Chow M, Hashim AH, Guan NC. Resilience in adolescent refugees living in Malaysia: the association with religiosity and religious coping. *Int J Soc Psychiatry* 2021;67:376–85.
 - 56 CREST. British Muslims: demography and communities. Lancaster, UK, 2018. Available: <https://crestresearch.ac.uk/resources/british-muslims-communities/>
 - 57 Green F. British values and identity among young British Muslims in tower hamlets: understandings and connections. *J Child Serv* 2017;12:239–56.
 - 58 ONS. Population estimates by ethnic group and religion, England and Wales: 2019. Office for National Statistics; 2021. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationestimatesbyethnicgroupandreligionenglandandwales/2019> [accessed 03 Nov 2023].
 - 59 Muslim Council of Britain. *Race, faith & community in contemporary Britain: essays on black, African, and African Caribbean muslims in the UK*. London, UK, 2022. Available: <https://mcb.org.uk/wp-content/uploads/2022/11/Race-Faith-Community-in-Contemporary-Britain-PMB2022-FINAL.pdf>
 - 60 Ipsos MORI. A review of survey research on Muslims in Britain. London, UK, 2018. Available: https://www.ipsos.com/sites/default/files/ct/publication/documents/2018-03/a-review-of-survey-research-on-muslims-in-great-britain-ipsos_0.pdf
 - 61 ONS. How life has changed in Newham: census 2021. Office for National Statistics; 2023. Available: <https://www.ons.gov.uk/visualisations/censusareachanges/E09000025/> [Accessed 03 Nov 2023].
 - 62 Black Muslim Forum. "They had the audacity to ask me if I was Muslim, when they saw me – a black woman in niqab" – report on the experiences of black British Muslims. 2020. Available: <https://blackmuslimforum.org/2020/04/05/they-had-the-audacity-to-ask-me-if-i-was-muslim-when-they-saw-me-a-black-woman-in-niqab-experiences-of-black-british-muslims/>
 - 63 Ungar M. *The social ecology of resilience: a handbook of theory and practice*. New York: Springer, 2012.
 - 64 Leigh J, Brown N. *Embodied inquiry: research methods*. London, UK: Bloomsbury Publishing Plc, 2021.
 - 65 Park Lala A, Kinsella EA. Phenomenology and the study of human occupation. *J Occup Sci* 2011;18:195–209.
 - 66 Etikan I, Musa SA, Alkassim RS. Comparison of convenience sampling and purposive sampling. *Am J Theor Appl Stat* 2016;5:1.
 - 67 Hearn F, Biggs L, Brown S, et al. Having a say in research directions: the role of community researchers in participatory research with communities of refugee and migrant background. *Int J Environ Res Public Health* 2022;19:4844.
 - 68 Macken S, Nathan S, Jersky M, et al. Body mapping in a drug and alcohol treatment program: eliciting new identity and experience. *Int J Environ Res Public Health* 2021;18:4942.
 - 69 Pietkiewicz I, Smith JA. A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Czas Psychol – Psychol J* 2014;20:7–14.
 - 70 Strauss AL, Corbin JM. *Basics of qualitative research: techniques and procedures for developing grounded theory*. Thousand Oaks, CA, USA: Sage Publications, 1998.
 - 71 Knapp CN, Fernandez-Gimenez M, Kachergis E, et al. Using participatory workshops to integrate state-and-transition models created with local knowledge and ecological data. *Rangel Ecol Manag* 2011;64:158–70.
 - 72 Sontheimer S, Callens K, Seiffert B. PRA tool box (ANNEX B: of the joint back to office report). Venn Diagram on Institutions; 1999. Available: <https://www.fao.org/3/x5996e/x5996e06.htm#6.2.5>
 - 73 Brown N, Collins J. Systematic visuo-textual analysis: a framework for analysing visual and textual data. *Qual Rep* 2021;26:1275–90.
 - 74 Engward H, Goldspink S. Lodgers in the house: living with the data in interpretive phenomenological analysis research. *Reflective Practice* 2020;21:41–53.
 - 75 Mitchell J, Boettcher-Sheard N, Duque C, et al. Who do we think we are? disrupting notions of quality in qualitative research. *Qual Health Res* 2018;28:673–80.
 - 76 Caretta MA. Situated knowledge in cross-cultural, cross-language research: a collaborative reflexive analysis of researcher, assistant and participant subjectivities. *Qual Res* 2015;15:489–505.
 - 77 Dhillon JK, Thomas N. Ethics of engagement and insider-outsider perspectives: issues and dilemmas in cross-cultural interpretation. *Int J Res Method Educ* 2019;42:442–53.
 - 78 Christensen P, James A. Childhood diversity and commonality. In: Christensen P, James A, eds. *Research with children: perspectives and practices*. 2nd ed. New York: Routledge, 2008: 156–72.
 - 79 de Souza J, Ventura CAA, de Oliveira JLG, et al. Experience of vulnerable women narrated through the body-mapping technique. *Int J Environ Res Public Health* 2021;18:24.
 - 80 Finn JL. The promise of Participatory research. *J Progress Hum Serv* 1994;5:25–42.
 - 81 Boydell K, Gladstone BM, Volpe T, et al. The production and dissemination of knowledge: a scoping review of arts-based health research. *Forum Qual Sozialforsch Forum Qual Soc Res* 2012;13.
 - 82 Shanneik Y. Islamic studies and the arts: new research methodologies in working with refugees in Jordan. *Contemp Levant* 2018;3:157–62.

Icebreaker

“Let’s start with introductions. It would be great to hear all of your names and how you are feeling at the moment in just one word. We’ll pass this ball to each other and when it reaches you, you can introduce yourself. For example, “I am (name) and I feel excited”. Now I’ll pass this ball to someone else so they can introduce themselves, and so on”.

What is resilience?

Let’s start by talking about what we think resilience is...

In groups of approx. 5 people, please brainstorm 1-3 words/phrases or pictures about what resilience means to you. You can draw these on sticky notes or shout them out at the end of the activity. Think about what words or images come to mind when you think of resilience? It might help to think of a time when you felt resilient.

You will have 10 minutes to discuss and write down your ideas and then feedback to the larger group.

Now, let’s feedback our words/concepts to the group. I will write down each group’s concepts on large paper and place these on the floor. These are now ‘islands’ in the sea. Let’s walk around and ‘explore’ the islands. As you walk around, consider the concepts that stick out most to you – as a warm up, let’s have a go at stopping at the islands you find most significant and stick out to you. You will get to choose up to 3, but you can choose to repeat the same one if you like.

Now let’s start the game. Walk around and come to a stop on the island that is most significant to you. Once you have chosen, place your hand on the paper and use a pen to draw around your hand. *Later count how many people’s ‘hands’ are on each island and create a score table. Repeat this twice more and add up the scores.*

Embodied sculptures

In the same groups of 5, we are now going to create sculptures to represent resilience. Let’s practice with some other words first. *Groups will choose a piece of paper from a box and create a still image of the word in their groups (friendship, family, joy, community, peace, togetherness).*

Now, we will do the same thing but for the word ‘resilience’. Once you have created your still images, one person in each group will briefly describe their group’s image to everyone.

5 minute break and then participants will be split into age groups (children and parents/carers)

Body mapping part 1

Now, we will do an activity called body mapping. This is a fun and creative way to express yourself. We are going to use body mapping to show what resilience means to you. *Check in about with whether children understand what resilience is.*

First, we’ll trace the outline of your body on a big sheet of paper (or you can draw the outline yourself or use a template). Then, you’ll fill it in with words, colours and pictures that show the things that help you feel resilient.

Check in to make sure they understand what resilience is

For example, you might use bright colours to show the support of friends or family. You can draw pictures to show activities or hobbies that make you feel happy and confident. You could use words to describe the qualities that make you resilient (e.g. positivity, determination).

Through this creative activity, we can discover and celebrate the unique ways we each handle challenges. It's a chance to reflect on the things that help us bounce back. By creating your body map, you can share your thoughts and feelings without needing to use a lot of words. It's a way to show who you are and what matters to you.

Resilience looks different for everyone, and there's no right or wrong way to show it in your body map. It's your chance to express yourself and share what resilience means to you.

We will go through the steps together one-by-one but you can choose whether to follow them all or skip some.

Before we begin, is everyone happy to continue with this activity? Please let one of us know at any point if you would like to stop.

At the end of the session, you will have the option to keep your body map if you prefer and we will take a photo of it for our project. Otherwise we will keep it safe and give you a photograph of it. We will chat to you and your parents about whether you would like your artwork to be put on display at an exhibition. We will never share your name or personal information.

Body tracing and origins:

To consider: Tracing may make the participant uncomfortable. One way to get around this is to trace a couple of inches away from their body, or skip parts that make you feel uncomfortable and fill them in later once they have stood up

- First, let's show you how to trace each other (you can do this with a partner or we can help you). *Demonstrate tracing with member of the research team.*
- Who would like to trace their body and who would like to draw an outline or use a template?
- Now, find a comfortable position to trace or draw your body in whatever position you like – maybe one that shows your happiness and confidence or how you want to show yourself to the world. Now choose a colour that best represents you for the outline.

Prompting questions:

- How would you describe yourself as a person? What has your experience of being resilient? How do you describe yourself right now? – body tracing
- Next, let's use our favourite colours on the hands and feet to show how you feel connected to the world
- On your face, draw a self-portrait to show how you look and feel when you feel resilient

Lunch break

- Over lunch, have a think about a special slogan/quote (e.g. a statement, a saying, a poem, a song, a prayer, something you say to yourself) that describes who you are and your approach to feeling resilient. You could also think about a personal symbol that shows who you are to the world.

Body mapping part 2 (lived experiences)

- Personal slogan/symbol – Let's take a few more minutes to think about our personal slogans or symbols. Think about where to place it on the sheet.
- Power symbol - Where do you find your inner strength and power? What colours, words or pictures could represent how you cope with difficult situations or tough times?

Prompting questions:

- What symbols/images have you chosen to describe your experiences of resilience? Who are you as a person? What keeps you going? Can you explain the meaning of your symbol/slogan? Where on your body map would you like to place these symbols and why?

If participants struggle with coming up with a slogan:

- On sheet of paper, write down first 3 words that come to mind when you think of resilience. Then write another 3 words that come to mind when you think about what makes you feel resilient. Then, try and use these words to form a sentence/poem/phrase, or just think about whether you would like to just place these words on your body map
- Alternatively, you may like to consider particular song lyrics that you like, or quotes from books that you like, or even just a phrase that comes to mind when you think of who you are as a person, and how your experiences have shaped you.

Break

Body mapping part 3 (resilience and coping)

- Supportive figures - Who are the people or things in your life that make you feel better and help you stay happy? You can draw or write about them.
- Defining resilience - What does resilience or bouncing back mean to you? How would you describe it through drawings or words?
- Think about your dreams and hopes for the future. What goals or visions do you have for yourself? You can draw or write about them on your body map.

Break and time for participants to finalise their maps and think about what they have depicted

Body mapping 'testimonios'

Check with participants if they would prefer to describe their maps individually to researchers or as a group.

- Participants will have a few minutes to describe their maps. Prompts will be based on what participants have produced and the description they provide. Examples are below:

- Can you explain why you chose to represent yourself in this way (i.e. position, hands/feet, self-portrait)?
- Can you explain your personal slogan and symbol to me?
- Can you share why you chose to represent these challenges/stressors?
- Which parts show aspects of your identity (e.g. interests, values)?
- Can you explain your power symbols and why you chose them?
- Can you describe the symbols which represent people or support systems that are important to you? How do they contribute to your wellbeing/resilience?
- Can you share why you represented resilience in this way?
- What does your chosen message to the world mean to you?
- Can you explain your chosen goals/future hopes?

If there is time, we will ask participants a few questions to informally evaluate the use of body mapping in this study.

1. How was your experience of creating a body-map to express yourself?
2. How helpful do you think body-mapping was as a way of exploring the topic of resilience?
3. How did you feel while working on your body-map?
4. How do you feel about the symbols/words you have used? Do you think they accurately show what you hoped to convey? Why or why not?
5. How was your experience of doing this activity in a group? Would you prefer to do it like this or one-on-one?
6. Do you have any takeaways from this experience? (Prompt on new understanding of self/sense of inner strengths)

Grounding session to end:

Before we finish, we would like to give you a moment to sit or lie with your body map and 'say goodbye' to it. When you are ready, please leave your map and rejoin the group.

Parent activities

Resources activity part 1

Hi everyone! We have prepared an activity to help us explore what factors we believe are important for children to feel resilient. This is a way to share your thoughts and ideas.

- First, let's take a moment to consider what you view as important for children to grow up strong. These could be qualities, relationships, or resources – anything you believe contributes to a child's resilience.
- We will then have a brief discussion in groups of 5-6 to share these thoughts with one another. You will have 5 minutes to discuss this in your groups.
- Next, we would like you to write down your ideas on the sticky notes provided to you, both things that were shared as a group and anything else you think is important.
- After you've written your ideas down, you will place the sticky notes on this paper. If you believe the factor you've written represents a personal quality of children, please put it inside the body template. If you think it represents an external quality, please place it outside the body template. You may also place it on the 'boundary' between the two if it is not strictly internal or external.
- Finally, we will have a brief discussion about the words or ideas people have chosen, and we'll see if there are any common themes or overlaps in our thoughts. It's a great opportunity to learn from one another.

- Let's get started, and feel free to ask if you have any questions. We will start writing down our ideas on sticky notes and continue after lunch.

Lunch break

Internal and external resources part 2

Prompting questions (there is flexibility depending on participants' responses in part 1)

- *If participants would rather write down responses, we will provide paper/pens*
- *Be responsive to the words participants use for 'resilience' – e.g. refer to it as strength instead*

1. Introduction:

- a. What are some of the benefits and challenges you perceive in raising children in East London?
- b. In your opinion, what are some signs that a child is resilient?

2. Understanding Resilience:

- a. What does the word 'resilience' mean to you? What is your understanding of it?
- b. What are your thoughts on the term 'resilience'? Do you think it is a helpful term? If so, in what ways? If not, why not?

3. Relative importance:

- a. Of those written on the sticky notes, which factors do you think are the most important and why?

4. Family:

- a. How do you think the family environment plays a role in developing resilience in children? Can you provide examples of how to create a supportive home environment to foster resilience?
- b. Are there any specific strategies or approaches you use to help your child develop resilience? (*probe on how they 'chose' these approaches and why they are effective*)
- c. How important is extended family in building resilience?

5. Education:

- a. How do you view the role of education and extracurricular activities in building resilience?
- b. Are there specific educational or extracurricular practices that you find impactful?

6. Cultural and Religious Factors:

- a. How do you think cultural and religious values impact the resilience of your children?
- b. Are there specific practices or teachings from your culture or religion that you believe contribute to children's resilience?

7. Community and Social Connections:

- a. How important are community and social connections in fostering resilience in children?
- b. Are there specific community activities or events that you find particularly beneficial for your child's resilience?
- c. Are there specific support networks you rely on, and how do they contribute to your child's resilience? (*next activity goes more in depth into this*)

8. Child resilience:

- a. If you were doing this activity for yourself rather than children, would your responses be different? If so, what factors do you think are unique for children?
- b. Do you think your children's responses would be different for this activity? If so, in what ways?

- c. How do you think resilience in children today compares to when you were a child?

9. Future Aspirations:

- a. What aspirations do you have for your children in terms of resilience as they grow older?

Break

Community spheres

We are now going to do an activity to help us understand the support systems and organisations in your community that play a key role in your children's wellbeing. We will create a diagram together to show these groups. When thinking of groups, try and keep these 'de-identified' – e.g. writing school rather than specific school names.

The main goals are:

- To identify external and internal organisations/groups/important individuals active in supporting children in the community
 - To explore who tends to benefit more/less from local organisations/institutions
 - To find out how the different organisations and groups relate to each other in terms of contact, co-operation and the services they provide
 - *Examples of groups in case participants need prompting: school, extracurricular clubs, mosque community, clubs run by mosque, charities, local council*
1. **Explain the Aims:** To start, let me briefly explain these aims. Our goal is to identify and understand the landscape of support available for children in the community. We'll be discussing the organisations, groups, and important people who contribute to your children's wellbeing.
 2. **Group Discussion:** Let's start by discussing the organisations, institutions, and groups in the community. This includes not only formal organisations but also informal groups like neighbourhood committees. Think about those who impact your children's wellbeing.
 3. **List the Groups:** One participant will be in charge of writing down all the groups and organisations mentioned on the provided A4 paper.
 4. **Draw the Central Circle:** On an A3 sheet of paper, one participant will draw a circle in the centre. This central circle represents children in the community.
 5. **Discuss Importance:** As a group, let's discuss the importance of each of these mentioned groups for children's wellbeing and resilience. We will use large circles for the most important ones and smaller circles for the less important ones. To start, you can make your marks in pencil so we can adjust sizes as needed.
 6. **Discuss Benefits:** Let's discuss the ways in which children benefit from each of these groups or organisations.
 7. **Cut Out the Circles:** Once we've agreed upon the sizes, let's cut out the circles.
 8. **Arrange the Circles:** Now, it's time to show the degree of contact and cooperation between these groups and your children. Place the circles on the A3 paper. The closer they are to the central circle, the more contact and cooperation there is. Those with close contact should be near or inside the big circle. If they don't have much contact, they should be farther away. The contact between the groups is also shown by the distance between the circles. This is outlined below:
 - Largely distanced circles: little or no contact/cooperation
 - Circles close to each other: only loose contact
 - Touching circles: some cooperation
 - Overlapping circles: close cooperation

Final group discussion and debrief

All participants come back together for opportunity to reflect on the session and ask any questions they may have.

Check out activity – a word or a movement/action to describe how you are feeling.