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

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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 environments[17]—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 this[19] 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-quantify[21 22] or verbalise.[23] Body mapping is a visual arts-based method rooted in embodied inquiry, which has been manualised as a therapeutic[24] and research[25] 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 refugees[31] and women with HIV,[30] the coping strategies of Indigenous women and girls[29] 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 engagement[33] 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 authorities[36] 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 discrimination[37] 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 resilience[45] 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 UK[56] 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 resilience[63] 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 48[28]), 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 symbol[29] 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 analysis[73] 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 process[74] of self-evaluation of one's positionality as a researcher[75] 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.

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