# '*You cannot pour from an empty cup!*': Child Wellbeing Service Providers' and Policymakers' Professional Supervision, Coping and Wellbeing During COVID-19

## Abstract

**Purpose.** This paper presents findings from 440 responses regarding the experiences of supervision, coping and wellbeing of 83 service providers and policymakers from 8 countries working to support children's wellbeing during the COVID-19 pandemic.

**Methodology.** A smartphone app-based survey hosted on a custom-built app was used. The data were analysed using qualitative content analysis. The data were gathered in the last quarter of 2020.

**Findings.** While most respondents described the supervision they received as 'useful' – both personally and professionally – and shared several characteristics of effective supervision practices, concerns about not receiving optimal support were also voiced. Respondents shared a range of stress management and other self-care practices they employed but also revealed their difficulties optimally managing the stresses and anxieties during the COVID-19 pandemic. As a result, some respondents shared they were feeling helpless, unmotivated and unproductive. Yet, overall, responses were imbued with messages about hope, perseverance and self-compassion.

**Originality.** Using a bespoke smartphone app, rich and intimate insights were generated in real time from a wide range of professionals across high- and low- and middle-income countries – indicating the need to better support their wellbeing and service delivery.

*Keywords: practitioners; policymakers; children; wellbeing; children's rights; protection; supervision; COVID-19; survey; mobile phone*

## Introduction

Worldwide, the COVID-19 pandemic has fragmented many of the foundations of child protection and wellbeing such as adequate welfare provision, the availability of healthcare services, schooling, physical peer and community interactions, civic spaces and others (Save the Children International 2020; Wong et al., 2020). Those pandemic-induced disruptions in children's formal and informal support systems have exposed, and have been amplified by, pre-existing structural inequalities – further marginalising children at risk (Davidson et al., 2020; United Nations, 2020; Save the Children International 2020; Goldman et al., 2020). Children living in low and middle-income countries (LMICs) have been disproportionately affected by the adverse welfare, public health and humanitarian consequences of the pandemic (UNICEF, 2020; UNICEF, N.D.; Simba et al., 2020; Hossain, 2021).

Responsive, adaptive and holistic and child-centred social and health service provision and policymaking are vital for mitigating the impact of the pandemic on children's safety, wellbeing and access to essential rights and services (Wong et al., 2020; Goldman et al., 2020). Swift, agile and tailored frontline support to children and families and other interventions in welfare and health service settings have been especially critical to protecting the most disadvantaged children from abuse, neglect, and the impact of other rights violations and social vulnerabilities (Wong et al., 2020; Goldman et al., 2020).

Those responsible for frontline support services, service management and policymaking for child protection and wellbeing around the globe have been confronted with extraordinary personal and professional challenges since the COVID-19 outbreak (Parry et al., 2021). Infection risk, staff and financial shortages, movement restrictions and shrinking civic spaces, coupled with children's heightened exposure to human rights violations, have hindered professionals' capacities to provide responsive, uninterrupted quality care and maintain their own socio-emotional wellbeing (Parry et al., 2021; Miller et al., 2020).

Emerging research, predominantly from high-income countries, has consistently linked those compounding pressures with providers' increased stress, burnout, fatigue, isolation and mental health difficulties, lowered self-efficacy and impaired work performance, which, in turn, compromises the outcomes of those seeking support from these providers (Miller et al., 2020; Sanders, 2020; Gupta and Sahoo, 2020; Aughterson et al., 2021; Priolo Filho et al., 2020; Htay et al., 2021; Davidson, 2005). Those findings have underscored the urgent need to better understand those professionals' formal and informal sources of support, wellbeing and resilience, particularly self-care practices and professional

supervision, during the pandemic (Parry et al., 2021). Responsiveness to providers' needs, concerns and wellbeing should be at the core of organisational strategies to enhance staff's emotional preparedness and disaster readiness (Global Social Services Workforce Alliance et al., 2020; Kranke et al., 2021).

For instance, in a small-scale interview-based qualitative investigation of 25 UK-based health and social care workers, Aughterson and colleagues (2021) revealed several core aspects of those providers' experiences of psychosocial wellbeing during the pandemic. Those were work-related stressors – such as the transition to virtual technologies, infection concerns and increased workloads, professional and personal support structures, as well as positive coping responses and outcomes such as resilience and personal growth. Despite its modest transferability due to its sampling limitations, the study aptly highlights the need to explore providers' diverse support and coping mechanisms – recognising pandemic-induced opportunities for personal development and resilience.

A larger UK-based study with 51 child and adolescent mental health services staff elicited their perceptions of their ability to undertake their duties while adapting their practice, their relationship with their teams and their wellbeing six weeks into the lockdown measures (Bentham et al., 2021). The questionnaire response data indicated lower-than-normal wellbeing scores, including heightened risk of depression as well as COVID-19-related worry. The qualitative findings underscore the criticality of having access to formal and informal support facilitative of sharing, empathy, humour and teamwork.

Furthermore, it has been consistently recognised that regular, quality supervision to staff, collegial support and effective organisational leadership are important factors in the efforts to not only promote staff self-care, wellbeing, resilience and morale but also impact positively across policy, practice and services for children, their families and communities (Barford & Whelton, 2010; Beddoe et al., 2014; Parry et al., 2021; Morse and Dell, 2021). In light of concerns put forward regarding the increasing role of supervision in health and social care as surveillance and risk management at the expense of aided reflection, learning and pastoral support (Beddoe, 2010), it is imperative to gather in-the-moment insights about the functions and impact of supervision practice during the ongoing pandemic.


*Project Background and Aim of Paper*

To date, there exists little international research, particularly from LMICs, into the impact of the COVID-19 pandemic on the wellbeing, coping and professional roles and relationships in the child welfare workforce (Miller et al., 2020). Motivated by the urgent need to understand child welfare- and

wellbeing-related providers' and policymakers' experiences of responding to the personal and professional challenges of COVID-19, including in LMICs, a multinational eight-week smartphone app survey was launched in the last quarter of 2020 into professionals' perspectives on protection, provision, participation and prevention for children during the pandemic across 22 countries and five continents.

This paper aims to present findings from the larger study about concerning practitioners' and policymakers' experiences of supervision, coping and wellbeing during the COVID-19 pandemic. This paper also makes brief evidence-based recommendations for enhancing the supervision and holistic wellbeing of professionals working to support children through the COVID-19 pandemic.

## Methods

In consultation with Key Partners representing international organisations (including capacity-building and intergovernmental policy organisations, international advocacy NGOs, service delivery partnerships), a smartphone app was designed to host an eight-week survey, with respondents being asked to answer a small number of closed- and/or open-ended questions daily. Participation was voluntary, anonymous, and contingent upon the provision of informed consent built into the app. Respondents could drop out at any time and skip any questions. The open-ended survey response data were analysed with qualitative content analysis (QCA) using NVivo 12 (QRS International; https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home; Elo and Kyngäs, 2008). The QCA involved open descriptive coding, grouping and categorisation (Elo and Kyngäs, 2008). The Crosstab Query option in NVivo was used to generate comparative insights by country group and by role. Verbatim quotes, word frequency analysis and team discussions were relied upon to ensure trustworthiness.

Ethical clearance was obtained from [university omitted]. A detailed account of the project's methodology – including app and survey development and participant recruitment – has been provided in Davidson et al. (2021).

## Findings

*Respondent Characteristics*

The findings in this paper are based on 440 responses to 17 questions from 83 respondents - including 45 direct service providers, 25 service managers and 13 policymakers (58 - women; 23 - men; 2 - prefer not to say). Fifty-two (63%) respondents stated that they supervised staff. Most respondents represented non-governmental organisations (61), governments (8), civil society organisations (10), the private sector (1) and other (1; Note: 2 provided no response), and worked in a wide range of areas – including child and youth care, child rights, advocacy, education, prevention, community-based services, social services, juvenile justice, public health and others. More specifically, respondents described their roles as those of teachers, art therapists, project coordinators, social workers, child and youth care workers, (community) volunteers, residential child care service managers, quality improvement coordinators, mental health therapists, mentors, pediatricians, and others.

The respondents represented 8 countries across 4 continents. The numbers of respondents and responses, respectively, were: Kenya (30 and 152); South Africa (17 and 102); the Philippines (16 and 74); Scotland (8 and 41); India (4 and 21); the USA (4 and 23); Sweden (3 and 19); and Malawi (1 and 8). The average number of responses per question in this study was 26. Respondents were included in the analysis if they logged at least one response to a main survey question. Countries with more than five total responses were included in this report. Forty-one (49%) respondents completed at least five main questions.

*Receiving Supervision and its Impact on Respondents' Socio-Emotional Wellbeing and Service Delivery*

A series of survey questions concerned respondents' receipt of supervision and its impact on their work; their view of the characteristics of 'useful' supervision and what could have made it even better; as well as the impact of not having had supervision. Exemplary prompts and questions included: '*Please describe the supervision you have been receiving and how this has made a difference to your work*.' and '*What could have made this supervision even better*?'.

*Impact of the Supervision Received During the Pandemic*

Forty-five (83%) out of 54 respondents answered they had received supervision during the pandemic, while eight (14%) responded that they had not (one (2%) answered with 'Not applicable'). Of 35

respondents, 24 (68.5%) answered the supervision received was 'useful to a great extent', 6 (17%) answered it was 'somewhat useful', 3 (8.5%) answered it was 'of very little use', and 1 (3%) answered it was 'not at all useful'. One (3%) respondent said this question was not applicable.

The supervision received took various forms – including via telephone and virtually; planned and impromptu meetings; formal and informal; and one-to-one and group supervision. Overall, most respondents described the supervision received as useful - both personally and professionally - and highlighted its importance for safe, responsive, thoughtful and quality service delivery:

'*I am always reminded to protect myself physically, emotionally and mentally so that I can be able to perform to the utmost level*' (Direct service provider, NGO, South Africa)

'*Virtual calls to check if am I okay, and how am i coping with my work.it has been of great help*' (Direct service provider, NGO, South Africa)

## *Characteristics of 'Useful' Supervision*

Effective supervision was felt to be immensely valuable in helping respondents physically, mentally and emotionally cope with the challenges faced during the pandemic. Supervision that offered frequent, immediate, personalised and confidential support was preferred as it fostered collaboration, problem-solving and reflection - resulting in more effective responses to the COVID-19 emergency. 'Useful' supervision helped respondents feel cared for, connected, guided and reassured:

'*It was protected time to help clearer thinking and planning.*' (Service manager, NGO, Scotland)

'*It showed she cared*' (Direct service provider, government, USA)

## *Concerns about the Supervision Received*

Several concerns about supervision were also reported - for example, concerns relating to the seeming lack of leadership, the limited face-to-face contact, and the increased stress experienced by supervisors. While some respondents expressed the wish for more face-to-face contact with their supervisors, others stressed the virtual communication had not negatively impacted their supervision:

'*While I do miss face to face meetings, the quality of supervision is not impacted negatively due to being in virtual format. I do not have any suggestions for improvement*' (Service Manager, government, USA)

In response to the question, '*What could have made this supervision even better*?', one respondent from Scotland shared:

'*The odd face to face contact, I am a touchy feely person.*' (Direct service provider, private sector, Scotland)

Respondents also shared their views on how supervision practices could be enhanced. Common responses include: more regular, formal and structured supervision; more focused supervision and more useful discussions; more proactive supervision and more group supervision; access to reporting equipment such as laptops; and more opportunities for reflection and introspection.

*Experiences of Coping and Wellbeing During COVID-19*

Respondents were also asked a series of questions about their own coping with the stresses and anxieties that often result from the personal and work-related challenges brought about by emergencies within the COVID-19 pandemic. Exemplary prompts and questions included: '*Please give us examples of how you have managed your stress and anxiety.*' and '*Have you benefited from self care and peer support?*'.

*Impact of Stress and Anxiety*

Several respondents shared having difficulties optimally managing the stresses and anxieties during the COVID-19 pandemic. To the question, 'On a scale of 1-5, how stressed and anxious have you been feeling in the past week?', 2 (6%) answered they were 'extremely stressed', 5 (15%) answered 'very stressed', 8 (24%) - 'stressed', 15 (45.5%) - 'somewhat stressed', and 3 (9%) - 'not at all stressed'. When asked whether stress and anxiety had had an impact on their work, 14 (45%) responded with 'Yes', 10 (32%) - with 'No', 5 (16%) said they did not know, and 2 (6.5%) answered 'not applicable'.

A range of negative effects of the increased stress on respondents' wellbeing and work during the pandemic were reported. Some examples were feeling helpless, unmotivated and unproductive; having a sense of failure; and experiencing difficulties with work performance and relating to one's work. In

addition, some respondents shared concern about their safety and the safety of their colleagues and families, about not being able to serve all children, and about the longer-term impact of the pandemic:

'*Short term work was normal. Now thinking in the long term has become difficult*' (Service manager, NGO, India)

At least three other respondents indicated increased stress and pressures related to work demands and expectations – for example:

'*It is hard to say because my work is actually the reason for the stress. There is so much to do related to child rights during this pandemic and everything seems to be urgent.*' (Policymaker, NGO, Philippines)

'*I wanted to quit because the pressure was too much and I felt I was failing at my job*' (Direct service provider, NGO, South Africa)


Other respondents reported they felt 'helpless', 'low' and 'doubtful', as well as a sense of failure, when prompted to share more about how pandemic-related stresses and anxieties had had an impact on their work:

'*Anxiety makes you feel helpless and unable to do much.. It makes you feel low and doubtful*' (Direct service provider, NGO, Kenya)

Relatedly, in response to the question, '*If you have not had care or support, what is the impact of this on your work*?', some respondents, primarily from the Philippines, shared:

'*Feeling down and unproductive*' (Service manager, civil society organisation, Philippines)

'*I'm unmotivated, possible I quit my job and go home to the province*' (Service manager, NGO, Philippines)

'*burnout/feeling the weight of the work*' (Service manager, NGO, Philippines)


Another respondent, a policymaker from Sweden, offered a poignant account of their difficulties with judging their work performance and relating to their work on an emotional level**,** as a result of the nine-month remote working. This respondent, who also supervised staff and stated there had been

inadequate support for supervisors, shared their difficulties with maintaining a '*constructive and hopeful atmosphere*' and avoiding arguments.

## *Characteristics of the Support Received*

When asked about what kind of care and support they had been receiving during the pandemic, respondents mentioned peer support (including via online platforms), supervisor check-ins, support from friends and family and self-care. Of 21 respondents, 17 (81%) stated they had benefitted from self-care and peer support, and 4 (19%) - that they had not.

When asked about what made the support received and the self-care engaged in useful, respondents emphasised several aspects: receiving affirmation, learning, support and encouragement; helping manage stress and anxiety; helping with time management; and being able to attend to personal and family needs:

'*It gives me the feeling of not being alone and gives me company and love and secured*' (Service manager, NGO, Philippines)

'*Having outlets and feeling connected to other people and the environment*.' (Policymaker, civil society organisation, USA)

## *Self-Care Practices and Advice to Colleagues on Managing Stress and Anxiety During a Pandemic*

Responses to the question about what advice they would offer to their colleagues in other countries facing similar challenges during the pandemic, respondents shared messages about self-care, social connectedness and sharing, help-seeking, inner strength, gratitude and self-compassion.

For example, several respondents recommended engaging in debriefing with colleagues and seeking out supportive and reflective supervision and peer groups.

'*Keep team spirit and work close with your team*' (Service manager, NGO, South Africa)

'*Seek out supportive and reflective supervision or colleague groups*' (Service manager, NGO, USA)

Others emphasised the importance of not keeping things to oneself and of sharing with others with similar experiences. Planning, note-taking, frequent breaks and 'not bringing work home' were also recommended.

Other respondents advised '*taking each day as it comes*', focusing on the positive and engaging in self-care. Numerous examples of self-care practices were mentioned: socialising, relaxing, meditating and being mindful, leading a healthy lifestyle and others:

'*Do things u love doing that takes our mind off things like your favourite sport or dancing whatever makes u not think about what's happening in the world right now*' (Direct service provider, NGO, South Africa)

'*Cherish small moments of happiness and the small victories because they will help sustain you in the bad times.*' (Service manager, government, USA)

Structured support such as therapy and mental health training was also mentioned.


Self-knowledge, knowledge about stress management techniques and prioritising one's wellbeing were also highlighted in response to the question, '*What advice would you give to your colleagues in other countries facing similar challenges on how best to manage these stresses and anxieties*?':

'*You have to be able to know when you are stressed, acknowledge it and help yourself with de-stressing techniques*' (Direct service provider, NGO, South Africa)

'*Self care is vital! You MUST put your wellbeing first. You cannot pour from an empty cup!*' (Direct service provider, NGO, Scotland)


Importantly, two respondents recommended more employee support and training:

'*I will recommend training and more discussion about Mental health*' (Direct service provider, NGO, South Africa)

'*Work systems to provide better self care support and not overburden workers especially with more intense work in short timeframes and overall employee support and supervision that is structured and coordinated.*' (Service manager, NGO, South Africa)

*Comparative Analysis of Responses to the Supervision and Coping and Wellbeing Survey Items*

Although response rates varied considerably, some meaningful differences in respondents' experiences of supervision and coping and wellbeing could be discerned. For instance, when asked to elaborate on the impact of pandemic-related stress and anxiety on their work, the direct service providers (10) tended to emphasise highly personal impacts such as feeling unproductive and having low self-efficacy, while the service managers (6) stressed more the uncertainty they felt about the long-term impact of the pandemic, the concerns about the inability of their services to meet the demand, as well as the '*very high demand, targets and expectation*s', which caused them stress. In contrast, the policymakers' (3) responses to this question pertained to grappling with competing priorities ('[...] *everything seems to be urgent*'), their difficulties 'concentrating' and relating emotionally to one's work while operating remotely, and their belief that the system did not support supervisors adequately.

When asked about what could have made the supervision they had been receiving even better, some of the 19 direct service providers who completed this question stressed the need to have access to the reporting tools (e.g. laptops) to better engage in supervision, having more regular and formal meetings, and clearer information. In contrast, some of the 11 service managers stressed to a higher degree the need for quicker and more proactive responses by authorities. One policymaker's response, on the other hand, communicated the need for stronger leadership and longer-term planning.

Furthermore, in response to the coping and wellbeing questions, the respondents from Scotland and the USA tended to emphasise their difficulties with staying organised and focusing on short-term goals. In contrast, some of the respondents from the Global South were more likely to report a wider range of negative personal impacts on wellbeing and productivity (the Philippines); feeling helpless and anxious as a result of virus risk as well as their inability to serve all children (Kenya); and feeling 'overwhelmed' and 'isolated' as a result of excessive work demands (South Africa). Self-care and peer support were reported as uniformly important across countries.

Due to the high variability of response rates, cross-country comparisons within the supervision questions were more difficult to establish. Notably, respondents from South Africa tended to report numerous positive impacts of the supervision received – including adapting well to new challenges, having a space to speak out, being reminded about self-care, and receiving reassurance, appraisal and monitoring that led to better performance. Similarly, respondents from the USA reported they were

satisfied with the quality of the remote supervision they had been receiving. Also, one respondent from India shared they had online team meetings discussing mental health, and that they brought 'fun' into the workplace.

## Discussion

Supporting the wellbeing of practitioners and policymakers working to support children's wellbeing in the ongoing crisis is not only a public health and an organisational mandate but also a mandate for ensuring children and families receive good quality care at all times (Parry et al., 2021; Miller et al., 2020). The current study's findings underscore the importance of eliciting providers' reflections about challenges and successes and lessons learned – critical for responsive policymaking and inclusive decision-making, as well as for understanding providers' unique needs, struggles and hopes.

### Distinctiveness of this Study

The current study is distinctive in its cross-continental, multinational scope – thus contributing to the scarce evidence base on provider wellbeing and needs in LMICs. The innovative use of a bespoke smartphone app on a global scale allowed for the collection of rich, in-the-moment data that are useful for monitoring and responding to providers' psycho-social, emotional and professional needs. The utility of the app to monitor and support providers' wellbeing in the long-term should be evaluated in future research. While most research on health and social services staff wellbeing during COVID-19 has focused on frontline workers and other direct service providers, our study also captured policymakers' and service managers' experiences across NGOs, civil society organisations, governments and the private sector, reinforcing the importance of prioritising the wellbeing of all staff across organisational levels in sectors related to child welfare and protection.

### Main Findings

Our findings reveal the multifarious effects of anxiety and stress during the pandemic on respondents' wellbeing, work performance and professional identity. Specifically, some respondents reported having a sense of inadequacy, as well as problems with their motivation, productivity and relating to their work. The COVID-19 pandemic also posed challenges to maintaining effective supervision relationships.

Alongside those challenges, a range of self-care practices were shared – demonstrating how respondents coped and the impact of those practices on their mental health and wellbeing. Respondents also highlighted what attributes of their supervision they valued the most. The findings thus offer preliminary insights into the relationship between supervision, work performance and staff coping and wellbeing in times of a global emergency.

*Limitations*

The modest numbers of respondents from individual countries, together with the variable response rates and the unbalanced representation of countries, professional roles and sectors, raise concerns about the sufficiency of the data and the transferability of the study's findings. This was not entirely surprising given the immense personal, including safety, and professional challenges faced by our target population during COVID-19. Although several countries were only represented by one respondent each in the current strand of the survey, it was decided not to exclude them from the findings in order to represent a diversity of voices and experiences, particularly from underrepresented low-resource settings.

Furthermore, due to the remote survey format, the responses tend to lack context, and we were unable to pose follow-up questions or prompts. Due to the anonymisation, it was not feasible to ask respondents to verify our interpretation of the data. Typographical errors also occurred occasionally. Finally, the terminology used in the survey was not understood uniformly, which is to be expected given English was likely not the first language of all respondents. For example, some respondents, particularly those from Kenya and India, appear to have interpreted the supervision questions differently from how these were intended by the research team – referring instead to supervising the children under their care. Those caveats affect the credibility of the findings and undermined our ability to carry out more systematic cross-country comparisons.

*Practical Implications*

These are unique circumstances: COVID-19 crisis has impacted people personally, as well as on their work, and on the lives of all those with and for whom they work. Providers, service managers and organisational leaders will need to be mindful of the far-reaching impacts of the increased work

demands and stress on providers' coping, wellbeing and service delivery (Aughterson et al., 2021), as everyone's resilience is being tested not only at work, but personally as well. To promote individual providers' and organisational resilience during emergencies, it is important to understand providers' emotional responses and coping strategies during times of undue stress (Kranke et al., 2021; Parry et al., 2021), and to attend to their needs flexibly, despite the newly stretched and increased fragile nature of service delivery in this emergency context.

Aligning the delivery focus across each level of an organisational system—from the policy context, through to management practices that are oriented to effectively support front line practitioners —is a key to sustaining effective practice (Fixsen et al., 2005; 2019; Paulsell et al., 2013), and necessary to effectively support children and families. The findings from this research offer insight into the varied pressures on, and focus of, staff at different levels, and the differentiated nature of staff members' anxieties; supervisors should attend to these differences by responding in an attuned way in order to effectively support their staff members' concerns, and in doing so, ultimately also their wellbeing.

Concerted efforts should be made at the organisational level to foster a work culture of empathy, open communication, acceptance and belonging (Miller et al., 2020).  How organisations and individual supervisors best respond will be culturally specific. Where possible, organisations should increase the availability of psychosocial counselling to providers, including self-taught modules that can be completed remotely, leveraging digital tools to deliver mental health training and awareness. Encouraging peer support can also be helpful. Professionals can be encouraged to explore and develop self-care practices, including those that can be engaged in during lockdowns (GSSWA, 2020; Miller et al., 2020; Sanders, 2020; Parry et al., 2021). Such practices are recommended to be part of professionals' personal development plans and be actively supported and monitored by supervisors and organisations (Morse and Dell, 2021). Supervisors' own choices can also play an influencing role. "Supervisors should role model self-care behaviours and make recommendations for staff to take breaks, get plenty of sleep, exercise, eat well, and connect with friends and family members" (GSSWA, 2020, p.11).

The current findings also reinforce the position that supervisors should heed workers' complex and often subtle emotional responses to professional adversity, and promote their engagement with, and effective navigation of, those emotions through reflection, self-care and relationship-building (Ingram, 2013). Such reflective practice can enable workers to recognise those emotions as functional responses revealing unsupportive organisational structures, excessive workloads, unmet professional and socio-emotional needs, and/or other compounded sources of stress and low self-efficacy (Frosch et al., 2019).

*Implications for Research*

Future longitudinal studies should explore providers' wellbeing during the different stages of the pandemic, including during the post-pandemic recovery (Aughterson et al., 2021), and assess the feasibility of diary-based smartphone apps for providing a safe space for reflection, self-care and social support, especially during times of increased stress, work demands and isolation. Such research should endeavour to better understand the context of coping and wellbeing such as work-related conditions, financial constraints, structural inequalities and others (Franklin & Gkiouleka, 2021).

**Conflict of Interest**

The authors declare no conflict of interest.

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