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Social and Emotional Functions of Institutional Touch in the Relational Care of Young Children

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ABSTRACT

This study reports results concerning close embodied practices, involving touch, in early childhood care settings in Sweden during the COVID-19 pandemic. The data—video recordings of everyday practices in contexts of childcare—were collected during various phases of the pandemic. The study demonstrates a broad range of uses of touch, by adults and children themselves in various age groups and for various social purposes. Touch as embodied intimacy was initiated by educators, and by children, both within their peer group and towards educators. Touch served the purposes of embodied intimacy, emotion regulation, social affiliation, social control, instructions and play. We highlight the detailed ways in which practitioners' actions sustain children's bodily integrity and provide them with embodied agency, participation and learning. Professional touch practices with young children are discussed in the context of 'no-touch' views in social work and care work with children. It is suggested that insights into the social and emotional uses of institutional touch can inform social work practice, especially child and family social work, and residential care.

1 | Introduction

The COVID-19 pandemic affected people's lives in almost inconceivable ways across the globe. Family life changed, including young children's everyday experiences, the availability of their usual social networks, learning opportunities, and opportunities to meet with peers. In many countries worldwide, families were affected by the closure of educational institutions for young children or by education being moved to an online mode. Social services assisting and monitoring children in vulnerable situations had to transform their practices, reducing their availability or moving them online, and the closure of educational institutions for children of various ages exacerbated risks in vulnerable families (Toros, Falch-Eriksen, and Lehtme 2023). Closures of child-related social arenas, especially educational institutions, revealed the ways in which they usually constitute a nexus of social life for both

families and children; they are not only responsible for encouraging children's academic growth and knowledge, but are also a fundamental component of the support for children's socio-emotional, physical and moral development and family well-being (Pfefferbaum 2021, 1). It is therefore important to understand what is at the core of social practices that contribute to young children's well-being and to their participation and care in institutional settings.

During the pandemic, in some countries, for example, Sweden, children's rights—the rights to education, well-being and care (see also Convention on the Rights of the Child)—were foregrounded and fulfilled by keeping educational institutions for children open. While interpersonal touch was one type of social conduct that was debated, regulated and prohibited (outside of close relations such as families), for the purposes of preventing the outbreak of disease, in child

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institutions, such touch constituted daily social relational practice (Pramling Samuelsson, Wagner, and Ødegaard 2020). Notably, interpersonal touch is acknowledged as important to young children's well-being and development (Field 2014; Öhman and Quennerstedt 2017) and as a social relational resource that is present and unavoidable in the care and instruction of young children (see early childhood education and care (ECEC) research; Bergnehr and Cekaite 2018; Ekström and Cekaite 2024). In social work, however, touch, and especially touch involving children, has been debated, and 'no-touch' practices were deployed to avoid abuse (on educational institutions in Anglo-Saxon countries, see Piper and Smith 2003; on social work, see discussions in Ferguson 2011; Green 2017). Notably, a number of social work researchers have recently highlighted the importance of touch in forming and providing close care for children in residential care and raised awareness of the relational aspects of touch in social work practice (Green, Warwick, and Moran 2021; Warwick 2022).

This study contributes to the understanding of professional care and work with young children by exploring close embodied practices that involve touch, in early childhood care settings (i.e. preschools) in Sweden during the COVID-19 pandemic. The data—video-recorded observations of everyday activities in several preschools—were collected during various phases of the COVID-19 pandemic. In this article, the term 'preschool' is used to refer to all types of centre-based early education and care services for children between birth and school-entry age (see also Pramling Samuelsson, Wagner, and Ødegaard 2020). A broad range of uses of interpersonal touch by educators, and by children themselves in various age groups and for various social purposes, is examined, and the socio-emotional features of these collective professional practices are discussed.

We argue that the close analysis of video recordings of institutional care practices is highly relevant to understanding how touch as a reciprocal, sensitive mode can be used when caring for and building social relations with and between young children. By examining video recordings of in situ practices, we highlight the detailed ways in which practitioners' actions protect children's bodily integrity and provide them with embodied agency, participation and learning (cf. Cekaite and Bergnehr 2018; Eßer 2018; Green 2017). Everyday institutional interactions are analysed by using multimodal interactional analysis (Goodwin and Cekaite 2018), a micro-analytical approach that is based on video-ethnographic work and observations of naturally occurring social interactions. This in situ approach allows to examine participants' reciprocal bodily experiences and responses (available to them through their bodily contact and manifested as their actions). The analysis also considers the institutional norms and policies that inform the participants', including professionals', actions. It is suggested that such insights can inform social work practice, especially child and family social work, and residential care.

1.1 | The Characteristics of ECEC and the Effects of Its Closure on Children and Families During the COVID-19 Pandemic

It is widely recognized that the basis of ECEC should be characterized by a holistic approach that strives to integrate practices

contributing to care, intimacy and trust, as well as creating conditions for children's socio-emotional development and learning (Cekaite and Bergnehr 2018; Pramling Samuelsson, Wagner, and Ødegaard 2020). This view resonates with the ethics of care, according to which *care* and *caring for* involve acts that contribute to the other's physical and mental well-being and health (Noddings 2013). *Caring-for* is 'an encounter ... characterized by direct attention and response. It requires the establishment of a caring relation, person-to-person contact of some sort' (Noddings 2013, xiv). Caring involves both assistance with everyday tasks and responsivity, which includes empathetic actions and compassion that are realized through talk and bodily means (Hundeide 2007; Noddings 2013). There is also a need to draw attention to the emotional complexity of professional caring work. Particularly relevant in this context is the concept of 'professional love' (Page 2008), which implies that close affective conduct in interactions with young children in professional contexts contributes to facilitating opportunities to establish trusting relations with children and with families (Page and Elfer 2013).

Various studies have examined the emotional and behavioural outcomes in children associated with the COVID-19 pandemic and have described the social, emotional and behavioural effects of the pandemic, and of school closure specifically. A considerable number of publications based on interviews and surveys have presented the experiences of parents who reported missing the nurturing and supportive environment provided by ECEC programmes (Herrenkohl et al. 2021). Studies of social work have highlighted the detrimental effects of the pandemic on vulnerable families and children and other vulnerable clients (Green and Moran 2021; Toros 2023; Toros, Falch-Eriksen, and Lehtme 2023). Concerns were raised that in countries where these provisions were closed, or access limited, it became difficult to monitor the welfare and safety of children and families due to the lockdown restrictions. Moreover, studies indicate that the COVID-19 pandemic and related measures influenced young children's socio-emotional development. For instance, according to parents, the impact of school closure on young children during the lockdown of 2020 in Ireland (Egan et al. 2021, 925; see also Araújo et al. 2023) resulted in most children missing their friends, playing with other children and the routine and structure of ECEC and school settings. Children exhibited clinginess, boredom, under-stimulation, anxiety and tantrums. They showed fear, difficulties with attention and concentration, worry and nervousness (symptoms that are usually documented as children's reactions to disasters, Pfefferbaum 2021, 4). Notably, these negative outcomes were not universal. Parents also reported some positive aspects of lockdown, such as a break from the usual routine, or more time to play with siblings (Egan et al. 2021; Pfefferbaum 2021).

In Sweden, preschools (for children aged 1–6) and schools (for children aged 6–15) remained open throughout the pandemic, with several changes in routines. A perspective based on children's rights—children's right to education, development and a good quality of life—contributed to the decision to keep educational institutions for children open to the greatest extent possible. This children's rights perspective resonates with Swedish state welfare policies, according to which all

parents and children have the right to early childhood education and care (realized in preschools, which are attended by 85% of children aged 1–5; Skolverket 2022) from infancy to school-entry age. ECEC is viewed as an important aspect of children's early development within the welfare state; it is organized by municipalities and is highly subsidized by the state. During the COVID-19 pandemic, in accordance with directives from the National Agency of Education and Public Health Service,¹ life was kept as consistent as possible for children, and they could attend educational institutions unless they were ill. Social work with vulnerable families in Sweden was (both directly and indirectly) supported by the continuation of early-years care and education and schooling for older children. Keeping educational institutions open contributed to sustaining rather similar conditions to monitor the welfare and safety of the young, and especially of pre-verbal children (Barnombudsmannens rapport n.d.). Interactions with young children in these settings were close and embodied, and social distancing measures needed to be redefined to allow for interpersonal touch, which otherwise was a significant issue in relation to the measures aimed at containing the pandemic.

1.2 | Interpersonal Touch in Interactions with Children

Researchers from various fields argue that social touch is vital to children's social, cognitive and physical development and well-being (Field 2014; Meijer et al. 2022; Öhman and Quennerstedt 2017). Notably, touch is bi-directional: touching someone and being touched are reciprocal, simultaneous acts. Touch can immediately escalate the balance of intimacy and can be rejected (Montagu 1986). Touch can convey emotions, and various forms of positive affective touch contribute to pro-social conduct, while other forms of touch can be abusive (von Mohr, Kirsch, and Fotopoulou 2021). Positive interpersonal touch promotes the formation and maintenance of social bonds (Hertenstein et al. 2009; Suvilehto, Cekaite, and Morrison 2023), and it is an integral part of social interactions, especially with young children, where various forms of touch are used for affectionate, as well as assistive, purposes (Montagu 1986). Touch enhances attachment between the caregiver and the infant; it is important for developing a sense of security and trust in that it indicates responsiveness and mutuality (Bowlby 1969). Research also shows that interpersonal touch is important for social support (including for adults) and has a positive impact on mental health (Meijer et al. 2022; von Mohr, Kirsch, and Fotopoulou 2021).

Recent video-ethnographic studies on family life and its embodied features in Sweden and the United States have shown that families/parents engage in a broad range of corporeal practices, using touch for affection, comforting and control (Goodwin and Cekaite 2018). Studies conducted in ECEC institutional settings pre-pandemic in Sweden demonstrate that touch between adults (i.e. educators) and children was also prevalent, especially in educators' interactions with 1–3-year-olds (Bergnehr and Cekaite 2018). Micro-analyses of in situ social interactions (Goodwin and Cekaite 2018) have shown that adult-child touch is used to manage children's emotions; for example, in cases of distress, embraces

serve as an aspect of multisensorial practices of compassion. Theoretically, these studies adopt an understanding of social life that is informed by sociological and phenomenological perspectives that take into account the embodiment, that is, corporeality of human subjects in their sense-making. The phenomenological perspective on 'being-in-the-world' understood through the notion of intersubjectivity (Merleau-Ponty 1964), and anthropological, as well as sociological perspectives that highlight the corporeality of social order and accountability (Goffman 1983) are relevant in understanding how social actors constitute their activities by engaging in sequentially organized multimodal actions. The video-ethnographic studies of naturally occurring institutional practices reveal that affectionate touch is important in establishing, sustaining and confirming close and intimate social relations between educators and children. By allowing a child to sit in one's lap while reading a book, and in other ways responding to children seeking closeness, adults displayed intimacy and affiliation in corporeal ways. Notably, mild controlling touches (aimed at monitoring, guiding or stopping children's actions) were used most frequently with children of different ages (1–5-year-olds) (Bergnehr and Cekaite 2018; Cekaite and Bergnehr 2018; see also Burdelski 2020). Children's peer-group touch was also frequent (Ekström and Cekaite 2024); it was used for a variety of social functions, such as managing play, comforting, establishing friendship groups or excluding others.

1.3 | Touch in Social Work

Notably, the communicative meaning and appropriateness of touch in both institutional and private settings are derived from a stock of cultural skills and techniques, which the body uses (Crossley 1995, 48; Mauss 1973 [1935]) and which assume public, recognizable forms through recurring everyday practices. What is constituted as a meaningful and appropriate physical engagement relies on cultural norms and the features of social relations that are invoked and constituted through the encounter. Touch in social work practices is debated and generally avoided, and no-touch policies are advocated due to the risk of abuse (Green 2017). A handful of studies on social workers' views, and ethnographic observations of everyday life in residential care homes with children (and young people), highlight the multifaceted relational features of touch (Eßer 2018; Green, Warwick, and Moran 2021; Warwick 2022). Ferguson (2011) explores the role of touch in child protection practices, emphasizing its value and necessity to establish embodied engagement with children in vulnerable conditions. Touch here serves various functions, enabling professionals to examine children's situation and to establish a relationship-based practice (Ferguson 2016). Ferguson (2011, 2016) also recognizes that bodily engagements with children in need can evoke a broad range of emotions. Bodily engagement is therefore a complex professional mode for social workers, especially because of the varying personal comfort levels in relation to physical contact. In a similar vein, Green (2017) highlights tensions in relation to touch and gender in social work. Gendered stereotypes and linked (perceived) sexuality may impact professionals' willingness to use touch as well the interpretations and responses to touch in such professional

settings. The complexity of touch in residential childcare is particularly noteworthy, as the element of coercion can significantly impact the situation of bodily engagement. Avoiding touch, however, may lead to that children will not be expecting physical contact from professionals. Touch avoidance can therefore potentially reinforce the perception of touch as problematic.

Because of its dilemmatic features, touch in social work is often categorized in three broadly defined categories that have value-related connotations: 'Good' touch involves affectionate and supportive touch, that is, touch that shows compassion, and is comforting and reassuring, and is used and responded to positively; 'bad' touch involves physical violence, coercion and/or abuse; and 'absent' touch involves an individual's aversion to touch, or their desire for positive touch in cases of touch deprivation (Green 2017; Green and Moran 2021). For instance, an interview study examining professionals' work with vulnerable families and children showed that social workers were familiar with and recognized the benefits associated with touch used for emotional and relational purposes. However, they reported using touch only for safety, and instrumental purposes due to the risk of affective touch being misconstrued as abusive (Lynch and Garrett 2010).

Other studies have pointed out that, in many cases, the no-touch regulations can be seen as 'discursive tropes' (Warwick 2022, 31). Observational studies on residential childcare show that avoiding all touch was a practical impossibility, both relationally and instrumentally. According to Warwick (2022) and Green (2017), touch in social work needs to be viewed as a 'relational practice' in that it is used and received in a joint encounter, that is, in the meeting of two embodied subjects. Here, the participants' experiences are of fundamental importance. In work with young people and children in residential childcare, touch was shown to function both as a relational here-and-now and a future-oriented practice that enabled social workers to impart to the children embodied experiences of how to use and respond to close, supportive touch, and also when touch was not appropriate (Eßer 2018; Green and Moran 2021). It is argued that the practical ways in which professionals act in their social interactions with children when they respond to children's embodied initiatives 'can help to shape children and young people's opportunities for participation with their own bodies' and support conditions for children's agency (Eßer 2018, 285). However, thus far, there is a dearth of research on the embodied features of social work practices, especially those relevant to child and family care. In the present study, we aim to contribute to this field by highlighting the micro-dimensions of relational touch practices that are engrained in everyday interactions (e.g. Cekaite and Bergnéhr 2018) but that are usually taken for granted and stay invisible for professionals.

1.4 | Social Distancing and Touch During the COVID-19 Pandemic

During the COVID-19 pandemic, because of the regulations concerning social distancing, the opportunities to engage in touch with people outside one's household were severely limited. In some social groups, this resulted in (self-reported) touch

deprivation and increased longing for touch (Meijer et al. 2022). Family units potentially reduced the negative effects of social distancing by sustaining opportunities to engage in social touch, thus contributing to their members' well-being, improving opportunities to manage stress and boosting psychological resilience (Meijer et al. 2022). Simultaneously, increased domestic violence, mental ill health and child abuse were statistically documented (Green and Moran 2021).

In relation to social work practices, social distancing policies transformed the perception of what had previously been viewed as caring and supportive touch. Green and Moran (2021) pointed out that caring touch with service users became 'bad' touch due to its potential to transmit the virus and had to be avoided. In many countries, the implementation of social distancing placed vulnerable children at elevated risk of abuse and neglect, as essential social work practices like home visits and risk assessments transitioned to online platforms. Considering that social work researchers emphasize that child protection and social work interventions in an online format are both 'corporeally inadequate' and 'risky', in that social workers are not able to engage with vulnerable children in an adequate physically co-present way, the avoidance of physical co-presence was detrimental to children's well-being (Ferguson 2011; Green and Moran 2021; Toros, Falch-Eriksen, and Lehtme 2023).

As discussed above, educational institutions continued to provide social spaces for children's care and learning, supporting their well-being during challenging times. In the following, we present cases of professionals' embodied touch-based care practices in child-focused institutional settings, specifically in early childhood education/preschools in Sweden. We demonstrate how, during the general conditions of social distancing, touch was relevant to caregivers supporting young children's social relations, emotion regulation and well-being.

2 | Method

2.1 | Settings, Data and Ethical Procedures

The data consists of approximately 50 h of video-recorded naturalistic observations of everyday activities in two Swedish preschools (located in urban areas), involving approximately 15 professionals (all female) and 65 children (1–5-year-olds, girls and boys). The term 'educator' is used to refer to certified preschool teachers and institutional caregivers who supervise children in preschool settings. Data were collected in spring and fall 2020 and in spring 2022 in two preschools. After gaining consent from the parents and preschool staff, video recordings were made by researchers with handheld cameras. The data document regular outdoor and indoor activities such as free play, circle time, mealtimes, outings and dressing for or after the outings. The Ethical Review Authority Board approved the data-collection procedures (Dnr 2021-04976). Verbal and written information was provided to the participants at all steps of the data-collection procedure. Processual consent was implemented with the children and staff throughout the data collection. When video-recording, the researchers were sensitive to the children's reactions, and stopped when any child showed signs of discomfort or unwillingness. Social distancing measures were adhered to.

2.2 | Analytical Procedure

Seven hours of video-recorded observations of daily activities such as play, mealtimes and educational activities, and outings were selected for the analysis of touch practices in the everyday lives of children and adults in early childhood education settings. Situations were identified in which touch was initiated by educators, or by children, and selected for further analysis, conducted by repeatedly viewing the video recordings. A multimodal interactional approach (Goodwin 2000) that inductively examines how embodied social actions are accomplished in social encounters was employed. This in situ micro-analytical approach allows to analyse the moment-by-moment emergence of social actions and provides insights into the participants' perspectives, for example, when, and how touch becomes relevant, how it is formed and how it is taken up and responded to—accepted or rejected—by the recipient. In this way we can explore reciprocity, or the lack of it, in the naturally occurring situations when physical contact is initiated by professionals.

The analytical procedure involved identifying several aspects that characterized the use of touch in recurring social situations: (i) form (e.g. hug, stroke, holding hands, pushing), (ii) function (e.g. affectionate, compassionate, controlling, playful, instructional) (Bergnehr and Cekaite 2018; Ekström and Cekaite 2024), (iii) who initiated the touch and who was the recipient (adult, child) and (iv) response to touch, that is, was touch accepted or rejected (e.g. a child or adult recipient may protest verbally, or may not respond in the requested ways, and remain immobile, physically resist, move away or collapse on the floor). The function of touch, conceptualized as the communicative meaning of physical contact, was identified by attending to the form of touch, the social situation and any accompanying verbalization.

This study is qualitative and explorative. We discuss touch practices that were documented in preschools in Sweden during the COVID-19 pandemic and focus on typical situations that were mundane, yet noteworthy, because they involved touch as human conduct that was controversial within the general context of social distancing. As will be demonstrated, touch was an inextricable part of everyday life quality for these young children. The aim is to examine the range and functions of touch practices and explore the social-relational work that participants—educators and children—engaged in during their embodied interactions. The extracts presented below constitute a representative variety of the interpersonal touches identified in the data. Anonymized visual examples (line drawings) are utilized to support the micro-analysis of the interactional realization and responses to professionals' and children's touch.

3 | Findings

Interpersonal touch between caregivers and children in ECEC during the COVID-19 pandemic was prevalent and multifaceted; it served to support intimate and trusting social relations in intergenerational interactions, and within the peer group. Caregiver–child touch was used to demonstrate embodied intimacy, social affiliation and social control, as

well as to help children with emotion regulation. Both educators and children established physical contact in ways that resembled tactile engagements that have previously been documented in studies on families, and in preschools in Sweden (see Cekaite and Bergnehr 2018; Ekström and Cekaite 2024; Goodwin and Cekaite 2018). Touch practices indicated relational and emotional work, and 'professional love' (Page 2008) to which adults oriented when caring for, socializing with, and, at times, disciplining young children (see also Warwick 2022, on touch in child residential care). Notably, caregivers' use of close physical contact was geared in various ways towards demonstrating respect for the child's bodily integrity. We demonstrate below how this orientation was achieved by combining touch and talk. The caregivers supported children's agentic participation and well-being, and demonstrated in situ what constituted appropriate peer touch, at times disciplining peer-group touch contact that was deemed too forceful or unwanted.

3.1 | Affectionate, Comforting Touch

Relational aspects of embodied care work and 'professional love' (Page 2008) were clearly visible in the educators' supportive, affectionate and comforting touch, which they utilized in their responses to young children's frequent distress. Children often expressed distress and their reasons for crying varied, but included conflict, injury or sadness. Independently of the reasons, affectionate, comforting embraces (together with talk) constituted one of the most intimate and closest ways to approach the crying child, offer consolation and regulate the child's negative emotions (Burdelski 2020; Cekaite and Bergnehr 2018). Adults 'brought their body' as a support when comforting the crying child and created opportunities for the child's agentic participation. The relationality and contextual aspects of supportive touch, such as 'good' institutional touch (Green and Moran 2021), can be conceptualized and reflected upon here as the ways in which the child's bodily integrity was established and sustained by the caregiver. The adult invited the child into the embrace and was attentive towards the child's embodied responses and reciprocation of close supportive touch (see also studies on touch practices in child residential care, e.g. Eßer 2018; Warwick 2022).

Extract 1 shows how the main educator uses touch to alleviate a child's distress. Here, Steve, a 2-year-old boy, is crying, and educator 2 uses minimal touch, gently stroking his back, while talking softly (line 02). These actions are not enough, however; the boy continues crying, looking at the main educator with whom he has close relations. The main educator offers soothing by initially asking if the boy wants to come to her (line 04). (Transcript conventions: *A::H indicates the child's crying; ** indicates what the figure illustrates; Talk is Swedish translated into English and is not included in the transcripts).

Extract 1

Participants: Main educator (Edu1), educator (Edu2) and six 1–3-year-olds (girls and boys).

01. Steve: A:::h a::h a::h* ((looks at Edu1))
 02. Edu2: ((soothing talk, strokes him several times lightly on his back))
 03. Steve: A:::h a::h
 04. Edu1: Do you want to come here Steve?
 ((moving closer, reaches towards Steve, gestures him to come closer))
 Fig. 1.1 **

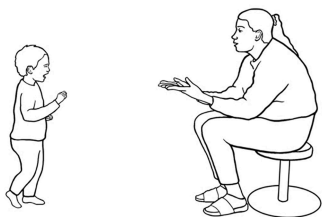


Fig. 1.1 Main educator invites the crying child

08. Edu1: Come here. Come here. ((gesturing to Steve, moving him onto her lap))
 09. Steve: A:::h a:::h ((sitting in Edu1's lap))
 10. Edu1: sh shh ((stroking his back))
 11. Steve: A:::H
 12. Edu1: A:: ((soothing, moves the boy closer to her upper body, enveloping him in her embrace, boy's head on her chest)) Fig. 1.2



Fig. 1.2 Main educator embraces and comforts the crying child

She moves towards the boy and gestures, asking him to come to her (Fig. 1.1). Steve accepts her proposal of closeness, but is still crying loudly, and the adult encourages him to come (lines 07–08). The directive ‘come’ that is produced simultaneously as she reaches out towards the child informs and implicitly asks the boy for his consent to the prospective embrace. When the educator engages the boy in a soothing embrace, he is seated on her lap (lines 09–10). The child accepts the close physical contact but does not stop crying and the educator responds to his emotional needs by increasing bodily closeness, stroking and leaning the boy close to her chest (line 12, Fig. 1.2). Again, these acts are accepted by the child.

Extract 1 demonstrates a mundane and recurring situation in which the caregiver uses touch in a relational way when responding to the emotional needs of a child in distress. The caregiver's embrace is an embodied manifestation of ‘professional love’ (Page 2008) and care, whereby an intensive and intimate form of comforting is initiated when previous, lighter comforting attempts are not successful. She creates an exclusive dyadic intercorporeal hub that allows her to intensify the child's immersion in and experience of embodied compassion and allows her to

mitigate his distress. The bodily responsivity and reciprocation of compassionate touch between the caregiver and the child are demonstrated by the boy leaning closely towards the educator.

3.2 | Educators' Responsivity to Children's Touch Initiatives

Repeatedly, the young children initiated physical contact with the adults, making their bodies easily available for bodily contact with others. The children used touch to invite the adults' attention, affection and closeness, assistance and play and the educators aligned with the children's ways of seeking physical contact, responding to their need for closeness. Adults supported children's initiatives and agentic participation, simultaneously engaging in affectionate relational work (Warwick 2022). This is the case in Extract 2, when, during a free play session, Mina, a 2-year-old girl, approaches the adult and engages her in physical, touch-based, spontaneous play. The educator is sitting on the floor, on the same eye level as the children, acting as an ‘embodied subject’ who is easily available and accessible to the children. In line 01, Mina takes her hand and then tries to raise it in the air. Several children, Anna (1.5 years) and Dan (2 years) are closely observing their interaction.

Extract 2

Participants: Two educators and eight children, 1–2-year-olds boys and girls.

01. Mina: Yeh! ((smiling, looks at educator, tries to raise educator's arm in the air))
 02. Edu: You're so strong, Mina! ((smiling, follows the girl's raising gesture))
 03. ((Mina and educator laugh, holding raised arms together))
 04. Edu: What? Are you going to raise my arm?
 05. Mina: ((pulls the educator's arm down, smiling))
 06. Edu: Peekaboo! ((follows Mina's movement, lowers her arm, smiling))
 07. Anna: ((positions herself in educator's lap)) Fig. 2.1
 08. Mina: ((raises educator's arm))

Mina and the educator continue their game, repeating the pattern four times, when Dan approaches them and takes the educator's other hand. They continue the improvised ‘arms—peekaboo’ game, now as three participants.

09. Mina, educator, Dan: ((arms raised, waiting)) Fig. 2.2
 10. Edu: ↓((starts pulling their arms down, as if “unexpectedly”))
 11. Mina, Dan, educator: ((laugh))
 12. Mina, educator and Dan continue the game cycle seven times, interspersing hand-raising with smiles and laughter.



Fig. 2.1 Raising hands with one child

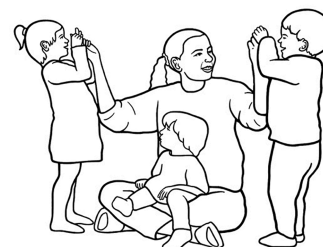


Fig. 2.2 Raising hands with two children

Initially, the educator loudly interprets Mina's embodied actions (the girl does not speak much yet): when Mina spontaneously raises the adult's arm, she complies, following the gesture upwards, and positively assesses the girl's physical strength, telling her: 'you're so strong, Mina' (lines 02–03). Both the adult and Mina are laughing, and the adult continues showing her responsivity to being physically managed by the young child: She easily follows through the girl's movement trajectory when the girl pulls down their joined hands and calls the game 'peekaboo'. The repetition of bodily actions is obviously delightful and enjoyable to the child, and the adult acts as a willing and happy participant, who follows the girl's physical attempts to choreograph her actions (lines 04–08). The embodied game is expanded when Dan approaches the educator, smiling, takes her other hand and repeats the girl's arm-raising pattern, adopting the same rhythmical play (lines 12–15).

Anna, a 1.5-year-old girl, has been observing the game, and on her own initiative approaches the educator and sits in her lap (line 07, Fig. 2.2). This is done silently, and neither Anna nor the educator notice, comment or nonverbally react to their engagement through touch. This suggests that both the child and the adult orient to each other's bodies as easily approachable, touchable and well known to each other (e.g. the educator's lap serves as a 'home base' for the young child; see Katila 2018). Various forms of physical contact are initiated by the young children themselves, and the exchange is characterized by all the participants', including the caregiver's, reciprocation of the playful affective attunement and embodied trust.

3.3 | Socializing—Disciplining and Modelling—Children's Appropriate Touch Within the Peer Group

Yet another area where touch conduct was the focus of social relational work involved caregivers' attention to children's peer touch. Adults monitored, disciplined and socialized children's touch among their peers and scaffolded their peer social relations and social and communicative skills. The children's peer groups frequently engaged in physical contact, touching each other during play, engaging in playful sensorial exploration and feeling each other's clothes or bodies, simply incidentally touching each other or initiating affectionate touch such as hugs (see Ekström and Cekaite 2024). While much of children's touch went unnoticed by the adults, who viewed peer touch as an inextricable part of young children's social interactions, the adults also engaged in normative socializing practices. They instructed children about appropriate ways of using physical contact in various social relations (which is also an important goal of child residential care; Warwick 2022). They emphasized that children had to show respect for other children's agency, bodily integrity, preferences and wishes. Simultaneously, these situations could present a professional dilemma in that the adults themselves used mildly disciplining touch in order to prevent unwanted physical contact between children.

Extract 3 illustrates such a situation. Here, four children (1–3-year-olds, boys and girls) are playing with big play cushions,

while the educator is monitoring them. She explains to Jonas, a 2.5-year-old boy, the normative rationale concerning when it is appropriate to hug somebody (line 01).

Extract 3

Participants: Educator, four children, 1–3-year-olds.

01. Edu: Nobody can hug if the other doesn't want to. ((to Jonas))
 02. Jonas: Want to hug. ((looking at Liam, then educator))
 03. Edu: Do you want to hug? The cushion or Liam?
 04. Jonas: ((comes closer to Liam, reaches out his arms to hug him))
 05. Edu: Ask Liam if he wants to. ((to Jonas))
 06. Jonas: ((starts hugging Liam gently))
 07. Liam: I don't want to.
 08. Edu: Jonas Jonas ((holding his hand, tries to stop his hugging, pull him away gently)) Fig. 3.1



Fig. 3.1 Adult stops peer hug

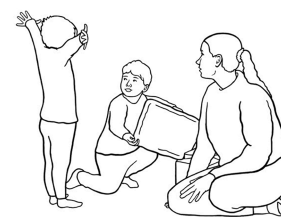


Fig. 3.2 Boy asks for a hug

09. Edu: You have to listen. He said "I don't want to be hugged."
 10. Jonas: ((looks at Liam, extends his arms in an exaggerated invitation to hug)) Fig. 3.2
 11. Edu: I want a hug if you'll hug me. ((reaches out her arms, smiles to Jonas))
 12. Jonas: eh eh ((tries to move towards Liam, preparing to hug him))
 13. Edu: But listen. He doesn't want to. ((stops Jonas with her touch, with regret in her voice))

In this situation, the explicit socialization concerning hugging and when and by whom it can be initiated is the main focus of the educator's disciplining actions. She explains to Jonas that hugging is not entirely 'free', but is dependent on the other individual's wishes (line 01). Jonas complies and expresses his wish, stating that he 'want to hug' (line 02) as he approaches Liam. The adult then instructs Jonas to ask Liam if he wants to be hugged (line 05). When Jonas starts gently hugging Liam, Liam exercises his embodied agency by rejecting the hug ('I don't want to', line 07).

The educator then corrects Jonas' actions and disciplines him both verbally and by using immediate controlling touch to stop the hug as she moves Jonas away from Liam (Fig. 3.1). In a way, the adult's embodied actions contradict her previous instruction about when hugging is appropriate; touch should be preceded by a verbal request, which hones the individual's agency, bodily integrity and wishes. In this situation, she disciplines the boy

mildly, preventing him from continuing his hug. In doing so, she does not ask Jonas if he wants to or agrees to be touched (lines 08–09, Fig. 3.1), but acts upon the urgency to prevent the unwanted hug between the children.

As Jonas becomes upset and claims verbally that he wants to hug Liam, the educator continues the socialization lesson in a more explicit form: ‘You have to listen. He said he doesn’t want to be hugged’ (line 09). Despite this, Jonas still wishes to hug the other boy, and makes an exaggerated gesture as an invitation (Fig. 3.2). The adult then smiles and offers her own hug instead, bringing her own body and affection into the situation. Smiling and in a comforting voice she offers a hug with herself: ‘I want a hug if you want to’ (line 11). In undertaking these disciplining actions, she is also sensitive and supportive of the boy’s desire for affectionate touch, in that she offers herself as a closely intimately responsive hugger. However, Jonas yet again approaches Liam for a hug (line 12). He is again prevented by the educator, who stops him with touch and embellishing her verbal explanation about the recipient child’s individual wishes: ‘he doesn’t want to’ (with regret in her voice, line 13). The adult mitigates the disciplining and comforts Jonas, while supporting Liam’s agency by repeating his refusal to be hugged by his peer.

As demonstrated here, the caregiver engages in complex embodied relational work: She mediates between the children and supports their social relations by providing prompts about adequate ways to engage in affectionate touch, and she uses her own institutional authority to control the children’s actions. The adult instantiates the institutional ideologies concerning the individual’s right to bodily integrity, which involves a child’s right to refuse touch. Here we can see that something that is generally considered ‘good’ touch—affectionate hugs—becomes ‘bad’ touch when perceived from different children’s perspectives.

3.4 | Controlling and Instructional Adult Touch: Managing Safety and Scaffolding Children’s Embodied Skills

Taking care and educating children in ECEC settings during COVID-19 pandemic conditions, much like during the pre- and post-pandemic periods, involved educators using bodily instructions and controlling touch used to assist the children and to socialize them into future autonomous actions (see also Green and Moran 2021). These touch practices were instrumental in caregivers managing children’s conduct in order to accomplish relevant institutional tasks, instructing and assisting them and progressing the flow of institutional activities. Especially during the COVID-19 period, preschools were recommended to spend a considerable amount of time outdoors to reduce the health risks. To be able to do so, they also needed to be able to walk in a group in a safe manner. Walking as a preschool child involves embodied knowledge, that is, the development of ‘techniques of the body’ (Mauss 1973 [1935]), specific ways of using one’s body to perform socially relevant actions. These techniques of the body

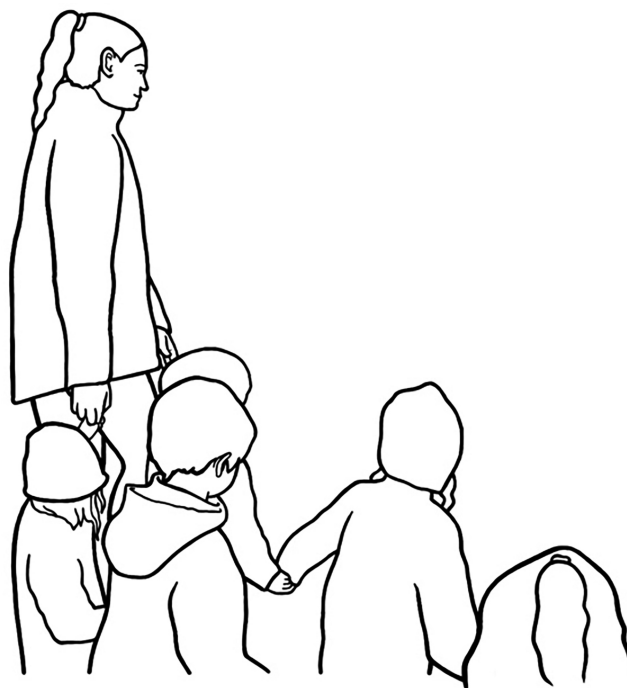


Fig. 4. Walking together

are clearly related to safety and rely on close physical contact and the acceptance of close bodily contact with each other. Fig. 4 illustrates a daily outing with a group of five 2–4-year-olds and an educator.

Here, the group forms a close and complex bodily arrangement as they walk to the gym. All the children hold hands together, two on one side of the educator and three on the other. They hold the adult’s hands delicately and closely monitor their peers’ actions. There is a lot of physical contact between the children.

Moreover, as an integral part of institutional childhood, the adults’ caring embodied assistance and socializing instructions involved using touch to guide children’s enskillment into mundane manual tasks. The educators used mildly controlling touch to scaffold children’s bodily actions, while supporting their individual capacities as they learned to act autonomously. Assisting scaffolding touch that was coordinated with talk explaining the required actions supported the children’s bodily integrity in a subtle manner: the coordination of talk and touch provided each child with opportunities to acquiesce or object to the adult’s embodied instructions.

In Extract 5, during a mealtime with a group of 1–3-year-olds, the caregiver assists a 2-year-old girl, Nora, into and out of her chair at the lunch table (lines 01–03), in accordance with her questions about whether the girl has eaten enough.

Extract 5

Participants: educator, four 2-year-old girls and boys.

01. Edu: Haven't you finished? *((tries to sit girl in the chair))*
 02. Noor: *Ne::h ((resists, whining))*
 03. Edu: No. You don't want to eat any more. *((lifts girl out of chair))* Fig. 5.1
 04. Edu: In that case you need to take your plate. *((hands Noor her plate))*
 05. Noor: *((takes plate))*
 06. Edu: *((shepherds girl by touching her back towards "kitchen" area))*
 07. Noor: *((walks quietly to "the kitchen"))* Fig. 5.2
 08. Edu: *((instructs and assists Noor to remove leftovers into waste basket))*
 09. Edu: Now you have to wash and dry your hands.
 10. Edu: *((assists Noor to wash her hands))* Fig. 5.3



Fig. 5.1 Lifting the child

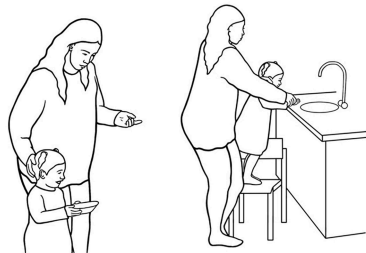


Fig. 5.2, 5.3 "Shepherding" and assisting the child

During this mundane encounter, the caregiver uses instructional and controlling touch in various ways. She moves the child's body into and out of the chair, using talk to ask the girl about her wants and needs (lines 01–03; Fig. 5.1). The next step in the preschool mealtime activity is that even young children are scaffolded and supported to accomplish the various steps of 'tidying away your plate' routine. Here we see that the caregiver starts the routine by lightly shepherding the child, that is, steering her movements by using mild controlling touch (Cekaite 2010), while the child carefully carries her plate (Fig. 5.2). The next step requires cleaning one's plate, an action that is again physically supported by the caregiver, and the last step of the routine is washing one's mouth and hands; the caregiver scaffolds the girl's actions by manually supervising and assisting (Fig. 5.3, lines 09–10).

This situation illustrates that the caregiver's controlling and instructional touches are used, not to enforce and coerce, but to steer and scaffold the child's embodied actions in relation to the institutional agenda and socialization goals concerning the child's development of autonomous bodily skills for the future (see also Green, Warwick, and Moran 2021). The child is scaffolded both verbally and by the use of movement and touch, and these methods orient to the child's bodily integrity and agency. The girl is clearly knowledgeable about how to act and follows the caregiver's embodied scaffolding easily, with no resistance.

4 | Discussion and Conclusions

The COVID-19 pandemic brought about profound changes in people's lives, affecting family life, children's daily experiences

and their opportunities to interact with peers. Regulations and measures concerning social distancing and school closures put a significant strain on families and children and their psychological well-being. Social services were also transformed in ways that limited direct interaction with vulnerable children. In response to these measures, children's participation in ECEC characterized by a holistic, relational approach as an essential condition for securing their rights has been suggested as a way to mitigate the negative effects of the pandemic (Egan et al. 2021; Pfefferbaum 2021; Pramling Samuelsson, Wagner, and Ødegaard 2020). Participation in educational institutions could also function as a protective measure, particularly for vulnerable families and children during a time when many social services were transferred online (Toros, Falch-Eriksen, and Lehtme 2023).

This study has examined close embodied practices, characteristic of everyday ECEC in preschools in Sweden, and demonstrates how touch was utilized in caregivers' emotional and relational work with young children, and in the children's peer group during the COVID-19 pandemic. Even during this challenging period, when touch became 'dangerous' in the wider society, and when many child-oriented services were reduced (Green and Moran 2021), caregivers used close bodily entanglements with the young children. It is argued here that a multimodal micro-analysis of video recordings of everyday practices is highly relevant to enable an understanding of how touch as a reciprocal, sensitive mode can be used in professional relational practices when caring for young children. Visual representations of touch acts allowed to show when and how touch was used and reveal the momentary uptake by the touch recipient. In that touch is continuously bi-directional and has a potential to escalate the balance of intimacy (Montagu 1986), the close analysis of in situ interactions provided possibilities to trace the touch recipient's publicly visible uptake. As demonstrated, adults' touch as featured in relational care work was an efficient resource for responding to children's needs and emotional requirements; for instance, when they were in distress (Extract 1). Adults' close and sustained embraces served as compassionate responses aimed at alleviating negative emotions, and to support children's well-being, constituting a foundation for their socio-emotional development. Affectionate touching practices were enabled by, and sustained, trusting and intimate relations, and such affectionate relational work can be seen as an expression of 'professional love' (Page 2008; also Page and Elfer 2013). Touch was usually reciprocated—the children and caregivers accepted each other's touch. These practices closely resembled those documented in studies of family life, where parents used comforting touch and talk in intimate, emotionally attuned, relational work (Goodwin and Cekaite 2018). Trusting and close, intimate relations between caregivers and children were instantiated when young children approached caregivers, and caregivers arranged their bodies for receiving children's touch (Extracts 2 and 3), arranging their laps as a secure 'home base' (Katila 2018). These situations provide support to insights on the relationality of touch in social work; for example, work with children in residential care, where 'good' touch is shown to depend, not on the form of touch, but on the unique relational configurations (Green 2017; Warwick 2022).

The broad range of embodied practices documented in the daily activities taking place in early childhood education institutions

in Sweden provide empirical insights concerning the importance of a holistic perspective on relational care. Deference to the bodily integrity of the young child is crucial when adults provide embodied care and manage social relations within children's peer groups. Rather than promoting 'no-touch' policies, and avoiding touch, reflexivity towards the professional and relational dynamics of adult-child encounters can be supported by gaining detailed knowledge of the interactional organization of touch, especially because touch gains its positive value from being used within social relations that are built on trust (cf., Cekaite and Bergnéhr 2018; Eßer 2018; Green, Warwick, and Moran 2021). Interpersonal touch characterizes intimacy, closeness and trust, all significant conditions for children's socio-emotional development (Bowlby 1969; Ferguson 2011; Field 2014). While touch is prevalent in the care of children, there are some differences between, for instance, residential childcare and early childhood educational institutions. The presence of control and coercion in residential care influences strongly the experience of touch and highlights children's vulnerability (Green 2017; Warwick 2022). In this respect, educational institutions play a valuable role by offering opportunities for non-threatening physical engagement with children. As demonstrated in the current study, children themselves can actively engage with professionals, inviting and sustaining comforting, affectionate or playful physical interactions. The study reveals the emotional complexity of working with and participating in caring for and teaching young children and highlights the importance of 'professional love' (Page 2008) and professional reflexivity towards the relationality of touch in the professional care of children.

To summarize, this study emphasizes the positive role of educational institutions in ensuring children's well-being when a societal crisis occurs (Pfefferbaum 2021), and details some of the practices employed within educational settings to mitigate the effects of COVID-19 on young children. Arguably, in various areas of the world, young children's health, development and well-being were low priorities at the height of the pandemic, with public health concerns being far more keenly focused on the health and productivity of adults. The findings emphasize what children miss when they do not have the benefit of spending time in early-years settings and are not given opportunities for play and socialization, supported by the gentle use of touch. Further, in the context of pandemics or when social services limit physical engagement with children, preschools and childcare institutions play a crucial role. They make it possible for professionals to interact with children in close situations and to engage with them physically, thereby contributing to the opportunities to identify children at risk (cf. Ferguson 2011).

The detailed empirical analysis shows the step-by-step embodied ways in which close and trusting relations are built in professional services; it demonstrates the unavoidability of touch in everyday care practices that take into account children's rights to development and learning (cf. Öhman and Quennerstedt 2017). The study aligns with discussions that challenge the understanding that physical contact and touch should be avoided in social work (Eßer 2018; Green 2017; Green and Moran 2021; Warwick 2022). By using illustrative examples from early childhood educational settings, the results problematize and underscore the role of touch in professional institutions. Importantly, further empirical observational evidence and close analysis of

social work practices are necessary to support discussions that can facilitate an informed reconceptualization of how to view physical contact within social work.

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Conflicts of Interest

The authors declare no conflicts of interest.

Endnote

¹ The central administrative authority for the public school system in Sweden.

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