SES Family Impact Report

Research findings translated into economic outcomes

Prepared by Nordic Healthcare Group in cooperation with SES Family

Finland localization of the original Danish impact report

This report is based on the Danish SES impact model, with SES' documented effects used as evidence base. The economic impact has been localized by applying Finnish payer responsibilities, cost bases and population assumptions, so that the effects are allocated and valued according to the Finnish service system and population base.

Cost-reducing effects of SES Family

SES Family helps social- and healthcare professionals and separated families prevent problems and protect children from reduced well-being. SES Family was developed by psychologists and researchers at the University of Copenhagen. Evidence of the effects comes from two comprehensive RCT studies and a Danish register study, data from four countries, as well as 5 700 professionals and thousands of children, young people and adults. In this report, the documented effects are translated into public-sector saving.

What is addressed and generates savings

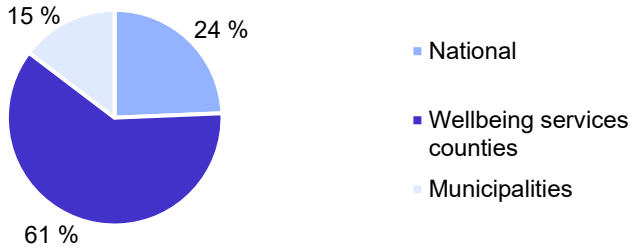
- **Children & young people:** 49 % less school absence, 43 % lower reduced well-being and 32 % less parental conflicts → fewer child and family service cases, social interventions and lower costs related to school absence.
- **Adults:** 42 % less depression, 35 % less stress and 4,41 fewer weeks of long-term sickness absence → lower sickness benefit expenditure, reduced production losses, and fewer medication costs and healthcare contacts.
- **Professionals:** savings on external courses and professional upskilling and time savings in daily work → targeted and consistent methods and approaches across the organisation, better outcomes and professional support.

Savings per user at all levels over 5 years

User	Savings per user after 5 years
Per child/young person	≈ 5 366 €
Per adult	≈ 6 719 €
Per professional	≈ 843 €

Total savings over 5 years are calculated per user group at municipal, wellbeing services county and national level and stated in 2025 prices. This model does not consider the costs associated with SES. See method section in this report for further details on the calculations.

Distribution of public-sector savings over 5 years



The calculation basis provides a rough estimate of the distribution of public-sector savings, but should be supplemented with a full municipal and wellbeing services county calculation based on the actual or expected number of users among children/young people, adults and professionals in the municipality or wellbeing services county in question.

Divorce is a societal challenge

Divorce and separation are significant life changes and major societal issues. Around four out of ten marriages end in divorce, and at least as many unmarried couples separate. A large share of families with children are affected, and this group is overrepresented in social cases and interventions.

Research shows that divorce and conflicts related to relationships increase the risk of mental and physical illness, place strain on children's well-being and long-term opportunities, and lead to higher use of health- and socialcare services as well as more absence from work and school. The human and socioeconomic costs are substantial, while few services in this field have been thoroughly evaluated or are evidence-based (Øverup et al., 2025).

The core target group for SES Family is all citizens living in divorced / separated or blended families – both those recently divorced and those where the separation took place years ago.

SES Family: one solution, three tools

SES Family was developed at the University of Copenhagen and consists of three tools that cover the whole family.

- **SES ONE** – digital self-help for adults. The intervention helps adults understand children's reactions, prevent conflict and build cooperation across the whole family after divorce / separation. SES ONE also helps the family understand their own feelings and reactions.

- **SES NXT** – digital self-help for children and young people aged 3-17. Helps children and young people understand their rights, express wishes and needs, translate reflection into action, put their feelings into words, and start and strengthen dialogue with adults and other children.

- **SES PRO** – a toolbox for professionals with structured conversation guides, group programmes, assessment tools and methods that contribute to quality in work with divorced / separated and blended families, including families with a high level of conflict.

Research and data translated into public-sector savings

SES NXT - RCT for children and young people

Danish RCT with 866 children/young people (aged 3-17) in 467 families; follow-up after 4 and 12 weeks.

Measurement area	Type of saving	Result (actual figures → %)	Public-sector impact	EUR · over 5 years (2025 prices)
Reduction in concerning school absence	Municipality	Problematic absence (over 10 %) is reduced from 55,7% → 15,9 %, corresponding to approx. 71 %. 11 fewer full days of absence over a school year, corresponding to a reduction of approx. 49 %.	Fewer social interventions for children/young people, fewer cases, a lower risk of specialised provision, and better educational opportunities.	**≈ 677 EUR per child** Source: Local and County Government Employers KT, Statistics Finland, Finnish Institute for Health and Welfare (THL)
Reduction in cases involving parental conflict (additional SES NXT effect)	Municipality	Conflict level approx. 32 % lower (reported by both young people and parents); 86 % of the intervention group moved from a high level of conflict to a moderate or low level of conflict.	Fewer preventive measures and less family treatment due to lower conflict levels.	**≈ 1 325 EUR per child** Source: Finnish Institute for Health and Welfare (THL) Describes only the additional effect of SES NXT to avoid double counting with SES ONE.
Total per child	Municipality			**≈ 2 002 EUR per child** (Total municipal savings)
Reduction in concerning school absence	Wellbeing services county	Problematic absence (over 10 %) is reduced from 55,7% → 15,9 %, corresponding to approx. 71 %. 11 fewer full days of absence over a school year, corresponding to a reduction of approx. 49 %.	Fewer social interventions for children/young people, fewer cases and a lower risk of specialised provision; better educational opportunities.	**≈ 512 EUR per child** Source: Finnish Institute for Health and Welfare (THL), Statistics Finland
Total per child	Wellbeing services county			**≈ 512 EUR per child** (Total wellbeing services county savings)
Overall well-being and mental health (SDQ)	Municipality and wellbeing services county	Problem score is reduced from 17,8 → 10,2 – approx. 43 % lower; everyday burden is reduced from 3.5 → 0,7 – approx. 81 % lower. The control group's score was largely unchanged.	Fewer notifications, better school participation; fewer preventive and supportive measures; less pressure on support functions and the family department.	*Included in the savings associated with concerning school absence*
Quality of life & physical health	Municipality and wellbeing services county	Quality-of-life score increases from 44,8 → 78,1 – approx. +74 %; in the control group, the score increases by only +13 %. Problems falling asleep more than once per week are reduced from 53,5 % → 14,7 % → 38,8 percentage points, compared with 5,75 percentage points in the control group. Physical complaints, e.g. headache or stomach ache, are reduced from 34,51 % → 8,04 % → 26,47 percentage points, compared with 5,95 percentage points in the control group.	Better development and schooling; lower long-term use of social and health-related services	*Included in the savings associated with concerning school absence*
Total per child	Total savings			**≈ 2 514 EUR per child**

SES ONE - 12-month RCT and 5-year register follow-up · adults and children

Danish RCT among 1,856 recently divorced adults (intervention group n = 1031, control n = 825); follow-up after 3, 6 and 12 months (sick days: n = 778).

Measurement area	Type of saving	Result (actual figures → %)	Public-sector impact	EUR · over 5 years (2025 prices)
Sick days (Year 1)	Municipality	5,8 fewer full sick days → 38 % reduction	Lower productivity loss among municipal employees.	**≈ 277 EUR per adult** Source: Local and County Government Employers KT, Statistics Finland
Total per adult	Municipality			**≈ 277 EUR per adult** (Total municipal savings)
Sick days (Year 1)	Wellbeing services county	5,8 fewer full sick days → 38 % reduction	Lower productivity loss among wellbeing services county employees.	**≈ 308 EUR per adult** Source: Local and County Government Employers KT, Statistics Finland
Reduction in cases involving parental conflict (baseline effect excluding to SES NXT)	Wellbeing services county	Conflict level approx. 32 % lower (reported by both young people and parents); 86 % of the intervention group moved from a high level of conflict to a moderate or low level of conflict.	Fewer preventive measures and less family treatment due to lower conflict levels.	**≈ 2 851 EUR per child** Source: Finnish Institute for Health and Welfare (THL)
Overall mental health, hostility and stress (SF-36, PSS)	Wellbeing services county	Share with reduced mental health: 59,9 % → 30,0%. Corresponding to a 50 % reduction. Stress reduced to a normal level in the intervention group	Fewer healthcare contacts; greater parental capacity; less derived demand on psychiatric services.	**≈ 3 340 EUR per adult** Source: OECD, Finnish Institute for Health and Welfare (THL), Statistics Finland
Depression (SCL-90-R)	Wellbeing services county	69 % reduction in the share above the clinical threshold: Men: 42 % → 13 % Women: 32 % → 10 %	Fewer healthcare contacts and psychiatric treatment courses, lower medication use, fewer admissions and lower demand on general practice.	
Anxiety and somatization (SCL-90-R)	Wellbeing services county	60–80% reduction in the share above the clinical threshold: Anxiety: Men: 26% → 9 %; Women: 23 % → 9 %. Somatization: Men: 27 % → 5 %; Women: 17 % → 7 %.	Fewer healthcare contacts and psychiatric treatment courses, lower medication use, fewer admissions and lower demand on general practice.	
Total per adult	Wellbeing services county			**≈ 3 648 EUR per adult** **≈ 2 851 EUR per child** (Total wellbeing services county savings)

SES ONE - 12-month RCT and 5-year register follow-up · adults

Danish RCT among 1,856 recently divorced adults (intervention group n = 1031, control n = 825); follow-up after 3, 6 and 12 months (sick days: n = 778).

Measurement area	Type of saving	Result (actual figures → %)	Public-sector impact	EUR · over 5 years (2025 prices)
Sick days (Year 1)	National	5,8 fewer full sick days → 38 % reduction	Lower productivity loss among other employees in addition to municipal and wellbeing services county employees.	**≈ 2 338 EUR per adult** Source: Statistics Finland
Sickness benefits (Year 5)	National	4,41 fewer weeks of long-term sickness absence over 5 years.	Fewer sickness absence periods requiring sickness benefits	**≈ 455 EUR per adult** Source: The Social Insurance Institution of Finland (Kela), Statistics Finland
Total per adult	National			**≈ 2 793 EUR per adult** (Total national savings)
Total per adult	Total savings			**≈ 6 719 EUR per adult**
Increased 5-year wage income over time	National	5,21 % higher total wage income over 5 years in the intervention group compared with the control group.	Increased societal benefit associated with income. **Not included on page 1, as this is a societal benefit and not a direct budget saving.*	**≈ 14 065 EUR per adult*** Source: Statistics Finland

SES PRO - value per professional

SES PRO is not valued through RCT outcomes like ONE and NXT, but through SES' own calculation of a professional upskilling (benchmark value) and a time savings (logins) based on estimates from SES. Because different areas have very different numbers of active professionals, the value is expressed per active professional and scaled according to actual use.

GAIN PER PROFESSIONAL over 5 years: **≈ 843 EUR** per professional

Target group	Basis	Total over 5 years (2025 prices)
Professional upskilling value (benchmark)	Estimated savings on external courses and professional upskilling. Based on actual user data from more than 5 000 professionals.	**≈ 452 EUR**
Time saving	Estimated time savings from developing own conversation and group materials. Based on actual user data from more than 5 000 professionals.	**≈ 392 EUR**
Total per professional (5-year)		**≈ 843 EUR**

The wellbeing services county's total SES PRO gain after 5 years = 843 EUR × number of professionals in the wellbeing services county.

Calculation basis

Benchmark/skills value:
*= (5 years * Number of average PRO users in one year * Share of active users of skills-development content * Benchmark value per active professional) / Number of PRO users in one year*

Time saving:
*= (5 years * Number of PRO users in one year * Share of active users of skills-development content * Number of logins per professional per year * Number of working hours saved per login * Average hourly earnings for wellbeing services county employees / Number of PRO users in one year)*

Notes and caveats

All savings are stated per person. The following notes and caveats apply:
For children and young people, savings from fewer concerning school absences, reduced demand for learning, attendance and student-welfare support, and fewer family-support and child-protection cases are included. For adults, reductions in sickness absence and sickness benefits paid by Kela are included, together with one aggregated public-sector cost estimate for mental-health problems. For professionals, the benchmark value per active SES PRO user and estimated time savings are included, that are based on SES data from more than 5 000 professionals. For localizing purposes these estimates are adjusted to reflect the population base of the selected local area of interest.

The number of adult SES users is based on SES' User Engagement Score, using a pragmatic scenario and the total population of municipality or wellbeing services county.
The number of children/young people in relation to SES is estimated as the number of adult SES users / 2 * probability of being a parent based on the SES studies (understood as the share of parents among SES users in the published and representative studies, ~88.2%) * the average number of children aged 6–17 with divorced parents nationally (reported by Statistics Finland, 1,59 children per parental couple).
The number of professionals has been provided by SES and estimated for each wellbeing services county by scaling Danish SES PRO use to the local population. The calculation takes the average annual number of PRO users in Denmark and adjusts it by the population of the selected wellbeing services county relative to the average population of a Danish municipality using SES PRO. In practice, this estimates how many PRO users the selected area would have if it had the same number of PRO users relative to population as the Danish municipalities where SES PRO is used.

Interpretation of per-user savings:
Please note that all per-user savings are calculated by taking the total savings for a given service and dividing them by the estimated number of adults, children/young people or professionals, depending on the service in question. The per-user savings should therefore not be interpreted as unit costs for the different services. For example, the number of children who avoid a costly school-absence intervention is estimated by first calculating the probability that a child aged 6–17 will experience concerning school absence (≥10%). The saving is therefore generated by a smaller number of children, and the actual unit cost of the intervention will be higher than its per-user cost. Instead, the per-user figures indicate the average expected saving per SES user within each category if a municipality or wellbeing services county purchases the different SES services.

The presentation of savings per user across sectors (municipality, wellbeing services county, society) consist of the summarized savings for adults, children/young people and professionals respectively. Care should be taken when interpreting this figure directly as a saving after 5 years. This is because the savings for society, municipalities and wellbeing services counties are theoretical and are calculated by adding together the per-user savings for the three groups of SES users. However, a saving per child is not the same as a saving per adult, and total savings can therefore be misestimated when based on different numbers of users in the groups. Therefore, per-user figures cannot be compared directly across children, adults and professionals. To assess the actual municipal or wellbeing services county savings, a consolidated calculation for the municipality or wellbeing services county should instead be prepared, clearly stating how many adults, children/young people and professionals are included.

Savings over 5 years
Savings per user over 5 years are shown to reflect that several of the effects of the SES interventions are based on long-term effects and documented benefits lasting more than one year. For the sake of simplification, we have applied a conservative model to the accumulated savings, meaning that the results are based on one generation of SES users accumulating beneficial effects from their first use of SES and five years forward. In other words, the per-user savings stated in this report only show savings for one generation of users and do not include the benefit for all five generations over a five-year period.

In addition to estimating the savings per generation of SES users in the individual municipality or wellbeing services county, NHG's economic savings model also provides an overview of how much money municipalities and wellbeing services counties save over 5 years when accounting for the fact that new SES users join each year, who will also benefit from the interventions' effects. This shows, for example, that in year 1 there is one generation of users receiving the full effect

(generation 1), while in year 2 there is a partial generation 1 and a full generation 2, in year 3 a partial generation 1, partial generation 2 and full generation 3, and so on.

Parental conflict and social interventions

With regard to estimating savings from parental conflict, the publications for SES ONE and SES NXT show that both interventions have a positive impact on the level of parental conflict, thereby reducing the risk that a family enters the social welfare / child-protection system. The published studies show that the positive effect on parental conflict is somewhat greater for SES NXT than for SES ONE.

It is assumed here that both interventions affect parental conflict through a similar mechanism. To avoid double counting, savings associated with social interventions are estimated as a base saving per child if SES ONE is purchased, while the per child saving stated for SES NXT consists of the additional saving per user that would be achieved by purchasing SES NXT. This ensures that savings are not counted twice. This means that, when assessing SES NXT savings, the savings from social interventions in SES ONE should be added to the per-child savings for SES NXT.

Method

How the documented effects have been converted into monetary outcomes – data basis, valuation and the principles that make the figures verifiable.

Data basis. The report is based on three sources: a Danish randomized controlled trial (RCT) with 866 children and young people aged 3–17 in 467 families (SES NXT); a Danish RCT with 1,856 recently divorced adults (SES ONE); and a 5-year register follow-up of the same adult cohort linked to Danish national registers covering prescriptions, healthcare contacts, admissions, sickness benefits and income. In addition, user data from Denmark, Sweden, Iceland and Finland, where SES Family is used, are included. The effects have been published in peer-reviewed scientific articles (see References).

Mapping of cost bases. In the original Danish model, SES' documented effects have first been linked to relevant public-sector cost bases in order to translate the observed outcomes into monetary outcomes. Interviews in Denmark have been used to assess whether the selected cost items have a sufficiently clear and credible link to SES' documented effects. Cost items with an indirect or uncertain link to SES have been excluded from the model. For example, costs related to special classes and other structural special provisions have not been included as budget-related savings, because the causal link to SES is considered too uncertain. In this Finnish localization assignment, the same logic has been applied by identifying Finnish cost bases that correspond as closely as possible to the cost bases used in the original Danish calculations. The Finnish cost bases have been sourced from national databases and, where no direct equivalent was available, estimated using the most suitable available cost variables. The localization has therefore aimed to preserve the structure and rationale of the Danish model while adapting the cost inputs to the Finnish service system and population base.

Valuation. Public-sector savings have been calculated by linking SES' documented effects to selected municipal, wellbeing service county and socioeconomic cost items. The model first estimates the number of relevant SES users and then converts the effects into expected average savings per user group. The calculated savings show the expected economic potential of linking SES' documented effects to selected public-sector cost items. This calculation does not include the costs associated with licence fees and implementation support. The results should therefore be read as an estimate of expected gross savings or gain potential. In a full investment case, these costs should be included explicitly so that the overall net impact can be calculated.

Credibility and professional approach. The analysis has been prepared by Nordic Healthcare Group (NHG), which has 22 years of experience in health and welfare economics analyses, business cases and economic modelling for public-sector actors. NHG combines experience in municipal and wellbeing service county finance and public governance, health economic modelling and research methodology in public health. Contributions have included experience in municipal and wellbeing services county finance, public- and private-sector organisations and translating analyses into decision-making material, health economic modelling and economic methodology, as well as research experience, data processing and public health methodology. NHG has applied a conservative and transparent approach, linking documented effects to concrete cost items, while uncertain or indirect relationships are either excluded or described with reservations.

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