CASE *study*:
FINLAND



Holding Tight -treatment system

A nationwide treatment for substance-abusing pregnant women and families with infants

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This material is part of a compilation of various case studies from across Europe that show different facets of early childhood development, and the types of policies and interventions that we are promoting through the 'First Years, First Priority' campaign.

first years *first priority*

A FAIR START FOR *every* CHILD IN EUROPE

OVERVIEW: HEALTH CARE AND SOCIAL SERVICES IN FINLAND

The right of everyone to income and care is enshrined in the Finnish Constitution and requires the state to provide for those unable to manage[1]. Responsibility for this is spread across government with the provision of social welfare and health care organised by 311 municipalities[2][3]. NGOs have also played an important complimentary role[4] especially by developing services and support for individuals and families who do not always have access to public services.

The **Federation of Mother and Child Homes and Shelters** is a non-profit organisation whose objective since 1945 has been the welfare of the child[5] with 30 member associations providing professional help and voluntary support for families. More than 12,000 people, approximately 4,000 of whom are children, use the Federations' services every year[6].

HOLDING TIGHT -TREATMENT SYSTEM

In Finland, around 6% of pregnant women are substance-dependent, endangering the development of 3,600-6,000 foetuses annually due to substance abuse, with around 600 babies born with various degrees of damage due to alcohol abuse alone. Approximately one third of all drug users are female and substance abuse by the mother is the most common reason that small children are taken into state care[7]. Over 99% of all pregnant women use cost-free public health check-ups with a midwife, over ten times during pregnancy, giving every mother the chance to seek and receive help[8].

The nationwide **Holding Tight -treatment system** combines child welfare services with drug rehabilitation programmes and has 7 specialised mother and child homes and 9 open care units supporting 250 families every year[9]. Each home has the capacity to serve 5-7 families. One family is pregnant woman, mother–baby-pair or baby family[10]. Mothers in need of treatment are usually referred by a social-welfare agency or hospital maternity unit where the mother's problem with alcohol and/or other drugs has been identified[11]. The aim of both residential and open care units is to equip mothers with the tools to become self-sufficient and restore their self-worth[12].

1 'Legislation'. The (Finnish) Ministry of Social Affairs and Health Website.
2 'Social welfare and health care system in Finland, responsibilities'. The (Finnish) Ministry of Social Affairs and Health Website
3 Municipalities. Statistics Finland (2018)
4 Särkelä, R. (2016): NGOs: from public partnership to the mercy of the markets How the NGOs in social and health care changed as providers of social services in 1990–2010. https://issuu.com/ensi-jaturvakotienliitto/docs/j__rjest__t_julkisen_kumppanista_ma
5 The Federation of Mother and Child Homes and Shelters Website (English Version)
6 Ibid.
7 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.3. March 2018
8 Pajulo et al., "Enhancing the effectiveness of residential treatment for substance abusing pregnant and parenting women: Focus on maternal reflective functioning and mother-child relationship." Infant Ment Health J, Sep 2006
9 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.3. March 2018
10 Pajulo et al., "Substance-abusing mothers in residential treatment with their babies: Importance of pre-and postnatal maternal reflective functioning." Infant Ment Health J, Jan-Feb 2012
11 Pajulo et al., "Substance-abusing mothers in residential treatment with their babies: Importance of pre-and postnatal maternal reflective functioning." Infant Ment Health J, Jan-Feb 2012
12 Särkelä, R. (2019). Interview with Riitta Särkelä, 16 April 2019 in Brussels and amendments 14.11.2020

The first 'Oulunkylä Mother and Child Home' was founded in 1990, with the "Holding Tight -treatment system" implemented in 1998[13]. The treatment was initially financed by the national Slot Machine Association (RAY) as the 2001 Lotteries Act required some of the proceeds from slot machines and casinos to be used to promote health and social welfare[14]. While services for pregnant women with alcohol or drug addiction is seen as responsibility of municipalities, it was not possible to fund Holding Tight -treatment system from that source anymore. From 2010, the Federation sought funding from municipalities and state budget supported by a group of female members of the Finnish Parliament. While the Federation has managed to generate funding to expand its services across Finland, considerable uncertainty remains around annual funding requests[15].

GOALS, INTERVENTION AND FINDINGS

Mothers in need of treatment face many challenging problems: approximately 40% are single mothers; 50% are first-time mothers; about 50% start their treatment during pregnancy; and more than 60% of mothers are between 18-29 years old. While 99% have attended secondary school, nearly 40% of mothers use many drugs (ie. amphetamine, heroin, buprenorphine, etc.) and almost 70% use also alcohol[16].

Nevertheless, becoming a parent and discovering a parental role motivates sobriety. In turn, maintaining sobriety allows the parents to establish a genuine relationship with the child which makes parenthood rewarding. The **goals** of the treatment focus on[17]:

- Preventing and minimising foetal abnormalities by supporting mothers to stay sober during pregnancy
- Offering mothers and fathers rehabilitation for alcohol and drug problems
- Improving the quality of early interaction between parent and baby
- Supporting healthy development of the baby
- Helping the mother master everyday skills that will help her thrive with her baby
- Participating in the development of social services and health care to meet the needs of substance abusing families with infants, and
- Providing the clients with a positive and supportive relationship with the professionals and an environment they want to remain in.

13 Andersson, M. & al. (2015) article in publication https://issuu.com/ensi-jaturvakotienliitto/docs/periksi_ei_anneta/109
14 Lotteries Act (1047/2001 English Version)
15 Särkelä, R. (2019). Interview with Riitta Särkelä, 16 April 2019 in Brussels
16 Annual statistics by Federation of Mother and Child Homes and Shelters. Unpublished.
17 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.9. March 2018

The main findings of the treatment are as follows[18]:

- Rehabilitation always prioritises the baby's needs, best interests and healthy development
- Pregnancy gives women a special opportunity to resolve their substance abuse problems and change their lives
- Mother and baby can and must be treated together
- Rehabilitation from substance abuse combined with supportive early interaction into parenthood is effective
- The treatment provides significant savings to municipal budget
- The most effective treatment consists of a 8-12 month period of intense rehabilitation in a Holding Tight mother and child home and ongoing rehabilitation in a Holding Tight open care unit
- A sufficiently long rehabilitation period produces results and it can break the chain of marginalisation that can run in families
- When women are treated as mothers and not only as drug-abusers, they create a new healthy identity that helps them become better parents and strengthens their self-worth

A typical mother and child residential treatment unit is staffed by leader, social worker and clinical counsellors, some of whom work in three shifts[19]. These staff receive an intensive initial training as a group during the first six months, which concentrates on early parent-child interaction, attachment, and child development within the context of maternal substance abuse[20]. Staff provide treatment every day of the week with the residential treatment period starting sometimes 2-4 months before delivery and up to at least 4 months post-partum. Afterwards, the staff establish the 'out-patient treatment and follow-up plan' and continue the work in the open care units[21].

While in residence, the intervention is structured strategically to enhance the mother's 'reflective functioning' as a parent which will enable her to understand the baby's behaviour as 'meaningful and predictable'. Reflective parents are in touch with their feelings and thoughts, are capable of understanding their children's emotional and mental states and most importantly, have the ability to create healthy relationships with their children by reflecting before acting or responding to a situation[22].

Each mother and baby have their individual councellor and the mother is responsible for the up-keep of her space, working with her own social network and contributing to the daily routines of the unit. Qualified and trained staff helps mothers in dealing with social welfare agencies, health clinics, becoming a parent and with relapses. All mothers and staff actively participate in thematic group meetings (i.e. How to deal with a child's tantrums, feelings evoked by being a parent, etc.) which foster an open, trusting and caring environment[23].

After the residential treatment, mothers have access to open care units which provide group-oriented activities 3 full days a week. There is scheduled time for staff to take care of the babies in order for the mothers to revisit thematic learning (ie. How to feed a baby, etc.) and create a bond with each other by talking about prior life experiences. The same families attend open care units for 6 months up to 2-3 years[24].

18 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report. March 2018
19 Ibid.,
20 Ibid.,
21 Ibid.,
22 Ibid.,
23 Ibid.,
24 Särkelä, R. (2019). Interview with Riitta Särkelä, 16 April 2019 in Brussels

MAKING A DIFFERENCE - POSITIVE SYSTEMIC CHANGE

The **Holding Tight -treatment system**, unique not just in Finland but globally, has had positive results in achieving the following[25]:

- Most mothers in mother and child homes (rehabilitation phase) live sober lives with their children[26].
- 2/3 of mothers in mother and child homes and 3/4 in open care units rehabilitate well-enough that their children do not need to be taken into care provided by the municipalities.
- The children of families in mother and child homes were assessed by a child psychiatrist to have attained normal levels of development at 1 year old and they were remarkably healthy, given the start they had in life[27].
- Mothers have avoided serious relapses into substance abuse and their values have moved in a healthy direction.
- Mothers thought that the rehabilitation enabled them to change their lives and increased their sense of safety. A large proportion of children were able to stay with their parents[28].

The Holding Tight -treatment system shows returns not just at the human level but financially too. A report from 2018 shows that the help provided to over 2,500 mothers, saved the Finnish municipalities 7 billion euros from 1998 to 2015[29]. The treatment system costs 8.5 million euros/per year for the rehabilitation of 250 families but this allows municipalities to save approximately:

- 163 million euros if there is no need to take these babies into custody till they are 18
- 4 million euros in substance abuse harm costs for substance-abusing mothers rehabilitating accumulating to around 160 million euros by the time they are eligible to receive an old-age pension
- 105 million euros by the time the mother is eligible to receive an old-age pension when she is rehabilitated to become fit for work30

25 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.4. March 2018
26 Miia Pikulinsky & Satu Tammivuori (2014) as referenced in Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.4. March 2018
27 Marjukka Pajulo (2013) as referenced in Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.4. March 2018
28 Anna Leppo (2012) as referenced in Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.4. March 2018
29 Holding Tight Treatment System. The Federation of Mother and Child Homes and Shelters Report, p.7. March 2018
30 Ibid.

Lessons learnt and recommendations

Given the success of Holding Tight -treatment system, the Federation believes it is essential to continue to provide this service to substance-abusing mothers and their babies.

The **main obstacles** involve:

1. Budget restrictions
2. Potential national reform of social and health services.

As mentioned earlier, municipalities have the tendency to prioritise their own services and not those provided by NGOs and often, they limit the funding of the treatment to few months which is not sufficient to have positive and long-lasting effects. However, the Federation continues to engage in lobbying efforts to create safe, clear and long-term funding mechanisms which will ensure the efficacy and improvement of the treatment.

The **positive results** of the treatment have strengthened earlier findings that by prioritising an infant's best interests and healthy development, there are concrete opportunities in:

1. Helping substance-abusing mothers with their addiction,
2. Fostering the mother-baby relationship,
3. Building self-sufficient and capable parents, and
4. Saving costs at the municipal and national level.

The treatment is long, costly and in the beginning of rehabilitation, it is difficult to predict which mother or mother-baby pair will benefit from the treatment. However, there is an opportunity to intervene effectively in order to save and improve the lives of both mother and child by:

1. Committing to legislation that acknowledges 'vulnerable groups' such as substance-abusing mothers and babies,
2. Enhancing cooperation between health care and social services, and
3. Investing in quality treatments such as the Holding Tight -treatment system.

The Federation aims to expand and establish more mother and child residential homes and open care units across Finland.

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OPEN SOCIETY FOUNDATIONS

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The partnership

- **Eurochild** is a network of almost 200 member organisations from 35 European countries working with and for children throughout Europe, striving for a society that respects the rights of children. Eurochild influences policies to build internal capacities and facilitates mutual learning and exchange practice and research.

- **International Step by Step Association (ISSA)** is an early childhood regional network founded in 1999, which through its programs and services connects the early childhood practice, research, and policy to improve the quality of early childhood systems in Europe and Central Asia. More than 90 ISSA members from 43 countries implement programs and cooperate to ensure quality and equitable early childhood services for young children, especially the most vulnerable.

- **European Public Health Alliance (EPHA)** is Europe's leading NGO alliance advocating for better health. A member-led organization made up of public health NGOs, patient groups, health professionals, and disease groups, EPHA works to improve health, strengthen the voice of public health and combat health inequalities across Europe.

- **Roma Education Fund (REF)** was created in the framework of the Decade of Roma Inclusion in 2005. Its mission and the ultimate goal is to close the gap in educational outcomes between Roma and non-Roma. To achieve this goal, the organization supports policies and programs which ensure quality education for Roma, including the desegregation of education systems.

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