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Feasibility, Acceptability and Potential Effectiveness of an Intervention for Social Work Clients With Children Facing Complex Financial Problems in Finland (FinSoc)—Results From a Pilot Randomized Controlled Trial

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ABSTRACT

Social work clients often face complex financial difficulties. To address this, we developed FinSoc, a financial social work intervention designed to improve financial literacy, strengthen economic self-efficacy and reduce financial anxiety among parents in Finland. This pilot randomized controlled trial aimed to evaluate the feasibility, acceptability and preliminary effectiveness of the intervention. Altogether, 30 social work clients participated in the study and were randomly assigned to either the intervention or a waitlist control group. Data were collected at three time points: before the intervention, immediately after and at a 3-month follow-up. Additionally, qualitative interviews were conducted with both participants and professionals implementing the intervention. Of the 55 individuals assessed for eligibility, 30 enrolled in the study (54.5%), and 80% completed the 3-month follow-up. Acceptability was high: 13 of the 14 clients (92.9%) who completed all sessions rated the intervention as useful, and professionals viewed it as beneficial in supporting clients' financial capabilities. Although the group × time interactions for financial literacy, financial anxiety and economic self-efficacy did not reach statistical significance, the findings may nevertheless suggest some potential for effectiveness. The study was prospectively registered (ISRCTN 38586825).

1 | Introduction

Financial problems, indebtedness and low income place significant strain on the daily lives of many families with children around the world. Supporting families facing financial challenges is crucial, as these difficulties can undermine the well-being of both parents and children. Financial stress has been linked to increased rates of parental depression (e.g., Guan et al. 2022) and a greater likelihood of adopting harsh parenting practices (Conger et al. 2010). Moreover, experiencing financial hardship during childhood is associated with a range of negative outcomes, including poor physical and mental health (Bask et al. 2021). There is also evidence that financial worries can reduce the effectiveness of therapeutic interventions (Thompson et al. 2018) and other forms of support provided to families and individuals (Leijten et al. 2013).

To prevent negative consequences associated with financial difficulties, families should be adequately supported as early as possible. Social work plays a central role in addressing family financial hardship, as social workers often meet families who are experiencing financial difficulties. One specific and increasingly relevant context for this is financial social work (FSW), which focuses on supporting clients' financial well-being and financial capability. In recent years, both the interest in and the demand for FSW has grown significantly. FSW practices include, but are not limited to, providing financial education and advocating institutional changes to increase the availability of services. FSW recognizes the complexities of the financialization of daily life and emphasizes the need to address financial issues in a comprehensive manner in social work practice (Sherraden and Huang 2019; Callahan et al. 2020). However, financial issues remain insufficiently addressed in mainstream social work practices. Moreover, social workers' limited knowledge of financial matters may constrain their ability to engage in meaningful and effective discussions with clients about financial concerns (Birkenmaier et al. 2016; Loke et al. 2017; West et al. 2017). Consequently, professionals have expressed a clear need for practical and interactive FSW methods that can be directly applied in client work (e.g., Doran and Bagdasaryan 2018; Even-Zohar 2020; Frey et al. 2016).

Although social work has long been engaged in supporting households—particularly families with children—with financial difficulties, research on evidence-based practices in this area remains limited. Viitasalo et al. (2024), in what appears to be the first review of its kind, highlight the scarcity of evidence-based knowledge concerning this phenomenon. To our knowledge, no evidence-based interventions have been specifically developed to enhance the financial capability of social work clients with children. Given the well-documented adverse effects of financial problems on family well-being, this represents a significant gap in the research literature.

Financial capability refers to possessing the practical knowledge and confidence required to make informed financial decisions and manage money effectively. It encompasses not only an understanding of financial concepts but also the skills, attitudes and behaviours necessary to handle financial matters in daily life and in the longer term. Financial capability is considered an umbrella concept comprising interrelated elements: financial literacy (skills and knowledge), anxiety related to financial matters and financial self-efficacy (referring to the attitude and confidence to apply one's skills and knowledge in financial matters) (see Kempson et al. 2005). This concept integrates insights from economics, psychology and sociology, recognizing that financial decisions are shaped by both individual factors and broader societal structures, including cultural norms and access to financial services (Sherraden 2013; Xiao et al. 2022).

Supporting financial capability within families—especially those with children—who are facing economic hardship is of critical importance. Children are integral members of the family unit and may experience feelings of shame and anxiety related to the family's financial circumstances in ways comparable with adults (Bolin 2016). From this perspective, the family can be understood as an interconnected system, in which interventions aimed at improving parents' financial capability may also have positive indirect effects on children. Adopting such a family-oriented approach may contribute to reducing the risk of financial disadvantage being transmitted across generations (Kallio and Hakovirta 2020). Indeed, strengthening parents' financial skills can also benefit their children, helping the entire family better manage financial stress. Studies show that when parents teach their children about money management, such as budgeting and saving, and model responsible financial behaviour, it can positively influence children's academic outcomes and reduce their stress levels (Sabri et al. 2020).

The starting point for understanding the mechanisms through which the intervention may influence financial capability is evidence from previous research. Prior studies demonstrate that knowledge of one's own financial situation is positively associated with financial well-being (Riitsalu and Murakas 2019; Xiao et al. 2024). According to Serido et al. (2013), the development of financial capability is based on the assumption that increased financial knowledge strengthens individuals' financial self-efficacy. Enhanced financial self-efficacy is, in turn, associated with positive changes in financial behaviour and ultimately with improved financial well-being. Intervention research further suggests that promoting financial knowledge and skills is an important process through which change may occur. For example, a recent meta-analysis indicates that financial education programs have, on average, positive causal treatment effects on measured financial behaviours (Kaiser et al. 2022).

However, studies also indicate that increasing financial knowledge alone is not sufficient, particularly for individuals with low income or limited financial resources. Research in psychology consistently demonstrates that information by itself rarely changes behaviour. Instead, change occurs first at the psychological level—that is, in attitudes, beliefs and emotions. Interventions that strengthen motivation and financial self-efficacy are therefore more likely to lead to sustained behaviour change (see Cook et al. 2025; Sheeran et al. 2016). In addition, research on financial decision-making supports the importance of working with emotions when aiming to strengthen individuals' financial capability. Studies show that emotions are not merely by-products of decision-making, but central and causal factors that influence different stages of the decision process (Zaleskiewicz and Traczyk 2020). This understanding is also central to the financial therapy approach, which emphasizes that changes in financial behaviour require a holistic understanding of individuals' relationships with money. Because money is closely tied to emotions such as shame and fear, effective interventions must address emotional experiences alongside cognitive and behavioural components (Archuleta et al. 2012).

In this article, we report findings of a pilot randomized controlled trial (RCT) of the FinSoc intervention conducted in Finland. This intervention was developed within the context of social work in Finland to promote the financial capability of families with children.

The article is structured around the CONSORT guidelines' extension to randomized pilot and feasibility trials (Eldridge et al. 2016). Because RCT studies are relatively rare in social work and the evidence base for FSW with families is limited, we concluded that a pilot study would be necessary to address whether our trial design is feasible in practice. The study protocol of this pilot has been reported elsewhere (Kaittila et al. 2024). During this pilot study, we utilize a mixed-methods approach and explored the feasibility, acceptability and preliminary effectiveness of the FinSoc intervention. Our research questions are (1) whether and in what way this pilot RCT of the intervention is feasible, (2) to what extent the intervention is satisfying and useful to social work clients and professionals and (3) how the intervention is able to meet its goals.

The context of this study is social work in Finland. Although Finland is a Nordic welfare state known for its extensive universal social and healthcare services and benefits, this does not guarantee equal well-being for all. The welfare state is designed to ensure a decent standard of living and social security for all citizens, regardless of income or social status (Kangas and Kvist 2018). However, in 2023, 12.2% of children in Finland were living in low-income households. Low income is most common among single-parent families. In 2023, about one in four (24.5%) single-parent households were classified as low-income families. Approximately one-fifth of all recipients of basic social assistance are families with children (Social Insurance Institution 2025). In recent years, several developments have worsened the situation for those experiencing financial difficulties. Inflation, which accelerated during 2022–2023, has particularly affected low-income earners, many of whom lack financial buffers to absorb rising costs (Mäki-Fränti and Silvo 2023). The steepest price increases have been in energy and food, leading to higher spending on essential needs such as housing, nutrition and transportation (Statistics Finland 2025). Additionally, in recent years, there have been significant cutbacks in social services and benefits, which have significantly weakened the basic social safety net. Moreover, according to calculations, the Finnish government's proposed cuts to social benefits will substantially widen income disparities and increase the risk of poverty (Hiilamo et al. 2023). Indeed, a survey carried out by MIELI Mental Health Finland in Autumn 2022 showed that over-indebted families with children found it difficult to seek help for their financial problems and that the services were overcrowded (Kuvaja et al. 2023). This calls for increased attention to the organization of FSW services.

1.1 | FinSoc Intervention

The FinSoc intervention was developed based on the principle of user-centred design (UCD). The process of intervention design involved (1) a review of the literature, (2) consultations with collaborators, (3) interviews with stakeholders, (4) workshops with practitioners and (5) client feedback on the content of the intervention. The literature review (see Viitasalo et al. 2024), along with other studies addressing the needs of individuals facing financial challenges—such as those related to financial therapy and counselling (e.g., see Archuleta et al. 2015; Smith et al. 2015)—demonstrated that respectful communication within the client–practitioner relationship, solution-focused practices and the promotion of financial literacy are key components when working with this group of clients. These approaches were also endorsed and supported in discussions and workshops with both professionals and clients.

The FinSoc intervention is grounded in a solution-focused perspective (De Jong and Berg 2007), with motivational interviewing (Miller and Rollnick 2013) incorporated as a guiding principle throughout the intervention. These approaches emphasize the importance of how professionals interact with clients—highlighting respect, curiosity and a future-oriented mindset—as well as the specific methods used within the intervention. Furthermore, the intervention is based on a non-judgmental approach to clients' financial matters. The professional's role is to empower clients by recognizing the positive aspects of their situations and collaboratively seeking solutions, rather than judging or taking a stance on the clients' earlier decisions (Caiels et al. 2021).

The intervention consists of five sessions, which formed a collaborative counselling process that motivated the client to change financial management. The content of the sessions is as follows: (1) the family's current financial situation and how they wished for it to change, (2) family budget, (3) the family's social relationships and their influence on financial well-being, (4) the client's relationship with money and (5) assessment of the intervention process and updated goal. The development process and content of the sessions are described in more detail in the study protocol (Kaittila et al. 2024).

Social work professionals from public social services delivered the intervention. All the professionals received an 8-hour training course and a manual, which instructed them in the intervention delivery. In addition to this, a research social worker (who was a qualified social worker and a member of the research team) attended two or three intervention sessions. The research social workers' main task was to provide support for the professionals delivering the intervention.

All sessions were conducted at a location chosen by the client or professional, usually at the client's home or at the social welfare office. In some cases, the research social worker attended individual sessions remotely (via Microsoft Teams). The social work professional from public social services was always in person with the client. The duration of the first session was 90 min; all the rest were 60 min. However, if both parents attended the session, it was advised that the time could be extended to 90 min. The goal was to have the sessions approximately every other week so that the whole intervention would be completed in 2–4 months. Most of the participants completed the intervention within this time frame, but there was much variation. Some clients received intervention once a week, whereas for others, there were several weeks between the meetings. The clients also received a workbook, which included an overview of the intervention and general financial information.

2 | Methods

2.1 | Study Design

The study was a pilot RCT, using a 1:1 allocation ratio. As this was a pilot trial, the primary aim was to assess feasibility and acceptability. Exploratory analyses were conducted on financial literacy, economic self-efficacy and financial anxiety as potential outcome measures for a future definitive trial. A waitlist design was employed. Families in the control group received service as usual and intervention upon completion of the endline assessment if they chose to.

The study was carried out in eight different municipalities or municipal federations (henceforth, municipalities). The location of the sites was the Southern and Southwestern parts of Finland. The participants were clients of adult social work services or child and family social services in any of these municipalities. The data collection took place between November 2022 and November 2023. The study was conducted with a mixed methods approach, applying both quantitative measures for clients and qualitative interviews for both clients and professionals conducting the intervention. The study was reviewed and approved by the Ethics Committee for Human Sciences at the University of Turku. The study was registered to ISRCTN 38586825.

2.2 | Participants

2.2.1 | Inclusion Criteria

To be eligible to participate in the study, clients must have experienced at least one of the following financial difficulties in the past 6 months:

- Difficulty in paying bills or debts or covering housing costs on time;
- Difficulty in meeting basic needs (e.g., food, medicine or clothing);
- Experiencing a lack of financial management, knowledge or skills;
- Feelings of financial anxiety or stress.

In addition, eligible clients must have had an underage child or children in either a two-parent or a single-parent household. In a two-parent household, either one or both parents could have participated in the study. In the case of shared custody, the child had to reside with the parent participating in the study for at least half of the time.

2.2.2 | Exclusion Criteria

The exclusion criteria were as follows:

- Any acute crisis in the family (e.g., serious illness or divorce);
- Child welfare services were currently involved;
- A criminal investigation involving a member of the family;
- Parents neither speak nor write Finnish (all materials were available only in Finnish).

Inclusion and exclusion criteria were deliberately chosen to target intervention and research to families who had sufficient resources to participate in the intervention and research. This also protected families in difficult life situations from excessive burden.

2.2.3 | Participants Recruitment

Participants were recruited from adult social work or child and family social services in the participating municipalities. The research team informed the participating social work professionals about the inclusion and exclusion criteria. Social work professionals explored whether their clients met the inclusion criteria and approached potentially eligible social work clients. Clients who expressed interest received a comprehensive overview of the study and a participant information sheet. Although both parents could participate in the intervention, only one parent per family was formally enrolled as the study participant.

2.2.4 | Participant Consent

All data, both quantitative and qualitative, were collected with informed consent. Clients who were willing to participate in the study and in the quantitative data collection returned a signed consent form to the social work professional. These documents were further delivered to the research team. The research team also collected signed or verbal informed consent from both the professionals and the clients participating in the qualitative interviews.

2.3 | Fidelity

Fidelity may be defined as the degree to which programs are implemented as intended by the program developers (Dusenbury et al. 2003). In this study, fidelity of the intervention was strengthened by three undertakings: training, manuals and ongoing guidance and support for the professionals. All the social work professionals implementing the intervention received the same training. During the training, they received a manual that instructed and reminded them on how to deliver the intervention. The manual included a checklist for each intervention sessions, which helped the professionals ensure that all relevant content was covered. In addition, research social workers working on the research project provided ongoing support and guidance to the social work professionals delivering the intervention.

2.4 | Data Collection and Study Measures

2.4.1 | Sample

Since the aim of this pilot study was to assess the feasibility, acceptability and potential effectiveness, we did not conduct a power analysis to determine the sample size. Instead, we applied the criterion of Teare et al. (2014), which states that an external pilot study should have at least 70 measured subjects (35 per group) when estimating the pooled standard deviation (SD_p) for a continuous outcome. This (70) was the aimed sample size, but we only managed to recruit 30 participants. The main reason for this was the massive national health and social care reform in Finland, which started in January 2023. The responsibility for organizing social and health care services was transferred from municipalities to larger units called 'wellbeing services counties'. Because of the pressure of the reform, many municipalities were overworked and overburdened with new practices and thus were unwilling to participate in any additional activities, such as research projects.

2.4.2 | Randomization

The participants were randomized with a 1:1 allocation ratio to either the intervention group ($n=16$) or the waiting list control group ($n=14$) in each municipality. Randomizations were conducted after all participants of a municipality had responded to the baseline questionnaire. The randomization was conducted with the SPSS statistical program. The research team informed the social work professionals of their clients' allocation, and the professionals then informed their clients.

The control group received services as usual. If they chose to, the participants in the control group received the intervention after the completion of 3-month follow-up assessments. The intervention was conducted by their own social work professional.

2.4.3 | Measures

In this study, we assess feasibility through recruitment and retention rates and through the interviews with social work professionals providing the intervention. Acceptability is assessed through interviews with social work clients and professionals on satisfaction with the intervention and usefulness of the specific intervention components. Potential effectiveness is assessed by outcome measures of financial literacy, economic self-efficacy and financial anxiety.

2.4.3.1 | Outcome Measures. The primary outcome variable, financial literacy, was measured using an adapted version of the behaviour section of the Questionnaire for Measuring Financial Literacy and Financial Inclusion (OECD INFE 2018), based on the Finnish translation by Kalmi and Ruuskanen (2016). The original questionnaire covers financial attitudes, knowledge and behaviour related to short- and long-term financial planning, awareness and the use of financial products. Only behaviour items were included in this study. Thus, the primary outcome consisted of six items concerning financially responsible behaviour: Four statements rated on a 5-point scale ('Before I buy something, I carefully consider whether I can afford it', 'I pay my bills on time', 'I keep a close personal watch on my financial affairs' and 'I set long-term financial goals and strive to achieve them'), together with one item on saving behaviour and one item on budgeting. The saving and budgeting items were answered by selecting from predefined response options. Following the OECD scoring procedure implemented in the Finnish translation, each of the six items was scored as 0 or 1, with one point assigned to responses indicating financially responsible behaviour and zero points assigned otherwise. The total score ranged from 0 to 6, with higher scores indicating a greater number of financially responsible self-reported behaviours. Internal consistency of the financial literacy measure was $\alpha=0.76$ at baseline, $\alpha=0.62$ at post-intervention and $\alpha=0.74$ at follow-up.

In addition to the primary total score, a supplementary item-level analysis of the primary outcome was conducted. The four Likert-scale behaviour items were analysed separately and reported as mean scores at each measurement point in order to detect potential changes in financially responsible behaviour that may not be captured by the dichotomised scoring used in the primary outcome. Thus, the supplementary item-level analysis of the primary outcome consisted of four items rated on a 5-point scale ranging from '*completely agree*' to '*completely disagree*': 'Before I buy something, I carefully consider whether I can afford it', 'I pay my bills on time', 'I keep a close personal watch on my financial affairs' and 'I set long-term financial goals and strive to achieve them'.

Secondary outcome variables were economic self-efficacy measured by the Scale of Economic Self-Efficacy (Hoge et al. 2020) and financial anxiety measured by the Financial Anxiety Scale (FAS) (Shapiro and Burchell 2012). The measure of economic self-efficacy consists of 10 statements. The statements are assessed using a 5-point Likert scale, ranging from *strongly disagree* to *strongly agree*. There was excellent internal consistency of economic self-efficacy at the baseline, $\alpha=0.90$ (in subsequent measurements, $\alpha=0.94$ at post-intervention; $\alpha=0.92$ at follow-up) for the scale in this study.

The original FAS measurement was modified for the purposes of this study. Eight variables were included and measured using a 4-point scale ranging from '*very true*' to '*completely untrue*'. Two of the original items were excluded as inapplicable to this study (see Kaittila et al. 2024). Internal consistency of FAS was adequate, 0.69 (in subsequent measurements, $\alpha=0.76$ at post-intervention; $\alpha=0.76$ at follow-up).

The secondary outcome measures were originally written in English and translated into Finnish by researchers using standard translation and back translation methodology. Outcome variables were measured at all three measurement points. For all three variables, a higher score indicates higher levels of financially responsible self-reported behaviours, higher economic self-efficacy or higher financial anxiety.

2.4.3.2 | Quantitative Data. All measures were collected at three time points: first, at the baseline of the intervention; second, within 1 week after the intervention; and third, at follow-up 3 months after the intervention. Participants could respond to the questionnaire either through a telephone interview with a researcher or by completing it independently online. If the online option was chosen, the researcher sent the participant a text message with a link to the survey. In both cases, the electronic data capture system REDCap was utilized. At baseline, most participants chose to answer the questionnaire by telephone, whereas at the endline, nearly half completed it online. Each telephone measurement lasted approximately 20–30 min.

2.4.3.3 | Qualitative Data. Qualitative interviews were conducted with a targeted sample of both clients and social work professionals after they had completed the five intervention sessions. Altogether, eleven clients and nine professionals participated in individual interviews. Interviews were conducted either face-to-face or remotely. Interviews with clients focused on experiences of intervention delivery from recruitment to completion. The aim was to explore their overall experience of participating in the intervention and to identify components of the intervention that they perceived as helpful or unhelpful. Interviews with social work professionals focused on their experiences of the training, areas for development, experiences of delivering the intervention, its usability and possible ways to improve the intervention. All interviews were originally scheduled to be conducted within 1 month after the final intervention session. However, because many interventions concluded during the summer, the holiday period necessitated an extension of the data collection timeline. Consequently, interviews were conducted within 2 months following the last session. The findings of interviews with professionals and clients are summarized below and reported in depth in a separate papers (e.g., Viitasalo et al. 2025).

2.5 | Analysis

The feasibility of the study was assessed through observed behavioural indicators. Recruitment rates and the proportion of eligible individuals who consented to participate were tracked, as well as the number of participants who completed the study versus those who withdrew. Feasibility was also examined through interviews with participating social work professionals.

Acceptability of the intervention was evaluated using both quantitative and qualitative approaches. For social work clients, quantitative measures included one question. It assessed agreement with the statement 'I found the working period to be useful', rated on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Qualitative interviews were conducted with both clients and professionals implementing the intervention, providing richer insight into their experiences of the study and the intervention itself. The interviews were analysed using content analysis methods to assess both feasibility and acceptabilty.

Analysis of potential effectiveness was descriptive and exploratory in nature, as the primary aim was to inform the design of a larger RCT of FinSoc in the future. We used linear mixed models (LMMs) to examine changes in financial literacy, economic self-efficacy and financial anxiety across three measurement points (baseline = t0, immediately post-intervention = t1, 3-month follow-up = t2) between the intervention and control groups. For each outcome, the model included fixed effects for group (intervention vs. control), time (categorical with three levels) and their interaction. Participant ID was specified as the subject variable. To account for the correlation of repeated measurements within participants, an autoregressive AR(1) covariance structure was applied, and a random intercept for participants was included. Denominator degrees of freedom were estimated using the Satterthwaite approximation (SPSS default for MIXED models). Restricted maximum likelihood (REML) estimation was used, which allows the inclusion of participants with incomplete data under the assumption of missing at random (MAR). Estimated marginal means (EMMs) were obtained, and Bonferroni-adjusted pairwise comparisons were conducted for time contrasts within each group. No adjustment was applied across the three outcomes, given the exploratory nature of this pilot study.

In addition to statistical significance testing, we calculated standardized effect sizes to provide interpretable estimates of change. Within-group effects were expressed as standardized response means (SRM), computed by dividing the mean change score (e.g., t0–t2) by the standard deviation of the change scores within each group. Between-group differences were quantified using Hedges' g, calculated as the difference in mean change between intervention and control groups divided by the pooled standard deviation of the change scores, with a small-sample correction applied. Approximate 95% confidence intervals for Hedges' g were derived using the Hedges and Olkin variance formula. These calculations were based on observed change scores rather than EMMs from the LMMs and are reported as supplementary exploratory analyses to support the interpretation of the pilot data.

We also conducted exploratory sensitivity analyses based on change scores. For each outcome (financial literacy, economic self-efficacy and financial anxiety), change variables were calculated as the difference between baseline (t0) and the post-intervention measurement (t1), as well as between baseline (t0) and the 3-month follow-up (t2). For the change-score sensitivity analyses, distributional assumptions were evaluated using the Shapiro–Wilk test together with inspection of skewness and kurtosis. Independent-samples t-tests were used for normally distributed variables, and Mann–Whitney U tests were used for non-normally distributed variables to compare change scores between the intervention and control groups. These analyses were intended as supplementary checks of consistency with the mixed model results (see Table S1). Quantitative data analyses were conducted using SPSS 29 and R version 4.3.1.

3 | Results

3.1 | Baseline Characteristics

Most of the participants were women: 13 in the intervention group and 12 in the control group. Most of the participants were clients of child and family social services in both the intervention group ($n = 13$) and the control group ($n = 12$). More than half of the participants in the intervention group lived in a two-parent household ($n = 9$), whereas the proportion was clearly less than a third ($n = 4$) in the control group. Being employed was the most common main type of activity both in the intervention group ($n = 5$) and in the control group ($n = 4$), although being unemployed ($n = 4$) was as common as being employed in the control group. The most common highest level of education was vocational school in the intervention group ($n = 8$) and in the control group ($n = 8$). Moreover, almost every fifth participant had completed only compulsory education in the intervention group ($n = 3$) and in the control group ($n = 4$). Almost a third of the participants in the intervention group had received social assistance during the last 6 months ($n = 5$), whereas the proportion was well over half of the participants in the control group ($n = 9$). The mean age of the participants in the intervention group was

40 years and, in the control group, 39 years. Self-reported mean monthly household net income was € 2706 in the intervention group and € 2071 in the control group (Table 1).

3.2 | Feasibility of the Study

Participant flow is reported in Figure 1. Of the 55 participants assessed for eligibility, 30 participated in the study. The enrolment rate of the study was thus 54.5%. Of the 30 participants, 16 were randomized into the intervention group and 14 into the control group. For one participant in the intervention group, the municipality was unable to provide a social service professional for the case. Retention of participants in this study was successful: Of the 30 who completed the baseline assessment, 26 (86.7%) completed the second time point, and 24 (80%) completed the follow-up assessment. Of the 15 participants who started the intervention, 14 (93%) completed all five sessions. One participant opted out of the study after three sessions due to scheduling difficulties. Based on the qualitative interviews, the feasibility is supported by the observation that both professionals and clients exhibited motivation towards the intervention.

3.3 | Acceptability of the Intervention

Overall, the FinSoc intervention was deemed acceptable by both the participating clients and social service professionals. The clients' perspective on acceptability was assessed at the second measurement point, which occurred within a week or two after the end of the intervention. This was measured using the statement 'I found the working period to be useful' on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Of the respondents, 5 (35.7%) strongly agreed with the statement, 8 (57.1%) agreed with the statement and 1 (7.1%) neither agreed nor disagreed with the statement.

TABLE 1 | Demographic characteristics of the sample, *n*, %.

	Intervention group ($n = 16$)	**Control group ($n = 14$)**
	***n* (%)**	***n* (%)**
Gender		
Women	13 (81.3)	12 (85.7)
Men	3 (18.7)	2 (14.3)
Family type		
Having child/children but not partner	7 (43.7)	10 (71.4)
Having child/children and partner	9 (56.3)	4 (28.6)
Main type of activity		
Employed	5 (31.2)	4 (28.6)
Unemployed	2 (12.5)	4 (28.6)
Student	3 (18.8)	0 (0)
Doing housework	1 (6.2)	1 (7.1)
Outside the labour market	3 (18.8)	4 (28.6)
Other	2 (12.5)	1 (7.1)
Highest level of education		
Compulsory school	3 (18.8)	4 (28.6)
Vocational school	8 (50.0)	8 (57.1)
High school	3 (18.8)	0 (0)
Bachelor's degree	1 (6.2)	2 (14.3)
Master's degree (or higher)	1 (6.2)	0 (0)
Received social assistance during the last 6 months		
Yes	5 (31.2)	9 (64.3)
No	11 (68.8)	5 (35.7)
Age	40 (mean)	39 (mean)
Monthly household net income	2706 eur (mean), 2500 eur (median)	2071 eur (mean), 1998 eur (median)

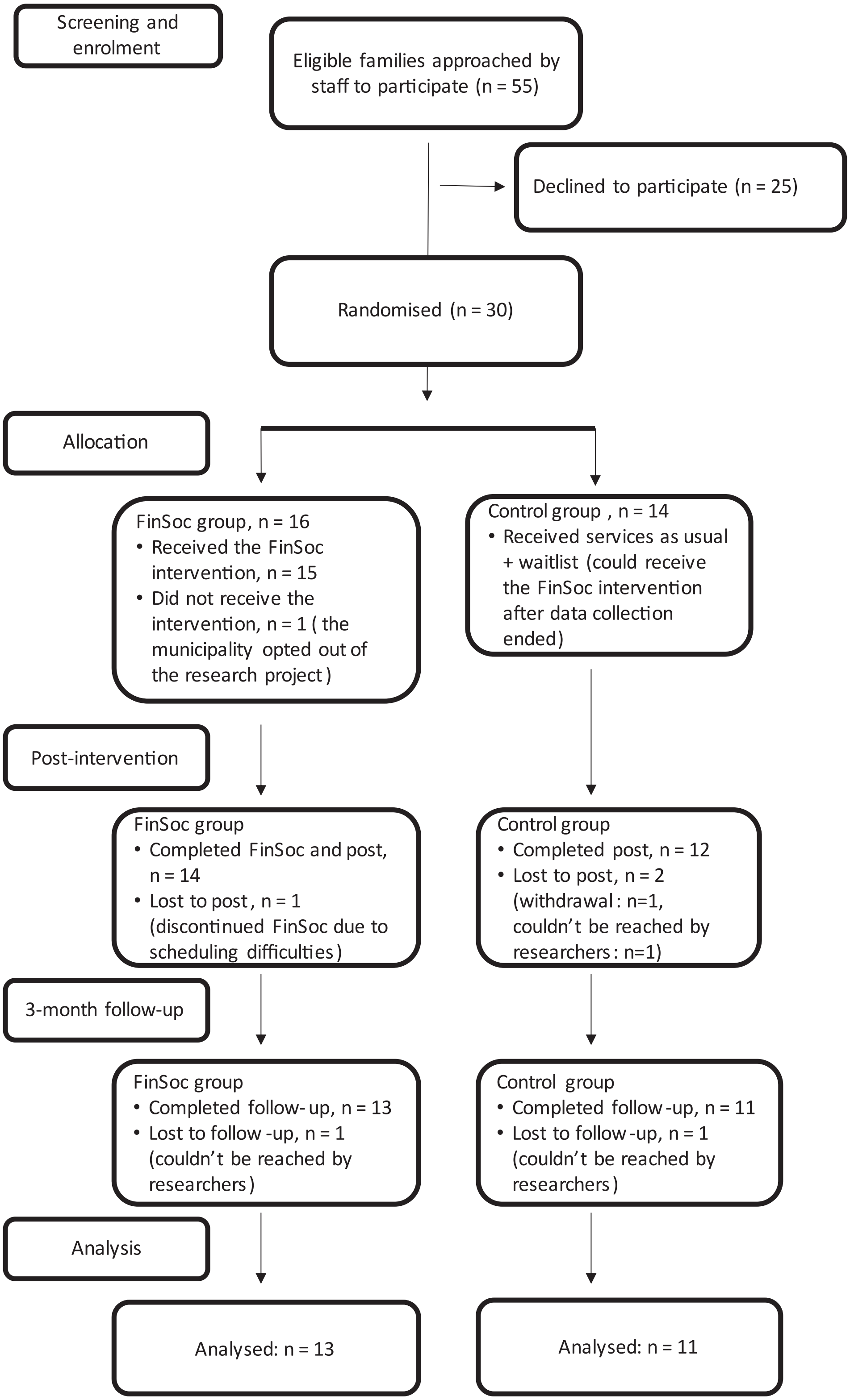

FIGURE 1 | CONSORT flow diagram.

Interviews with professionals indicate that they believe the FinSoc intervention has positive effects on the financial capabilities of participants. According to professionals, a key benefit for families is the opportunity to confront and reflect on their overall financial situation. Professionals found the FinSoc intervention, its training and the materials to be easy to assimilate and use in clinical practice. Professionals noted that, in the future, attention should be given to how to motivate clients who are not sufficiently inclined to manage their finances, despite the clear need for such exploration. In the qualitative interviews, clients emphasized the effectiveness of the client-centred approach, along with the materials and methods utilized in the intervention, such as workbooks and cards designed to explore their relationship with money. According to clients and professionals, some minor modifications could enhance the intervention; for example, the first and the last sessions could be more structured.

TABLE 2 | Fixed effects from linear mixed models for financial literacy (a, b), economic self-efficacy and financial anxiety across three measurement points (baseline, post-intervention and 3-month follow-up). Group = intervention vs. control; Time = baseline (t0), post-intervention (t1) and 3-month follow-up (t2).

Outcome	*F*	*p*
Financial literacy a		
Group	$F\,(1, 28) = 1.157$	0.292
Time	$F\,(2, 44) = 3.497$	0.039
Group × Time	$F\,(2, 44) = 0.905$	0.412
Financial literacy b		
Group	$F\,(1, 28.9) = 0.389$	0.517
Time	$F\,(2, 45.4) = 4.758$	0.013
Group × Time	$F\,(2, 45.4) = 1.100$	0.342
Economic self-efficacy		
Group	$F\,(1, 30.2) = 0.053$	0.819
Time	$F\,(2, 48.4) = 2.428$	0.099
Group × Time	$F\,(2, 48.4) = 0.573$	0.567
Financial anxiety		
Group	$F\,(1, 29) = 0.389$	0.538
Time	$F\,(2, 46.5) = 2.441$	0.098
Group × Time	$F\,(2, 46.5) = 1.744$	0.186

3.4 | Preliminary Effectiveness

LMM analyses indicated no significant group×time interactions for financial literacy ($F(2, 44) = 0.91$, $p = 0.412$), economic self-efficacy ($F(2, 484) = 0.57$, $p = 0.567$) or financial anxiety ($F(2, 465) = 1.74$, $p = 0.186$), suggesting that the intervention and control groups did not differ in their trajectories across the three measurement points. For financial literacy, a significant main effect of time was observed ($F(2, 44) = 3.5$, $p = 0.039$), with both groups showing improvement. EMM scores increased from 2.37 to 3.51 in the intervention group and from 2.07 to 2.46 in the control group. For financial anxiety, there was a trend-level main effect of time ($F(2, 465) = 2.44$, $p = 0.098$), reflecting slight decreases in both groups; in the intervention group, EMM scores declined from 3.20 at baseline to 2.87 at the 3-month follow-up (t2), whereas in the control group, the corresponding change was from 2.93 to 2.72. For self-efficacy, the main effect of time approached significance ($F(2, 48.4) = 2.43$, $p = 0.099$), with non-significant improvements in both groups (intervention: 2.76–3.14; control: 2.90–3.02) (Table 2 and Figure 2). Between-group comparisons suggested a small positive—yet non-significant—effect of the intervention on literacy (Hedges' $g = 0.57$, 95% CI [−0.26, 1.39]) and self-efficacy ($g = 0.27$, 95% CI [−0.54, 1.07]), whereas the effect on anxiety was negligible ($g = -0.13$, 95% CI [−0.97, 0.70]).

4 | Discussion

The aim of the current pilot study was to investigate the acceptability, feasibility and preliminary effectiveness of a newly developed intervention for financial difficulties of families with children. To the best of our knowledge, research-based interventions aimed at this client group in the context of social work have not been developed and evaluated earlier with an RCT.

Overall, the intervention was found to be feasible. Social service professionals screened 55 individuals to determine their eligibility for the study. Of these individuals, 30 agreed to participate,

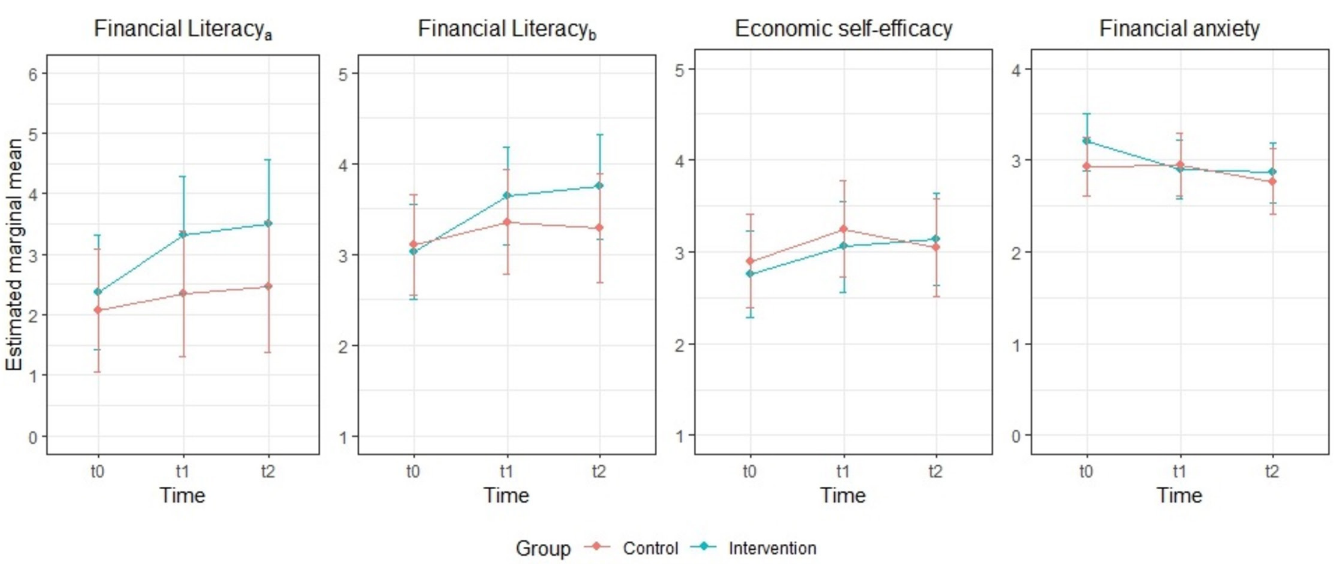

FIGURE 2 | Estimated marginal means (±95% CI) from linear mixed models for financial literacy (a, b), economic self-efficacy and financial anxiety at baseline (t0), post-intervention (t1) and 3-month follow-up (t2) by group (intervention vs. control).

resulting in a retention rate of 54.5%. Previous studies have documented challenges of recruiting individuals for RCT studies conducted within social work services (Jaramillo et al. 2023; Finne et al. 2024). This is not surprising, as the need for social work services is often perceived as somewhat stigmatizing. Furthermore, this is among the first RCTs conducted in the context of Finnish social work; therefore, neither the clients nor the professionals are accustomed to participating in or encouraging participation in studies.

Previous studies indicate that, in the context of RCTs for psychosocial interventions and therapies, dropout rates are relatively high; often, one-fifth of participants who are randomized to a treatment fail to complete it (see Cooper and Conklin 2015). In this study, 16 participants were randomized into the intervention group. As one municipality was unable to assign a professional to implement the intervention, 15 participants began the intervention. Fourteen (92.9%) completed all five sessions, which reflects a highly successful rate in completing the intervention. Additionally, the qualitative interviews suggested that the motivation of both clients and professionals was strong (see Viitasalo et al. 2024).

Regarding the acceptability of the intervention, it was deemed acceptable by both the participating clients and social service professionals. Thirteen of the 14 (92.9%) clients completing the intervention found it to be useful. Interviews with professionals indicate that they believe the FinSoc intervention has positive effects on the financial capabilities of participating clients. This result complements the observations from earlier studies. Other interventions designed to promote the financial capability of social work clients have also proven effective in strengthening economic self-sufficiency and increasing financial confidence (see Viitasalo et al. 2024). The observed high acceptability in this study may partly be attributed to the user-centred design applied during the development of the intervention (Lyon and Koerner 2016). The intervention was developed by integrating previous research on support for financial matters and involving both professionals and clients of social work in the design process. Therefore, this study supports the notion that intervention design processes that combine prior research with user-centred design practices may ensure a high level of usability (Lyon and Koerner 2016).

The potential effectiveness of this pilot appears promising. The effect size for financial literacy was moderate ($g = 0.57$), but the trial was underpowered to detect an effect of this magnitude. The results suggest that the intervention has the potential to assist social work clients facing financial difficulties, and further implementation and testing are important.

One interesting finding of this study concerns the results of the control group. Although the control group did not receive the intervention, financial literacy increased in a pattern similar to that observed in the intervention group. Economic self-efficacy also increased slightly, whereas financial anxiety decreased slightly. As Finne et al. (2024) point out, conducting RCT studies in the context of social work is challenging because of ethical concerns related to control groups. In their RCT study conducted within child welfare services in Norway, the research team observed contamination, where the effects of the intervention partly spread from the intervention group to the control group. When social workers believe in the value of the intervention, they may feel constrained in providing the support they know would benefit the family, which can create ethical dilemmas for professionals. Because of this contradiction, they may also apply elements of the intervention in their work with the control group (see also Kirkøen et al. 2023). The professionals were instructed not to apply the techniques of the intervention to the control group; however, acknowledging and providing more information about the importance of this should be emphasized while conducting definitive RCTs of FinSoc.

The results concerning the acceptability and potential effectiveness of the intervention suggest that the financial capability of social work clients can be promoted through interventions that include components supporting financial literacy, economic self-efficacy and the reduction of financial anxiety (see also Kaittila et al. 2024). These findings align with prior research showing that improving financial knowledge and skills are associated with positive changes in financial behaviour (Kaiser et al. 2022). At the same time, they are consistent with perspectives from financial therapy and broader psychological research, which highlight that sustainable changes in financial behaviour require addressing not only knowledge but also beliefs, attitudes and emotions associated with money (Archuleta et al. 2012). Previous research on financial capability interventions has largely focused on populations without substantial challenges in managing their finances (see Birkenmaier et al. 2022). Our findings extend this literature and support Cook et al. (2025) who showed that financial capability can be improved and interventions perceived as useful, even among adult psychiatric service users facing significant financial management difficulties.

4.1 | Strengths and Limitations

There are several limitations to consider. Although appropriate for a pilot-phase study of this type, the sample—comprising clients and social work professionals—was relatively small. A larger sample might have yielded additional perspectives and, as such, could have influenced the results. Conducting the study with a larger dataset and incorporating a power calculation is critical to ensure the study is adequately powered to detect a meaningful effect, if one exists. In addition, we acknowledge that voluntary participation likely attracted professionals with a particular interest in and proficiency in addressing financial issues within social work. The client outcomes and experiences might have differed if less motivated professionals had been involved. It should also be noted that the study was conducted under exceptional circumstances—during the most extensive reform of the social and healthcare services in Finland. Because of this reform, the organization of services and the work responsibilities of social work professionals underwent significant changes (Paananen et al. 2024).

Some methodological considerations related to the study's client data warrant careful attention. First, the dual role of social work professionals as both screeners and intervention implementers introduces a risk of selection bias. It is plausible that participation was not consistently offered to clients with whom collaboration was perceived as particularly challenging, which may have shaped both the composition of the sample and the observed outcomes. Second, the selection process appears likely to have favoured families demonstrating a higher level of readiness and capacity to engage in the intervention, thereby contributing to voluntariness bias. Although this tendency may have supported participant retention and enhanced data completeness, it simultaneously limits the representativeness of the sample. Third, the study relies exclusively on self-reported measures to assess (possible) changes in participants' financial behaviour. This raises concerns regarding social desirability bias, as participants may have provided more favourable responses to align with perceived expectations. Meta-analytic evidence suggests that financial education has larger effects on knowledge than on behaviour, indicating that participants may first develop greater awareness before these are reflected in everyday financial practices (Kaiser et al. 2022). Self-reported measures may therefore capture perceived or intended change more strongly than actual behavioural change. Consistent with this, previous randomized studies have reported improvements in self-reported financial behaviour without corresponding changes in objective indicators such as savings or credit outcomes (Collins 2013; see also Carpena et al. 2019). Although FinSoc is not a conventional financial education programme, it includes components related to budgeting and other everyday financial behaviours. In addition, its delivery incorporates elements that may strengthen its impact—such as goal setting and individual counselling—which have previously been associated with stronger behavioural effects (Carpena et al. 2019).

The main strength of the study lies in addressing a gap in the research and practice. The earlier research conducted by Viitasalo et al. (2024) highlights a significant gap in interventions designed to enhance the financial literacy of social work clients. Consequently, studies examining the effectiveness of such interventions are notably scarce, and there is a need for the development of research-informed practices that are responsive to the complex realities faced by families in financial distress. The FinSoc intervention, along with the accompanying study, aimed to address this need. The findings indicate that the FinSoc intervention for families with children is both feasible and acceptable, demonstrating potential effectiveness within the Finnish context. The next step is to proceed to a full RCT. In the future, it would be valuable to explore how financial social work intervention could be implemented in global contexts.

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Ethics Statement

The Ethics Review Committee for Human Sciences at the University of Turku approved the documentation for the study.

Consent

All participants provided their informed consent to participate in this study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research, supporting data are not available.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Between-group comparisons of change scores (t0–t1 and t0–t2) for financial anxiety, financial literacy and economic self-efficacy.