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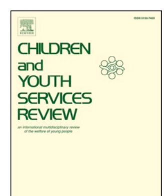

“Between challenges and opportunities”: needs and preferences in the psychosocial support of multi-challenged families with children – a scoping review

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ABSTRACT

This scoping review synthesizes the self-reported needs, preferences, and experiences of multi-challenged families with children regarding psychosocial support interventions. Using the Population–Concept–Context (PCC) framework and Arksey and O’Malley’s methodology, a systematic search was conducted in Scopus, PubMed, ProQuest, and ERIC for peer-reviewed studies from 2013 to 2025. Eligible studies focused on families facing multiple long-term difficulties with children up to 18 years old and explored family perspectives on psychosocial care. The review followed PRISMA-ScR guidelines for transparency and rigor. Ten studies met inclusion criteria. Thematic analysis identified insights across three domains: intervention content, delivery approaches, and intervention context and structure. Key findings highlight the importance of contextual factors, especially home-based care, valued for accessibility, personalization, and support of daily routines. Results emphasize the need for coordinated, flexible, strengths-based support that respects family agency and addresses contextual barriers. Engaging children directly with age-appropriate, playful methods enhances their participation and expression. Training families in assertiveness, communication, and problem-solving emerged as essential for empowerment and intervention success. These findings underscore aligning professional practices with the lived realities and voices of multi-challenged families. Future research should prioritize participatory methodologies involving both families and children in the co-design and evaluation of interventions to enhance relevance, responsiveness, and effectiveness.

1. Introduction

The concept of a multi-challenged family, also referred to in the literature as multiproblematic, multistressed, or multi-assisted (Tausendfreund et al., 2016), has been associated with family units that must cope daily with internal and external stress factors arising from problems in multiple domains (e.g., difficulties in family functioning, mental health issues, financial instability, and a limited social support network), which are often chronic and intergenerational (Sousa et al., 2006; Tausendfreund et al., 2016; vanBrandenburg & Puts, 2002).

As a result, multi-challenged families are characterized by complex and enduring psychosocial support needs, frequently navigating fragmented and uncoordinated systems while attempting to manage highly unstable and adverse life circumstances (Melo & Alarcão, 2011). The cumulative nature of these stressors significantly affects family functioning and individual well-being. Children living in such environments are at heightened risk of developing both internalizing and externalizing behavioral difficulties, as well as experiencing lower developmental outcomes (e.g., Bot et al., 2011; van Assen et al., 2020).

In response to these challenges, there has been a growing investment in the study of intervention practices and their effectiveness in supporting families and their children (e.g., Evenboer et al., 2018; Holosko et al., 2015; Visscher et al., 2018, 2020a). However, existing evidence remains limited. Some studies focus primarily on families’ experiences with specific intervention models (e.g., Multisystemic Therapy or Multidimensional Family Therapy; Paradisopoulos et al., 2015; Visscher et al., 2020b). Yet, common and cross-cutting factors in intervention processes—such as practical dimensions of service delivery—may also

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help explain observed differences or similarities in outcomes (Lambert & Barley, 2001; Wampold, 2013). Aspects such as adopting an ecological focus, implementing case management practices, enhancing accessibility, and monitoring progress have been reported as key elements contributing to the effectiveness of home-based care programs with at-risk families and youth (e.g., Lee et al., 2014).

To our knowledge, however, no study to date has undertaken a systematic synthesis of the perspectives of multi-challenged families with children in their care regarding psychosocial interventions—despite the growing recognition of their central role in informing and guiding future service development. This review adopts a strengths-based approach (e.g., Sousa et al., 2006), which posits that families and individuals possess latent competencies that should be activated and supported. While they may lack the technical know-how of professionals, families are increasingly seen as experts in their own situations, with care providers acknowledging that solutions often lie within the family system itself (e.g., LaMont, 2014).

Recent reviews have also underscored that, beyond the complexity of families' circumstances, organizational and delivery-related aspects of care can critically shape intervention outcomes. For example, in their scoping review of integrated social care for families with multiple and complex problems, van Eck et al. (2024) identified both barriers and facilitators to service provision. Their findings emphasized systemic challenges such as fragmented services, lack of a shared vision across sectors, and difficulties in interagency collaboration, as well as success-promoting conditions such as relationship-centered approaches, flexible service delivery, and active family engagement. While their focus was primarily on organizational and systemic dimensions of care, offering valuable insight into the structural and procedural variables affecting service efficacy, it did not fully address or incorporate family perspectives.

Likewise, Visscher et al. (2020) examined how practitioners in routine practice describe and document their work with multi-challenged families. Their research focused on self-reported practices and program elements, revealing considerable variability in how core components were implemented. It also highlighted the role of practitioner discretion and contextual influences in shaping intervention delivery. Again, the emphasis remained on the professional perspective and the consistency (or lack thereof) of structural or procedural care elements.

Although these reviews provide critical insights into how systems and professionals operate in supporting multi-challenged families, they predominantly reflect the supply side of care—that is, what services offer, how they are organized, and how professionals perceive barriers and facilitators. What remains underexplored is the demand side: the direct voices of families themselves regarding their unmet needs, preferences, and lived experiences within these complex service arrangements.

This review seeks to fill that gap by focusing explicitly on the perspectives of families receiving psychosocial care. It aims to synthesize empirical evidence on what families identify as their most pressing unmet needs, how they experience the care they receive, and what they value—or wish were different—in the support provided. By doing so, it seeks to contribute a complementary and essential perspective that can help refine family-centered care models and promote interventions that are not only structurally sound and procedurally coherent but also deeply aligned with the lived realities and expectations of families.

By placing families' perspectives at the center, this review distinguishes itself from prior work and offers insights that can inform both policy and practice in designing support that is more responsive to the complexity, diversity, and specificities of families' real-life contexts.

2. Methods

A scoping review adopts a systematic approach to map the evidence on a specific topic and to identify potential gaps in the literature (Pham et al., 2014). This methodology is most suitable for exploring emerging research areas with a broader scope (Munn et al., 2018). In the present study, a scoping review was conducted to provide a comprehensive overview of the needs and preferences regarding psychosocial support for multi-challenged families. The review followed the framework proposed by Arksey and O'Malley (2005), which consists of five key stages: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; and (5) collating, summarizing, and reporting the results. To ensure methodological transparency and rigor, the review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018).

2.1. Eligibility criteria

To guide the development of the research question (integrated into the introduction) and the eligibility criteria for this study, the Population–Concept–Context (PCC) framework (Munn et al., 2018) was adopted. Accordingly, only studies involving families identified as multi-challenged were included in this review. For this purpose, a process-oriented concept of family was used, defining multi-challenged families as those experiencing multiple and long-term difficulties (e.g., socio-economic/poverty-related and psychosocial issues) across various domains of family functioning (e.g., vanBrandenburg & Puts, 2002). Socio-economic adversity was not required as a strict condition. Families characterized primarily by severe parenting problems and child behavioral difficulties were included only when the intervention explicitly addressed multiple, interacting domains of risk (e.g., psychosocial, relational, or contextual factors), rather than focusing on parenting in isolation. This approach ensured that the review captured the diversity of multi-challenged families while maintaining a focus on interventions designed for complex and cumulative needs. Finally, inclusion was restricted to families comprising at least one child and/or adolescent (up to 18 years of age).

Guided by a strengths-based approach (e.g., Sousa et al., 2006), which postulates that families and individuals are inherently capable, only studies were considered that explored the self-reported needs, preferences, and experiences of these families in relation to the provision of psychosocial care.

For the purposes of this review, psychosocial support was defined as interventions delivered by trained professionals, aimed at promoting emotional, cognitive, and behavioral well-being. These include educational/psychoeducational approaches (enhancing knowledge and skills), psychological interventions (theory-based interventions involving a therapeutic relationship with a qualified practitioner), and supportive interventions (focused on emotional and social support). Studies focusing solely on informal or peer-based support, or delivered by non-qualified providers, were excluded (e.g., APA, 2018; Shaohua & Shorey, 2021). Likewise, studies focused exclusively on support during the COVID-19 pandemic were excluded, as these represented temporary, context-specific interventions outside the scope of our definition of psychosocial care.

Papers published prior to 2010 were excluded to ensure greater alignment with recent cultural and societal changes. Quantitative, qualitative, and mixed-method primary research studies were included to capture multiple dimensions of families' experiences. Only studies published in peer-reviewed journals and written in English, Portuguese, or Spanish were considered. These languages were selected because they correspond to the linguistic proficiency of the research team, which allows for accurate interpretation of the studies and minimizes potential bias associated with translation or misinterpretation.

2.2. Information sources and search strategy

The search was conducted in electronic databases, namely Scopus, PubMed, PROQUEST, and ERIC in October 2024, and re-conducted in

July 2025 to check for the existence of any additional studies. Boolean operators were used to combine the following keywords: ("multi-challenge" OR "multi-problem") AND "family" AND ("psychosocial support" OR "need" OR "preferences" OR "assistance" OR "care") AND ("child" OR "adolescent" OR "youth"). The search was also complemented by analyzing the reference lists of the included studies.

2.3. Charting data and summarizing the results

Titles and abstracts retrieved from electronic searches were exported and independently screened by two reviewers (AB and SLT) following the removal of duplicates. This process was supported using the Rayyan automation software. Any discrepancies between reviewers were resolved through discussion with a third author (PFSR). Full texts of potentially eligible studies were then independently assessed by the same pair of reviewers. Articles for which eligibility could not be determined based solely on title and abstract were also retrieved and reviewed in full. In cases of disagreement, inclusion or exclusion decisions were reached through discussion, resulting in a final list of studies to be included. Interrater reliability was calculated, with an agreement rate of 87 %. A data extraction form, developed and refined by the research team based on the PCC framework, was used to chart key information (see Table 1). Extracted data included details such as authorship, country of study, sample size, family characteristics, and main concepts explored ((N)eeds – (P)references – (E)xperiences).

To map families' needs, preferences, and experiences, a thematic analysis of the included studies was conducted. This approach was chosen as it is particularly well-suited to capturing shared lived experiences and perspectives (Braun et al., 2015). The analysis followed the six-phase method proposed by Braun and Clarke (2022): familiarization with the data, initial coding, generation of preliminary themes, reviewing and refining themes, defining and naming themes, and final reporting. Codes were developed inductively from the extracted data and initially generated independently by two reviewers (AB and SLT). Any discrepancies were discussed and resolved with a third reviewer, ensuring rigor and consistency in the coding process. Codes were then clustered into broader patterns through iterative team discussions. These patterns were refined into themes by examining recurring insights across studies and linking them back to the PCC framework (Needs, Preferences, Experiences), ensuring coherence and representativeness. In accordance with PRISMA-ScR guidelines (Tricco et al., 2018), a formal quality appraisal of the included sources was not performed. However, information regarding study methodology was considered in the interpretation and discussion of the findings.

3. Results

3.1. Selection of sources of evidence

A total of 399 records were identified from electronic databases: 67 from Scopus, 235 from PubMed, 94 from ProQuest, and 3 from ERIC. After removing 20 duplicate records, 379 records were screened by title and abstract. Of these, 19 articles were assessed for full-text eligibility. Of these, nine studies were excluded for the following reasons: five were review articles, one focused exclusively on family support during the COVID-19 pandemic, one described peer-based support provided by non-qualified professionals, and two did not include families with children and/or adolescents within their structure. The detailed selection process is illustrated in the PRISMA flow diagram (see Fig. 1).

3.2. Overview of characteristics of included studies

Of the ten studies included in this review, six were conducted in the Netherlands, two in Australia, one in the United Kingdom, and one in Croatia (see Table 1). This distribution reveals a marked concentration of research in the Netherlands (6/10). Such predominance may be associated not only with greater investment in child and youth support services in that national context but also with a systematic commitment to understanding family practices and the perspectives of families regarding the care they receive.

Regarding methodological design, a noteworthy diversity was observed. Half of the studies (5/10) employed qualitative approaches,

Table 1
Key characteristics of the included articles.

Author, year	Country	Study design	Sample (N)	Data collection methods	Concept (N) Needs (P) Preferences (E) Experiences
Eastwood et al., 2020	Australia	Critical realist methodology	15 families integrated care program	• Semi-structured interviews	P, E
Hornyák et al., 2023	Netherlands	Quantitative correlation study	473 families an intensive family intervention	• Self-report measures completed by parents	E
Mirosavljević et al., 2023	Croatia	Qualitative study	8 families with children aged 12–18 presenting emotional and/or behavioural problems (11 parents, one grandmother, and 13 children)	• Family interview	N, E
Morris, 2012	United Kingdom	Qualitative study	15 family members from seven families (mothers, fathers, adult and child siblings, stepparents and grandparents)	• Family interviews	N, E
Nooteboom et al., 2020	Netherlands	Qualitative study	21 parents of children receiving Youth Care	• Semi-structured interviews	N, P, E
Tausendfreund et al., 2014	Netherlands	Prospective one-group repeated measures outcome study	122 families with children aged 0–16	• Self-report measures completed by parents	E
Tennant et al., 2020	Australia	Critical realist pilot case study	12 participants (grandmothers and biological parents)	• Semi-structured interviews	E
van Assen et al., 2023	Netherlands	Quasi-experimental longitudinal evaluation study	75 children (aged 4–7) that entered the Child and Youth Coaching program	• Self-report measures completed by parents	E
Visscher et al., 2021	Netherlands	Quasi-experimental study	473 caregivers who had a child aged 4 or older who was targeted by the intervention	• Web-based questionnaire system	E
Visscher et al., 2022	Netherlands	Qualitative study	24 parents (children aged 5–17) and 4 children (aged 12–17)	• Focus group (an initial phase) • Semi-structured interview guide	N, P, E

Note. Needs (information content and delivery); preferences (preferred content and delivery modes); experiences (sources, barriers, and facilitators).

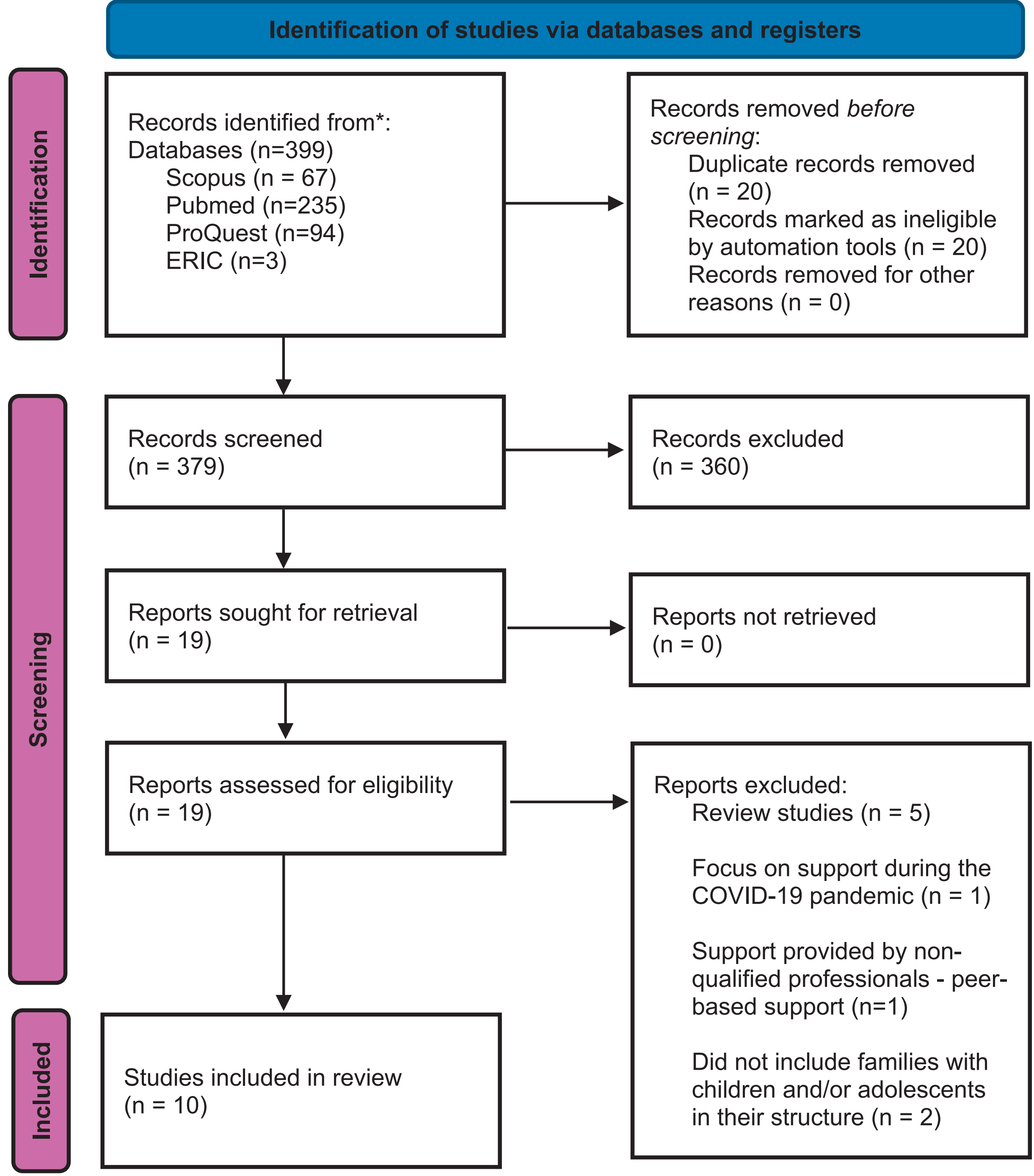

Fig. 1. Study selection flowchart according to eligibility criteria (PRISMA diagram).

focused on an in-depth understanding of family experiences, primarily through interviews and focus groups. Three studies (3/10) adopted quantitative methodologies, using questionnaires and self-report measures to assess correlations and outcomes. Meanwhile, two studies (2/10) utilized methodologies inspired by critical realist perspectives, aiming to explore the mechanisms and contexts underlying interventions. This distribution suggests a slight predominance of qualitative approaches, reflecting an interest in capturing the subjective and contextual dimensions of family experiences.

The composition and size of the samples also varied considerably among studies. Qualitative studies (5/10) generally included small groups of participants – parents, children, and extended family members – often with fewer than 25 individuals, allowing for in-depth analyses of individual experiences. In contrast, quantitative and experimental studies (4/10) included larger samples, some exceeding 400 participants, enabling robust statistical analyses regarding the perceived effectiveness of interventions. This methodological variety denotes complementarity between qualitative depth and quantitative breadth in research on family care.

With respect to data collection methods, five studies used semi-structured interviews, highlighting the preference for obtaining personal and contextual narratives. Four studies employed parent-completed self-report measures, and one study relied primarily on focus groups. The prevalence of interviews underscores the value placed on active listening to families as a central strategy in research processes.

Finally, regarding the concepts addressed, all included studies

analyzed participants' experiences, signaling a consistent concern with the subjective lives of families in intervention contexts. Family needs and preferences, however, were primarily explored in qualitative studies. These findings suggest that, while family experiences receive broad attention, there remains scope for increased focus on family needs and preferences, especially from perspectives oriented toward the co-construction of services.

3.3. *A thematic exploration: main findings*

Based on the thematic analysis of the included studies, three core themes emerged that help structure and deepen the understanding of families' reported needs, preferences, and experiences: (1) Intervention Content, (2) Approach to Delivering Care, and (3) Context and Structure of the Intervention. These themes should not be viewed as isolated categories, but rather as interdependent dimensions that together outline key elements for effective, responsive, and family-centered psychosocial interventions. Fig. 2 presents the thematic map that emerged from the analysis.

3.3.1. *Intervention content*

The content of psychosocial interventions perceived by families as effective and meaningful, based on their lived experiences, comprises a range of elements that reflect the complex and multifaceted nature of their needs. According to Visscher et al. (2022), families particularly value interventions that aim to understand the underlying causes of children's difficulties or behavioral changes, rather than focusing solely on establishing rules or behavior management strategies.

Flexibility in tailoring strategies to the specific needs of each family was also identified as essential, as "what works for one may not work for another" (Tennant et al., 2020; Visscher et al., 2022). Families further emphasized the importance of practical and playful approaches to developing children's skills-particularly communication skills-which could be easily implemented in daily family routines. Examples include adapted reward systems or the structured planning of everyday activities.

The development of assertiveness skills emerged as a frequently reported need, both for children (Visscher et al., 2022) and their caregivers. Caregivers highlighted the importance of enhancing their own communication and problem-solving abilities as key components in fostering overall family resilience (Mirosavljević et al., 2023). In contrast, coaching-based approaches aimed at improving children's ability to cope with environmental stressors showed some indications of strengthening children's psychosocial skills, particularly in coach reports. However, these improvements did not translate into significant changes in parent-reported outcomes, and persistent emotional and behavioral difficulties were still observed at case closure, with no significant improvement in the quality of the pedagogical environment (van Assen et al., 2023).

Mobilizing the broader social network—including extended family and other significant individuals—was identified as a core component of effective interventions, contributing to families' perceived sense of support (Mirosavljević et al., 2023; Nooteboom et al., 2020; Visscher et al., 2022) and reinforcing the value of a holistic and systemic approach (Eastwood et al., 2020; Morris, 2012). Nevertheless, prior experiences also revealed cultural and generational barriers that sometimes hinder open communication about family difficulties, potentially limiting the benefits of this kind of support (e.g.,. Nooteboom et al., 2020).

Families also reported the usefulness of structured tools to monitor progress over the course of the intervention. For example, the Fit Circle, employed in multisystemic approaches, was described as a valuable instrument for gaining a comprehensive overview of the problems to be addressed, identifying their triggers, and outlining effective strategies to manage emerging challenges (Visscher et al., 2022). Additionally, Hornyák et al. (2023) found that parental stress was more likely to be reduced when the skills introduced during the intervention were practiced more frequently within the family environment, underscoring the importance of ensuring that acquired competencies are meaningfully embedded in families' everyday lives.

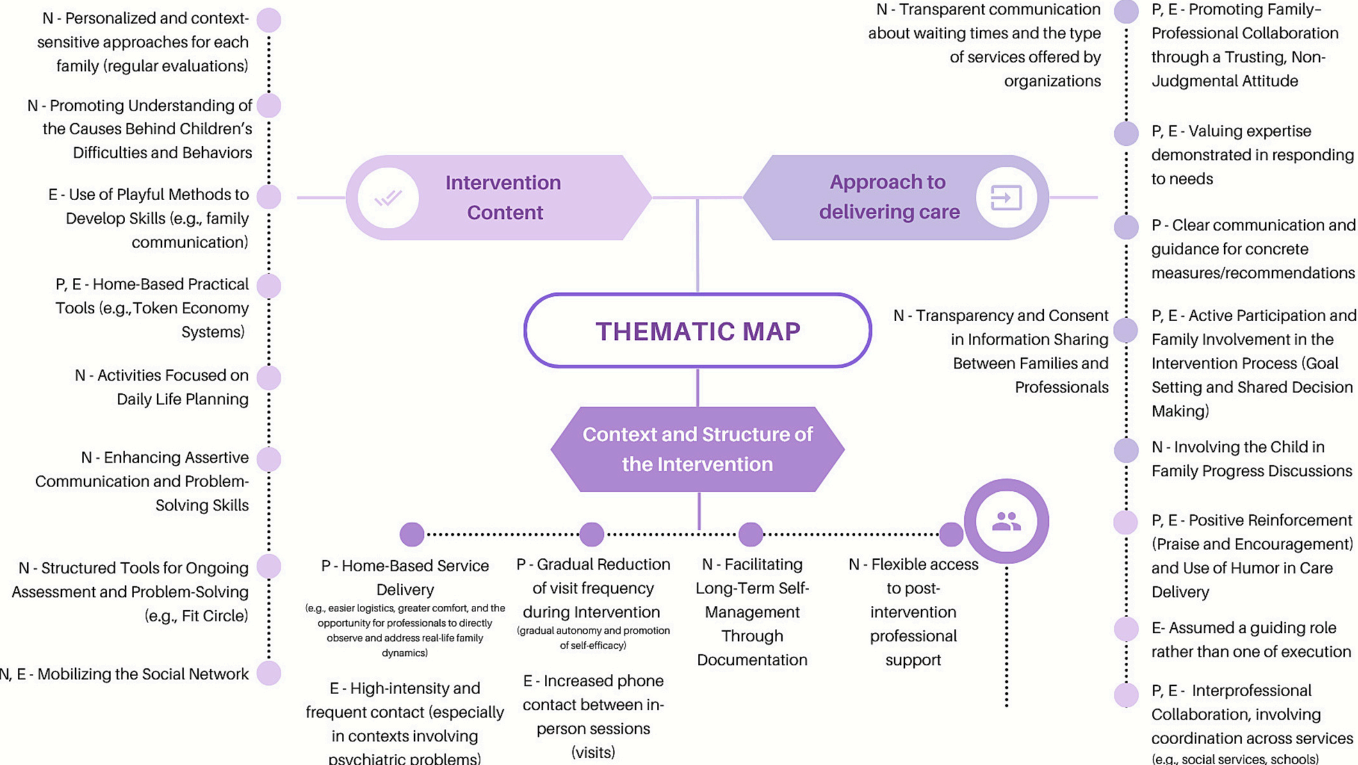

Fig. 2. Key Themes from Families' Perspectives on Psychosocial Support: Guidance for Practice. *Note.* N – Needs; P- Preferences and E-Experiences.

3.3.2. Approach to care delivery

The approach adopted by professionals in delivering psychosocial care emerges as a decisive factor in family engagement. Families consistently report the need for transparent communication regarding waiting times and the range of available services to support, particularly addressing the needs of youth (Nooteboom et al., 2020). Visscher et al. (2022) identified that families value a non-judgmental stance grounded in trust and active listening, which is critical to establishing a strong therapeutic alliance. Professionals who "take families seriously" and demonstrate clinical expertise are highly regarded (Nooteboom et al., 2020; Tennant et al., 2020; Visscher et al., 2022), especially when providing specific, needs-aligned recommendations within a supportive, action-oriented framework that promotes independence (Visscher et al., 2021; Visscher et al., 2022; Tennant et al., 2020).

Provision of support characterized by prompt, accessible responses (e.g., via WhatsApp) is perceived as essential, fostering a sense of not being alone and viewing professionals as "safe persons" (Visscher et al., 2022; Tennant et al., 2020). Moreover, an approach emphasizing positive reinforcement, including praise, encouragement, and humor, is preferred in care delivery (e.g., Morris, 2012; Visscher et al., 2022).

Family involvement in the care process is highlighted as crucial (Nooteboom et al., 2020; Tennant et al., 2020; Visscher et al., 2022), with shared decision-making identified as a key facilitator for setting intervention priorities and determining care intensity. This collaborative process enables families to define and adjust goals through ongoing dialogue with professionals. Particularly among families with traumatic backgrounds, this participatory dynamic has been found to foster a sense of autonomy and personal agency—factors that are especially valued by individuals striving to re-establish a sense of control over their circumstances (Eastwood et al., 2020). However, barriers such as regional disparities, differing priorities between families and professionals, and communication challenges—necessitating adjustments in pace and language—may undermine trust and collaboration (Nooteboom et al., 2020). Additionally, Visscher et al. (2022) underscore the families' recognition of the child's active role in discussions about familial progress, facilitated through playful, accessible dynamics.

While interdisciplinary collaboration among social services, schools, and healthcare providers is valued (Visscher et al., 2022; Nooteboom et al., 2020), families tend to prefer receiving care through a single professional or organization. Consequently, the role of a care coordinator—defined as a professional formally responsible for overseeing the care process and promoting interprofessional collaboration—has been reported as a significant facilitator of effective intervention. Nonetheless, this collaboration raises ethical concerns regarding privacy and information sharing (Morris, 2012), which families highlight as sensitive, emphasizing that information exchange must occur only with consent (Nooteboom et al., 2020). Furthermore, staff turnover is identified as a barrier, as it requires families to repeatedly recount their histories, which contributes to resistance and increases familial burden (Nooteboom et al., 2020).

3.3.3. Context and structure of the intervention

Studies suggest that, from the families' perspective, the intervention context is an important indicator for promoting effectiveness. Specifically, a preference was reported for the home environment as the intervention setting, as it provides a natural and less formal scenario, allowing a deeper understanding of family dynamics and reducing access barriers (Visscher et al., 2022).

Regarding the intervention structure, findings consistently show that, for most families, the intensity and frequency of the intervention should vary over time. An initial phase of more intensive contact is followed by a gradual tapering and continued post-intervention support (Morris, 2012), aiming to balance family autonomy with the need for monitoring (Visscher et al., 2022). Home visits, complemented by telephone contacts between sessions, were found to be important strategies to maintain support, especially in more challenging situations, such as the presence of child or parental psychiatric problems and intellectual disabilities in the child (Visscher et al., 2021). Conversely, greater supervision and longer visit durations were associated with smaller improvements in cases involving psychiatric issues (Visscher et al., 2021).

A study by Tausendfreund et al. (2014) even showed that integrated care over extended periods, although associated with reduced stress perceived by families, exhibits less consistent patterns of change in child behavior problems and family functioning, possibly due to the more direct work being focused only on the parents.

4. Discussion

This study presents a synthesis of current evidence concerning the perspectives of multi-challenged families—particularly those including children—on psychosocial support. It arises from the recognition of a significant gap in structured, empirical knowledge that systematically integrates and values the subjective experiences and voices of these families within care provision contexts. The analysis aimed to identify core, cross-cutting factors in intervention processes, to enhance alignment with evidence-informed and contextually relevant practices.

The findings emphasize the need for integrated, needs-responsive interventions grounded in ecological and strengths-based theoretical frameworks (e.g., Bronfenbrenner, 1977; LaMont, 2014; Sousa et al., 2006). These models advocate a shift from deficit-based approaches to those that recognize, mobilize, and build upon existing family competencies. From this perspective, the family is not only the "context of change" but a central agent in the process (LaMont, 2014). Bronfenbrenner's ecological theory (Bronfenbrenner, 1977) in particular, highlights the interdependence between different layers of influence—ranging from the immediate family environment (microsystem) to broader policy, social, and institutional contexts (macrosystem)—underscoring the importance of systemic and coordinated responses in psychosocial care. Effective support must therefore empower families to exercise agency, build on their strengths, and take ownership of their care and developmental trajectories within this multi-layered ecosystem.

Interpreted through a tripartite framework derived from thematic analysis, this study identified key needs, preferences, and experiences relating to intervention content, modes of delivery, and structural and contextual dimensions. While existing practices are largely parent-focused [53–62 %] (Visscher et al., 2020a), our findings reinforce a broader concern over the limited inclusion of children in intervention processes (e.g, Tausendfreund et al., 2015). Parents of children in vulnerable contexts expressed a clear need for greater involvement of their children—not only in program activities but in the assessment of progress. This gap signals a need for future interventions to actively incorporate child-centered approaches, particularly those that rely on play-based dynamics and focus on developing core life skills such as communication, assertiveness, problem-solving, and routine planning (Visscher et al., 2022). It is important to highlight that, in addition to the parent-focused nature of most intervention practices, the included studies relied predominantly on parent-reported perceptions (e.g., self-report measures and parent-directed interviews), meaning that children's own voices were largely absent from the evaluation of care. This absence is particularly relevant, as previous research has shown that parents and youth often differ in what they consider important regarding both the content and outcomes of care (Aarons et al., 2010). Incorporating children's perspectives into evaluation processes is therefore essential for developing psychosocial interventions that are appropriate, meaningful, and responsive.

Consistent with routine care practices identified by Visscher et al. (2020), there is also a recognized need for more robust psychoeducational strategies. Crucially, such approaches should go beyond equipping families with behavior management tools; they must address the root causes of difficulties, especially regarding children's behavioral and

emotional regulation challenges (Visscher et al., 2022).

Importantly, the findings reinforce the principle that "one size does not fit all" (Tennant et al., 2020; Visscher et al., 2022) consistent with the literature (Evenboer et al., 2018). Families valued interventions that were flexible, pragmatic, and embedded in their daily lives, rather than prescriptive or overly clinical. This underscores the importance of co-constructing interventions with families—recognizing their lived experience and contextual knowledge as legitimate and necessary components of the care process.

From a delivery perspective, relational continuity and trust-based alliances between families and professionals consistently emerged as critical factors, in line with previous reviews (e.g., van Eck et al., 2024). Caregivers highlighted the importance of being heard and taken seriously – not just during assessments, but throughout the intervention journey. These relational elements have been widely acknowledged in the literature as key factors of family engagement and positive outcomes (e.g., Bachler et al. 2016). Nonetheless, fragmentation remains a pervasive challenge in systems characterized by weak care coordination, limited interagency collaboration, and high staff turnover (LaMont, 2014; Nooteboom et al., 2020). From an ecological standpoint, these disconnects reflect systemic misalignments across multiple layers—particularly at the exosystem and macrosystem levels—where institutional frameworks and policies fail to operate coherently (Bronfenbrenner, 1977). Addressing these gaps requires structural integration combined with sustained investment in cross-sector collaboration and stable professional relationships.

Although interdisciplinary collaboration is widely advocated as best practice in psychosocial care (van Eck et al., 2024), families express a clear preference for a single, reliable point of contact or care coordinator (Nooteboom et al., 2020). This preference reflects a need for relational continuity and simplification when navigating often fragmented and complex service systems. The care coordinator functions as a central hub, responsible for integrating information, translating professional jargon, and guiding families through service pathways, thereby minimizing conflicting messages and reducing the burden of engaging with multiple professionals. To respond effectively to this need, service design must ensure that each family is assigned a designated coordinator with sufficient autonomy to develop and manage individualized care plans and to mobilize intersectoral resources in a coordinated fashion. However, this case management model raises challenges, such as the risk of coordinator overload (e.g., Holosko et al., 2015). To mitigate this, coordinators should be supported by multidisciplinary teams with clearly delineated roles, ongoing supervision, and shared responsibilities. Furthermore, implementing rigorous ethical protocols around information management—such as continuous informed consent and use of secure digital platforms—is essential to safeguard family privacy. In summary, achieving a balance between centralized care coordination and integrated interdisciplinary collaboration is crucial to delivering coherent, efficient, and family-centered psychosocial support systems. In summary, achieving a balance between centralized care coordination and integrated interdisciplinary collaboration is crucial to delivering coherent, efficient, and family-centered psychosocial support systems. This model acknowledges families' preference for a single coordinator while recognizing that the complexity and accumulation of problems require team-based support to ensure comprehensive and sustainable care.

The intensity and structure of interventions also proved to be relevant, particularly in how they relate to the preferred care setting. While more intensive support may be needed during crisis or transition periods, families consistently express a strong preference for home-based care, valuing its natural and less formal environment that facilitates understanding family dynamics and integrates support into daily routines (Visscher et al., 2022). This preference influences how intervention intensity is experienced and managed; families favor a gradual tapering of support that respects their autonomy and reduces intrusion, rather than abrupt termination. This approach is reflected in practice—for example, Visscher et al. (2020) documented a decrease in home visit frequency over time, from an average of six per month during initial phases to four in later stages. Moreover, the availability of follow-up contacts after formal intervention, especially combining home visits with telephone or digital support, is highly valued as it buffers against relapse and strengthens family self-management (Visscher et al., 2022). Together, these findings support stepped-care models that adjust intensity and delivery modality according to family preferences and contextual needs, which is particularly crucial in contexts with chronic or multidimensional adversity (Visscher et al., 2021).

Despite these insights, significant systemic challenges persist. Barriers such as limited service accessibility, stigmatization, bureaucratic complexity, and fragmentation between support domains continue to obstruct cohesive care for vulnerable families (e.g., LaMont, 2014; Tausendfreund et al., 2016). Consequently, future program development must therefore prioritize the integration of family voices not merely as feedback, but as foundational inputs in service design. Adopting participatory approaches in program evaluation and redesign can enhance alignment between service provision and actual family needs, thereby increasing overall effectiveness. Further empirical research is also needed to explore how specific components – such as delivery frequency, communication styles, and format – impact family outcomes across diverse cultural and social contexts. In summary, this discussion advocates for a shift from fragmented, expert-driven models toward relational, collaborative, and context-responsive practices. Psychosocial support systems must not only acknowledge but embrace the complexity, resilience, and agency inherent in multi-challenged families. As Bronfenbrenner's model (Bronfenbrenner, 1977) reminds us, meaningful and lasting change requires alignment across systems—and only by acting across all layers of the social ecology can we ensure sustainable, equitable, and transformative care.

4.1. *Study limitations and future directions*

While this scoping review offers valuable insights, several limitations must be acknowledged. First, the review included only studies published in English, Portuguese, or Spanish, which may have excluded relevant research conducted in other languages and cultural contexts. This linguistic limitation may have introduced a degree of selection bias, particularly in underrepresented regions. Additionally, a notable proportion of the included studies—almost half—were conducted in the Netherlands, which reflects specific social policies, healthcare infrastructures, and cultural norms unique to that context. This geographic concentration may limit the generalizability of findings to other countries with different welfare systems, cultural attitudes toward family support, or resource availability. Moreover, the choice of search terms (e.g., "multi-challenge" and "multi-problem") may have contributed to this overrepresentation, as these terms are particularly common in Dutch research. Future reviews should therefore consider broadening search terms to include alternative descriptors used internationally, to ensure a more balanced representation across countries. Consequently, the insights and recommendations drawn should be interpreted with caution when applied beyond these settings. Second, there was an uneven thematic focus across the included studies: while some prioritized the families' self-reported needs, others emphasized preferences or lived experiences, limiting comprehensive synthesis across all dimensions. This variability also influenced the depth and balance of the analytical themes. Third, the methodological heterogeneity of the included studies posed challenges for comparison and integration. While this diversity enriched the analysis, it also introduced variability in data quality, depth, and focus. For instance, smaller qualitative studies (e.g., Tennant et al., 2020) provided rich contextual detail but limited generalizability, whereas larger mixed-methods studies offered broader patterns but less interpretive nuance.

Fourth, the exclusion of grey literature and unpublished community reports may have narrowed the scope, omitting valuable experiential

evidence and practical insights that often reside outside academic publishing channels.

Despite these limitations, the review provides a robust foundation for future research and practice. It highlights the need for more participatory, longitudinal, and context-sensitive studies that center the voices of multi-challenged families with children and explore the mechanisms through which psychosocial support can foster resilience, empowerment, and systemic change.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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