

“HOW GROUP CARE SETTINGS CAN FAIL IN CHILD AND YOUTH WELFARE”: INDIVIDUALIZED PEDAGOGICAL INTERVENTIONS FOR KIDS AT HIGH RISK

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Abstract

A critical view on current conditions in working with challenging children and adolescents in child and youth welfare. On basis of an internal study of a care facility in Vienna, AKs Noah, which evaluated data of 89 minors, it shows risk factors in early childhood which leads into problem behavioral patterns in out of home care, which is challenging care takers and the environment. Instead of viewing these young people merely as symptom-bearers of their histories and placing them in a problem-oriented focus as “unreachable” and “system crashers”, it is time to establish alternative flexible forms of care, with psychological and trauma-oriented case analysis, as “state of the art” for and with kids at high risk.

Keywords: *Individual care, kids at high risk, child and youth welfare, social psychology, young delinquents.*

1. Introduction and terminology

In 2023, 1.21% of all minors in Vienna, Austria have been placed in out-of-home care within the framework of full residential support, corresponding to 4.145 children and adolescents. These placements primarily occurred in foster families and residential facilities within the child and youth welfare.² Although most children in child welfare systems can be supported through foster care or community-based interventions, a small but significant subgroup gets media attention, demonstrating behavioral patterns and support needs that exceed the capacities of standard care arrangements, challenging not only care systems but also law, justice, public and psychiatry. These minors are frequently labelled as “system crashers” (German: *Systemsprenger*) (vgl. Baumann 2014). International research rarely uses this terminology but describes similar populations as high-risk youth, unreachable, kids with multiple and complex needs, or youth experiencing placement instability. Across different welfare systems, this group typically represents a small proportion of children in care but accounts for a disproportionate share of placement breakdowns, service transitions, and intensive interventions (Konijn et al., 2019).

The terminology of system-crasher-kids has been subject to increasing critical reflection within academic and professional debates. Rather than focusing exclusively on the behavioural characteristics and failure of the children themselves, an alternative perspective highlights the structural limitations of existing welfare systems (vgl. Kieslinger et al., 2023). From this viewpoint, the phenomenon of so-called “system crashers” may also be interpreted as an indicator of institutional constraints, rigid service structures, and insufficiently flexible support arrangements within child and youth welfare systems. (vgl. Sinclair et al., 2007). Alongside the public institutions, a considerable number of private organizations operate as contractual partners within the child and youth welfare system, to take care on those special kids. One such provider is “AKs Noah”³ based in Vienna (Austria), which currently supports approximately 95 minors across different group care settings and individual residential care. Many of the young people show complex psychosocial needs and multiple risk factors out of their system, described as “kids at high risk”, requiring highly individualized forms of support.

¹ Mag. rer. nat. Tanja Kozak <https://individualpaedagogik.at>

² Statistik Austria 2023 <https://www.statistik.at/statistiken/bevoelkerung-und-soziales/sozialeleistungen/kinder-und-jugendhilfe>

³ AKs Noah Verein für Sozialpädagogik und Jugendtherapien <https://noah.at>

2. Study AKs Noah⁴

In an internal study from the social-pedagogical institution for child and youth welfare *AKs Noah*, child related factors have been evaluated. The basis data is from 89 kids aged 10-18 and has been explored as a questionnaire filled out by the educators who are responsible for the children and are familiar with the case facts, including previous files and reports. The data collected can be compared with results from other studies in other countries on kids at high risk in the child and youth welfare systems (Bronsard et al., 2016; Clark et al., 2020; Harder et al., 2021; Varnish et al.; 2025).

2.1. Family system

The selected data are facts from the system of origin and indicates that the affected families are living under significant cumulative stress, characterized by multiple risk factors. A key issue is the high number of suspected but not formally diagnosed problems, suggesting substantial hidden needs and under-detection.

1. Stressful family circumstances

- Incarceration: 28.1% of families affected
- Parents with refugee/flight experiences: 25.8%
- Homelessness: 21.3%
- Physical impairment of a parent: 18%
- Death of a close caregiver: 23.6%

2. Adverse family environment

- Domestic violence: 38.2%
- Violence against the child: 39.3%
- Neglect: 37.1%
- Sexual abuse on the kid through family members: 7.9%
- Siblings with increased care needs: 22.5%

3. Health risks

- Mental illness of one of the parents: 15,7%
- Addiction of illegal substances: 21.3%
- Alcohol Addiction: 13.5%
- Substance use during pregnancy: 7.9%

2.2. Child related risk factors

Behavioral abnormalities associated with conduct disorder, antisocial behavior, and high-risk tendencies manifest in various forms and leads to dangerous behavior inside the care system and the environment. The selected data shows that psychological aggression (insults, humiliation) is the dominant form of problematic behavior, followed by physical violence, bullying, and delinquency, suggesting a highly challenging care environment with complex support needs.

1. Educational risk factors:

- 55% of children have no primary school certificate, indicating major educational disadvantage.
- 51% show irregular or refused school attendance (30% refusing, 21% attending only sometimes).
- Participation in training or employment is inconsistent, with 31% refusing engagement.

2. Health risk factors:

- 69% of clinical diagnosis (n=64) show a post traumatic disorder or trauma related comorbidity.
- 60% of 13-18-year-old (n=54) do drugs regularly, tobacco not included
- 30% do high risk mixed consume of different kinds of mostly chemical substances

3. Behavioral risk Factors:

- Insults and humiliation toward caregivers (37.1%) and peers (31.5%)
- 16.9 % use Bullying as behavioral pattern
- Physical assaults towards caregivers (12.4%) and peers (16.9%)
- 20.2% show repeated property damage
- 19.1% are integrated in a violence-prone peer group
- 15.7 % have committed strong bodily harm

⁴ <https://noah.at/forschung>

2.3. Conclusion

With regard to the collected data the “phenomenon” of kids at risk can be interpreted through several psychological and systemic theoretical frameworks. Attachment theory suggests that early experiences of insecure or disorganized attachment may impair emotional regulation and interpersonal trust (Bowlby, 1988; Ainsworth, 1978). Furthermore, developmental trauma research highlights the long-term impact of chronic stress and adverse childhood experiences on behavioral regulation and social functioning (van der Kolk, 2014). From a broader socio-ecological perspective, Bronfenbrenner’s ecological systems theory emphasizes the interaction between individual development and institutional environments, suggesting that repeated placement disruptions may also reflect structural limitations within child welfare systems.

The Research on minors in the facility AKs Noah, with highly complex support needs, identifies several common patterns similar to actual studies.

- Early childhood histories of trauma and neglect, domestic violence and multi-problem families. That can lead to attachment disorders, behavioral dysregulation, violence and self-regulation problems. (Hoeve et al., 2012)
- Followed by out of home care with frequent placement cancellations and overburdening of support systems. (Baumann, 2014)
- Ending in minors who break up with school and socialize on the streets, showing resistance against child welfare and mental health service, taking drugs, being young delinquents below the age of criminal responsibility. (O’Hare, 2023)

It is clearly evident that some kids in out of home environments need special care, which is often not possible within group settings and common practices of social-pedagogical care. It needs an understanding of case study, psychological knowledge about multiple traumatized behavior, development theories and individual strong bonding care, within the realities of life from those kids. Children with many placement changes show higher internalizing and externalizing behavior problems. The longer they are in a care setting which is a mismatch, the more they strengthen multi-problem behavioral patterns. (vgl. Newton et al. 2000).

3. A critical view

The “wrap-around” child care starting in the 1980ies until now many research and studies (Brykman 2025; Bronsard et al., 2016; Clark et al. 2020) showed that child welfare placement disruptions are associated with elevated physical and mental health problems. International research consistently demonstrates that children and adolescents with complex psychosocial needs and behavioral disorders often require highly individualized care environments. (Whittaker et al., 2016). The international consensus on individual residential care, highlights the importance of structured, relationship-based environments, designed specifically for children and youth with severe behavioral and emotional challenges (vgl. James et al., 2022). By knowing that, the child and youth welfare system and other connected care systems like psychology, therapy, psychiatry... in this field has not changed enough.

Children with such challenging behavior, emotional disturbances and attachment disorders can’t respond to rotating teams of 7-12 professionals working in shifts. Every day someone else - to which one should adept, with daily separation experiences. They can’t handle the permanent high level of expectations and regulations. Those kids more and more display behaviors that is a risk to themselves and others. Violence, impulsive outbursts, antisocial behavior etc... As long as they are young, they are often placed from one care setting to the next. When they grew up and get more intensive, group care is no longer possibly, because of high risk for care takers and other kids in the group. The structural irresponsibility of help systems meets the helplessness of the responsible caregivers.

An early intervention is a key factor in addressing high-risk behavioral patterns in children, as difficulties such as aggression, impulsivity, use of drugs and emotional dysregulation often intensify if left unsupported. The reality is that in the child and youth welfare the correct interventions often start to late, even when the risk factors are shown long before.

When those kids refuse going to school, refuse appointments, refuse coming home, are verbally abusive, using drugs and the behaviour is “out of control”, the usual setting can’t care anymore. This is when individualized one to one care settings often starts. Far too late and mostly financed for a short time as the “prognosis is poor” related to the goal of a socially compliant integrated citizen. These interventions are frequently discontinued after 6-12 month, even when there is positive progress. The systems measure the care success by short-term indicators, like school attendance or the absence of delinquent behavior. Psychologically, a change in behavior can hardly occur in such a short time. And we have labour law guidelines which do not allow the social pedagogues to work like it is necessary with those clients. Care facilities are forced to the 24hours shifts and not allowed to live with them constantly 1 person for some

weeks. Instead of 1-2 stable care takers we need for this setting 6-8 people making those shifts. Which is exactly what is not useful referred to theory and caused problems before, and makes it to a very expensive care for one child.

Additionally, we have no legal recourse in Austria under the age of 14. They can come and go like they want, being delinquent and unstoppable as police and care takers are not allowed to hold them in the facility or police station. They often connect with older criminals who use the kids for their interests. Sometimes it is just waiting that those kids are over age of 14 and can be imprisoned. Although we see how vulnerable these children are, we can't force them to go abroad with care takers for a "Time Out", even though it would be better than being on the street and later in jail.

4. Individual pedagogic with kids at high risk

To establish individual pedagogical measure with and for kids at high risk as state of the art, it needs the understanding of psychological facts of attachment and trauma theory within a biopsychosocial case analysis as basis for care takers working in a highly individualized setting. The matching of the care takers with the one to be cared is a sensitive and powerful process. Through continuous and flexible interaction, educators can establish a stable and slowly trusting relationship that promotes emotional security and engagement. This relational stability enables the early identification of behavioral triggers and the timely implementation of preventive strategies. Immediate feedback and consistent reinforcement of prosocial behavior further support the development of self-regulation and adaptive coping skills. Stable caregiving relationships with care takers who are not afraid and don't judge with consistent reachable support are therefore critical components of effective interventions.

Meaningful progress often becomes visible when professionals are allowed to work intensively and consistently with a child in different settings, at different places of residence, both in and abroad. Such interventions typically involve a small number of carefully selected caregivers who establish stable relationships with the young person. This means 1–2 consistent caregivers, people who can offer long-term relationships, who are emotionally resilient, who can confront when necessary, and who are willing to step into the child's world with courage and care. Through continuous interaction of the same care takers and outreach support on their hotspots and risky realities of life out on the streets, trust can gradually develop, allowing children with deeply rooted mistrust of adults to experience reliability, emotional security, and a sense of belonging. Within such settings, children may begin to accept boundaries, engage in structured routines, develop basic cooperative behaviors and accept taking care on them. They want to belong and they want to feel safety they never had. What it needs is trustable, supportive relationships, where resilience can grow and things can change. (vgl. "Circle of Courage", Brendtro et al. 2012)

Individualized pedagogical one-to-one interventions can represent a crucial opportunity for children and adolescents displaying severe behavioral problems and high-risk life trajectories.

Particularly for children between the ages of 12 and 14 who display severe behavioral challenges but remain below the age of criminal responsibility, flexible and relationship-centered interventions are essential to give them support and unconditional supply no matter when they appear or how their behavior is. Individualized pedagogical case work therefore represents not a universal solution, but a significant opportunity to reach young "boundary pushing" kids, who are often considered "unreachable" within standard institutional systems.

No child is born evil, and every child has the right to security and care.

It needs earlier support and stable financial possibilities. It needs the employment law support for the care takers to work professional in a one-to-one care and to get suitable trainings and specialized psycho-emotional support. At least there must be a deep understanding how to reach those kids and work with them with the goal of positive development.

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