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## CHILD AND YOUTH CARE WORKERS TO BE REPLACED BY ROBOTS IN THE FUTURE?

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**ABSTRACT:** This article cites widespread beliefs about the future of the world and discusses how the field of child and youth care services will change over the next few decades as a result. Based on a range of trends in the field, including those that are longstanding, recent, and emergent, the author predicts what child and youth care will become in the years to come.

In the near future, the field of child and youth care will change dramatically, if we are to believe the predictions of futurists and science fiction writers. Many of us will work from home through the use of virtual reality technology. We will be able to hug a child in distress or play a therapeutic game of Frisbee golf with a group of youths while all of us (youths included) are sitting at home in front of our computer/internet/home entertainment centers in our bathrobes with our hair in rollers. We will supervise the youths easily because each and every room of every home and office will have a huge screen covering one wall that will allow two-way communication, allowing us to watch everything a young person does day and night. Robots in each child's home will take care of messy tasks such as changing diapers, preparing the food (which will come in small nutritional wafers that can be programmed to taste like anything the child wants), restraining violent youths, and cleaning up spills. When it is necessary for the child care worker to meet with the children in person, we will zip to work with rocket packs on our backs, which will eliminate the freeway congestion of the 20th Century — although it might create skyway congestion in the 21st Century.

Of course, not all children and youths can be allowed this amount of freedom. Social or political deviants will be housed in Re-Education Centers, where the latest in behavioral conditioning techniques, especially much-improved aversive therapy, will be used to put them back on the right track, without mess or wasted time. Child and youth care workers certainly will have key roles in these Centers, as well. But many of the traumatic and disturbing events experienced by children in the past, such as child abuse, and genetically related mental illnesses will be eliminated completely by the year 2100. Women will no longer bear children, and the process of cultivating embryos in artificial wombs will allow the genetic scientists to eliminate schizophrenia, bipolar disorders, and major depression from the human genetic stream.

When disturbing events do occur in the life of a child, however, child care workers can “jack in” to the child’s brain via an internet connection to change the memories at a physiological level. The child care worker will simply insert an interface connection into the receptacle implanted in every person’s brain early in life, then surf cyber-reality, find the child (who would also be jacked in), and reprogram the child’s brain. Child and youth care practitioners will have to be careful while jacked in, however, since there will be renegades wandering cyber-reality who will attempt to attack the system’s defenses to cause havoc. We certainly can assume that every child and youth care worker will be required to become proficient programmers and cyberspace voyagers. At times, when the youth worker must be absent for a period of time (on vacation, for example), the youth worker can simply upload a counseling program that will mimic the youth worker’s own style of relationship into artificial human beings that have been cloned to look just like the youth worker.

Within a hundred years, much of this will be possible because the entire world will be governed by two or three large national governments. Although war, or at least the news of war, will continue unabated, children and youths — and all of us — will be insulated from disturbing news other than what is deemed necessary for us to hear as a result of the consolidation of all media outlets under the federal governments. The era in front of us will also produce major breakthroughs in basic science that will change how we all relate to children after space exploration leads to the discovery of the secrets of the origin of life and intelligence contained in a large monolith on a moon of Jupiter.

Or then, again, maybe the futurists and science fiction writers have not predicted the changes to come. Perhaps before we can make assumptions about what the future of child and youth care will be like in the future, we should review the success of predictions of the future made in past decades. I don’t know about the rest of you, but my automobile does not fly and it uses an internal combustion engine. Microwave cooking did not change my life in fundamental ways, and I have to put my own cloth pants on each morning one leg at a time. 1984 was not 1984. It is unlikely that anyone will be making a space odyssey to the moons of Jupiter in 2001, and despite major advances in cloning and genetic research, most women still prefer to bear their own infants in this brave new world. Many of us may soon become cyberpunks in a neuromancer world, but it is more likely that we will simply have thousands of inane video games delivered to our couches each evening along with the 150 cable channels of drivel that we already receive. The future is more likely to be a surprise than a shock.

With all of the changes that have occurred in the last one hundred years, technological advances, two world wars, a cold war, and hundreds of smaller wars, revolutions in science, transformations in religion, and the birth of psychology, human beings remain surprisingly human, as we can see when we look around us. A 10-year-old boy wearing a baseball

cap and a t-shirt walks through a crowded neighborhood diner, wishing the dishwasher and the waitresses a merry Christmas. A teacher nearing retirement talks to another teacher about how much kids have changed these days — how they have no manners and no longer respect their elders. A youth worker goes outside on a winter morning to start her Volkswagen Beetle to go to work only to find that the battery has finally died, so she kicks the side of the car in frustration over her financial woes. A young girl, crying, crawls up in her mother's lap to seek comfort after the mother reprimanded the girl harshly a moment before. Almost a hundred years after the war to end all wars, wars continue. In an age of astonishing prosperity in the Western nations, millions of people starve and die of curable diseases in those nations and around the world. And very few of us have videophones on our desks.

Looking back over the years, however, we can predict that some trends will continue to affect our field for at least the next decade or two. Globalization will continue and it will accelerate. Child and youth care practitioners will share more information with colleagues around the world, and will increasingly find it necessary to collaborate across national boundaries to accomplish the work. More children will spend more time in out-of-home care for part or all of the day. Families will face increasingly complex demands and tasks in raising their children, and pressures within industrialized and nonindustrialized societies alike will continue to destroy families, leaving children homeless, destitute, and in need of compassionate and competent care by others. These trends will produce a renewed emphasis within the child and youth care field on changing the systems that affect children and youths, rather than just impacting the individual child. Child and youth care practitioners will be expected more than ever to use our skills to help families, communities, and child care environments to meet the needs of their children better.

As a result, child and youth care will come to be seen as a profession that is part of a larger field, direct care human services across the life span and across practice settings, at the same time that the specialization of child and youth care will continue to develop. The same core knowledge and skills are necessary for a direct-care practitioner who plans activities for elderly men and women in a day care setting and a direct-care practitioner who counsels adolescents in a residential treatment center. It may very well be true that the same core skills and knowledge are also necessary for a welfare worker in an office that qualifies families for assistance. However, the application of those skills and knowledge is different and the specialized knowledge and skills necessary in each setting may be very different. The care worker in the elderly day care center might need to understand medical issues that affect the individuals in her care while the youth worker in a detention facility might need to know how to restrain violent youth. Even so, the core skills and knowledge and the similarities that do exist, combined with the need for an economy of scale in the recruitment, retention, training, and education of staff

members in all of these settings will lead us toward a “meta-profession” that encompasses many of the human service direct-care professions. VanderVen wrote about this change in perspective in 1986 (VanderVen, 1986), and others have helped develop it through the years since then.

As has been true especially in the past 50 years, research, knowledge, and understanding will increase rapidly in all fields, including child and youth care, requiring increased education and training of professionals who specialize in child and youth care. Practitioners will understand the processes of child development, psychology, and sociology much better 20 years from now than today. Child and youth care is still a young field, and what is known today will surely change greatly in future decades. Specialization has become necessary as it has become difficult for any one person to keep abreast of the rapid changes in most fields. The struggle in child and youth care, as is true in many fields today, will be to find a common ground and a common language so that interventions do not chop the care for a child or youth into specialized little pieces.

Specialization and increased knowledge result in professional credentialing. Just as most people seek a licensed and/or certified orthodontist when it is time to put braces on our children’s teeth, parents and others who purchase child and youth care services will increasingly expect the practitioners to be credentialed as the field of child and youth care becomes more complex. Pay scales and professional status will rise for credentialed practitioners and remain stagnant for those without credentials. Practitioners will be required to graduate with college degrees in order to attain credentials and to reassure the consumers of child and youth care services.

During the past 30 years, many new specialized professions have been created in the field of human services, such as respiratory therapists, child life specialists, diagnosticians, recreation therapists, special education teachers, and child/youth care workers, just to name a few. Each of these specialties has some form of separate certification and/or licensing along with educational requirements and professional associations. As knowledge increases rapidly, as the systems of care, education, and treatment become more complicated, and as the public demands a way of knowing who is competent in a field, it is likely that the education and credentials for specific professionals will become more specialized, and educational programs will be created to provide the specialized training necessary for this workforce (Curtis, Dale, & Kendall, 1999). These trends toward specialization and professionalization are apparent not only in health care settings, but in church nonprofit agencies, as well (Garland, 1994).

The standards for training, credentialing, and education of child and youth care workers who work in a wide variety of programs have increased substantially over the past 20 years. An example of this evolution toward increased specialized education of child and youth care workers is the Nova Southeastern University’s Master’s Program for

Child Care Administrators. The Nova program was created through collaboration between the university and the National Organization of Child Care Worker Associations (NOCCWA) beginning in 1980. The collaboration resulted in a specialized education program specifically for child and youth care workers (Powell, Manburg, & Peck, 1985). More recently, extensive specialized training of all the child and youth care workers in a state system was instituted in Kentucky through an "academy" model similar to police academies (Kelly, 1999) and the State University of New York created a degree with a specialization in direct care practice (Jacobs, 1995).

Many state and provincial professional child and youth care associations in North America have created systems to award credentials to child and youth care practitioners over the past 20 years. Over the past two years, the Council of Canadian Child and Youth Care Associations joined with the Association for Child and Youth Care Practice and the International Leadership Coalition for Professional Child and Youth Care to form the North American Certification Project (NACP). The NACP is working to establish professional standards for the field. One NACP work group headed by Martha Mattingly and composed of academicians and practitioners from both countries recently defined the core competencies of the field of child and youth care (Mattingly, 2000). The goals of the NACP are to provide a national certification program for child and youth care workers in the United States and to coordinate those credentials with similar efforts in Canadian provinces.

Other trends will also affect how child and youth care services will operate in the future. In the world at large and in some industrialized nations, specifically including the United States of America, the poor will almost certainly continue to get poorer, at least poorer relative to affluent segments of society. It is unlikely that the United States and some other nations will provide enough financial resources to provide what children and families, especially poor children and families, need. Child and youth care workers will be faced with some version of the alternatives we face so often today: to do more with very little and to advocate for the children, youths, and families often seen as hopeless, useless, or troublesome. At times, we will struggle with the decision of whether to teach them to adjust to the society as it is or to live out of step with that society in order to maintain the integrity of their own values, customs, and communities.

In future decades, children and youth will continue to fear, dream, hope, struggle, love, grow, give, and take just as all of us. Over time, child and youth care practitioners will learn to build on the strengths and capacities of young individuals rather than attempting to remediate their problems and reduce their incapacities. Programs for youth will more actively involve the youths themselves in the planning and implementation of the programs, making them partners in creating their own environments. There will be a reversal of the tendency in the United

States to hold youths accountable as adults when they commit crimes but to deny them the freedom to make their own decisions when they are acting in responsible and prosocial ways, in large part because advocates for youth will show the public that they do not have to fear youth.

Child and youth care funding and delivery systems also will change over the next 10 years in some ways while staying the same in others. Based on trends over the past few decades, the fields of child welfare, mental health, education, and juvenile justice also can expect these changes in future decades:

- 1 Outcome-based and performance-based management will be required more in the future, both as a condition of funding and as good management practice;
- 2 Purchased-service contracts (also sometimes known as managed care) and consumer choice of services will become a way of life for more programs;
- 3 More special-needs children and adults will be pushed into mainstream environments; and
- 4 Larger organizations will get more of the available resources, and smaller independent organizations will find it harder to compete.

The public now demands accountability from government-financed and charitable organizations that provide human services (Pecora, Seelig, Zirps, & Davis, 1996). At the same time, careful measurement of outcome data can produce benefits for the nonprofit organization itself if the outcome data is used to analyze and improve the organization's programs (Garland, 1994). For example, improvements in staff morale, development of a common language and organizational culture, supervisory practice, policies, and general performance have been ascribed to the effective use of outcome data in child welfare agencies (Moore, Rapp, & Roberts, 2000). More time and more money will be spent in the future on refining and standardizing outcome measures. As we have seen in the past 10 years, more outcome information will become public knowledge, published for everyone to see, and it will be used more often to determine which organizations receive funding, challenging traditional policies on confidentiality of client information (Curtis et al., 1999; Moore et al., 2000).

Another method of increasing public accountability is for the government to purchase human services through contracts with private and public entities, linking payment to performance (Pecora et al., 1996). In an age when monopolistic telephone companies have been replaced by a free market of long-distance, local, wireless, and Internet providers all competing for the consumer's money, schools and other human service organizations face a world of consumer choice through vouchers, charter schools, internet-based service delivery systems, competitive procurement practices, and other mandated mechanisms. Increasingly, for-profit companies are being attracted to compete against charitable and governmental

organizations. It may be a while before a food-stamp caseworker has to worry about MacDonald's Human Services Division taking her job because consumers want to be able to get their stamps while they buy a Big Mac, but she should talk to a guard working in a Corrections Corporation International prison before she assumes that it could never happen. The education field has already experienced incursions by profit making companies such as Edison Schools, and more will follow as the public pushes for free choice in education and human services. This trend toward purchased services has taken the form of managed care in the health care and child welfare fields, where one company competes to acquire a contract with the government and then (to one degree or another) controls the placement of children in programs, and the number of government agencies using managed care contracts has increased rapidly (Emenhiser, Barker, & DeWoody, 1995; McCullough & Schmitt, 1999).

Of particular importance for those of us in education, child welfare, juvenile justice, and mental health, a combination of factors will move more children (and adults) with specialized needs into settings formerly considered off limits for them. Educators have seen children with special needs move out of special education into regular classrooms, requiring that the special education teacher and the regular education teacher team up and learn from one another. The child welfare field is presently experiencing the same de-institutionalization movement that affected mental health services 20 years ago. Children who once would have been placed in residential programs are now being placed in community-based foster family homes and adoption (Curtis, et al., 1999; Sullivan, 1989; Woolf, 1990).

Multinational corporations have taken over the roles of public and nonprofit hospitals and prisons across the nation. Smaller independent school districts have been consolidated into larger districts over the past several decades. Large universities offer degree programs to students throughout the nation and the world through distance education, directly competing with smaller colleges in every locale. Nonprofit organizations such as the Casey Family Foundation and Kidspace provide child welfare services across many states. The world now is one where larger organizations compete successfully against smaller, more local ones for government funding, charitable dollars, and other resources. There is no reason to assume that this trend will slow in the future.

On the other hand, certain realities will not change in future decades:

- 5 There will still be a need for specialized services for special-needs children and adults that will continue to exceed the capacity of services available.
- 6 Families living in poverty will not be able to find services equal to those offered to wealthier families, and advocates will continue to fight for these services.



- 7 Child and youth care practitioners will be asked to do more with less as the number of individuals with needs for services outstrips what the public is willing to give.

A recent report by the Casey Family Foundation states that, in the United States, "The number of youth in out-of-home care has increased dramatically since 1989 — over 90% — to more than half a million children. Yet there are barely 130,000 homes available to accommodate them. Adding to the dilemma, up to 40% of recruited families quit fostering in their first year" (Quinby, 2000). The need for a complete continuum of care to serve this population of children and youth, which is so large and which is growing so rapidly, is apparent (Curtis et al., 1999). Meanwhile, according to the Surgeon General's report issued recently, "The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them" (Surgeon General, 1999). The report, issued in 1999, also states, "The nation is facing a public crisis in mental health for infants, children and adolescents. Many children have mental health problems that interfere with normal development and functioning. In the United States, one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment. Yet, in any given year, it is estimated that about one in five children receive mental health services. Unmet need for services remains as high now as it was 20 years ago" (Surgeon General, 2001). More youths will be incarcerated and served by the juvenile justice system, taxing that system further as a result of the failures of the child welfare and mental health systems.

Through all of the many changes that will occur in the world and in the field of child and youth care over our lifetimes, there is something that will not change: there will be competent, caring individuals who dedicate their time and energy to make the lives of children and families better. In the future, child and youth care workers will be better educated, better trained, more credentialed, and more knowledgeable — and we might even travel to work with rocket backpacks — but what will make the difference is the individual worker who cares for the individual child. Robots can not do it, no matter what the futurists may tell you.

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