

When the Employer is the Trainer: *Lessons from Cooperative Home Care Associates*

BY STEVEN L. DAWSON

HOW DO YOU train hundreds of unemployed women of color *and* provide them stable jobs? You build a company that embeds training and employment within a single, seamless strategy. For over 30 years in the Bronx, Cooperative Home Care Associates (CHCA) has honed that strategy, producing off-the-charts results: Of 630 jobseekers enrolled annually, 94 percent graduate with a portable credential and 85 percent are employed as home health aides. Of those, 68 percent remain employed after one year.

To put those numbers in perspective: According to the national Benchmarking Project, low-income training programs of comparable size on average secure employment for only 29 percent of enrollees, and of those just 38 percent remain employed after one year.¹

This paper argues for a deeper understanding of *employer-embedded training programs*—wholly designed and managed by the employer. These are distinct from conventional *third-party programs*, which train low-income individuals for a specific occupation, but rarely for a particular employer. The workforce field should not only replicate this employer-embedded model more broadly, but also incorporate employer-embedded elements into the redesign of conventional third-party programs.



CHCA NOW EMPLOYS more than 2,000 home health aides in the Bronx and northern Manhattan, and is the largest worker cooperative in the United States. The company's documented success in providing stable employment for thousands of Latina and African-American women is often attributed solely to its worker-owned structure. Yet the true secret of CHCA's employment model is its seamless continuum of recruitment, selection, training, employment and support.

CHCA's employment model works because it:

1. **Guarantees employment** to every enrollee who successfully graduates from CHCA's embedded training program.
2. **Minimizes gaps** in the jobseeker's journey through the intimidating world of work: finding and completing an appropriate training program, graduating, being hired, and then maintaining a job.

3. **Maximizes consistency** of expectation throughout those transitions—in terms of knowledge, skills, attitudes, and adherence to policies—all tailored to CHCA's specific structure and culture.

By *guaranteeing employment*, the jobseeker is offered an explicit picture of where she will work at the end of her training, with a firm promise that her good efforts will be rewarded. By *minimizing gaps in transition*, the jobseeker is more likely

“Build a company that embeds training and employment within a single, seamless strategy.”

to find her way through the employment maze—starting when she is sitting in her kitchen wondering how to find a job, and ending only when she has secured stable employment. By *maximizing consistency of expectations*, CHCA increases the likelihood of forging the most successful “fit” between the worker and employer.

Each of these design elements contributes to a culture of respect that places the homecare worker at the center of the organizational

chart: All training and administrative staff at CHCA understand that their primary responsibility is to support the frontline homecare worker, so that she in turn can better serve her client. CHCA has maintained this respectful, frontline culture for more than 30 years, while also growing to significant scale—an enduring achievement attributable to the cooperative's many skilled, mission-oriented leaders.

What this means for the jobseeker, as she moves through CHCA's seamless, supportive system, is that over time she builds multiple *relationships* with a wide range of CHCA staff. Each of those relationships increasingly binds the jobseeker to the company. It is this intentional layering of supportive, trusting relationships that lies at the heart of CHCA's success in training, employing and retaining its workforce.

To place this process in perspective, let's follow a typical jobseeker—we will call her Paulina—who is searching for a

homecare job. First, we will walk with her through a conventional third-party training program. Then, we will follow her through CHCA's employer-embedded training model.

As we begin to follow Paulina, it is safe to say that she starts out quite anxious due to her lack of formal work experience. Yet there is one thing she is quite confident of: Paulina knows she is a good caregiver—that she has “caring hands”—because she has taken care of her own mother, ill from diabetes and glaucoma, since she was a teenager.

Profile of a CHCA Trainee

Though each of CHCA's trainees is unique, “Paulina” closely resembles hundreds of unemployed jobseekers who enter CHCA each year looking for work as a home health aide.

PAULINA is a woman of color, living in the South Bronx or Harlem—neighborhoods experiencing some of the highest unemployment rates in urban America. She is Latina, likely born in the Dominican Republic or elsewhere in the Caribbean.¹ She is in her early 30s,² and is the single parent of two young daughters.³ To help make ends meet, it is quite possible that she is living “doubled up” with another family.⁴

Paulina is unemployed and may well be looking for her first formal job.⁵ In the prior year, she patched together less than \$6,000 in family cash income (including cash-based public assistance),⁶ surviving on family, friends, local churches and charities, as well as other forms of non-cash public assistance. She is “unbanked,” and thus prey to payday lenders and other forms of financial exploitation.⁷

Paulina does *not* have a high school diploma or equivalent. She has a 6th grade English reading level, while more than 20 percent of her fellow jobseekers have a 4th grade reading level or below.

Importantly, in addition to what the workforce community refers to as these “employment barriers,” Paulina brings a wealth of experience formed during her years of caring for her elderly mother and young children. She has also developed a depth of problem-solving skills, having successfully navigated the myriad challenges of emigrating to the U.S.—and then, with so few resources, managing to survive New York City's complex urban environment.

Most of all, Paulina brings with her two driving desires: to forge stability for herself and her children by securing a decent job, and to “matter” to others by offering care and comfort to those who are ill, elderly, or living with disabilities.

1 Of CHCA's current workforce, 77% are Latina, and 22% are African American; nearly all are women, and approximately 75% are non-native born.

2 At enrollment, 20% of participants are much younger (aged 18 to 24), and 6% are much older (55 and older)

3 At enrollment, 33% of participants are single parents of young children.

4 At enrollment, 36% are living “doubled up,” and 2% are living in a shelter.

5 At enrollment, 96% of participants are unemployed, and 32% have never held a job.

6 \$5,897/year in cash income, including public cash benefits, is the average income of all CHCA trainees for the year prior to their participation.

7 91% of CHCA trainees are unbanked upon entering the program.

SINCE SEVERAL OF Paulina's friends from church, and several of her relatives, are working as home health aides, she starts asking around about how to get a homecare job.⁸ They tell her that if she wants to get a relatively steady job, with social security and health benefits, she will need to go to a training class and earn a Home Health Aide Certificate.

Her friends also tell her that there are all sorts of training programs in the Bronx for homecare aides—some charge a fee, others are free. Some are run by nonprofit groups, others by for-profits, and a few by homecare agencies themselves. Most of the ones she hears about last only two weeks, and nearly all train only in English.

SCENARIO #1:

The “Third-Party Trainer” Experience

The search: Paulina speaks to her many friends and relatives who are homecare aides. Some tell her to check out the community college for her training; some suggest a nonprofit workforce agency that is near where she lives; others suggest one of the for-profit companies that she's seen advertised on the subway.

Paulina makes a few phone calls, and gets a little information about each. They all sound pretty much the same: a short two-week training program, and if she graduates, the promise of the Home Health Aide Certificate that is required to work for any of the city's homecare agencies.

The interview: Paulina decided on the neighborhood nonprofit—even though they only teach the class in English, not in her native Spanish—mostly because it was close-by and free. She interviewed and was accepted into the next class. In the interview, she learned a bit more about the training, but when she asked about where she would be able to get a job afterward, she was told “Oh, don't worry about that. Homecare agencies in the Bronx are always hiring—you won't have any trouble getting a job.”

The first day: Besides the paperwork that Paulina was asked to fill out, she had no contact with the training program until she walked into her first day of class. So her anxiety remained high. When she entered the rather nondescript classroom, she found herself one of 20 students, with just one nurse instructor, Margaret, leading the training.

The course materials seemed straightforward, but with only one instructor, Paulina didn't feel like she could get much attention. English was her second language, so it took her a bit longer to absorb the clinical materials. That first day, she waited until the end of class to ask Margaret a question. Paulina received her answer, but clearly Margaret was rushed—a number of

8 In New York City, *one out of every seven* low-wage workers is a homecare aide—totaling more than 160,000 across the five boroughs.

students were also waiting to ask their questions, and she could see Margaret eyeing the clock.

Expectations: Although Margaret seemed like a good teacher, she didn't talk much about what the workday of a home health aide would be like. Crowded within just two weeks, the focus was on getting through all the required skill demonstrations—with very little attention as to how to handle the very intimate tasks of assisting an ill or elderly client.

Throughout the training, it seemed to Paulina that she and the rest of the trainees were pretty much on their own. If someone came in late, for example, that didn't seem to be particularly important; what *was* important was passing the quizzes and the tests to graduate. And when there was someone who was disruptive in class, Margaret dealt with it as best she could, but she never tossed anyone out because of their behavior. Students came dressed in their street clothes, with lots of jewelry and long nails—which Paulina

knew would cause a problem once any of them was actually working for a client.

Overall, Paulina did okay as a student—passing her quizzes, though just barely—but she was still anxious, not knowing where she would be working, and what that would feel like. Her teacher was a nurse, not a home health aide, and so Margaret couldn't really tell Paulina and her classmates what it would be like working out there for an agency, as a stranger in a client's home. Paulina felt more like she was back in school, rather than being prepared for a job.

Graduation: Paulina was proud to graduate, particularly since several of her classmates had dropped out along the way. Yet after the ceremony, the program simply handed Paulina her Home Health Aide Certificate—and a list of Bronx agencies that were hiring homecare aides. Paulina was on her own to find her first job, and she was just as nervous as she had been when she started her journey.

Employment: As everyone had told her, it was easy to find agencies hiring home health aides. Paulina called several on the list that her training program had provided, and stopped by a few of the nearby offices. They all seemed pretty much the same, with the same entry-level pay and similar benefits. None of them

could promise her what hours she would be working, or where her clients might be.

Paulina chose one nearby agency that seemed “friendly,” applied for the position, and was offered a job. When she showed up at the agency's office, she was given four hours of orientation—mostly about the paperwork she would have to fill out. She was introduced to her coordinator (the person who would assign her cases and to whom Paulina would report if she had a problem), and then given the name and address of her first client.

Everything still seemed new and unknown. Paulina didn't really know her coordinator. She didn't know that much about her agency, and tomorrow she had to walk into her client's home as a complete stranger. The agency's nurse might—or might not—be at the client's home to explain to Paulina the details of the care plan. But even then, the nurse would only be there for fifteen minutes or so, and she'd be gone.

Then, Paulina would be on her own. And still very anxious.

SCENARIO #2:

The CHCA Experience

The search: When Paulina began to ask around, she was surprised to find that two of her friends, as well as her cousin Alejandra, all worked for the same company—Cooperative Home Care Associates—and all three recommended she apply there for the cooperative's own training program.⁹ That made her a bit less anxious, knowing that people she knew and trusted had already gone through CHCA's program. All three had been employed at CHCA for several years, and all had good things to say about the company.

The Open House: Paulina went to a “CHCA open house” held at the agency's main office. There she got a chance to see what the place was like—clean, bright, and very professional—and to hear about the training program and the work of a home health aide. The open house was run by the same people who managed the training, and they were quite straight with her and the other attendees: Not everyone graduated from the training program; homecare work itself isn't always easy; and homecare hours aren't 9-5. She also learned that, unlike most of the other training programs that took only two weeks to complete, CHCA's was twice as long.

Still, she liked a lot of what she heard, not least was that CHCA's program was free. And although one requirement of the program was that she would have to communicate in English once employed, CHCA offered the training program in both English and Spanish—and she knew she would learn the work better if

9 Last year, more than 80% of the 630 women enrolling in CHCA's training program found the program through word-of-mouth, recommended by a current or former CHCA employee.

“The lessons of CHCA may be even more valuable in the re-design of traditional third-party training models.”

she were studying it in her native tongue. Most importantly, they promised that if she did graduate, she was *guaranteed a job* at CHCA.

Paulina was told at the open house that it would be her responsibility to fill out the paperwork and call to schedule an interview. She did so right away, was interviewed—twice—and was soon accepted into the next training cycle.

First days of training: On that first day of training, Paulina entered the same company offices where she knew she would be employed if she graduated. She found herself in a room with 19 other classmates,¹⁰ and learned that the lead trainer, Jeanette, was a homecare nurse who herself had started as a homecare aide at CHCA. Even more reassuring: in the classroom at all times was at least one assistant trainer, Miguelina, who had worked as a home health aide at CHCA for many years. Within the first few days, even the President of the company herself, Adria, came to her classroom to talk about the history of the cooperative and what it was like to work in the homecare industry.

Expectations: Paulina soon realized she was not only being trained to become a homecare aide, she was being trained to be a *CHCA* homecare aide. What was expected in the classroom was the same as what would be expected as a CHCA aide: She had to be on time, *every day*; she couldn't skip a class or cut out early without permission; she had to make sure her children had reliable daycare; she had to wear a uniform and no loose jewelry; her nails had to be cut close and most importantly, she must treat her trainers—and her fellow classmates—with dignity and respect.

While Paulina worked hard to meet those expectations, a few of her classmates had trouble doing so. What Paulina noticed, however, was that if one of the trainees struggled—say, showing up late—the trainers didn't just toss her out of the class. Instead, they worked with the trainee to understand what was behind the lateness, and to help her figure out solutions. Yet, if that trainee still couldn't comply with the expectations of the classroom, she was dismissed.

By watching how CHCA supported the trainees, while holding the line on expectations, Paulina came to understand that it was in the company's self-interest to graduate the best trainees possible—and to *not* graduate those who couldn't meet its standards. CHCA wasn't just training graduates they would never see again, they were training their own future employees.ⁱⁱ

The Case Manager: During the training, CHCA assigned Paulina a "Case Manager" named Madeline. Madeline's job was to help Paulina and her classmates whenever they were having problems or concerns—particularly any "outside" issues that might be affecting the trainees' ability to focus on their coursework. Madeline was especially knowledgeable about how to resolve

any housing, public assistance and childcare issues that might be getting in the way.

Graduation: Paulina was excited when she received her Home Health Aide Certificate—she, with her two daughters, proudly attended the pot luck dinner in celebration of her graduation. She knew exactly where she was going next: to work for CHCA, with the same people who had trained her. And she knew that her classmates, with whom she had established some close relationships, would be working in the same company.

Paulina also was assured that, whenever she might have a problem in a client's home, she could turn to her supervising Coordinator, Evelyn, whom she had already met during the training, for support and guidance. In addition, she already knew several of the CHCA office staff—a surprising number of whom were also former CHCA home health aides¹¹—because she had seen them every day during her month of training.

The Peer Mentor: Having graduated and passed her drug and criminal background checks, Paulina was then introduced to Ancil, who was to be her dedicated Peer Mentor throughout her employment. Like the assistant trainers, Peer Mentors are also former CHCA home-

care aides, each of whom have gone through the same training themselves.

Ancil was selected to be a Peer Mentor because she had proven herself to be among the best homecare aides in the company. When she was promoted to become a full-time peer counselor, she was given special training on communications and problem-solving skills. So Paulina found that Ancil was incredibly helpful—she knew the training materials, as well as how CHCA worked as a company. Paulina could share her fears and even her mistakes with Ancil, because she wasn't Paulina's supervisor. Ancil was there to guide, not to judge.

Employment: Of course, Paulina was still anxious

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10 By New York State law, all homecare aide certificate training programs must have no more than 20 trainees in a classroom, and must be taught by an RN with at least one year of homecare clinical experience.

11 Approximately 40 percent of CHCA's 100 administrative staff first came to the cooperative to work as homecare aides, and have since been promoted to a variety of salaried office positions.

during those first few weeks and months of work, but she knew a little anxiety can be a good thing—it was a sign that she was learning. Yet it was comforting to realize that she was not *too* anxious. She knew what was expected of her, she had been given the skills to meet those expectations, and she knew that her Coordinator and her Peer Mentor would always be there if she needed help.

Paulina was ready to work, to provide financial stability for herself and her children, to matter to her frail and elderly clients by offering them care and comfort—and to keep on learning.



AS THESE WALKTHROUGHS dramatize, compared to a typical third-party training experience, CHCA offers multiple opportunities for jobseekers like Paulina to develop consistent, lasting relationships within the organization. From Trainers, to Case Managers, to Peer Mentors, to Coordinators and other office staff, the jobseeker gets to know, and become known by, a range of individuals—most

all of whom were once homecare aides themselves. Each new relationship binds the enrollee closer to the cooperative. Each new relationship makes it more likely that she will want to graduate, will want to be employed by CHCA, and will want to remain employed there for as long as possible.

In addition, four structural elements reinforce this culture of stability and trust:

“What binds us to an organization is not simply the work itself, but our relationships.”

Open management. The administrative staff and leaders at CHCA, including the President, maintain an “open door” policy—making themselves available to homecare aides for any issues that might arise. Unlike most other agencies, CHCA encourages homecare workers to come into the office each Friday to pick up their paystubs—and to mingle and talk with other staff and co-workers.

This welcoming environment is further reinforced by the company’s offices—an open, newly renovated facility explicitly designed for the agency’s training and service-delivery programs. The bright, clean, orderly space is an important statement of respect for all 2,000 staff who work for the cooperative.

In addition, all the company’s leadership, supervisory and coordinating staff have been thoroughly trained in a “coaching approach to supervision.” This professional training, designed and delivered by CHCA’s nonprofit affiliate, PHI,ⁱⁱⁱ is a skill-building approach to supervision. That is, it builds the communication skills of both the supervisor *and* the supervisee: First, the supervisor is trained to strengthen her listening, problem-solving and emotional self-manage-

ment skills. In turn, the supervisor then helps the homecare aide strengthen her own listening, problem-solving and self-management skills—all essential for the aide’s engagement with her homecare clients.

Organized labor. An additional element that helps bind the aide to her co-workers is the agency’s affiliation with the Service Employees International Union, Local 1199. This SEIU local is a powerful union within the New York City health-care system, providing a range of education and healthcare benefits to its members. For many CHCA workers, being a union member helps them connect to the broader community of homecare workers across the city, state and nation.

Since becoming unionized in 2003, CHCA and SEIU have developed a collaborative relationship, forming the first and only labor/management council within the entire New York City homecare industry. This collaboration ranges from day-to-day issues—including a formal grievance process—to joint lobbying activities at the state and federal levels. Each Friday, when many workers come into the office for their paystub, a representative of the union is present to answer questions and assist with access to union benefits.

Employee supports. CHCA also provides a suite of supports for its frontline staff—including financial literacy training, an emergency loan fund, 401K pension auto-enrollment, facilitated access to the Earned Income Tax Credit and public benefits, and a guarantee of at least 30 hours of work per week for senior employees. Each of these supports is designed to increase economic stability for the company’s workers and their families.

Worker ownership. Cooperative Home Care Associates is indeed the largest worker cooperative in the U.S—four times larger than the country’s next largest cooperative. A worker cooperative differs from other types of employee-owned companies, in that employees own 100 percent of the company’s voting shares, and those shares are owned on a one-person, one-share, one-vote basis. Worker ownership dramatically strengthens the bond between the homecare aide and her organization—reinforcing by its very nature all the worker-centered investments that the leadership pours into the organization.

The typical New York City homecare aide rarely owns anything more expensive than a household appliance—she does not own her home, or even a car, let alone a business. Being the co-owner of a \$60 million company offers CHCA aides economic stability, and a sense of pride anchored within a shared work community. In a larger sense, co-ownership provides the aide an empowering opportunity to engage as a full participant in her country’s mainstream economy.



LESSONS FOR THE FIELD. The New York City homecare industry furnishes an ideal setting for implementing such an employer-embedded model: It employs more than 160,000 workers, most within very large companies, any one of which might employ several thousand workers. In addition,

the homecare occupation offers very low barriers to entry: a sixth-grade reading level is the norm—no high school diploma is necessary—and only a 75-hour training certificate is required. Importantly, New York City is also home to a large number of philanthropies supportive of low-income workforce development, many of which for decades have helped fund CHCA’s training and workforce programs.

Such scale can, if managed effectively, generate significant cost efficiencies. CHCA has documented remarkable success in achieving employment for low-income women, at \$2,600 per participant for pre-employment training costs, plus an additional \$1,450 for on-the-job supports through the first year of employment.^{iv} CHCA’s scale keeps costs low, as does sharing its overhead with the homecare business. Above all, it is the company’s successful retention rate that helps drive costs down. Failure is not only discouraging—it is expensive.¹²



CHCA’S DECADES-LONG RECORD of success suggests that the workforce field could replicate the model not only in other homecare companies, but also in other sectors that employ large numbers of low-income workers. Large retail and warehouse operations, manufacturing plants and processing facilities are among likely candidates. Yet, the lessons of CHCA may be even more valuable in prompting re-design of the traditional third-party training model—particularly for programs serving companies that are too small to host their own embedded training.

The key is knowing what to replicate. When transitioning an effective program from one setting to another, it is essential to focus on the core design principles—not the superficial program structures. Most third-party training programs take place at a community college or workforce intermediary, and inevitably they are serving not one, but many employers. Only if the various programs adopt and adapt CHCA’s key design elements—and deeply engage prospective employers in the process—can a third-party program hope to match the outcomes of an “embedded” training model.

Early on, we identified CHCA’s three core design elements: guaranteed employment; minimum handoffs; maximum consistency of expectations. To tailor these design elements to the third-party trainer environment, it will be critical to engage the multiple participating employers from the very beginning. Such engagement must be far more meaningful than a one-way communication that merely informs the training program on expected skills and attitudes. Instead, the program must be fully “owned” by the participating employers, including a financial stake in the program, full governance participation, and direct engagement in the program’s daily operations. Most importantly, employers must participate directly in the recruitment and selection of enrollees—and guarantee the hiring of every successful graduate.

¹² Note that CHCA’s training model cost-per-person would be even lower if—like conventional third-party training programs—it counted as a success a graduate who still held a related job at one year at *any* employer. In contrast, CHCA counts as a success only those who remain employed at one year at CHCA itself.

Finally, the third-party program must approximate all the ways in which CHCA forges multiple relationships between the trainee and her eventual employer—minimizing handoffs and maximizing consistency. That will include hiring former frontline workers as assistant trainers and other staff, frequent visits by the trainees to the prospective employers, and even more frequent participation by the employers’ staff in the daily training programs. Each of these efforts will increase the quality of the training, the rate of successful graduation, and the “good fit” between the graduate and the employer.

To approach CHCA’s rate of successful retention, however, will require each employer to meet an even greater challenge: building a genuine culture of mutual respect and support for their companies’ frontline workers. We are all social beings. What binds us to an organization is not simply the work itself, but trusting relationships—not only with our fellow workers, but with our supervisors, managers, and ultimately with the employers themselves—all the people we spend our days with and depend on to treat us fairly and compensate us justly. True workforce development is not only a matter of training workers to fit the company, it is also re-designing the company to fit the workers.



About the author:

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This opinion brief is the fifth in a series on job-quality issues for *The Pinkerton Papers*. For reactions, disagreements, questions and competing strategies, go to the “Pinkerton Papers” tab at http://www.thepinkertonfoundation.org/paper_type/job-quality-series, or directly to the author at: StevenLDawson@outlook.com.

- i See: *Apples to Apples*, Workforce Benchmarking Network, at: <http://skilledwork.org/wp-content/uploads/2016/05/A2A-update-full-report-FINALMay102016.pdf>. Accessed 11 June 2017.
- ii This paper does not articulate the adult learner-centered model of CHCA’s trainers and curricula, since that is described so well elsewhere, at: [https://www.phinational.org/sites/phinational.org/files/clearing-house/PHI-386%20ALCT%20Guide%20\(small\).pdf](https://www.phinational.org/sites/phinational.org/files/clearing-house/PHI-386%20ALCT%20Guide%20(small).pdf). Accessed 11 June 2017.
- iii See: PHI (Paraprofessional Healthcare Institute), at <https://phinational.org/consulting>. Accessed 11 June 2017.
- iv If measured as cost-per-person employed at one year, the total is \$7,400. As argued in Pinkerton Paper #3, *Targeting Workforce Dollars: You Don’t Get What You Don’t Pay For*, http://www.thepinkertonfoundation.org/paper_type/job-quality-series, cost at one-year-employed measures the cost of *success*, while cost-per-enrollee only measures the cost of *effort*.