

BRIDGING THE GAP:

Building a Continuum of Scaffolded Work-Based Learning Activities to Connect Philadelphia's Out-of-School, Out-of-Work Young People to Healthcare Career Pathways

Healthcare employers want to hire young people, and recognize that sooner or later, they'll need to; young people want work, and new federal workforce legislation is designed to help them find it. Training providers and youth development professionals need to understand the factors which get in the way of employers and young people making the connections they both want – and how the workforce system can help them bridge those gaps and make those connections.

Philadelphia's District 1199C Training & Upgrading Fund is working with the Annie E. Casey Foundation and other partners to create, pilot, and evaluate a new program model that changes the way young people interact with the workforce system, building new bridges and forging new connections with employers who are prepared to help give young people a fresh start in the healthcare workforce.

New Opportunities and New Frontiers in Workforce Development for Out-of-School, Out-of-Work Young People

As the Annie E. Casey Foundation's [Youth and Work: Restoring Teen and Young Adult Connections to Opportunity](#) KIDS COUNT policy report notes, opportunities for young people to find not only jobs but careers in manufacturing, construction and other sectors seem to have disappeared since the 2007-09 recession, leaving even the most energetic and promising out-of-school, out-of-work (OSOW) young people with few options or opportunities to find engaging work. New research from the Philadelphia-based [District 1199C Training & Upgrading Fund](#) (a non-profit, community-serving and healthcare-focused labor-management workforce development partnership) points youth service providers and socially-engaged employers toward new possibilities for OSOW young people in the still-growing and rapidly-evolving healthcare sector, and provides valuable reference points for the workforce development community as it positions itself to address the OSOW employment crisis under the Workforce Innovation & Opportunity Act (WIOA).

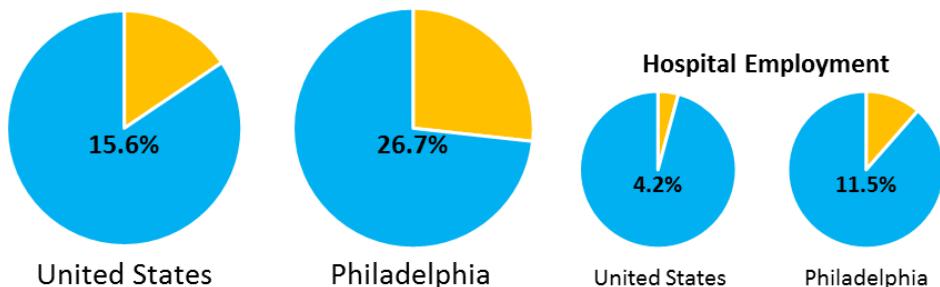
Over the past year – with funding support from the Annie E. Casey Foundation – we devoted a significant amount of staff time and other resources to conduct in-depth interviews with Training Fund employer partners spanning the full continuum of healthcare facilities, from home health agencies, to physicians' practices, to long-term residential care, to some of Philadelphia's largest acute care hospitals. In collaboration with these employer partners, other Philadelphia-area youth development agencies, and students from the OSOW population, we worked to identify and understand the most important elements of highly-effective training and employment programs for OSOW young people. We compared these findings to our current youth programming model, and identified some key learnings and areas in which we could make significant improvements to better meet this population's *specific* needs, and take advantage of their unique assets.

Building on this research, we have developed an innovative new youth job training model tailored to the unique service needs of OSOW young people in their early- to mid-20s. The proposed model – a scaffolded continuum of work-based learning activities – will break new ground in the US workforce development and youth service fields, building on the Fund's existing work with youth and the Casey-

funded research project; and highlighting the importance of building the technical, academic, work-ready, patient care and soft skills of OSOW youth.

Our research is focused on the healthcare industry in large part because we are a healthcare workforce development agency, with connections to Philadelphia-area health and human services employers going back four decades; but also, in part, because of the healthcare sector's importance to Philadelphia's overall economic health. Healthcare accounts for more than a quarter of total employment in Philadelphia, nearly double the national average. This high healthcare employment rate is in large part attributable to its numerous hospitals, including several of the nation's best teaching hospitals and healthcare-focused research universities, and the hospital sector accounts for 11.5% of Philadelphia's total employment – nearly three times the national average.

Healthcare & Social Assistance Employment



Share of total employment, 2013.

SOURCE: Bureau of Labor Statistics.

While some of our findings and recommendations are specific to the healthcare sector, much of the research outlined here is more broadly relevant – and even in cases where it is not directly applicable to other industries, we believe that our research suggests valuable questions worth asking employers in *any* major employment sector, in *any* region struggling with high rates of youth unemployment.

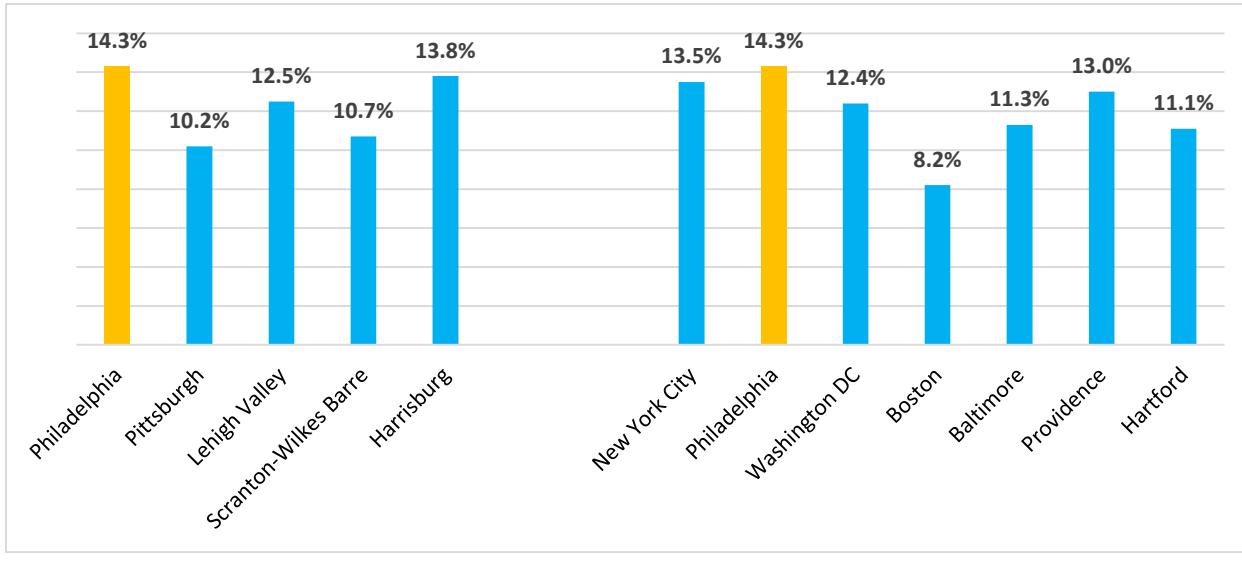
What Recovery?: The Ongoing Youth Employment Crisis

More than fifty consecutive months of US job growth have helped tamp down media attention and public concern about millions of US millennials setting up permanent camp in their parents' basements, but the problem of connecting young people to quality jobs and careers – while no longer so easily parodied or pigeonholed as in the immediate post-recession years – remains very real. Nationwide, nearly six million young adults are out of school and seeking work, while millions more remain mired in low-wage and part-time jobs. The "Great Recession" in the US may have ended years ago, but for these young people, the employment crisis continues.

In Philadelphia, the fifth-largest city in the US and the second-largest in the Northeast, cranes and construction sites testify to the Recession's end and a healthy local economy, while outgoing Mayor Michael Nutter justifiably touts a graduation rate increase of more than ten percentage points as one of [his administration's signature accomplishments](#). But despite this progress and the best efforts of policymakers and providers, too many young Philadelphians continue struggling to find work.

According to [a report](#) from the Social Science Research Council's *Measure of America* project, over 107,000 16-to-24 year olds in the Philadelphia Metropolitan Statistical Area (MSA) are out of school and out of work; [nearly half that number live in Philadelphia itself](#), though the city accounts for only a quarter of the region's population. At 14.3%, the "out-of-school, out-of-work" (OSOW) share of young Philadelphians is higher than in the Northeast and Mid-Atlantic states' other large metros, and

well above that of Pennsylvania's second, third, fourth and fifth-largest metros (Pittsburgh's OSOW share, in comparison, is just over 10%).



% of youth aged 16-24 who are out of school and out of work in 5 largest Pennsylvania MSAs and 7 largest Northeast/Mid-Atlantic MSAs.

SOURCE: Social Science Research Council "Measure of America" Project (2015). *Zeroing In on Place and Race: Youth Disconnection in America's Cities*

With the biggest overhaul to US workforce policy in nearly two decades currently underway, Philadelphia's workforce development community is positioning itself and preparing to take advantage of new opportunities to better-serve this OSOW population. [New funding priorities](#) in the [Workforce Innovation & Opportunity Act](#) (WIOA) will not only direct additional resources to serving this population, but will also – by raising the upper limit on “youth” program eligibility from 21 to 24 years – allow providers to design and implement new program models which address education, training and supportive service needs unique to this age bracket.

First, however, providers need to identify those needs, and build models which react to them. Our conversations with employers, young people and youth service providers have identified three major barriers which help to explain why employers – who otherwise admire the empathy, caring and computer literacy that young workers bring to the job – are often reluctant to “take a chance” on hiring from the OSOW population:

- 1. Below Standard Academic Skills:** At least some of the disproportionate unemployment faced by OSOW youth is due to academic skill deficiencies. [Only 65%](#) of Philadelphia public high school students graduated on time during the 2013-2014 school year, while nationally, [almost half of high school graduates report](#) feeling unprepared for work or higher education. Altogether, at least two out three young adults leaving Philadelphia schools are unprepared for work or higher education.
- 2. Insufficient Career Guidance and Assessment:** Young adults may enroll in and advance through a training program only to discover that the career path is not a good fit, or that they are unable to afford additional schooling in order to earn credentials required for employment. An absence of informed career counseling often results in students wasting time and precious resources (e.g. Pell Grants), which in turn could lead to these young adults joining the 33% of their peers that have dropped out of the workforce altogether.
- 3. Maturity, Behavior and Experience:** Many young people in their early-20s are unprepared for the daily expectations of the work world, particularly those who have never worked

before. When making entry-level hiring decisions, [employers often will report](#) that behavioral or “soft” skills – meeting those daily expectations at work – are as or even more important than academic coursework or grades.

In our conversations, OSOW youth also recognized the importance of behavioral and soft skill development in their personal and professional growth. When asked what they believed to be the most critical lessons they learned during their current programs, Training Fund student interviewees identified specific lessons related to the development of their emotional and social intelligence. Similarly, when asked to identify challenging work experiences from which they learned something important to their career development, those with work experiences cited challenges interacting with supervisors, colleagues or customers, and instances in which they may have acted inappropriately as critical learning experiences.

Employer interviews suggest that Philadelphia healthcare employers’ labor market needs are not yet being adequately addressed by most local training programs and educational institutions – particularly where it comes to out-of-school, out-of-work young people seeking healthcare employment. Members of this population need integrated academic, technical and experiential learning to gain a foothold in the labor market; health and human services employers, on the other hand, must acknowledge a very real need to offer employment opportunities to young people, as the healthcare sector continues to grow, and their incumbent workforce ages and retires.

An opportunity exists to design programming that meets both of these communities’ needs, and plugs existing gaps in Philadelphia’s youth and workforce development infrastructure. First, however, we must identify and understand the key attributes healthcare employers are seeking in new employees, particularly young people.

Beyond Credentials: What Healthcare Employers Look for in Young Workers

Significant changes, mirroring those taking place nationwide, are occurring in the Philadelphia healthcare industry. These changes are in some cases dramatically shifting healthcare employers’ expectations and priorities for their workforce; the result is a set of dramatic changes in the Philadelphia healthcare landscape, including:

- Restructuring and streamlining of the workforce;
- Requiring credentials and work experience *in combination* – neither is sufficient alone;
- Intense focus on “person-centered” patient care skills; and,
- Emerging focus on communication/documentation skills, coding, computer literacy, and problem-solving through the use of technology.

The most significant realignment of healthcare workforce needs is taking place across both the hospital and ambulatory sectors, as a result of the introduction of pay-for-performance models and accompanying standards of care. These trends have shifted the locus of many patients’ healthcare out of traditional hospital settings and into the communities where they live, with acute care hospitals moving towards the provision of more specialized services.

These shifting patterns of care – and employment – have contributed to the healthcare industry’s increased focus on quality of care. In Philadelphia, where the density of healthcare employers (particularly hospitals) exceeds the national average, the shift to a quality of care focused service-delivery model has been significantly hastened by regional competition. Whether hospitals, ambulatory care offices, or residential/nursing care facilities, every Philadelphia healthcare employer is well aware that there are other options in the community for their patients. The desire

to remain competitive and well-regarded is driving a focus on providing as high a level of care as possible.

This focus on quality of care is driving real changes to the workforce needs and hiring practices of Philadelphia's healthcare employers. All employers interviewed for this report identified good social skills as the top quality they sought in prospective applicants, a quality that supports excellent patient care and working as part of a team. Not only that, this critical qualification extended to every job from janitor to food service, nursing assistant to nurse, and even doctor. Among all of the employers we spoke with, it was universally apparent that the greatest challenge Philadelphia healthcare employers face with respect to hiring is identifying the candidates that have a certain set of intangible qualities – "person-centered patient care skills" – that will allow them to provide a superior patient experience. These qualities include the ability to empathize, listen, communicate, follow-through, and stay positive, among others.

In addition to the growing importance of these essential person-centered patient care skills, barriers which have historically existed between clinical and clerical staff are breaking down as more and more providers adopt Electronic Medical Records. All workers in the healthcare sector are now expected to have a basic understanding of medical coding, and will be responsible for interacting with new software; new hires must also have sufficient writing skills so that their notes can be easily understood by other staff.

What do these trends mean for young workers interested in healthcare careers? On one hand, the news is good: Employers we spoke with noted that young people (including the OSOW population) tend to be more instinctively caring and empathetic than some of their older peers, a characteristic deeply important to all employers in this research. Employers also note that young people are more willing to learn, and bring a strong existing knowledge of and comfort with, technology* – a critical need as the use of Electronic Medical Records is increasingly emphasized in hospitals and other care settings. Finally, multiple employers also noted that managers sometimes prefer workers with less experience, as they can mold more easily to a particular office's operating procedures and culture.

On the other hand, the increasing importance of top-quality patient care experiences – and the possible financial consequences associated with falling short – has seen many employers move towards highly risk-averse hiring practices. OSOW youth are often currently screened out of employment opportunities by hiring processes biased against them, while their resulting lack of real work experience serves as another significant barrier when it is used as a proxy for person-centered patient care and behavioral/soft skills – a practice adopted by many employers in the absence of better ways to screen for these critical attributes.

Healthcare employers, in other words, *want* to hire young people, and recognize that in many important ways, some young people may be even *better-suited* to the changing healthcare workplace than more experienced workers – but unlike those more experienced workers, young people, especially OSOW young people, do not possess employment histories which can serve as proxies for the demonstration of key behavioral/soft skills.

What both OSOW young people and their prospective employers in the healthcare sector need, then, is some form of youth/workforce development programming that achieves three specific goals:

- Provides OSOW youth with exposure to, and a full understanding of, real patient care qualifications required in today's healthcare industry.

* Though often more comfortable with technology than older workers, young Americans still have a long way to go when it comes to using technology to solve problems – a key deficiency identified in the Organization for Economic Cooperation & Development's [Programme for the International Assessment of Adult Competencies report on the US workforce](#).

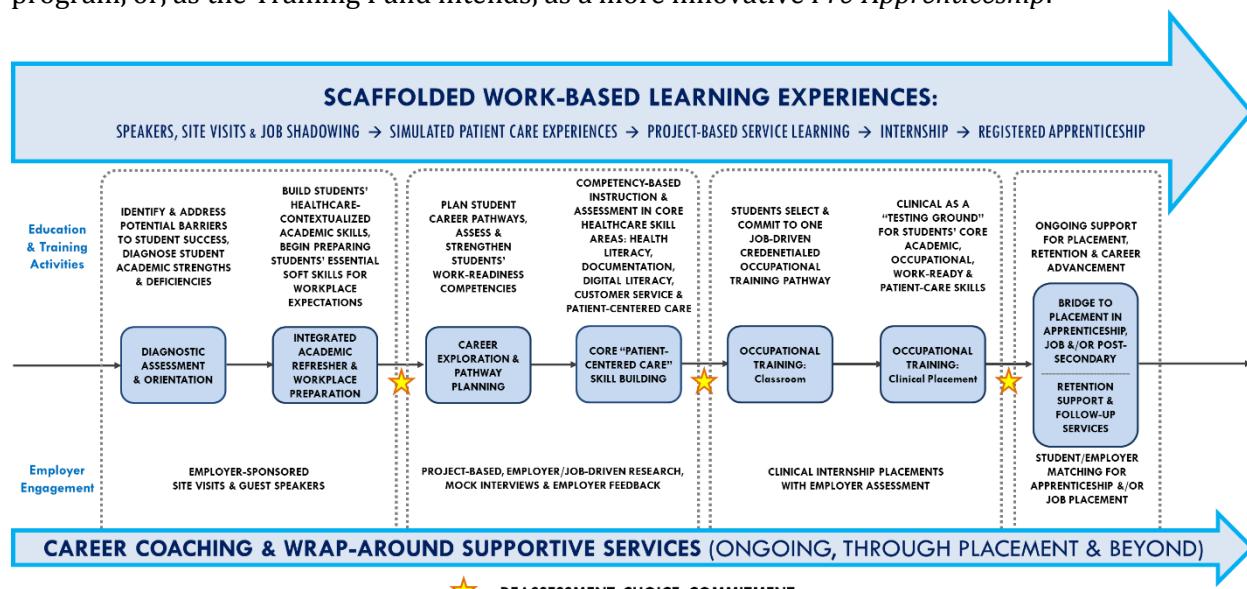
- Provides real opportunities for OSOW youth to develop communication and patient care skills that employers so highly value, while participating in technical training.
- Allows employers to assess and vouch for the critical communication and patient care skills of participants, so that these young people bring real currency to the labor market.

Work-Based Learning & Learning to Work

Many healthcare jobs open to young people are highly-interactive and “high touch”, requiring a different and more advanced skill set (described in the previous section) than many of the entry-level occupations for which training programs targeting younger youth normally prepare students. At all levels, today’s healthcare professionals work more independently, in more-challenging settings, and deal with high-level patient interactions on a daily basis. These occupations have the potential to offer young people more rewarding careers and opportunities for professional advancement.

Too often, in response to immediate performance/accountability requirements, training programs targeting young people focus on the short-term outcome of entry-level job placement, to the detriment of identifying promising career pathways and encouraging lifelong learning and continued career development. Without a continued focus on career development, some young adults may find themselves languishing in relatively low-paying occupations with an unclear route for further developing their career. Students interviewed during this research, however, also acknowledged that their career goals required them to continue their education beyond their current Training Fund program, despite their eagerness to enter the workforce and gain real-world work experience. *Work-based learning*, which would allow them to combine further education with an opportunity to gain that real-world work experience, may help address not only the self-identified weaknesses of OSOW youth, but also employer-identified concerns related to hiring from this population.

The Training Fund has developed an innovative work-based learning model, which will break new ground in the US workforce development and youth service fields; build on our existing work with youth and the Casey-funded research project; and highlight the importance of building the technical, academic, technological problem-solving, patient care and work-ready/soft skills of OSOW youth. Anticipating multiple potential “ideal” outcomes – immediate job placement, for instance, or extending the work-based learning continuum through connections to Registered Apprenticeship programs – the proposed model can be deployed as a “traditional” youth workforce development program, or, as the Training Fund intends, as a more innovative *Pre-Apprenticeship*.



Whether it is implemented along “traditional” or Pre-Apprenticeship lines, our proposed new model centers on scaffolded, competency-driven, project-based, work-based learning experiences – through which students develop their technical, academic, and employability skills by working in a real workplace environment – directly connected to employer-identified person-centered patient care competencies in growing healthcare occupations. Incorporating a structured approach to scaffolding students’ work-based learning experiences, placing greater emphasis on soft skills development and assessment, and emphasizing post-training “next steps,” the program design reacts to and compensates for concerns voiced by both employers and members of the OSOW target population about their ability to enter into the healthcare workplace equipped with the hard *and* soft skills which that environment requires. Key components of the model include:

- 1. Diagnostic assessment and orientation:** A comprehensive process, ensuring that both the Training Fund and potential program participants are certain that the program is an appropriate “fit” for all participants, and referring those for whom it is not to alternative training programs better suited to their goals.
- 2. Integrated academic refresher and workplace preparation:** Project-based, healthcare-contextualized math and science instruction, preparing students for enrollment in occupational training; curriculum designed in cooperation with the Training Fund’s employer partners, ensuring that students are exposed to math and science problems in contexts they will experience on-the-job after training. In addition to building their academic skills through contextualized project-based learning, students will complete activities promoting the development of skill sets essential to healthcare employment and career progression: the life skills, social and emotional skills, and workplace skills that employers have identified as key to their hiring OSOW young people; and solving problems using technology, a key workplace competency area in which youth are primed to excel, but which too often is not a focus of such programming.
- 3. Career exploration and pathway planning:** Group and individualized coaching and supports to help students begin developing career pathway plans and plotting their next steps. Core purpose should be to help OSOW students reengage with both the educational system and the world of work, offering them a non-traditional entry point to both systems designed around specific barriers and challenges faced by their age group.
- 4. Core person-centered patient care skill building:** Foundational training that fully defines and teaches to the core functions, skills, abilities, knowledge and personal traits required for comprehensive person-centered patient care in multiple high-demand healthcare occupations.
- 5. Occupational training:** Classroom training (competency-based, industry driven curricula, conferring industry-recognized occupational credentials and articulating with college credit towards certificate and degree programs) and clinical placement in high-demand healthcare occupations.
- 6. Additional placement/transition support:** Graduates placed into Apprenticeships – or more “traditional” healthcare employment – continue to receive on-the-job support from Training Fund staff; graduates moving into post-secondary education and training are also able to rely on continuing support from the Training Fund as they deal with challenges and barriers to their educational success. Staff in our Employer & Career Services Department will also serve as resources for HR and line managers at graduates’ employers, working one-on-one with participants to address any work-readiness, behavioral or other issues that emerge, nipping problems in the bud and keeping program participants on track for job retention.

7. Wraparound Supportive Services: All Training Fund programs incorporate holistic social, personal and professional supports – coaching, counseling, or referral to appropriate providers – to help participants achieve their career goals while coping with work-life challenges, such as barriers related to criminal record expungement, childcare, and housing. By collaborating with service providers, from non-profits like Career Wardrobe to public agencies such as the PA CareerLink® system, we are able to plug important service gaps and improve retention and success for our students and program participants. All participants can also take advantage of other Fund services offered on-site, including tutoring, personal financial counseling, and agency-wide events including health and career fairs. Students receive support with linking to these resources and understand how to access them on an ongoing basis.

Simultaneous with these more classroom-based program components, our new model will offer students a robust continuum of scaffolded work-based learning experiences, including:

- 1. Speakers, site visits and job shadowing:** Engaged employers support Training Fund staff in creating high-quality career exposure experiences to acquaint students with every-day, on-the-job realities of high-demand health careers.
- 2. Simulated patient care/lab experiences:** Students visit a patient simulation lab, where they interact with simulated patients, working in teams and in a variety of capacities to solve problems and answer Essential Questions through hands-on, interactive activities utilizing real healthcare workplace technologies.
- 3. Project-based service learning:** Students develop valuable skills in research, analysis, reporting, documentation, debating, critical thinking, effective communication and teamwork through discussions, field trips, class-room activities and guest speakers; from their findings, students create a Service Learning Project to educate their communities about health, preventive health and the importance of healthcare in a global context, challenging them to design a project that involves facilitating large group discussions and opening authentic dialogues about health and healthcare.
- 4. Internship:** All classroom training programs should include some clinical internship component, introducing students to real workplace expectations in a structured, supported way.
- 5. Apprenticeship:** Where possible, students should be connected with and placed into “earn-and-learn” Registered Apprenticeship programs through “direct entry” pipeline agreements (described in the following section). While the training model we have proposed here is sufficiently-flexible to succeed as either a Pre-Apprenticeship or a more traditional youth workforce development program, we feel strongly that as a Pre-Apprenticeship connected to other Registered Apprenticeship programs, our proposed model – with its built-in continuum of work-based learning activities – is most likely to generate larger, longer-term positive outcomes for participants.

Building high-intensity work-based learning experiences directly into the proposed OSOW training model will help prepare young people for both the rewards and challenges of their chosen occupations, as well as helping them develop the responsibility and work-readiness skills their careers will require. We recognize the importance of giving students a chance to practice these work-readiness skills and receive feedback about behaviors. Students will progress through a “scaffolded” continuum of work-based learning experiences, increasing in complexity and direct patient engagement, and integrated with academic skills instruction, which will engage OSOW young people in the world of work while simultaneously engaging employers with the OSOW population.

The Right Idea at the Right Time

When the Training Fund and the Annie E. Casey Foundation began exploring new programming possibilities for the OSOW population a couple years ago, the US workforce policy landscape looked significantly different – federal and state priorities were still being set by the 1998 *Workforce Investment Act*, and addressing the *general* employment hangover created by the Great Recession remained every policymaker and service provider's primary concern.

As our research project winds down, and we move towards implementation of the new model described above, 2014's *Workforce Innovation & Opportunity Act* (WIOA) has shifted the attention of the entire workforce system to the *specific* barriers faced by *specific* populations – some of which predate the Great Recession – and a new focus on prolonged under-employment, and creating advancement opportunities for incumbent workers, has pushed Registered Apprenticeship and Pre-Apprenticeship to the forefront of policy-and-provision discussions.

The model we are proposing – a scaffolded continuum of healthcare work-based learning activities, oriented to the specific service needs of OSOW young people – dovetails nicely with both [WIOA's new priorities](#) (including a new priority on serving young people aged up to 24), and [the Obama Administration's American Apprenticeship Initiative](#) to double the number of apprentices in the United States over five years. Apprenticeship itself *is* a work-based learning strategy, after all, and represents an appropriate apex for the scaffolded structure proposed; and the existing Pre-Apprenticeship model, with direct entry into Registered Apprenticeship programs for qualifying graduates, means there is no need to “reinvent the wheel” in order to forge a connection with the Apprenticeship system.

Apprenticeships in “traditional” occupations – most notably the Building Trades – have sometimes struggled to enroll young people of color in adequate numbers. As employers in “non-traditional” industries – such as healthcare, IT and advanced manufacturing – grow their utilization of the Apprenticeship model, it is important that we work to consciously address racial and ethnic disparities in the Apprenticeship system, ensuring that new Apprenticeships are not only *open* to people of color, but *actively* create new opportunities for them to access career pathways. New Apprenticeship programs should not simply transplant the existing system, “warts and all,” into new industries; we should commit to creating new and innovative approaches to Apprenticeship that not only grow the American middle class, but also help to ensure that its diversity reflects that of the US population as a whole.

Research into Action: Next Steps for the Training Fund

Building an effective and fully-functional continuum of scaffolded work-based learning activities – connecting Philadelphia’s out-of-school, out-of-work young people to healthcare Registered Apprenticeship programs and career pathways – would be a difficult and time-consuming process, were we to begin with a blank slate, creating a new program where none had previously existed. Fortunately, there is an easier way: building the conclusions and newly-recommended components outlined here into our existing Training Fund programming for young people.

As youth/workforce development provider agencies begin preparing to serve older youth under new WIOA guidelines, it is important that they examine and adjust their current youth programming in order to address the OSOW population’s needs, and build on their assets. Our research into this topic over the past year has given the Training Fund a leg up on some other providers, and positioned us well to pilot the scaffolded work-based learning model proposed here as a demonstration project. Modest investments in programming and research/evaluation could result in a significant pay-off for the US youth workforce development community – evidence that, contrary to a “nothing works!”

narrative that threatens to define this population, it *is* in fact possible to rapidly build an effective infrastructure for serving OSOW young people.

That said, some adjustments to our current programming will, of course, be necessary. Were we – or any other youth-serving workforce development organization with a background in project-based, work-based learning – to begin creating a continuum of scaffolded work-based learning activities for OSOW young people *tomorrow*, our research suggests that the following programmatic investments should be top priorities:

- **Curriculum and competency co-development with employer partners:** Best Practices in workforce development require that, whenever significant revisions to program structure and/or content take place, these should be reviewed and vetted by employers in the relevant industry sector – or even better, co-developed with employer partners. Before we even consider student recruitment for the new programming proposed here, we plan to work closely with our Training Fund employer partners to define and vet occupational competencies (and competency assessment tools) for any and all occupations in which we plan to train young people. In addition to ensuring that graduates leave our programs equipped with the skills employers are looking for, this process also helps generate employer engagement and “buy-in,” which will be essential to developing work-based learning placements for participating students.
- **Up-front engagement with young people:** Unfortunately, the youth employment crisis is not the only after-effect of the Great Recession to negatively impact OSOW young people’s labor market success – many of them (and certainly those in Philadelphia) will also have been hit hard by public school funding crises featuring dramatic cuts in counselling staff and career exploration/exposure programming. While earlier is always *ideal*, it is never *too* late to address this deficit – and any program which seeks to connect young people with career pathways should, at the very least, put in the necessary work up-front to ensure that participants understand *and are excited about* the pathway they are connecting with, the industry in which they will be training to work, and the steps they will need to take to achieve their long-term career goals.
- **Back-end support for connecting young people with Registered Apprenticeship programs:** While Pre-Apprenticeship programs represent a “ready-made” model for connecting young people with guaranteed entry into Registered Apprenticeship programs, developing effective partnerships between Pre- and Registered Apprentices require significant up-front negotiation, and active ongoing management of relationships between programs, program staff and participants – participants’ entry may be “guaranteed,” but the structures that guarantee it should never be taken for granted.
- **Longer-term retention support:** The nature of the OSOW population is such that its members have relatively minimal work experience – particularly in high-responsibility roles such as those on a healthcare team. It is important for training and service providers to help ease young people’s transitions into the health and human services workforce. Counsellors, case managers and/or career coaches should make sure that the young people they are working with have a realistic sense of what they should expect in the healthcare workplace, *as well as* the support they need to deal with any problems that materialize. Young people should never feel “abandoned” once they have finished training and been placed into work; in fact, the truly difficult part of their journey is only *beginning* at that point!
- **Evaluation:** Even if a pilot program is effective on its own terms, its true success can only be judged in terms of its effectiveness as evidence-building strategy to create longer-term, larger-scale change. We want to refine the Training Fund’s youth programming so that we can serve older young people effectively – but more importantly, we want to help shape

systems change and drive effective programming that can address the OSOW employment crisis throughout the US. Robust program evaluation is an absolute “must” if we are to do so.

Finally, we recognize that it is not only young people who will need capacity-building support in order for this model to succeed – we are looking to employers to take on significant new tasks and activities, and to adopt or adapt to new ways of training young workers. In the context of a rapidly-changing healthcare sector that is already straining many administrators and their budgets, such an “ask” is a major one. As the Training Fund works with our employer partners to roll out this new model, we will also need to explore the ways in which we can most effectively work *with* employers to support them in creating the internal capacity and internal structures needed to implement work-based learning and apprenticeship programs, as well as identifying resources that we can provide (e.g. technical assistance, training, customized documentation support) to help make sure that this new programming model works for *employers*, as well as young people.

We believe that these investments could yield significant, positive short- and medium-term outcomes for participating young people in terms of credential attainment, job placement, job retention, career advancement, and other traditional measures of success for youth and adult workforce development programming. In the longer term, furthermore, we feel that those outcomes – robustly measured, and connected to specific, evaluated interventions – could help shape the debate and policy environment around youth development, workforce development, and the importance of work-based learning.

It's Time for New Solutions to the Youth Employment Crisis

Health and human service employers recognize that they need to do more to develop a strong pipeline of qualified, high-performing workers. Today, they can screen job applicants for work experience, and only hire those who have already demonstrated that they can succeed in the healthcare workplace; but eventually, as the Baby Boom generation retires – and begins demanding more from the US healthcare system – employers recognize it will no longer be possible to screen out anyone without the requisite experience.

We sat down and worked, in great depth, with our Training Fund employer partners, to identify *specific* things that we could do, and *specific* components that we could incorporate in a work-based learning program, to help employers feel confident about hiring inexperienced new workers from the OSOW population. Some of the employers interviewed for this project have four decades'-old working relationships with the Training Fund, but the specific questions we asked about this population had never been raised before – nor had some of the answers!

The scaffolded work-based learning model we and our employer partners developed through this process includes components and emphases which have not been documented or evaluated in a robust way in existing academic literature on work-based learning and youth development. Nevertheless, we believe – and our employer partners agree – that this model holds promise, and could make a real difference for the labor market prospects of out-of-school, out-of-work young people.

As the United States approaches a full decade since the 2007-08 Global Financial Crisis and the recession that ensued, and the youth employment crisis drags on, it is clear that the time has come to test new solutions to what is rapidly becoming an old, and intractable problem. We believe that the Training Fund, in partnership with our employer partners, has developed one such solution – and now is the time to put it into action.