Supporting Parents in Training: How Providing Childcare Shapes Program Effectiveness in HPOG 2.0

January 2026

By: Lauren Tighe and Julia Honoroff | Institute for Policy Research, Northwestern University

Background

The Health Profession Opportunity Grants (HPOG 2.0) program, funded by the Administration for Children and Families (ACF), supported education and training for low-income parents pursuing careers in healthcare from 2015 to 2021. In addition to training in the healthcare sector, HPOG 2.0 grantees offered various logistical and supportive services such as childcare.

Childcare is a critical support for parents balancing school, work, and caregiving (Chase-Lansdale & Brooks-Gunn, 2014; Gardner et al., 2017; Schochet & Padilla, 2022). Over 65% of HPOG 2.0 participants were parents with at least one child under the age of 18 at program intake. Childcare is not a uniform service, varying in accessibility, coordination, and burden on families. In HPOG 2.0, childcare was offered through different delivery models across grantees, allowing for potential variation in families' experiences. Although all grantees technically offered childcare, less is known about *how* the service was provided and whether differences in delivery models affect participant success in workforce training programs.

Childcare Models

Type	Definition	Considerations
Direct childcare	Arrangements in which the training program takes primary responsibility for securing and coordinating childcare on behalf of participants.	Eliminates the need for parents to identify, apply for, and verify eligibility with external providers; shifts coordination from parents to the program.
Partner childcare	Program coordinates with external providers (e.g. reserved slots).	Increases parental choice, requiring additional coordination and time; shifts more responsibility onto parents.
Referral childcare	Parents receive lists or guidance and must secure care independently.	

Study Overview

This study examined how various childcare delivery models influenced parents' outcomes in HPOG 2.0. Specifically, it explored (a) how rates of childcare use differed by mode of provision, (b) treatment impacts on education and employment, and (c) specific grantee-level characteristics that might influence choice of delivery model.

Data come from the HPOG 2.0 PAGES dataset (N = 33,945 parent participants; treatment n = 22,575, control n = 11,370), which tracked participant information, as well as from a 15-month follow-up survey from a subsample of participants (N = 6,365 parent participants; treatment n = 4,314, control n = 2,051). Descriptive analyses explored rates of uptake among childcare delivery models and grantee-level organizational differences. Regression models estimated treatment effects on educational and employment outcomes within each childcare delivery model.

Key Findings: Direct Childcare Benefits

1. **Childcare take-up was highest under direct provision.** Only 6 percent of parents in the treatment group used HPOG childcare, but rates were **nearly twice as high** at sites offering childcare directly (9.6 percent) compared with referral or partner models (between 3 and 6 percent).

2. **Direct childcare sites saw stronger impacts on educational progress.** Parents offered direct childcare were **significantly more likely** to earn a diploma, degree, or vocational certificate after 15 months than parents at sites offering referral or partnership childcare.

3. **Employment outcomes did not differ by childcare mode.** Although direct childcare supported higher credential attainment, short-term employment impacts **were similar** across all provider types.

A Deeper Look: Institutional Contexts of Direct Childcare

Post-hoc descriptive analyses suggest that **organizational context** may explain why some sites could offer childcare directly.

Smaller grantees and tighter focus on young families:
Sites offering direct childcare tended to serve smaller participant populations and higher shares of families receiving WIC (USDA's Special Supplemental Nutrition Program for Women, Infants, and Children), indicating greater capacity for personalized support and stronger connections to households with young children in need of care.

Community-based organizations (CBOs) led the way:
Direct childcare was most common among CBO grantees, which often maintain long-standing local partnerships and emphasize family-centered service delivery.

Urban concentration:
All direct-childcare grantees were in metropolitan areas, where provider density and administrative capacity likely made coordination more feasible. In contrast, rural or suburban sites may have faced service "deserts" or limited infrastructure for direct delivery (Davis et al., 2019; Malik et al., 2018).

Together, these findings highlight how institutional resources and local service ecosystems shape the feasibility and success of childcare integration in workforce programs.

Implications for Policy and Practice

Embed childcare as a direct service when feasible.
Providing childcare directly, rather than through partners or referrals, likely lowers logistical and psychological barriers, allowing parents to focus on completing training.

Support partnerships that reduce administrative burden.
When direct care is not possible, external childcare partnerships should be deeply integrated into workforce programs, allowing for minimal paperwork, waitlists, and coordination costs.

Account for local capacity.
Rural regions may require targeted technical assistance or flexible funding models to establish sustainable childcare supports.

Clarify expectations for childcare delivery in funding agreements.
While childcare is not a required component of HPOG or similar workforce initiatives, many grantees elect to provide it. To ensure this form of support is meaningful and accessible for participants, future rounds of HPOG or similar initiatives could offer clearer guidance and evaluation criteria for these plans, such as asking applicants to describe how childcare will be delivered, coordinated, and evaluated. Stronger contracting language and technical assistance could help ensure that childcare is integrated meaningfully and feasibly within the service model.

Citations

Chase-Lansdale, P. L., & Brooks-Gunn, J. (2014). Two-Generation Programs in the Twenty-First Century. The Future of Children, 24(1), 13–39. https://doi.org/10.1353/foc.2014.0003

Gardner, M., Brooks-Gunn, J., & Chase-Lansdale, P. L. (2017). The Two-Generation Approach to Building Human Capital. In The Wiley Handbook of Early Childhood Development Programs, Practices, and Policies (pp. 330–362). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118937334.ch15

Schochet, O. N., & Padilla, C. M. (2022). Children Learning and Parents Earning: Exploring the Average and Heterogeneous Effects of Head Start on Parental Earnings. Journal of Research on Educational Effectiveness, 15(3), 413–444. https://doi.org/10.1080/19345747.2021.2005202

Davis, E. E., Lee, W. F., & Sojourner, A. (2019). Family-centered measures of access to early care and education. Early Childhood Research Quarterly, 47, 472-486.

Malik, R., Hamm, K., Schochet, L., Novoa, C., Workman, S., & Jessen-Howard, S. (2018). America's child care deserts in 2018. Center for American Progress, 3-4. https://www.americanprogress.org/article/americas-child-care-deserts-2018/