
Michigan Child Care Expulsion Prevention Program

Consultants: Experience, Job Satisfaction, and Organizational Support

Survey Summary No. 6 • August 2008

Introduction

In February and March 2008, 29 Michigan Child Care Expulsion Prevention Program (CCEP) consultants from 16 CCEP programs across Michigan participated in a survey administered by the Michigan State University evaluation team.

The consultants were asked about their demographics and experience, their feelings about their work as a CCEP consultant, their future plans, and what they considered to be the most difficult or satisfying aspects of the job.

This fact sheet provides information on:

- Characteristics of the consultants.
- Perceived support from CMH and home agencies.
- Perceptions of their jobs, including work environment, attitudes about the job, and most difficult and satisfying things about the work.

Consultant Characteristics

- **Gender.** All consultants were female.
- **Age.** The average age was 43, ranging from 27 to 60.
- **Race/ethnicity.** Most (76%) were white, 21% were African American, and one was Asian. None were Hispanic.
- **Education:**

83% had Master's degrees and 17% had Bachelor's degrees. Slightly more than half (59%) had received their degrees in social work, with 17% majoring in psychology. The remainder had degrees in education, counseling, sociology, child development, and community services. Some had degrees in two areas.
- **Experience:**
 - **In children's mental health field.** On average, consultants had worked directly with young children and families on issues related to children's mental health for about 10 years, ranging from 2 ½ to 30 years. Three quarters had worked in the field for at least 10 years.
 - **In CCEP program.** Consultants had worked in the CCEP program for an average of about 4 years, ranging from 3 months to 9 years. Three quarters had been with the CCEP program for at least 2 years.

- **Licensing and Endorsement:**

- **Licensing.** Most consultants (83%) were licensed as social workers, psychologists, or professional counselors.
- **Endorsement from the Michigan Association for Infant Mental Health (MI-AIMH).** The contractual agreement with the Michigan Department of Community Health requires consultants to be endorsed by MI-AIMH.¹ 72% of consultants were at Level 3, 24% at Level 2, and one consultant did not have a MI-AIMH endorsement.
- **Full or part-time.** 59% of consultants worked full-time for the CCEP program and 41% worked part-time. The part-time consultants reported working an average of 18 hours per week, ranging from 10 to 30 hours per week. Half worked at least 20 hours per week.

Consultants were female and mostly white, and the majority held Master's degrees. Many were licensed social workers, psychologists, and counselors. Most had many years of experience in the child mental health field and had been in the CCEP program for at least two years. All but one consultant had at least a Level 2 MI-AIMH endorsement, and the majority had a Level 3 endorsement. Slightly more than half were employed full-time in the CCEP program.

Support from Community Mental Health and Other Agencies

Employment Type

Although all contracts were with a county-based Community Mental Health Service Plan (CMH), CCEP consultants were employed in a variety of ways: directly by the CMH, by an agency that subcontracted with the CMH to provide services, or as individual contractors with the CMH or Michigan Child Care Coordinating Council.

- 41% of the consultants were CMH employees.
- About a third (31%) were employed by subcontracting agencies.
- 27% were individual contractors, with 10% subcontracted to the CMH and 17% through 4C.

Support from Employer and CMH

Consultants were asked how supported they felt by the organizations for which they worked. These questions were asked separately for the three types of employees: CMH employees, employees of subcontracting agencies, and individual contractors to CMH and 4C.

Table 1 first indicates the level of support reported by consultants who were employees of CMH or subcontracting agencies. The degree to which consultants who were individual contractors reported support from CMH or 4C is then presented.

- **Employees of CMHs' perceptions of support from CMH.** Few (18%) consultants who were employed directly by CMH felt very supported in their CCEP work. About a quarter explicitly said that they did not feel very supported.
- **Employees from subcontracting agencies' perceptions of support from their home agencies.** Consultants from subcontracting agencies were far more positive, with two-thirds

¹ For information on endorsement see www.mi-aimh.org

reporting that they felt very supported and the rest reporting that they were somewhat supported by their home agencies.

- **Non-CMH employees' perceptions of support from CMH:**
 - Employees from subcontracting agencies reported relatively low levels of support from CMH. Only one consultant reported feeling very supported, and two-thirds felt only somewhat supported. Twenty-two percent felt not very supported.
 - Two-thirds (6) of individual contractors to CMH also reported only moderate support, with one-third (2) feeling very supported.
 - Individual contractors to 4C felt fairly supported by 4C; 60% (5) felt very supported, with the remainder (3) feeling somewhat supported.

Table 1. Percent of Consultants by Organizational Support					
<i>Who</i>	<i>N</i>	<i>Supported by</i>	<i>How supported</i>		
			<i>Not very</i>	<i>Somewhat</i>	<i>Very</i>
CMH employees (support by CMH)	11	CMH	27%	55%	18%
Employees of subcontracting agencies (support by home agency)	9	Home agency	0%	33%	67%
<i>Non-CMH employees (from subcontracting organizations or individual contractors)</i>					
Employees of subcontracting agencies (support by CMH)	9	CMH	22%	67%	11%
Individual contractors to CMH (support by CMH)	8	CMH	0%	66%	33%
Individual contractors to 4C (support by 4C)	8	4C	0%	40%	60%

Note. Percent reported is out of those consultants responding.

Slightly more than half of consultants were employed by, or individual contractors with, CMHs. CMH employees reported feeling considerably less supported by CMH than did individual contractors to CMH. Consultants who worked for subcontracting agencies or were individual contractors with 4C reported more support from their home agency.

What Would Make Consultants Feel More Supported

CMH Employees

Seven consultants made comments as follows:

- **More investment in CCEP from CMH administrators.** Two consultants reported that they had CMH administrators who were not invested in CCEP or lacked time for early childhood programs in general.
- **More clerical support.**
- **Free insurance benefits.**

- **Ability to participate in relevant meetings.** One consultant mentioned wanting to attend meetings where services could be coordinated as well as to learn from and share resources with colleagues doing related work (e.g., home-based group meetings).
- **Continuation of CCEP program through CMH.** One consultant was concerned about the possibility of the program moving to a subcontracting agency that would not provide high-quality services. She felt that by providing services herself through the CMH, she could maintain quality.

Employees of Subcontracting Agencies

By their agencies:

- **Better pay.** Several consultants described the issue of pay, wishing that there was “more funding for the position.”
- **Opportunities for advancement.**
- **Equal treatment for teams in the unit.** Because there was no further information, it is unclear what this consultant meant.
- **More collaboration within the agency.** One consultant said:

“It is difficult to refer clients to other resources at our agency because I have no idea who is good at their job and who isn’t... the other programs are mostly a mystery to me.”

By CMH:

- **More services for children under the age of 5** (one consultant).
- **To participate in CMH activities more.** One suggestion was to be more involved in meetings, trainings and new developments with laws or trends...“However, that requires more time from a single consultant/administrator.”
- **Increased budget to hire another consultant.** One consultant felt that this would be helpful because it would give her a regular and lower caseload.
- **Support is fine.** Although the results in Table 1 indicated that few consultants from subcontracting agencies felt very supported by CMH, the open-ended responses from a limited number of consultants suggest that most do not feel a need for high levels of CMH support and may have greater connection with their home agencies. Several consultants reported that they felt “fine with the level of support.”

Individual Contractors

Contractors to CMH:

- **Agency support is fine, but need more supervisor support.** Consultants from one program reported that overall, the agency support was fine. However, they commented:

“Our supervisor does not share the same vision and values about the program as the consultants.”

“If we had a different direct supervisor for the CCEP program, our program would run much more efficiently and the consultants would feel much more supported.”

Contractors to 4C:

- **More reflective supervision.** One consultant wrote:

"I would like more one-on-one time with my reflective supervisor and know that my 4C supervisor believes in reflective supervision."

CMH Employees in the CMH Setting

Part of a supportive, collaborative job environment is having opportunities to connect with other staff and knowing about each others' work. The 12 consultants who were directly employed by CMH were asked about the extent to which they participate in CMH staff meetings and the extent to which their CMH colleagues who work in other children's programs know about CCEP.

- **Participation in meetings.** Three-quarters of consultants directly employed by CMH participated in CMH staff meetings (such as children's mental health staff meetings).
- **CMH staff awareness of CCEP.** 25% of these consultants indicated that other CMH staff were well aware of CCEP, and 58% thought the other CMH staff had some information about CCEP. Only one consultant reported that her CMH colleagues had little or no information about CCEP.

Consultants reported a variety of areas that would make them feel more supported; no particular issue stood out as reported by a large number of consultants. Some of the common areas, regardless of the consultant's employment situation, were collaboration and inclusion with colleagues, supervisor support, and pay/benefits.

Job Perceptions

Work Environment

Consultants reported perceptions of their jobs—teamwork and collaboration, ethics, resources, pay, and paperwork. Table 2 shows the percent of consultants who agreed or disagreed with whether these conditions were available.

- **Teamwork and collaboration:**
 - Most staff agreed that staff frequently share ideas. Because some programs are staffed by a single consultant, this may account for some of those who did not agree with this statement.
 - On the whole, about 75% of consultants at least mildly agreed that there was an atmosphere of collaboration and teamwork within the CCEP program—openness to change, collaboration between administrators, and staff to improve the program and make decisions. A quarter strongly agreed. However, about 35% were neutral or disagreed that this existed. Again, some of the more negative results may be due to single-consultant programs.
- **Resources, pay, and paperwork:**
 - Most consultants reported that necessary materials were available.
 - Nearly half of consultants were not satisfied with their salaries.
 - A little over half of consultants reported that routine duties and paperwork got in the way of providing services, although only 14% strongly agreed.

Table 2. Work Conditions				
Aspects	Disagree	Neutral	Mildly agree	Strongly agree
Teamwork and collaboration				
Staff frequently shares ideas with each other.	7%	10%	21%	62%
Most staff and administrators are open to change and experimentation.	14%	18%	43%	25%
Most staff and administrators work collaboratively to identify needs and improvements for the program.	18%	11%	46%	25%
The program administrators collaborate with staff to make decisions.	14%	25%	36%	25%
Resources, pay, and paperwork				
Necessary materials are available to the staff.	7%	10%	38%	45%
I am satisfied with my salary.	48%	10%	24%	17%
Routine duties and paperwork get in the way of providing services.	17%	28%	41%	14%

Note. N for each item = 28 or 29 consultants responding; Percent reported is out of those consultants responding.

Most consultants felt that work conditions related to collaboration—with other staff and with administrators—were good, although not necessarily as good as they could be. Nonetheless, a number were either neutral or disagreed. Although most wished for greater pay and felt that routines and paperwork tended to get in the way of service provision, necessary materials generally appeared to be available.

Attitudes Toward Work

Consultants described their career plans with regard to their current consultation work (Table 2). More than half would like to make a career in this field, 12% plan to pursue further education and go into administration, and about a third plan to move on eventually.

Table 2. Percent of Consultants by Career Plans	
Plan	Percent
I'll move on as soon as something better comes along.	15%
I'll stay for a few more years at most.	19%
I would like to make a career in this field.	54%
I plan to pursue further education in this field and go into program administration.	12%

Note. N for each item = 26 consultants responding; percent reported is out of those consultants responding.

Consultants also reported their attitudes about their consultation work—the extent to which it feels like personal fulfillment or transitional work, their level of commitment and effort, and their non-positive feelings about the work. Table 3 shows the percent of consultants by how much each item reflected their feelings.

- Most consultants reported considerable personal fulfillment in their work and did not see it as transitional work to something better. A third hoped it would be a stepping-stone to a related career or profession.
- Almost all expressed that they put effort into their work and were strongly committed to it.
- Few consultants indicated that they felt like quitting, although more than a quarter were not sure or did feel like quitting.
- Only a third of consultants definitely expressed that the work was not difficult, and half indicated that the work was indeed difficult.

Table 3. Work Perspectives				
<i>Perspectives</i>	<i>Not the way I feel</i>	<i>Not sure</i>	<i>Mostly the way I feel</i>	<i>Exactly the way I feel</i>
Personal fulfillment				
Work that I feel I am able to do well.	7%	14%	35%	45%
A job in which I have the opportunities to learn and grow.	7%	14%	41%	45%
My career or profession.	18%	11%	32%	39%
A way of helping someone out.	7%	3%	52%	37%
A personal calling.	23%	19%	27%	31%
Transitional work				
Something I feel stuck in due to few other employment opportunities.	82%	11%	7%	0%
Something to do temporarily until a better job comes along.	82%	14%	0%	4%
A stepping-stone to a related career or profession.	46%	14%	32%	7%
A job with a paycheck.	89%	11%	0%	0%
Commitment				
Work I put a lot of effort into.	4%	0%	21%	75%
Work I feel committed to.	0%	0%	35%	66%
Non-positive feelings				
A job I frequently feel like quitting.	68%	25%	7%	0%
Work that is very difficult.	32%	18%	39%	11%

Note. N for each item = 26 to 28 consultants responding; Percent reported is out of those consultants responding.

The majority of consultants were personally fulfilled by their work in CCEP and did not see it as a transitional job, although more than one third hoped it would lead to career advancement. Almost all expressed substantial effort and commitment to the job. Most did not want to quit; however, a quarter were not sure if they felt like quitting. Many consultants indicated that the work is difficult, suggesting the work in the CCEP program can be fairly stressful.

Most Difficult Aspects of the Job

Consultants reported what they saw as the most difficult aspects of their consultation work:

- **Additional job responsibilities.** Several consultants discussed the difficulties of balancing their CCEP work with other part-time responsibilities, including caseloads from other assignments, covering for colleagues on leave, administrative responsibilities that are not part of direct services, and lack of administrative support resulting in the need to also perform administrative duties.
- **Lack of time.** Consultants expressed that there was “not enough time in the day to get all the aspects of the job done; I often work over 40 hours a week to do my job well.”
- **Completing paperwork.** A number of consultants mentioned paperwork, including the evaluation binders.
- **Lack of supervisor support.** Several consultants indicated that they have supervisors who were not committed to CCEP, would not go to meetings (thereby requiring the consultant to do so), or were generally unsupportive.
- **Lack of colleagues.** “Not having other early childhood staff to share ideas and learn from” (one consultant).
- **Lack of buy-in from clients.** Consultants expressed frustration about providers and parents not following through, not admitting there was a problem, or refusing more extensive evaluation of the child if warranted. They were frustrated with providers who blame and label the child rather than making some recommended changes in the center. They also mentioned child care staff who have unrealistic expectations and anticipate “an easy fix.”
- **Meeting client needs.** Several consultants described being caught between the needs of the child, director, staff, parents, and the state. One consultant wrote:

“I sometimes feel like the middle man who is referring people on to get them the ‘real help’ they are looking for. (And then I have to watch them struggle as the people providing the ‘real help’ handle their cases in insensitive, unsupportive manners, which breaks my heart.)”

In addition, one consultant indicated that clients sometimes wanted concrete diagnoses, which consultants were not qualified to provide.

- **Feelings of futility.** Multiple consultants mentioned the drain of working with poor-quality child care centers, where motivation to change can be very low:

“Feeling a pit in my stomach before I go into a center because I know kids are not well taken care of... feeling like our society has settled for less than ‘good-enough’ child care for our littlest ones.”

“Seeing sorrowful situations can be very difficult but knowing that there are children and families in similar situations that we’re not serving—that’s the absolute hardest part of this work.”

- **Low salary for intense work** (two consultants).
- **Limited budget and resources** (several consultants), **including lack of funds to attend out-of-town conferences** (one consultant).
- **Balancing when to close a case with other needs** (one consultant).

Difficult aspects of the job included stresses such as pay levels, paperwork, and competing responsibilities; problems with supervisors or isolation from colleagues; and challenges of providing services with lack of client buy-in, and feeling overwhelmed by the amount of need.

Most Satisfying Aspects of the Job

Consultants reported what they saw as the most satisfying aspects of their consultation work:

- **Making a difference in the lives of children, families, and providers.** Consultants were personally fulfilled by knowing that their work made a difference in the lives of those they served:
“Serving children and families is my ultimate calling in life—as a CCEP Early Childhood Mental Health Consultant, I am able to reach out to children and families.”
“I am confident that I am able to reach out to hundreds, thousands, of children by offering solid professional training opportunities to Early Childhood Professionals.”
- **Making a difference in the community.** Consultants also described the satisfaction in making a difference beyond just the individuals they served:
“I can hardly think of other work where we could have access to helping so many children. We enter a facility on behalf of one child and that child is actually the ambassador that opens the door to our opportunity to help so many others and to implement meaningful change. How many people get to feel that way about their ‘jobs’? It’s no job – it’s an honor to be a part of this program.”
“Making a difference in a big way among agencies, families, providers, and in the community--having community awareness about CCEP and feeling that the State cares about child care providers.”
- **Doing the work.** Consultants particularly noted the satisfaction they gained in working with providers and families, building connections, and developing relationships.
- **Seeing success.** Consultants said a major source of satisfaction was seeing the change in children as a result of changes in their parents and providers; they enjoyed watching children develop socioemotionally and avoid expulsion from the childcare setting. In addition, they observed that they saw greater professionalism in providers that they worked with and that they enjoyed seeing others’ attitudes move from “ ‘the child is the problem’ to ‘the child has a problem.’ ”
- **Conducting trainings.**
- **Control.** One consultant mentioned feeling satisfied that she was trusted to handle her job with minimal daily supervision and had flexibility to decide how to do the job.
- **Using the prevention philosophy** (two consultants).
- **Have resources to support the work.** Consultants felt that they had other organizations they could get information and support from for their consultation work.
- **Feeling appreciated by the State.** One consultant mentioned working for a state that cares about early childhood in general and the CCEP program in particular.

The most satisfying aspects of the job revolved around consultants’ feeling like they were making a difference for both clients and the community at large, seeing improvements in children, families, and providers, and building relationships with providers and parents.

Copies of this report are available from:

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The views expressed are solely those of the authors. For more information about this report, contact Laurie Van Egeren at the above address or phone number, or email: vanegere@msu.edu

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