Children develop and learn at a rapid pace in their early years, and the adults who provide for their care and education bear a great responsibility for their health, development, and learning. Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation, a report from the Institute of Medicine and National Research Council, explores the implications of the science of child development and early learning for the professionals who work with these children. The report offers recommendations to build a workforce that is unified by a foundation of the science and the shared knowledge and competencies that are needed to provide consistent, high-quality support for the development and early learning of children from birth through age 8.

This discussion guide, which accompanies an online mapping tool, offers suggestions to help potential partners explore ways to work together to improve professional learning and other supports for the workforce—and, ultimately, to improve outcomes for children ages birth through age 8 and beyond.1

The guide may be used in many contexts, such as:

- Within an organization that is trying to find partners
- Among a small number of organizations who are considering partnering or inviting others to partner
- Among a large number of organizations (potentially from different sectors and serving different age ranges) either exploring simple partnerships or large-scale partnerships for collaborative systems change2

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1 Chapter 12 of the report Transforming the Workforce for Children Birth Through Age 8 offers further considerations for planning collaborative efforts to strengthen the workforce.

2 Appendix F of the report Transforming the Workforce for Children Birth Through Age 8 includes examples of references, tools, and resources for best practices in implementing collaborative systems change as a process in general and in particular for early care and education.
The Challenge and Opportunity of Birth Through 8 Collaborations

The systems, services, and professional roles that contribute to the health, development, and early learning of children from birth through age 8 are diverse and often decentralized. Those who care for and educate young children work in disparate settings such as homes, childcare centers, preschools, and elementary schools. Their work relates directly to those who provide such services as home visiting, early intervention, and special education, and is also closely connected to the work of pediatric health professionals and social services professionals who work with children and families.

Coherent efforts to make changes are challenging because of these multiple contexts, which have different practitioner traditions and cultures; are funded through multiple governmental and nongovernmental sources; and operate under the management or regulatory oversight of diverse agencies with varying policies, incentives, and constraints.

Effective collaboration among the many different types of professionals working directly with children, and among organizational leaders, policymakers, and funders, has the potential to improve the practice of the workforce by strengthening professional learning and other workforce supports, and also by identifying broader strategies that can help all stakeholders align their efforts to achieve positive child outcomes.

Just when consistent, continuous support for development and early learning is so important, the services that children encounter—and the systems that support the adults who work with them—are fragmented.
How Community Mapping Can Spur Progress on Collaboration

Many collaborations focused on early childhood exist across the United States and are showing great promise. Successful collaborations often begin by identifying the existing efforts and available resources and assets in a community that could help achieve a specific goal. These assets can exist at local, state, and national levels. A community mapping process can help with this and other features of an effective collaboration, as described in the report *Transforming the Workforce for Children Birth Through Age 8*.

### Features of Collaborative Systems Change for Strengthening the Birth Through Age 8 Workforce

- Systems change efforts are grounded in professional competencies for child development and early learning.
- A comprehensive view of the workforce is taken across professional roles, settings, and age ranges.
- A comprehensive view is taken of professional learning and factors that affect professional practice.
- Local context is taken into account.
- Diverse stakeholders are engaged in collaborative efforts.
- A common agenda is established, followed by mutually reinforcing activities, continuous communication, and a shared approach to track progress and course correct as needed.
- A backbone infrastructure is established.
- Duplication of effort is avoided.

Workforce development for the care and education of children birth through age 8 is complex and requires the coordinated efforts of many diverse types of stakeholders. A group of such stakeholders, especially one that includes both the actors who have typically been involved and new actors who are being invited to the table, will often, as the saying goes, see different parts of the elephant, but not the whole elephant. A mapping process is a structured undertaking that helps participants see different parts of the system, understand where they fit, and uncover new ways to approach a shared goal.

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3 Chapter 5 and Appendix F of the report *Transforming the Workforce for Children Birth Through Age 8* include illustrative examples of initiatives using collaborative approaches.

4 For more detail on these features, see Box 12-5, pp. 504-507 in Chapter 12 of the report *Transforming the Workforce for Children Birth Through Age 8*. 
Guidance for a Community Mapping Process

This discussion guide is designed to be paired with an online tool that offers a series of stakeholder maps which can help prompt a community to better understand how collaborations might be built.

To access the tool, go to https://kumu.io/instituteofmedicine/birth-to-eight#birth-through-age-eight-stakeholders. The maps you will encounter are designed to:

- Describe the complex landscape of systems, institutions, settings, and professional roles that provide or support services to support the development, learning, and health of young children.
- Illustrate connections among the many different settings in which children from birth through age eight receive care and education and the many different professionals who interact with children in those settings.
- Provide a framework to further explore, in a specific context, what stakeholders to engage and where there are possible levers of change to strengthen supports for the workforce.

Preparation

1. Set aside at least two hours for an initial session to start the conversation about bringing together multiple stakeholders with a role in the care and education of children from birth through age 8.

2. Articulate the purpose of the session. If this is an initial meeting, the stakes should be low to foster an environment for building relationships in the hopes of leading to collaborations that will develop more specific—and higher-stakes—objectives. If this will be a discussion among those already in an established collaboration, the aim may already be more specific and developed.

3. Define the scope of the session and the conversation. Is it an effort to bridge the different communities within the whole of the birth through 8 continuum of age ranges, settings, and professionals? Is it focused most on a subset of the settings and ages for children birth through age 8? On a subset of professional roles? On a subset of professional learning systems?

4. Consider whom to invite. Preferably the participants should include individuals and organizations that are involved with or connected to different parts of the systems that serve children birth through age 8 and are relevant to the scope of the session. However, even as you define your scope, consider the importance of including some participants who fall outside of your narrower focus and can help connect you to the larger landscape of professional roles, settings, and professional learning systems.
5. Determine who will be the facilitator(s). A skilled facilitator, and someone who has time to become familiar with the Kumu community mapping tool and how to navigate it before the meeting, is an important factor to ensure the success of the discussion.

6. Consider sending the invited participants a link to the Kumu community mapping tool before the session and asking them to, in advance of the meeting, spend some time in the map and consider some of the discussion questions that will be raised at the meeting (see below).

**Conversation with Key Stakeholders**

**Introductions (~30 minutes)**

1. Have the lead facilitator introduce the purpose of the session.
2. Have everyone introduce themselves and their organization and why they are there (~2 minutes per individual, depending on the size of the group).
3. Make sure you have identified timekeepers and note takers.
4. If the group is large, split into smaller groups of about 5-6 individuals so that everyone has a chance to speak during the activity.

**Activity (~90 minutes)**

1. On a projector, display the Kumu community mapping tool. You might want to set the stage of the broader landscape by briefly walking through the overview map. Then, depending on your audience and purpose, the facilitator should display one of the three maps:
   a. All Birth through 8 stakeholders
   b. Practitioners and Settings in the Education and Care Sector
   c. Practitioners and Settings in the Education and Care Sector PLUS Health and Social Services Sectors
2. The facilitator should orient everyone to the map, describing the different categories, elements, and connections. Depending on who is at the session, the facilitator can hover over a few of the “roles” that are in attendance today to show, in general, the settings those people might be connected to.
3. Have each participant share their responses for the following questions (depending on the size of the group, there may only be time for 2-3 questions that are most important for the aims of the meeting).
   a. Where are you on the map(s)?
   b. With whom do you interact or collaborate most frequently?
   c. How might you gain knowledge or skills from others on the map(s)? What knowledge or skills could you share with others?
   d. What entities on the map(s) might help you accomplish your goals? How?
e. With whom would you like to collaborate? Why?
f. Where in general in your community are connections the strongest? Where are they the weakest?
g. What stakeholders are missing from this map who might play a part in improving outcomes for children birth through age 8 in your community?

8. As a group, discuss the following (again, there may only be time for 2-3 priority questions):
   a. What themes did you notice in everyone’s answers to the questions above?
      i. What did you notice about the relationships among different professional roles and settings in care and education?
      ii. What did you notice about the relationships among different categories of stakeholders?
      iii. What did you notice about the relationships among different sectors (e.g., care and education, health, social services)?
   b. What surprised you about the map? What surprised you about the responses it triggered?
   c. What shared goals did you hear and what promising leverage points can be used to accomplish them?
   d. What are ways in which those here today might collaborate? Simply brainstorm ideas; you are not committing to collaboration. (Note: this is likely the most important discussion question, so be sure to spend enough time on it).

Next Steps Discussion (~30 minutes)

1. Discuss next steps with the group:
   a. What are 2-3 simple commitments that this group can make in order to collaborate more effectively?
   b. When can this group meet next to plan more specific and long-term collaborations?
   c. Who else needs to be at the table?

Follow-Up: Sustaining the Collaboration

Community mapping is a means to an end and is meant to catalyze a process over time, not just a one-time exercise. Over the long term, repeat this exercise periodically, such as every 1, 2, or 5 years. Note the strength of connections then, and compare it to the strength of connections now. Revisit who is involved, and who else might need to be invited.
Creating Your Own Community Map

- A map specific to your community can be a tangible product that you can use to identify others who should be at the table and visualize the ways in which your community can work together.

- The Kumu platform or other similar tools can be a foundation for a map, but it is not necessary to use a “tech tool.” You can create a community map by using sticky notes, PowerPoint, or drawing by hand. The existing Kumu map can be used to spur the conversation about how a customized map might look no matter what tools you use to create it.

- If you wish to use Kumu to create your own customized map, you can do so at www.kumu.io.

- You do not have to start from scratch in Kumu: You can use the existing Birth Through 8 Kumu map and modify it for your community. Using your free Kumu account, visit the Birth Through 8 Map you want to copy and select the “share” button (the arrow icon on the right side of the map). To copy the project, choose the “forking” tool. For more information about copying a project, please visit the Kumu website.

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*Drawing from the Institute of Medicine (IOM) and National Research Council (NRC) Report, Transforming the Workforce for Children Birth Through Age 8 (2015) (“Report”), this Online Mapping Tool (“Tool”) and accompanying Discussion Guide (“Guide”) are intended to help organizations explore ways to improve professional learning and other supports for the early care and education workforce as described in the Report. The Tool is hosted on an independent website maintained by Kumu, Inc. that is not affiliated with the Institute of Medicine, National Research Council, or National Academies of Sciences, Engineering, and Medicine in any way, and users of the website are solely responsible for their use of the Tool and for any information posted on that website. The Academies do not necessarily adopt or endorse any of the community maps posted on Kumu or any other website, and make no representations or warranties about the suitability of such information for any purpose. Individuals or organizations that use all or part of the Tool and Guide are solely responsible for the community maps developed using the Tool, and/or any discussions or events that may use the Tool and Guide as a reference.*
The full report and additional report-related resources are available at:

www.nas.edu/birthto8