



TRACE Practice Guide

CHILD FIND

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Improving Outreach to Primary Referral Sources

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The purpose of child find is to *locate and identify* infants, toddlers, and preschoolers who are or may be eligible for early intervention or preschool special education (Dunst, Trivette, Appl, & Bagnato, 2004). This *TRACE Practice Guide* describes an approach to primary referral source outreach that increases and promotes referrals to early intervention and preschool special education programs.

Dunst and Trivette (2004) identified and described six major categories of child find: public awareness, community-based screening programs, using risk registries for locating eligible children, tracking programs, early childhood intervention or primary referral source collaborations, and outreach to primary referral sources. Child find in general, and outreach to primary referral sources more specifically, are typically part of a comprehensive system of child find, referral, early identification, and eligibility determination set up to ensure all children in need of early intervention or preschool special education are located and identified, then enrolled in and receive the services and supports they need to promote learning and development (Dunst & Trivette, 2004; Dunst et al., 2004).

The method for outreach to primary referral sources described in this *TRACE Practice Guide* is based on findings from a practice-based research synthesis on the characteristics of effective educational outreach to change primary referral source prescribing practices (Clow, Dunst, Trivette, & Hamby, 2005). It is also based on research on (a) the characteristics of printed materials associated with people's understanding and use of different services or supports (Paul & Redman, 1997), (b) the ways in which messages about the benefits of different services or supports are described and communicated (Maibach & Parrott, 1995), and (c) the characteristics of the referral source or service provider interfaces that maintain referrals by primary referral sources (Dunst & Gorman, 2005). Key features from each of these bodies of research were used to develop the child find strategy described in this practice guide.

Factors Influencing Outreach to Primary Referral Sources

The particular outreach practice constituting the focus of this practice guide is characterized by brief, repeated, face-to-face, informal visits to primary referral sources so that information and materials can be provided that promote referrals to early intervention or preschool special education. Examining available research evidence, with a focus on the characteristics of the practices that are associated with referrals, indicates that four sets of factors are most important if outreach to primary referral sources is to be successful:

- **Building rapport and establishing credibility with primary referral sources.** The messenger matters a great deal in building rapport and establishing credibility. The persons conducting outreach to primary referral sources need to be assured, confident, and knowledgeable about his or her program and what the program has to offer both the primary referral source and the children being referred. Research indicates that it is well worth the time and effort to plan what will be said, how it will be said, and how questions from the primary referral source will be answered.
- **Highlighting and repeating a focused message about the benefits of making a referral to both the primary referral source and the child being referred.** Effective messages are highly focused and repeated a number of times in different ways (e.g., verbally and in a brochure) to be sure the primary referral source clearly understands the benefits of making referrals.

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- *Using concise, graphic written materials that describe the services the primary referral source and the child being referred will receive from your program.* Targeted materials are more effective than general descriptions of early intervention or preschool special education. Concise, graphic written materials include descriptions of who a program serves, the services that are available, and the benefits to both the referral source and the children referred.
- *Making follow-up visits to reinforce primary referral source referrals, answer questions, and provide additional information as needed.* Ongoing contact with primary referral sources keeps an early intervention or preschool special education program on the “radar screen” of referral sources. These contacts provide opportunities to accept new referrals and update primary referral sources about children who already have been referred.

Repeated follow-up visits are so important that if they are not done, the other factors don’t much matter. What does this mean for improving child find? ***Establish and maintain ongoing contact with primary referral sources.***

Guidelines for Improving Child Find Practices

Outreach to primary referral sources are more likely to be effective if certain things are done *before, during, and after* child find. The table shows the key elements of planning, implementing, and follow-up contacts with primary referral sources. The Appendix includes a checklist for ensuring the key features of *outreach to primary referral sources* are incorporated into the approach to child find for promoting referrals to early intervention and preschool special education described in this practice guide.

Planning

Take the time to properly prepare for face-to-face interactions with primary referral sources. Planning will go a long way to making your child find efforts successful. The key features for planning outreach to referral sources include the following steps:

- ✓ **Identify and know your referral sources**
The focus of outreach to primary referral sources should be those persons who have responsibility for making referrals. For example, in small physician practices, physicians are most likely to make referrals. In medium size practices, nurses often make referrals for physicians. In large practices, referral specialists generally make referrals. Take the time to identify who you should contact in the physician practices, hospital, child care programs, or social services agencies. It should be the person who has pri-

Table
Key Elements of Effective Outreach to Primary Referral Source Practices

Planning

- ✓ Identify your referral sources
- ✓ Prepare a clear message about the benefits of making a referral
- ✓ Prepare a concise written brochure about the benefits of a referral
- ✓ Identify assured and credible messengers

Implementation

- ✓ Plan the visit carefully
- ✓ Make the visit and deliver the message
- ✓ Repeat and reinforce the message during the visit
- ✓ Ask how you can be of help
- ✓ Thank the primary referral source for their time

Follow-up

- ✓ Acknowledge all referrals
 - ✓ Keep the primary referral sources informed
 - ✓ Personalize the feedback
 - ✓ Provide timely feedback
 - ✓ Make regularly scheduled follow-up visits
-

mary responsibility for making referrals.

- ✓ **Prepare a clear message**
Primary referral sources need a reason for making a referral. You should prepare a concise, clear message to build a case for referrals. The message should focus on what you offer and how it benefits the primary referral source and the children being referred. Remember, less is more. The primary purpose of outreach to primary referral sources is to locate children who are or might be eligible for early intervention or preschool special education. Keep your message focused and to the point. Guidelines for developing tailored messages are described in a companion paper (Dunst, 2006).
- ✓ **Prepare a concise brochure**
Providing primary referral sources some written material about what you do and how it benefits the children being referred reinforces the orally delivered message. The brochure should be targeted to the audience. Generic brochures are not likely to be effective. The brochure should be concisely written and prepared. Information that is unrelated to who you serve and what services you provide are distracting.
- ✓ **The messenger matters**
Your message is only as good as the person delivering the message. The messenger must come across as credible and must deliver the message credibly. Mes-

sengers should take the time to practice and rehearse what will be said and how it will be said. Credible messengers dress and behave professionally. First impressions matter a great deal if primary referral sources are going to take your message seriously.

Implementation

Making contact with primary referral sources is more likely to be effective if it is done in a thoughtful and systematic manner. The following practices are likely to lead to successful child find and to increased referrals.

✓ **Planning the visit**

Take the time to find out when primary referral sources are available to see you. You want to be able to make the visit without the need for an appointment. For example, physicians are often available first thing in the morning and during hours that patients are not scheduled. A simple strategy is to call ahead of time and ask when is a good time to drop off some materials about your program and when is a good time to talk to the primary referral sources.

✓ **Making the visit**

Ask to see the person(s) you have identified who make referrals. Introduce yourself, tell the person(s) the name of your program, explain the purpose of the visit, and deliver the message you developed during the planning phase. Keep the message short and to the point (less than five minutes). Brief, focused visits are more likely to be effective than visits that try to cover too many different things about your program.

✓ **Repeat and reinforce the message**

Immediately after delivering the message, give the person who does the referrals copies of your brochures and explain what the brochure includes. Repeat the message in a manner that reinforces the reasons for making a referral. Saying the same thing in a number of different ways increases the likelihood that the message is heard and, more importantly, is remembered.

✓ **Ask how you can be helpful**

After delivering the message and providing the person copies of your tailored brochure, ask if there is any other information he or she needs. Ask if there is anything you can do for the primary referral source and any of the children he or she sees. Asking how you can be of help creates opportunities for a mutually beneficial exchange of information and ideas.

✓ **Thank the primary referral source**

Thank the primary referral source for taking the time to talk to you, and explain how he or she can contact you (business card) or your program (phone number on brochure). Establish as many opportunities as you can to maintain contact between the primary referral source and you or your program.

Follow-up

The key to maintaining referrals to early intervention and preschool special education by primary referral sources is to be responsive to any and all referrals. Follow-up is so important that if it is not done, the likelihood of continued referrals is diminished. Some of the most important features of follow-up are described next.

✓ **Acknowledge any and all referrals**

All referrals should be acknowledged immediately and should include the steps that will be taken to respond to the primary referral source's request. This can be a simple "thank you" note with an indication of when and how the referral will be processed. For example, "Thank you for referring Johnny Blake to the 'XYZ' early intervention program. The assessment you requested is scheduled for next week. You can expect the evaluation report in about two weeks."

✓ **Keep the primary referral source informed**

Send the primary referral source a short note telling him or her when an action is about to be taken for the child who was referred. Inform him or her of what will be done. Most primary referral sources want to be kept informed about the status of a referral. A simple rule of thumb is to provide feedback about any significant decision or action that is taken on behalf of a child.

✓ **Personalize the feedback**

Tailored feedback is more likely to be read and responded to. Personalize any material you give to primary referral sources, both in terms of the person being provided feedback and the child the feedback is about.

✓ **Provide feedback in a timely manner**

As soon as you know, inform the primary referral source about the findings or results of actions that have been taken. As a rule of thumb, the more timely the feedback, the more likely primary referral sources will continue to make referrals.

✓ **Make regularly scheduled follow-up visits**

Primary referral sources are busy professionals. You need to plan and make regularly scheduled follow-up visits in order to keep the primary referral source informed about individual children and to encourage additional referrals. The more contact you have with primary referral sources, the more likely referrals will be made to your program. It is a good idea, for example, to periodically provide feedback face-to-face, this will give you additional opportunities to talk to primary referral sources about your program.

Conclusion

Research we have conducted using the procedures described in this practice guide for outreach to Level III

hospitals proved effective when and only when repeated contacts were made with the primary referral sources (Dunst, Trivette, Shelden, & Rush, 2006). The importance of repeated contacts or visits is not limited to primary referral sources. The same finding was found in a study we conducted increasing parent self-referrals to an early childhood intervention program (Trivette, Rush, Dunst, & Shelden, 2006).

The child find strategy described in this *TRACE Practice Guide* is one approach to locating and identifying eligible or potentially eligible children. The strategy is one of any number of child find methods and procedures that, taken together, constitute a comprehensive approach to child find, referral, early identification, and eligibility determination (see especially Dunst & Trivette, 2004). The *outreach to primary referral sources* strategy described in this practice guide is one of a number of child find methods that will be part of a *Child Find Tool Kit* of evidence-based child find practices.

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Appendix

Checklist for Conducting Outreach to Primary Referral Sources

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This checklist is used to ensure that outreach to primary referral sources includes those features and practices that are most likely to result in effective child find. The majority of questions should be answered Yes to ensure successful outreach.		Was the practice used?	
		Yes	No
Planning	Have the most appropriate referral sources for the children served by your program been identified?		
	Has a clear message tailored to each primary referral source been prepared?		
	Does the message include the benefits of early childhood intervention?		
	Has a tailored brochure that communicates the message been prepared?		
	Has the practitioner(s) who is likely to be the most credible messenger(s) been identified?		
	Have the messengers been trained to conduct outreach?		
Implementation	Has the visit to the referral source been carefully planned?		
	Has the appropriate person(s) been identified to visit during the outreach?		
	Was the visit arranged at an appropriate time?		
	Was the prepared message delivered during the visit?		
	Was the message repeated and reinforced during the visit?		
	Was the primary referral source provided a tailored brochure?		
	Was input elicited regarding referral source needs?		
	Was the referral source thanked for his or her time?		
Follow-up	Have all referrals been acknowledged in a timely manner?		
	Has the referral source been informed about the status of referrals?		
	Has feedback been provided to the referral sources on a regular basis?		
	Have regularly scheduled follow-up visits or contacts been made?		
	Have referral sources been asked how you can be helpful?		