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.
• 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 primary 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-
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, Sheelden, & 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, & Sheelden, 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.

References


Author

Carl J. Dunst, Ph.D., is Co-Principal Investigator at TRACE and Co-Director of the Orelena Hawks Puckett Institute, Asheville (dunst@puckett.org).
## Appendix

### Checklist for Conducting Outreach to Primary Referral Sources

Carl J. Dunst

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planning</strong></td>
<td>Have the most appropriate referral sources for the children served by your program been identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has a clear message tailored to each primary referral source been prepared?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the message include the benefits of early childhood intervention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has a tailored brochure that communicates the message been prepared?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the practitioner(s) who is likely to be the most credible messenger(s) been identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have the messengers been trained to conduct outreach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>Has the visit to the referral source been carefully planned?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the appropriate person(s) been identified to visit during the outreach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the visit arranged at an appropriate time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the prepared message delivered during the visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the message repeated and reinforced during the visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the primary referral source provided a tailored brochure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was input elicited regarding referral source needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the referral source thanked for his or her time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td>Have all referrals been acknowledged in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the referral source been informed about the status of referrals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has feedback been provided to the referral sources on a regular basis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have regularly scheduled follow-up visits or contacts been made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have referral sources been asked how you can be helpful?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>