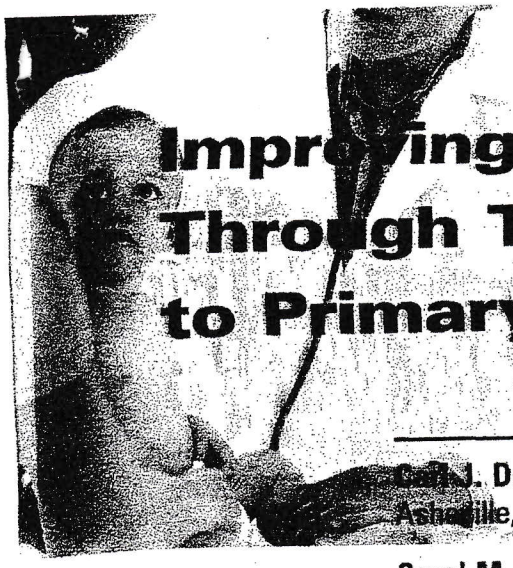

Improving Child Find Through Tailored Outreach to Primary Referral Sources

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The purpose of child find is to *locate and identify* infants, toddlers, and preschoolers who are or might be eligible for early intervention or preschool special education (Dunst, Trivette, Appl, & Bagnato, 2004). Child find, in general, and outreach to primary referral sources, in particular, are typically part of a comprehensive system of child find, referral, early identification, and eligibility determination. Effective child find ensures that all children in need of early intervention or preschool special education are located, are identified, and receive the services, resources, and supports they need to promote learning and development (Dunst & Trivette, 2004; Dunst et al.).

As described in the Individuals With Disabilities Education Improvement Act of 2004, a comprehensive child-find system includes the methods and procedures for making referrals to early intervention or preschool special education to ensure timely identification of eligible children and the provision of services to those children. This includes, but is not limited to, outreach to primary referral sources to promote referrals to early intervention or preschool special education and to inform primary referral sources of the availability and benefits of early intervention and preschool special education. Child find as described in this paper is one component of a comprehensive approach to locating and identifying infants, toddlers, and preschoolers with developmental disabilities or delays eligible for early intervention or preschool special education and to providing these children individualized supports, resources, and services (Dunst et al., 2004).

Dunst, C. J., Trivette, C. M., & Hill, G. (2011). Improving child find through tailored outreach to primary referral sources. In M. E. McLean & P. A. Snyder (Eds.), *Gathering information to make informed decisions: Contemporary perspectives about assessment in early intervention and early childhood special education* (pp. 1-15). Longmont, CO: Sopris West.

This paper includes a description of an evidence-based approach to primary referral source outreach that can be used to increase referrals to early intervention or preschool special education. The approach is based on findings from research syntheses and systematic reviews completed by investigators at the Tracking, Referral, and Assessment Center for Excellence (TRACE) (Clow, Dunst, Trivette, & Hamby, 2005; Dunst & Gorman, 2006a, 2006b; Dunst & Hamby, 2006) and by others (e.g., Grimshaw et al., 2005; Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008; Maibach & Parrott, 1995; Paul & Redman, 1997; Paul, Redman, & Sanson-Fisher, 1997) interested in increasing referrals to specialty care (including early intervention and preschool special education) and improving the efficiency of outreach to primary referral sources. The approach is also informed by the collaborative efforts of TRACE and the American Academy of Pediatrics (Dunst, Trivette, Gramiak, & Hill, 2007; Gramiak, Trivette, Dunst, & Hill, 2006). These various sources of evidence and information were used to develop a research-informed approach to improving child find through outreach to primary referral sources. The practices were subsequently evaluated in a number of field-based studies (Dunst, Trivette, Shelden, & Rush, 2006; Trivette, Rush, Dunst, & Shelden, 2006).

The methods and procedures described herein can be implemented by early intervention and preschool special education personnel who have child-find responsibilities where those responsibilities include outreach to primary referral sources. These personnel include, but are not limited to, child-find specialists, outreach specialists, referral specialists, and other staff engaged in locating and identifying eligible or potentially eligible children for early intervention or preschool special education.

A Tailored Approach to Outreach to Primary Referral Sources

The outreach practice described in this paper is characterized by brief, repeated, face-to-face visits to primary referral sources so that tailored information and materials can be provided to promote referrals to early intervention or preschool special education. *Tailoring* refers to the methods and procedures for creating communicative channels that are individualized to reach and influence specific audiences (e.g., Kreuter, Strecher, & Glassman, 1999; Skinner, Campbell, Rimer, Curry, & Prochaska, 1999). Based on available research evidence, with a

Tailoring refers to the methods and procedures for creating communicative channels that are individualized to reach and influence specific audiences

focus on the characteristics of outreach practices that are associated with improving child find, the following five activities were found to be particularly important if outreach to primary referral sources was likely 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 person conducting outreach to primary referral sources needs 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 and families being referred. It is 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 tailored 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 ways (e.g., orally and in a brochure) to be sure a primary referral source clearly understands the benefits of making referrals.
- *Using tailored written materials that describe the services the primary referral source and the child being referred will receive from a program.* Tailored materials are more effective than general descriptions of early intervention or preschool special education. Concise, graphic, written materials include descriptions of the children a program serves, the resources and supports that are available to eligible children, the benefits to both the referral source and the children referred, and the methods used to make referrals. Desktop publishing software makes it possible to easily tailor program brochures, referral forms, and other child-find materials for specific primary referral sources.
- *Using a referral procedure that is easy for primary referral sources to use to increase referrals.* Effective referral procedures easily fit into the way referrals are typically made by primary referral sources. Flexibility in how referrals are made is one key to increasing referrals to early intervention or preschool special education.
- *Making follow-up visits or contacts to reinforce primary referral source referrals, answer questions, and provide additional information as needed or requested.* 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 or contacts are so important that if they are not done, the other activities do not matter much. What does this mean

Table 1

Key Elements of Effective Outreach to Primary Referral Sources

Planning
• Identify and know your referral sources
• Prepare a clear message about the benefits of making a referral
• Prepare a tailored brochure about the benefits of a referral
• Identify assured and credible messengers
Implementation
• Plan and schedule the visit carefully
• Make the visit and deliver the message
• Repeat and reinforce the message during the visit
• Clearly communicate who is eligible for your program services
• Keep the referral process flexible
• Provide the referral source with a tailored referral form (if requested)
• Ask how you can be of help
• Thank the primary referral source for his or her time
Follow-up
• Acknowledge all referrals
• Keep the primary referral source informed
• Personalize the feedback
• Provide timely feedback
• Make regularly scheduled follow-up visits or contacts

for improving child find? Establish and maintain ongoing contact with primary referral sources.

Guidelines for Improving Child-find Practices

Outreach to primary referral sources is more likely to be effective if certain activities are completed before, during, and after child find. Table 1 lists the key elements of planning, implementing, and following up contacts with primary referral sources. The

Improving child find is accomplished by establishing ongoing contact with primary referral sources.

Appendix includes a checklist to ensure the key elements of targeted outreach to primary referral sources are used as part of child find to promote referrals to early intervention and preschool special education.

Planning

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

Identify and Know Your Referral Sources. The focus of outreach to primary referral sources should be those persons who have responsibility for making referrals. In small practices, for example, 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 whom you should contact in physician practices, hospitals, child care programs, human services agencies, and other organizations serving children who might be eligible for early intervention or preschool special education.

Prepare a Clear Message. Primary referral sources need a reason to make a referral. You should prepare a concise, clear targeted 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. Less is more. The primary purpose of outreach is to locate children who are or might be eligible for early intervention or preschool special education. Keep your message tailored, targeted, focused and to the point.

Prepare a Tailored Brochure. Providing primary referral sources with written material about what you do and how it benefits the children being referred reinforces the orally delivered message. Your brochure should be tailored to the audience you are trying to reach. Generic brochures are not likely to be effective. The brochure should be concisely written. Information unrelated to whom you serve and what services you provide is distracting. Table 2 shows key characteristics for preparing tailored program materials. A more complete set of guidelines for developing tailored messages and materials is described in a *TRACE Practice Guide* (Dunst, 2006b).

A tailored brochure will more likely be read and understood.

The Messenger Matters. Your message is only as good as the person delivering the message. The messenger must be credible and must deliver

Table 2
Preparing Tailored Program Materials for Improving Child Find

Message Framing
• *Identify the target audience.* Be as specific as possible in terms of the audience you intend to reach. The more specific the target audience, the easier it is to tailor the message.
• *Identify the desired or expected benefit to the targeted audience.* What are the benefits both to the person making referrals and to the children being referred? Effective messages are relevant to the desired goals of the targeted audiences.
• *Prepare a positive, gain-framed message.* The message communicated to primary referral sources should focus on the positive consequences to the children being referred. What are the benefits of participating in your program?
Material Preparation
• *Personalize the written materials for the targeted audience.* This can be accomplished by specifically referring to the targeted audience by profession or group (e.g., "Pediatricians recognize the importance of early intervention"). The more personalized the tailored message, the more likely the recipient will read the materials and respond positively to the intent of the message.
• *Describe the reasons and benefits for making referrals.* Include a description of the specific kinds of resources and services available to children served by your program and the benefits of receiving these supports. Why would the primary referral source want to make a referral?
• *Include advice about and guidance for how to make referrals.* Describe the process or procedure the targeted referral source can use to refer a child. Keep the referral process as simple and straightforward as possible. Less is more when trying to improve referrals.
Intervention
• *Identify the ways the printed materials will be distributed and used to promote referrals.* Take the time to identify the different ways printed materials can be used to reach the targeted primary referral source. The same printed materials used in different ways will increase the effectiveness of child find.
• *Use the printed materials as part of outreach to primary referral sources.* The tailored printed materials will likely be more effective if used in conjunction with some type of face-to-face interactions with primary referral sources.
• *Provide tailored feedback to referral sources.* Provide immediate feedback to all referrals and personalize the feedback to the referral sources (e.g., "Dear Dr. Smith, thank you for referring your patient John Jones to the 'XYZ' program").

the message credibly. Messengers 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 and promoting referrals is more likely to be effective if it is done in a thoughtful and systematic manner. The following activities are likely to lead to successful child find and to increased referrals.

Scheduling the Visit. Take the time to find out when primary referral sources are available to see you. You want to be able to make a visit without the need for an appointment. For example, physicians are often

Figure 1

Referral Form to Tailor and Customize Outreach to Primary Referral Sources (See www.tracecenter.info/practiceguides/practiceguides_vol1_no2.pdf)

Early Intervention Referral Form

Please complete this form for referring a child to early intervention if you prefer to do so in writing. Please indicate the feedback that you want to receive from the early intervention program in response to your referral.

CHILD CONTACT INFORMATION

Child Name:_____

Date of Birth:____/____/____ Child Age (Months):____ Gender: ☐ M ☐ F

Home Address:_____

City:_____ State:_____ Zip:_____

Parent/Guardian:_____ Relationship to Child:_____

Primary Language:_____ Home Phone:_____ Other Phone:_____

Signature:_____ Date:_____

REASONS FOR REFERRAL

Reason(s) for referral to early intervention (Please check all that apply):

☐ Identified condition or diagnosis (e.g., spina bifida, Down syndrome):_____

☐ Suspected developmental delay or concern (Please circle areas of concern):

Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other_____

☐ At Risk (Please describe risk factors):_____

☐ Other (Please describe):_____

FEEDBACK REQUESTED BY THE REFERRAL SOURCE

☐ Status of Initial Family Contact

☐ Services Being Provided to Child/Family

☐ Developmental Evaluation Results

☐ Child Progress Report/Summary

☐ Other (Please describe):_____

REFERRAL SOURCE CONTACT INFORMATION

Person Making Referral:_____ Date of Referral:____/____/____

Address:_____

Office Phone:____/____-____ Office Fax:____/____-____ E-mail:_____

Signature:_____ Date:_____

EARLY INTERVENTION PROGRAM

Program Name:_____

Address:_____ City:_____ State:____ Zip:_____

Telephone Number:_____ Fax Number:_____ E-mail Address:_____

available first thing in the morning and during hours that patients are not scheduled. A simple strategy is to call before the visit and ask when is a good time to drop off some materials about your program and also is a good time to talk with the primary referral source.

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 5 minutes). Brief, focused, and tailored visits are more likely to be effective than visits that try to cover too many aspects of your program.

Repeat and Reinforce the Message. Immediately after delivering the message, provide the person who makes referrals with copies of your brochure and explain what the brochure includes. Repeat your message in a manner that reinforces the reasons for making a referral. Repeating the same message in a number of different ways increases the likelihood that the message is heard and, more important, understood and remembered.

Clearly Communicate Eligibility Criteria. It is important to describe explicitly which children are eligible for early intervention or preschool special education. This should also be included on your tailored brochure. Having a checklist that includes the conditions that makes a child eligible for enrollment in your program can facilitate appropriate referrals (see Dunst, Trivette, & Hill, 2007). This type of checklist can lessen referrals that do not meet the eligibility criteria for your program.

Keep the Referral Process Flexible. If a primary referral source already has a referral process in place, do not ask the referral source to change his or her procedures. If the referral source prefers to call, use e-mail, or write a referral prescription, accept whatever procedure with which they are comfortable. Offer to provide referral forms if they do not already use some type of referral procedure.

Tailored referral forms make it easier for a referral source to refer children.

Tailor Your Referral Form. It will be easier for a primary referral source to make a referral if you customize your referral form. Figure 1 shows an example of a referral form for a program that serves infants and toddlers with developmental delays, identifiable conditions, and children at-risk for medical, environmental or other reasons. The referral form is

available from TRACE and can be customized for your program so that it includes only those eligibility categories applicable to your state, the name and contact information for your program, and the referral source contact information if known. The American Academy of Pediatrics adopted a version of the referral form as part of their Medical Home policy (American Academy of Pediatrics, 2007a, 2007b).

Ask How You Can Be Helpful. After delivering the message and providing the person with copies of your tailored brochure and referral forms (if requested), ask if there is any other information he or she needs or may find helpful. Ask if there is anything you can do for the primary referral source or any of the children he or she sees. This will create opportunities for a mutually beneficial exchange of information.

Thank the Primary Referral Source. Thank the primary referral source for taking the time to talk to you. 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 establish and maintain contact between the primary referral source and you and your program.

Follow-up

The key to maintaining referrals to early intervention or preschool special education 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

Table 3
Improving Primary Referral Source Referrals Through Follow-up and Feedback

Feedback
• *Acknowledge all referrals.* All referrals should be acknowledged immediately and include information about what steps will be taken by you or your program.
• *Provide feedback in a desired manner.* Take the time to learn the manner in which feedback is desired. Does the primary referral source want you to call, e-mail, write, or fax the acknowledgment?
• *Provide regular feedback, especially when a child's status changes.* Put into place a system where "status reports" are provided on a regular basis. Physicians, for example, often want to be informed about what services a child is receiving and what progress is being made.
• *Provide ongoing feedback in a desired format.* Too little information is not helpful and too much information is likely not to be read. Take the time to learn the format, amount, and mechanism that primary referral sources find most helpful.
Follow-up
• *Make contact with primary referral sources as appropriate.* If a primary referral source requests specific information that he or she needs for his or her own purposes, provide the requested information to be sure you provided what was wanted or needed.
• *Establish ongoing lines of communication with primary referral sources.* Take the time and find ways to ensure feedback continues to be useful. Ask if there is anything you can do to better inform a primary referral source about children referred to your program.

diminished. Table 3 lists a number of considerations for providing feedback to primary referral services (see especially Dunst, 2006a).

Acknowledge All Referrals. All referrals should be immediately acknowledged and should include the steps that will be taken to respond to requests from primary referral sources. The acknowledgment 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 results about 2 weeks after the evaluation."

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. Personalize any material you provide to primary referral sources, both in terms of the person being provided feedback and about the child for whom feedback is being provided. Primary referral sources are more likely to read and respond to concise, tailored feedback. Most primary referral sources only want a summary of evaluation results and the status of service provision to a child referred to early intervention or preschool special education.

Provide Timely Feedback. As soon as you know, inform the primary referral source about the findings or results of an evaluation or requested service(s) and the actions that will or have been taken. The more timely the feedback, the more likely primary referral sources will continue to make referrals.

Make Regularly Scheduled Follow-up Visits or Contacts. Primary referral sources are busy professionals. You need to plan and make brief, regularly scheduled follow-up visits or contacts in order to keep the primary referral source informed about individual children and to encourage new 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 provide timely feedback about the status of individual children, as appropriate. This will give you additional opportunities to talk to primary referral sources about your program.

Plan and make brief, regularly scheduled follow-up visits to primary referral sources.

Conclusion

This paper provided a description of a tailored approach to outreach that includes activities that are important to conduct before, during, and after child find. Hawkins et al. (2008), in a review of more than 100 studies of tailoring practices, found three aspects of tailoring increased the effectiveness of communication to intended audiences. The first was *personalization*. This included, but was not limited to, preparing and delivering a message that communicated "this was designed specifically for you." The second was *feedback*. This included, but was not limited to,

providing a primary referral source information about any previous referrals and their outcomes and describing other professionals with similar backgrounds who also make referrals to your program. The third was *content matching*. This included, but was not limited to, direct messages to those aspects of the referral process that a primary referral source considers most important. All three aspects of tailoring are part of the child-find procedures described in this paper.

The approach to outreach described herein constitutes an evidence-based approach for locating and identifying eligible or potentially eligible children for early intervention or preschool special education. The approach, together with other child-find methods and procedures, can be used as part of a comprehensive approach to child find, referral, early identification, and eligibility determination (see especially Dunst & Trivette, 2004). The key to success is to personalize outreach to primary referral sources by tailoring the outreach procedures, materials, and processes to increase referrals to early intervention or preschool special education.

The benefits of tailored outreach to primary referral sources can be expected to be realized in a number of ways. One is an increase in the number of children located through child find. Another is the identification of eligible children at earlier ages. A third is the development of a broader-based cadre of primary referral sources. Yet another benefit is improved primary referral source understanding of the worth of early intervention and preschool special education. These benefits taken together should result in stronger practitioner-primary referral source relationships and the timely provision of supports, resources, and services to infants, toddlers, and preschoolers with developmental disabilities or delays and their families.

Notes

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Appendix

Checklist for Conducting Outreach to Primary Referral Sources

	This checklist is used to ensure that outreach to primary referral sources includes those activities 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?		
	Have the practitioners who are likely to be the most credible messengers 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 a convenient and appropriate time?		
	Was the tailored message delivered during the visit?		
	Was the message repeated and reinforced during the visit?		
	Was the primary referral source provided with a tailored brochure?		
	Was your program's eligibility criteria clearly explained?		
	Was the preferred referral process used?		
	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?		