Individual relocation profile and relocation plan

Supporting children and adults with intellectual and sensory disabilities when moving house

BARTIMÉUS SERIES

Bartiméus wants to record and share knowledge and experience about the capabilities of people with visual impairments. The Bartiméus series is one of the ways they do this.

Colophon

Bartiméus
PO Box 340
3940 AH Doorn
The Netherlands
Tel. +31 88 88 99 888
Email: info@bartimeus.nl
www.bartimeus.nl

Author:
Marijse Pol
Bartiméus Expertise Centre Deafblindness

Photos:
Ingrid Korenstra

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Preface

Bartiméus is an organisation dedicated to people with visual disabilities. Clients who live at Bartiméus typically have additional intellectual, physical and/or other sensory disabilities. We have noticed that for these clients, moving house – even within the same institution – is a major process. It has a large impact on clients and thus also on the organisation and its staff. Therefore, it is important to be well prepared for the moving process to ensure that everything runs as smoothly as possible.

In preparing for a move, a number of questions arise.
What is involved for people with intellectual and sensory disabilities? What is the impact of the move on people with disabilities? What should you take into account and who should be involved? How should client support be organised? The Individual relocation profile and relocation plan has been drawn up in an effort to answer these questions. The individual relocation profile and plan describe the preparations that the client's family and professionals can make to ensure the move proceeds as smoothly and efficiently as possible. To this end the client's parents or guardians and care providers are considered experts with respect to the client, but it should also be kept in mind that the client is an expert with regard to him or herself. It follows that the preparation for and the move itself is a joint process, whereby clients are enabled as far as possible to conduct the move independently and in their own way.

Marijse Pol
Bartiméus Expertise Centre Deafblindness

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Introduction

Moving house involves a change of location, space and possibly also people. It is considered a major life event that can have stressful and negative implications both for children and adults, with or without disabilities. People who live in residential facilities undergo major life events more often than people who live at home. Links have been found between psychological problems, attachment disorders and stressful events. Experiencing multiple life events has also been linked to depression, personality disorders and adjustment disorders. However, if the change involved serves to increase quality of life, there may be fewer or no negative effects. Whether a life event is experienced as positive or negative is ultimately determined by how a person experiences the change.

In any event, the consequences of moving should not be underestimated and the process as a whole should be properly supervised. To support the person who is moving, knowledge is needed of what is involved in a move and of how it is experienced. What does the move entail for the client? What direct and possibly indirect effects will it have? How can parents, the organisation and its staff anticipate these effects? These are just a few of the questions that this individual relocation profile and relocation plan should help you to answer.

The starting point of this profile and plan is to find out how family members and professionals can provide for the needs of the person who is moving. Particularly for people with disabilities, it is important first to examine and potentially modify the environment in line with their individual needs. People with disabilities, especially multiple disabilities (such as deafblindness), can be very vulnerable as well as highly dependent on their environment. To best serve their interests, this dependence must be taken into account, which means the moving process should begin on the side of the family/caregivers or care provider.

The individual relocation profile and plan is structured as follows.
First, background information is provided on individual characteristics that may have an impact on the move (and the way in which the client experiences it). This background information gives rise to questions about the person who is moving. The answers to these questions ultimately form the client's individual relocation profile. Based on this profile, an individual relocation plan can be drawn up with concrete steps to be taken. This lets everyone involved know what they need to do to ensure the move proceeds as smoothly and efficiently as possible. The individual relocation profile can be found in Appendix 1, the individual relocation plan in Appendix 2. Appendix 3 provides an example of a relocation profile and a relocation plan. Appendixes 1 and 2 are also available on the CD-ROM. You can fill in these documents and print them out or you can first print them out and fill them in on paper and then place them in the client's file.

The relocation profile and relocation plan are designed for any individual who is moving house. The guidelines, tips and suggestions should therefore be seen as nothing more or less than potential ideas for the person moving. It requires knowledge and expertise on the part of the reader or person filling in the profiles to tailor the relocation profile and plan towards the client. The relocation profile and plan are very practical tools for preparing for the move, conducting the move itself and adjusting to the changes afterwards.

Needless to say: in this book we refer to the client, but son, daughter or resident may just as well be read. Likewise, the term carer is used, but parent, caregiver or statutory guardian may be equally applicable. This document is written with an internal move within a residential facility in mind, but the individual relocation profile and plan can also be used if the client is moving out of home to a residential facility or vice versa, or from one residential facility to another.
Appendix 3 provides an example of a relocation profile.

The relocation profile

1 Moving

Knowing what a move can entail is essential in order to identify the practical matters that are going to change. Although one move can be bigger and more drastic than another, this does not necessarily mean the impact for the client is of the same order of magnitude. Every change should be treated with an equal amount of attention. The preparations for the move can best be divided into five separate aspects: communication, social-emotional, mobility, interior and daily schedule. These topics also return below in the three different phases of the relocation plan.

1.1 Communication

Naturally, what exactly will change in terms of communication differs per client. Does the client know what moving is? How long in advance can you communicate with the client about the move? Do the existing and new carers know how to communicate about this with the client?
The client is the most important person in this matter, and should be informed as far as possible about what is going to happen. Therefore, information about the move should be communicated with the client. To this end carers need to be aware of the different forms of communication that can be used to address the topic of moving. What you say, how you say it and when you say it depends on the client. It is essential to consider this not only before the move, but also during and after it. This topic will be further explained in Chapter 4. In addition, the relocation profile addresses the topic for each phase of the move under the heading *Communication*.

A number of pictograms about moving house.

1.2 Social-emotional

How will the client deal with the changes? Has he or she undergone such a move before? Is the client moving out of home to a residential facility, or within the same residential facility? Are the current housemates and carers going with the client, or will he or she be surrounded by new people? Changes in the people in the client's environment will have a major impact. That said, the reverse is also true: is the client new for the other housemates or carers? Not only will the client have to get to know them, but they will have to get to know the client.

Continuity in the people with whom the client comes into contact promotes a sense of safety and security. The client builds a bond with fellow housemates and carers. An individual's social-emotional functioning is mapped by way of diagnostic tests. The outcomes of such tests can be recorded in the relocation profile, which, in turn, will help when filling in the relocation plan. In the relocation plan attention is paid to the social-emotional aspect in every phase of the move under the heading *Social-emotional*.

1.3 Mobility and Interior design

Is the client moving from home into a residential care facility? To a different room in the same house? From a different house within the same organisation, or to a different organisation? These issues determine the scope of the move (but not per se its impact), and influence very basic, practical matters. What can the client take and what will he or she have to leave behind? Will the client have to learn new routes, either indoors or outdoors?

For people with intellectual disabilities, a familiar environment can provide a sense of safety and security. Changes in the environment can have an effect on this sense of security. This may happen even with a change in household items or the interior layout of rooms (and thus altered routes). Small changes can have a big impact even for people with a relatively large living environment, because such changes alter the essential characteristics of their lives. It is good to keep all this in mind; therefore, the relocation profile has separate sections for the topics *Mobility* and *Interior*.

Mobility case study

Every morning Ashir walks on his own to his organised activities on the grounds of his institution. After Ashir moves to the other side of the grounds, he walks the new route each day with one of his carers. After a month Ashir knows the route well enough to start walking to his daily activities on his own. The staff keep an eye on whether he is taking the right route.

The object on the wall serves as an orientation point to help the client find his way around the room.

1.4 Daily schedule

What will change in the client's everyday life after the move? The daily schedule is likely to diverge both during and after the move. Can the client deal with this, or do changes need to be kept to an absolute minimum?
To have a sense of security and something to hold on to, many people with intellectual disabilities need structure. Not everyone can deal equally well with changes to this structure. Some changes, however, cannot be avoided when moving. The *Daily schedule* section in the relocation plan discusses how you as a carer can best deal with this and what you need to be aware of.

Daily schedule case study
Mieke has moved into a new flat, with new housemates. Because there are different people in the group, mornings are not the same as she was used to in her old house. Sometimes Mieke now showers before breakfast and then again afterwards, whereas she used to only shower before breakfast.
The carers notice that when Mieke gets out of bed she is very tense and asks repeatedly what is going to happen that day. They look carefully at the schedule and make sure that from now on Mieke will be able to shower before breakfast. Now Mieke feels more relaxed when she gets up and less uncertain about what will happen for the rest of the day.

1.5 Finally

To determine which of the above topics are important for the person moving, personal information about the individual client must be known. Therefore, an individual relocation profile is drawn up before starting on a relocation plan. This profile serves as a record of the client's level of functioning and physical capabilities and limitations, and identifies the most appropriate forms of communication. The following chapters provide background information on these topics to assist in filling in the individual relocation profile (Appendix 2).

2 Cognitive functioning

There are different approaches for assessing an individual's mental functioning. The traditional classification groups people with intellectual disabilities by way of IQ (intelligence quotient), based on the average IQ among the general population of 100, where an IQ of 100 is the average and someone with an intellectual disability has an IQ of 70 or lower. Instead of mental functioning, developmental age may be considered. This is the average age at which children show certain everyday skills5, and can be visualised as follows.

Intellectual disability	IQ	Developmental age
Mild	50-55 to 70	±6;6 - ±12;0
Poor	35-40 to 50-55	±4:0 - ±6;6
Severe	20-25 to 35-40	±2;0 - ±4;0
Profound	Less than 20–25	0;0 - ±2;0

Table 1 Classification of cognitive functioning

Measuring IQ is not always easy, especially in people with intellectual and sensory disabilities. The Diagnostic and Statistical Manual for Mental Disorders (DSM) IV not only classifies intellectual disability by means of IQ, but takes adaptive behaviour into account as well. Adaptive behaviour can be described as the extent to which people are able to adapt to their environment or deal with the demands of this environment. To gain an overall picture of an individual's capabilities, diagnostic tests – for example, the Vineland-Z8 or SRZ-I– can also examine aspects such as self- reliance and social functioning. For the relocation profile, it is particularly important to identify what the client can and cannot manage in terms of information- processing capacities and social-emotional functioning. The relocation profile and plan therefore make use of Timmers-Huigens's experience-based framework.

2.1 Experience-based framework (Timmers-Huigens)

The way in which people absorb information, process it and put it to use depends on how they frame their experiences, that is, the way in which impression and observations are experienced and processed. This information can help to understand and tie in with a person's experience of the world.

Timmers-Huigens describes four levels of how we frame the world around us and our experiences within it:

1. the physical level
2. the associative level
3. the structuring level
4. The constituting level

Every person goes through these four different stages in their development. Each level is more complex than the previous one. These can partly be mapped onto different stages of development, but at the same time, individuals can also react in different ways depending on the situation and their state of mind at the time.
Experience-based framing guides the way in which people absorb information and what they need to feel secure and functional in a certain situation. It is not about what someone can do, but what they can cope with. This gives us insight into how clients can be prepared for and supported during and after the move; after all, to provide adequate support we have to know not just what clients are able to do, but what they are able to handle.
Many people with intellectual and sensory disabilities primarily frame their experiences at either the physical or associative levels (see Table 2). Some also make use of the structuring level. These first three groups require the most support and are therefore considered in greater depth below.

2.1.1 Levels of experience-based framework
It is important to keep in mind that the level of experience-based framing depends on the situation at hand. In a recognisable and familiar environment or situation, a client may function at the associative or even structuring/constituting level. The client feels safe and secure and can therefore deal with variation and freedom.
However, in an unknown environment or situation, the client may fall back on a more fundamental framing level. When the familiar is gone, the client will seek security. It can therefore be concluded that it is important to know at what cognitive level the client functions as well as how they frame their experiences. This knowledge will help in determining which type of support is best suited to the individual and will be most effective. As a carer it is not so much about what you do, but what you expect of the client; do you follow the client's lead and only ask of them what can be expected on the basis of their abilities? For more information about Timmers-Huigens's experience-based framework, you can visit www.timmers-ervaringsordening.nl.

Experience-based framework	Characteristics
Physical	• Focus on the here and now: no thought given to the past or future • Understanding of the situation through direct physical stimuli • Fundamental emotions: pleasure/displeasure, pleasant/unpleasant • Focus on the stimulus/sensation • Communication via body language and potentially sounds (both consciously and unconsciously) • Possible recognition of situations, but only meaningful if physical stimuli are present • No attention paid to carers who are not visibly present • No sense of time
Associative	• Focus on the here and now • Recognition of and familiarity with fixed patterns: first simple associations (when I do this, that happens), later possibly association series • Recognition of recurring events • Strong need for fixed routines and daily structure • Recognition of carers • Beginnings of concentration; but short attention span and easily distracted • Focus on contact and attention rather than content in communication • Possible understanding and use of basic gestures and recurring words; repetition of sentences • Recognition of photos and images • Beginnings of reciprocity, asking for confirmation • No sense of time, but time sensitivity linked to fixed daily schedule
Structuring	• Overview of daily schedule and possibility of varying schedule; client can handle changes • Insight into cause and effect • Ability to make choices • Some sense of time • Greater concentration • More reciprocity in contact • Understanding of simple spoken language or sign language • Communication about the past, present and future • Communication of feelings • Making plans • Less dependence on the carer • Asking for information (who/what/why questions) • Communication about what client is doing, ability to add information to the conversation

Experience-based framework	Characteristics
Constituting	• Creativity; client is able to add something personal to existing structures • Abstract • Understanding and ability to come up with solutions, communication of ideas

Table 2 Experience-based framework (Timmers-Huigens)

2.2 Questions

Now you know a bit more about cognitive functioning, you can answer the questions in the individual relocation profile (Appendix 1).

- Does the client have a medical or psychological problem that is relevant to the move or the preparation for the move?
- At which cognitive level does the client function?
- Are there other relevant test results?
- At which level (of the experience-based framework) does the client frame their experiences?
- Which level could the client revert back to?

3 Senses

The senses can be divided into sight, hearing, taste, touch and smell. In addition, there are physical senses, namely temperature, pain, muscles and balance.
Senses are used for different purposes. They can be used to retrieve information close to us or from far away, or to say something about the state of one's own body or the direct environment. These purposes are distributed across the different senses as follows:

- senses for distance: sight and hearing
- senses for close proximity: taste, touch and smell
- physical senses: temperature, pain, muscles and balance.

Below we focus mainly on the senses used to retrieve information from close by or far away, as these are the most relevant when preparing for and communicating about the move.

How someone experiences the world strongly depends on the how well their senses function and how these senses can best be deployed. A disability in one or more senses and/or a disturbance in the processing of sensory information can make certain things more difficult. People with intellectual disabilities are more likely to have an auditory and/or visual disability as well. Having a sensory disability can have many different consequences for an individual, such as:

- less or different involvement with their environment
- negative emotions
- withdrawn/introverted behaviour
- loss of independence
- greater need for input from carers
- need for routine and familiarity
- greater or different use of other senses.

3.1 Definitions of sensory disabilities

Sensory disabilities can be defined in different ways. The relocation profile is based on the following definitions:

Table 3 Definitions of sensory disabilities
Visual disability Vision of 0.3 or less and/or a field of vision of less than 30 degrees is considered a visual disability. The measurement is to be taken with optimal correction with glasses or contact lenses, as appropriate.
Hearing disability A loss in an individual's best ear of at least 35 decibels (or 25 decibels if the person also has an intellectual disability) is considered a hearing disability. Wearing a hearing aid may improve hearing, but does not cure the hearing disability.
Deafblindness A combination of a visual and a hearing disability, as defined above, is regarded as constituting *deafblindness*. See section 4.1.2 for a functional definition of deafblindness.

A sensory disability affects an individual's everyday functioning and thus also their need for support. How does the disability influence the individual's life? Rather than focusing on the disability, it is better to start from the client's sensory capabilities in order to determine where and how they can be supported. To do this, you can describe the client's senses in a table in the relocation profile. This information will help in drawing up the relocation plan.
An example of a completed senses table can be found in Appendix 3. For each sense a medical description can be given. On the right you can leave useful remarks about how the client uses the sense and what this means for the environment and care.

The scent of a client's own pyjamas or bedspread can give them a sense of security.

3.2 Senses and cognition

Having an intellectual and sensory disability works in two ways. On the one hand, it means that the sensory information received is more difficult to process or interpret. On the other hand, it also means that only partial information is received. This often makes it difficult to learn exactly why someone has not understood something.

Sense and cognition case study

Mieke's carer places an object in Mieke's hands. Because Mieke is visually impaired, she cannot see the object well and does not immediately know what it is. She tries to figure it out by feeling the object, but without success. Only when her carer holds the object together with Mieke and fetches a piece of paper does she understand that it is a pair of scissors to cut with.

Thus, it is essential to reflect on which sensory information is received in what manner, how this information is processed and how you expect the client to deal with the information. Once you have filled in the table about the senses, you will see how this works for the client, and you can link this information to the rest of the relocation profile. This can help you be more aware of and make use of the different senses that are available to the client.

3.3 Questions

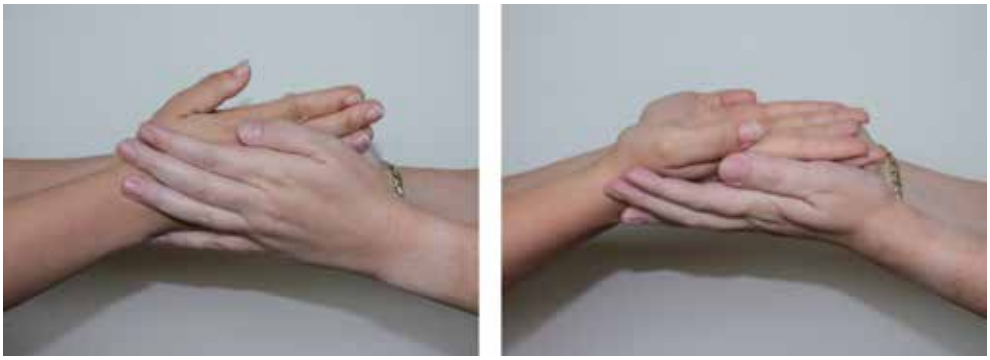
You can now answer the following questions about the senses in the individual relocation profile (Appendix 1).

- What sensory disabilities does the client have?
- What do the most recent test results show?
- How does the client use his or her senses in daily functioning?
- Does the client prefer one particular sense over the others?

4 Interaction and communication

Communication is not self-evident for people with intellectual disabilities. Difficulties in communication can lead to isolation, a lack of control over one's own life and a limited ability to make meaningful choices. For people who have hearing and/or visual disabilities as well, communication is all the more difficult. Sight, hearing and taste are all especially important when it comes to communication.

What is communication? There are different definitions. The present document makes use of the following definition: Before there can be communication, there must be interaction; 'a process whereby two or more individuals can mutually influence one another's behaviour'. Thus, before communication can take place there must be contact with the other person. Following on from this, communication is 'a form of interaction whereby meaning is transferred'.
There are different types of communication, and these types can be used at the same time. Some people with intellectual and sensory disabilities are able to understand or use spoken or written language. However, many such people require the help of communicative aids such as gestures, symbols, pictograms and/or tactile aids.
People with disabilities have individual needs, including in the area of communication. This means that for every person the form (or combination of forms) of communication is unique. Therefore, carers must have particular knowledge, but changes in the environment may also be needed. Naturally, the client – with his or her unique abilities, wishes and preferences – plays a major role in this. A communication profile can provide a map of a person's communication level, which can be put together using tools such as a communication table and experience-based framing. This can help you adapt to a client's communicative capacities.



A four-handed gesture for the word 'book'.

It is essential to communicate with the client in a manner that is suitable for that person. This is especially important when broaching a new subject, such as moving house and all it entails. Thus, on the one hand you need to know what the client's current level and form of communication is. On the other hand, the client's existing communication skills may present little to no possibility to communicate about moving;

in this case, new communication forms or terms will need to be used. The descriptions of the different moving phases below indicate how best to approach this, while section 4.2 provides an example of how to bring up the topic of moving with the client.

4.1 Deafblindness

How does a double sensory disability affect the different parts of an individual's life? And how does deafblindness influence communication and communication forms? These questions are addressed in the sections below.

4.1.2 Impact of deafblindness

Section 3.2 defined deafblindness by way of the severity of the visual and hearing disability. In addition to such strict standards, a more functional definition can be used. You may find that an individual with both visual and hearing disabilities benefits from an approach geared specifically towards the target group of people with deafblindness. It follows that a person with deafblindness need not be completely deaf and blind. The form of deafblindness has consequences for what the individual can or cannot do. We distinguish between:

- congenital deafblindness: the individual becomes deafblind before, around or after birth. The deafblindness appears in the first year of life and in any event before the onset of language development.
- acquired deafblindness: the individual becomes deafblind after the onset of language development.
- old age deafblindness: the individual develops deafblindness after the age of 55.

The impact of the combination of a hearing and a visual disability may differ. Because people with deafblindness cannot adequately compensate for a lack in one sense with another, they require different support than people with only a hearing or only a visual disability. The disabilities reinforce one another; therefore, this is referred to as a double sensory or multiple disability. People with deafblindness are particularly hampered in communication, access to information and mobility.

4.1.3 Communication and deafblindness

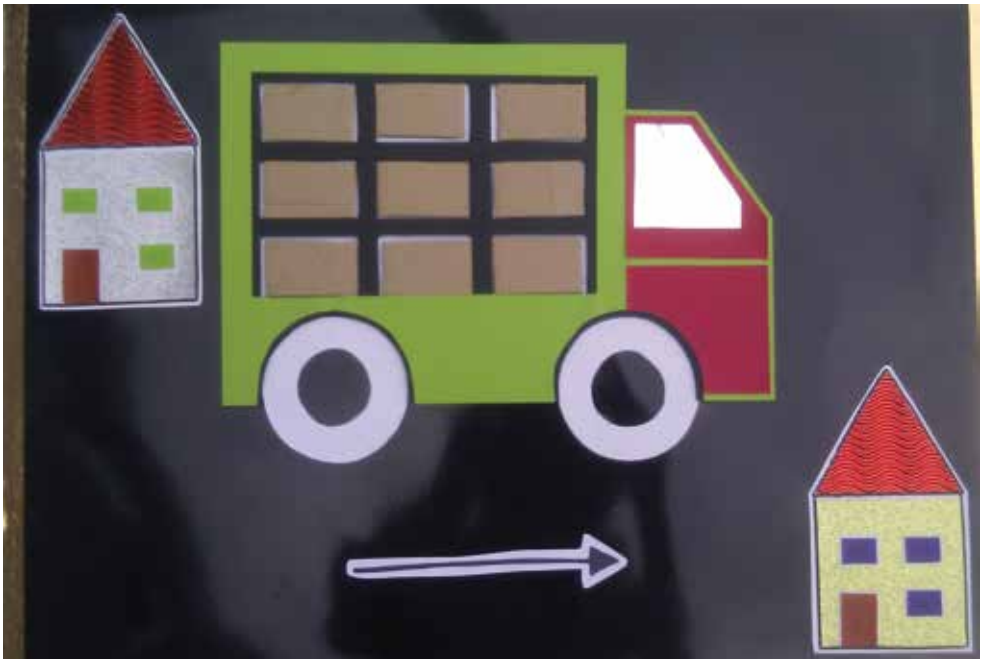
A combined visual and hearing disability means typical forms of communication are no longer available. If someone is hearing impaired or deaf, the use of spoken language is not an option, but if the person is also visually impaired, then sign language, too, is ruled out. Alternative communication forms, such as four-handed gestures and tactile aids, must therefore be sought.

It is important to know what the client can indeed still hear and/or see, and to take this into account in the communication style. The client's preferences should also be considered; while there may be some residual sight, for example, the client may prefer touch. Additionally, bear in mind that it often takes a great deal of energy to continually have to compensate via other senses.

4.2 Multi-sensory storytelling

There are many ways to communicate about the move. This section examines one method of appealing to the client's cognitive, sensory and communicative capacities: multi-sensory storytelling (MSST). MSST involves appealing to as many of the client's senses as possible. Touch, smell, sight, putting things together – they can all be part of the story. The story is personally directed at the client and revolves around an event that has already happened or that will happen (e.g. moving house). Through repetition, the client learns to recognise the story and perhaps to expect parts of it. A multi-sensory story is composed of around seven pages, has short sentences and makes use of stimuli that appeal to multiple senses.

Stories help you to convey information, and to stimulate communicative, social-emotional and cognitive development. Moreover, telling stories is a joint activity: it promotes the relationship between narrator and listener. A key principle in MSST is that the feel of a story precedes the literal understanding of it. The repetition and active participation help to gradually add more meaning to a story, which makes MSST especially suitable for people with multiple disabilities.



Een plaat uit een multi-sensory story over verhuizen.

Multi-sensory storytelling case study
Jenny has congenital deafblindness and no experience with communicating about moving house. The aim is to make the concept of moving clear to Jenny and to link it to her own move, in order to foster communication about the move.
The images in the book were made specially for Jenny using familiar pictograms, glitter to draw her attention, and beads to thread to engage her in the story. Four weeks before the move, Jenny's carers started reading the story with her three times per week. After the move, Jenny and her carers still regularly revisit the story.

4.3 Questions

After reading this chapter about communication, you can answer the following questions about communication in the individual relocation profile (Appendix 1).

- Which forms of communication does the client use?
- Does the client have a preference for a particular form of communication?
- Are there any disabilities or medical problems that affect communication?
- Has a communication profile been drawn up?

Relocation plan

We have now addressed the conditions relating to communication possibilities that are important in the case of a move. We have also discussed what you need to know about the client, and how you can record this in an individual relocation profile. The next step, to which the remainder of this book is dedicated, helps you draw up a relocation plan with and for the client. The plan is divided into three phases.

- Phase 1: Preparation:
  The period from the moment it is known the move will take place until the actual day of the move
- Phase 2: The move
  The day on which the client moves house
- Phase 3: After the move
  The period after the move, when further matters must be attended to.

Yes/no questions are posed per phase. If these give rise to an action point, this is indicated with the following icon: . You can then insert the action points into the relocation plan itself in Appendix 2. Once you have completed all phases, the agreements made with and for the client, and exactly what has to happen when, will be clear. Points of attention and tips are included, which you can take into account at your discretion. Appendix 3 provides an example of a relocation plan.

Phase 1: Preparation

Phase 1 starts the moment it is known the move will take place.
Before the move takes place, you can make preparations to ensure that it runs as smoothly as possible. The questions and points of attention listed below can be translated into action points that will help to minimise stress on the moving day itself. These questions should all be addressed. You can record your answers in Appendix 2.

Communicatie

- Has the client's way of communicating been recorded and are the carers suitably informed?
  - ❏ Yes
    Ensure that the client's communication profile is up to date, then move on to the next question.
  - ❏ No
    With the help of a speech therapist or a communication trainer, draw up a communication profile for the client well in advance of the move. It is important that all of the client's carers are familiar with this profile and can apply it in practice.

- Will the client get new carers, who are unfamiliar with the client's way of communicating?
  - ❏ Yes
  - ❏ Ensure that new carers are also informed of the client's communication possibilities, go through the communication profile with them and/or organise a meeting to discuss the matter.
  - ❏ No
    Go to the next question.

- Is the client familiar with the concept of moving house?
  - ❏ Yes
    Decide when to start communicating about moving with the client, in which form, and to what degree. NB: You do not need to begin with the client's own move; instead, you could start communicating about moving in general. For example, come up with a story about a teddy bear that is moving house (see section 4.2) or singing songs about moving.
  - ❏ No
    In the client's communication profile, decide how to introduce this concept to the client. Which communication form(s) can be used? Can the terms already be practised or taught? When will you start to communicate about the move? And do not feel defeated too quickly; here, too, you can begin with the concept of moving in general.

- Are certain aids or modifications needed to communicate with the client, such as communication boards, orientation boards or tactile aids?
  - ❏ Yes
    Identify the communication aids in the present housing – can you take these along, do they need to be set up separately in the new place, or do certain items need to be ordered?
  - ❏ No
    Go to the next question.

Social-emotional

- Is it possible to visit the client's new home in advance?
  - ❏ Yes
    Consider whether the client should see the new place in advance, and when and how often this should happen. Discuss when it will be possible to see the new home. Consider who can best accompany the client in viewing the new house; for example, the person who knows the client best, or a carer who is moving with them. Think in advance about what you will do, say and show – not only about the new house, but also about who should/should not accompany you.
  - ❏ No
    Go to the next question.

- Will the client have new carers and/or housemates?
  - ❏ Yes
    Consider whether it is desirable for the client to meet the new carers and/or housemates in advance. When should this meeting take place?
  - ❏ No
    Go to the next question.

Further tips to provide social-emotional support for the client:

- If the client has some vision, take photos of the current home and carers or housemates that the client will be leaving. You can use these photos in phase 3 to stimulate the client's memories.
- Make a multi-sensory story (section 4.2) to prepare the client for the move. This will allow you to fall back on something familiar for the client later (phase 3). Another option is a 'life book' or 'moving book', to encourage the client to communicate about the move, or a 'memory box' with (tangible) memories from the old house.

Mobility

- Is the client moving into a new place?
  - ❑ Yes
    Are modifications needed in the new place to aid the client's mobility and orientation? Identify the present modifications and any new modifications that would be desirable. Consider the walkways, furniture arrangement and routes for the client. Plan when the modifications need to be completed and who will do them. If needed, seek assistance from a mobility trainer.
  - ❑ No
    Go to the next section.

- Does the new place have an unfamiliar layout?
  - ❑ Yes
    Can the changes be kept to a minimum? Check whether it is possible to alter the layout of rooms and which bedroom best suits the client's capabilities and wishes. For example, can the same route be kept to the bathroom or is it important to be close to the living room?
  - ❑ No
    Go to the next question..

- Is it important for the client to be familiarised with the new place?
  - ❑ Yes
    Practise the routes in the new place and identify all the rooms with the client – and do so at the client's pace!
  - ❑ No
    Go to the next question.

- Will orientation points need to be installed in the new place?
  - ❑ Yes
    Install orientation points in the new house such as touch or smell panels and tactile aids. Take into account the client's preferences in using their senses.
  - ❑ No
    Go to the next section.

Interior

- Does the new place have a different interior layout than the place where the client lives now?
  - ❑ Yes
    Consider whether to view the interior layout in the new house. If new furniture has to be acquired, you may decide to first place this in the current place, so that the client can get used to it in a familiar environment.
  - ❑ No
    Go to the next section.

- Does the client have particular needs or wishes with respect to the interior of the new place?
  - ❑ Yes
    Consider where everything in the new house should be placed and whether modifications should be made. For example, can a cupboard the client is particularly attached to be given a place in the new home?
  - ❑ No
    Go to the next section.

Daily schedule

- Does the client have a fixed daily schedule?
  - ❑ Yes
    Put this schedule on paper, if this has not already been done. When is personal care scheduled, and when do different activities take place? Consider what happens at what time each day, and who or what is involved. Is the daily schedule dependent on other residents?
  - ❑ No
    Go to phase 2.

- Will changes need to be made to the daily schedule after the move?
  - ❑ Yes
    Consider how the new house/location, the new carers or the new residents will affect the client's daily schedule. Draw up the new schedule, identify any bottlenecks and try to resolve them. Consider whether the present daily schedule could already be changed.
  - ❑ No
    Go to phase 2.

Phase 2: The move

Moving day is here! If all is well, you have already made all preparations from phase 1 and are now ready for the move itself. For the client, it is important that a trusted person is available at all times and that the day proceeds as calmly as possible. Naturally, everyone experiences a move differently, and so whether and how much help can be given differs from person to person. Below, questions are posed per topic to help you identify the necessary preparations. You can note down your answers in Appendix 2.

Communication

You can support the client in the moving process by communicating about it. What is happening? What do you think about this? What do you yourself want to do? To this end, the information in the communication profile should come in handy.

Social-emotional

- Should the client farewell the present home?
  - ❏ Yes
    Let the client experience saying goodbye, for example by literally closing the door together, taking a tour of the empty house or talking things over.
  - ❏ No
    Go to the next question.

- Will the client have new carers and/or housemates?
  - ❏ Yes
    How this is handled during the day depends on whether the client has already met the new people and how much he or she can deal with on the moving day. Having a schedule is advisable, but on the day itself also consider what makes sense, and always be flexible.
  - ❏ No
    Go to the next question.

- Should the client say goodbye to any carers and/or housemates?
  - ❏ Yes
    How this is handled during the day depends on whether the client has already met the new people and how much he or she can deal with on the moving day. Having a schedule is advisable, but on the day itself also consider what makes sense, and always be flexible.
  - ❏ No
    Go to the next question.

Some tips to help the client feel comfortable and at home:

- Make the bed in the new place with the same sheets the client slept on the night before, so that it has the smell of the client's own familiar bed.
- Make sure the client experiences the new place in a tangible way; for example, feeling the walls, smelling the smells and walking the routes. To this end you can refer back to things you already did with/showed to the client in Phase 1.
- Allow the client to help where possible, so that he or she develops an understanding of the event. For example, have the client be in charge of moving an important object: pack it, put it in the moving van, take it out, unpack it, etcetera.
- Ensure that a trusted person is always present to accompany the client and to keep an eye on how he or she is doing. Stay close to the client at all times.
- Adjust the schedule if you notice that the client is becoming overexcited. You may decide instead to take a walk together, attend the daily activities, or rest on a bed or water bed.

Mobility

- If the client is moving to a new place: do orientation points need to be installed on the day of the move?
  - ❑ Yes
    In phase 1 you considered whether the client could get acquainted with the new place before moving in and whether orientation points had to be installed. Try to have this done before the day of the move, or do it together that day.
    Particularly if the orientation points will be the same as those used in the old house, make sure they come with you on the moving day.
  - ❑ No
    Go to the next question.

Some tips:

- You may have practised the new routes and layout in phase 1. As the client will be bombarded with new impressions on moving day, it is advisable to stay close to the client and to support his or her mobility wherever necessary.
- Let the client use the orientation points on the first day. If these are new, do this together with the client.

Interior

- Will the new place be given a different interior layout?
  - ❏ Yes
    Involve the client in packing and unpacking personal items, insofar as this is desirable. For instance, have the client help to unpack toys or put a seat in the new room. Make sure the client sees/feels/experiences the new layout.
  - ❏ No
    Go to the next section.

Daily schedule

- Does the client have a specific daily schedule?
  - ❏ Yes
    Keep the daily schedule the same as far as possible, with fixed times for personal care and meals. If the client is used to doing so, plan the day together. Have the client do his or her normal daily activities, such as going to the organised activities or to work. Also, it is important to involve the client in the move. See how far he or she can help; perhaps by skipping the daily activities or spending a shorter time on them. But keep in mind that if the client gets distressed, you can always change plans for the day.
  - ❏ No
    To maintain oversight and ensure you can support the client for the whole of the moving day, it is advisable to make a schedule for yourself and the client. You can also make a less strict schedule for the client, aimed more at what can instead of what must be done.

Phase 3: After the move

Now the move is over and there are still things to think about, which you can note down in the individual relocation plan in Appendix 2. The situation has changed and the client will realise this. Some clients respond immediately to the changes; others may react only months later. Be aware that all changes can cost the client a great deal of energy. Below, again, are some tips for dealing with phase 3.

Communication

Even after the move, it is important to continue to communicate about it.

Tips for communicating after the move:

- If you already introduced a story about moving in phase 1 (e.g. a multi-sensory story) continue using this in phase 3.
- Look together at photos of the old place, or watch a video of it.
- Talk to the client about the old place, and recall memories.
- If possible, talk about the day of the move itself, and identify the experiences of that day. For example, how exciting it was to see the new place or how cool it was to ride in the moving van.

Social-emotional

The client may display behavioural changes as a result of the many new impressions and changes. These can also emerge long after the move has taken place, so be prepared for this.
Individuals may show that they are experiencing stress in different ways, for example by refusing to eat or drink, not sleeping or having trouble sleeping, having problems with bowel movements, regressing in their skills and development, or displaying aggression. Try to help the client feels safe, especially in a new environment that many not feel entirely safe.

Some tips to help the client feel secure in the new place:

- Observe the behaviour changes, report them and discuss them regularly. This will help you to respond to them quickly if needed.
- The client may be tense or sad as a result of the move. Allow space for these emotions and show that you are aware of and understand what is going on. This is a normal response to such a traumatic event. Only try to control it if the reaction is disproportionate.
- Be available and make sure your presence is felt (literally, if needed).
- Stick to the daily schedules you drew up in phase 1: maintaining old habits and routines can give a sense of confidence and calm. Start with this again as soon as possible, preferably the day after the move.
- If possible, go back and visit the old place. Show that the room is really empty, and visit the client's former housemates. Then return to the new place and do a pleasant/fun activity.

- See if you can recall memories together, for example by looking at photos or watching a video, by communicating about the move or walking past the old house. Include the move in the client's life book, if he or she has one, and continue telling the multi-sensory story about the move. Identify the feelings/emotions you see in the client; it is important to have an eye for the emotions the move has involved for the client.

Mobility

- Are there changes in walking routes?
  - ❏ Yes
    Keep practising with the client if necessary. Follow the pace set by the client. If support is needed, offer it. If modifications are needed, implement them. Also consider the possibility of bringing in a mobility trainer.
  - ❏ No
    Go to the next section.

Interior

- Does the new place have a different interior layout?
  - ❏ Yes
    The same recommendations apply here as in the mobility section: if modifications are needed, implement them. The aim is to keep the interior the same as in the old place and to limit the changes after the move as far as possible. Do not change the living room shortly after the move; this can be confusing for people with disabilities.
  - ❏ No
    After the move, keep the interior the same for some time. A change can be very confusing for the client. If a change is really needed, wait a while before implementing it.

Daily schedule

Here, too, try to keep the client's daily schedule the same as it was in the old place, and make as few changes as possible in the initial period after the move. This gives the client the chance to get used to things. Pay attention to what the client needs; for example, if rest is important, it may be advisable to temporarily scale back the daily activities.

Finally

In Appendix 1 you drew up the client's individual relocation profile and used this to answer the questions in the relocation plan. Based on this, the individual relocation plan in Appendix 2 was created, providing you with a workable document that can guide you in every phase of the move: before, during and after.
Of course, unexpected things can also happen during the moving process. The focus should therefore always be on the client. Together with the family, other carers, psychologists and so on, consider what is best for the client at any given moment and how to respond to this. The individual relocation plan forms the basis for the move, but it is not a fixed document. Make a plan for the moving day, but do not be afraid to deviate from it if necessary. For example, if you notice that it is all too much for the client, it may be wise to take a break. The most important thing is to keep the client in mind and to experience the move together.

Having knowledge of the client, preparing well and making a sound plan will all help to ensure the move runs as smoothly as possible and with a minimum of stress.
Have fun and good luck!

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Marijse Pol
psychologist and member of the Bartiméus Expertise Centre Deafblindness

Referenties

- Owen, D. M., Hastings, R. P., Noone, S. J., Chinn, J., Harman, K., Roberts, J., & Taylor, K. (2004). Life Events as Correlates of Problem Behavior and Mental Health in a Residential Population of Adults with Developmental Disabilities. *Research In Developmental Disabilities: A Multidisciplinary Journal, 25*(4), 309-320.

- Hastings, R. P., Hatton, C. C., Taylor, J. L., & Maddison, C. C. (2004). Life Events and Psychiatric Symptoms in Adults with Intellectual Disabilities. *Journal Of Intellectual Disability Research*, *48*(1), 42-46.

- Patti, P.J. (2012). Life events exposure in people with intellectual disabilities. *Life Span And Disability*, 15(1), 7-18.

- Esbensen, A. J., & Benson, B. A. (2006). A prospective analysis of life events, problem behaviours and depression in adults with intellectual disability. *Journal Of Intellectual Disability Research*, *50*(4), 248-258. doi:10.1111/j.1365-2788.2005.00816.x

- Damen, S., & Worm, M. (2013). Congenital Deafblindness. *Supporting children and adults who have visual and hearing disabilities since birth or shortly afterwards.* The Netherlands, Doorn: Bartiméus.

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4ed., text revision). Washington, DC: Author.

- Kraijer D. W., & Plas, J. (2002). *Handboek psychodiagnostiek en verstandelijke beperking. Classificatie, test- en schaalgebruik.* The Netherlands, Lisse: Swets & Zeitlinger.

- De Bildt, A. A., & Kraijer, D. W. (2003). *Vineland-Z. Sociale redzaamheidsschaal voor kinderen en jeugdigen met een verstandelijke handicap. Handleiding*. The Netherlands, Leiden: PITS.

- Kraijer D. W., Kema G. N., & De Bildt A. A. (2004). *SRZ/SRZ-i. Sociale redzaamheidsschalen Handleiding.* The Netherlands, Lisse: Swets & Zeitlinger.

- Timmers-Huigens, D. (2005). *Ervaringsordening. Mogelijkheden voor mensen met een verstandelijk handicap.* The Netherlands, Maarssen: Elsevier gezondheidszorg.

- Granlund, M., & Olsson, C. (1997). *Eerst observeren, dan communiceren. Over de beoordeling van het communicatieniveau van mensen met een verstandelijke beperking*. The Netherlands, Utrecht: Elsevier/De Tijstroom.

- Evenhuis, H. M., Theunissen, M., Denkers, I., Verschuure, H., & Kemme, H. (2001). Prevalence of visual and hearing impairment in a Dutch institutionalized population with intellectual disability. *Journal Of Intellectual Disability Research*, *45*(5), 457-464. doi:10.1046/j.1365-2788.2001.00350.x

- Newsam, H., Walley, R. M., & McKie, K. (2010). Sensory impairment in adults with intellectual disabilities—An exploration of the awareness and practices of social care providers. *Journal Of Policy And Practice In Intellectual Disabilities, 7*(3), 211-220. doi:10.1111/j.1741-1130.2010.00267.x

- World Health Organization (2010). *International Statistical Classification of Diseases and Related Health Problems 10th Revision.* Retrieved September 25, 2013, from http://apps.who.int/classifications/icd10/browse/2010/en#/H54.9

- World Health Organization (z.d.). *Prevention of blindness and deafness. Grades of hearing impairment.* Retrieved September 25, 2013, from http://www.who.int/pbd/deafness/hearing_impairment_grades/en/

- Doofblind.nl (2013). *Doofblind, wat is dat?* Retrieved October 13, 2013, from http://www.doofblind.nl/index.php?p=163893

- Oskam, E., & Scheres, W. (2000). *Totale communicatie.* Maarssen : Elsevier gezondheidscentrum.

- Janssen, M. (2003). *Fostering harmonious interactions between deafblind children and their educators (dissertation*). The Netherlands, Nijmegen: Radbout University Nijmegen.

- Dammeyer, J. (2010). Prevalence and aetiology of congenitally deafblind people in Denmark. *International Journal Of Audiology, 49*(2), 76-82.

- Vaal, J., Gussekloo, J., De Klerk, M., Frijters, D., Evenhuis, H., Van Beek, A., & Deeg, D. (2007). Combined vision and hearing impairment: in an estimated 30,000-35,000 people aged 55 years or over in The Netherlands. *Nederlands Tijdschrift Voor Geneeskunde, 151*(26), 1459-1463.

- Rødbroe, I., & Janssen, M. (2008). *Communication and Congenital Deafblindness I: Congenital Deafblindness and the Core Principles of Intervention.* The Netherlands, St. Michielsgestel: VCDBF/ Viataal.

- Rigterink, L. (November 2011). Multi Sensory Story Telling en doofblindheid. The Netherlands, Zeist: Bartiméus.

- Ten Brug, A., Van der Putten, A., Penne, A., Maes, B. & Vlaskamp, C. (2012). Multi-sensory Storytelling for Persons with Profound Intellectual and Multiple Disabilities: An Analysis of the Development, Content and Application in Practice. *Journal of Applied Research in Intellectual Disabilities*, 25: 350–359. doi: 10.1111/j.1468-3148.2011.00671.x

Appendix

Appendix 1 Individual relocation profile

Name of client:

Date of birth:

Medical

Details:

In practice:

Cognitive functioning and other relevant test results:

Experience-based framing Timmers-Huigens

Client frames mainly:

but can revert back to:

Sense	Details	In practice
Sight		
Hearing		
Touch		
Taste		
Smell		

Communication forms:

Other information:

Appendix 2 Individual relocation profile

Phase 1: Preparation

Communication

What	*Who*	*When*

Social-emotional

What	*Who*	*When*

Mobility

What	*Who*	*When*

Interior

What	*Who*	*When*

Daily schedule

What	*Who*	*When*

Phase 2: The move

Communication

What	*Who*	*When*

Social-emotional

What	*Who*	*When*

Mobility

What	*Who*	*When*

Interior

What	*Who*	*When*

Daily schedule

What	*Who*	*When*

Phase 3: After the move

Communication

What	*Who*	*When*

Social-emotional

What	*Who*	*When*

Mobility

What	*Who*	*When*

Interior

What	*Who*	*When*

Daily schedule

What	*Who*	*When*

Appendix 3 Example of relocation profile and relocation plan

Name of client: Marnix

Date of birth: 13 June 1974

Medical

Details: Epilepsy

In practice: Can be groggy day after seizure, let him rest

Cognitive functioning and other relevant test results: Severe intellectual disability. Social-emotional lower, difference between what he can do and what he can handle.

Experience-based framing Timmers-Huigens

Client frames mainly: associative level

but can revert back to: physical level

Sense	Details	In practice
Sight	Very poor sight	Marnix only sees shadows and light and dark.
Hearing	Completely deaf	Marnix hears nothing.
Touch	Marnix has a welldeveloped sense of touch.	He uses his sense of touch for orientation (touches with his hands). He shuffles when walking so he can feel the ground under his feet better.
Taste	Marnix has a welldeveloped sense of taste.	Marnix knows very well what he does and doesn't enjoy eating.
Smell	Marnix has a welldeveloped sense of smell.	He uses his sense of smell for recognition and orientation. He recognises carers partly by their scent.

Communication forms: A number of tactile signs, tactile orientation boards (see communication profile).

Other information: Marnix's family would very much like to help with the move.

Phase 1: Preparation

Communication

What	*Who*	*When*
Make agreements about what and how to talk about Marnix's move	Carers at residential home, psychologist 2 months before the move	2 months before the move
Tell Marnix about the move	Carers	1 week before move, then count down
Explain to Marnix what moving house is, introduce new tactile orientation boards	Carers	2 weeks before the move
A carer talks to Marnix about the new place twice each shift	Carers at residential home	No earlier than 2 weeks before the move

Social-emotional

What	*Who*	*When*
Meet new resident	Carers and new resident	Starting 1.5 months before the move, have coffee with the new resident once a week, do not tell them yet they will be housemates
Meet new carers	Current and new carers	Starting 1.5 months before the move, the new carers take it in turns to visit for the group lunch once a week
View the new home	Carers	1 week before move

Mobility

What	*Who*	*When*
Map out new routes for Marnix to learn (inside and outside)	Care coordinator and mobility trainer	3 months before move
Learn new route to daily activities	Carers	Starting 1.5 months before the move, walk the new route to the daily activities once a week
Acquire and introduce extra orientation boards in current home		

Interior

What	*Who*	*When*
Sort out which items to take along and what still needs to be acquired	Care coordinator and team leader	4 months before move
Introduce fragrance machine in Marnix's current room	Carer T.	2 months before move

Daily schedule

What	*Who*	*When*
Go over Marnix's daily schedule and adjust to fit in with new daily programme, discuss with new carers/ housemates	Carer H.	4 months before the move
Adjust daily programme to new home	Carer H.	3 months before the move

Phase 2: The move

Communication

What	*Who*	*When*
Tell Marnix that he will be moving today	Carer T.	Immediately after breakfast or earlier if he asked about it

Social-emotional

What	*Who*	*When*
Let him help pack and move his personal items	Carer T.	After coffee break
Unpack personal items in new home	Marnix's family	End of the morning
Farewell the old home. Take bedroom orientation board and close the door together. Hang orientation board up in new home together	Carer T.	After lunch
Marnix and his parents have coffee together in the new home.	Parents	After farewell old home

Mobility

What	*Who*	*When*
Explore new home, feel tactile orientation boards for doors, walk along guide rails	Carer H.	After farewell old home
Keep to fixed routes, 1 on 1 support	Carer H.	After farewell old home

Interior

What	*Who*	*When*
Place personal items in right place straight away, using floor plan	Carer H.	Morning

Daily schedule

What	*Who*	*When*
Does not join daily activities, but is present/available during the move	Marnix	Whole day

Phase 3: After the move

Communication

What	*Who*	*When*
Visit old, empty room. Go inside if Marnix wishes	Carers	One day and two weeks after move
Talk about move	Carers	When Marnix asks to
Talk about day of the move	Carers T. and H.	When Marnix asks to and carers are present

Social-emotional

What	*Who*	*When*
Visit old housemates for coffee	Carers	Visit for coffee each Sunday
Observe changes in behaviour according to observation plan and discuss with psychologist/ doctor if needed	Carers	Always

Mobility

What	*Who*	*When*
Walk to daily activities together	Carers	First month, take a step back if he indicates he can/wants to be more independent
Have him feel orientation points in the new home	Carers	Until Marnix starts doing this on his own
Have Marnix walk the fixed routes	Carers	Once Marnix starts doing this on his own, observe only, otherwise support

Interior

What	*Who*	*When*
Note down points for improvement, discuss this in team meeting and don't just implement	Carers, team leader, psychologist	Team meeting one month after move

Daily schedule

What	*Who*	*When*
Implement same schedule as in old home	Carers	Day after the move
Join in with the daily activities so Marnix experiences this as being 'usual' at the new home (and not a holiday or temporary place)	Carers	Day immediately after the move