

IGOR TOJCIC

THE ART OF SURVIVAL

Supporting portfolio for application to LOEB Fellowship
Harvard University



“You cannot depend on your eyes when your imagination is out of focus.”

- Mark Twain

“Thus, while this work contains some formal ideas and the world view, the world view is not important. To talk we need to use words; to walk we need a direction. Eventually the direction of the author may be discarded: the important thing is to walk gracefully and with dignity”

- Borna Bebek

Acknowledgements

Compiling this portfolio was both a challenge and a joy, and while I've accumulated a fair number of debts of gratitude for the kindness of many people over the years for the assistance they gave me in my professional development, the following deserve special thanks: Angela Fisher & Carol Beckwith for inexhaustible sources of inspiration; Judy Chili Hawes and the October Gallery group for the spirit of adventure and discovery of beauty; Leah Bartal Shapiro for wisdom and art of gentle awakening; Prakash Daswani, most gracious of personal coaches, whose example and insights have guided me throughout my career; Brian Smith, whose friendship and encouragement is in generous supply; Candida Blaker, for sharing the passionate advocacy for global development; William Heath, whose vision of the civic future is contagious; Paul Norris, for his kind suggestions to few chapters and joy of conversation; Rosalind King, for proof reading some chapters; my wife Alana Pryce Tojic for her patience, love and smiles; John Zeisel, for humanity in dementia care; Jonathan Greet, for working to deadlines and making things look pretty. All errors remaining in this text are all my own.

How to use this text

As I am not a designer of physical spaces but psychological environments it is necessary to arrange this portfolio in a format so that my chosen projects can be illustrated adequately. Overall I have tried to elaborate on a management methodology that I have developed that underpin these projects by breaking it into sections and including relevant material under those sections. As I use art as a medium in my work, inevitably this portfolio has acquired certain artistic feel. This a collection of published texts about my work that has been arranged so it reads as a story. “Connecting paragraphs” (sans serif font) have been added to achieve text flow and provide further clarifications of the published text. Published text is in a serif font appropriately referenced and connecting paragraphs are in between.

CONTENTS

Begining	1
Personal statement	2
Professional background	8
- Curriculum Vitae	10
Methodology summary	16
Assessment of needs	18
- Consequences of community destruction	24
Art as a social tool	30
- A historical perspective	30
- Contemporary application	36
<i>Unaccompanied Children in Exile</i>	38
<i>DOST</i>	41
Collaborative model	48
<i>T.B screening project</i>	52
Essential creativity in all of us	56
<i>The Art of Survival</i>	58
<i>Artists in Exile</i>	62
<i>Road to Acceptance</i>	66
<i>Labyrinth of Nomadic Passions</i>	68
<i>Midgard Expedition</i>	72
Advantages and transferability of the new model	78
<i>Barnet dementia case study</i>	82
Conclusion	98



Photo: Jonathan Greet

Beginning

They say that it's an art to tell a story. Do you want to hear a story? ... Let me tell you a story; a story of battle and survival, of reality and magic; a story as old as a mankind. It was first told on a moonless night around the fire that looked like a lone star in a sea of darkness. The story was told by the elder to a group of children with wide-open eyes.

Gather around, gather around! Indaba, my children! I'll tell you a story that I heard from my grandmother around the fire, a story that her mother used to tell her on a moonless night. It is a scary story...

But do not be afraid; never be afraid of stories as they are precious, bringing back excitement... anticipation... only then you can learn a true value of hope!

(From 'Road to Acceptance', audio installation for Counterpoint, British Council)

Personal Statement

Dear Loeb Fellows,

Let me first express my deep gratitude for the honour of being nominated for your Fellowship.

As I approach my 40th year, the process of preparing of the application has afforded me a unique and an exciting opportunity to reflect on my career to date. It has been a versatile an exciting journey so far.

My choice of career has been significantly shaped by the breakout of war in Former Yugoslavia. During those years my country and life collapsed and I had to reinvent it elsewhere. The self-reflection that accompanied these turbulent early years of my career resulted in major personal insights and subsequent career choices. I realised that the world was facing one of the most challenging periods in its history; one aggravated by multiple forces of social instability, raising intolerance, environmental imbalance and rapid technological advancements. I decided that my efforts and talents should be directed towards contributing in resolving some of these big issues and since then a sense of personal responsibility has always been tightly woven into a fabric of my career decisions.

My career encompasses fields of psychology, art, social policy and health, instigating seven distinctive and innovative projects. Issues of identity are central to my work. I have undertaken this exploration towards a goal of global citizenship together with many individuals that I have encountered throughout my career. This work has taken many guises from therapeutic interventions to artistic expression. Design of systems and environments for facilitation of this work has been one of my main preoccupations.



Visegrad bridge Bosnia

Identity

I was born under a lucky star at the beginning of July in 1970, in an optimistic country riddled by contrast and paradox, called Yugoslavia. A country that spread like an echo of Al Andalus, reverberated amongst Bosnian hills and then dissolved by bitter hostilities of intolerance in front of our eyes on TV screens at the end of the 20th Century. A country placed at the crossroads of cultures.

I was born in a world where Jewish Haggadah was kept safe for centuries; where ‘irregular rhythm’ of Middle East stoked heart’s fires and weaved itself through Slavic pattern of dress; where passionate Catholicism organised its prayer next to a mosque, observed piously by an Orthodox icon. But all that perceived cultural “heaviness” achieves almost a state of levitation once those strands are interwoven to create a kilim upon which ordinary humanity treads. Steeped

in such environment sensitivity, towards the Other is natural, as the Other is never clearly defined, but is just yet another manifestation of the One.

(From 'Road to Acceptance')

Looking back

Bosnia is a place where dreams fight with reality. A bloody metaphysical fight where one can never be a winner. Somehow the lack of opportunity to win loses importance, as the battle itself is the reality. In literary circles and in the world of cultural criticism such a life is called surreal. I prefer the term magic realism as that is exactly what it is. A life full of magic where the border between myth and daily life has been erased like a line in the sand on a windy day, uniting the opposites. There are many myths connected to that geographical place, conceived by many foreign travellers to that land from time immemorial and told in various world languages. As always only myths and legends of the people who live there count and everything else is interpretation; illusion; flight of fancy; a lie.

The area is like an ever-changing masterpiece that successfully engages the world's imagination and sends it soaring.

Bosnia was a land full of elegantly arched bridges, small and large, all of them performing the same purpose in their different ways – bridges, crossings, connectors, levitating paths, suspended monuments to understanding art of unity. Some of them were like a rainbow over a river in the middle of a forest, standing there for many centuries safe and comfortable. Bridges are extremely important.

It takes so much to build the bridge, sometimes several generations, but only seconds to destroy it. Once the bridge falls it is a difficult and lengthy process to re-build it. And it is not a question of our architectural knowledge, but a question of souls. How long does it take for souls of enemies to start talking, communicate after misunderstandings? After suffering immeasurable pain on all sides, humans will have to learn to live together, if we are to survive. The good thing is that we know that our predecessors did: Bosnia, Lebanon, Al-Andalus – oases of multiculturalism, examples of tolerance, co-existence, beneficial union...

Today we live in a world more connected than a world I was born into. We also live in times of great flux and change, filled with challenges of global proportions. In a very small way my work attempts to address some of these challenges, as I understand them. My sincere belief is that cultural tolerance, respect and knowledge sharing are essential for our ability to tackle issues.



Research

Throughout my career I have independently studied various subjects, sometimes compelled by demands of my work, but mainly out of sheer curiosity.

I participated in an-European STOP study into long-term effects of Post Traumatic Stress Disorder in 2002. However, the prospect of the Midgard expedition was too urgent an alluring for me to resist as I wished to spend some time with traditional healers. I have achieved this personal goal and through this experience have increase my understanding of traditional use of art for healing.

I currently work for a very large organisation, the UK's National Health Service. The scale of system planning that my work entails on local and regional level is substantial. An opportunity to spend some reflective time at Harvard would allow for better understanding of challenging issues and could lead to potentially more effective solutions for our systems.

The integration of arts into the design of healing environments, has been a subject of increased academic research in recent years and my aim is to increase my understanding of these subjects in terms of improvement of health outcomes and their potential for economic efficiency. Strengthening links between the latest academic research into the effectiveness of arts in medical treatments and finding ways to meaningfully integrate them into health system design would be mutually beneficial for medical and academic community.

I plan to use this precious break from busy daily routine to immerse myself in the pursuit of extending my set of skills to be able to carry out duties in a more effective manner. A return to an academic environment after many years of absence, in my case, could be compared to a return to my native country after many years in exile. That process of re-integration and newly emerging structure and personality has a great personal appeal.

Access to the famous Harvard libraries and other educational resources will, personally, be a fulfillment of a long anticipated delight. I believe the stimulating environment of Loeb Fellowship and personal contact with other candidates will contribute greatly to expanding my professional views and circles. Having an opportunity to discuss issues with experts from various fields and exchange views will inevitably contribute to comprehensiveness of my understanding of issues at hand and could potentially elevate my work further onto international stage. Participating in constructive debates with my peers will be cherished and greatly enjoyed experiences.

I hope you'll enjoy an overview of my work and that following pages will prove informative about my work to date.



Drikung Kagyu nuns from the Samtenling Monastery in Dehra Dun (India). Photo: Jonathan Greet

Professional background

- **Work with complex client groups (unaccompanied minors, elders in cosmopolitan settings, refugees suffering from PTSD,...)**
- **Setting up of 7 projects based on Collaborative Model of working in London, UK**
- **Working within 82 different cultural groups**
- **Observation of African community model when living with Pondo tribe in South Africa**
- **Extensive management experience**

My choice of profession has been largely influenced by personal circumstances caused by upheaval in my country of origin and my subsequent move to the UK. My education for a Degree in Marine Architecture at University of Zagreb, Croatia was violently interrupted by the breakout of war in Former Yugoslavia and I was faced with making a decision about my future profession. At the time there was an increased interest in research into the effects of Post-Traumatic Stress Disorder. As my community was dealing with these issues first hand, I decided that I wanted to contribute by facilitating some of the healing and effective integration into the new society. While working for International Social Services (UK), I started to deal with other communities and develop my expertise on the asylum seeking process in general.

To date, my career encompasses a number of fields in which I've played a prominent role in methodology development and creation of Local Strategic Partnerships. The full range of project development initiatives have continued to operate successfully and efficiently to this date. I am equally proud of all projects that I have so far initiated, as they all are addressing some pertinent issues and have been hailed as innovative, effective and financially efficient; these projects have set a standard of excellence within their own fields.

I have worked for twelve years in London on Post-Traumatic-Stress-Disorder and the use of therapeutic aspects of the arts in overcoming it. In 1994, I initiated a development of care system for unaccompanied minors within the UK under the umbrella of International Social Services (UK) Unaccompanied Children in Exile Project. This project was the first of its kind in the UK. I implemented this same methodology when founding a DOST project at the later date. Both projects are still operating as best models of practice. Throughout the establishment of these projects, I have participated in the shaping of policies nationally and internationally. Now fifteen

years later, there are specialist teams of Social Workers all over the UK of people doing the work that I started.

In 2000, I established and successfully run a Health Department within Newham Social Services, that was home to four innovative projects, addressing the health issues of 6,000 asylum seekers in East London.

I was also a co-founder of Artists in Exile Multimedia Company and The Midgard Expedition. In a last four years my work has largely been around designing systems for improvement of care for people with dementia.

I have undertaken independent study of wide range of subjects from inter-departmental management, social care, multicultural psychology, long term effects of PTSD, music, art therapy, ecology and sustainability.

In 2002 I was a registered researcher with Queen Mary's College as my extensive experience was required for the team researching long term consequences of PTSD with research project STOP at Institute of Psycho-trauma under tutorship of Prof. Stefan Priebe. I left this research post as opportunity arose to join the Midgard Expedition and conduct the independent research into traditional use of art for healing and sustainable community development in Africa. As I have been involved in the introduction of arts into mental health service provision in the UK and have worked with 82 immigrant communities in London, I became fascinated by the traditional use of art for healing.

My independent research in Africa was comparative study of Art Therapy practices in this country with the traditional use of art for healing in indigenous cultures.

I have written a short film, a theatre play and a collection of short stories. My work has been published locally and internationally and my artwork has been shown on various festivals and ARTE television.

Curriculum Vitae:

I am a passionate initiator, innovator and communicator. And I combine a creative approach to the delivery of care with the vision and leadership to make things happen.

My work focuses on the use of play and creative exploration to help disadvantaged sections of society deal with turbulent emotional states. The approach is holistic, cost-effective and culturally sensitive.

I have successfully applied the methods I have developed across a wide range of fields: international aid and policy, local government, National Health Service (NHS), business, arts and NGO's. I have worked with people from 82 cultures.

I am now keen to expand my understanding of recent research in the use of art for improved medical outcomes. I will use this knowledge to build on current methodologies, drive organisational change and so improve the lives of vulnerable people of all ages and cultures.

Experience

Nov 06-Present

COMMISSIONING PROGRAMME MANAGER FOR MENTAL HEALTH
Barnet Primary Care Trust

current responsibilities include:

- Leading the development of a system of excellence for treatment of Dementia in Barnet (collaboration with Dr Zeisel from Hearthstone Alzheimer's Care, USA) that includes looking at needs analysis and activity data
- Facilitating an implementation of Mental Health Strategy for Younger Adults in Barnet
- Development through London Procurement Programme of new ways of thinking across London on Mental Health

Oct 05-Nov 06

COMMISSIONING MANAGER FOR MENTAL HEALTH

Barnet Primary Care Trust & London Borough of Barnet

- Budget management
- Younger and Older Adult Mental Health Service monitoring
- Local Implementation Plan -Research & Development for mental health service provision
 - *Service Mapping*
 - *Older Adults Community Services Development*
- Development/change management work in 2006/07
 - introducing new governance structure to ensure better stakeholder engagement*
 - worked on strategy development for Younger and Older Adults*

Nov 04-Sep 05

16+ COMMISSIONING OFFICER, LONDON BOROUGH SOUTHWARK

- Led on the development of start-up procedures and strategy for 5 projects on behalf of 16+ Team:
 - *Supported Lodgings Scheme,*
 - *16+ Housing Scheme x 2,*
 - *18+ Housing Scheme in partnership with Supporting People,*
 - *Approved providers list for semi-independent providers*
- Developed a monitoring matrix
- Developed an integrated commissioning strategy
- Assess outside agencies to identify good service providers
- Monitored service provision and contractual obligations
- Identify gaps in service provision

May 03-Sep 04

FOUNDING MEMBER OF MIDGARD EXPEDITION FOR SUSTAINABILITY IN AFRICA

Undertook an independent research project into traditional use of art for healing in Southern Africa. The project presentation is available on request.

Apr 01-May 03

SENIOR HOLISTIC PRACTITIONER (PROJECTS), LONDON BOROUGH NEWHAM

Initiated research into the needs of asylum seekers in the Borough in order to design and implement innovative projects for the provision of a comprehensive service by the local authority in partnership with local community organisations, the NHS and statutory arts funding bodies. The utilisation of the understanding of the real needs of the diverse ethnic groups to design such a range of projects is without precedent in the United Kingdom.

- CO-FOUNDER of DOST project at Trinity Community Centre, East London – art project designed as a preventative strategy for mental health issues of unaccompanied minors (www.thetrinitycentre.org/trinity/projects/dost)
- Initiator and Project Manager for TB screening of 3200 asylum seekers in Newham
- Initiator and co-founder of Tamil Community Care Project (innovative community based approach of addressing issues of PTSD of refugees from Sri Lanka)

Jun 00-Apr 01

NEW MEDIA RESEARCHER, BINARY VISION, LONDON

Managed client and content information research for a range of new media projects, and market sector reports for marketing departments. This enabled the company to develop an appropriate marketing strategy.

Jan 00-Jun 00

PROJECT CO-ORDINATOR, HANSON COOKE, London

Researched the issues of IT security for the European financial sector, and thus enabled them to achieve a better understanding of the diverse business cultures and viable strategies for co-operation.

Sep 00-Nov 00

SWIIS, BUSINESS CONSULTANT

Market researcher reviewing areas of business where the company might seek to expand. The research was therefore an integral part of overall business planning.

Sep 00-Jun 01

CO-FOUNDER ARTISTS IN EXILE – ART MOVEMENT/COMPANY

Researched the practice of professional artists from a range of ethnic backgrounds, in particular refugees and asylum seekers, and encouraged their involvement towards better exposure of their diverse expression within the city's cultural identity.

Feb 98-Jun 98

SPECIAL ADVISOR FOR MENTAL HEALTH, REFUGEE ACTION, LONDON

Conceived and established a project for recording oral experiences of elderly refugees for historical and mental health purposes.

This required research into the cultural backgrounds of people from Africa, Asia, Latin America and Eastern Europe.

An innovative pilot project, addressing social and mental health needs from a multi-generational perspective, the project looked to reintegrate elders with depression into the community. It assessed the needs of clients and promoted services available within the community.

Sep 93-Feb 98

CO-FOUNDER & PROJECT LEADER, UNACCOMPANIED CHILDREN IN EXILE PROJECT, INTERNATIONAL SOCIAL SERVICE (UK)

This project was the first of its kind in the UK. I was the initiator of multi-agency approach to policy development to tackle issues of care of unaccompanied minors in the UK.

I researched the complex issues based on needs assessment of unaccompanied minors worldwide, and managed an innovative project for their support in the UK.

That action-research provided the data for his involvement in consultation with the UK government and European Commission on the development of their strategies for tackling these issues. I dealt particularly with six high profile cases that captured front pages of the broadsheets and Newsnight at the time and advised lawyers taking those cases to the British High Court.

(The Project is still running under a different name: www.albanianyouthaction.org.uk)

Art works & Publications

- Article in European Magazine for Social Work
- Producer, writer, and performer: Studio 4 Project, *Artists in Exile*
- Assoc. Producer: FT.com Promotional Video
- *Nermin's Story and Lost Children* Lauderdale Productions for Channel 4
- *Unaccompanied Children in Exile* - Fund-raising video
- Writer & Narrator: *Art of Survival* - independent film
Screened at Raindance Film Festival and on ARTE Television
- *Road to Acceptance* – sound installation commissioned by British Council
- *Labyrinth of Nomadic Passions* - web based collaborative contemporary story telling.

Education

- 2008** Postgraduate Certificate of Credit in Commissioning & Procurement for Public Care, Oxford Brookes University
- 2003-04** An independent research into traditional uses of art for healing by African Sangomas
- 2002-03** Member of STOP study – Research commissioned by European Union into long term effects of Post Traumatic Stress Disorder carried out by Institute of Psycho-trauma
- 2001-02** Private lessons by Leah Bartal, Pioneer of Body Movement Therapy
- 2001-02** Individual Business Coaching by Prakash Deswani, Director of Cultural Co-Operation
- 1989-92** Study of Naval Architecture at UNIVERSITY OF ZAGREB interrupted by war in Former Yugoslavia

Certificate in Senior Management, Certificate in Art Therapy,
Certificate in Counseling Skills, Bilingual Skills Certificate

Methodology summary

use of arts in holistic management of social projects

I have had the exceptional luck to start my professional career amongst one of the most experienced social work teams in the world, the International Social Services (UK). As their youngest team member, ISS set themselves the task to guide me through social work issues from an international perspective. The insight gained while working with them was invaluable for my career progress and I enjoyed my time with them immensely. Some of them have remained my personal and professional friends to this day. From this environment of International Social Services sprang the first sketches of this methodology. Since then, I have been perfecting the details but the main framework has not significantly changed.

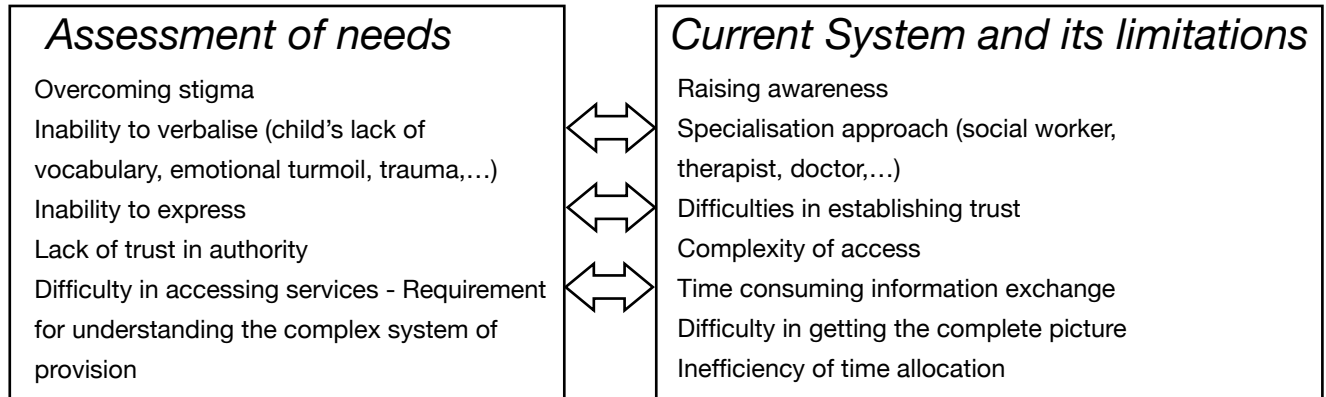
The Methodology is fairly simple as it involves talking to people initially and understanding their level of understanding of the current service provision. It also takes into account their aspirations and wishes on how to organise the service. When dealing with children, it facilitates a safe space for them to express their views. This has sometimes required personally interviewing more than 1,000 individuals before attempting to design an appropriate service.

Once a thorough understanding of the service user group is established, I then start to work on an integration of services relevant for addressing their issues, e.g. psychological, social and educational and in order to provide for these in one place. This requires a comprehensive understanding of the current services provided and then formulating efficiencies within a system

by creating a multi-disciplinary approach. When interviews with professionals from the relevant professions are completed, the design of the model begins. The idea is finally sketched and only then do I start the process of recruiting a team for a project. This is a lengthy procedure where many professional experiences and observations are used for completion of the model. During this time, I start to explore funding options and to mould job descriptions for the future project; Business planning is also completed at this time. Once the fund-raising efforts are successful, we start to bring a team together and then the process of embedding of the project begins. The project methodology is regularly reviewed to suit the clients needs.

While this seems like a regular model of project initiation, one additional factor is that my model features a multi-cultural dimension. This involves taking into account cultural variations in the understanding of issues, taboos, etc and translating our model to accommodate those identified needs.

Assessment of Needs



I started my career by addressing needs of asylum seekers. At the time there was a renewed interest in research of immediate and long-term effects of Post-Traumatic Stress Disorder. I joined this professional community and tried to contribute to achieving better outcomes for this client group by the innovation of approaches within a social provision. Some of my understandings of issues regarding the asylum seeking community are outlined below in an excerpt from the Newham evaluation report.

Asylum seeker

Applicant for protection under the Geneva Convention who is awaiting on the decision by the Home Office on the outcome of his/her claim.

Indefinite Leave to Remain

Application approved for a limited period of time (1-3 years) after which claim undergoes another consideration.

Refugee status

Accepted as a refugee under the Geneva Convention and granted Indefinite Leave to Remain (ILR) – permanent residence in the UK.

Asylum Seekers And Health

Losses experienced by those leaving their country to seek refuge or sanctuary are multiple. As well as experiencing the destruction of their communities, loss of family members, asylum seekers lose their property, friends, profession and their sense of identity. These rapid changes can lead to the sense of loss of human dignity and hope. The complexity of these processes often mean that the usual abilities to cope is significantly reduced and help seems to be needed in many areas of daily living as the usual support mechanism disappear.

Due to the experiences in their country of origin and additional uncertainties caused by a long asylum seeking process, a high percentage of asylum seekers experience ailing health. They require special support based on real understanding of their condition(s). Medical issues can be multiple and may not be easy to determine due to many factors such as language barriers, differing cultural perceptions and expression of medical issues, lack of awareness on a part of asylum seekers on what help and medical treatments are available. Medical conditions vary between complaints that are caused by Post-Traumatic Stress Disorder and a number of disabilities that resulted from experiences of war or torture.



Sanela in London, 'The Art of Survival'

Previous surveys and our own research have found that many people perceive that their health deteriorates after arrival.

POST TRAUMATIC STRESS DISORDER (PTSD) AND ITS CONSEQUENCES

Perhaps the primary impact of war on victims is through their witnessing the destruction of a social world embodying their history, identity, and living values.

Every culture has its own beliefs and traditions, which determine psychological norms and frameworks for mental health.

Anything that is pro-family (including employment opportunities) and pro-community will help children recover a more positive social reality.

Psychological trauma is not like physical trauma: people do not passively register the impact of external forces (unlike, say, a leg hit by a bullet) but engage with them in an active and social way.

Asylum seekers throughout their ordeal of leaving their homes, witnessing the destruction of their communities and in some cases being a victim or a witness to torture and other form of abuses find themselves in a very vulnerable and fragile mental state. They have to cope with isolation, poverty, language barriers and limited support in a new country. All these complex issues inevitably have a major impact on family dynamics.

The productive role of the parent is lost; the children, by their rapid adaptation, quickly learn the new language and perform the role of interpreters, thereby often becoming de-facto decision-makers; the mothers are busy with the re-organization of family dynamics and general life issues, often suffer domestic abuse as a result of their husband's depression.

Recent research shows that secondary consequences of war on family, social, and economic life are important predictors of psychological outcomes.

The feeling of general insecurity in a new environment, combined with memories of a troubled past, and an uncertain future often result in severe depression. Inadequate housing and lack of financial means to obtain even bare necessities further complicate all of this; the breakdown of a familiar social network and support system exacerbates the situation.

In Iraqi asylum seekers in London, poor social support was more closely related to depression than a history of torture. Unquestionably, the major protective factor is the presence of a community able to

provide mutual support and nurture problem-solving strategies.

While many asylum seekers display enormous amounts of personal resilience and are able to lead adequate lives in some cases (notably single people) these social and environmental circumstances result in a PTSD (Post Traumatic Stress Disorder). PTSD has been just recently (since 1980's) recognised as a mental disturbance and is the only mental health issue that does not have a physiological basis but is exclusively caused by external factors (environmental circumstances).

Presentation of symptoms

Psychological distress is common amongst asylum seekers and refugees. People commonly experience:

- extreme sadness.*
- anxiety, depression and panic attacks.*
- problems with memory, concentration and disorientation.*
- poor sleep patterns (almost universal).*

These may result from:

- the atrocities and multiple losses that people have experienced.*
- displacement and their current situation in the UK.*
- social isolation, poverty, hostility, loss of status and racism, which have a compounding negative effect on psychological health.*
- the uncertainty of a life in limbo and the fear of being sent home.*
- loss of their friends, family and community, as well as their home, job, culture and country.*
- mental illness, which may be long-standing, or which may be linked with their experiences.*

While asylum seekers have been diagnosed in overwhelming numbers with PTSD by their GPs, debate still is ongoing within psychiatric world about establishing adequate methods in dealing with a PTSD. While the majority of health care professionals believe that medication is the most effective way of dealing with PTSD there is increasing amount of evidence that community projects, effective integration and access to services can be as effective in tackling of symptoms.



Sarajevo, Bosnia and Herzegovina, 1984

Psychiatric models give little acknowledgement to the role of social action and empowerment in promoting mental health.

In Western countries, health services represent a place for refugees to turn to at a time when few other support structures are present, but their presentations of medical conditions may be driven by deeper dilemmas disrupted life trajectories, loss of status, alienation in a strange culture for which there are no medical answers. Some refugees face the risk of inappropriate psychiatric diagnoses because of ignorance of cross-cultural factors and lack of interpreters.

Beyond the few people with clear-cut psychiatric problems who need treatment, the question is whether the suffering of war itself should be framed as a mental health issue, and if so, in whose terms. The WHO emphasises that in developing countries mental health should be viewed as an integral part of public health and social welfare programmes, and not as a specialist activity set apart.

In 1997 I was asked to write a paper for European Journal of Social Care.

UNACCOMPANIED REFUGEE CHILDREN FROM FORMER YUGOSLAVIA

Consequences of Community Destruction in Bosnia

by Igor Tojcic



Sniper Alley in Sarajevo, Bosnia, 1993.

Four years after, we ask what are some of the consequences for exiled children and young persons, separated from their community and from family who would normally have provided care and nurturing.

We are familiar with many of the difficulties unaccompanied children face on arrival - isolation, loneliness, fear, inability to access proper health, educational and welfare service. We may be less aware of the important and long-term consequences which come of a community's dislocation and destruction. The resultant destabilising effects on individuals continues over many years and interferes with their ability to play out, normally and naturally, the social roles associated with a stable community.

What is the impact on young persons of this “loss of community”?

Impact on young people of loss of their community

The community has an important “sustaining” role in, for example, the passing on of cultural norms, the teaching of societal roles and therefore in supporting children and their development. As these functions, however, are taken for granted, we are slow to recognise the void which is left in the wake of community destruction, damage and dislocation.

Through our experience of working with young people from former Yugoslavia we have become aware that young people in exile are experiencing problems as a result of something to which I will refer as “lack of meaningful human contact”. I mean a deeper level of communication between two or more people to which youngsters from Bosnia are accustomed. They were part of a social network of a community based society where people have relied heavily on family and the surrounding community in their day to day lives.

Growing up in such a society meant that they were as dependent on the whole society as society was on them (giving - taking relationship). Young people were taught all the social skills based on this link between individual and community, which meant that the skill of surviving, i.e. coping on your own, was under developed. People learned and were expected to perform certain roles within society as a child, a parent and a grandparent. The grandparent, for example, by means of oral tradition, would transfer life experiences together with cultural tradition (giving) and in turn he/she would be listened to and respected (taking). For example: ” I HAVE to tell you things, as my parents have told me”. These roles and the opportunity to perform them have become almost “a biological function”. So naturally are these roles accepted and practised as to be considered almost instinctual, one of life’s basic needs. If the opportunity to perform these roles is denied, problems of mental health can arise.

This “role performing” within a family structure provided a sense of security in children. For example “I don’t have to worry about these things because they have been taken care of.” This in turn has proven to be a source of lack of independence in cases of the child’s premature separation from family.

The trauma of dismemberment of Yugoslavian society

The war in former Yugoslavia in the eyes of the population was sudden, completely unexpected and left no time to prepare for future events. The breakdown of all the above mentioned structures happened over night for most people. Witnessing this break-up and all the shocking atrocities which followed, produced experiences of loss and trauma. Most people will tell you their most shocking

and painful experience was betrayal by neighbours, leading to a complete collapse of supporting community networks.

We have seen that having been forced to flee from family and community, young people found themselves on their own for the first time in their lives. All of a sudden they were needing to perform roles for which they had not been physically or psychologically prepared. The situation resulted in great confusion for young people and a reluctance to take on or even recognise the problems they faced.

Sometimes, they reacted with an overwhelming feeling of responsibility for family. This became the main driving force and awakened the speedy development of survival skills. While the young person could derive strength from this sudden shift to responsibility, usually it had the long-term consequence of an uneven psychological development into maturity.

If the young person fails to achieve reunion with their family, they not only carry the stigma of failure, but their care arrangements may be inadequate and inappropriate. They may end up living on their own, or in the case of sibling pairs, may continue in a care situation with an older sibling which may or may not be appropriate.

On the other hand, additional complications may arise for the young person eventually reunited with family or integrated into a foster family. This is an outcome which is often generally welcomed and looked to as a complete solution to their problems. Adults very often, therefore, close out the opportunity for children to speak about their past experiences.

Protective environment and material support is not enough

It can be a misconception on the part of well meaning people wanting to help and to accommodate children that it is enough to provide a protective environment with material stability. There may be no recognition or acknowledgement of the disruptive, painful break from the environment in which they lived and its social structure, quite different from the one in which the child currently finds himself. We have found that misunderstandings are often further created by the child's ability, for example, to so quickly learn the language of the host community thereby seemingly to integrate easily and fully becoming part of the new community. On the surface, integration with the host community may appear rapid and complete.

However, some of the unavoidable manifestations almost all children suffer as an immediate consequence of change in their circumstances when they separate from their family are: depression/sadness, lack of sense of belonging, insecurity, loss, higher level of aggression, anxiety, extreme sensitivity for existential matters, physical manifestations of stress (pain, headache, stomach pain).

“Ethnic cleansing is a type of trauma which has an exceptional combination of humiliation and irrationality which imprints on the victims an extreme sensitivity for existential matters”. (from research in Norway on a cross-section of the Bosnian community)

Bridging with community

Foster parents, or substitute carers who succeed with young people, appear to be sensitive to these more subtle signals of loss, and in so being, many problems are prevented for them and the child. There is an important role here, for whoever can, to link carers in as natural and easy way as possible with the child’s ethnic community. By forming a link with the community, the young person (and the new carers) will be able to observe and share with others the process of coming to terms with the aftermath of a war experience and these new experiences of integration into a new culture. This in turn will reduce their (“emotional”) isolation at these difficult times, and hopefully somewhat restore their sense of identity (belonging) and reduce the level of insecurity.

Always there will be pressing, practical problems of survival to tackle. Although these crisis type problems can be overwhelming, it is possible to work on these alongside longer-term support network building. Establishing links with community can more easily be interwoven with the work of addressing the practical problems



Unaccompanied Children in Exile activities programme

unaccompanied young people face - Income Support, access to education, immigration status, accommodation etc. Inter-generational work, for example, is a way of recreating as much as possible the support that was automatically available within the community at home. It has to be stressed that carers from “outside the community “ can be embraced by the ethnic community in a natural and accepting way (ethnic communities recognise the work being done by carers) to the benefit of the carers and the cared for young person. This will provide carers with the opportunity to learn about the child’s background and culture, and help the child retain the contact to which they are entitled.

Methodology of work with young people

Working with individuals and groups using a variety of materials presents countless possibilities of reaching out to children and young adults. Art ‘therapy’, for example, can be very useful and even therapeutic merely by giving children the opportunity to express their feelings. My experience has taught me to allow children to explore materials, and hopefully they will learn the skill of expressing themselves in any form they wish. This way they can learn for themselves without interference from an authority figure, but with a natural form of adult support as children do through games, so if the child expresses a need to talk about something they have created, emotional support is readily available. The provision of a safe environment and available emotional support allows the child to develop at his pace. He remains in control. The network of social relationships offered in a group setting compensates to some degree for what has been lost in the relationships previously mentioned. The individual’s need to be recognised as a part of a group where they receive support and provide it for others is satisfied by this process.

I hope that this paper has given some indication of how innovative approaches to mental health problems experienced by unaccompanied young people could be met by trying to establish strong links with their community of origin, and by helping young people to recover their self-esteem and reinforce their sense of identity. This combined with all other therapeutic methods already in practice could be a step forward in avoiding some of the long-term consequences of young persons’ premature dislocation from family and community in their formative years.



Art as a Social Tool

In my personal life, I have had the enormous fortune of befriending some of the most fascinating people whose work has expanded my understandings and whose insights have shaped my approaches within my profession. Most notably, for a creation of my methodology, I have benefited from learning about the work on African ceremonies by Angela Fisher and Carol Beckwith and the work on the Metaphoric Body by Leah Shapiro Bartal. These three extraordinary women, who I am fortunate to call friends, continue to provide an inexhaustible source of inspiration for my professional development.

A historical perspective

- **Culture is born of imagination**
- **Arts create a place for social gathering (festivities, sacred holidays, joint activities, entertainment...)**
- **As a part of the ritual (dance, masks, singing...)**
- **Tool for learning and social commentary (stigma, social adaptation, social norms...)**

The creative process has been traditionally recognised as divine. Human creative ability has always been utilised within a survival process by ancestral communities and as such has been integrated into the fundamentals of belief systems. Those creative impulses have been exploited for their practical or psychological values ranging from ingenuity in the creation of tools, to the uplifting of spirits, through dance and song, initiation and for healing purposes.

Until recently, idea of painting, was a foreign concept for indigenous artists as they apply their art in the production of functional objects for every-day use. Similarly, therapeutic aspects of artistic expression have been intuitively recognised, encouraged and incorporated into the daily life of the



community of all native cultures. Arts affinity with storytelling gave room for the creation of myth in order to explain its divine/magical/healing properties. This is the foundation of the belief system. These belief systems are essential narratives accommodating a mental structure for healing practises to take place. The importance of this mystery should not be underestimated when ones' health has been damaged.

Throughout the world, many traditions place immense value on the inner world of patient and positive thinking. Sometimes we perceive the opposite of positive thinking as depression, a clinical condition in need of treatment. This implies that we advocate positive thinking, albeit in be it adverse way – by administering pills for mood elevation. In traditional cultures, in the absence of drugs, humans have evolved by believing – constructing the explanation and placing faith in that common construct accepted by all members of the community. These myths, these narratives, transferred from generation to generation as an oral-tradition, serve an essential purpose of forming psychological boundaries – they define reality in a particular way. Choices of terms like good or bad spirits; angels or demons, are concepts necessary for the internal narrative structure. As these narratives are affective in conditioning our perceptions, they become an underlying prism of our individual view of the world.

Summary of Initiation section of African Ceremonies work by Angela Fisher and Carol Beckwith relevant to this portfolio

Initiation

“In African societies there comes a time when a child moves to the next stage of life and assumes more adult responsibilities. This period of initiation provides the individual with instruction about what is expected in the next phase of life. It allows a child to develop with a sense of direction and meaning. There are many differences in initiation rites across the African continent, but the result is the same: a relatively innocent youth undergoes a series of rituals and emerges a man or woman physically, emotionally, and mentally prepared for his or her new role.”

“Novices undergo their initiations either communally or individually. Even if they experience their initiations alone, they remain part of a group or generation of age mates undergoing an identical ordeal.”

Transformation

“Ritual isolation operates on a mental and emotional level as well as a physical one. It is a time for the initiate to turn inward and connect with the spirit of his culture, the forces of nature, and the ancestors that will guide him throughout his life....It is often not possible to see the rituals that occur in the sacred forest, but we were told that the initiates lose their sense of personal identity and enter a liminal state where they are neither themselves not yet a new person. Their new identity must be forged during this period so that they are ready for the next stage in their lives.”

Climactic Encounter

“After having been isolated for a period of instruction, the initiates undergo a climactic encounter or ordeal that marks the climax of their initiation and the beginning of the new phase in their lives... Each Bassari initiate must combat a fierce masked spirit that has come from the sacred forest to confront him. The initiate is not expected to win the battle, but must simply do his best. Survival is the victory – a sign that the initiate will be brave enough to face life.”

Emerging as an adult

“Once the ordeal or climactic encounter has been overcome, the initiate emerges into the world reborn into a new role in life.”

“Initiation ceremonies are social transformations whereby a society produces an adult who is prepared to take greater responsibility. To achieve this, African cultures isolate and train individuals about their forthcoming responsibilities and privileges. In isolation, initiates have the time and space that allows for reflection, contemplation, and resolution. The process facilitates their graduation into the next part of their lives and creates a strong sense of personal and communal identity.



Contemporary application

At the age of twenty-four, exposed to the experience of caring for my eighteen year old brother for two years in a new country, I volunteered for the Unaccompanied Children in Exile (UCE) project that traced and registered “disappeared” children in the immediate aftermath of war chaos in Former Yugoslavia. At the time, it was estimated that 40,000 children were “lost” following their evacuation from war torn areas and the process of finding them was initiated. The Project was a one-woman operation run by Vesna Domany-Hardy, who managed to identify 40 children spread across the UK and was working on their individual cases. When I joined in 1994, we started to identify common issues that those children faced: welfare, adoption, medical care and education. We undertook to create a system-based approach for service provision to this group of children. This type of provision was non-existent in the UK prior to our efforts. We organised first weekend residency workshops for 25 children and invited professionals to provide advice on issues identified by children themselves. Prominent and lesser-known artists from Former Yugoslavia also participated (UCE short film).

This workshop led to increased interest from policy makers into addressing those issues in a systematic manner and our funding application to Department of Health was successful. Mrs Domany-Hardy left a project and I became a project leader, tasked with developing a methodology of working with these children and the development of a legal framework for dealing with individual cases.

Summary of needs of unaccompanied minors

Unaccompanied asylum seeking children have very specific sets of needs due to their circumstances of establishing life in a new country and as a consequence of their violent displacement from their country of origin:

food and shelter
adolescence
trauma
issues of identity and belonging
education
community
inclusion

Development issues of unaccompanied children are much more complex than that of the child who is developing in a native community, as most of the children that come from war situations are suffering from some form of trauma. Unstable life circumstances negatively influences their sense of security, disrupts their education and reinforces a feeling of impermanence and isolation. For the child to effectively deal with their traumatic experiences from their countries of origin and adapt to a new living environment, additional support is necessary.

Aims of the UCE project were to:

- **Enable family contact.** The worldwide ISS network was also available to facilitate family contact in countries around the world.
- **Reduce isolation for new arrivals and develop a group which can offer peer support and a sense of belonging and cultural identity at a time of acute difficulty.**
- **Offer support to those in education, to provide information on the school system, and help individuals access school and college places.**
- **Provide health education, HIV awareness from a visiting health professionals.**
- **Aid regarding the understanding of English culture, systems, language.**
- **Offer activities which will increase competence with independent living skills.**
- **Offer a stable base and a chance of a purposeful living, thereby avoiding feelings of hopelessness, which could lead to criminal activity.**
- **Give consultancy to Social Services to improve their understanding of the client group. Social workers frequently ask for consultation from the project.**
- **Liaison between young people and agencies such as Social Services, schools, health and legal services, to help them access what they need, offering interpreting when required.**
- **Outreach work to identify and give support to isolated individuals.**
- **Counselling - for example, currently undertaken with a probation service client.**

Provide workshops in which a number of the above aims are addressed through various means such as group discussion, art and drama exercises, poetry, trust and relaxation games. In the course of this work, we encourage young people to talk through difficult issues, whilst fully respecting their confidentiality in all matters.

Through the young people's regular attendance at the workshops and weekend activities, and their evident enjoyment and benefit from the provision, it was clear that a need was met for these isolated and deprived young people.

My innovative methodology of working with these children through use of art as an therapeutic tool, was recognised by experts in the field such as Medical Foundation for Victims of Torture, Save the Children, British Red Cross and UNHCR.

The Methodology was based on following proposition:

Expression through art is a way of transcending/transforming a human emotion, a way to deal with the inexplicable. We have all, throughout our lives, encountered situations that have challenged us in a profound way. These challenges can be experienced on many different levels and every instance is unique to every individual constituting a “significant event” in our lives. Significant events usually expose “the doorway” to our subconscious and have an innate capacity to trigger existential crises. As those crises are completely unique in nature, dependent on our personal psychologies, society as a whole does not share them. Acknowledgement and acceptance for this circumstantial pain from one's environment becomes impossible – it is a realm of the unknown. These deep personal experiences offer us an opportunity for integration of all aspects of our personalities. Verbal communication (even extremely desirable at those moments by the person who is going through them) is impossible due to “lack of understanding” by the community. Creativity in those instances becomes extremely useful tool.

My work as a Leader of at the UCE Project (1995-1997) ranged from organising workshops, to influencing policy development and as advisory role for the courts on adoption. Project aims were to address issues of unaccompanied minors from across the world residing in the UK. Organisational principles of the approach are best illustrated with below summary of DOST project at Newham.

Upon my departure in late 1997, due to large number of Albanian refugee children, the UCE project metamorphosed into an exclusive provision for children from Albania and changed its name to Albanian Youth Action.

I thought that I was ready to move to other professional areas and I concentrated on completing Art of Survival, a movie largely influenced by my experiences of working at the UCE and Artists in Exile Theatre Company.

The knowledge gained through my involvement with the UCE project was later successfully transferred into founding the DOST project at Newham while operating as a Senior Health Practitioner for the Asylum Team within Local Government.

Project DOST

(dost means friend in Armenian, Turkish, Hindi, Urdu)

“Given that cultural activity and creative expression are key to the formation of identity – both at an individual and community level - it is vital for refugees to be able to engage in creative acts by being participants in ‘arts’.”- Candida Blaker

*“Art is part of what makes us human.
And humanity is permanent, not a temporary status.”*

Introduction

In October 2001, Trinity Community Centre, with the support of Newham Asylum Team and LIFT, was successful in securing a three-year funding from Newham Children’s Fund for an innovative creative arts project to work with separated children. The project was funded as part of a preventative mental health programme, which looked at ways of using the arts as a therapeutic tool to support young people suffering from trauma and extreme emotional distress.

Aims of the Project

A key aim of the project was to break down the isolation experienced by children who arrived as unaccompanied minors by providing them with a safe and caring environment in which to form friendships with their peers and trusting relationships with adults.

Theoretical methodology and how it fits work with unaccompanied minors

The project comprises of two mutually supportive elements:

Creative arts workshops with specialist Artist Facilitators who can help young refugees make sense of their experiences and explore issues such as fear and trust within a safe environment.

A Full-Time Project Coordinator based at the Centre to provide emotional support, advice and advocacy for young people.

How the project was organised

The project was initially set up as a partnership between Trinity Community Centre, Project Phakama who would deliver the arts workshops (affiliated to LIFT) and Newham Asylum Team who would be the main source of referrals.

The Project Team

Project Coordinator

Lead and coordinate a high quality and innovative project (Project DOST) which meets the social, emotional and mental health needs of young refugees. Main areas of responsibility include coordination of Project, individual support for young refugees, advocacy and casework, documentation and a 3 year and interim report.

Artist Facilitators

Lead and facilitate high quality and exciting creative workshops which meet the social and emotional needs of young refugees separated from their families. The programme of creative activities varies according to the group and individual interests but includes visual and performing arts and sports.

Researcher/Therapist

The role of the Researcher/Therapist is to act as an independent evaluator to support the development of the project. Her/his responsibilities are split between assessment of individuals and their development, which feeds into the evaluation of the project and providing therapeutic support to the young people and back-up for the Project Team.

Stage 1

The project began delivery in January 2002 with a series of twice weekly creative workshops facilitated by artists from Project Phakama. Between January and March 2002, 29 young people received a service from the project. Over the 12 weeks the group developed a piece of work called SHELTER. The starting point for this project was an old suitcase, the young people were asked to think about whom the suitcase might belong to. The character they decided on was a homeless old man; they wanted to tell a story about the old man's journey home. The story was told using a life-size puppet of an old man, dance, music, drama, sketches, shadow puppets with a spoken script and photographic slides, through masks and a table setting made into a home incorporating elements of smell, taste and visuals. The different elements of the project were led and developed by the young people, supported by the Arts Practitioners and Project Coordinator. At the end of the term the group shared the piece with an invited audience of friends, Trinity staff, social workers and carers.

Stage 2

The second cycle began with a Weekend residential at NCH Stephenson Hall in North London for 18 young people (15 new, 3 from previous cycle). Activities at weekend included trust building games, drama improvisation, dance, making puppets, rhythm exercises, and art.

The residential was followed by 12 weeks of art workshops – Saturday 10am – 4pm to continue and develop work around themes of residential “wherever I lay my hat...(that’s my home)”. Work



included batik, drama improvisation, music – production of CD, poetry, work around themes of countries, identity, dreams and desires.

Towards the end of the term Project Coordinator was introduced to a Movement Therapist who joined the Project as a Researcher to look at the therapeutic impact of the work and support the development of the project.

Stage 3 Residential Weekend

An outdoor activity weekend organised by the Project Coordinator and Trinity staff at Fairplay House Outdoor Education Centre was attended by 38 young people. This was followed by weekly day trips in partnership with The Children’s Society throughout the month of August eg. Bowling, Madame Tussauds, Brighton, Cinema, for approx 45 children. The residential activity weekend provided an opportunity to meet new people, make friends and develop existing relationships. For many of the young people the weekly trips provided a focus over the summer, a time when they could join with a group of other people in similar circumstances and take part in social activities.

Advocacy and support services continued for young people and included: attending reviews for those in care, accompanying young people to appointments at Red Cross family tracing service, solicitors, and school, supporting young people to access mainstream services.

The project has provided a crucial link to a wider community for many young people – for some it has offered an opportunity to make friends; for others it has been a safe space and the place from which to form personal networks of support; for others it has provided a means of accessing mainstream services.

Stage 4 Residential Weekend

The structure of the project changed as a direct response to the requests and feedback from the young people. Young people have described past residential weekends as “this weekend it’s one of my special weekend in my life” , said that they wished they “could increase the days we have to come” and said of the meals “this must be how they eat in heaven” . For young people alone in Britain without the structure and support of a family a weekend away with a group of other young people in similar circumstances and caring and supportive adults can have a significant long-term impact.

We had chosen to work with a number of individual artists and integrate the expertise of the Movement Therapist into the weekend art activities. The aim of the weekend was to support young people to develop self-confidence and build friendships through a combination of art (printing

around the theme of HOME), movement, dance and team-building activities. The first residential weekend was planned for 25th – 27th October 2002 for 21 young people (17 new referrals, 4 existing). The young people attending the first weekend were mainly referred by their schools, the Education Support Project at Trinity and Social Workers.

Conclusions and Recommendations

The project was set up to meet the needs of extremely vulnerable and emotionally fragile young people. In our experience young people at a crisis point or struggling to adapt to a new life find it difficult to commit to a weekly activity. Their lives are often too fragmented and concerned with practical survival and trying to cope on a day to day basis to benefit from a weekly art workshop. Moreover, we have found that the most significant and lasting changes in the lives of the young people we have worked with have come about as a result of them forming friendships with their peers. Residential weekends at which young people are encouraged to work as a team, live and eat together as a family in a safe and secure space have proved fertile ground for developing such friendships.

Our experience with other creative projects (filmmaking, poetry, drama etc) has shown that in addition to helping to develop self-confidence and self-expression, involvement in the arts is therapeutic and provides a space for young refugees separated from their families to come to terms with this and find ways of coping with their experiences.

*“...art is the most effective means of returning individuality to people who have lost everything”
Sheena McDonald, Broadcaster (from Journeys In Between: A Forum on the Role of Arts in the Integration of Asylum Seekers)*

Through a combination of the arts-based residential weekends, continuing creative activities (film projects, music) and follow up on emotional support and advocacy, the project provided a safe and creative environment for young people to learn to cope with what is often a difficult, confusing and chaotic period in their lives while adapting to life in Britain.

Case studies and positive outcomes

G, Romanian, 16. *Joined the project as a shy and isolated young man. Within three months developed dramatically improved language skills and close friendships within the group and has taken a leading role in directing the performance.*

R, Afghani, 16. *Prior to joining the group R spent all his time with those older than him. In February he attended a residential weekend to plan the Dreams, Struggles and Survivors Conference and has since begun to form peer relationships and now describes one of the other participants in the group as his 'brother'.*

L, Angolan, 17. *When L joined the project she was extremely bored and frustrated attending 12 hours a week of basic English classes despite speaking excellent English. A Project Coordinator learnt that she was also a keen photographer and found a place at Leyton Sixth Form College. In April 2002 L joined Photovoice self advocacy photography project at Trinity and exhibited work at Spitz Gallery in London. In September 2002 L started a photography course at Westminster College.*

E, Serbian, 15 *E was referred to the project by one of the Artist Facilitators. She had referred him because she was concerned that he was very isolated and didn't seem to have friends at school. She said that he didn't like people to know he was a refugee and always seemed uncomfortable at being physically much bigger than the other boys in his year. E joined the project quite late and attended regularly. At first he insisted on being called "Eddy" but was pleased that I was able to say his Serbian name properly. He took an active part in the workshops and became animated when discussing "home". He talked a lot about his home country and the things that he missed. I introduced him to some of the other boys who attend the Centre and he started coming in to play pool with them. He also met some of the boys from former Yugoslavia and was able to speak to them in Albanian. On one particular occasion he came to the Centre when one of the staff was leaving – he spent the entire morning in the Centre with the other young people dancing to Turkish and Albanian music.*

A, Sierra Leone, 14 *For one particular boy the project was the only place he was able to get support in finding a suitable education placement. He has been waiting for more than a year for a school place in Newham. In January 2002 he was put on to a Yr 11 project for “disaffected” young people and then Year 10 EAL project while in Year 10. Serious mismanagement of his education by the LEA has resulted in loss of confidence and wasted a year. Despite being in a residential children’s home with a named social worker he still wasn’t able to access full-time education and spent the first half of September trying to contact Newham Community Education and Youth Services to find out where and when he could start some form of education. He became very frustrated and came to Trinity for help and we were able to help him find out what had been going on, he had apparently “slipped through the net”. Our intervention meant that he has now started school where he is very happy and has made lots of friends.*

P, Ugandan, 15: *A was referred to the project by her social worker. She started to attend the Saturday art workshops in June and soon proved to be a very talented actress. One Saturday she arrived late and very distressed. After a few hours of talking it became clear that there were a number of different concerns; she was not getting on with her foster carer, she wanted to try and contact her family and felt that she had no-one to talk to and share her problems with. I said that I would talk to her Social Worker about the possibility of changing foster placements and book an appointment for her at the Red Cross family tracing service. The following weekend P joined a group of 37 other young people on an activity weekend outside London where I introduced her to another boy from Uganda, Q, and one from Rwanda who also speaks her mother tongue, Lugandan. The three became firm friends and she stays in regular contact with Q. In August I attended her review where the possibility of moving from the current foster placement was discussed. In September I took her to the Red Cross and then to the screening of Pehla Pyar – a film made by some young people who attend Trinity. At the screening she met up with Q and some friends from the weekend, half way through the evening she came up to me and said “we’ve been discussing and we want you to set up a music group for us...” We’re currently looking into the possibility of collaborating with Raw Music to provide a “music session” as part of the project’s ongoing programme.*

Collaborative Model

- **Social Services**
- **Health Services**
- **Art organisations**
- **Therapeutic approaches**

In April 2001, the decision was made to set-up a Health Department within an Asylum Team. The aim was to assess and address medical issues of newly arrived refugees population faced with substantial challenges, including: living 30% below the UK poverty line, isolation, language barriers and limited access to legal advice.

I had been tasked with the organisation and operational management of this department and was given a position of a Senior Health Practitioner.

Right from the outset an evaluation and monitoring process was established and all of the health team's activities and procedures were closely documented in the following ways:

Initial major review of all Newham asylum-seeker cases with previously unrecorded medical data established (three months of case-by-case visits) Identification and assessment of medical needs through daily casework recorded in medical notes within the normal internal documentation procedures

Meetings with community groups, psychiatrists, TB specialists, policy makers

Discussions with staff in various organisations, such as the Medical Foundation for the Care of Victims of Torture, the Tuberculosis Forum, London Arts, Trinity Community Centre, the Institute for Psycho-trauma, Bart's Hospital, Newham General Hospital, Refugee Week and the Refugee Council, the NSPCC, LIFT (London International Festival of Theatre)

Asylum seekers in Newham comprised of clients from 82 places of origin. At the asylum team there were 36 languages spoken by members of staff providing interpreting services when appropriate.

Asylum Seekers & Health:
A Holistic Approach by the
Health Team of the
Asylum Project,
Brian Didsbury Centre,
Newham



2001 - 2003
Evaluation Report

Newham

*Ongoing monitoring,
management and support of
projects*

*Securing of funding and
methodology development*

*Literature review of
documents from various
sources*

*Review of all projects after
one year*





Day Out - Photograph courtesy of Leticia Valverdes

In April 2001, the Asylum Team was supporting 3,000 asylum seekers resident in London, and a further 3,500 who had been dispersed around the country by Newham Council.

Methods of work in the health team were holistic and taking into account how health-related behaviour and healthcare are influenced by different cultures. When tackling the issues of raising awareness about specific health problems we always incorporated the cultural beliefs of our clients. We also had to take into consideration individual beliefs and values that were not collective and were not necessarily of cultural origin. The latter were especially in evidence when addressing the issues of mental health and HIV.

I joined the Review Team in order to assess the medical needs of as many clients as possible, in the borough, during a three-month period of case-by-case visits. During these home visits and the assessments of clients at the surgery, I was able to ascertain two major health issues that were facing this particular client group: mental health and tuberculosis (as a rising problem within a Borough of Newham and not at all exclusive to asylum seeking population). Apart from carrying out the daily task of assessing incoming clients and providing the individual provision packages on the basis of assessment, there was the additional task of identifying common needs to try and set up external projects that could address some of these issues. Out of this work emerged a pilot TB-screening programme; DOST Project, a mental health project for unaccompanied minors based at Trinity Community Centre (reference to another place in the text) and the Tamil Community Care Network, a mental health project for adults from the Tamil community. These projects were developed based on holistic methodology – an integrated approach to health bearing in mind environmental and social dimensions to these issues.

Tuberculosis: TB Screening Programme

On the initiative of the Asylum Project, a TB screening programme was set up in co-operation with the Shrewsbury Chest Clinic (NHS Primary Health Care Trust).

3.1 Method

In response to an increased awareness of the needs of asylum seekers and of the issues surrounding the screening of new entrants, a multi-disciplinary group was established to look at the needs of this in Newham.

Discussion on possible ways of tackling this locally resulted in establishment of a programme offering TB screening to all asylum seekers attending a local authority centre on a voluntary basis. This ran from December 2001 to January 2003.

An awareness raising programme consisting of posters and leaflets in all languages preceded the start of the project. All asylum seekers attending the centre were sent a letter explaining that screening was to be offered on a voluntary basis at the centre. Crucially these sessions were timed to coincide with clients' fortnightly attendance at the centre to collect their social security cheques.

The screening was carried out by the chest clinic nurses and followed BTS guidelines adapted to local profile and epidemiology. It consisted of a brief explanation of the purpose of the screening followed by all a Heaf test for those under 45 years of age; this was read when clients returned 2 weeks later to collect their social security cheques.

After the patients with infectious TB were identified, nurses talked to patients about their housing needs and if the result of their assessment was that housing was inappropriate for patients condition and that virus could affect other people who share the property. Then patients were referred back to Asylum Team. The Health Department then carried out their own assessment and accordingly provided following services:

- *Appropriate accommodation in order to prevent spreading of the bacteria.*
- *Transport costs for attendance of appointments at the Chest Clinic - to ensure maximum effect of the medical treatment (up to 7 visits over 6 months period) in order to make sure that medical intervention and treatment were successful.*
- *Implementing NON-DISPERSAL policy so affected patients can benefit from extra NHS resources provided by the Government in order to deal with TB crisis in Newham.*
- *Subsistence increase (up to £10 per a week) to cater for dietary needs of this medical condition.*

These services were provided on the basis of assessment of individual patients needs and subject of review at a later stage.

Results

A total of 3,200 clients were screened over the 12-month period. Fewer than 5% of those offered screening declined.

Of those screened, 2 were diagnosed with active pulmonary TB and a further 102, (3%), were found to have latent infection. 99 of these were subsequently started on prophylactic treatment with an adherence rate of more than 90%.

Initial analysis of in-depth interviews has revealed that the majority found this process acceptable and were pleased to have been offered screening for what they recognised to be a serious disease.

Evaluation

Evaluation of the programme considered the following aspects: Social acceptability, Effectiveness (number of patients with TB identified), Efficiency (cost/benefits), Relevance to need, Equity (fair distribution), Accessibility and Locality

Monitoring and evaluation methods included the database, and sample interviews for qualitative research.

The Public Health Registrar Dr Anna Jones have been involved in the evaluation of the project and have written reports for medical journals about it.

Asylum and Immigration Legislation dispersal and the National Asylum Support Service (NASS)

After the Immigration and Asylum Act 1999 was implemented, from April 2000 support to asylum seekers became the responsibility of the new National Asylum Support Service (NASS), administered by the Home Office. It is a responsibility of NASS to provide support for all destitute asylum seekers until the Home Office determines their asylum application. Asylum seekers can be provided with both support and accommodation (on a no choice basis), or if they have accommodation already, support alone. Provision of essential living needs is made in payments of £35 per week per and adult. Pregnant women supported by NASS can receive a maternity grant worth £300.

2.1.3 Asylum seeker

Applicant for protection under the Geneva Convention who is awaiting on the decision by the Home Office on the outcome of his/her claim.

Indefinite Leave to Remain

Application approved for a limited period of time (1-3 years) after which claim undergoes another consideration.

Refugee status

Accepted as a refugee under the Geneva Convention and granted Indefinite Leave to Remain (ILR) - permanent residence in the UK.

2. Asylum Seekers & Health

Losses experienced by those leaving their country to seek refuge/sanctuary are multiple. As well as experiencing the destruction of their communities, loss of family members, they lose their property, friends, profession and their sense of identity. These rapid changes can lead to the sense of loss of human dignity and hope. Complexity of these processes often mean that usual ability to cope is significantly reduced and help seems to be needed in many areas of daily living as the usual support mechanism disappears.

Due to the experiences in their country of origin and additional uncertainties caused by long asylum seeking process, a high percentage of asylum seekers experience ailing health. They require special support based on real understanding of their condition(s). Medical issues can be multiple and may not be easy to determine due to many factors such as language barriers, differing cultural perceptions and expression of medical issues, lack of awareness on a part of asylum seekers on what help and medical treatments are available. In my experience main area of medical conditions are variety of complaints that are caused by PTSD (depression,...) and a number of disabilities that resulted from experiences of war or torture. There is also the emerging issue of inadequate provision for small percentage of people who have lived in this country for a several years and have been casualties of accidents.

2.1 Post Traumatic Stress Disorder (PTSD) and its Consequences

Perhaps the primary impact of war on victims is through their witnessing the destruction of a social world embodying their history, identity, and living values.

Every culture has its own beliefs and traditions which determine psychological norms and frameworks for mental health.

Anything that is pro-family (including employment opportunities) and pro-community will help children recover a more positive social reality.

Psychological trauma is not like physical trauma: people do not passively register the impact of external forces (unlike, say, a leg hit by a bullet) but engage with them in an active and social way. Asylum seekers throughout their ordeal of leaving their homes, witnessing the destruction of their communities and in some cases being a victim or a witness to torture and other form of abuses find themselves in a very vulnerable and fragile mental state. They have to cope with isolation, poverty, language barriers and limited support in a new country. All these complex issues inevitably have a major impact on family dynamics.

The productive role of the parent is lost: the children, by their rapid adaptation, quickly learn the new language and perform the role of interpreters, thereby often becoming de facto decision-makers: the mothers are busy with the reorganisation of family dynamics and general life, often suffering domestic abuse as a result of their husband's depression. Recent research shows that secondary consequences of war on family, social, and economic life are important predictors of psychological outcomes.'

The feeling of general insecurity in a new environment, combined with memories of a troubled past, and an uncertain future often result in severe depression. All of this is further

Previous surveys and our own research have found that many people perceive that their health deteriorates after arrival."

Inclusion Inter-Departmental Systems Awareness Family Listening

Learning from tradition art for health Multiculturalism

above: Page from the Newham Evaluation Report
right: Day Out - Photograph courtesy of Leticia Valverdes



Essential creativity inherent in all of us

- **Essential creativity inherent in all of us**
- **Importance of play – Hommo Ludens**
- **Discovery and Learning through play**
- **Creativity and survival**
- **Letting go of barriers**
- **Expression**
- **Exploration of aspirations – confidence building**
- **Finding answers**
- **What if?**

Creativity has always been essential part of my working methodology. As a young child I was fortunate to be given an education in classical music and throughout my youth I was involved with theatre and other creative mediums. When presented with designing preventative projects addressing the mental health needs for children, it was logical to me that creativity may be effectual for establishment of trust, when dealing with language barriers and empowering clients to express themselves. Through play and exploration of our creativity we are able to deal with most complex issues including our disturbed emotional states. This essential creativity is inherent in humanity and sets us apart from the animal kingdom. It has been an essential tool of human survival and progress from time immemorial.

“Experience is not what happens to a man. It is what a man does with what happens to him.”

- Aldous Huxley

Imagination

(Paragraph from 'Road to Acceptance')

Life metamorphoses imagination into a survival skill. When events turn bad, when politicians decide to feed communities, families and individuals to military machines for the crunching of bones and skulls under the tracks of the tanks; when values fade from the landscape as if they had never featured in it, creating a view of endless barren land covered in smoldering ashes, imagination is the only refuge available. Its preciousness is uncovered in its full glory, overflowing with colors of joy. Some people regard this viewpoint as escapism. I see it as an essential tool to mental health. The magic of those instances spring into a forefront replacing the ugliness of reality transcending it with the magnificently skillful flight of a kite, showering us with priceless and weightless peace. Musical harmonies or solitary notes shimmer, starting ripples, creating waves upon which the soul can surf to different dimensions. Once those inroads have been uncovered, the dusty cobwebs removed from their naturally shiny surface, a stronger polish with every trip made, they become a temporary home to the soul. Once you reached that dream destination, every trip back to perceived normality fills you with longing and an unmistakable feeling of loss.

Art of Survival Movie

During my work at Unaccompanied Children in Exile Project (UCE project), film director Alan Knight approached me to help raise funds for a Short Film, titled 'Art of Survival'. Alan's film was based on stories of two young Bosnians in their twenties, Sanela and Samir, who had moved to London as a consequence of war. Alan's initial plan was for those two protagonists to write their own stories and narrate them in the film. As is usually the case with people who are experiencing emotional turmoil as a result of trauma, this plan turned out to be unworkable. Sanela and Samir were not able to verbalise their turbulent emotional states. There was a need for an independent writer and narrator for the film and Alan thought that I was perfectly positioned for such a role due to my professional insights into the psychology of exile.

This was the first artistic text that I had attempted in the English language and the writing process was challenging, playful and fascinating. In the end, when the voice-over text was completed, we recorded a voice-over under the technical supervision of Andre Jacqueman of Monty Python fame. The film was favourably received at the Independent London Film Festival and was subsequently bought by Arte television in France. Below is the example of the review:

Sanela & her mother, 'The Art of Survival'



★★★ Eye For Film

The Art of Survival

Reviewed by Angus Wolfe Murray

At the heart of this 25-minute doc is a serious study of a genuine problem.

“Refugee - what does that mean?”

Two Bosnians in London are filmed as they wander aimlessly through a city they do not know. Memories of Sarajevo are still fresh, memories of taking your life in your hands, running through the streets bent double for fear of snipers. Here in England, they melt into the mass, forgotten and undiscovered.

“In the metropolis people wear masks,” the narrator says.

These refugees are not interviewed; they are followed. The film is controlled by the writer Igor Tojcic, whose language runs sweetly into poetic supposition.

“We cannot forget. We have to live to be able to tell the story.”

What he is talking about is the loneliness of separation, arriving in a safe country, suddenly free from the dangers of a civil conflict, without knowing anyone, or having a plan.

“Survival is not self sufficient.”

There is no art; there is only existence. There is no hope; there is only belief. Between the words of Tojcic, with their echo of sadness, is an unspoken understanding of youth’s ability to rise above crisis and find a voice.



Artists in Exile



The idea of ecumenicism (mutual shaping) should be central to a debate on multi-cultural societies. A single dominant cultural system is unhelpful as a framework for cultural exchange as any one system is underpinned by its own set of prejudices. However, society could be shaped mutually by cultures that participate in its democratic processes; for instance, establishing an environment that provides for a healthy exchange and sharing of knowledge requires inventive approaches that may include systems of representation based on relevance. These considerations are not necessary in a climate of open-mindedness and respect, but can be helpful in achievement of the same. For these processes, contribution from ‘bridging people/cultural nomads’, i.e. individuals who have had a first hand experience in participating or being educated in both cultures, are invaluable, as they can “translate” conditioning elements from both ends towards increased understanding.

Elements of trans-cultural psychological shaping should be carefully considered when striving towards the creation of an environment to accommodate all differences.

The most challenging task is to rid oneself from judgment conditioned by our mother culture as the only proper way to proceed, to be open to different influences without losing the notion of your original cultural identity. Without mastering such an art, we cannot hope for the achievement of a society that lives in harmony with itself within a global setting and with nature.

From the above outlined perspective, I participated in the Open Democracy project “Mapping the City” and have organized ‘Leave to Remain’, a debate for Arts Council on refugee participation in cultural life of London.

The project ‘Artists in Exile’ was established in 2000 in response to the need for a focus for a growing number of refugee artists.

The company was based at The Riverside Studios, London, as an alliance of professional artists from around the world; actors, directors, writers, musicians, visual artists - most of whom were forced to flee their countries of origin because of oppressive regimes and/or war.

It served as an inspiring network and directory of refugee artists living in London. Artists met on a regular basis to experiment, share practise and ideas, discuss and plan potential projects and to feedback on ongoing work. The focus was on pioneering and collaborating across new frontiers to produce innovative work of the highest quality for a public as broadly based and diverse as the artists themselves.

But most importantly, the members of Artists in Exile appreciated that they were a part of a very unique group of artistic change-makers, who, in a climate of unpredictability, volatility and growing xenophobia, were committed to building a movement founded on the cornerstones of integrity, understanding, compassion and respect for each other despite a myriad of differences.

The company also facilitated production of public performances and exhibitions, providing members an opportunity to showcase their work.

Artists in Exile was led by Caryne Chapman Clark and I was one of the core members of the founding group.



25 May 2001 PRESS RELEASE

ARTISTS IN EXILE is launched during Refugee Week

A different side of the refugee story - celebrating creative contribution to culture in Britain 25 June 2001 sees the launch of ARTISTS IN EXILE, a unique multi-cultural movement of professional artists, refugees from around the world. They share a dream - to collaborate across frontiers to establish a new creative homeland. Many were well-known artists in their countries of origin. They are from a myriad of artistic disciplines. They highlight the creative contribution of refugee artists to London's evolving identity, and demonstrate how they can enrich our lives. The artists come together from many countries including Bosnia, Lithuania, Syria, Sri Lanka, Iran, Tibet, Ethiopia and Colombia. Each has their own journey of exile, often forced to flee for their creative expression. Each has trodden a solo path to practise their art and to make a recognisable contribution to Britain's culture. Transgressing diversity, they have in ARTISTS IN EXILE found a common language. A language that will enable them to break free of the confines in order to express their voices.

"I am a person of waiting. All my life I have been waiting for something. For the torturer's blows. ... Waiting – for the next blow. Waiting in prison to be released. Waiting to flee my country. First step – Moscow – also a prison. ... Arrive in London. Yet another kind of prison. Waiting in fear that I may be sent back... Waiting to find my voice." Ghias writer from Syria

"I don't think of our differences, only our common humanity. Not using language intensified that experience." Igor

The launch features newly created works on the theme of Dreams and Journeys by some 30 artists. There will be a rich tapestry of performance, storytelling, poetry and prose readings and music, combined with visual art and installations. These include photographs of and by refugees in A Day Out Can Make A Difference, Images of Chadhor, an adaptation of Dario Fo's A Woman Alone, a mythical and musical Journey Westwards, vignettes of theatre workshops in A Journey Through Process, and a short film.

The private view and reception to celebrate the launch of ARTISTS IN EXILE is on Monday 25th June 2001, from 6.30 p.m – 11p.m at the Riverside Studios, Crisp road, London W6.



Artists include:

*Parvaneh Soltani - a theatre director and actress whose plays have toured Europe as well as Iran.
Redley Silva - a theatre artist, swept to safety from Sri Lanka after mainstream performances about human rights, and workshops in support of women factory workers. He has been employed by the BBC in the UK.*

Igor Tojcic – a multidisciplinary artist originating from Bosnia, who has dedicated his artistic skills towards reaching an understanding across cultures (and) for the benefit of children and young people.

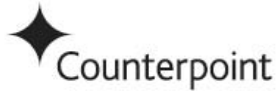
Zory - a visual artist from a Middle Eastern culture who uses everyday objects in her work to encourage reconsideration of preconceived views of social reality and raise questions about dehumanisation and identity.

Miroslav Jancic – protagonist of anti-nationalist literature of former Yugoslavia.

Keynote speakers include Yasmin Alibhai Brown – writer and journalist, Helen Bamber – Founder and

Director of the Medical Foundation for Victims of Torture, Adrian Chappell, Head of Access at London Arts,

Road to Acceptance



The Art of Identity

Amna Dumpor, Emir Dumpor, Adnan Mahmutovic, Alen Meskovic,
Igor Tojcic with Karin Altenberg



Road to Acceptance is a sound installation that examines trans-cultural identity. It uses a format of a traditional Aboriginal story, Dolphin dream time, traditionally used to teach children meditation methods. Once in a meditative state, the listener is lead through a landscape of the writer's place of origin (Bosnia) viewed from a 13-year distance of exile and then onto contemporary subjects that preoccupy the writer at the present time. The 'Alien scene' was devised as a vehicle of examining the universal human identity. Road to Acceptance is an attempt to escape the narrow viewpoint of national belonging and address issues of a global generation and its quest for the recognition of its identity and its perspective of individualism.

Martin A Smith
Composer/Sound Designer

Martin's work is concerned with the creation of atmosphere rather than of form, melody or rhythm, of creating an environment through subtle and harmonious changes rather than through force.

A sound installation

Writer and narrator: Igor Tojcic

Sound designer: Martin Smith

Dedicated to all of my friends who have helped me discover my identity.



Igor Tojcic

Igor was born in Banjaluka, Bosnia and Herzegovina in 1970. After his studies Igor has been involved in research in a wide range of subjects including inter-departmental management, social care, multi-cultural psychology, the long term effects of Post Traumatic Stress Disorder, music, art therapy, ecology and

sustainability. Having worked with projects and people from over 82 cultures Igor has an extensive experience of intercultural communication.

In the past he has helped set up 'Unaccompanied Children in Exile' for the International Social Services (UK); the Holistic Medical Department at the London borough of Newham; Artists in Exile – multimedia company and The Hayerdahl Midgard Expedition. Igor has written a film, a play for theatre and a collection of short stories. His work has been published locally and abroad and his artwork has been shown on various festivals and on ARTE television. He is currently working for London borough of Southwark, consulting for an NGO in Africa and he is in a process of writing a book. After a year spent with healers in rural Africa, Igor currently lives in London.

Martin A Smith
Composer/Sound Designer

Martin's work is concerned with the creation of atmosphere rather than of form, melody or rhythm, of creating an environment through subtle and harmonious changes rather than through force.



Labyrinth of Nomadic Passions

Contemporary ambient storytelling working with Igor Tojic.

*“The city exists and it has a simple secret:
it knows only departures, not returns”*

Summary

Contemporary ambient storytelling.

The creation of stories, allusions and atmospheres using voice, music, film, writing, dance, painting and other forms of communication.

The stories are told in various languages and by musicians and artists from around the world.

Concept

“Labyrinth Of Nomadic Passions” is a project that brings traditional storytelling into the 21st Century. By employing modern media methods stories are created by a variety of musicians, writers and artists and are intended for recorded, film, printed and live performances.

There are plans for: CD and DVD releases

An interactive website where writers can add their own stories

Film and video makers to interpret and illustrate the stories for live performance and commercial release

Books of photographs and paintings to complement the stories

Aims

By working with artists from around the world working in a variety of media and each having a unique voice “Labyrinth Of Nomadic Passions” is a truly cross-cultural, multi-disciplinary, world project.



Those involved include:

Igor Tojcic – Writer/Producer

Martin A Smith – Composer/Producer

Vida Kashizadeh – Performer

Alana Pryce - Poet

Stuart Ross - Guitarist/Producer (The Cure, Seal, Alex Harvey etc)

Elizabeth Emanuel - Fashion Designer

Richard Salmons - Bass Player (Boy George, Earl 16 etc)

Anne Windsor - Painter

Kailas Elmer - Writer

Christiano Sossi - Bass Player

The Muse Gallery

The October Gallery

Counterpoint - The British Council

Artists In Exile

Outerglobe

Cultural Co-Operation

Artangel

The creation of stories, allusions and atmospheres using voice, music, film, writing, dance, painting and other forms of communication.

The stories are told in various languages and by musicians and artists from around the world. “Labyrinth Of Nomadic Passions” is a project that brings traditional storytelling into the 21st Century. By employing modern media methods stories are created by a variety of musicians, writers and artists and are intended for recorded, film, printed and live performance.

By working with artists from around the world working in a variety of media and each having a unique voice “Labyrinth Of Nomadic Passions” is a truly cross-cultural, multi-disciplinary, world project.

www.nomadicpassions.co.uk

www.myspace.com/labyrinthofnomadicpassions

Midgard Expedition

In 2002 I was approached by Bjorn Heyerdahl to join the crew of Midgard Expedition. At the time I was still busy with projects at Newham and was a researcher with pan-European STOP study at Institute of Psycho-trauma. This was planned to lead to a PhD thesis. The Midgard Expedition was such a timely, worthwhile and exciting project, that I decided to dedicate the required time to it and made arrangements for Newham projects to independently continue.

I made my preparations, discontinued my involvement with STOP study, left my post at Newham and with all of my personal savings, laptop and two bags moved to Durban, South Africa, to start an operational organization – an expedition plan that spanned seven years. Bjorn and I set up an office at the Department for Innovation at Durban University and established Hayerdahl Midgard Expedition Company of which, due to circumstances, I was registered as a sole owner. Unfortunately, this initial plan ground to a halt, due to many factors and was not helped by Bjorn's disappearance once my personal funds were spent. I decided to continue my personal journey and exploration in Africa as I had planned with Midgard and lived with healers from the Pondo tribe in Transkei learning about and participating in traditional healing ceremonies.

Expedition Overview

“A proposal that links the past discovery voyages of Thor Heyerdahl with our current era of sustainable human development. There is no more moral, relevant or noble endeavour on earth to be associated with.” Bjørn Heyerdahl.

In January 2004, the team plan to embark on a global 3 year expedition to 26 communities currently demonstrating real success in sustainable living. Sailing from Cape Town, South Africa the team will visit ecologically sustainable communities of both traditional and retro-contemporary culture, including Fatu Hiva in Polynesia, Crystal Waters in Australia, Ladakh in the Himalayas and Findhorn in the Scottish Higlands.

THE MIDGARD EXPEDITION

LEARNING TO LIVE

The Midgard Expedition sets out to quantify under construction and the presentation being used at the moment has been posted for people to learn about the project.

[LAUNCH PRESENTATION ONLINE](#)

[DOWNLOAD PRESENTATION \(1.37MB\)](#)

NEWS

27/06/2008

Researcher Steve Spedding

The presentation has been completed and now contains a more accurate description of most elements of the Expedition. Feedback welcome!

PARADISE 2007

Be kept up to date with site updates, expedition news, important meetings etc.

johnnie@midgard.com

SEARCH

THE ROUTE MAP

Drag the map to re-locate, rollover location for details. Use the '+' and '-' keys as shortcuts to zoom in and out

next+

Slides from presentation
for Midgard Expedition

The expedition will use traditional means of transportation, including a schooner research vessel, a Viking ship, Chinese Junk, Mesopotamian reed vessel and Malay hybrid vessel. The multi-disciplinary crew of 12 men and women are skilled in every aspect of community life and sustainable development. Each member of the Midgard Project is recruited as a highly motivated and experienced individual committed to a life dedicated to spreading ecological awareness and living by example.

The Expedition aimed to:

Maximise cross-fertilisation, learning and activity in a range of ways including by taking inhabitants of one visited community on to the next location, developing international institutional and community partnerships and initiating redevelopment projects.

Implement a schools education programme in 21 countries via the Internet, in collaboration with the Royal Geographical Society.

Record and audit the experiences so that the United Nations can formulate and collate a best practice standard or guide for sustainable living.

Publicise our work and findings using extensive media coverage, events, promotions, merchandising and eco-commerce, whilst providing the communities visited with an avenue to promote and publish their successes.

Our Mission

“Expanding the development of sustainable human eco-systems globally.”

At the Earth Summit in Rio de Janeiro over ten years ago, world leaders committed themselves to the goal of sustainable development. The second Earth Summit in Johannesburg in 2002 attempted to address sustainable change in every area of human activity. While the years after both summits have seen improvements in the quality of life for people in many parts of the world, mankind as a species continues to exact an unacceptable price from the Earth’s ecosystems.

The United Nations has subsequently declared a Decade of Sustainability – a term that has entered into everyday language, and yet remains an elusive and misconstrued concept. While many suggestions have been put forward to move the planet towards sustainability; from improving the efficiency with which goods and services are produced, to controlling population size, to protecting, conserving and restoring natural ecosystems and biodiversity; the need to supply practicable,

working models for sustainable living has never been more urgent.

The Midgard Project used a scientific research expedition to circumnavigate the globe visiting ecologically sustainable communities as a way of leveraging our overall mission, which is to learn about and promote ecological awareness and the practice of sustainable living. To do this we will act as ambassadors of change whilst travelling from community to community. For our work to achieve maximum impact we must engage with the world's politicians, businesses, scientists, religions and educational teachers.

The Midgard model and 'lessons' are intended to deliver to both the lifestyles of the North and South, the focus being on implementable practices learned from communities and countries that have built their reputations on what they have done, rather than on what they intend to do. It is a total systems approach which accommodates our need for human expression and endeavour within the biosphere we are part of, and ensures the thriving, not just the surviving of the human race and civilized life

As our expedition unfolds we will explore three key threads to our story that deliver our pledge to follow the deep ecology platform for sustainable living by committing to living a process of:

Three Key Threads

1) Scientific Research, *we will record the cultural dynamics of communities visited. Through a process of quantitative and qualitative evaluation that unites science and art, we will study and participate with each community so as to understand their approach to handling the challenges our modern consumer society and depleted environment present us with today.*

The Midgard Expedition intends to discover, document and profile traditional and contemporary communities demonstrating sustainable, intelligent lifestyle alternatives, which have the diversity, stability, resilience and creativity of natural ecosystems. It will address many issues including humankind's ability to coexist with complete eco-systems, our ability to feed ourselves, our sustainable use of water, minerals and other natural 'resources', our practices of farming, hunting, fishing and gathering, and our processes of production, politics, economics, religion and education, without dominion or exploitation.

2) Public Dissemination, *we will share our findings and philosophies with the global audience in a multi-focal, multi-media format. The Midgard Project is reaching out into the global community, sowing the seeds of hope that will remind us of our inherent ability to live reciprocally and gently within nature. As the miles clock up on our voyage, the distance between humans and nature will be reduced as the message from our research is spread to the family home, corporate headquarters, parliamentary forums and scientific think-tanks.*

By liaising with our partners such as Royal Geographical Society, Green Cross International and Explorers Club, we will present our journey through the world's media houses as a scientific expedition, practical experiment, promotional activity, educational process, vehicle of change and an epic adventure. This will engage the public as well as the world's institutions in our work at many levels throughout the changing path of our project. Our audience will participate in our exploration into sustainable living and will be helped to adopt the solutions and changes we discover together.

The skills and knowledge acquired on our expedition will be spread globally via a learning and development centre in South Africa. An Ecoversity will be established in Natal, South Africa, by the crew at the end of the Expedition, which will act as an international centre for sustainable education. We aim to show that education is a life long process available to all by educating others and ourselves throughout the expedition and when building our own community on land.

3) Global Activity, *we will initiate agreements with regional institutions and communities to participate with the Midgard Project and help their culture move towards an ecological paradigm shift. Through a system of franchising we will design and implement Midgard projects, 'Cells' or 'Seeds' in each location that we visit which will deliver the Midgard model as we develop it, thereby building a 'global brand of sustainable living' that grows as we do. Now is the time for an individual and communal commitment to participatory action, to engage in the magic of doing by returning to nature so that we may cure the perennial pathologies of the human environment.*

The Midgard Project aims to discover, disseminate and deliver a framework with the United Nations that:

offers the world's population a means of making a living, and adopting a lifestyle, that does not deplete or destroy natural resources unsustainably, but rather restores, preserves, cultivates and expands them; and

maintains and enhances the average person's standard of living, if not improves it within the context of the relationship between man and nature.

By initiating projects and starting Midgard cells as we travel en route, we will spread awareness of our work and prepare the foundations for the implementation of our model throughout its development process. We will meet with people and organisations of influence and request their commitment to joining our mission and setting up projects to practise the learning of our shared experience and implementing change in our communities, businesses, governments, universities and religious houses.

In essence

The essence of Midgard is to demystify the North and listen, learn and communicate the team's discovery of the wisdom and experience of sustainable living in the South, using a sympathetically empirical, scientifically rigorous and artistically expressive multi-media format. The targeted audience is the layperson as well as the 4 main types of institution – political, economic, intellectual and religious systems. The project findings will be condensed into a best practice blue print for sustainability to be proffered by the United Nations and Midgard to help redesign and enhance communities. We will build our own community and Ecovercity based on the Midgard model and will spread our message through Midgard franchises/cells, regional development projects, educational programs and institutional commitments to change.

Log book contained supportive comments from:

*John Allen
Institute of Eco Technics
Rv Heraclitus Expeditions.*

*Captain Norman Baker
Navigator, RA Expedition*

*Gerard Houghton
Institute of Eco Technics
Rv Heraclitus Expeditions*

*Jim Fowler
Honorary President
Explorers Club*



Advantages and transferability of the new model

- **Non-threatening therapeutic setting**
- **Time efficiency – cost effectiveness**
- **Effective establishment of trust**
- **Exchange of skills and cross-fertilisation – team planning meetings**
- **Building resilience**
- **Confidence improvement**
- **Telling the story – being heard**
- **Simplifying Complexity**

Throughout my career I have dealt with system design for service provision for most isolated groups within a society: unaccompanied minors, asylum seekers, school leavers, dementia sufferers... With all of those groups, my design model has provided an appropriate framework for delivery of efficient, user friendly and cost effective services. Service design has proven to enable better co-operation amongst professionals from different areas concern with same service user group. So far my career has encompassed areas of social work, medical models, business and social projects and methodology has proven effective in all of them. Currently I have been working on re-designing a business models for dementia care homes so quality of care is improved while operational costs are reduced. I have been using a same approach as with the design of my previous projects. Below is a summary of the extent of the problem that dementia presents to our society and a case study based on my work published by PASA.

Dementia is one of the greatest health emergencies facing developed world. This condition affects ever increasing number of people and their families and can last up to 12 years, creating enormous economic, emotional and logistical pressures on our societies.

Our medical model has achieved some progress in understanding of this condition but discovery of the cure, if at all possible, is still many years away. In the meantime we are facing significant challenges of managing this disease in an ethical, economically viable and responsible manner. Dementia as a long term condition of progressive decline challenges our attitudes towards elders within our society as well as questioning our ability to practice compassion within an existing



*'Ladder to the Moon'
The Winters Tale, Murray House,
Royal Borough Kingston*



'Ladder to the Moon'
The Winters Tale, Murray House,
Royal Borough Kingston

health and care settings. These ethical considerations are of historical significance and any possible solution has to incorporate economic realities as we are dealing with such a large and rapidly increasing segment of our societies.

Purely medical approach so far has proven insufficient as it fails to address a social dimension of sufferer over a long course of illness. Politically, dementia has reached top of our governments' agendas in Europe and calls for innovation in care models are very frequent. Such innovations are mainly developed in private and voluntary sector, but are not exclusive to them. There is a lot of anecdotal and growing body of empirical evidence to support a thesis that some of these innovations are very effective in improving peoples' quality of life and in reduction of care costs. This body of evidence is still scattered, has usually not been collected to medically required standards, and has not been systematically organised and presented. Due to above mentioned factors this evidence has been largely ignored by commissioners of health services as it sits outside of regular medical practice.

My concern is that the current financial world crisis combined with growing number of people that are increasingly dependent on dementia services and rising cost of care will result in our significantly reduced ability to adequately provide care for our elders. This could have serious social consequences to the families of people with dementia and our wider economic and emotional well being. This area of planning and design is very complex and permeates all aspects of our society from social inclusion and our attitudes to vulnerable people; the manner of how our medical establishments approach long term conditions within mental health; to how we run private business and a sense of responsibilities inbuilt into their ethos. To address this problem many factors needs to be reconsidered such as prevalent stigma regarding the condition and consequential social support breakdown for people living in the community. A wider education is necessary to address those issues and a modification of care systems to provide better quality and more economically efficient care.

With well designed systems, that incorporates environmental design, care approaches, and efficient business systems, we would be in a position to challenge and change social attitudes towards this disease and re-integrate this growing population meaningfully back into our societies. To achieve this better evaluation system for assessing quality of life needs to be developed and integrated into more efficient economic model. Success or failure to adequately accomplish this challenging task could significantly impact on a future shape of our societies.

Case Study 5 – Dementia care (NHS Barnet)

As published by PASA (Purchasing and supply agency, NHS)

<http://www.pasa.nhs.uk/PASAWeb/PCTzone/PCTProcurementandCommercialSupportProgramme/CommissioningCaseStudies/>

Introduction

NHS Barnet has been working collaboratively with the London Borough of Barnet and with Barnet, Enfield and Haringey Mental Health NHS Trust to develop a series of pilot studies across dementia care services. This case study reviews the approaches taken to understand current services and identify opportunities for improvement through the redesign and reorganisation of existing services.

In developing their business case, NHS Barnet opted to work with existing providers, leveraging the excellent working relationships secured over many years, whilst ensuring continuity of provision.

Commissioners also took the lead by developing the service specification for a preferred model of care, exerting strategic influence to generate better achievement of value for money. This has created market pressure as providers have sought to align themselves with the changes to secure future market share.

The project has been ongoing since 2007 and is centred on training staff and carers in the specific care needs of dementia sufferers. Much of the thinking has been based on a model developed in the USA by Dr John Zeisel, founder of Hearthstone Alzheimer Care, which seeks to replace the use of medication with stimulation and participation and community based activities.

The Hearthstone approach has demonstrated improvements in the costs of care which are then reinvested in providing a better quality of life for patients. This has been shown to significantly slow the loss of functionality typically experienced by patients receiving more conventional care.

Key aspects of an improved service are planned to include:

- *Increased care at home and supported independent living*
- *The provision of specialist mental health services for older people*
- *Training for carers and care home staff to improve their understanding of dementia*
- *Interaction with stimulating and meaningful activities that are appropriate for people with dementia*
- *Training for staff within acute and mental health providers*
- *Uniform standard of care, aligned to patients' needs, wishes and expectations.*

It is planned that implementation of the pilots will begin in 2010.

The services commissioned

NHS Barnet has developed a new service model designed to:

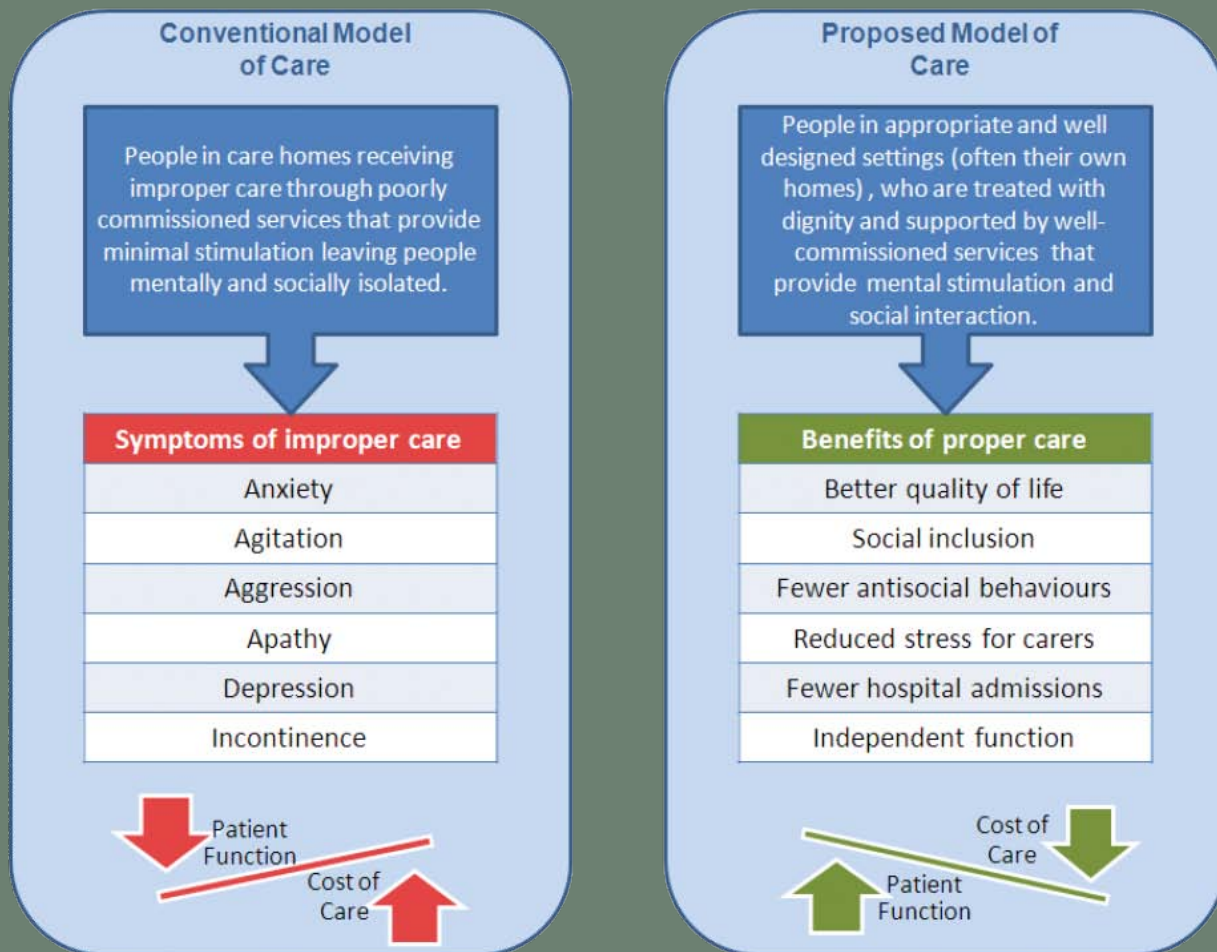
- *Maintain people with dementia at home for longer*
- *Reduce the number of emergency admissions to acute hospitals*
- *Reduce the length of stay of people with dementia within acute hospitals*
- *Reduce the care needs of people with dementia over the long-term*

The first aspect of new service model provides specialised non-pharmacological dementia training to hospital staff and staff in care homes. These skills will enable staff to provide better services for people with dementia and help improve their quality of life, thus reducing the number of incidents of challenging behaviour and associated care costs. This also aims to improve the care planning process, reduce a length of stay on the acute ward and reduce the rate of admissions from care homes back to an acute setting.

The second part of the service is early diagnosis and social inclusion programmes such as:

- *Attending football matches*
- *Visits to museums and art galleries*
- *Music events*
- *Participative theatre and role play*
- *Horse riding.*
-

These provide a lower cost alternative to conventional care. Improvements in quality of life translate into lower incidence of high dependency care, thus reducing the need for drug therapy and 24-hour care packages.



The contrast between the current model of care and new service model are set out above.

The approach

Strategic planning

Dementia is a long-term condition affecting over 700,000 people in the UK. This is forecast to increase to 940,000 by 2021 and in excess of 1.4 million by 2051.

Subject to numerous recent Government reviews, studies have not established a defined care pathway for dementia. However, there is an emerging consensus on certain key issues:

- *There is evidence of widespread and inappropriate prescribing of antipsychotic drugs with over 70% of prescriptions considered inappropriate:*
 - *People remain on these medications for far longer than necessary.*
 - *The UK National Dementia Strategy includes an action plan to reduce the number of prescriptions to dementia patients.*
- *Because of the stigma attached to dementia, people living with dementia become socially excluded and their functions tend to deteriorate faster. This leads to:*
 - *A rapid decline in ability to lead independent lives*
 - *Increased incidents of challenging behaviours*
 - *Undue burden on carers*
 - *Disproportionately high burnout rate carers and turnover of care staff*
 - *Premature referrals to acute system.*
- *Patients are adversely affected by changes in their environment such as:*
 - *Moving to a new place of residence*
 - *Loss of contact with family, friends or other familiar people such as carers.*
- *Patients respond positively to external stimuli.*
 - *Stimulating and meaningful programmes where they live*
 - *Social inclusion in community events and organisations*

Barnet has a large number of care homes for older people in comparison with most London boroughs. There are 74 registered homes, varying in size between 10 and 120 places and providing over 2,700 places for older people. This has resulted in the area having a high proportion of people with dementia, with many patients being transferred from neighbouring boroughs in London.

The prevalence of dementia is strongly associated with age. There are over 58,700 persons aged 60+ years currently resident in the borough. Some degree of dementia is present in about 5% of people aged 65 years and over and in more than 20% of those over 80 years of age. Barnet had 3,549 recorded dementia sufferers in 2008, a figure forecast to rise to 4,826 by 2025.

Financial modelling carried out by NHS Barnet's Finance Department has identified a significant increase in care costs for people with dementia over the next ten years. This level of increase is not considered to be sustainable within current funding forecasts.

	2008/09	2010/11	2015/16	2020/21
Cost (£'000s)	4,426	5,491	8,456	12,746

The combination of costs for nursing care and the home care placements have been amalgamated in the schedule above to give a composite picture of the expected outturn.

Extensive stakeholder consultation throughout 2007 identified a local priority to maintain older people, including those with mental health needs, and their carers in the community setting of their choice, with an increased emphasis on prevention, promoting independence and improved health and well-being. The PCT contacted organisations and recognised experts in the field of dementia care across the UK. The PCT consulted widely with organisations such as the Dementia Care Journal, academic information centres such as the London Centre for Dementia, voluntary organisations such as Dementia Positive and Music for Life, and training groups such as Dementia Care Matters, Dementia Mapping, and the Alzheimer's Society. Each has provided supporting evidence and expert advice in the development of the new service. Consultation with those groups is ongoing.

Two approaches to developing a new service model were adopted:

- *A review of existing best practice*
- *A comprehensive review of local services and stakeholder input into how the new service might be developed.*
-

Best practice review

Research was undertaken in 2007 to identify examples of best practice care from around the world. This identified the work of Dr John Zeisel who had been awarded a Citation of Honour for Excellence in Ageing Services by the International Association of Homes and Services for the Ageing (IAHSA) in 2005.

Dr Zeisel identified that a lack of understanding of dementia by staff and carers was a primary factor in the overuse of anti-psychotic drugs to stabilise a person's behaviour. He also recognised that conventional care, where a person is often left for long periods inactive or watching children's television programmes, isolated them from society and added to their confused state. This contributed to their anxiety, agitation, apathy and depression which often manifested itself as aggression. This then strengthened the reliance on pharmacological solutions and high dependency care. This best practice model of service constitutes the Hearthstone approach.

The Hearthstone approach trains staff in how to provide:

- *Activities that engage people with dementia and their carers and involve them in decisions about their care*
- *Appropriate design of care homes that allows people to:*
 - *Personalise their private space with their own furniture and pictures*
 - *Place their own front door furniture on their room door*
 - *Enjoy a well designed living room with hearth*
 - *Make a cup of tea in an accessible well-planned kitchen*
 - *Explore corridors with destinations – a book shelf with interesting artefacts*
 - *Enjoy fresh air outdoors in a safe, well-designed garden.*
- *Stimulation of a person's memories through conversation and group outings.*
- *Stimulation through group outings to meaningful community events.*

Dr Zeisel found that that this approach maintained a person's functionality for longer, their mood was elevated and staff began to see the person behind the illness. This led to:

- *Systemic reinforcement of positive behaviours*
- *Identifying new aspects of a person's personality and abilities*
- *Staff seeking alternatives to pharmacological treatments*
- *More interaction between carers and the person with dementia*
- *Stimulating a person's procedural memory*
- *Providing a person with meaningful things to do*
- *Gaining a better understanding of the person behind the illness.*

arts depot

presents...

In the Limelight

A free theatre project for people aged 55+ who have or who care for someone who has dementia.

This is an exciting opportunity to work with professional performers exploring drama and reminiscence. There is also the opportunity to perform on 24th March 2010 in our Studio Theatre.

**Every Wednesday 6th January - 24th March 2010
1pm - 3pm at artsdepot, Level 3 drama space
Performance sharing Wednesday 24th March 7.30pm
Free tea and coffee provided**

There are 20 places available. Approximately one third of these are reserved for carers.

The workshops are led by two professional artists, supported by artsdepot and Alzheimer's Society staff.

For more information or to reserve your free place please contact Tom on 0208 369 5452 or email education@artsdepot.co.uk

Barnet, Enfield and Haringey 
Mental Health NHS Trust

 **Alzheimer's Society**
Leading the fight against dementia

**THE LEARNING
REVOLUTION**

**TRANSFORMATION
FUND**

BIS
Department for
Business, Innovation
and Skills

artsdepot, 5 Nether Street, Tally Ho Corner, North Finchley N12 0GA

New community theatre project for people with early on set of dementia in Barnet



Importantly, all of these improvements have contributed to lower costs of care through reduced spend on drugs, lower attrition rates amongst staff and reductions in acute admissions.

NHS Barnet invited Dr Zeisel to present his methods to various stakeholder groups in 2007 and, based on positive feedback, it was proposed that a similar programme should be developed for Barnet.

Current service review

Following acceptance of the proposal, a review team was established in the summer of 2008 tasked with several complementary objectives:

- *Complete a comprehensive assessment of current dementia services in Barnet*
- *Report on potential barriers to change*
- *Develop recommendations for a new service model*
- *Plan for a social inclusion programme to provide support to the new service model*
- *Provide an implementation plan to enable the new model to be introduced within two years.*
-

The review team conducted extensive interviews with key stakeholders, as well as conducting site visits in a large number of organisations and facilities including care homes, residential homes, day centres, day hospitals, acute hospital wards, Mental Health Trust acute wards, extra care housing, and one home care agency

Project governance was managed through a steering group who reported progress and received direction from the PCT's Priorities Working Group, whose role is to assess and balance the divergent demands on resources within the PCT.

The review echoed the findings of Dr Zeisel's studies and confirmed that they applied equally across acute care and care home placements:

- *Staff were not trained specifically in dementia care*
- *The existing approach to caring for people was primarily medically based with occasional non-pharmacologic therapies*
- *Managers don't have the time to introduce new initiatives due to current workloads*
- *There was little evidence of training in non-pharmacological theory and practice*
- *There was a lack of social inclusion programmes for people with dementia (residents often watched TV or listened to recorded music all day long)*
- *Due to inadequate assessment procedures and lack of expertise within care homes there was an unusually large percentage (24%) of referrals back from care homes to acute wards.*

These factors result in:

- *Preventable emergency admissions to acute hospital*
- *Undue burden of care on carers and care workers*
- *Disproportionately high burnout rate and turnover of staff in care homes.*

The review also concluded that the greatest impact of the changes would be achieved in care homes. Consequently, this sector was chosen as the focus of initial pilots.

Acquisition

The review process has identified a number of care homes wishing to work with the PCT in the redesign of existing services and the development of the new service model. A relatively high proportion of smaller homes in the borough have sole owners and there is a relatively low level of corporate penetration in the care home market. It is not anticipated that there will be high levels of new entrants into the local market.

As a result of the high volume of activity, NHS Barnet has always maintained a strong relationship with owners and staff. The PCT is leveraging these relationships in the development of the service.

Performance management

Evaluation of the pilot service in care homes will fall into the following categories:

- *Needs assessment measures*
- *Volumetric data (e.g. number of people with dementia in the programme on a daily, weekly, monthly basis)*
- *Treatment reliability measures*
- *Outcome measures (covering both immediate and long-term effects).*

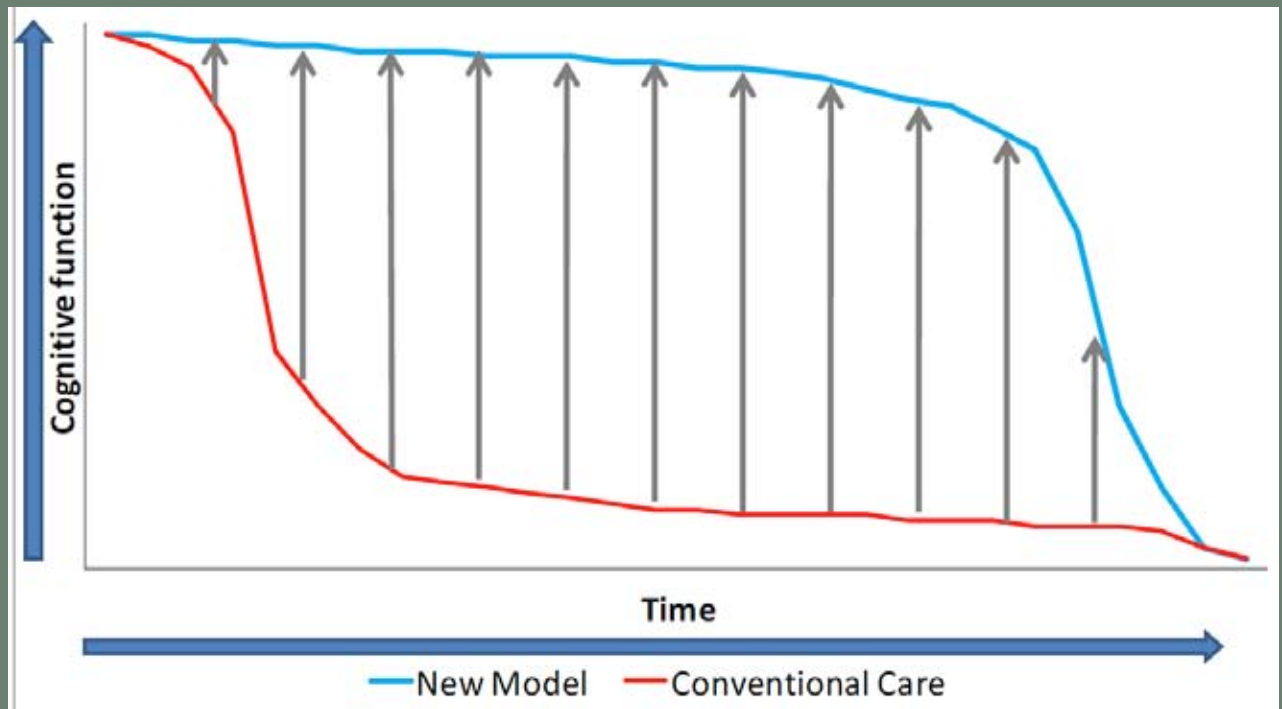
Projected benefits

Quality of care

Living in familiar surroundings, seeing familiar faces and knowing carers all help to reduce the stresses experienced by people with dementia. Maintaining continuity of care in the person's preferred setting will help maintain their cognitive function and reduce stress. This is particularly relevant when people with dementia are necessarily transferred between different care environments.

The effect of these methods on retention of cognitive function is illustrated below.

Retention of cognitive function in the new service model



Improved training will enable staff and carers to recognise and change factors that are concerning a person who has dementia, rather than assuming any negative behaviours that they demonstrate are simply a result of their condition.

Improving a person's behaviour will further reduce the use of prescription drugs, most notably anti-psychotic medications that are often over-prescribed to manage 'difficult' patients.

The new service will reduce emergency admissions and premature admissions to care homes. Such admissions can accelerate loss of cognitive function, and lead to episodes of violent or aggressive behaviour, caused by confusion following a change of residential setting.

The new approach will help to address the negative stigma and feelings of social exclusion associated with dementia. This should encourage more people to seek out a diagnosis and to understand that dementia symptoms are treatable and that people with a diagnosis can remain integrated within the community by being engaged in meaningful activities.

Strategic benefits

This approach planned for the pilots has recently been recognised as good practice, as defined by the National Strategy for Dementia, published by the Department of Health in June 2009.

This work particularly focuses on delivering objective 11 of the strategy which focuses on high quality services within care homes. The new model applies the rigour of world class commissioning to advise and guide providers on:

- *Best practice in dementia care*
- *Taking the lead for quality improvement in the care of people with dementia in the care home*
- *The development of a local strategy for the management and care of people with dementia*
- *The appropriate use of anti-psychotic medication for people with dementia.*

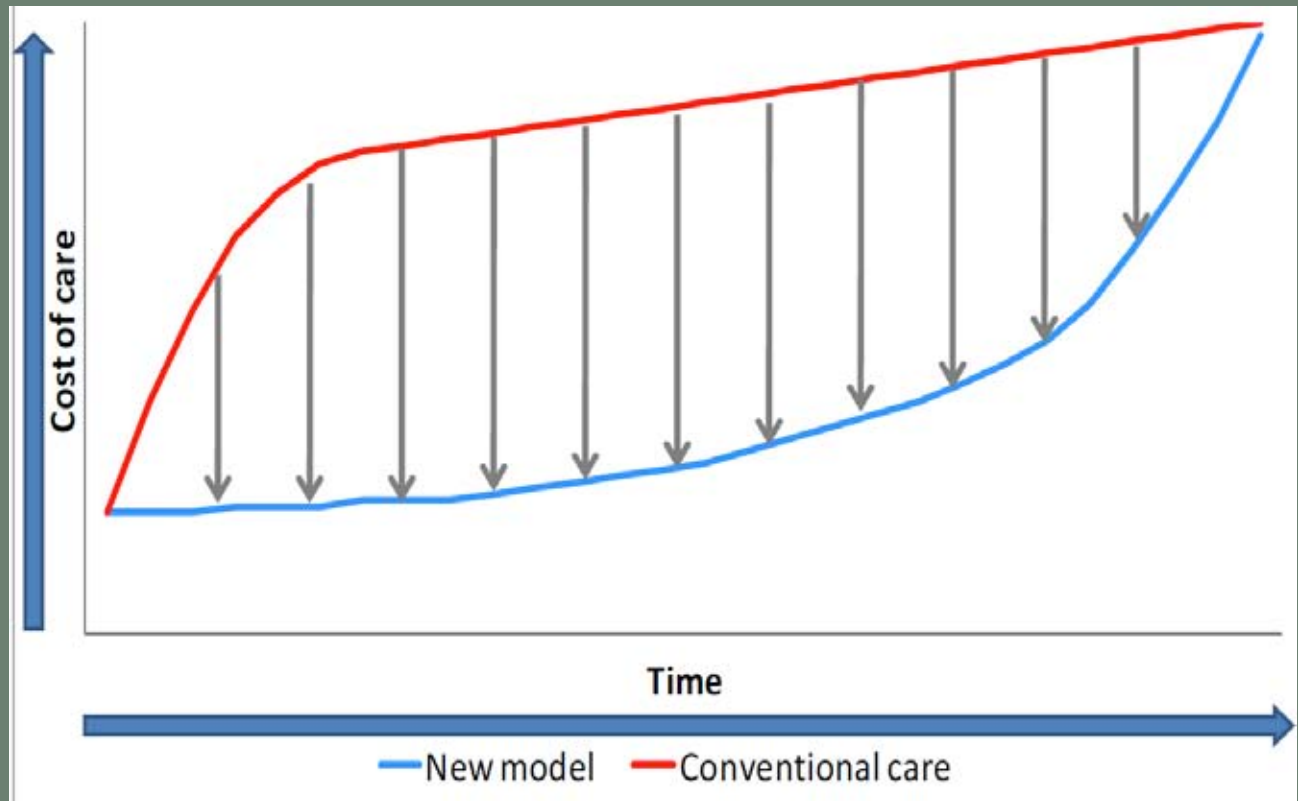
Financial benefits

The new care model is based on participative events and social interactions that have been shown to maintain or even improve a person's cognitive ability. These represent lower cost alternatives to the conventional care mode.

By maintaining a person's ability to remain at home, the costs associated with providing care home placements are reduced or avoided for an extended period following diagnosis of dementia. Equally, maintaining cognitive function reduces the levels of care required within care homes and also reduces the incidence of acute admissions.

The impact on cost of care of improving the dementia service model in Barnet is illustrated below. Current services are known to result in a rapid decline in independent living and a rapid increase in the costs of care. The new model of care presents an opportunity for cost savings by extending care within the person's home and maintaining their cognitive function for an extended period. The shaded area represents the potential for financial savings.

Reduction in cost of care in the new service model



Key challenges and pitfalls to avoid

The key success of the project has been to take stakeholders from a position of initial resistance to one of recognising the potential of the proposed service model for dementia. This has required considerable focus on stakeholder communication and internal influencing via workshops and presentations.

Many of the ideas being developed are highly innovative and, with no proven model to provide a case study or template for delivery, it was a challenge to develop an understanding of the objectives of the initiative.

Other challenges faced by the project included:

Complexity

Service development has involved a wide range of stakeholders who were dealing with an unfamiliar concept.

Funding

There were many other competing projects challenging for funding. The unfamiliar nature of the service changes being proposed made it difficult to compete for funding against service improvements aligned to well established thinking or guidance.

Timescale

The need to engage with a wide range of stakeholders increased the time it took to gain acceptance for the ideas and opportunities presented. Financial constraints also affected timescales.

Stakeholder consultation

Using existing forums and governance structures saved time in arranging consultation events.

Stakeholder feedback was used to validate the proposals and assess the potential benefits in the absence of any similar project on which to draw learning from.

This feedback was also very influential in discussions with the internal review body responsible for allocating funds and approving projects within the PCT.

Education

Education events for provider staff were very successful. These advised on easy wins, in line with overall objectives, that could be delivered immediately, such as changes in layout or design of care home facilities. Developing and implementing these low cost options for change has enabled provider staff to assess for themselves the benefits delivered by the new ideas. This has developed support for the project and created momentum for change.

Resources

Many of the interactive sessions being developed can be sourced at little or no cost from local providers. Advertising, networking and attending open events at sports or arts facilities have all been used to let people know what is happening. Many of these providers have spare capacity within their normal operating hours.

“It is my privilege to collaborate with Igor. His helicopter perspective of the sector, combined with an intimate understanding of the transformational power of the arts in a social context has been invaluable to me as he has supported my journey into the arts and dementia sector. He is always looking for connections and contacts to further Ladder to the Moon’s impact, and his enthusiasm understanding and vision is a huge boost to us as a partner.”

*Chris Gage | Executive and Artistic Director
Ladder to the Moon*

*“Ladder to the Moon’ The Grand
Hotel, Rathmore House, Central
and Cecil, Camden*



Conclusion

Through the process of compiling this portfolio, I have had a chance to reflect on my career to date. While writing up these short summaries of my projects, I reminisced on processes employed for their successful implementation. It is my belief that I have employed a methodology of bringing art into medical and social arena and that this is transferable to many other areas. Due to its complexity it has taken me significant amount of time to formulate what I see as a systemic approach. As it has proven effective, I believe, that there is a sufficient rationale to attempt and write it in a form of an instructive management model for the potential benefit of others. This process will enable me to communicate my ideas more effectively and facilitate more efficient system change.

This is a long and ambitious project that requires specifically allocated time to it while having an access to educational resources. There are many intricacies to this methodology changes of management methods that have not been mentioned in this short booklet . A duration of serious study time is required to write up this methodology to an appropriate standard. I hope that this methodology could be helpful for future design of projects addressing issues that relate to our global society and its problems.

To this date I have carried out necessary research for my work by incessant reading of theoretical texts according to my own system that is fuelled mainly by personal curiosity. This approach has sometimes acquired a slightly chaotic quality and at those moments it is painfully apparent

the absence of any link to academia. Development of more systematic approaches to literature reviews and access to expert views will be a great beneficial addition to my skill set.

For many years now I have been following, amongst others, a work of Dr Howard Gardner who is based at Harvard and I would very much appreciate an opportunity to become further acquainted with this work.

Strengthening links between latest academic research into effectiveness of arts in medical treatments and finding ways to meaningfully integrate them into health system design would be mutually beneficial for medical and academic community.

My wish is that this portfolio has provided you with a comprehensive overview of my career so far and granted you a glimpse in to the nature of my future professional plans.

I sincerely thank you for generous allocation of your time for considering this application.

Kind regards,

Igor Tojcic

*“Measure of society is not what it does
but a quality of its aspirations!”*

- Wade Davis