

# VILLAGE 31

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a place of healing and rest  
in a structured, sheltered, and  
caring environment

set in a big garden with wide vistas and big trees

catering specifically for

- people convalescing from surgery or illness
- mentally ill people
- fully functional and compromised elderly
- out-patients at the chronic disease care unit
- friends and relations

# residents, day-care and out-patients, friends, and relations

residents:           convalescents from surgery or illness  
                         mentally ill people  
                         the elderly  
                         friends and relations of long-stay residents

living in communal homes (co-houses), apartments, and cottages

day visitors:

- day-care           mentally ill and elderly attending remedial programmes
- out-patients      non-residents enrolled in the chronic disease care unit
- relations         parents, children, and partners of long-stay residents
- friends           visitors to long-stay residents and donors to the village trust

# philosophy and approach

- focussed not on containment and isolation
- but on social interaction, self-determination, and dignity
- a safe and secure environment to prevent self-harm and suicide
- accommodating privacy with minimal and unobtrusive control
- supervised structured activity, medication, and nutrition

in an environment approximating  
non-institutional living with separate

- residential units – co-houses, apartments, cottages
- shared “down-town” area for work, leisure, and pleasure
- consultants’ centre – professional medical/health suites
- gardens – trees, flowers, vegetables, possibly also sheep ...

# a quote that says it all

Dr Kirkbride's recommendations are reflected not only in the ... buildings, but also in the related support facilities, [gardens], and landscaped park. [He] believed that the natural environment was crucial to patients' recovery. He advocated removing them from the ills associated with typical urban environments and exposing them to the natural beauty of landscaped parks to stimulate and calm the patients.

While [the single building] model may provide for easier logistics and a feeling of enhanced security, it has numerous challenges. ... The boredom, dreariness, and lack of expectations characteristic of "ward life" destroy hope, which is indispensable in patients' [well-being and healing]. Furthermore, a patient's isolation from society is worsened by the ward's isolation from the rest of the ... community.

[The recommendations are] responding to these issues by pursuing the treatment mall\* ... care model, which embraces the values of increasing self-determination, empowering relationships, developing meaningful roles, and eliminating stigma ...

**Although these values primarily drive organizational concepts and services, they also affect the built environment.**

Lori Ashcraft and William A. Anthony  
Tools for Transformation: Tools for transforming facilities  
Behavioral Healthcare. 2010 May 30(5): 10-13

- treatment mall care model refers to the separation of the residential area from a "down-town" area for work, play, and treatment

# convalescents – short duration stay

for people recovering from

- orthopaedic and other surgery
- organ transplant
- post-traumatic stress, ...

to be accommodated in 2 – 3 star residential suites  
in co-houses with dedicated carers and shared common facilities  
(accommodation type and carer number and qualification to be customised)

with access to “down-town” facilities and programmes

duration of stay ~ 3 weeks  
private and/or medical aid funded, state subsidy or grant

acutely ill persons to be transferred temporarily to  
an appropriate alternative treatment facility

# mentally ill – long duration stay

for people suffering from:

- schizophrenia and bi-polar affective disorder
- dementia and other forms of chronic mental impairment

only high functioning, treatment responsive persons that can benefit from a well structured, supportive, and stimulating environment

to be accommodated in:

single or double bed rooms without private bathrooms

in a co-house with a “house-mother” and shared common facilities

with supervised access to “down-town” facilities and programmes

duration of stay: 4 weeks – life

private, medical aid, and/or disability grant funded or subsidised

acutely ill persons will be transferred temporarily to an appropriate alternative treatment facility

# the elderly – long duration stay

- fully functional and free living
- in need of assistance – assisted living
- in need of care – frail care

to be accommodated in  $\geq 2$  star residential suites or rooms  
in a co-house with shared common facilities and optional carers  
(kitchen or kitchenette and carer customised to resident-type)

those who are able to be encouraged to use  
the “down-town” facilities and to participate in remedial programmes

duration of stay: 4 weeks – life  
private and/or disability grant funded or subsidised

accommodation to be rented or purchased

acutely ill persons to be transferred temporarily to an  
appropriate alternative treatment facility

# day-care patients

high-functioning, treatment-responsive persons  
suffering from mental illness and memory impairment that can  
benefit from a well structured, supportive, and stimulating environment

to attend remedial programmes in the “down-town” area  
and to have supervised access to its facilities

to eat and be accommodated in a day-care centre  
with reception area, dining area doubling as a lounge,  
ablution and locker facilities, and a dedicated “house mother/father”

patients to be bussed in at own expense

private and/or medical aid funded, state subsidy or grant  
+ special grants possibly/hopefully

# co-houses – communal living

≥ 2 star units each housing 8 –10 residents  
with shared common facilities

sleeping area – suites or rooms:

- one or two beds per bedroom
- with or without a lounge area/room
- with or without a bathroom

living area:

- dining room, sitting room, reading room – 1, 2, or 3 rooms
- activity room for table-tennis, card games, chess, draughts, ...
- separate room for TV, radio, music, group discussion, ...

service area:

- customised ablution facilities
- kitchenette (full kitchen optional for the elderly), scullery, laundry, ...
- reception area ± office, staff work-station, locker-room, ...

# high rise apartment block

(north-facing fronting a public road with direct separate access)

to accommodate fully functioning and free-living elderly, mentally ill people in remission or well-controlled, family, friends, visitors of long-stay residents, and staff

- 1 – 3 bedroom units
- furnished and unfurnished
- sectional title – owned and rented
- families with children to be encouraged
- small pets to be allowed
- several floors with optional lift

consulting rooms in a consultants' centre  
on the ground floor for residents and the general public  
and underground parking

# cottages – perhaps a few

- fully functioning elderly and mentally ill
- professional staff
- selected others – possibly
  - 5-star unfurnished units
  - 2 bedrooms, 1.5 bathrooms, living room/s
  - broad-band internet access
  - sectional title – owned and rented
  - families with children not encouraged
  - small pets to be allowed
  - no parking facilities

with access to “down-town” facilities and programmes

# “down-town” area

integrated, shared, multi-purpose spaces  
for remedial programmes and facilities/services

remedial programmes imitating life:

music, art, dance, drama, writing, poetry and book readings, computer skills training, sewing, embroidery, arts and crafts, carpentry, cooking, OT, physio-, calisthenics, conversation, table games, vegetable gardening, ...

for self-expression, gifts, sharing, bartering, sale

facilities/services imitating the street:

restaurant, tea room, theatre/lecture/cinema room, internet cafe, library, post and banking outlet, spaza shop, village market and kitchen, ...

patients to be encouraged and empowered to  
be programme facilitators and service providers

# consultants' centre

private and public sector professionals as independent practitioners and in a chronic disease care group practice

rooms + support facilities

for consultants in relevant disciplines such as:

psychologist, psycho-therapist, psychiatrist, geriatrician, neurologist, physician, medical practitioner, occupational therapist, physiotherapist, art and music therapist, podiatrist, pharmacist, dietician, social worker, health educator\*, ...

patients enrolled in the chronic disease care unit\* to have access to facilities and programmes in the “down-town” area

consultants to rent their rooms and “down-town” facilities

the state to fund patients attending public-sector consultants

other patients to be privately and/or medical aid funded

access to consultants to be separate for out-patients and in-patients

\* see <http://www.effieschultz.com/files/pdf/4-HealthEducators.pdf> and [http://www.effieschultz.com/files/pdf/2009\\_ccc\\_poster.pdf](http://www.effieschultz.com/files/pdf/2009_ccc_poster.pdf)

# diet/nutrition

diet to be an essential component of the  
village programme, a selling point,  
and brand identifier

a healthy diet\* is critically important

- for general health and well-being
- as an adjunct to modern psycho-tropic medicines and to prevent and manage metabolic side-effects
- to prevent and manage chronic medical conditions
- in the management of co-existing eating disorders

# kitchens and kitchenettes

central village kitchen serving:

“down-town” restaurant/dining room

“down-town” tea/coffee room/s

satellite kitchenettes

satellite kitchenettes in:

co-houses

day-care centre

where food from the central kitchen can be dressed and warmed up, and odd/occasional snacks and teas prepared

kitchens in selected co-houses for the elderly:

where residents can prepare their own meals, snacks, and teas

# buildings, roads, gardens, walk-ways, ...

- service and administration buildings to be along the plot perimeter
- limited staff accommodation – essential over-night duty staff
- roads accessible to busses, bakkies, trucks to be along boundary
- no formal tarred roads inside village; gravel or paved tracks only
- parking limited to underground at the high-rise apartment building and at the service and administration buildings
- mini-bus transport to be provided for residents and staff
- all internal motorised transport to be by electric buggies, not cars
- bicycles and tri-cycles to be allowed; horse and cart perhaps also
- separated semi-secluded recesses and nooks with benches, tables and chairs to be interspersed in small gardens joined by walk-ways
- buggy cross-flows to be avoided where possible
- walk-way cross flows not a problem

# financing process

- form a company (new company NC)
- set up a founders' trust fund (FTF)

## share holders of NC:

- FTF with 51% of the shares
- Seftel family from sale of land to NC
- property developers
- hospital and clinic groups, ...

## FTF trustees:

- planners, donors, philanthropists, ...
- family and friends of future residents
- government structures – 3 tiers
- Seftel family, wise men and women, ...

NC to borrow money from a financial institution with collateral from:

- sale of buildings off plan, lease back and sub-let/rent
- contracts with consultants, co-house managers, restaurateurs, service providers (transport, laundries, cleaning, ...), spaza shop owners, ...

income sources: rental and service provision