

In addition, local authorities have provided in recent years special flatlets designed on labour saving lines and with a resident warden who is on call in emergency, looks after communal facilities and often gives additional help, for example, with bathing, and, during temporary illness, with meals. Many elderly tenants in housing of this kind are expected to be able to pass the remainder of their lives there and not require residential accommodation or long-stay hospital care. Approximately 3,400 of these special dwellings had been built by 1962 with a further 2,400 approved for construction. It is envisaged that this type of housing will need to be greatly expanded, with the help of voluntary organizations.

#### *Support in the Home*

Elderly people living at home may need special support to enable them to cope with their infirmities and to prevent their isolation from society. As their capabilities diminish they will more often require such services as home help, laundry, meals, chiropody, friendly visiting, transportation to social clubs and occupation centres and arrangement for holidays. When illness is present they will need home nursing, night care and help generally in the home.

Surveys made in recent years show that some 10% of the elderly living at home are housebound because of illness or infirmity. This group is regarded as being particularly vulnerable. The authorities anticipate, however, that the tendency to become housebound will diminish as preventive health and welfare services are developed although the actual number may increase with the growing numbers of the very old.

#### *Residential Accommodation*

A residential home may be needed at the stage in an elderly person's life when the support which family, neighbours and domiciliary services can reasonably provide is no longer sufficient, but when nursing and supervision of the kind that only a hospital or nursing home can give is still not necessary. In areas where the whole range of services for the elderly inside and outside hospitals is well developed the necessary hospital provision is being achieved with about 10 hospital beds per 1,000 persons aged over sixty-five. It is however considered impractical to suggest such a precise ratio for the provision of residential accommodation by local authorities during the next ten years. Waiting lists are an unreliable guide in measuring unsatisfied need since there is still some antipathy towards the former public assistance institutions and reluctance to go into this type of accommodation. The amount of provision required will also be effected by housing conditions, by the degree of support from family and neighbours and by the amount of suitable residential accommodation provided privately or by voluntary organizations. In areas where the domiciliary services are well developed and hospital services are adequate, local authorities appear to be achieving appropriate provision with something in the range of 18 to 22 beds for every 1,000 persons aged sixty-five or over. This figure is suggested as a rough guide to local authorities pending the development of more definite standards based upon local studies and inquiries.

#### *The Elderly Mentally Infirm*

Many older persons suffer from the deterioration of mental faculties often associated with old age. Others have psychiatric symptoms or disabilities which are the aftermath of mental illness. Individual medical and social diagnosis and assessment are regarded as essential to insure that appropriate treatment and care are provided. Some need treatment or care to reverse a physical condition which is causing a mental disorder. Others need psychiatric treatment at home or in hospital. Others again need prolonged nursing care in a nursing home, in a geriatric ward of a hospital or in a psychiatric hospital. Then there are many who require only a measure of care in a regulated community with some medical supervision.