COORG FOUNDATION MOBILE CLINIC – A BOON

Community Participation in any program is a must for its sustained continuity. The Coorg foundation which was established in1994 by Late Darbari Seth, Chairman of the then Consolidated Coffee Limited. The vision and mission was to promote and secure the welfare of the people of Coorg and to help resolve the economic, ecological, environmental and social problems of the district. The chosen areas of intervention were

a. Health care
b. Education
c. Sports
d. Culture and
e. Environment

The available corpus through judicious and systematic investments applied the funds accruing to the above five sectors. Nearly 24% (ending March 2003) of the total expenditure of the trust has been spent on health care, for the upliftment and betterment of health in Coorg.

Historically the need to provide Primary Health Care to people was identified and promoted by ' Medical Education and support manpower (Srivastava) committee. 'Alma Ata' declaration (1978) emphasised this. 'Health for all by 2000 AD became the password. National health policy of India both 1983 and 2002 emphasized this aspect in varying intensity. Primary Health Care delivery was never sidelined. These policies also got reflected in medical education. The 'Rome' (Re-orientation of medical education) program carried this philosophy further. Mobile clinics made its appreance in a systematic manner from the Government side. The philosophy of mobile clinics supplied by Government of India were to be attached to teaching hospitals/medical colleges. Under the program they will be utilized for providing curative services in the rural areas and for training the under graduates and interns. The mobile clinic would visit the

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rural areas attached to the (Primary Health Care) PHC with students, interns. The mobile clinics will visit the rural areas attached to the PHC on a predetermined Programs regularly. Publicity / information to the community is a must and the PHC is also taken into confidence. This program was not only designed to enable the clinical skills and procedures of the interns but also to provide opportunity to the intern to understand the rural socio-cultural milieu. They were also to be involved in collection of baseline data, and actively participate in the health, promotion and specific protective activities such as communicable diseases control, including immunization, maternal and child health care, family welfare services, Health education nutrition, counseling and rehabilitation, environmental sanitation etc

Mobile clinics as a means for providing rural health services has its origin in Rajasthan. The Government of Rajasthan started the mobile surgical unit in 1955 to provide surgical facilities in rural Rajasthan. By 1967 the unit developed into a four hundred bed mobile hospital fully equipped with operation theatre, laboratory, blood transfusion unit, x'ray van, dental unit and captive generator apart from the curative activity this mobile hospital was also providing health education and family planning advise. The programme had the support of medical colleges in Rajasthan and it worked well. By 1970 Government of India, sanctioned twenty one medical colleges with mobile hospitals with fifty bed training units. On again Government of India made and attempt to introduce mobile clinic service through a new scheme called 'Chittaranjan multi purpose mobile training-cum service hospital, during early 1970's. However, very little is known about its efficiency, suitability, desirability and cost benefit in rendering Rural Health services. This model has been by and large used by NGO's, Corporate Groups, more as a service care, social responsibility, etc.

There has also been an argument that the local PHC's did not meet the requirements of the community, and therefore to meet the shortfall these mobile clinics were being used. One fails to understand the ethical issues where the mobile clinic visits periodically asking the people to fund themselves when the mobile clinic is absent. What ever be the argument / countor arguments mobile clinic has in its own way provided health inputs to

the community. At there door steps when there was none. The quint essence of the philosophy of mobile clinic is summarized by ministry of Health Government of India. ".... Deal with all aspect of immunization, detection and cure of diseases, whether existing in a remote village or in the nearest urban slum. It is imperative in the achievement of such an objective. Mass immunization, treatment of locally endemic diseases, maternal and child health services, carrying out minor surgical interventions, including operations under the family welfare program, prevention of blindness, school health programmes etc are duly covered". The mobile clinics, according to the authorities can also be gainfully used for the screening and treatment of specially vulnerable population groups in backward areas, tribal belts, and in pockets where outbreak of epidemics is threatened if the communications and programme scheduling could be properly initiated.

The Coorg Foundation invited Community Health Cell to review the working of mobile clinic in Kodugu District and recommend improvements to the ongoing programme, evolve a suitable strategy, through the experience gained by the mobile clinic personal; so as to make the programme more meaningful and effective. There was no terms of reference but had to be evolved during the briefing, by the Chief Medical Officer, Rural India Health Project (RIHP), who also was the Director (medical) of TATA Tea which coordinated the programme.

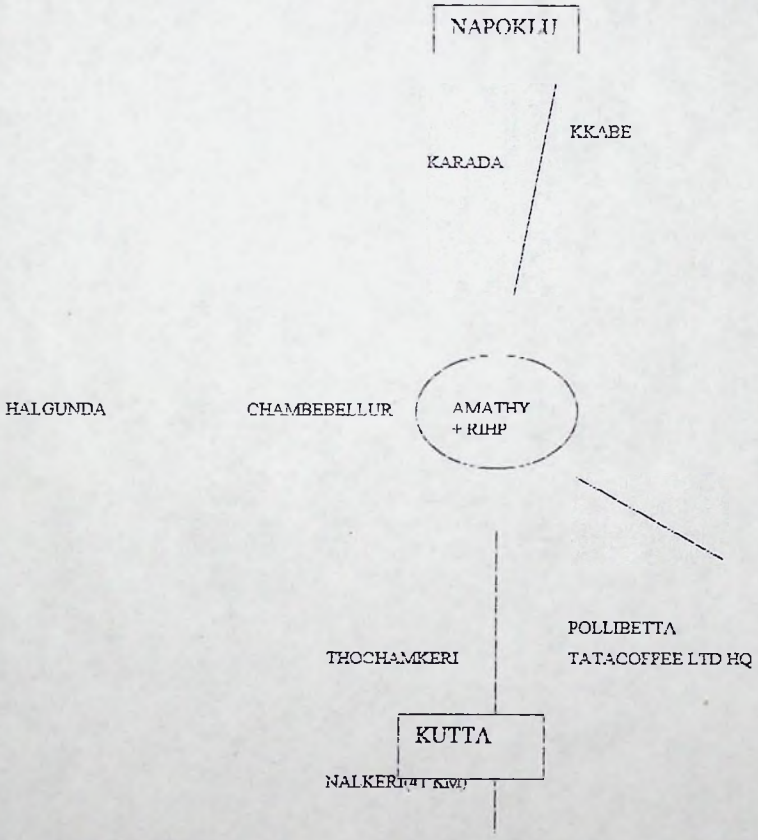
METHODOLOGY :

Keeping in view the time factor available to the consultant the following plan of action was evolved. Keeping Amathy as the base from where the Coorg Foundation Mobile Clinic (CFMC) starts the longest route of mobile clinic traversed on either side was considered. In route to either side identified halts of mobile clinic were for taken for review. (See Diagram). During the following four days discussions with the designated mobile clinic Doctor / staff/ driver, were held. At the place of halt local PRI (Panchayat Raj Institution) representatives were met and discussions held about the mobile clinic, its use, effectivety, their own observations and reflections, patients who came for medical

help from the mobile clinic, were interviewed -- as an exit interview. There was no prepared schedule an unstructured checklist was used. The questions related to

- the frequency of their visit
- the quality of service provided
- their suggestions for improvement
- Their responsibility towards the organization which is extending the service.

Diagram showing the Coorg Foundation Mobile Clinic. Route and the places visited by the consultant. (not to scale)



THE CLINIC :

Coorg foundation mobile clinic (CFMC) usually functioned out of the local panchayat hall (where ever provided) or the local PRI's / youth club members provided alternative place —youth club building / or Anganwadi space was provided.

CFMC doubled up as medical records department (MRD) where the patient had to register and get his OPD card after being examined by the Doctor (who also kept a register and recorded), patient came back for drugs / laboratory (if necessary) tests and dressings (if necessary). Registration, Laboratory Test, Chemist, Administrative Assistant all these roles were performed by one single individual. The driver provided physical and moral support to the single staff.

The medical records presented nearly 1500 plus OPD cards but no review has been made about patient's revisits and their usage. It looked a very few were regular users where s a large segment remained as one time user.

There was no epidemiological study made them the medical records. The OPD register which was with the doctor gave data necessary for a systematic review of the operational feasibility of the CFMC. As no effort was made by the organization one had to depend upon the opinions expressed by the attending doctor. No doubt the opinions expressed by the doctor were valid and would hold itself – for scientific scrutiny. But in the absence of a systematic study the information would only be an opinion and no conclusions be drawn.

The place provided by the local PRI's was good. However the place had to be vacated for other programs. For eg. One of the panchayat buildings was the storeroom for food

grains – (mid day meal scheme). The doctor had to sit in a hall and conduct his clinic. There was no examination Room/Private enclosure for him to examine the patients. There were places where the local youth club members/elders of the village had taken measures to provide such facility to the visiting doctor who had the privacy to examine the patient.

The opportunity gained and the confidence built by the doctor with the local population was good and the community was prepared to pick up creative ideas. It would be productive exercise if peoples representatives were called, for a dialogue on the Coorg Foundation and action plan evolved so that the CFMC would be an landmark.

There were also PRI representatives who did not know Coorg Foundations Philosophy and its plan of action. Scholarship distribution to meritorious students, providing grants for the construction of youth club buildings, upgrading playgrounds were mentioned where as the Mobile Clinic activity took a back seat.

The OPD was very thin. It ranged between 07 to 20 patients during one cycle. It is necessary to make a costing study of the whole program, so that the time of the professionals can be optimally used.

A quick review of the OPD registers showed the regular users of the CFMC were diabetic patients who needed periodic blood check up. It was well summarized by a patient. That "they had to phone the Village Panchayat Office to ascertain the arrival of CFMC, they then would come to the mobile clinic and get the tests done. The tests were costed nominally Assured Quality Drug were the major advantages to patients.

The Diabetic patients came from upper middle class strata (Planters) where as the labor class and other members of the community who came from lower economic strata were present in relatively less number.

When ever there was as an emergency for eg. A laborer getting hurt the planter would himself bring the laborer to CFMC, if it was the day of visit, and the medical treatment provided.

The other users of the clinic were old people of the area who came for advise. Once again they represented very small segment.

The time span by the team on travel is quite substantial where as the time span on the actual clinic time is little. It should not be misunderstood that the clinic get closed earlier. This is primarily because of very thin outpatients.

Reasons that were identified to explain the thin attendance were :

1. The Labour class could not use the facility as they would be working inside the plantation – since the CFMC arrives during working hours. They will not be able to use the medical service.
2. The frequency of visit is onece a week. The spectra of non-availability of medical assistance during emergency is well known, by the service seekers. Hence alternative avenues are explored by them.
3. CFMC doctor at times is forced to give prescriptions if the drug required for the patient in question is not available in the mobile clinic. This situation will send the patient to seek advice and service at the same place, preferably the nearest town.
4. The proximity to the nearest town gave the freedom to the patient to choose, a doctor of his choice, who was available at all, times.
5. Absence of lady medical officer in CFMC kept women patients away from clinic.

PATIENTS

'EXIT INTERVIEW' of the Patients identified following positive points –

1. The strict Itenary of the CFMC was appreciated.
2. The concern, of the CFMC staff was appreciated.
3. The quality of drug, the price, laboratory services were sufficient.

Where as

4. absence of lady medical officer was pointed out
5. Uni lateral decision of stopping the mobile clinic periodicity by the authorities was criticized.
6. The need to conduct multi disciplinary camps especially skin (dermatology) eye (opthamology) was requested.
7. The need to rebuild the confidence of community towards RIHP Amathy was expressed.

The lower strata patients who were present during the visit were not able to contribute to the above process. They did recognize the presence of CFMC, and were happy as long it met their need. If it was not there they had other alternatives (Private practitioners). Therefore either the continuity or stoppage of CFMC did not matter much to them.

PRI Representatives, other Government Lines Staff, General Problems.

During the field work except for one center in all the other centers Panchayatraj representatives both office bearers and secretary were met and discussions held.

New members who were elected did not even know about the philosophy of Coorg Foundation, there knowledge about CFMC was absolutely NIL. The fact that number of visits which CFMC use to make earlier was reduced, did not prompt these representatives to voice there protests, to the authorities concerned. They accepted the fact that they had not initiated any dialogue in this regard with Coorg Foundation

The Government line staff specially Anganwadi workers, and staff of PHC had several observations to make. In the absence of CFMC the poor were left to the exploitations of private practitioners. A more humane and sensitive approach would have solved problems of CFMC, and would have been a meaningful input to the people of Coorg. With the Mid-day meal scheme in operation PHC staff had to monitor the programme on a day to day basis along with other vertical programmes. These additional work drew them away from their parent departments work. Since the villages were isolated and scattered, health workers often found it difficult to reach remote areas which were partially being served by CFMC. The absence of this facility, they felt, would pose more problems to the deprived/margenalized communities.

The general public were equally concerned about the CFMC occasional presence. They argued that if they were also taken to confidence by the powers that be this unique programme could be a trendsetter to other states.

Coorg Foundation Health Division was not ignorant of these issues in the field. With a very minimal staff they were trying to handle a problem of high magnitude. Needless to say should the organization wants to bring about equity in there service to the people of coorg the need to rejuvenate, reorient, reorganize the programmes which would bring about remarkable changes in the operation of CFMC is more wanting. The following suggestions could be considered :

- Involving local PHC's or Sub Centers: with Karnataka taking a lead in India in the Health sector - Taskforce in Health, State Health Policy, it would not be a difficult task to get the active participation of Government Health Department. With a corporate giant like TATA's the CFMC could be better handled. The District Health Officer could be made a permanent invitee to meetings where local PHC doctors or his representative participate in meetings conducted by CFMC unit and views exchanged. The Activity of CFMC should not limit itself to as service providers but involve community in this task of providing Health care delivery.
- PRI representatives, local youth club member representatives, women representative school teachers, anganwadi workers and other important leaders be brought together

in health issues to be the working group over seeing the activism of CFMC and also providing assistance.

- The route plan of the CFMC and time should be so fixed to coincide with the local holiday for the laborer, local shandy so that the community is able to get the maximum benefit from the CFMC.
- The present method of passing the benefits of drug price to the community is appreciated, however the laboratory charges could be comparatively raised. It would be better if a cost benefit analysis be made, to enable the hospital to revise the service changes.
- The need to enlarge the scope of CFMC is felt in Health education.
- Identifying patients and referring them to Apex Hospital at Amathy.
- Conducting health education program in the local school.
- Well baby clinic and expectant mothers clinic once every month with the attendance of lady doctors.
- Involving local anganwadi workers with the help of CDPO (ICDS) Department would sow the seeds of health related issues with the children.
- The need to identify and train community health workers from among the laborers themselves could give the program a better sense of direction.

STAFF :

The existing staffs are small and are tied down to the clinical work. Under the circumstances they are executing their responsibilities to the optimal level. But with better support from the community and additional field staff could help the program move forward. The need to take fresh look at the entire program is necessary.

It is not necessary to withdraw the programme since it has already made its presence and gained the confidence of the people of the area. Instead the scope could be widened with the active participation of the community. This opportunity cannot be missed since it has been painstakingly built.

Help the Aged

Keeping Mobile

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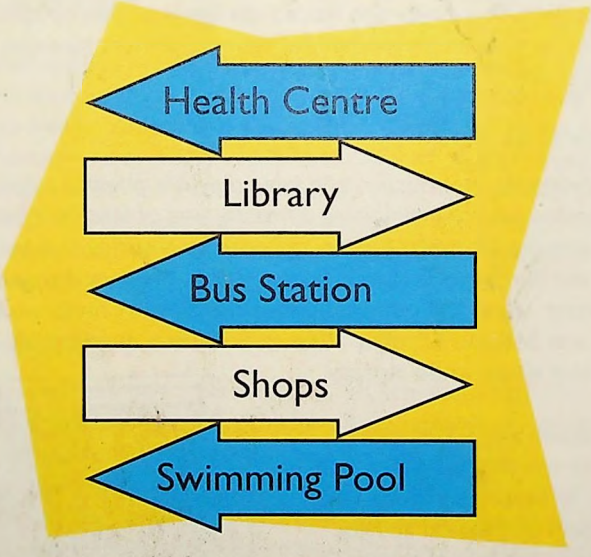
A Help the Aged advice leaflet



Endorsed by

RADAR
the disability network

Keeping active and mobile is the key to an independent life. There is a great deal we can do to remain mobile - many conditions which may affect us in later life can be prevented, eased or even cured altogether by being a little more active each day.

This leaflet looks at how to remain active and mobile, and at the range of help and advice available. Addresses of the helpful organisations mentioned in the text are given at the end of the leaflet.

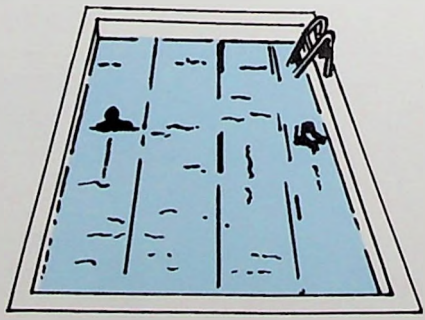
Health and fitness

Keeping fit and healthy will help you to stay mobile and independent. It is never too late to change your diet or take up some form of exercise to improve your suppleness, strength and staying power.

Physical activity

Whatever your age, regular, safe and enjoyable physical activity is an essential part of maintaining a healthy way of life. There are many benefits, from strengthening bones to ensuring that your heart and lungs stay in their best condition. The fact that you will feel better inside and out is a bonus. That doesn't mean we have to try and become Olympic athletes; it is just a question of increasing what we do already.

Being active and taking more exercise can also be lots of fun! Age is no barrier to taking up a new sport or physical activity. Getting fit has lots of other advantages too - feeling livelier and more active, meeting new people, enjoying a new activity.



If you don't get much exercise at present, it's a good idea to start gently and then build up. That way, your body will gradually get used to being more active, and you are far less likely to strain any muscles. If you are having medical treatment, talk to your doctor first before taking up a vigorous activity or exercise.

There are so many different ways to keep fit - you should be able to find one you enjoy! If you prefer an individual sport, you could take up walking, cycling or swimming; if you prefer company, there are classes and clubs for many activities which are a good way of meeting like-minded people. Many local authorities run classes for older people and some have classes specially for people with medical conditions such as heart disease and arthritis. Ring up your local sports centre or your council to find out what is available in your area.

If you have mobility problems at the moment, ask your doctor or physiotherapist for an exercise programme or class which will meet your needs. An organisation called EXTEND trains teachers to give "movement to music" classes to older or disabled people. If you would like to find out about any teachers in your area, write to EXTEND, 22 Maltings Drive, Wheathampstead, Herts AL4 8QJ. Please enclose a stamped addressed envelope, and a cheque or postal order for £1, to help cover their costs.

Overweight?

Surplus pounds can be a health hazard. They make it harder to enjoy exercise, may make any problems with arthritis worse, and can increase the risk of heart and chest troubles, diabetes, backache and varicose veins - all of which are likely to make you less mobile. If your mobility is severely restricted because of your weight, then it is time to seek specialist help through your doctor.

If you need to lose weight, the emphasis should be on cutting back on certain foods (such as very sugary or fatty foods), and **not** total restriction.

It is very important to have a varied diet so you get all the nutrients you need for good health. Remember it's not healthy to be underweight, either! For further information on a healthy diet, see Help the Aged's leaflet "Healthy Eating".

Smoking

It is never too late to give up smoking. No matter what your age, it is the single most effective action you can take to improve your health. Your breathing will become easier, your circulation will improve and you will reduce the risk of developing diseases which can restrict your mobility. If you would like advice on giving up smoking, or cutting down the amount you smoke, the organisation QUIT has a freephone helpline you can call on 0800 002200.

Arthritis, rheumatism and mobility

Rheumatic diseases affect at least 8 million people in Britain every year. Pain and stiffening in joints and muscles can seriously affect your mobility. However, help is available. Your doctor may be able to prescribe drugs to relieve your symptoms, a physiotherapist can give help with special exercises and an occupational therapist can give advice on mobility aids and on protecting your joints. Your doctor should be able to refer you to a physiotherapist or an occupational therapist for this sort of help.

You may be interested in alternative forms of medicine. However, consult your doctor first for a diagnosis of your condition. You can get details of registered practitioners in different forms of alternative medicine from the Institute for Complementary Medicine. Write to the Institute for Complementary Medicine, PO Box 194, London SE16 1QZ. Please enclose three first-class stamps to help cover their costs.

Help is at hand

If you are having problems getting about, help is at hand! There are many different kinds of "mobility aids", and if you find one that is right for you, you may regain much of your independence. The simplest mobility aid is a walking stick which can be helpful if just one of your legs needs extra support. If both your legs need support, then you may need to use two walking sticks, a walking frame or a rollator (see below). If you find it very difficult to walk at all, then you may need a wheelchair. If you are able to walk but find it difficult or tiring to get about as easily as you used to, then a "personal vehicle" may be worth considering (see page 8).

Walking sticks, walking frames and rollators

It is important that your walking stick is the correct length. It should be level with the wrist crease when your arm is held by your side. If two walking sticks are being used to give balance, they need to be longer because they will be held in front of you. A walking stick should have a rubber end called a "ferrule" which prevents it from slipping. Ferrules wear out quickly so they need to be checked regularly. Replacements can be bought from large chemists. Walking frames give even more support, are stable, and help increase confidence. Rollators are wheeled frames which are easier to manoeuvre and do not break up the pattern of walking. They are good for people with moderate balance problems.

Walking sticks, walking frames and rollators are all available free. Your doctor may refer you to the local hospital's physiotherapy or occupational therapy department, or your local social services department may provide them. Always seek advice from a physiotherapist or an occupational therapist on which walking aid is most suitable for you and on how to use it.

Wheelchairs

The NHS provides wheelchairs free to people who need them on a permanent basis. You don't have to be a full-time user; you may just need to use one regularly once or twice a week. If you think you need one, discuss it with your doctor, hospital consultant, physiotherapist or occupational therapist. They will fill in an application form and the chair will then be supplied by your local Wheelchair Centre. In some areas, you may be able to refer yourself directly to the Wheelchair Centre; ask your local Community Health Council if this is possible. You will find their details in your local telephone book.

Wheelchairs come in a wide variety of types and designs, so do think carefully about your own particular needs. For example, think about whether you will be using the chair indoors, outdoors or both. How long will you use it each day? Will you need to pack it away in a car? Ask your doctor, hospital consultant, physiotherapist or occupational therapist for advice.

The Disabled Living Foundation, the Mobility Information Service, the Banstead Mobility Centre and the Mobility Trust can all offer advice on choosing a wheelchair. Disabled Living Centres have a range of wheelchairs on display which can be tried out by appointment. Contact the Disabled Living Centres Council to find the nearest Centre to you.

You may be able to get a wheelchair on loan from:

- your local social services department or hospital
- your local British Red Cross (a small fee may be payable)
- your local Shopmobility scheme (see page 11)

Equipment for daily living

If you have restricted mobility, everyday activities such as getting out of the bath, doing the housework or climbing the stairs, may begin to cause problems. However, there are a great many aids and adaptations which can make things very much easier. The Disabled Living Foundation and Disabled Living Centres can offer advice on what is available. You may be able to obtain the aids you need following an assessment by an occupational therapist from your local social services department.

If your home needs to be adapted on a larger scale, you might like to contact the Centre for Accessible Environments, who are happy to offer advice to people with disabilities. A local Disabled Living Centre may display larger equipment such as stairlifts (a chair that travels along a rail at the side of the stairway) so that you can try out what is available.

You may also be able to get a disabled facilities grant from your council to help you with the cost of adapting your home. Your local social services department or Citizens Advice Bureau should be able to advise you.

Second-hand equipment

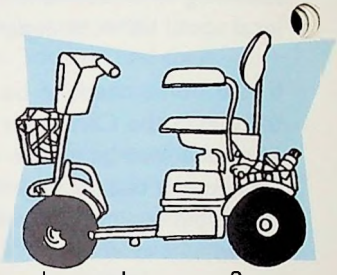
If you want to buy or sell second-hand equipment, for a small cost you can subscribe to the Disability Equipment Register. You will receive monthly lists of equipment both for sale and wanted. For an information pack about the register contact: Disability Equipment Register, 4 Chatterton Road, Yate, Bristol BS37 4BJ. Telephone: 01454-318818.

A local Disabled Living Centre may also know of second-hand equipment for sale in your area. Some companies buy and sell second-hand equipment, such as electric wheelchairs, and these may come with a limited guarantee.

Possible places to see and try out equipment

- the occupational therapy department of the local hospital
- your local social services department
- the Disabled Living Foundation
- local Disabled Living Centre

Personal vehicles



There are several types of small battery or petrol-operated "personal vehicles" available commercially. They can be driven on pavements at up to 4 mph and some can be driven into shops. They cost from about £1,500 to buy when new.

Another category of vehicle can be driven on the road at up to 8 mph. It is important to consider local traffic conditions and general road safety when thinking about buying a personal vehicle.

For further information, see "Powered wheelchairs, scooters and buggies - a guide to help you choose", available for £2.75 from the Research Institute for Consumer Affairs, 24 Highbury Crescent, London, N5 1RX. Telephone: 0171-704 5200. The Mobility Information Service and the Disabled Living Foundation can also give you advice.

Cars

If you have mobility problems, your own car can make all the difference to your independence. Several organisations offer information and advice about buying and driving a car specially adapted for a person with a disability. These include the Mobility Information Service, the Mobility Advice and Vehicle Information Service (MAVIS) and the Banstead Mobility Centre.

Motability

An organisation called Motability helps people to use the higher rate mobility component of their Disability Living Allowance (DLA) or their War Pensioner's Mobility Supplement to buy powered wheelchairs, personal vehicles and cars through a hire purchase scheme. However, your DLA or Mobility Supplement won't necessarily cover all the costs: you may also have to pay a deposit, the cost of necessary adaptations, insurance, running costs and so on. Do check exactly what you will need to pay before committing yourself.

Exemption from VAT and road tax

People with disabilities do not have to pay VAT on equipment for daily living, wheelchairs, personal vehicles or on cars which have been specially adapted to carry a disabled person in a wheelchair. For more details, see leaflet 701/7/94, "VAT reliefs for people with disabilities", available free from your local VAT office (look under "Customs and Excise" in the phone book).

People who receive the higher rate mobility component of Disability Living Allowance don't usually have to pay Vehicle Excise Duty (road tax) on their car. For further information, see RADAR's mobility fact pack 3, "Money Matters" available for £2.

Orange Badge Scheme

If you have difficulty walking, or you are registered blind, or you have a disability which affects both your arms, you may be entitled to an Orange Badge. You should apply to your local social services department or if you live in Scotland, to the Chief Executive of your regional or island council. There may be a small charge. The Orange Badge can either be used in your own car, or someone else's car that you use regularly. The Orange Badge allows you to park on yellow lines, in spaces marked for disabled people, and at parking meters with no charge or time limit.

The scheme operates throughout England, Scotland and Wales, with the exception of central London. For further information, you can get a copy of "The Orange Badge Scheme" leaflet, by writing to the Department of Transport, Mobility Unit, Zone 1/11, Great Minster House, 76 Marsham Street, London SW1P 4DR.

Getting around

If you do not have the use of a car, and you use public transport to get around, you may be able to get help with your travel costs. If you have difficulty using public transport, there may be a local transport scheme which can help.

Public transport

Bus and train passes are available for senior citizens and disabled people in most areas. They enable you to travel either free, or at a reduced rate, on local buses and trains. For more details about what is available in your area, you should contact your local council.

If you travel by train, you can apply for either a Senior Railcard (for people over 60), or a Disabled Person's Railcard. For a yearly charge, the railcard will enable you to buy most rail tickets at a reduced rate. You can get an application form and further details from your local station.

Many coach companies also offer discounts to senior citizens. You should contact your local coach station to find out what they offer.

Local transport schemes

Volunteer drivers use their own cars to provide a door-to-door service. These schemes are often run by voluntary organisations, such as the Women's Royal Voluntary Service (WRVS) and Volunteer Bureaux. Your local council may also offer a similar service.

Dial-a-Ride/Ring-a-Ride schemes use converted cars and minibuses to provide a door-to-door service for older and disabled people. They will take you wherever you wish within a local area. You will need to book in advance and you may have to pay a mileage cost.

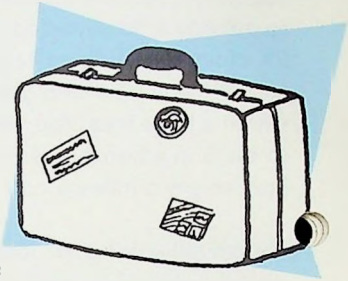
Shopmobility schemes loan wheelchairs and scooters to help older disabled people to shop independently. You can get a directory of all Shopmobility schemes by sending a stamped addressed envelope with a 39p stamp to the National Federation of Shopmobility. Some WRVS groups also operate a special shopping service for people with disabilities. Contact your local WRVS group to find out what they can offer.

If you live in Greater London and have a disability, you may be entitled to a Taxicard. This will enable you to use taxis at a reduced rate. For more details, contact the London Mobility Unit, New Zealand House, 80 Haymarket, London SW1Y 4TZ. Telephone: 0171-321 2480.

Where to find out about transport schemes in your area

- a disability organisation in your area, or the local Disablement Information and Advice Line (DIAL)
- your local social services department
- the Transport Co-ordinating Officer at the council
- your local WRVS
- Community Transport Association on 0161-367 8780

Travel advice



There are several organisations who offer information and advice about travel and transport. Tripscope can help you plan any trip, whether it is a short everyday journey or a long distance holiday. The Holiday Care Service can help people with mobility problems find an appropriate holiday. RADAR publishes an annual holiday guide for disabled people entitled "Holidays in the British Isles". This costs £7. 50 including postage and packing.

Financial help

If you are under 65 and have difficulties getting around, you may be able to claim a social security benefit called **Disability Living Allowance** (or DLA). There are two parts to Disability Living Allowance.

- DLA **care** component - for people who need help with personal care.
- DLA **mobility** component - for people who have difficulty walking or getting around.

DLA mobility component is paid at two rates:

- **Higher rate:** to qualify for this rate, you must be unable to walk, or have great difficulty walking, or be in serious danger if you do walk.

- **Lower rate:** you can qualify for this rate even if you can walk. However you must need guidance or supervision from someone else to make sure you are safe or to help you find your way around in a strange place.

To claim DLA, your disability must have started **before the age of 65** and you must **claim before your 65th birthday**. If you qualify for DLA, you will either receive it for life or for a fixed term.

The higher rate of DLA mobility component can be used to help you buy a powered wheelchair, a personal vehicle or a car through the organisation Motability (see page 9 of this leaflet for more details).

Sadly, if you become disabled after your 65th birthday, you can't get extra money to help with the costs of getting around. However, you may be able to claim a benefit called **Attendance Allowance** to help with the costs of your personal care.

For further information on Disability Living Allowance and Attendance Allowance, see Help the Aged's leaflet "Claiming Disability Benefits".

Incapacity Benefit and retirement

Incapacity Benefit replaced Invalidity Benefit and Sickness Benefit from 13 April 1995. Generally, you can't claim Incapacity Benefit after reaching pension age (60 for women, 65 for men).

If you are receiving Incapacity Benefit when you reach pension age, you will either remain on Incapacity Benefit, or change to the State Retirement Pension. This will depend on which rate of Incapacity Benefit you are receiving. Help the Aged's leaflet "Claiming Disability Benefits" gives details about Incapacity Benefit, and how it affects people who were on Invalidity Benefit.

Helpful addresses

Arthritis Care
18 Stephenson Way
London NW1 2HD
Tel: 0171-916 1500
Helpline 0800 289 170
(12-4pm, Mon-Fri)

Banstead Mobility Centre
Damson Way
Fountain Drive
Carshalton
Surrey SM5 4NR
Tel: 0181-770 1151

British Red Cross Society
9 Grosvenor Crescent
London SW1X 7EJ
Tel: 0171-235 5454

Centre for Accessible Environments
Nutmeg House
60 Gainsford Street
London SE1 2NY
Tel: 0171-357 8182

Citizens Advice Bureau
See your local telephone book

Community Health Council
See your local telephone book

DIAL UK
(Disablement Information and Advice Line)
Park Lodge,
St Catherine's Hospital
Tickhill Road
Balby, Doncaster
South Yorks DN4 8QN
Tel: 01302-310123

Disability Scotland
Princes House
5 Shandwick Place
Edinburgh EH2 4RG
Tel: 0131-229 8632

Disability Wales
Llys Ifor
Crescent Road
Caerphilly
Mid Glamorgan CF83 1XL
Tel: 01222-887325

Disabled Living Centres Council
c/o Disabled Living Centre
The Vassall Centre
Gill Avenue
Bristol BS16 2QQ
Tel: 0179-585 130

Disabled Living Foundation
380-384 Harrow Road
London W9 2HU
Helpline: 0870 603 9177

Holiday Care Service
2nd Floor
Imperial Buildings
Victoria Road
Horley
Surrey RH6 7PZ
Tel: 01293-774535

Mobility Advice and Vehicle Information Service (MAVIS)
O Wing
Macadam Avenue
Old Wokingham Road Crowthorne
Berkshire RG45 6XD
Tel: 01344-661000

Mobility Information Service
Unit 2, Atcham Estate
Shrewsbury
Shropshire SY4 4UG
Tel: 01743-761889

Mobility Trust
50 High Street
Hungerford
Berkshire RG17 0NE
Tel: 01488-686335

Motability
Goodman House
Station Approach
Harlow
Essex CM20 2ET
Tel: 01279-635666

National Federation of Shopmobility
85 High Street
Worcester
WR1 2ET
Tel: 01905-617761

RADAR (Royal Association for Disability and Rehabilitation)
12 City Forum
250 City Road
London EC1V 8AF
Tel: 0171-250 3222

Social Services Department
see telephone book under the name of your local council

Tripscope
The Courtyard
Evelyn Road
London W4 5JL
Tel: 08457 585641

WRVS
see your local telephone book or contact:
WRVS Headquarters
Milton Hill House
Milton Hill
Abingdon
Oxfordshire OX13 6AF
Tel: 01235-442900

Help the Aged produces a range of free advice leaflets for senior citizens.

Financial Leaflets

- Can You Claim It?
- Check Your Tax
- Claiming Disability Benefits
- Managing A Lump Sum
- Questions on Pensions
- Thinking About Money

Housing and Home Safety Leaflets

- Fire
- Housing Matters
- Keep Out the Cold
- Living Alone Safely
- Residential Care
- Safety in Your Home
- Security in Your Home

Health Leaflets

- Bereavement
- Better Hearing
- Better Sight
- Fight the Flu
- Fitter Feet
- Healthy Bones
- Healthy Eating
- Incontinence
- Keeping Mobile
- Managing Your Medicines
- Shingles

For copies of any of these leaflets, please write to the **Information Department.**

You can also contact Help the Aged for information about:

- SeniorLine - Help the Aged's advice and information service on 0808 800 6565
- SeniorLink - special telephones and pendants to call for help - call 01483-729678
- Gifted Housing - donation of your home in return for life-long care
- Will Information Pack - information relating to making or changing your will
- Insurance - contact Help the Aged Insurance Services on 0800 41 31 80

This leaflet is endorsed by the Royal Association for Disability and Rehabilitation (RADAR).

Help the Aged
St James's Walk
London EC1R 0BE
Telephone: 0171-253 0253

Help the Aged

SeniorLine is a free national advice and information service run by Help the Aged for senior citizens, their relatives, carers and friends.
Telephone: **0808 800 6565** Minicom: 0800 26 96 26
9am to 4pm, Monday to Friday. Your call will be free of charge

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