

## **In Conclusion:**

Although there seems to be growing awareness of the importance and benefits of HBC, service provision remains largely in the hands of parish-led volunteers, with no formal structures and no allocated budget to meet a growing demand for the services they seek to provide.

With no centrally managed policies or resources and limited linkage between clinical and community provision, it is not possible to offer a continuum of care.

Since there is no strategy or budget to provide training, support and some financial remuneration for HBC teams, it can be difficult to retain team members.

On one parish visit, I asked the HBC team what would be most helpful to them and was very taken aback when they said 'shoes'. These ladies, who were not young, were walking many miles in a week. Most had no money to replace their own footwear and so were walking barefoot over very rugged countryside, sometimes in bad weather. It was a sobering and never forgotten exchange.

With growing numbers of chronically sick people and HIV/AIDS patients, and a lack of government services, the demands placed upon these brave and committed caregivers are unsustainable.



This lady is a double amputee and relies on the HBC team for care and support.

## **What of the Future?**

Those working most closely in this area are clear that:-

- Referral systems between HBC and other services need to be strengthened.
- Links between clinical services and community projects must be developed if a continuum of care is to be achieved.
- Care for the carers – both HBC and family carers - needs to be provided and supported systematically in order to promote development.
- Funding is essential to enable this service to survive – and hopefully develop.
- Parishes should be helped to strengthen their approach to facilitating, monitoring and developing HBC provision.

As Companions, I hope we will continue to walk alongside and support wherever we can.

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