A statewide model for integrated grief and bereavement support, *Journal of Public Health*. Forsythe D, Davis K, Sharplin G, Swetenham K, Eckert M. Corresponding author: deborah.forsythe@adelaide.edu.au, Rosemary Bryant AO Research Centre, Adelaide University

Supplementary File 3: Statewide Model for Integrated Grief and Bereavement Support processes

Figure S1: The six Access Pathways of the Model

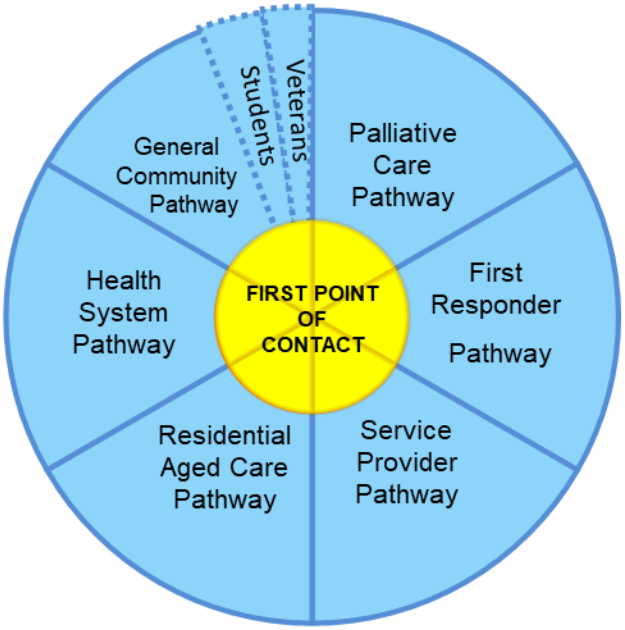

Table S1: Descriptions of the six Access Pathways of the Model

Access Pathway	**Targeted population**	**Point of contact**	**Specific processes**	**Flagging of 'at-risk' persons**
General Community Pathway	Any member of the public in the absence of a more specific pathway being activated.	Public community locations, e.g., council buildings, libraries, waiting rooms, educational facilities.	Relies on public promotion of statewide service, e.g., pamphlet, public advertising campaigns.	N/A
	Veterans; Students	Counsellors, chaplains, and educational staff.	Veterans and students may be directly referred to the service through other counselling/supports provided within their own systems.	✓
First Responder Pathway	Activated in situations where emergency services personnel identify a bereaved person.	At the scene of a death, e.g., in a person's home when an ambulance arrives after a death, or in the community where ambulance officers, firefighters and police may be present on the scene.	Emergency services personnel have basic training about the service model and offer a card/pamphlet with the service phone number directly to those experiencing grief at the scene of a death.	✓

Access Pathway	Targeted population	Point of contact	Specific processes	Flagging of 'at-risk' persons
Health System Pathway	For people accessing bereavement support through the health system.	In an acute medical setting, or when first contact about grief occurs with a medical professional or other community health provider.	Health providers have basic training about the service model and direct consumers to the phone line for information and support.	✓
Residential Aged Care Pathway	Families of people who die in residential aged care facilities.	The care team at a residential aged care facility.	The care team provides families with contact details for the statewide service, whenever a resident dies in care. If there are other supports in place within that aged care service (e.g. chaplain, bereavement support worker) the information should be added to routine processes activated following the death of a resident.	✓
Palliative Care Pathway	For families and carers already in the palliative care system.	Palliative care professionals/ palliative care navigation support service.	In SA, an existing phone-based palliative care navigation service exists, and it is expected that bereaved callers will be transferred over to the statewide bereavement navigation service to receive access to support consistent with all other populations.	✓
Service Provider Pathway	Those who experience grief in their workplace and need grief support for themselves (e.g., health professionals, volunteers, emergency personnel).	Direct contact with phoneline for statewide service.	Service providers will be assessed and referred for supports like any other caller	N/A
	Service providers who are seeking information about grief and/or grief supports for their consumers.	Direct contact with phoneline for statewide service.	Service providers will be given information by a bereavement navigator.	N/A

Figure S2: Example of the processes involved in one Access Pathway (First Responders)

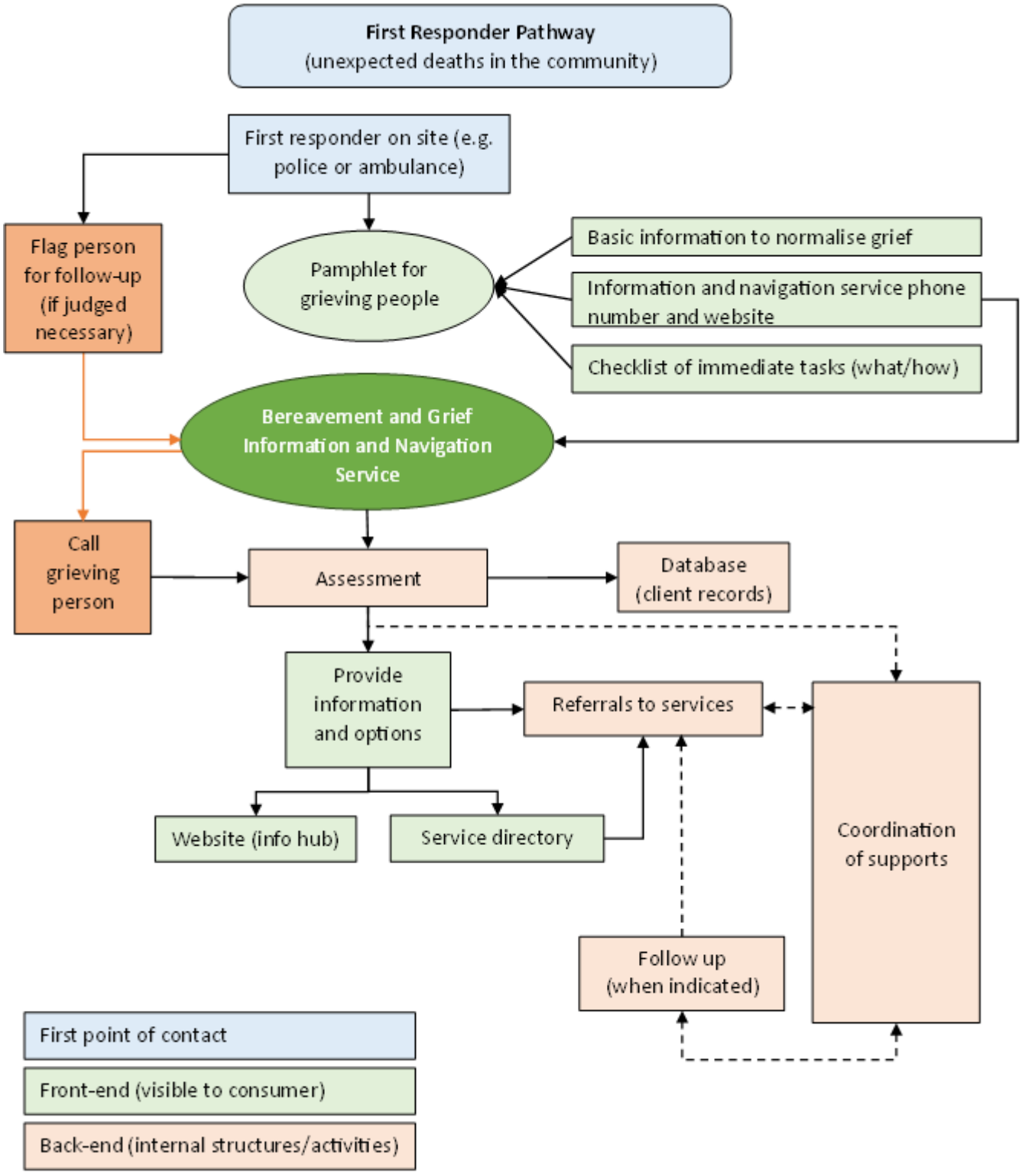

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Table S2: Components and processes of the information and navigation support service

Component	Description	Purpose	Processes
Phone line	A single phone number.	To provide equal access for all people.	• Manned by bereavement navigators who assess the needs of the person calling and provide suitable information, coordination and/or referrals. • Bereavement navigators may also make outgoing calls to people who have been flagged as at-risk.
Bereavement Navigation	A protocol-driven, consumer-facing function that provides informational guidance and support, with bereavement navigators acting as knowledgeable guides through the complexities of accessing grief support.	To help individuals find the right pathways to access support that meets their unique bereavement needs.	• Bereavement navigators answer the phone line at the Service. • They are equipped with the knowledge of all grief and bereavement supports (informal and formal, community and health system supports) available in the state and have the skills to identify suitable supports for each individual.
Assessment of unmet need	Each initial contact will begin with an assessment over the phone.	To identify what information to provide, what referrals are necessary, and whether bereavement coordination is needed (for complex grief).	• A bereavement navigator listens to the person tell their story and builds an understanding of their unmet grief and bereavement needs and what sorts of supports they are interested in hearing about or accessing. • At the end of this informal assessment, navigators provide the consumer with suitable information, recommendations and/or formal referrals to the most appropriate supports to meet their needs. • Immediate counselling needs are addressed by putting the consumer through to the most appropriate 24/7 phone-based counselling service (e.g., Lifeline, BeyondBlue).
Database of consumer records	An internal database visible only to the Service employees and containing the information collected from phone calls and assessments.	To ensure that continuity of care is possible for callers who call more than once. To make it possible for referrals to be followed up when indicated.	• Confidentiality is key for this component, and consent for information to be recorded and stored will need to be obtained from those accessing the service. Where any information will be passed on in a formal referral, processes must be in place to ensure that privacy and consent are maintained.

Website	A website contains basic information about grief and the bereavement supports in the state and outlines the Service and its processes for consumers.	To provide a consumer-facing online presence for the Service so that the general community can find information about the Service and how to access it.	• The phone number for the Service should be prominent on the website so the single access point is evident. • The website would ideally be integrated with comprehensive information about grief and bereavement and contain the Service Directory.
Service Directory	An interactive online directory of currently available services and supports relating to grief and bereavement.	To enable consumers to find their own grief and bereavement supports. To assist bereavement navigators in providing consumers with appropriate information and referrals.	• All grief and bereavement supports available in the state, including local and informal community supports (i.e. not just formal services), should be listed. • National programs that consumers can access (e.g. 24/7 counselling hotlines) should also be listed. • It should be searchable and have filters to enable easy browsing for specific types of support and supports in specific regions/locations. • It should include information about eligibility criteria, how to access the support and costs for each support. • It will need to be maintained and updated regularly to ensure currency of supports.
Referrals	Referrals include both formal referrals to services (following formal referral pathways) and recommendations made by bereavement navigators and coordinators to informal and community level supports.	To connect users of the Service with the most appropriate informal and formal supports in their community to meet their individual grief and bereavement needs.	• An informal referral may be made to connect a consumer with support by either giving them information about the support option in their community for them to contact themselves, or by contacting the support service/group/individual on the consumer's behalf (as appropriate). • The Model intends for community support to be the primary support for most consumers, so it is expected that bereavement navigators will 'refer' consumers to whatever suitable local community supports exist in their location as well as bereavement targeted community supports. • Formal referrals may be made to specific services, and formal referral pathways may need to be developed when formal partnerships are made.

Practical advice/ assistance	Assisting consumers with understanding the practical tasks that need to be done after a death, and helping them navigate these tasks.	To inform bereaved people of the practical tasks they may need to do. To make recommendations and referrals as appropriate to put people in contact with individuals, groups or organisations who can provide the practical assistance they need.	• Practical advice may be needed in various areas, for example, organising funerals, understanding and complying with legal obligations and processes, or managing financial matters relating to a death. Practical assistance may also be more personal, such as assistance with meals and childcare. • The Model relies on strong partnerships and connections within communities so that navigators can guide consumers to the supports that can meet their practical needs in grief and bereavement. • Navigators can also provide information consumers can give to friends and family that may assist a person's own social network to provide the needed practical assistance.
Bereavement coordinators	Bereavement coordination offers case management, focusing on the logistical aspects of accessing a variety of grief and bereavement supports.	To assist consumers whose needs are assessed as complex to successfully access supports to meet their needs. To ensure the consumer's bereavement journey is well-organised and coordinated across various providers and settings and that continuity of care is maintained across time.	• Coordinators should work closely with consumers to develop a plan, make appropriate referrals, and then follow-up to ensure that the individual and combinations of supports put in place are meeting their needs. • Additional referrals and follow-up can occur as required until grief and bereavement supports are in place that appropriately meet consumer needs.
Follow-up	Follow-up involves the bereavement coordinator checking back in with the consumer after referrals have been made.	To ensure that supports were successfully accessed, and that they meet the identified needs of the consumer.	• Follow-up is proposed in this model only for those assigned a bereavement coordinator and with an active bereavement support plan. • If follow-up reveals that supports were not accessed or are not meeting needs, the bereavement plan may be revised, referrals followed up with service providers and/or new referrals made. • At the point where follow-up indicates the consumer has suitable supports in place, working effectively to meet their needs, they will be discharged from bereavement coordination. • It is assumed that the supports will continue beyond the timeframe of coordination since they are external and not dependant on the Service.

Table S3: Types of partnerships and linkages required to enable integrated statewide grief and bereavement support

Type of partnership	Purpose	Processes
Local partnerships within communities	To enable connections to be made between grieving people and local supports in their own community/ location.	• Local groups and services need to know about and connect to each another and to the statewide Service so that individuals can be informally referred to support options near them. • Community supports should include general community events that promote grief literacy and capacity building (e.g., compassion cafes), general community support groups (e.g. playgroups, rotary club etc.), bereavement-specific supports groups, formal grief and bereavement services (e.g. counselling) and individual peer support options. • A community-development role at the Service may assist communities to map what local supports exist, build local grief and bereavement support capacity, and link supports to each other. • A peer support program should be developed to provide opportunities for those with lived experience to help others going through grief to navigate the journey.
Formal partnerships between services providers	To ensure that each consumer accessing the Service can be linked efficiently and effectively with services that are most suitable to their situation and needs.	• Formal partnerships should be established between the Service, the state health network, peak bodies, and other formal service providers. • Formal partnerships should be made with organisations that already offer culturally safe and appropriate supports to groups with potentially unique or additional support needs, for example, specific cultural or age groups. • Formal partnerships should be made with services that target people bereaved from specific types of death, such as terminal illness, suicide and infant loss. • Formal partnerships and referral processes should be established during the setting up of the statewide Service. When new supports are established over time, the need for a formal partnership should be evaluated.
Inter-agency information exchange	To enable efficient information exchange between services during the grief and bereavement journey. To aid in continuity of care and to simplify medical and legal processes for consumers.	• Clear pathways need to be developed for information (e.g., medical records and autopsy and investigation reports) to be shared between services and families. • Protocols for consent, information privacy, and confidentiality must be established wherever information is shared.

Table S4: Components and processes of statewide grief education

	Description	**Purpose**	**Processes**
Grief literacy and community capacity building	Education that is universal, targeted to all members of the community (not specifically to those experiencing grief or providing care to the bereaved).	To normalise grief and build grief and death literacy in the general population. To build the capacity of community members to support each other in grief.	• The Service should work with councils to build compassionate communities and hold community events that provide opportunities for people to hear and talk about death and grief. • Public promotion of the Service will contribute to raising awareness and normalising grief. • Grief literacy should be included in primary and/or secondary school curriculum.
Grief and bereavement care education	Education about grief and bereavement and the care of grieving and bereaved people targeted to those who do or will provide supports.	To ensure a grief literate workforce, equipped to provide quality grief and bereavement care.	• Grief education should be provided for qualified health professionals (e.g., psychologists, nurses, allied health professionals, counsellors, doctors, paramedics, and pharmacists) and paraprofessionals (e.g., allied health assistants, care workers, disability support workers). This could be offered through Continuing Professional Development opportunities. • Grief education should form part of the curriculum in all health-related tertiary education courses (e.g., Psychology, Nursing, Midwifery, Allied Health, Medicine and Paramedicine). • Grief education should be offered to other populations that come in contact with grieving people in their work, including chaplains, the police force, firefighters, teachers and educational support staff, doulas and life-coaches, volunteers, and workplace wellbeing officers.
Grief specialist education	Education for professionals to specialise in grief counselling.	To equip counsellors with grief-specific knowledge and training. To enable services and the general public to identify counsellors that specialise in grief.	• Formal training for counsellors to specialise in grief counselling should be made available. The course should be suitably accredited and provide counsellors with certification of their grief specialisation. • A database of certified grief specialists should be developed and regularly updated for currency.