

# Hummingbird House

## Performance Report – April 2025

### Overview

The Federation Funding Agreement – Health Schedule (the Schedule) for the operation of Hummingbird House includes provision of \$900,000 in 2024-25 as an interim support for the operation of Hummingbird House while Queensland Health, Wesley Mission Queensland and Hummingbird House finalise an ongoing funding model (Attachment 1.1).

The Schedule, which expires on 30 June 2025, committed Queensland Health to:

- Work with Wesley Mission Queensland and Hummingbird House to determine a funding model for Hummingbird House.
- Provide a performance report outlining the ongoing operation of Hummingbird House in the 12 months to the annual due date.
- Provide advice regarding a funding model for Hummingbird House.

This performance report provides a description of services and activities provided by Hummingbird House from 1 March 2024 to 28 February 2025. The report also provides an update on the work undertaken by Queensland Health to review the funding and contractual arrangements for contracted palliative care non-government organisations (NGOs), and for the continued operation of Hummingbird House.

The due date for this report is 30 April 2025.

### Performance Reporting

From 1 March 2024 to 28 February 2025 Wesley Mission Queensland – Hummingbird House has provided scheduled and emergency respite care, end-of-life care, and family and carers accommodation and support, as per the requirements under the Schedule. The care provided was multidisciplinary, client focused, and was required to comply with National Safety and Quality Health Service Standards.

Hummingbird House has submitted its Performance Report, in compliance with the Queensland Health Service Agreement. A copy of this document is included at Attachment 1.2. As per the requirements in the Schedule, the Performance Report provides data on referrals, clients, occupied bed days, bed days delivered, occasions of service and community-based support. During this time Hummingbird House reports that:

- It received 69 client referrals.
- 1,299 clients received care or a service.
- There were 1,020 occupied bed days.
- There were 1,156 bed days delivered.

- There were 34,050 hours of service provided (including nursing, medical, allied health, family support and community development).

Hummingbird House's Community Activities and Program update (included in Attachment 1.2) provides an overview of the community-based activities and engagements conducted for Hummingbird House families, stakeholders and capacity-building initiatives which included:

- Art therapy.
- Non-admitted Family and Community support.
- Community Group Supports.
- Companion Program.
- Community Grief Ceremonies.
- Community Development work.

## Funding model for Hummingbird House

### Palliative care NGO funding review

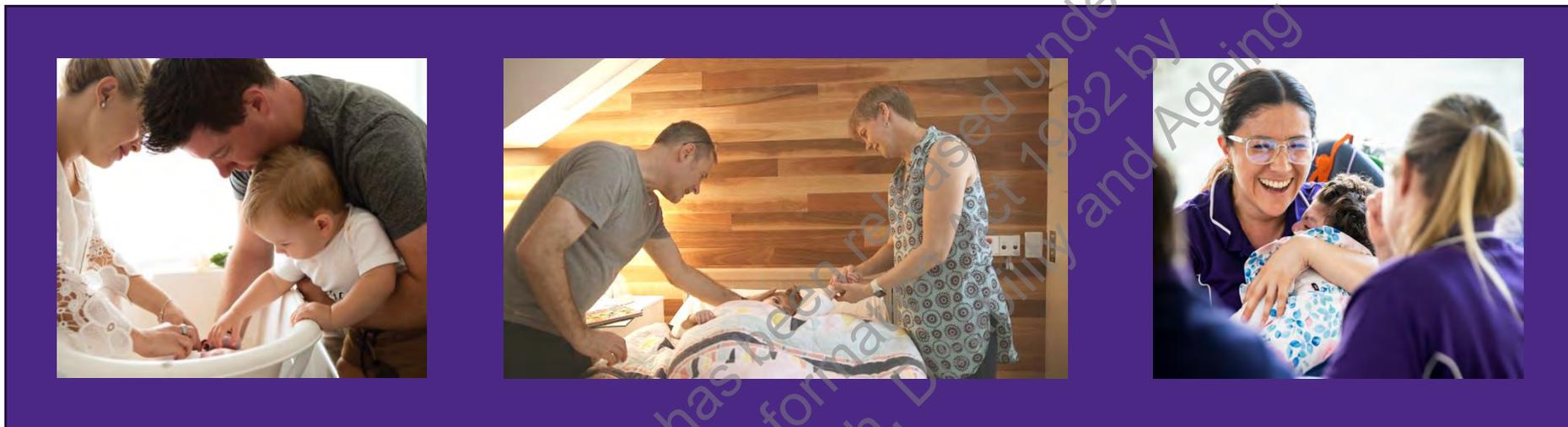
- The Queensland Department of Health (the Department), in consultation with relevant Queensland Health Hospital and Health Services (HHSs), has been reviewing funding and contractual arrangements for contracted NGOs providing community-based palliative care services, including Hummingbird House.
- The Review was split into two phases. Phase One was completed in the first half of 2024 and resulted in the Department providing Hummingbird House with:
  - A 43 per cent annual funding uplift commencing in 2024-25 to support the delivery of services and respond to cost pressures and growth in demand for services.
  - An additional \$900,000 (GST exclusive) per annum from 2025-26 to cover the withdrawal of the funding by the Commonwealth.
- Phase One addressed the following key issues:
  - Increased funding to achieve parity across all organisations.
  - Alignment between funding levels and occupied bed days / occasions of service targets.
  - An increase in the number of occasions of service purchased to help respond to the increasing demand for services.
- Phase Two of the Review involves considering the:
  - Current contractual arrangements for the delivery of community-based palliative care clinical services.
  - Contracting models that support NGOs to comply with relevant legislation.
  - Performance reporting arrangements.
  - Closer integration of NGO delivered community-based palliative care services with local HHS palliative care services.

- Hummingbird House will be considered separately from the other NGOs included in Phase Two given the organisation's unique service model for paediatric palliative care.

### Funding model from 2025-26

- From 2025-26 the Department's funding for Hummingbird House will be increased by \$900,000 (GST exclusive) per annum for the remainder of the contractual period. This funding increase from the Department will maintain funding levels for Hummingbird House after the cessation of funding from the Commonwealth.
- In addition to existing funding that is committed through the current service agreement, Hummingbird House will continue to be eligible for the application of NGO Cost Indexation each year. Once applied, this indexation will effectively increase the notional price per occasion of service or occupied bed day funded through the service agreement.
- Hummingbird House's service agreement with the Department continues until 30 June 2026 with the possibility of extension until 30 June 2028.
- In parallel with Phase Two of the Review, the Department will continue to work closely with Hummingbird House about their model of care and ongoing funding needs.

This document has been released under  
the Freedom Of Information Act 1982 by  
the Department of Health, Disability and Ageing



# Hummingbird House

## Performance Report

1 March 2024 – 28 February 2025

[hummingbirdhouse.org.au](http://hummingbirdhouse.org.au)

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Hummingbird House is a joint initiative of Wesley Mission Queensland and Hummingbird House Foundation.

## Performance Report – 2024-2025

<b>Org Name</b>	Wesley Mission Queensland Limited	<b>Org ID</b>	3406
<b>Service Provider Name</b>	Wesley Mission Queensland Limited	<b>SPID</b>	6785
<b>Project Name</b>	Hummingbird House Paediatric Palliative Care	<b>Project ID</b>	82696

Month	Number of Referrals	Number of clients who received care or a service				Occupied Bed Days (Non-NDIS)	Bed Days Delivered (Non-NDIS)	Occasions of Service (hours) Delivered #
		Active	Bereaved	Both*	TOTAL			
March 2024	6	52	29	1	82	111 (119 acuity)**	124	3469
April 2024	3	85	34	4	123	111	120	3422
May 2024	8	64	38	2	104	77 (78.5 acuity)	93	2698
June 2024	6	55	35	1	91	62 (65.5 acuity)	90	2375
July 2024	5	75	35	5	115	77	93	2670
August 2024	6	74	44	1	119	75 (80 acuity)	93	2804
September 2024	2	59	63	0	122	71 (75 acuity)	90	2563
October 2024	6	85	28	2	115	97 (100.5 acuity)	93	3057
November 2024	9	81	42	1	124	87	90	2676
December 2024	4	62	38	3	103	78 (81.5 acuity)	93	2662
January 2025	9	54	40	6	100	93 (98.5 acuity)	93	2932
February 2025	5	65	33	3	101	81 (92.5 acuity)	84	2722

\*As child died during this month, child/family/carer received both active and bereaved support.

\*\*The acuity figure reflects that some guests during this month required 1-1 care or 2-1 for some care needs or had very complex nursing care so the required staffing levels for safe care reduced capacity to admit additional guests.

# This includes all occasions of service for nursing, medical, allied health, family support and community development.

### Please provide any commentary or explanation required for the occupied bed day delivery

Bed day statistics are for non-NDIS funded occupied bed days. HH's capacity to admit guests for stays has been impacted by ongoing staffing & recruitment challenges resulting in not being able to fully staff shifts at times. This has led to a need to limit admissions to allow for delivery of best practice care. As is evidenced by our OOS, we are still delivering support to guest and families in the community during these times.

## Community Based Support

Please provide information about any community-based support that was provided during the period. Information should include advice about the types of service provided and the frequency of providing these services.

*See Report on following pages.*

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# Community Activities & Program Update

March 2024 – February 2025

## Introduction

This update provides an overview of the community-based activities and engagements conducted for Hummingbird House (HH) families, stakeholders, and capacity-building initiatives, as delivered by the Family and Community Support (FCS) team.

This work predominantly take place outside the hospice building, spanning Brisbane, Southeast Queensland, and various regions across the state, as part of our community development program. All members of the Family and Community Support team contribute to these engagements in various capacities, including the Art Therapist, Community Development Worker, Family Support Workers, Telehealth Project Officer, and Spiritual Care Practitioner.

## Art Therapy Engagements

Throughout the year, the Art Therapist conducts one-to-one Art Therapy sessions as well as holding monthly art therapy groups. These engagements include:

- 146 family members who participated in Art Therapy during 2024-25.
- 10 monthly art therapy groups with attendance by both bereaved and non-bereaved families.
- 55 family members who were supported in either End of Life or After Death Care memory making sessions.

## Non-Admitted Family and Community Support Work

In addition to supporting and caring for families who physically come to Hummingbird House Hospice at Chermside for respite, End of Life and After Death Care, the FCS team also supports an ongoing number of families across our 200+ active (non-bereaved) and 70+ bereaved families.

Throughout the year, this includes brief intervention and crisis support; ongoing low intensity case work; counselling and creative therapies; advocacy and systems navigation; support in planning for family celebrations and significant anniversaries; grief and bereavement care, and telehealth support. These supports are offered on an individual basis, with a small number of families receiving high-intensity support in a given month (ie for end-of-life care) while some other families opt for regular (monthly) or occasional (3-6months) support from the FCS team.

## Community Group Supports

Family and Community Support Workers have sustained engagements with specific demographics of families including:

- 3x per year **Seasonal Gold Coast families group** gathering (bereaved and non-bereaved) with 10 family attendees through the year.
- 4x per year **Bereaved Grandparents group** with 21 family attendees through the year.

## Companion Program (Bereaved Peer Mentoring)

The Hummingbird House Companion Program offers structured peer support to recently bereaved parents and caregivers, with 12 families participating during 2024-25, as either parent mentors or mentees.

## Community Grief Ceremonies

The Family and Community Support team offers annual community grief ceremonies for families from across the state to attend. We currently host four of these ceremonies for specific demographics of families, with over 100 people attending (representing more than 45 families) in 2024.

## Community Development Work

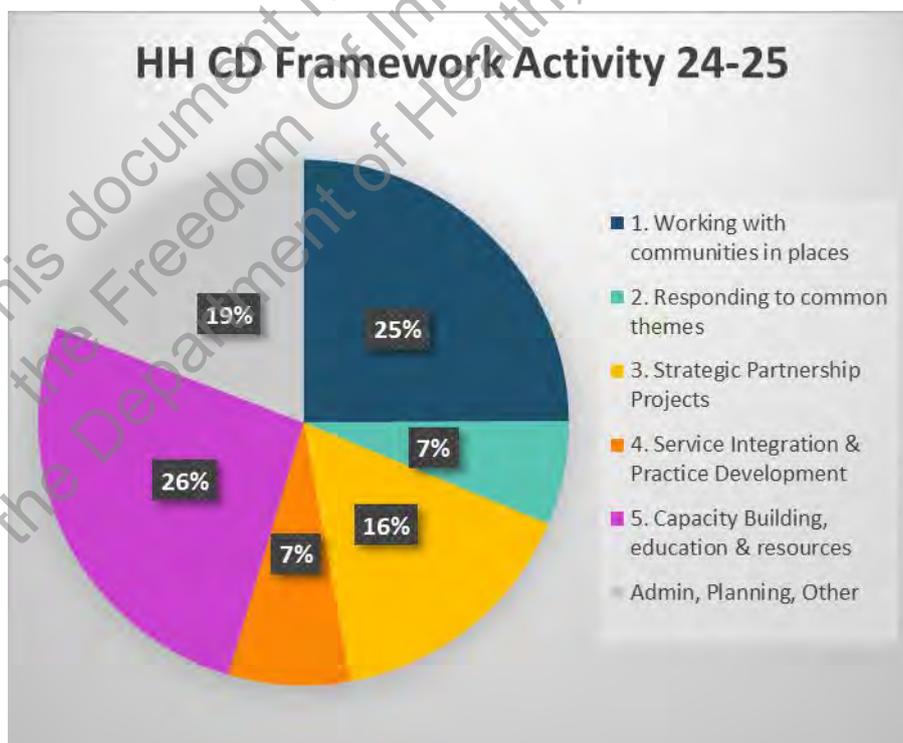
All Community Development (CD) work conducted by Hummingbird House occurs within the *Community Development Program Framework*. The framework has 5 pillars (see following page) which include working with community in places, responding to common themes, strategic partnerships and projects, service integration and practice development, and capacity building, education and resource development.

- In 2024-25, there were a total of **318 stakeholder engagements** across all five areas of the CD program framework with these engagements occurring in four out of the seven main regions of Queensland.
- There were **four dedicated outreach engagement trips** which took place in the Wide Bay Burnett (Bundaberg, Maryborough and Bargara) and Central Queensland (Rockhampton and Yeppoon) regions.
- Throughout each of these multi-day engagements, a range of HH families (bereaved and non-bereaved), community stakeholders (schools, funeral directors, disability support services, local council, etc), and health stakeholders (local HHS, community health agencies and providers, statewide services including the Paediatric Palliative Care Service team) are involved in both service delivery and capacity building interactions.
- In 2024-25, the main concerns expressed by families, as identified by FCS staff, included social isolation, schooling, medical care and access to services.

*Included with this update are the Family and Community Support Team newsletters for 2024 which highlight some of the activities and engagements during the past 12 months.*

# HUMMINGBIRD HOUSE COMMUNITY DEVELOPMENT PROGRAM FRAMEWORK

 <p><b>1- WORKING WITH COMMUNITY IN PLACES</b></p> <p>Connecting with HH families, local groups &amp; organisations in their communities, in regions across Qld.</p> <p>HH staff periodically travel to these regions, facilitating connection between interested HH families. These gatherings foster conversation, peer support, and the exchange of valuable information.</p> <p>By establishing and nurturing relationships with local community networks, health and community services, we ensure that families are more effectively linked to the local support and resources they need in their day to day lives.</p>	 <p><b>2- RESPONDING TO COMMON THEMES</b></p> <p>Through dialogue with families, we identify and document common themes, such as accessibility to community facilities, school inclusion, grief &amp; bereavement, the need for increased social connections, and challenges with NDIS.</p> <p>Our responses to these common themes are adaptable and may include:</p> <ul style="list-style-type: none"> <li>Leveraging existing connections or creating new partnerships with other services to work with HH families around an issue</li> <li>Collaborating directly with families to co-create tailored responses to challenges or opportunities.</li> </ul>	 <p><b>3- STRATEGIC PARTNERSHIPS &amp; PROJECTS</b></p> <p>Establishing, cultivating, and sustaining partnerships with organisations and peak bodies to foster collaboration, knowledge exchange and coordinated support for families and community projects.</p> <p>Projects often emerge from identified common themes or as a response to capacity building opportunities and education. For instance, the "Grief in Schools" project in collaboration with PCQ.</p> <p>Projects may be led by HH or developed in partnership with key stakeholders, aiming to address specific challenges or opportunities and enhance community support.</p>	 <p><b>4- SERVICE INTEGRATION &amp; PRACTICE DEVELOPMENT</b></p> <p>We seek to integrate the principles and approaches of community development and Compassionate Communities into all areas of HH's work. This involves fostering inter-team dialogue, collaborating across teams on community development projects, and promoting education on the importance of a community-centric approach in our work with families.</p> <p>By embedding these principles across our services, we enhance our effectiveness and ensure a truly holistic and compassionate approach to supporting families.</p>	 <p><b>5- CAPACITY BUILDING, EDUCATION &amp; RESOURCE DEVELOPMENT</b></p> <p>We contribute to strengthening the capacity of organisations, services, schools, and the wider community to enhance their understanding of death and grief. This work also includes education around community development principles and approaches in the health and palliative care sectors. This may include delivering workshops, hosting presentations and webinars, facilitating community conversations, and developing educational resources.</p> <p>The aim is to empower individuals, communities and services to more effectively support each other in life, illness, death and bereavement.</p>
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# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

## COMMUNITY DEVELOPMENT UPDATE - Central Queensland Trip

Sheridan, our Enrolled Nurse/Telehealth Project Officer, and Cara, our Community Development Worker, recently embarked on a trip to Central Queensland. It was a wonderful opportunity to build connections with families and local stakeholders in the region.

This was our first visit to Central Queensland. We invited HH families from Rockhampton and Yeppoon to come together over lunch at the Yeppoon Community Centre. It provided an opportunity for parents to meet others in their local area who have a shared experience of caring for a child with a life limiting condition. It also provided a space for families to share some of the positives about their community life and discuss challenges. Families exchanged valuable information and tips with each other, and it also helped us to start to explore ways in which Hummingbird House may be able to be helpful and work collaboratively with families around these challenges.

Shez and Cara will visit the region again in October this year to further develop our local connections.



**Yeppoon Community Centre –**  
 a bustling and welcoming space for community members to come together, access support and join activities



**'Fitzroy Community Hospice' – Central Qld's first hospice which opened in June in Rockhampton**

### We met with ...

- Nurse Navigators from surrounding regional hospitals
- Family Support Team from the local council
- A new community hospice in Rockhampton
- Community Support Workers from Yeppoon Community Centre
- The Capricorn Community Development Association

# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

## COMMUNITY DEVELOPMENT UPDATE - Central Queensland Trip

### Here is what we heard from families....

#### What's good?

- It's a good, safe community
- Some have the support of extended family close by
- Local employment that's flexible around their child's needs

#### What's a challenge?

- Education:
  - Inclusion in mainstream schooling
  - Bus travel for Yeppoon children to the special schools in Rockhampton
- Accessibility – lack of fully accessible facilities for families to enjoy community life
- Medical care – inconsistent medical & support care including hospitals, GPs, allied health and support workers.
- Social isolation :
  - No inclusive school holiday programs
  - Limited support for siblings
  - Can't get out and about like their friends do



Cara and Sheridan enjoying the scenery in between meetings

# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

Let's talk about supporting families at end of life and after death care.

Sara - Family Support Worker

Some of you may be wondering what this space might look like and if there is a single way to support the families at this time. In short, the answer is No.

In death, as in life, each family's journey, wishes and goals are different and therefore the support they may require will differ.

EOL and ADC comes in, many forms including:

- a large family presence, with family led support
- small intimate, direct family time
- a lot of family support worker involvement and co-ordination of services
- very minimal family support worker involvement.



“When someone is going through a storm, your silent presence is more powerful than a million empty words.”

— Mahatma Gandhi

# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

Just to give you a bit of an idea below are two examples of EOL and ADC I have participated in recently:

## Child A

- Child transferred to HH for compassionate extubation on rooftop. – FSW assisted with the set up of the rooftop space and transfer prep.
- Family support involved in referral acceptance and sought handover from QCH social worker as family not previously known to HH.
- Family members present – approx. 20, plus faceted EOL journey to family back home, overseas.
- Length of stay at HH - 2.5 days from transfer to departure.
- Families main goal - to transfer baby back home to NZ after death (repatriation).
- Types of Support provided by FSW:
  - Psycho-social & emotional support
  - FD assistance as family wanted baby embalmed
  - Sibling support (coordinating Music Therapy and Art Therapy)
  - Care of the child's body after death, including assistance to bathe child with Maternal Grandma.
- The family were able to remain together in downstairs unit and conduct cultural practices – all laid mattresses on the floor surrounding baby so they could all hold vigil together, be close and sleep together.
- Child and family left HH to continue their farewell rituals in NZ.
- Ongoing bereavement care offered. Minimal contact received so far although we acknowledge for some families their choices in bereavement may be to no longer remain in contact with our service and instead seek community support for bereavement care.

## Child B

- Parents self-transferred to HH for EOL care from home, over 3 hours away
- Family previously known to HH- intake process and HA complete and we were aware of the family's goals and wishes for EOL and ADC. Family previously stayed at HH and was familiar with the space and some staff members.
- Family members present – parents, dog and grandma.
- Support provided to family by FSW
  - Gently supported the family with daily check-in's during the child's EOL phase
  - Family Supports assessment of the family's needs and in line with the families wishes
  - Visits to see the family were completed with the clinical team to minimize the number of visitors at different times
  - Practical support offered – emptying bins, offering to collect items for the shops as a way of remaining connected with the family in a non-imposing way.
- Families main goal was for tumor donation after death, which required a multi-disciplinary approach and coordination and collaboration with clinical teams, mortuary staff and donate life. All paperwork including form 9, consent to donate forms and seatbelt exemption letter all organized promptly to assist a smooth and timely transfer.
- Time spent at HH approx. 2 weeks.
- Assisted the parents to transfer their child to hospital for tumor donation after death in HH car, parents held the child in the back seat of the car.
- Family very independent and chose to self-transfer child from hospital home, after tumor donation.
- Ongoing bereavement care offered. Minimal contact received so far although we acknowledge for some families their choices in bereavement may be to no longer remain in contact with our service and instead seek community support for bereavement care.



Elham



Sara



Taki



Karen



Judy



Sheridan



Cara



Peter

# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

## COMMUNITY DEVELOPMENT UPDATE

### What is Compassionate Communities?

Some of you will be familiar with the idea of 'Compassionate Communities', and for others, it may be something new. There's been quite a bit happening in this space in 2024, so we thought we'd give a quick overview of what it's all about and how Hummingbird House fits into the picture.

Compassionate Communities is a global movement and approach that encourages people to support each other, especially during times of illness, caregiving, death, and grief. Pioneered by Australian Prof. Allan Kellehear in the late 1990s, it focuses on creating environments where people can offer and receive support, and where there is collective responsibility for the well-being of everyone. It emphasises that caring, death, dying and grief is everyone's business (not just the business of health care professionals).

Modern medical advances, while bringing incredible benefits, have also reduced community confidence in caring for one another at the end of life. Compassionate Communities doesn't replace professional services but aims to strengthen social connection, reduce isolation and enhance quality of life through connection and belonging. Compassionate Communities is based on a [public health palliative care approach](#).

Increasingly, health and palliative care services are recognizing that they cannot do this work alone and that a whole-of-community approach is needed to support people at end of life.

"We have to move beyond the idea that dying is just a medical event and understand that it is a community event, one that requires social, emotional, and practical support from everyone around the person who is dying."

Dr Julian Abel, retired palliative care physician & Director of Compassionate Communities UK

Initiatives that are part of Compassionate Communities are varied and depend on each community's needs and aspirations, however some examples include:

- Normalising, encouraging and creating spaces for open conversations about topics we tend to avoid, such as death and grief (e.g. Death Cafes, community conversations, workshops etc.)
- Increasing death and grief literacy (and therefore people's capacity to support each other) across schools, sporting groups, workplaces, faith groups, neighbourhoods etc.
- Community-led end-of-life care programs.
- Grief support and peer support programs.

## Launch of Compassionate Communities Australia

In 2024, [Compassionate Communities Australia](#) launched as a peak body to support communities in reclaiming their role in caring, dying, and grieving. It aims to be a hub of knowledge, skills and resources. They host some great monthly webinars which you may have seen in your inbox.

This year, Palliative Care Qld has also established a Compassionate Communities Network for community groups, organisations and services to collaborate and share ideas.



Compassionate  
Communities  
Australia



# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

## What role does a children's hospice play a role in all of this?

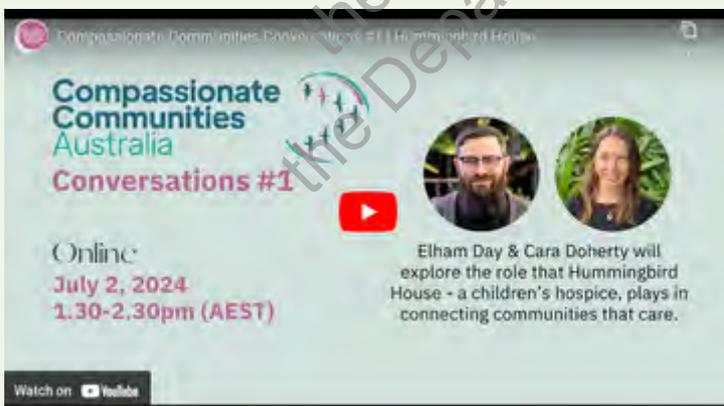
Hospices and palliative care services like Hummingbird House have a really important role to play in activating, building and connecting supportive community networks around the individuals and families that we care for. While we are often an important part of families' overall support system, we represent just one aspect of their lives. Families live their daily lives outside of the hospice, in their neighbourhoods and communities and the role that the non-professional supports can or could play, will have a big impact on families' overall sense of wellbeing.

The intention is that by drawing attention, resources and support back to the networks of support around families in their everyday lives - their wellbeing will be enhanced with far more impact than any single professional service could offer! Hummingbird House has been working with families and stakeholders to explore this approach for several years, particularly through our Community Development work. This approach is innovative, particularly in the field of paediatric palliative care, and has attracted interest from colleagues across Australia as well as internationally in the UK who are similarly looking to adopt a more community-centric approach.

"The support of a compassionate community can profoundly impact the quality of life for those facing serious illness or death, and can also help families cope with grief and loss."

**Dr Julian Abel, retired palliative care physician & Director of  
Compassionate Communities UK**

We presented at the first Compassionate Communities Australia webinar about our work in this space. If you would like to learn more about it, you can watch the recording here.



Also, have a Listen to Prof Allan Kellehear talk about this approach at the launch of Compassionate Communities Australia.



# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER

## Remembering Week 2024



Aunty Kath Fisher offered a Smoking Ceremony to open Remembering Week, which is an important part of both cultural and spiritual care.

If you haven't attended a Remembering Day event before, they take place in parts, first a time of arrival, reflection and connecting as we gradually build a collective grief shrine with photos, mementos, art, flowers and decorations. Second, a grief-ceremony which is an intentional and reverent space, separated from everyday life allows the expression of both sorrow and celebration in honour of the babies, children and young adults who have died.

The way that Remembering Days have been crafted is to centre the lived experience of family voices at the heart of the ceremony. Rather than staff delivering a ceremony 'to' families as audience – a grief ritual is built, with families supported by staff as co-participants as we host a psychologically safe containing-space. In this liminal place (between worlds), Families are invited to be active participants in the ritual in several ways. First, sharing memories, tears, laughter, stories, poems, and love; then by offering their ears, hearts, and presence to other families, as they offer their grief in turn; and finally by making space for each family to connect to their own sense of meaning-making beyond the human/visible world - which some people may describe as ancestors, spirit or connection to the divine.

During Spring each year at Hummingbird House, we gather collectively to honour beloved children, babies and young people who have died, in a series of community grief ceremonies.

We have offered Remembering Day events every year since opening, to provide a space where grief and sorrow are welcomed. As the ceremonies have grown – across the week up to 50 or more bereaved families attend.

Although families attend from different walks-of-life and cultures, and may be at different stages in their grief, they gather to meet a shared human need; to honour their precious dead in the company of peers who also know the unique heartache of being a parent, carer, sibling, grandparent or chosen-family to a child who has died.

In 2024, we welcomed families as well as HH staff and volunteers to gather in a series of five separate ceremonies over seven days, which all took place in the back garden. We hold the ceremonies in a special marquee, and the big Poinciana tree becomes a community grief shrine.



The Remembering Tree in the garden is dressed in bright colours, lights, bells, mementos, artwork and photographs in honour of those who have died

# FAMILY AND COMMUNITY SUPPORT TEAM NEWSLETTER



This year, Wattle was the theme for Remembering Days, as a symbol of remembrance and reflection



The tent where families, staff and volunteers gather for separate grief ceremonies each year is specially designed to be supportive and safe environment for reflecting, sharing and expressing grief together.



Families gather back at the Remembering Tree, to release flower petals as part of the ceremony closing.

The function of Remembering Days isn't just to offer families a chance to come back to the house (although that is a significant part of why people attend), or to attend an event as an audience.

When we facilitate grief rituals in this way with intentional words and actions, the bereaved are supported to maintain continuing bonds with the dead. Acts of ritualised-remembering have been cultivated in traditional cultures across the world for tens-of-thousands of years, however many people in modern/industrialized societies have lost connection to ritual. So, we can understand Remembering Days as acts-of-re-connection on multiple levels: with individual grief, with other grieving families, as well as with the deep-time shared human longing to honour the dead by grieving, together.

If you are interested to learn more (or attend) some other examples of collective grief, please see these linked resources - and you're always welcome to speak with our team about anything related to these topics.

**Event:**

[Annual Day of the Dead community grief ceremony \(open to all\) Mullumbimby, NSW](#)

**Podcast:**

[Dr Paul Martin & Rosemary Wanganeen : The Importance of Rituals for Healing After Loss](#)

**Video:**

[Deathwalker & Celebrant Zenith Virago: Interviewed about the Communal Medicine of Grief Rituals](#)

**Article:**

[What Ancient Cultures teach us about grief, mourning and continuity of life](#)



Elham



Sara



Taki



Karen



Judy



Sheridan



Cara



Peter