Evaluating a Standardised End-of-Life Planning Framework Within End-of-Life Doula Practice

Findings from an Australian Pilot Evaluation

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Conflict of Interest Statement

The author of this report is the Founder and CEO of Critical Info, the organisation whose platform is evaluated in this pilot. Readers should note this relationship when interpreting the findings. Every effort has been made to report outcomes transparently, including full disclosure of sample size limitations and the exploratory nature of the evaluation. Independent peer review or external evaluation is recommended prior to any formal policy or funding decisions based on these findings.

Introduction

Death, dying and bereavement are universal life experiences, yet Australians continue to encounter them through fragmented health, aged care, disability, legal, financial and social support systems. Many Australians enter periods of illness, caregiving and bereavement with limited preparedness, low confidence and insufficient awareness of available services and supports, contributing to emotional distress, delayed decision-making and greater reliance on crisis-driven responses.

Improving death literacy has emerged internationally as a public health priority. In 2024, Australia recorded 187,268 deaths (ABS, 2024), equating to approximately 750,000 Australians experiencing bereavement each year through the death of a close family member or carer (Aoun et al., 2015). Research indicates that 20–30% of bereaved individuals experience significant mental or physical health impacts, while approximately 7–10% experience prolonged grief disorder (Lundorff et al., 2017). These figures position death, dying and bereavement as substantial public health and systems challenges rather than isolated personal events.

Death literacy, the knowledge, skills, experiences and community resources that enable people to access, understand and act on end-of-life information, has been associated with improved preparedness, greater confidence in decision-making and increased capacity to support others through illness, dying and bereavement (Leonard et al., 2022). Australian evidence suggests that death literacy remains relatively low across the population, with more than half of Australians reporting they do not know where to find reliable information about death, dying or bereavement (Groundswell Project Australia, 2022).

Recent international evidence further underscores the importance of preparedness. The iLIVE study (1,041 patients and 496 caregivers across 11 countries) found that perceived preparedness for end of life was significantly associated with lower emotional suffering among both patients and caregivers before and after death (Meier et al., 2026). Preparedness was found to function as a protective factor across the end-of-life trajectory, extending beyond practical planning to include emotional and psychological readiness.

Critical Info as Navigation Infrastructure

Critical Info was developed as a navigation-first planning tool designed to address known barriers to preparedness, including information overload, fragmented service pathways and difficulty initiating conversations about death and dying. Rather than creating new services, the Platform functions as shared infrastructure that helps people identify, organise and communicate important information relating to health, legal affairs, finances, care preferences, key contacts and end-of-life wishes. Aligned with behavioural science principles, the Platform structures information into manageable steps and reduces the cognitive burden associated with planning during emotionally challenging periods.

End-of-life doulas represent an emerging non-clinical workforce providing emotional, practical, educational and advocacy support to people with life-limiting illness and their families. Despite rapid growth in the sector, there is currently no nationally recognised framework guiding how end-of-life doulas document wishes, facilitate planning conversations or support preparedness. Practice varies considerably depending on training provider, professional background and lived experience. This pilot provided an opportunity to evaluate whether the Critical Info Platform could serve as a consistent planning and navigation framework within doula practice, supporting both doula-led facilitation and client self-management of information gathering and recording, while preserving the flexibility and person-centred nature of doula support.

Evaluation Aims

This pilot evaluation aimed to assess the feasibility, acceptability and early outcomes of using the Critical Info Platform as a standardised end-of-life planning and navigation framework within end-of-life doula practice. Surveys were completed by both participating doulas and their clients, enabling outcomes to be examined from both perspectives. A secondary aim was to explore whether a standardised planning framework could strengthen consistency and scalability within Australia's emerging end-of-life doula workforce.

Evaluation Questions

The evaluation was guided by three questions:

1. Can end-of-life doulas successfully integrate a standardised end-of-life planning framework into their existing practice?
2. Do participants, both doulas and clients, find the Critical Info Platform acceptable, useful and manageable as a planning and preparedness tool?
3. Does participation support practical preparedness behaviours, including updating documents, having important conversations and sharing learning with others?

Participants

The pilot recruited end-of-life doulas from multiple Australian states through an Expression of Interest process. While the pilot initially aimed to recruit 100 end-of-life doulas, only 21 expressed interest in participating, despite the recruitment call being circulated through the Australian Home Funeral Alliance, the Natural Death Advocacy Network, Holistic End-of-Life Doulas, and a range of other doula networks. To be eligible, doulas were required to be actively supporting at least one client diagnosed with a life-limiting illness, commit to completing their own Critical Info profile before working with clients, and participate in training and evaluation activities.

Out of a total of 21 doulas who expressed interest; only 11 registered and commenced participation. Final evaluation data were collected from 6 doula respondents and 5 client respondents across four Australian states. All doula respondents identified as female; 83% were aged 50 years or older. Client respondents ranged in age from 60 to over 90 years, with 80% aged 70 or older.

Evaluation Methods

A mixed-methods pilot evaluation was conducted between August and November 2025. The evaluation was not designed as a controlled trial and did not include a comparison group. Surveys were completed post-program only, by both doulas and their clients. No baseline measures were collected prior to participation. This was a considered methodological choice: pre-program scoring on death-related scales with experienced end-of-life practitioners tends to produce ceiling effects that make change difficult to detect. Post-program scores are reported here as a reference point for future evaluations that incorporate pre-program measurement.

Surveys included demographic questions, quantitative rating items and open-ended qualitative questions. The evaluation drew on two validated international measures and one program-developed instrument:

Death Literacy Index (DLI-9): A 9-item validated short-form measure assessing practical skills, experiential learning, healthcare navigation and community support awareness relating to death, dying and bereavement (Leonard et al., 2022). Items use a 5-point scale. Validated universal scales were chosen to enable comparison of outcomes with other programs and populations. The DLI-9 does not permit reporting on the four domains of death literacy; this requires the full DLI-R (29 items).

Coping With Death Scale Short Version (CWDS-SV): A 9-item validated measure assessing perceived competence in coping with death, including emotional preparedness, communication confidence, practical knowledge and the ability to support others (Galiana et al., 2019). Items use a 7-point scale from 'completely disagree' to 'completely agree'. The CWDS-SV was developed and validated with palliative care professionals. While end-of-life doulas are a non-clinical workforce, the scale's focus on emotional preparedness, communication confidence and practical competence in death-related contexts is relevant to their role, and it has since been used across a range of death-adjacent populations including hospice volunteers and health science students.

Critical Info Impact Survey: A program-developed survey designed to measure outcomes informed by the Six Change Levers described in the Good Death Impact Network (GDIN) Action Playbook (GDIN, 2023).

Critical Info is a member of GDIN and chose to draw on the Action Playbook's Six Change Levers as a meaningful lens for interpreting participant outcomes relevant to the network's goals. This survey is not a GDIN-developed instrument, and use of the Change Levers was not a condition of evaluation funding provided by the Good Death Impact Network: Innovation Fund 2025.

Table 1 shows how the Critical Info Impact Survey questions were mapped against the Six Change Levers described in the GDIN Action Playbook. Lever 1 (Fund for Outcomes) operates at a systemic level and is outside the scope of participant-level measurement.

GDIN Change Lever	Coverage	Survey Questions
1. Fund for Outcomes	Not covered	Operates at systemic level; outside scope of participant surveys.
2. Shift Death Denial	Strong	Q3 — has it become easier to talk about / think about / plan for death, dying and grief?
3. Information & Communication	Strong	Q4 — was information easy to understand and act on? Q5 — confidence in discussing, planning and finding resources.
4. Quality Evaluation	Partial	Q1 — practical steps taken. Q6 — outcomes and changes. Does not directly assess cross-sector data sharing.
5. Death Outside Institutions	Partial	Q6 — helped someone with planning; improved workplace practices. Indirectly supports community-based care.
6. Address Ageism	Strong	Q7 — content relevant to all ages; challenged stereotypes or assumptions about age and dying.

Quantitative data were analysed descriptively using frequencies, proportions and weighted averages. Given the small sample size, statistical significance testing was not undertaken. Open-ended qualitative responses were reviewed to identify common patterns, barriers, enablers and implementation insights. These are used throughout the report to contextualise the survey data, rather than constituting a formal thematic analysis.

Findings

Participant Flow

Stage	n	Notes
Expressions of interest	21	
Enrolled and commenced onboarding	11	10 did not proceed following EOI
Completed own Critical Info profile	11	Required before client implementation
Completed doula evaluation survey	6	5 did not complete: client deterioration, death, bereavement, competing responsibilities, time constraints
Completed client evaluation survey	5	
Total Impact Survey respondents (doulas + clients)	10	

Evaluation Question 3: Key Behavioural Outcomes

Table 3 presents outcomes from the Critical Info Impact Survey (n=10), addressing Evaluation Question 3: whether participation supported practical preparedness behaviours. Given the small sample size, these figures should be treated as indicative rather than generalisable.

Outcome	%	n	Denominator
Took practical action	90%	9	10
Updated important documents	80%	8	10
Had important conversations about end-of-life wishes	70%	7	10
Shared what they learned with others	70%	7	10
Found planning easier following participation	78%	7	9*
Very confident discussing end-of-life plans	60%	6	10
Started own end-of-life planning	40%	4	10
Helped another person with their planning	40%	4	10
Applied learning professionally	30%	3	10

** One respondent did not answer this question. Percentages are calculated based on the number of respondents who answered each question.*

Post-Program Death Literacy Index (DLI-9) Responses

The DLI-9 was administered post-program only. Items use a 5-point scale. Because no baseline was collected, scores reflect post-program levels and cannot be interpreted as evidence of change. The notably lower scores on system navigation items among clients, compared to doulas, are consistent with the difference in professional background between the two groups, and identify an area where the Platform's navigational function may be of particular value.

Table 4a: Doula respondents (n=6)

DLI-9 Item	Weighted avg (out of 5)	% selecting highest option
How able are you to feed or help a person to eat	4.60	60%
How able are you to talk to a grieving person about their loss	5.00	100%
Previous grief experiences have made me more emotionally prepared to support others	4.80	80%
Previous experiences have made me better prepared to face similar challenges	4.60	60%

DLI-9 Item	Weighted avg (out of 5)	% selecting highest option
I know the rules and regulations when a person dies at home	4.40	40%
I know enough about the healthcare system to find support for a dying person	4.20	40%
I know how to access palliative care	4.40	60%
I know people who could help me get culturally appropriate support	4.40	40%
There is support in my community for people caring for a dying person	4.20	60%

Table 4b: Client respondents (n=5)

DLI-9 Item	Weighted avg (out of 5)	% selecting highest option
How able are you to feed or help a person to eat	2.67	0%
How able are you to talk to a grieving person about their loss	4.50	50%
Previous grief experiences have made me more emotionally prepared to support others	4.33	67%
Previous experiences have made me better prepared to face similar challenges	4.33	67%
I know the rules and regulations when a person dies at home	2.50	0%
I know enough about the healthcare system to find support for a dying person	1.67	0%
I know how to access palliative care	2.00	0%
I know people who could help me get culturally appropriate support	2.00	0%
There is support in my community for people caring for a dying person	2.67	0%

Note: Client scores for system navigation items were considerably lower than doula scores (1.67–2.67 vs 4.20–4.60 out of 5), identifying a clear area where the Platform's navigation framework may provide particular value for clients without professional end-of-life backgrounds.

Post-Program Coping With Death Scale (CWDS-SV) Responses

The CWDS-SV was administered post-program only, using a 7-point scale from 'completely disagree' (1) to 'completely agree' (7). Scores reflect post-program self-reported coping competence and cannot be interpreted as change from baseline.

Table 5a: Doula respondents (n=6)

CWDS-SV Item	Weighted avg (out of 7)	% completely agree
I am aware of the full array of emotions which characterise human grief	6.60	60%
I feel prepared to face my dying process	6.60	60%
I can put words to my gut-level feelings about death and dying	6.60	60%
I know who to contact when death occurs	6.80	80%
I will be able to cope with future losses	6.60	60%
I know how to listen to others, including the terminally ill	6.60	60%
I can help someone with their thoughts and feelings about death and dying	6.40	40%
I would be able to talk to a friend or family member about their death	6.80	80%
I can lessen the anxiety of those around me when the topic is death and dying	6.60	60%

Table 5b: Client respondents (n=5)

CWDS-SV Item	Weighted avg (out of 7)	% completely agree
I am aware of the full array of emotions which characterise human grief	6.00	33%
I feel prepared to face my dying process	5.33	67%
I can put words to my gut-level feelings about death and dying	5.67	67%
I know who to contact when death occurs	4.67	33%
I will be able to cope with future losses	5.33	33%

CWDS-SV Item	Weighted avg (out of 7)	% completely agree
I know how to listen to others, including the terminally ill	6.00	67%
I can help someone with their thoughts and feelings about death and dying	6.00	67%
I would be able to talk to a friend or family member about their death	6.00	67%
I can lessen the anxiety of those around me when the topic is death and dying	5.00	33%

Note: Doula post-program CWDS-SV scores were uniformly high (6.4–6.8/7), consistent with an experienced cohort. Client scores were somewhat lower (4.67–6.0/7), with the lowest item being 'I know who to contact when death occurs' (4.67/7), suggesting this is an area where the Critical Info After-death guide My loved one has died, what do I do now? may add particular value in future iterations.

Outcomes Mapped Against the GDIN Action Playbook Change Levers

When mapped against the Six Change Levers described in the GDIN Action Playbook, the strongest participant outcomes aligned with Lever 2 (Shift Death Denial), Lever 3 (Information and Communication) and Lever 6 (Address Ageism). Nine of 10 respondents took practical action, eight of 10 updated important documents, seven of 10 had important conversations about end-of-life wishes, and seven of 10 shared what they learned with others. The Critical Info Impact Survey provided partial coverage of Levers 4 and 5, while Lever 1 (Fund for Outcomes) operates at a systems level and was outside the scope of participant-level measurement.

Qualitative Feedback

Open-ended responses from 10 participants provided context for the survey data. Responses consistently highlighted the value of structure and step-by-step organisation, rather than new information, as what made the difference. Several participants described the process as surfacing planning gaps they had not previously addressed despite substantial prior experience. Multiple respondents described actively sharing the Platform with others following their own participation.

> *"I know I've been considering all aspects of my end of life care for a while, but having the process divided into manageable steps made a huge difference."*
>
> *"The process helped redefine that material and gave me a list of loose ends to follow up."*

Evaluation Question 1: Workforce Integration

Addressing Evaluation Question 1, participating doulas successfully integrated the Platform into planning conversations and client support activities. Doula respondents ranged from those with less than one year of experience to those with more than sixteen years, and all reported similar benefits from having access to structured planning resources. This suggests that a standardised framework may be usable across a diverse workforce regardless of experience level, though the small sample size means this finding should be treated as preliminary.

> *"It's been so helpful to have someone to listen as a sounding-board, and to point me towards resources. She always helps me to the next step!"*

Evaluation Question 2: Acceptability and Usability

Addressing Evaluation Question 2, all 3 client respondents who answered Q9 rated their experience of being supported by a doula through the program as 'Positive'. Of 5 doula respondents to Q11, 40% rated the experience of supporting their client as 'Positive', 40% as 'Neutral', and 20% as 'Slightly negative'. No respondents reported negative feedback about the Platform's content or planning framework. The Platform was consistently described as providing a structured, manageable approach to planning that reduced overwhelm for clients.

> *"My doula friend really encouraged and supported me so well. I would never manage it without her."*

What Didn't Work: Barriers and Implementation Challenges

The pilot surfaced a range of barriers that affected participation, completion and platform access. These are documented here in full, as they represent important learnings for the program's future development.

Non-Completion: Personal Circumstances

Five of 11 enrolled doulas did not complete the evaluation survey. Reasons documented through correspondence during the pilot period included:

Bereavement during the pilot. One doula lost a family member during the program period. That family member had also enrolled as a client participant but passed away before completing the program, meaning that dyad was only partially represented in the data. The doula continued to engage with the program and described it as having helped her through the experience.

Family responsibilities. Two participants withdrew due to family issues arising during the program period, both citing the need to step away from additional commitments.

Workload and time constraints. One participant withdrew after finding the demands of the program incompatible with an unexpectedly busy period in her paid work.

Client deterioration and death. At least one client experienced illness deterioration during the pilot, and a client death occurred, preventing completion. These reflect the inherent realities of conducting evaluation in active end-of-life care contexts.

Client Withdrawal: Data Privacy and Environmental Concerns

One client chose to withdraw from the program during the evaluation period, citing concerns about storing personal information online. The client acknowledged that the Platform does not collect sensitive information and functions more as a map or organiser, but expressed discomfort with the broader principle of personal accounts of life being stored in digital systems. Environmental concerns about the energy and water consumption associated with cloud data storage were also raised.

This case, while representing a single participant, raises a useful design consideration: some individuals may be fundamentally opposed to web-based planning tools regardless of content or security assurances. Future program screening questions could explore attitudes to online data storage to help identify potential mismatches before enrolment.

Evaluation Capacity

The planned evaluation and analysis process was disrupted when Andrea Cosentino, Critical Info's Evaluation and Grants Lead, was required to take extended personal leave partway through the pilot. As a result, analysis of the survey data had to be undertaken by Catherine Ashton, who does not have formal evaluation experience, with support from AI analysis tools. Andrea had established the survey structure and response

collection in SurveyMonkey prior to her leave, which provided a foundation for the subsequent analysis. This change in personnel highlights a risk to evaluation continuity and reinforces the need for adequate backup capacity or handover documentation in future evaluation processes.

Technical and Enrolment Barriers

A number of technical issues arose during the pilot that required individual troubleshooting and, in one case, the creation of a new support resource mid-program.

Stripe payment portal and discount code entry. The enrolment process required participants to enter a coupon code in the payment portal before providing credit card details, so that the subscription cost was reduced to $0. The correct sequence was: enter coupon code → price updates to $0 → then enter card details. Several participants encountered difficulty with this step — either entering card details before applying the code, missing the coupon field, or not understanding that card details were required even when the balance was $0. A Quick Start Guide was developed and distributed to all participants mid-pilot to address this. Future program design should simplify enrolment by removing the requirement to enter credit card details for free access, or by providing clearer in-platform guidance at the point of sign-up.

Platform set-up glitches. At least one participant experienced technical difficulties with the date selection fucntion during the account set-up phase, requiring multiple email exchanges to resolve.

Ongoing platform access difficulties. At least one participant required extended troubleshooting support over multiple exchanges, including sharing screenshots, to resolve difficulties accessing or navigating the Platform. Email and phone support from the program administrator, including the offer to call or text directly at any time, was central to keeping participants engaged through these difficulties.

Security concerns. At least one participant raised security questions about entering credit card details into the payment portal, even when the balance was $0. These concerns were addressed by explaining that the Platform uses Stripe, the same secure payment infrastructure used by Amazon, Google and Airbnb, and that card details are encrypted and never seen or stored by Critical Info. Clearer proactive communication about payment security at the point of sign-up would reduce anxiety and friction for future participants.

Technical Barriers

Technical barriers were identified as a challenge for some clients during the pilot. In particular, unstable Wi-Fi connections caused progress to be lost in some cases, with clients unable to complete or save actions before their connection dropped out. Future implementation should ensure participants have access to a stable internet connection, or build in autosave/offline functionality, to minimise the risk of lost progress.

Digital Literacy and Client Support Burden

Variability in participants' digital literacy and confidence with technology placed unanticipated demands on doulas, who in some cases provided direct technical assistance to clients in addition to their planned planning support role. Two practical approaches emerged informally during the pilot that proved particularly useful:

Video call support (FaceTime or similar): Connecting via video call while a client was experiencing difficulty allowed the doula and administrator to see exactly what the client was seeing in real time, enabling them to distinguish between user error and a platform issue, and to guide the client through steps visually.

Screenshot protocol: Encouraging clients to take and send screenshots of any technical errors or points of confusion enabled more targeted problem-solving and created a record for follow-up, helping to identify whether issues were user-side or platform-side.

These approaches were effective but were developed reactively rather than planned. The client cohort in this pilot was predominantly aged 70 and older, and varying levels of digital confidence should be anticipated in any future implementation serving older Australians managing serious illness. Future program design should formalise both of these protocols in doula training materials, and should consider whether supplementary low-digital or printed planning supports are needed to ensure equitable access.

No participants reported substantive negative feedback about the Platform's content or planning framework. The absence of critical content feedback may partly reflect the self-selected nature of the cohort. Although feedback was collected anonymously, future evaluations should incorporate more structured mechanisms, such as targeted prompts or independent follow-up, to better capture negative or mixed feedback.

Discussion

On Evaluation Question 1 — Can end-of-life doulas successfully integrate a standardised end-of-life planning framework into their existing practice? The pilot provides preliminary evidence that this is feasible. Doulas with varying levels of experience all reported benefits from having access to a structured framework, and client feedback highlighted the complementary nature of Platform-guided planning and doula relational support. These findings are encouraging, though the small sample and absence of a comparison group mean no firm conclusions about effectiveness can be drawn from this pilot alone.

On Evaluation Question 2 — Do participants, both doulas and clients, find the Critical Info Platform acceptable, useful and manageable as a planning and preparedness tool? Feedback was broadly positive from both doulas and clients. All client respondents who rated their experience of doula support rated it as 'Positive'. The pattern across qualitative responses was consistent: participants valued structure and step-by-step organisation over new information, suggesting the Platform's navigational design meets a real need. The implementation challenges documented in this pilot, particularly around enrolment friction, digital access and the unanticipated technical support burden placed on doulas, are important qualifications to this overall positive picture, and point to specific areas for improvement before broader implementation.

On Evaluation Question 3 — Does participation support practical preparedness behaviours, including updating documents, having important conversations and sharing learning with others? Behavioural outcomes were strong. Nine of 10 respondents took practical action; 8 of 10 updated important documents; 7 of 10 had important end-of-life conversations. Post-program DLI-9 and CWDS-SV scores reflected high levels of death literacy and coping competence among doula respondents, consistent with an experienced cohort. Client scores were lower on system navigation items, identifying where the Platform's navigational function may be most valuable. Because no baseline was collected, these scores cannot be interpreted as evidence of change — they establish a post-program reference point for future evaluations that incorporate pre-program measurement.

Recommendations

The following recommendations are grounded in what this evaluation found. Recommendations 1–3 relate directly to the three evaluation questions; Recommendations 4–9 address program improvements identified through implementation.

1. Conduct a larger multi-site evaluation to further assess whether end-of-life doulas can integrate the Critical Info Platform across more diverse settings and participant groups, with a view to strengthening the evidence base begun here.
2. Future evaluations should incorporate pre-program and post-program measurement using the full DLI-R (29 items) and the CWDS-SV to enable comparison over time. Longitudinal follow-up should be considered to examine whether behavioural changes are sustained beyond the immediate program period.
3. Future evaluations should incorporate more structured mechanisms for capturing negative and mixed feedback, to more reliably assess acceptability across participant types.
4. Simplify the enrolment process by removing the requirement to enter credit card details for free access, or by providing clearer in-platform guidance at the point of sign-up, to reduce technical friction and security concerns.
5. Include pre-enrolment screening questions about WIFI stability and attitudes to online data storage, to identify participants for whom a web-based planning tool may not be suitable.
6. Formalise the video call support and screenshot protocols that emerged informally during this pilot as part of standard doula training and implementation guidance.
7. Develop supplementary low-digital or printed planning supports to address digital access barriers, particularly for older clients managing serious illness.
8. Explore workforce support pathways — including continuing professional development, peer mentoring and communities of practice — to strengthen the consistency and capability of end-of-life doulas using the Platform.
9. Expand future evaluation to include family caregivers and Key Contacts, and consider how to better measure outcomes aligned with GDIN Change Levers 4 and 5.

Conclusions and Next Steps

This pilot evaluation provides preliminary evidence that end-of-life doulas can integrate the Critical Info Platform into their practice, that participants found it acceptable and useful, and that participation was associated with practical preparedness behaviours. These findings are promising and justify further evaluation, while the small sample size and post-only measurement design mean they should be interpreted with appropriate caution.

The evaluation drew on the Critical Info Impact Survey, developed by Critical Info and informed by the Six Change Levers described in the GDIN Action Playbook, alongside two validated international measures.

Equally informative were the implementation learnings: technical barriers at enrolment, digital literacy challenges among older clients, one client withdrawal driven by data privacy and environmental concerns, and the unanticipated technical support burden placed on doulas. These findings identify specific, actionable

improvements to enrolment design, doula training and accessibility planning that can be addressed before a larger evaluation is undertaken.

Critical Info intends to use these findings to refine the program model, simplify the enrolment process, formalise technical support guidance for doulas, and pursue a larger multi-site evaluation incorporating validated pre- and post-program measurement. A larger pilot program in an aged care setting is currently underway and is expected to be completed by the end of 2026.

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Appendix A: Participant Insights — Critical Info Impact Survey

De-identified qualitative insights from 10 respondents who completed the Critical Info Impact Survey. The survey was developed by Critical Info and informed by the Six Change Levers described in the GDIN Action Playbook. Respondents are described only by age group, type of end-of-life experience and employment status. Seven of the 10 respondents had formal education, training or employment in end-of-life care. These insights should be treated as preliminary and indicative only.

Theme 1: The Platform Added Value Even for Experienced Practitioners

A consistent finding across respondents with formal end-of-life experience was that the Platform helped them act on what they knew — personally — rather than simply confirming existing knowledge.

Vignette A (age 50–59; formal EOL education and employment; part-time):

Despite formal qualifications in end-of-life care, this respondent described the Platform as comprehensively addressing their own personal planning needs, achieving all five possible outcome categories.

> *"Completely sorted me out."*
>
> *"Comes up in conversation all the time."*

Vignette B (age 50–59; vocational EOL training; part-time):

Despite professional training, this respondent had not documented their own wishes prior to the program. Structure and accountability provided a prompt that training alone had not.

> *"I finally got stuff in my head onto paper (so to speak)."*
>
> *"Because I had a deadline on me to do what I've been meaning to do!"*

Theme 2: Structure and Manageable Steps Were the Key Differentiator

Vignette C (age 70–79; retired; formal EOL employment; living with serious illness):

This respondent had already begun creating their own end-of-life folder, yet the Platform added value by restructuring existing material and surfacing overlooked gaps.

> *"The process helped redefine that material and gave me a list of loose ends to follow up."*
>
> *"I really appreciated the way the Critical Info process gave smaller, manageable steps to planning."*

Vignette D (age 60–69; post-graduate counselling qualification; part-time):

Even those trained in emotional and psychological support may carry unresolved gaps in their own practical planning.

> *"Motivated me to complete unfinished info."*

Theme 3: Impact Extended Beyond the Individual

Vignette E (age 30–39; formal EOL training, volunteer work; self-employed):

This respondent achieved all five outcome categories and described the Platform as filling a planning gap despite existing knowledge.

> *"I finally completed my will and was also inspired to include more details for my funeral such as creating a playlist and leaving suggestions for loved ones."*
>
> *"I have been able to tell them about this platform and how wonderful it is for organisation and simplification of what can feel like an overwhelming process for many."*

Summary of Key Themes

1. **Professional training does not guarantee personal preparedness.** Multiple respondents with formal qualifications had not completed their own planning before using the Platform.
2. **Structure is the key enabler.** The step-by-step, manageable format was what made the difference — not new information, but the way it was organised and sequenced.
3. **The Platform surfaces gaps even for the experienced.** Several respondents discovered loose ends, unfinished documents or previously unaddressed wishes despite long histories of end-of-life engagement.
4. **Impact extends beyond the individual.** Multiple respondents described referring others to the Platform, having end-of-life conversations prompted by their participation, or applying learning in professional settings.
5. **The emotional and relational value should not be underestimated.** Several respondents described thinking through what they wanted for the people they would leave behind — reflecting deeper personal engagement than practical organisation alone.