



# Speaking to me made them feel that they had someone

Evaluation of Rainbow Trust's  
out-of-area, online support service

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# Executive Summary

This report is based on a knowledge exchange project that examined the understanding and experience of service providers involved in delivering the out-of-area service via the Online Support Team. The project's main aim was to generate knowledge concerning how the service was currently operating, the opportunities and challenges involved, and its impact on providers.

In 2024, data was collected from 17 Rainbow Trust staff, most of whom were Family Support Workers providing online support. Findings included six themes: 1) staff's perception of evidence of service effectiveness; 2) addressing the challenges associated with the provision of the services; 3) 'up stream' challenges requiring novel organisational responses; 4) opportunities and benefits associated with the service; 5) impact of service provision on Family Support Workers; and 6) recommendations from participants for service development. Collectively, participant reflections demonstrated a growing realisation, borne out of practical delivery of the service, of its importance in enabling Rainbow Trust to improve access to its services without compromising on the quality of provision. The collective sense was that online support had become, and should remain, part and parcel of service provision.

This knowledge was used to generate a series of 15 recommendations for Rainbow Trust, focusing on: 1) staff and team development; 2) service development and organisation; 3) data; and 4) external engagement.

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# Introduction

There is an increasing number of children with life-limiting or terminal conditions across the UK; the figure has been predicted to rise to over 120,000 children by 2030 in England.<sup>1</sup> It is imperative that care and support are tailored to the needs of the children themselves, their siblings and their families, including where and when it is needed to help them live well.

The prevalence of children with life-limiting conditions varies by age group, geographical location, and ethnic background, with prevalence being higher in areas of high deprivation, among ethnic minority groups, and in the under-1 age group.<sup>1</sup>

Paediatric palliative care is aimed at children who have life-limiting, life-threatening, and/or terminal conditions. Palliative care aims to be holistic, addressing physical, psychological, social, and spiritual dimensions. Access to palliative care is associated with improved end-of-life care outcome measures for children, although less is known about how it impacts quality of life.<sup>2</sup>

Despite the benefits of palliative care, access to it is limited, especially in rural areas, leading to calls for innovation in remote delivery of care, including evaluation of such new ways of provision.<sup>3</sup> Additionally, families have reported preferring to receive palliative care in home environments.<sup>4</sup> There is a growing development of technology-supported palliative care in the home context to meet these needs and as a change in services due to the pandemic. Whilst there is evidence that families like telehealth palliative care,<sup>5</sup> more research is needed to describe how it is delivered and implemented and to understand

how professionals are responding to using technology.<sup>6-8</sup> Where research has focused on palliative care professionals, it has been specific to music therapists and/or based in other countries, such as Norway and Germany.<sup>9-11</sup> There is, therefore, a gap in the existing literature that might aid in understanding how technology-based palliative care is provided and how the professionals involved understand and experience providing such services.

# Rainbow Trust

## Background

Through social palliative care, Rainbow Trust Children's Charity supports families who have a child (0-18 years old) with a life-threatening or terminal illness. The focus is on the whole family – the unwell child, parents, siblings, and grandparents – and support is tailored to the family's needs, including practical and emotional support and play-based activities. This is done by pairing families with expert Family Support Workers, who work with them for as long as needed, including through grief and bereavement. The support is provided at no cost to the families. Rainbow Trust's funds are generated through fundraising, corporate sponsorship and grant-making trusts.

Rainbow Trust has [nine geographical areas in England](#)<sup>(i)</sup> with care teams of Family Support Workers. If the parent(s) consented to being referred, anyone can refer a family to Rainbow Trust. Most referrals are from professionals in hospitals, clinics and other charities supporting the families, although families can also self-refer. During the COVID pandemic, online support was offered ad hoc to existing families supported by Rainbow Trust, with over 1,000 families receiving hybrid support.<sup>(ii)</sup>



## Online Support Team

Since 2020, and learning through hybrid support, the charity has been providing services to families outside these areas, typically accepting referrals from anywhere in the UK.<sup>(iii)</sup> In 2021, an Advanced Practitioner was appointed to oversee the development of the [Online Support Team](#). Since its inception, 37 families have been supported, with 1 or more people in each family benefiting from the service; at the time of writing (August 2024), 20 families are receiving support.<sup>(iv)</sup> The team has grown from a single Advanced Practitioner to a team of 12 Family Support Workers,<sup>(v)</sup> all of whom are part of the Online Support Team and managing a caseload within their geographically based team.

A central feature of online social palliative care support is about being responsive to the needs and preferences of the families being served, especially in changing illness and social contexts. This means that what kinds of support, how often it is provided, and the format of communication is tailored, and can even vary within families, with some families being supported by several support workers working with different individuals in the family. Understanding what is needed is based on a careful assessment of the situation, developing a family plan which is regularly reviewed (approximately every six weeks), and ongoing communication.

Family Support Workers support the parents, grandparents, and siblings, as well as the child with the life-limiting illness. About half of Family Support Workers' time is dedicated to sibling support. Family Support Workers are led by what interests the child/adult in terms of planning and facilitating sessions. This service includes play sessions for children, emotional support for the whole

family (including into bereavement), and online support groups. Rainbow Trust provides activity bags to facilitate craft and play-based support and supplies to create memory boxes. The amount of synchronous contact time varies by person, with scheduled sessions lasting for up to one hour using either Microsoft Teams, Zoom, WhatsApp, or telephone, with email and text messaging providing additional points of contact outside of scheduled sessions.

Below are several examples of how Family Support Workers engage with children, taken from interview transcripts and one photograph supplied by Rainbow Trust.



Some of the activities we have done online, have been all over the world...we visited places that they wanted to see in the world and will go on like YouTube video tours of places. And so we've been to Disneyland and we've done that. I've gone on a few roller coasters...you get the screen up and put it full screen...it's quite cool and something he likes to do. As there's an app called Flight Trade Flight Path Flight Trader Summer form...He wants to be an engineer in the RAF and sometimes will just sit there and follow planes across the world and he'll give me clues of what plane he's tracking and I've got to try and find it.

### **Participant 9**







Image: Example of a Family Support Worker engaging with children through online support sessions. The photograph was provided by Rainbow Trust with permission from the support worker and families.



I get to play with her online and like we do craft stuff... we send out activity bags at the beginning...The kids [get] to choose what they want in their bags...We were playing with the puppets. We had plastic animals and stuff. And then the following session, we've made a paper man.

### Participant 12



# Project details

This report is based on a knowledge exchange project conducted in 2024. The project team consisted of Professor Erica Borgstrom (EB: Co-Lead), Dr Joanne Jordan (JJ: Co-Lead), and Claire Henry (CH: consultant). The project's aim was co-designed with Rainbow Trust (via Jen Kenward, Director of Care Services): to understand how the out-of-area service (Online Support Team) operates and the impact of online support delivery on staff. The recruitment strategy and interview schedule were agreed upon with Rainbow Trust; Rainbow Trust facilitated recruitment by circulating the invitation to participate with all Family Support Workers and affiliated management. Images of Family Support Workers and/or clients have been provided with consent by Rainbow Trust for use within this report. The protocol and related documents were given a favourable opinion by The Open University Human Research Ethics Committee (2024-0340-2). A HEIF Knowledge Transfer Voucher (KTV) via The Open University provided funding for Prof Erica Borgstrom and Dr Joanne Jordan's time; Rainbow Trust provided funding for Claire Henry's time.

## Methods

### Data collection

Two members of the research team (CH, JJ) undertook interviews with Rainbow Trust staff (n=14). Most staff were Family Support Workers (n=9) ('support workers'); the remaining participants occupied management (n=3) or senior administrative roles (n=2) ('management'). Using a semi-structured interview guide, discussions focused on participant understanding and experience of key

issues relevant to out-of-area service design and delivery. All interviews were conducted online using Microsoft Teams; interviews lasted approximately one hour and were recorded. For anonymisation, all participants were assigned a 'participant number'.

## **Data analysis**

Interviews were transcribed using the Microsoft Teams automated function. Thematic content analysis was used to derive findings.<sup>12</sup> One research team member (JJ) read a selection of transcripts, assigning codes to sections of data to capture their obvious or immediate meaning. This process produced a preliminary coding framework, which was discussed by the project team, and then used by JJ and CH over successive rounds of analysis to develop a coding framework incorporating all interview data. These codes and attendant sections of data were subsequently reviewed to identify how they connected in terms of shared or related meaning and subsequently brought together under umbrella themes, which reflected this interconnection and captured the meaning of the data in its entirety.

The next section reports on the final analysis, with example quotes provided for the themes. Most quotes come from Family Support Workers, as the questions in the interview guide were primarily directed at their understandings and experiences. Where relevant, quotes from management are provided, but they are much smaller in number.

# Findings

This section covers the six themes identified in the research, outlined in Table 1.

**Table 1: Table of Themes**

THEME
1. Staff's perception of evidence of service effectiveness
2. Addressing the challenges associated with the provision of the service
3. 'Up-stream' challenges requiring novel organisational responses
4. Opportunities and benefits associated with the service
5. Impact of service provision on Family Support Workers
6. Recommendations from participants for service development

## 1. Staff's perception of evidence of service effectiveness

Participants drew on several sources of evidence to attest to service effectiveness. First, they viewed families' ongoing engagement, despite enormous pressures on their resources, attested to the value families attach to



[After noticing a positive change and how much the child was engaging with the support worker, the child's] Mum said ... you're doing an amazing job because this is not what she [child] does.

**Participant 10**



the support provided. Second, the service has been maintained beyond an initial emergency response to the COVID-19 pandemic, suggesting its longer-term relevance and viability. Finally, the numerous repeated expressions of thanks and other positive responses from families. This unsolicited feedback was important in helping reassure support workers that their efforts positively impacted the lives of families. The quote used in the title of the report comes from this theme.

## 2. Addressing the challenges associated with the provision of the service

Most of the challenges participants identified stemmed from the provision's physically remote nature. Firstly, this restricted options for support, such as the inability to provide practical help to parents (e.g. household chores, driving to appointments) or giving children time out of the home environment.



So we sort of transferred our skills from...being face to face and going in and providing lots of games and support to actually doing that online...[it] felt quite tricky initially. Trying to think outside of the box, especially with some of the families that I've got...think about games, how we could adapt them so that they could play them without physically being there, so it was quite challenging. But yeah, we got through it and now of course we can provide support...



**Participant 5**

Additionally, activities that might burden parents were avoided or limited, such as engaging in 'messy' play. Where relevant, support staff had devised a wide range of alternative means of support, ensuring flexibility to children's changing needs and preferences. For example, rather than baking a cake with a child, sessions could include reading about cakes, designing recipes, or drawing baked goods. Using the pre-supplied activity bags was central to facilitating craft and play-based support, including emotionally focused work. Other resources, such as online quizzes or games, were also utilised. A recurring message was that providing online support required being able to think 'out of the box', in terms of being flexible and rising to the challenge of devising support that is not limited by a screen box. This challenge included activities for children who are blind or non-verbal.



I think the most obvious difference is when an assessment. ... There's a lot of cues that you [pick up on in person] .... I think you can read...someone better in person in their environment, you've got a bit more scope than where the cameras aimed... You might pick up on dynamic siblings. Who else is in the household? Other environmental risks might be more obvious.

### **Participant 7**



Secondly, building rapport and interpersonal relationships was considered a challenge in the online environment. Physical proximity was considered valuable to, for example, gaining insight into household circumstances and family dynamics, and helping families to feel comfortable with and/or trusting of support workers, in turn facilitating difficult conversations and emotional disclosure. Relatedly, proximity enabled observation of physical and other cues into emotional well-being and needs. It also enabled a physical response to these cues through, for example, 'therapeutic' touch or moving rooms to facilitate private conversations. Despite the absence of such opportunities, both relationship-building and insight into family circumstances were considered possible in an online environment. For example, one support worker talked about holding several initial shorter sessions focused on administration, whilst simultaneously allowing the development of relationships and understanding of family context. Another described ongoing contact with a family social worker as a way of keeping up to date with family circumstances. Other descriptions demonstrated that repeated contact facilitated trusting relationships over time, manifested, for example, by disclosure, particularly from adults.

Finally, a small number of participants discussed the risks associated with online provision and how these could be managed. A manager highlighted how the remote medium of online interaction necessitated a bespoke risk management protocol, which had been developed. Although not explicitly addressing the protocol, a support worker expressed an understanding of online provision as carrying reduced risk compared to face-to-face provision; remoteness meant that parents/carers did not have to worry about their child being physically 'handed over' to the care of another person. Another manager

noted that confidentiality could be compromised because support workers were working from home amongst other household members. Support workers did not raise this issue; any accounts on the issue of home-working focused on creating a private space for their work within their home environment.

### **3. 'Up-stream' challenges requiring novel organisational responses**

Several challenges requiring longer-term or concerted action were identified. A manager focused on the decline of, or disengagement from, support by families. This problem was traced to the referral system, understood to leave families vulnerable to inadequate knowledge of the service, meaning that initial engagement could be based on a misunderstanding of the nature of support. The same participant identified a separate challenge also linked to the referral process, namely, that referrals could be made at a (relatively) late stage of a family's journey with their ill child, often in crisis situations. Delayed referral meant families were left to struggle unsupported, including not receiving preventative support that could have helped avert the crises.



it's a double-edged sword.... when you're a family who's in desperate need, it's difficult... We want people to know about us and refer to us, but equally we need to be sure that we can meet their needs.



#### **Participant 6**



Calls for service expansion were typically caveated by an awareness of a dilemma of balance, namely, how to maximise access with the attendant increase in number of families requiring support, whilst being able to deliver that support effectively. This balancing was considered problematic in the context of an already over-stretched service. Although participants could see that expanding organisational capacity would help meet this challenge, they recognised that such expansion would be complex given current funding arrangements, whereby the organisation relied on short-term, disparate income streams, such as grants, philanthropic donations, and fund-raising. Improving the financial sustainability of the service was thought to involve securing recurrent funding; in turn, such funding required robust demonstration of organisational effectiveness and attendant measures to devise and implement appropriate data gathering.

Further, there was regular mention of the negative impact of many families' social and economic circumstances on the quality of support that could be provided. In short, participants were aware that despite their best efforts, limited resources left some families unable to engage fully. For example, lack of private spaces in the household meant that confidential support sessions could be challenging to achieve. At times, the issue was with internet access, with some families being unable to meet the cost. Digital poverty was also identified: many families did not possess private phones, tablets or laptops. Although support sessions could be delivered using shared family equipment, the privacy and/or confidentiality of these sessions was compromised. Additionally, it prevented multiple family members from being supported simultaneously by different staff.



I think the hard thing I've found as well is two of my families are living on the breadline, basically, so they're not able to use things like Teams or Zoom because they don't have access to an iPad or tablet or a laptop. They're using older phones. They were doing video calls, but then if they don't have data or they, you know, or other cut off, so then you miss a session because they don't have the means to do it and there's not really a lot we can do. There's not much out there. So we do scramble a lot trying to figure it out. But it is that inequality of ... digital inequality, I suppose ... which is huge, absolutely huge. And that's really hard because you could miss a session that's actually our mum's really needed to get some stuff off her chest, but she's not been able to or and she, you know, one of the mums that I do work with, struggles with her mental health anyway. So it's about showing your consistency. She doesn't really trust anyone, and I've got that relationship with her now. So yeah, that's I find that quite frustrating....

#### **Participant 4**



## **4. Opportunities and benefits associated with the service**

Multiple opportunities and benefits were identified from the out-of-area, online support service. Firstly, greater reach, with the service now supporting families who would otherwise be unable to access Rainbow Trust or other social palliative care. Secondly, inherent flexibility of provision, closely associated with enhanced choice and convenience for families. Families could cancel or rearrange support sessions as necessary, often last-minute; they could do so without worry or guilt as little inconvenience was caused to the support worker. Choice extended to additional contact beyond scheduled sessions, such as quick telephone calls or text messages. Finally, the fact that support sessions do not require staff to be physically present in the families' homes was considered to reduce the burden on families of making themselves and their home 'presentable' in preparation for home visits. The benefits derived from flexibility of provision were also ascribed to support workers in that support could be adapted to the (changing) circumstances they might find themselves in at any given time. Examples provided could show the ingenuity of support workers in delivering the service in all sorts of different ways and places.

The theme of choice was further elaborated in relation to options for communication, including Microsoft Teams, Zoom, WhatsApp, phone calls or text messaging. Collectively, these were understood to meet family member's varied communication preferences and requirements in several ways. Firstly, some adults and children simply preferred remote communication over face-to-face; at times, this preference had been articulated explicitly by those being

supported, at other times, support workers were drawing on what their experience had suggested to them as the potential worth of remote interaction. Not only could it make practical sense, but also the 'anonymity' afforded could facilitate disclosure as families were more relaxed in that environment. For some support workers, an essential component of this privacy was the



And I like [the flexibility] about it ... So if they're [the clients] not, well, if they've got an appointment, if they're just tired, we'll have ... 5 minutes. ... Or before that she'll text me and she'll say, you know, we'll have to go out at 5:00 or we won't be in at quarter past or we're really tired. Nobody would do that if you turned up at the house. If I drove 45 minutes and was going to visit for two hours, nobody would say... I love the fact that it's flexible for them as well and I'm sitting in my office so they don't feel bad doing that where they would feel bad if I'd travelled or ... in the fog or whatever. They know that I'm in the house so ... when you've got a lot of appointments, when you've got a lot of things that you have to do at a certain time, it's more relaxed for them than it's a set time. But it's this wiggle, I call it the wiggle room. There's always wiggle room and it's fine.

## Participant 2



allocation of different staff to members of the same family. This division was considered to promote parent engagement due to the discreteness of the support; fears and concerns could be shared safe in the knowledge that other family members would not be burdened. Online interaction was further understood to encourage engagement based on quite specific requirements, for example, of those for whom eye-contact is intrusive or upsetting. At times, such provision enabled both adults and children to 'open up' to support workers.



I think adults find it easier when you're not in the room. Some adults, and it depends on the relationship that you've got with them and how long you've been working with them and stuff like that. ... I think in certain instances for adults, they tend to find it a lot easier to speak more candidly, you know, over the phone or on a on a Teams call and stuff like that. They you just do. You let your guard down a little bit, don't you ... I think especially when you're working with siblings, in my opinion, it's good that they have someone that isn't connected to their parents...because you know some things you don't want to talk to your parents about and you don't want them finding out about and we are confidential with it [unless it's a safeguarding issue]...



### **Participant 1**

There was widespread agreement that one of the most valuable benefits of the out-of-area, online support service was the removal of time-consuming travel. Support workers gave numerous examples of how this additional time could be used productively; there was a clear sense of other valuable work being undertaken that helped the efficiency and effectiveness of their service provision overall. Examples included being able to support more families on any given day, leading to increased work satisfaction, and being able to undertake administrative tasks.

The out-of-area, online support service was associated with positive developments across wider organisation service provision. Again, flexibility of provision was highlighted. A prime example concerned the adoption of a hybrid model of working within in-area service provision. Although face-to-face support remained the primary means of interaction, the experience of delivering the out-of-area service enabled support workers to appreciate the value of offering online support when appropriate. Participants reported that the positive response and uptake from families meant that the use of online support had been widely adopted. Support workers were clear that this 'new' way of working meant that responsive support could be provided in ways previously unavailable.

## **5. Impact of service provision on Family Support Workers**

Several aspects of the personal impact of delivering the out-of-area service were discussed. Firstly, resulting work-life balance. Support workers recognised that they needed to create time and space to decompress and manage their



At the moment when we leave a family [face to face], you know, for me, for driving back, I've got at least half an hour in the car. And you have that time to kind of decompress and think, whereas when you finish at home, if you've got a busy family life, whatever is going on out outside this door. You go straight into it ... And you might have just had a really difficult call. Yeah. And that might be really tricky...

## **Participant 11**



emotional capacity. They were also aware of the potential for home working to create difficulties in 'switching off', particularly given the emotionally charged nature of much of the support they provided. Some had found ways of creating a physical and/or temporal space in which they could process their emotions. Others were more ambivalent, aware that the opportunities and/or capacity for processing could be challenging. Managerial participants were also aware of the need to ensure that support workers were properly supported to protect their emotional well-being. A related issue concerned problems that could be encountered in bringing an online support session to conclusion; support workers were aware that online support was inherently less 'time-bound' than face-to-face. Whilst they recognised the need to adhere to a set schedule for the delivery of support sessions to avoid over-burdening themselves practically and emotionally, they could experience guilt at ending a session. Relatedly, one

support worker stressed the need for effective time management; it was important for support workers to give themselves time to complete administrative tasks, often de-prioritised in the context of a drive to support as many families as possible.



...it showed me the skills that I have...that I didn't know I had them, but it showed me different skills ... I've become more confident, I think as a result of that, more confident in who I am as a family support worker and how much I can help people.

### **Participant 8**



Secondly, support workers considered their skills in delivering support to have been enriched as they learnt new ways of engagement and practice (including innovative adaptation of existing practice) and wider support provision. They talked about heightened creativity and resourcefulness in their work with families, ability to connect emotionally, openness to learning from the families, particularly children, and to think and respond 'in the moment'. Further, they considered themselves as more confident, motivated and self-reliant practitioners, not only in relation to families, but also other professionals with whom they needed to interact. These enhanced skills and confidence were considered transferable, also positively impacting on their practice as in area support workers.



## 6. Recommendations from participants for service development

Support workers repeatedly endorsed expansion of the out-of-area, online support service, particularly in respect of proactive promotion to increase service profile and reach, with the potential to drive referrals across a wider geographical spread and referring agencies. Some offered quite specific advice on how this promotion and attendant increase in reach could be achieved. This included, for example, awareness raising in key NHS clinical settings, developing partnership working with external organisations, and focusing on geographical areas currently under-served by Rainbow Trust or other services.



For example, we don't have a team in Scotland, but you know, there's a lot of remote communities and perhaps that could be something that we could help... if we physically can't send someone in because it would be 3 hours away, but they could access is immediately online. I think that that would be a great opportunity and there's obviously other pockets of the UK that are also remote.

### Participant 14



Other suggestions concentrated on how the service might be delivered, again with the aim of increasing reach. One support worker talked about the need to facilitate children and young people's peer group contact, for example, by establishing an online portal, which could include information on opportunities

for such interaction, or taking a more proactive role by setting up online peer groups or providing other opportunities for peer relationship building. In the same vein, another support worker highlighted the value of online adult peer support groups as a way of counteracting the isolation often experienced by families.

Several participants (support workers and managers) also discussed partnership working as a way of addressing the technological requirements of service delivery. This was particularly relevant to enabling access to the service by families with limited resources, both in terms of digital equipment and finances to meet the cost of internet connection.

Several overlapping recommendations concerned staffing of the service. Some support workers focused on the need for increased numbers of support workers to be recruited. In this context, one participant suggested that male staff should be targeted as part of any recruitment initiative. Others suggested a need to ensure that all those being asked to work in an online environment were at ease in doing so. At times, this need was associated with consulting with staff to ascertain their preferences, thereby helping to ensure that the online support team was staffed by those who felt able to provide effective support. Relatedly, the current approach of trying as far as possible to 'match' new clients with support workers was endorsed to promote effective support and ethos of staff teamwork. Management suggestions included a 'settling in' period for support workers who volunteered for the online service as a way of allowing them the opportunity to experience this way of working in a non-threatening environment, including the possibility of stepping back from the role.



If we were able to have a standalone out-of-area team and have dedicated out-of-area online support workers, it would make us a more inclusive employer. There may be people out there that would be perfect for this job, however due to a disability, for example, they may not be able to do it as this job can be quite physical and tiring at times [i.e. due to driving]. [Having a dedicated online role] would mean they would be able to do the job, without the physical demands.

## **Participant 11**



The issue of how the in and out-of-area services should operate within the context of overall service organisation was also addressed. Collectively, the thrust of some participant suggestions was that staff should work within either the in or out-of-area service, so that the two services operated independently with a dedicated team of support workers. The overriding rationale offered for such service organisation focused on a consequent increase in the number of families who could be supported. One participant took a quite different angle, arguing that offering the opportunity to work exclusively as an out-of-area support worker would enable greater diversity of employees, simultaneously rendering the organisation a more inclusive employer. A manager expressed some trepidation concerning the possibility that dual service provision held the possibility of creating a two-tier level of support, given the limitations

associated with online provision. Although support workers noted the benefits of adopting a hybrid in-person and online model of working [see above, 'Opportunities and benefits associated with the out-of-area service'] only one participant explicitly recommended this as a basis for overall service provision.



...we've started doing a bit of training with a play therapist and that's been handy because she's obviously given different activities that you can do...that was really helpful because obviously I haven't done any of the stuff with the kids. So it gave me an idea of, like, what you could do...just sharing stuff like that was really helpful..[but we need more training on] the technical side, to be honest, because I'm not great on Teams. So, like, just being shown how to use all of the different features on that because some people bring like games up and stuff, and I don't know how to do any of that...because Zoom's very different to Teams...and it's like, obviously it does similar things, but it's all different and kind of just having like a little session on that would be useful [and would have helped me if I had that earlier]...

### **Participant 3**



Support workers identified several ways in which they could be supported to undertake their delivery of the out-of-area service effectively. Firstly, the value of maintaining an overt ethos of team working and collaborative effort. Support

workers valued opportunities to share ideas and experiences with each other. To enable this sharing as part of a structured approach to team working, greater facilitation of out-of-area team interaction was endorsed. Not only was such contact understood to promote mutual learning, including in relation to good practice, but also, more fundamentally, it provided necessary peer support and sense of team and broader organisational cooperation and solidarity. One participant introduced a caveat to team interaction conducted online; However, mutual support and learning could happen, the environment did not lend itself to the happenchance interaction that can allow meaningful conversations, reflection and learning.

Secondly, giving family support workers an opportunity to learn about what out-of-area service provision involved and could be undertaken. These opportunities were considered appropriate for all Rainbow Trust support workers, irrespective of their team membership. The following suggestions were made: the establishment of a 'shadowing' system, whereby newly appointed staff could sit in on sessions being run by more experienced colleagues; support sessions being recorded, which could subsequently be watched by staff; and, recordings being made of families talking about their experiences of the service, also made available to staff. Such opportunities were considered important in allaying any anxieties about personal delivery of the service. Several support workers suggested the value of opening up out-of-area team meetings to all support workers, so that they could learn about the service and its provision. One manager described a more generic process involving a 'settling in' period, during which potential new staff could gain valuable knowledge and

understanding of the out-of-area service. On that basis, they could make informed decisions concerning their involvement.



[I think we should do] a joint session or shadowing...we do it in families face to face, but not online...And I think your first call, the first time I've done it, I remember thinking, oh, please don't answer. Don't answer because I didn't know what I was doing. I felt I felt like a swan. I might have looked all right from the top up, but underneath, my feet were going like the clappers because I didn't know what to expect.

## **Participant 2**



Thirdly, the benefits of dedicated training were regularly discussed. Support workers not only endorsed existing training, but also identified a range of additional provision. There was a clear desire for training to underpin the provision of support for children and young people, in terms of both play activities and emotional support. This included guidance on options for creative play (both biological and developmentally age appropriate) and those that might help children and young people understand and express their thoughts and emotions. These training suggestions were often couched in recognising personal limitations regarding the use of technology, so that training on how this technology could be used to its full potential was advocated.

# Recommendations

The project team created this list of 15 recommendations, drawing on the project findings, existing empirical evidence in the published literature, and insight from similar evaluations conducted by the team. The recommendations fall into four categories: team and staff development, service development and organisation, data, and external engagement.

## Team and Staff Development

1. Encourage support workers to share practice examples, such as creative uses for items in the activity bag and online activities for children.
2. Continue developing virtual team meetings to share success, challenges, opportunities, and learning.
3. Develop a training programme for new staff, including how to manage relationships and contact with clients.
4. Enable staff to shadow other support workers to develop their skills and confidence.
5. Provide ongoing training and support for staff, recognising that remote working has different requirements for time and emotional capacity management. This should include a focus on staff wellbeing.

## Service Development and Organisation

1. Consider and explore approaches for a dedicated virtual (online support) team.
2. Consider recruiting and retaining staff who are unable or do not wish to travel.

3. Review safeguarding policies with staff and consider the impact and risk when supporting family outside the UK.
4. With organisational capacity, extend the support to more families, especially in under-served areas and communities. Data can be used to decide where to promote the service to increase referrals strategically.

## **Data**

1. Collect and utilise data systematically, including quantitative and qualitative data.
2. Use data for regular reports to the team.
3. Use data to work with commissioners to explore possible funding opportunities.

## **External Engagement**

1. Explore opportunities to provide training (focused on online support) to other organisations.
2. Share examples of practice externally, including the use of activity bags and online engagement with children.
3. Develop partnership working with other organisations. This can include addressing digital poverty, creating hybrid support for families, driving referrals, and creating sustainable funding arrangements.



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## Endnotes

- (i) Areas include: Greater Manchester; North East (Northumberland, Tyne and Wear, County Durham, Teeside, Redcar and Cleveland); Lancashire and Cumbria (Kentown team); Liverpool, the Wirral, and Cheshire; South West (Swindon, North Wiltshire, South West Oxfordshire, Bristol, Bath, Gloucestershire and North East Somerset); Reading and Berkshire; London and South East (London, Surrey, South Buckinghamshire, South Hertfordshire and Sussex); Essex and North East London; Hampshire, Dorset and Isle of Wight (Southampton team).
- (ii) Rainbow Trust has provided data on the number of families supported and the length and/or type of support provided. Rainbow Trust has been collating data for the Online Support Team since June 2021, with a change in record systems occurring in September 2023.
- (iii) Referrals, including self-referral, can be sent via an online form on the charity's website. On occasion, the team may accept referrals for families residing (temporarily or permanently) outside of the UK.
- (iv) In 2023/2024, 10 families declined the service after a referral had been made. Reasons for this include a desire for in-person support and/or a change in circumstances.
- (v) Since 2021, the service has had 17 Family Support Workers assigned to the team in total.

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