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Level 2 DPIA / Processing Requiring Approval

BA in Professional Practice

Healing Through Play: supporting siblings in Paediatric Palliative Care through
therapeutic play interventions.

Ref. HDIGQ-10219

Authors: Rachel Brown

Review Required: <IG Manager/Head of IG>

Approval Required: <Head of IG Manager/DPO/Deputy SIRO/Caldicott Guardian>

Date: 02/06/2025

Address of Organisation:

Bwrdd Iechyd Prifysgol Hywel Dda / **Hywel Dda University Health Board**

[Ysbyty Cyffredinol Bronglais](#) / **Bronglais General Hospital**

Adeilad Delfryn / **Delfryn Building**

Aberystwyth / **Aberystwyth**

Ceredigion / **Ceredigion**

SY23 1ER

✉ E-bost/Email: Information.Governance.HDD@wales.nhs.uk

☎ Rhif Ffôn/Telephone External: 01970 63 54 42

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Version History:

Date	Version	Author	Revision Summary
02/06/2025	1.0	Rachel Brown	Initial Draft
12/06/2025	2.0	Ali Evans	IG Review with Observations and Recommendations as required. Teams call with Rachel Brown to go through DPIA together for clarification on queries.
30/06/2025	3.0	Ali Evans	Final IG review with Recommendations Approval received from Dr Picton, Deputy CCG.
04/08/2025	4.0	Rachel Brown	Acceptance of Recommendations
04/08/2025	5.0 Final	Ali Evans	Finalised as Approval by Caldicott Guardian received.

1. Introduction

Following a review of the responses provided to the Data Protection Screening Questions below, it has been determined that a Full Data Protection Impact Assessment is not mandatory or required for the processing detailed below. This form is to record processing, identify risks, recommend measures to mitigate such risks and to record the appropriate Approval.

2. Section A Screening Questions

Category	Screening question	Yes/No
Identity	Will the project involve the collection of new information about individuals?	Yes
Identity	Will the project compel individuals to provide information about themselves?	No
Multiple organisations	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	No
Data	Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No
Data	Does the project involve using a new system or technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	No
Data	Will the project result in you making decisions or taking action around individuals in ways which could have a significant impact on them?	No
Data	Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	Yes
Data	Will the project require you to contact individuals in ways which they may find intrusive?	No

Details of the processing:

Research/Project Title	Healing Through Play: supporting siblings in Paediatric Palliative Care through therapeutic play interventions.
Directorate/Department	HDUHB - Women and Child Health UWTSD - Professional Practice Framework Institute of Management and Health
Organisation	Hywel Dda University Health Board University of Wales Trinity Saint Davids
Assessment Completed By	Rachel Brown
Job Title	Paediatric Palliative Care Play Specialist
Date completed	02/06/2025
Phone	Work Mobile – 07816269701 Personal Mobile - 07896346295
E-mail	Rachel.brown6@wales.nhs.uk
Research / Project Outline - What is it that is being planned? Provide a brief description of the research/project/process being assessed. If you have a Research Proposal or have already produced a Project Initiation Document, Assurance Quality Plan or Business Case etc, please embed here.	
As part of my role (Paediatric Palliative Care (PPC) Play Specialist) I provide sibling support session either 1:1 or as a group. I help siblings of children and young people within PPC who are experiencing emotional and psychological challenges such as anticipatory grief, bereavement, stress, fear, anxiety and isolation. Research shows that without appropriate emotional outlets and support, siblings are at risk of long-term mental health difficulties, including complicated grief and emotional withdrawal (Hartling et al., 2010). After my support sessions I want to ask the siblings for their anonymised feedback for answering the report question. This study seeks to assess how therapeutic play can facilitate coping strategies, emotional resilience, and a sense of inclusion within family and care settings. By answering this research question, the study hopes to contribute to a better understanding of how to integrate sibling support into holistic, family-centred palliative care services, ensuring that siblings' emotional wellbeing is prioritised alongside that of the child receiving care The feedback given will be anonymised and put into a graph to reflect questions such as how siblings felt about having access to specialised support.	
Purpose / Objectives / Aims - Why is it being undertaken? For example patient treatment, patient administration, research, audit, reporting, staff administration etc.	
Purpose: The purpose of this research is to explore the role of play-based interventions in supporting siblings of children in paediatric palliative care as they navigate grief and emotional distress. Siblings of children with life-limiting or life-threatening conditions often experience a range of complex emotions,	

including anxiety, sadness, guilt, and confusion, yet their needs can sometimes be overlooked in medical and palliative care settings. This study aims to investigate how structured and therapeutic play can provide a safe outlet for emotional expression, facilitate coping mechanisms, and promote resilience among these siblings.

By examining different play therapy techniques, including expressive arts, role-playing, storytelling, and sensory play, this research will assess their effectiveness in helping siblings process anticipatory grief, bereavement, and the emotional challenges associated with their sibling's condition. Additionally, the study will seek to identify best practices for integrating play-based grief support within paediatric palliative care settings, ensuring that siblings receive the emotional support they need in a developmentally appropriate and accessible way.

Ultimately, this research aims to contribute to enhancing holistic family-centred care, emphasising the importance of sibling support and advocating for the inclusion of play as a therapeutic tool in paediatric palliative care services.

Objectives:

- Explore the effectiveness of play-based interventions in supporting siblings of children in paediatric palliative care as they experience both anticipatory grief and post-bereavement grief.
- Investigate how structured and therapeutic play can:
 - Provide emotional support
 - Promote resilience
 - Facilitate healthy coping mechanisms during grief
- Examine how therapeutic play interventions support the emotional and psychological well-being of siblings of children and young people with life-limiting or life-threatening conditions.
- Highlight the complex emotions experienced by siblings, including anxiety, fear, isolation, and grief, which are often overlooked in paediatric palliative care services.
- Assess the role of therapeutic play in:
 - Enabling children to express feelings
 - Supporting the processing of their experiences
 - Developing emotional coping strategies
 - Reducing feelings of isolation
- Gather insights from siblings, families, and professionals regarding their experiences and perspectives on therapeutic play.
- Identify best practices for embedding therapeutic play within paediatric palliative care settings.
- Contribute to the delivery of more holistic, family-centred care through evidence-informed recommendations.

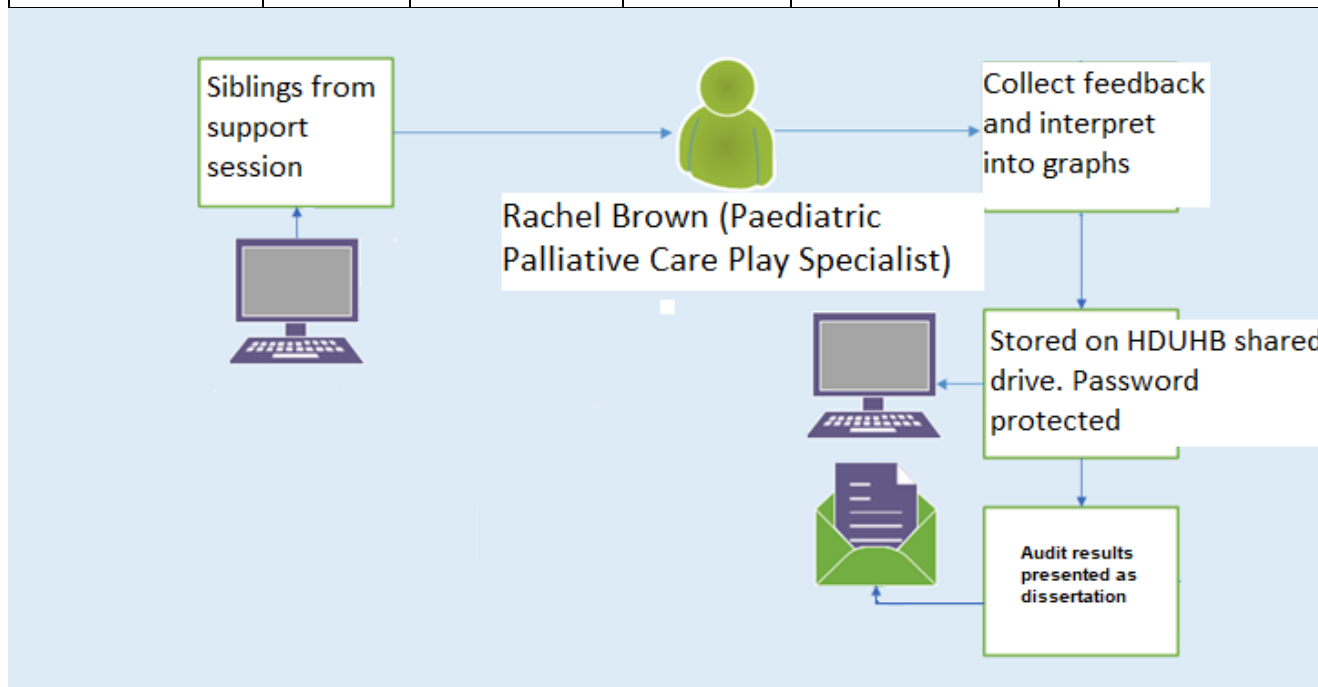
Aims:

- Conduct a qualitative investigation into the experiences of siblings of children receiving paediatric palliative care, focusing on how therapeutic play interventions impact their emotional and psychological well-being, particularly in managing anticipatory grief, bereavement, and emotional distress.
- Use a literature-informed framework to explore the emotional needs of siblings, who often experience fear, anxiety, sadness, guilt, and isolation; needs that are frequently overlooked within healthcare settings prioritising the ill child.
- Focus on play-based approaches that provide developmentally appropriate, safe means for emotional expression, including storytelling, expressive arts, role-play, and sensory play.
- Identify and evaluate which therapeutic play techniques are most effective in fostering resilience, supporting emotional wellbeing, reducing feelings of isolation, and enabling healthy grief processing.
- Engage with siblings, families, and professionals through interviews or observations to gather perspectives on the accessibility, relevance, and impact of play-based grief support within palliative care contexts.
- Examine how therapeutic play can be integrated into existing paediatric palliative care frameworks, contributing to more inclusive, family-centred models of care.
- Analyse findings to generate best practice recommendations for embedding structured play-based interventions, with the goal of informing policy and influencing future clinical practice.
- Advocate for the role of therapeutic play as a core support mechanism for siblings, ensuring their emotional and psychosocial needs are recognised and addressed within holistic palliative care delivery.

Provide a description of the information flows (preferably including a diagram). Broadly speaking the aim is to establish who the information will be made available to, what type of information, why the information is required, how it will be shared and how often.

Inflows					
Sender	Content	Pseudonymised?	Mode	Security	Recipient
Rachel Brown	Feedback form	Anonymised	Email or paper copy	If emailed back it will be stored on HDUHB shared drive (password protected) If paper copy given back, it will be scanned over to shared drive and password protected and paper copy will be put into confidential waste bin	Sibling

Outflows					
Sender	Content	Pseudonymised	Mode	Security	Recipient
Rachel Brown	Report	Feedback anonymised	Email for draft and then via Turnitin for final submission	Password protected emails if required	UWTSD Tutors – Sarah Loxdale and Lowri Harries.



Provide details of how the development will have the potential to impact on the confidence patients/service users have in the NHS maintaining the confidentiality of their personal data.

For example, is information being shared with another organisation or used for a purpose that it wasn't previously. If collecting PROMS (Patient Reported Outcome Measures) or PREMS (Patient Reported Experience Measures) what privacy information has been provided to the patient.

No identifiable information will be given out. Feedback will be openly agreed for use within the report.

Provide any additional information relevant to the processing. For example, is the data pseudonymised or anonymised and at what stage? If information is being shared, how is it being shared and what security measures are in place?

Use of existing patient data? No

PII collected/shared: No

Number of participants to be reviewed: Less than 10

Is the processing subject to Patient Consent: No

Service Evaluation purposes.

What information is provided to the Patient?: Verbal information about why their feedback is needed.

Recommendation 1:

Patients to be signposted to HDUHB privacy notice:

<https://hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notices/full-privacy-notice/>

Systems from which Data is collected: No personal data is collected. Feedback forms will be sent by Email or completed in person.

Is the data Anonymised or Pseudonymised? Feedback is all anonymised

Data Processing and Retention: On HDUHB shared drive

To be retained for period of essay submission, which is by April 2026, so records will be retained up to April/May 2026.

Any other Security Measures: Password protected

Access is via work and password protect the forms once received. Secure shared drive for Community Nursing Team.

Dissemination/Reporting/Sharing:

e.g. Departmental presentation/Participating Institutions/Publications, Other

University-anonymised.

Standards to be adopted: NICE and PEO LC [Service specification engagement - NHS Wales Executive](#)

IG Training:

Are those involved compliant with the HDUHB IG training? Yes

If not a Health Board employee, what IG Training has been completed.

Do they understand their Responsibilities in terms of Data Protection Legislation and the Common Law Duty of Confidentiality? (Consider if Confidentiality Agreements are required)

Recommendation 2:

All staff involved in the service evaluation must be up to date with mandatory IG training.

Departmental Approval: Yes

Any other approval secured, or Governance undertaken: The university's (UWTSD) ethics approval panel and HDUHBs research and development team.



SE letter R Brown.doc

HDUHB Research & Development Team has confirmed this is a service evaluation (see letter above)

Supporting Documents: Ethics approval

Dates and duration of processing: June 2025 – June 2026.

Stakeholders - who is involved in this project/change? Please list stakeholders, including internal, external, organisations (public/private/third) and groups that may be affected by this system/change in the table below and detail any stakeholder activity taken.

Organisation	Engagement / Stakeholder Activity
Patients (Siblings of PPC)	Data Subjects – Siblings of PPC
Hywel Dda University Health Board (ICO Registration: Z1887023)	Data Controller
Project Lead details (Rachel Brown)	Job Title – Rachel Brown, Paediatric Palliative Care Play Specialist
Student details (Rachel Brown)	Student undertaking Research – Rachel Brown 1202852
University details University of Wales Trinity Saint Davids Professional Practice Framework Institute of Management and Health	University to which the Research Project will be submitted. University of Wales Trinity Saint Davids

Stakeholders - Has the patient (or group that the system is designed to hold data on e.g. employee) been consulted on the project?

☐ Yes

☒ No

Forum the patient or other was consulted on:

Data Types:

In order to understand the potential risks to individuals, it is important to know the types of data that will be processed.

Personal	Tick (All that Apply)	Special Category	Tick (All that Apply)
Name	☐	Racial / ethnic origin	☐
Address (home or business)	☐	Political opinions	☐
Postcode	☐	Religious beliefs	☐

NHS No.	☐	Trade union membership	☐
Email address	☒	Physical or mental health	☐
Date of birth	☐	Sexual life	☐
Reference number (Payroll Number)	☐	Biometrics; DNA profile, fingerprints	☐
Driving Licence [shows date of birth and first part of surname]	☐		
Bank, financial or credit card details	☐		
Mother's maiden name	☐		
National Insurance number	☐		
Tax, benefit or pension Records	☐		
Criminal offences	☐		
Employment, school, Social Services, housing records	☐		
Data of a "higher" sensitivity (tick all that apply)			
Abortion, Pregnancy, Embryology and Fertilisation	☐	Sample types to include urethral swab and semen sample	☐
Mental Health	☐	Cervical Cytology screening	☐
HIV/AIDs and sexually transmitted BBV's	☐	Adoption	☐
Genetic (also special category data)	☐	Child Protection	☐
Sexually transmitted diseases	☐	Safeguarding Adults	☐
Comments and Additional data types (if relevant):			
Forms to be completed may be emailed to parent for completion with the child. Low numbers of patients involved. Feedback will be anonymous.			

Legal Basis for Processing:

What legal basis for processing will you be relying on? Please tick one for personal data and one for special category data (if processing). Please speak to your information governance team if unsure.			
Personal Data		Special Category Data (includes health data)	
Task carried out in the public interest or in the exercise of official authority – Art 6(1)(e)	☒	Provision of preventative or occupational medicine, health or social care or treatment, or the management of health or social care systems – Art 9(2)(h)	☒

		Associated condition in UK law, set out in Part 1 of Schedule 1 of the DPA 2018) please state below: <i>Health or social care purposes 2(1)2(f)</i> (f) the management of health care systems or services or social care systems or services.	
Protection of vital interests – Art 6(1)(d)	☐	Vital interests of the data subject or a third party where they are incapable of giving consent – Art 9(2)(c)	☐
Necessary for compliance with a legal obligation – Art 6(1)(c)	☐	Necessary for reasons of substantial public interest - Art 9(2)(g)	☐
		Public health - Art 9(2)(i)	☐
Consent – Art 6(1)(a)	☐	Explicit Consent – Art 9(2)(a)	☐
Other (please detail) [Processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party – Art 6(1)(f)]	☐	Research – Art 9(2)(j)	☐
		Other (please detail)	☐
Outcome			
Service evaluation			

3. Section

Summary, Outcome and Recommendations

Summary:

Provide a summary of the processing and any risks.

Detail the outcome of processing –

- Anonymised data will be retained and processed in the completion of this service evaluation/research proposal
- No more than 10 patient records will be subject to review
- There is no processing by any organisations other than the Health Board and the Undergraduate.
- Information for the Essay to be provided to university is fully anonymised.
- Information collated is destroyed after June 2026.

Outcome:

- Are recommendations required?

Recommendation 1:

Patients to be signposted to HDUHB privacy notice.

Recommendation 2:

All staff involved in the service evaluation must be up to date with mandatory IG training.

- What Approval is required?

In line with Art 35 of UK GDPR, Section 3 Data Protection Impact Assessment, and prior consultation, the above processing (considering the nature, scope, context and purposes of the processing), is NOT likely to result in a high risk to the rights and freedoms of natural persons. Therefore, the HDUHB (the controller) shall NOT, prior to the processing, carry out a full assessment of the impact of the envisaged processing operations on the protection of personal data.

Therefore, this document is to record the processing and that any risks have been identified, considered and mitigated or reduced to a level accepted by the Information Governance Team and the Approver.

For Caldicott Guardian Approval: The proposed service evaluation project has been reviewed and meets the following Caldicott Principles for patient identifiable data: -

- Justify the purpose for using confidential information: **Yes. Information will be kept confidential. All information is anonymised.**
- Use confidential information only when it is necessary. **Yes. The information being used is specific and relates to the service evaluation only.**
- Use the minimum necessary confidential information. **Yes. The information being collected is specific in relation to examining different play therapy techniques, including expressive arts, role-playing, storytelling, and sensory play, this research will assess their effectiveness in helping siblings process anticipatory grief, bereavement, and the emotional challenges associated with their sibling's condition**
- Access to confidential information should be on a strict need to know basis: **Yes. The information is anonymised and saved in a secure shared drive for duration of the service evaluation. Access is by student/staff member only.**
- Everyone with access to confidential information should be aware of their responsibilities. **Yes. See Recommendation 2.**
- Understand and comply with the law. **Yes. DPIA supports compliance with DP regulations.**
- The duty to share information for individual care is as important as the duty to protect patient confidentiality. **Yes. Shared outcomes to feedback into evaluation.**
- Inform patients and service users about how their confidential information will be used. **Yes. Patients and families/professionals to be signposted to privacy information. See Recommendation 1.**

Caldicott Approval is granted for the processing detailed above - see Section 4 below.

Information Governance Observations and Recommendations:

Date	Made by (Name)	Observation / Recommendation	Accepted by and Date
30/07/2025	Ali Evans	Recommendation 1: Patients to be signposted to HDUHB privacy notice:	Rachel Brown  04/08/2025

30/07/2025	Ali Evans	Recommendation 2: All staff involved in the service evaluation must be up to date with mandatory IG training.	Rachel Brown  04/08/2025
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4. Section Review and Approval

Document Reviewers:

Date	Reviewed by (Name)	Role	Signature
30/07/2025	Ali Evans, IG Manager	Initial Reviewer	A. L. Evans

Approval:

Date	Name	Role	Signature
30/06/2025	Dr June Picton	Caldicott Guardian (Deputy) Approval	June Picton
	Patrycja Duszynska, Head of IG	DPO Approval	
	Anthony Tracey, Director of Digital Services	SIRO (Deputy)	