



Cyngor Bwrdeistref Sirol  
**MERTHYR TUDFUL**  
**MERTHYR TYDFIL**  
County Borough Council

## **The Management and Administration of Medication for Children Looked After Regulation 26 (April 2024)**

**The medication policy is a standard format of advice and instructions for foster families, to be supported and adhere to the needs of the child(ren) living with them.**

**Overarching Public Health Wales advice will also be considered as a necessary addition if nationally there is a health pandemic requiring additional information for foster families to follow.**

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**Aim:**

The purpose of this policy is to develop guidance to foster carers on how to promote the physical, mental and emotional health and development of children placed with them.

This policy also offers guidance in relation to the management and administration of medicines by foster carers.

This policy is to be used by foster carers, children's social workers and supervising social workers within the Fostering Team in their supervision and support of foster placements.

**Scope:**

The Local Authority Fostering Services (Wales) Regulations 2018 states that *"the Local Authority as a fostering service provider must have a policy and procedures in place in relation to the administration of medicines by foster parents" (Regulation 26)*.

The Fostering Service in Merthyr Tydfil County Borough Council provides a family based home for children who can no longer live within their family of origin. Their carers are expected to meet their individual needs and give them the same life chances and expectations as other children in society. We work closely with foster carers to provide high quality care in a family setting.

In the context of an access to health services and medication policy for children who are looked after by Foster Wales Merthyr Tydfil foster carers, we are committed to providing safe care for children, where their health needs are met and positively promoted. The fostering service accepts a duty of care to ensure that any risks to the health and wellbeing of a child in placement are assessed and managed appropriately. Wherever possible, taking into account the age and understanding of the child/young person, the child will be consulted about proposed medical treatment and their views taken into account.

The fostering service also has a duty to foster carers. The access to health services and medication policy safeguards them by giving a clear framework of responsibilities and for the administration of medication. Medication should never be used for social control or punishment.

## **The Duty of Foster Carers**

- The foster carer has a duty of care to the child in placement.
- The foster carer has a duty to act as a reasonable parent.
- The foster carer has a duty to work in partnership with those with parental responsibility for the child. This may be the social worker for the child, the birth parent, a relative with parental responsibility or a combination.
- The foster carer must register children with a GP by the first CLA review.
- The foster carer must ensure that children placed are registered with a Dentist.
- The foster carer must provide each child with access to such medical, dental, optical, nursing, psychological and psychiatric advice, treatment and services as the child may require.
- The duty of the foster carer is to ensure a child is healthy and active.
- The foster carer (with assistance from the Local Authority) must provide each child with such individual support, aids and equipment that the child may require as a result of any particular health needs or disability they may have.
- The foster carer should provide each child with guidance, support and advice on health, personal care and health promotion issues appropriate to the child's needs and wishes.
- Foster Carers must ensure that children are taken to all medical appointments. The social worker for the child should be informed and consulted whether the birth parent should be invited to attend and how this should be facilitated if appropriate.
- Where a child is prescribed medication, the foster carer must ensure that this is regularly reviewed.
- All medication given to foster children must be recorded by the foster carer as outlined in this policy.
- All foster carers must keep a well-equipped First Aid box.
- All foster carers must attend a recognised First Aid Training Course within their first year of being approved as a foster carer and at subsequent intervals, no greater than three years apart. This will be monitored by the allocated supervising social worker via learning and development planning.
- The foster carer must support, arrange and facilitate the regular Health Needs Assessment (CLA medical) for every child in placement. A Health Needs Assessment should be undertaken annually, or biannually for children under 5, for all looked after children via CLA medical. The foster carer should work with other professionals (for example Specialist Nurse for Looked After Children, Health Visitor or Social Worker) to ensure this is undertaken within timescales. A copy of the Initial or Review Health Care Plan (IHCP) should be given to the foster carer, and where appropriate, to the

birth parent. The foster carer will store and use these documents as any other confidential records for the child.

### **The Duty of the Local Authority**

- The Fostering service has a duty to:
- Support foster carers in meeting a child's health needs.
- Provide learning opportunities to support the development of our foster carers knowledge and skills in meeting the health needs of children they care for.
- Support foster carers in developing the recording skills to maintain required records required.
- Support foster parents to recognise and respond positively to children's emotional and mental well-being needs, especially when they are experiencing difficulty, for example when a child is lonely, distressed, experiencing transition or loss, or experiencing anxiety, depression or other forms of mental illness.
- Support foster parents to ensure children participate in activities related to health promotion, where appropriate.
- Provide foster carers with up-to-date medical information.
- Provide information and support foster carers to ensure a child gains access to other primary care services or other specialist services, as required, in a timely manner.
- Where appropriate, support foster parents to ensure a child receives relevant sensory checks and is provided with support to access ongoing reviews.

### **When a Child is ill in Placement**

When a child is ill in placement the foster carer has a duty of care. The foster carer will respond as any reasonable parent would in this situation providing comfort and care.

Where there is concern about the health of the child, medical advice or attention should be sought promptly through NHS Direct or the GP.

Any advice given should be recorded in the foster carers recording log for the child. In emergency situations the foster carer should take the child to the nearest accident and emergency department or phone an ambulance.

If the child has had an accident or there is a serious incident regarding their health an *Accident/Incident in Foster Care Recording Form* should be completed (see Appendix 2).

Some minor conditions may be resolved with a home remedy in line with first aid training and carers can check with the NHS Direct (Tel: 0845 4647) or with the young person's GP if they are unsure about the young person's condition.

## **Record Keeping**

The fostering service ensures foster parents keep records relating to professional consultations (including, where possible, any resulting actions) and, where available, relevant correspondence is maintained to provide an up-to-date comprehensive health record for the child.

The foster carer will keep all the documentation in relation to the child's medication and health in a file in a safe and secure place. The records should be properly completed, legible and current and should be available for inspection at all times. Any records relating to professional consultations (including, where possible, any resulting actions) and relevant correspondence is kept by the foster carer to provide an up-to-date comprehensive health record for the child.

It is the responsibility of the supervising social worker to oversee that records are kept as described above. There should be a Record of Medication (appendix 1) for each child in placement if applicable. If a child has an accident ( e.g child falling off a swing) or there is a serious incident relating to their health (e.g child is coming out with a rash) an *Accident/Incident in Foster Care Recording Form (appendix 2)* should be completed.

A copy should be retained by the foster carer and a copy given to the supervising social worker to be saved to the child's electronic file in WCCIS. The records held by foster carers will be given to the child/young person's social worker when the placement ends and placed on the child's file. Any electronic records kept by carers will be deleted by the carers when the child leaves the placement.

Medical and health records are to be shared before each CLA review to inform care planning.

## **The Management and Administration of Medication**

### **The Supply of Medication**

Foster carers should make sure that, if handwritten, the GP instructions on the prescription are clear, with precise instructions. Instructions such as 'as before' or 'as directed' should be avoided. It is important that the prescriber includes the dose and frequency of administration, and the length of treatment on the prescription, to ensure the correct treatment and to reduce the risk of error in administration. When the administration route is other than oral, it is important for the prescriber to indicate the route for administration. The criteria for use of an 'as required' medication must be made clear by the prescriber.

Foster carers should ensure that prescriptions should be written for individually named children / young people. Medication prescribed for a child/young person should not under any circumstances be given to another child or used for a different purpose.

All medicines are normally dispensed in the manufacturer's original pack. Medications should always be kept in their original containers bearing the pharmacist's label and not be decanted into other bottles and containers. Original packs such as calendar or blister packs must be clearly labelled with the child/young person's name on. Where medication for a child/young person differs unexpectedly from those received in the past, the foster carer must check this with the GP or pharmacist before administering the medication (only if the foster carer is aware of such differences – e.g a support foster carer may not be aware or have the same knowledge of medication as the child's long term foster carers).

Labels must be clearly printed on each medication container dispensed. If the label becomes detached from a container, becomes damaged or illegible the advice from the pharmacist must be sought. The medication should not be used until this has been clarified. If the GP changes the dose of a medication the container must then be clearly re labelled by the pharmacist or GP. Foster carers should not alter any information on labels of medication. Occasionally verbal orders may need to be given to foster carers by a GP/Consultant to either initiate or change medication. This information must be clearly recorded in the foster carers' recording log for the child including the date and time. This information must be verified in writing by the GP/Consultant as soon as possible.

The medication of each child/young person must be reviewed regularly. This will be at least on an annual basis and should normally be undertaken by a prescribing clinician, the foster carer and whenever possible the child/young person. The needs of a child/young person are continually changing, and these should be taken into account at the time of review.

## **The Administration of Medication**

Medication should be administered strictly in accordance with the prescriber's instructions. The label on the container supplied by the pharmacist must not be altered under any circumstances. Medication should not be used for social control or punishment.

For more complex types of treatment (e.g epi pens, insulin, inhalers, etc), it is to be expected that the foster carer will be offered specialised training provided by a health professional.

All medication administered should be recorded by the foster carer at the time when it is given. The administration of prescribed medication should be recorded on the *record of medication form*, and should include the date, time, dose, etc. It should be signed by the carer in the signature column. Carers should not complete this retrospectively. All household remedies or over the counter (OTC) administered must be recorded by foster carers in the foster carers' recording log for the child.

Where there is a choice of dosage e.g. 1 or 2 tablets, the foster carer should record the number administered. The foster carer should record if the medication is refused



by the child / young person or not administered stating the reason why. The child's social worker and GP should be informed by the foster carer if a child/young person persistently refuses to take prescribed medication. The circumstances will vary as to when the above should be informed but should be within 4 days of the medication continuing to be refused. The foster carer should record any advice given and where necessary a planning meeting should be held. If adverse effects are observed the foster carer should consult a medical practitioner immediately. The GP /prescriber and pharmacist should be informed, and advice given should be recorded in the foster carer's recording log and on an *Accident/Incident in Foster Carer Recording Form*. Copies of this should be shared with the social worker for the child's case file and to the fostering supervising social worker to be placed on the foster carer's file. If electronic copies are kept by the carer these must be deleted when the child leaves the placement. Where a prescribed drug is not required to be given on a regular basis and can be administered 'When required' or 'Where necessary' this information should be recorded on the *Record of Medication form*.

### **Non-Prescribed Medication**

Non-prescribed medication should only be dispensed after careful consideration and assessment of the child/young person's presenting problem. However, a child/young person should not be left in any pain or discomfort.

Foster carers should only give non-prescribed medication as indicated by the manufacturer's instructions. If adverse effects are observed, the foster carer should consult a medical practitioner immediately. Advice given should be recorded in the foster carer's recording log for the child and on an *Accident/Incident in Foster Care – Recording Form*. Copies of this should be shared with the social worker for the child's case file and to the fostering supervising social worker to be placed on the foster carer's file. If electronic copies are kept by the carer these must be deleted when the child leaves the placement. Non-prescribed medication should be recorded in the foster carers recording logs

Foster carers must be aware that symptoms, which may appear minor, could be indicative of a more serious underlying condition. Therefore treatment should not be extended beyond two days without medical advice being sought. However if the condition deteriorates, medical advice should be sought immediately. If there are any doubts or concerns please contact the GP or NHS direct 0845 46 47.

### **The Storage and Disposal of Medication in foster placements**

All medication must be kept in a safe place out of the reach of children. This should preferably be in a locked cupboard although it is acknowledged that this is not always possible in a family home. The fostering service will provide each fostering household with a lockable box. In the event of a supply delay, the foster carer must ensure alternative safe storage of any medication.

Where the medication is a controlled substance (e.g. Ritalin), this must be kept in a locked cupboard. The supervising social worker will discuss with the foster carer where medications are stored as part of the supervision process. Where medication needs to be kept at a particular temperature (e.g. in the fridge) the prescriber's instructions must be followed. Care should be taken to ensure that this is out of reach of children in a separate part of the refrigerator. Controlled medication which needs to be kept in the fridge must be in a locked container. No medication should be given after the use by date on the bottle/packaging. Care should be taken by the foster carer to ensure that unused/out of date medicines are disposed of safely (if possible by return to the pharmacist), and that all outdated medication is disposed of.

If a child/young person is going to school, on holiday, or parents, the child/young person's original dispensed medicines or a separately dispensed supply of medicines should be used. Medication must not be placed in envelopes or other types of containers. They should remain in the original packaging, clearly labelled with the child's name, dose and frequency of medication. The foster carer must make a note of the full name of the teacher who was given the medication for the child

### **Supporting emotional well-being**

Foster Wales Merthyr Tydfil will support foster parents to recognise and respond positively to children's emotional and mental well-being needs, especially when they are experiencing difficulty. For example, when a child is lonely, distressed, experiencing transition or loss, or experiencing anxiety, depression or other forms of mental illness; through the provision of relevant learning and development opportunities.

Foster Wales Merthyr Tydfil expects foster carers to use the learning and development opportunities as recommended by their fostering social worker to enable carers to identify children with additional emotional and health needs and understand and promote the emotional wellbeing of children in their care.

Foster Wales Merthyr Tydfil expects foster carers to support young people to attend any medical appointments and liaise with the social worker about upcoming dates so that birth parents can be kept informed, if appropriate.

### **Duty of foster carers to ensure a child is healthy and active**

Foster Wales Merthyr Tydfil will support foster parents to ensure children participate in activities related to health promotion, where appropriate. Any additional activities should be identified within the CLA review and plans on how to support activities agreed. The placement plan document and placement planning meeting should identify how to maintain and promote that the child is healthy and active.

Foster carers have a duty to provide the children and young people in their care with good hygiene, a healthy, balanced diet with fruit and vegetables, opportunities to access and promotion of an active lifestyle.

The fostering service has a duty to support foster carers in meeting a child's health needs and Foster Wales Merthyr Tydfil have a duty to provide foster parents with up-to-date medical information.

The fostering service has a duty to support foster carers to ensure a child gains access to other primary care services or other specialist services, as required, in a timely manner; where appropriate, supporting foster parents to ensure a child receives relevant sensory checks and is provided with support to access ongoing reviews.

The local authority will complete this through CLA health reviews and issues should be discussed within CLA reviews. Merthyr Tydfil provides first aid training to foster carers to enable them to meet any minor care needs and when to identify the need for additional support.

Merthyr Tydfil considers the above policy assists the Local Authority to meet its duty to support foster carers in meeting a child's health needs.

## Appendix 1

### Record of medication for the child/young person looked after

Name and Date of birth of child:	
Name of foster carer giving medication:	
GP name and tel:	
Name of child's consultant	
Any known medicine allergy/sensitivity?	

Medication prescribed	Medication name	Prescribed by	Date received	Strength/dose	Frequency	Date discontinued

Homely remedies / non-prescribed medication being taken:	
Any information given by pharmacist on food or any other agents which might react with the prescribed medicines?	

### Prescribed medication given:

Date	Medication Time	Dose	Strength	Signature
Date	Medication Time	Dose	Strength	Signature



## Appendix 2

### Accident / Incident in Foster Care Recording Form

Name of Foster Carer:		
Address		
Supervising Social Worker:		
Child's Name		
Date of Incident / Accident:		
Time of incident / Accident		
Where did incident / accident take place?		
Please describe what happened:		
Did the incident / accident result in any injury to you or the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please detail and indicate if medical advice was needed:		
Did anyone witness the incident / accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details / name / address etc.		
What action was taken and who was informed?		
Signed by: Foster Carer		
Date:		
Signed by : Child/Young Person:		
Date:		

**What to do with this form:**

Foster Carer - Please forward this form to your supervising social worker as soon as possible.

Supervising social worker: Please forward copy of this form to your Team Manager, scan and attach in WCCIS on the foster carer's file and share with allocated child/young persons social worker.

## Feedback Form

Name of Policy:

Please insert identifying details from 'Document History' from the front cover

Version Number:

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consultation

We would value your suggestions and comments for consideration for the next **Review**. We would really like your feedback on this document and would welcome your views on what should be added, taken away, or changed. We would also like to be advised of:

- Related evidence based practice or training issues
- Any areas of practice which would benefit service user care by being added to the document, or any other aspects of practice which should be included here
- Any factual errors or inaccuracies in the document
- Other related issues which would help inform the Policy.
- Please use the space below and overleaf for your comments.

It would be helpful if you could date your comments. Please feel free to add or withhold your own identifying details as you see fit.

Please return your views to the Head of Children's Services

If you would like this information in another language or format, please contact us.