



Please feel free to send me messages, it's lovely to hear how people are getting on and your support is appreciated. Best wishes, Stephen



(minimeds@leeds.ac.uk)

The MINIMEDs project is made up of three studies. I am inviting you to the third and final study. This is where we will bring people from different backgrounds together to tell us how parents should be supported to give medicines to their children. They will be small, friendly, interactive and hopefully fun too!

We will bring together all the learning from our research, and also listen to what people in the workshop think of it all. I am looking for 6 parents to work with 6 professionals (doctors, nurses, pharmacy staff). Please contact me if you would like to know more or if you are thinking of coming.

Dates for your diary:

- Saturday 3rd October – Arrive 9:30 for a 10:00am start, finish by 12noon.
- Saturday 14th November – Arrive 9:30 for a 10:00am start, finish by 12noon.

Picture of our parent advisory group – the Study 3 workshops will look similar.



Study 1 Update – Interviews with parents

This study is nearing completion. We started back in October 2025, and since then have met 14 families who have participated in the research. We met them at Leeds General Infirmary and Pinderfields Hospital, and in total there have been 19 people in this study. These were 13 mothers, 5 fathers and 1 grandmother.

We have done 31 interviews so far, and collected over 15 hours of conversations. It will take us about 6 months to analyse all this data and report our findings. The findings are likely to be similar to our literature review, but will be more specific for how the NHS could improve.

(Right: Me interviewing a family in hospital)



Study 2 Update – Interviews with healthcare staff

We are currently interviewing healthcare professionals to understand how they support families to give medicines to children and where improvements could be made. We have interviewed 7 professionals: a GP, a GP pharmacist, a children's hospital pharmacist, a community pharmacy dispensing assistant, a community pharmacist and two nurses. We have plans to speak to another 5 professionals. It will take us about 6 months to analyse and write up this study.



Literature Review Update

Before we started our studies, we searched for and reviewed all the other research that looked at parents who give medicines to their children. This review is now published and freely available to read online. You can read it by clicking [here](#).

If you don't have time to read the full thing, we also made a 1-page summary that is on the next page.

We built a model that explains that learning how to give medicines to children at home is a bit like a duck going down a river. Sometimes you get swept along and you need to grab on to things to survive. After a while this can get tiring and so you might build something better around you, like a life raft! Eventually, if you give medicines for a long time you may find other people (parents and staff) to exchange ideas and experiences with.



The safe administration of prescribed medicines by parents and caregivers to children at home

Follow the duck to learn about how medicines are given safely at home...

Step 1: Ripples

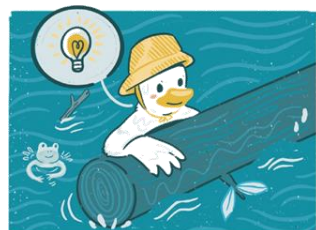
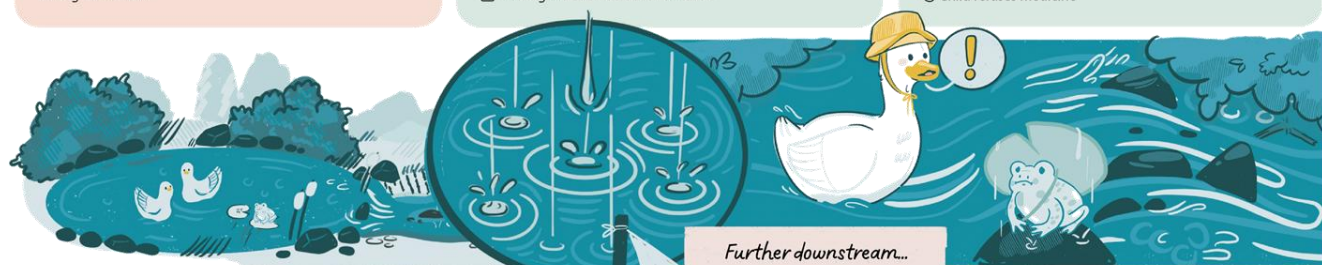
Ripples are things that impact medicines in daily life but don't usually cause too much bother. Examples:

- 🏫 Children being at school
- 👤 Adults being at work
- 👨‍👩‍👧 Family life such as other children

Step 2: Rapids

Rapids are when a ripple gets bigger, or when many ripples come together, so you must act or else something bad might happen with your medicines. Examples:

- ⌚ Not enough time
- 📄 Unable to get prescription
- 👤 Child refuses medicine



Step 3: 'situated safety'

The first stage of safety is about surviving. This means using things around you to give medicines. Examples:

- 🍷 Mixing medicines with food & drink
- 👤 Giving children rewards
- 📖 Reading information



Step 4: 'structural safety'

The second stage of safety is about building support around you. This means bringing things together to make it easier for you to give medicines. Examples:

- 🕒 Making routines
- 👤 Contacting health services
- 🛒 Buying things from shops



Step 5: 'systemic safety'

The third stage of safety is about sharing what you have learnt. This is so that things are better for future caregivers who will give medicines. Examples:

- 👤 Creating parent networks
- 👤 Giving feedback to health services
- 👤 Being part of research

Morris S, Pini S, Fylan B, Wilson F, Foulkner H, Vanzela A and Alldred DP (2026) Disruptions to safety and adaptations experienced by parents and caregivers who administered prescribed medicines to children at home: a systematic review using a framework synthesis. *Front Health Serv* 6:1748195. doi: 10.3389/frhs.2026.1748195

Adapted from: Macrae, C. (2019). Moments of Resilience: Time, Space and the Organisation of Safety in Complex Sociotechnical Systems. In: Wieg, S., Fahlbruch, B. (eds) *Exploring Resilience*. Springer Briefs in Applied Sciences and Technology. Springer, Cham. doi.org/10.1007/978-3-030-03189-3_3

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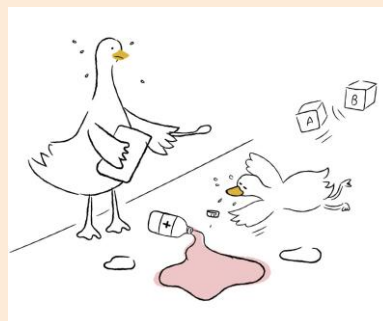
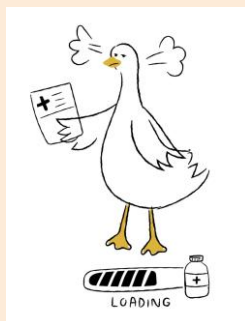
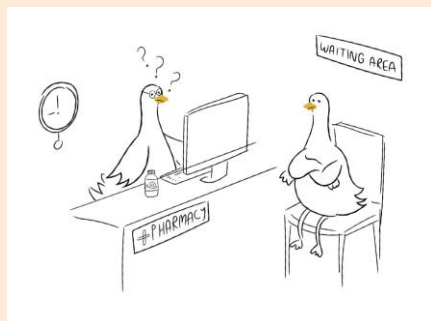
NIHR

National Institute for Health and Care Research

Further work (Study 1)

I also wanted to mention that we are working with our graphic designers (the lovely people at Buttercrumble®) whilst we analyse the parent interviews.

Here are a couple of the ideas we are working on based on the parent interviews.



Thank you for reading!

You can always stay up to date by looking at the website www.minimeds.net