

This briefing sheet should be read in conjunction with the policy and procedure guidance to be found in the online manual ([PPG 3.12](#)).

Introduction

Drug testing is a social work tool that may be used to determine if a parent is using substances and to facilitate informed decision-making concerning the care plan for a child or young person. A drug test in itself cannot be the basis of substantiating any allegations of child abuse or neglect but will be used in combination with other tools to establish if a child or young person is at risk of abuse or neglect.

Authorisation and recording of oral fluid testing

- All Oral Fluid Testing must be agreed by a team manager in advance. A Mosaic workflow has been developed to monitor all testing undertaken and kits will not be signed out unless this workflow has been completed and authorised by the team manager.
- The Mosaic Step will be on the adult's record. However, it is a requirement that the social worker / team manager will case note a reference to the drug test / outcome and the effect on the care plan on both the adult and child records.
- This Mosaic Step will need completing prior to taking out testing kits and undertaking the test.
- Authorisation for back to lab testing will also need to be discussed with the team manager prior to completing the test and recorded within the Mosaic workflow.

When to test / not to test

- The fact that drug testing is available should not in any way diminish the comprehensive nature of the social work assessment of the child and the parent(s). Social workers should be vigilant in observing and recording any evidence of the impact of substance use on parenting capacity and in particular on the child's welfare and development.
- Tests should only be undertaken where parental substance misuse is suspected and is considered to have a negative impact on the care of the child or young person in their care.

- Tests should not be undertaken without the explicit agreement and a clear rationale from the team manager, or if parental substance use is known or suspected but the impact on the care provided to the child or young person is minimal.
- The team manager and social worker must record within the Mosaic workflow what the 'next steps' will be in all cases, whether the result is positive or negative.
- No Oral Fluid tests are to be completed without the agreement of the team manager.
 - Oral Fluid Tests may be undertaken when the case is in PLO, Care Proceedings or S47/ CPP.
 - Oral Fluid Tests should be used as part of a broader assessment / care planning and to contribute to decision making for children subject to child protection planning, and where there is a potential to progress to LPM or Complex Case Panel (CCP).
 - In exceptional circumstances a team manager may authorise a drug test to inform a Child in Need Plan where there is a high likelihood that the case will proceed to S47 enquiries or to a Child Protection Plan.
- The rationale for the drug test must be clearly presented in all cases in the MOSAIC step.
- Oral drug testing and back to lab test may result in the identified need for hair strand testing which would be agreed within the course of the PLO process or care proceedings.

Back to laboratory testing

Back to lab tests are only to be undertaken if agreed by the team manager. This agreement needs to be gained prior to completing the test. If initial screening is positive and the service user admits drugs use, then a back to lab test should not be required. There needs to be a very clear and detailed reasoning as to why a back to lab test is required; an initial oral fluid test returning a positive result is not a sufficient reason to undertake a back to lab test. The initial oral fluid test tells you what substance is in their system so the back to lab test will only confirm what you already know.

In considering whether to administer a back to lab test, the social worker and team manager must consider whether the result is required in order to:

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- Inform assessment and care planning for children on child protection plans that are likely to escalate to Legal Planning.
- Inform the PLO process or as part of Pre- Proceedings where hair strand testing is not felt to be necessary.
- Inform PLO assessment with a plan to issue care proceedings where the test will be given the scrutiny of the court and the back to lab test will provide confirmation of a positive test undertaken.
- Provide further evidence in circumstances where a parent has tested positive, disputes the positive result and the case is being progressed to Legal Planning Meeting or Child Protection Plan.

Storage and control of oral fluid testing kits

There is a named Business Support representative at each base with the responsibility for the secure storage, stock rotation and signing in and out of the testing kits.

Named business support representatives

Padge Road	Emma Truman
SEV	Annette Hodgkinson
SJRW	Michelle Guyatt
MH	Tracy Sutton
Chancery Lane	Hayley Shinfield

Testing equipment

When planning to administer a test, each worker will require:

- 2 initial oral fluid testing kits
- 2 back to laboratory testing kits (if a back to lab test is likely to be required)
- Gloves
- Drug Abbreviation form

Who is able to undertake drug testing?

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- Social workers who have completed training on the undertaking of drug testing.
- Certificates are awarded to workers on completion of the training.
- It is advised that if a social worker has not administered a test in 6 months, they consult their SWPC for refresher training prior to testing a service user.
- Only Social Work Practice Consultants (SWPCs) certified as having completed the Randox "Train the Trainer" course may deliver training to social workers.

Results of back to lab tests

The results from a back to lab test will be sent to the named business support representative for the team and then forwarded to the social worker who administered the test.

Examples

Scenario 1

A single parent has poor mental health, which in the past has been attributed to drug misuse. Their mental health has recently declined, which is leading to the children presenting as neglected. The children are on a Child in Need (CiN) Plan and you are considering progressing the case to an Initial Child Protection Conference (ICPC). The parent denies any drug use, but you have a suspicion they are nevertheless using drugs. Would you administer an initial oral fluid drug test?

Yes, there are concerns that drug use is impacting on the care of the children and there is no admission of drug use from the parent.

If the result of the initial oral fluid test is positive, would you administer a back to lab test?

If they continue to deny drug use you would need to administer a back to lab test to evidence the exact substance and gain evidence for progression to ICPC.

Scenario 2

You are working with children whose parents are in a relationship where there is domestic abuse and admit to using cannabis and amphetamines. The children have

also reported seeing white powder being used by their parents. Would you administer an initial oral fluid drug test?

No, the parents have admitted drug use. (Also, if the parents admit to drug use when you go to complete a test you do not need to continue with testing).

Scenario 3

An anonymous referral is received stating that parents are using drugs regularly in the evenings. No concerns reported by school and the children appear well cared for, there are no concerns in respect of neglect. Both parents are in employment and have no financial difficulty. Would you administer an initial oral fluid drug test?

No, due to the fact there is no evidence of impact on the children.

Service user drug testing during Covid19 working conditions

The international pandemic has required us to change our ways of working and it is recognised that staff are in the main working from home and perhaps attending the office on a rotational basis.

This means that the usual process for obtaining testing kits has had to be adapted. The following process will operate on a temporary basis for as long as the changed working conditions are in place. However, in order to ensure continued accountability, the core principles of the process will remain consistent:

- The Quality and Improvement Group will be responsible for the central ordering of kits and other associated resources from Randox.
- The previously identified and named Business Support representatives in each service area will retain responsibility for the secure storage, stock rotation and ensuring a supply of kits is available for allocation.
- An additional accountability will rest with team managers for the recording of kits allocated to social workers.
- The same named Business Support representative will retain responsibility for the recording and monitoring of each test being undertaken in the MOSAIC step.
- The Business Support representative may delegate authorisation for the signing in and out of testing kits to other business support representatives, whilst retaining overall responsibility as above.

Temporary revised allocation process

- A small supply of initial oral fluid and back to laboratory kits will be made available to team managers by the Business Support representative. Core stock will remain in reserve.
- The serial numbers of the kits made available will be recorded by the Business Support representative.
- The social worker will request the testing kits from their team manager.
- Prior to the issue of kits, the team manager will check that:
 - The worker has opened the step on the adult not the child, and entered a case note on the child's file.
 - That the grounds for the request align with the guidance (legal planning
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meeting, care proceedings, Section 47, Child Protection Plan and by exception Child in Need)

- That the rationale for testing is appropriate and clearly entered in the step, with an unambiguous explanation of reasoning in the case of testing in a Child in Need case.
- Once satisfied of the above, the team manager will withdraw the necessary testing kits from their stock and complete the relevant details in the recording log of serial number, worker to whom the kit was issued and the service user to be tested.
- Following the tests, the social worker must inform their team manager of the result, and the team manager must record this against the test serial number that the test was used and the result in the recording log.
- Where a test has not been used, it must be returned to the team manager, who will record against the serial number that the test has been returned unused. This test is then available to be checked out at another time.
- The Business Support representatives will check the recording log when they attend the office and complete the relevant section of the MOSAIC step with the details from the recording log.
- The Business Support representative will also re-enter the serial numbers of returned kit on the recording log to indicate these kits are in good condition and available to be issued for use. Any kits not in a condition for use will be recorded and notified to the Quality and Improvement Group in the monthly reporting by Business Support representatives.
- The Business Support representative is responsible for ensuring that the team managers have an adequate stock of testing kits to last between their visits to the base.
- When team stock is running low, the Business Support representatives will contact the Quality and Improvement Group. In the first instance, other bases will be contacted to request sharing of stock (so that stocks do not run out of date).

The monthly reporting of kit usage by Business Support representatives to the Quality and Improvement Group will continue.