

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.

Background and context

Nottinghamshire County Council's Children's Social Care Service is involved with an increasing number of parents and carers where there are substance misuse concerns.

In 2003, the Advisory Council for the Misuse of Drugs (ACMD) published *Hidden Harm*, a report on the impact of parental drug use on children. The key messages of the report were that:

- There are significant numbers of children affected by parental problem drug use in the UK;
- Parental problem drug use causes serious harm to children of all ages;
- Reducing this harm to children should be a main objective of policy and practice;
- Effective treatment for the parent/carer can have significant benefits for children;
- Services should work together to take practical steps to protect the health and well-being of affected children; and
- The number of children affected is unlikely to decrease until the number of problem drug users decreases.

Recognition and identification of risk factors

A child or young person may be considered at greater risk of harm where substance use is uncontrolled and chaotic, if the parent/carer alternates between states of severe intoxication and periods of withdrawal, especially if substances are mixed i.e. combinations of different drug and alcohol combined with drugs.

Research indicates that the risk factors for the safety and welfare of the child may be heightened during periods of withdrawal - with parents/carers exhibiting a reduced responsiveness to the child's needs and increased levels of anxiety relative to themselves as individuals.

The type, quantity and method of administration of drugs/alcohol are important but must be viewed in the context of the impact on the child.

Factors to consider are:

- The procurement of the drugs – to what risks is the child or young person exposed?
- The perception held by parent/carer of the situation
- The accommodation and home environment
- The child's or young person's developmental profile
- The family network and support systems

Authorisation 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 – please see separate Mosaic guidance (Appendix 1).
- 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.
- The Quality and Improvement Group have been asked to provide quarterly reports on the number of tests used for each team and the outcomes of these tests.
- The social worker will request permission from their Team Manager to apply an oral sample drug test to a service user. The request and approval (or otherwise) will be recorded on the specific Mosaic step under the name of the person to be tested.

The social worker will take two 10-panel initial oral fluid sampling kits and the service user will select one of the two to be administered. Should the kit be damaged in the testing process or there is an error in the administration, the social worker will use the other of the kits, otherwise the remaining unused kit will be checked back in to the Business Support Officer.

- If the social worker suspects that the back to lab test will also be necessary, they will request permission for this at the same time. The Team Manager authorisation or refusal for this will also be recorded on the Mosaic step under the name of the person to be tested.

As with the initial test the social worker will take two back to lab kits with them and the service user will select one of the two to be administered. Should the kit be damaged in the testing process or there is an error in the administration, the social worker will use the other of the kits, otherwise the remaining unused kit will be checked back in to the Business Support Officer.

The back to lab test comes in two parts. Should the social worker decide that the detailed test is required, both swabs will be used and sent to Randox. One sample will be analysed, and the encrypted results sent to the relevant email address. The second sample will be stored at Randox in secure conditions for 12 months and, should the service user wish a confirmation test, Randox will supply a list of potential testing laboratories and the second sample will be tested at the expense of the service user. Randox will invoice the service user directly.

Storage and control of oral fluid testing kits

- The Business Support Officers in each service area will assume responsibility for the secure storage, stock rotation and signing in and out of the testing kits (Appendix 2).
- The Quality and Improvement Group will be responsible for the central ordering of kits and other associated resources from Randox.
- Business Support Officers will monitor usage and testing within each team, including the signing in and out of testing kits, reporting as requested to the Quality & Improvement Group. This information will be provided to the Service Manager in each service area on a monthly basis for checking.
- It is the Service Manager's responsibility to ensure that this system is in place and that usage is monitored in line with evaluation data.

When to test / not to test

- The fact that drug testing is being undertaken 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 TM if parental substance use is known or suspected but the impact on the care provided to the child or young person is minimal.
- Oral Fluid Tests may be used to inform assessment and care planning for children on child protection plans that are likely to escalate to Legal Planning.
- Oral Fluid Tests may also be used to inform the PLO process or as part of Care Proceedings where hair strand testing is not felt to be necessary.
- Hair strand testing would be used during Care Proceedings as a tool to evidence longer-term parental drug misuse.
- No Oral Fluid tests are to be completed unless the case is in PLO, Care Proceedings or S47/ CPP without agreement from the Service Manager.

Consent

- Valid consent must be obtained prior to the collection of a sample and the subsequent use of the sample for testing. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision independently. For each test carried out, a consent form must be completed and uploaded to the MOSAIC step.
- **Voluntary** – the decision to either consent or not to consent to oral fluid testing must be made by the person and must not be influenced by pressure from social work staff, friends or family.
- **Informed** – the person must be given all the information in terms of what the testing involves and the Randox datasheet must be provided.
- **Capacity** – the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision.

It is vital that the social worker is satisfied that the person providing consent has the capacity to do so. Social workers should be aware that the issue of capacity is issue and time specific. A person may lack capacity to make a decision about one aspect of their life (for example a decision to have complex medical treatment) but be clearly able to make a decision about another aspect (for example whether to consent to a routine dental examination). Regarding time, a judgment in respect of capacity must be made at the time that the sample is to be taken. It cannot be assumed that an individual has the capacity to consent on any particular occasion simply because they have given valid consent in the past. It follows that valid consent cannot be given if on any occasion the individual concerned is incapacitated due to intoxication.

Results

- Once the test is completed and the result obtained, the social worker must provide the person with their copy of the chain of custody form.

- Once the results are obtained the Social Worker must ensure they are recorded in the appropriate Mosaic Step.

Training / guidance

- For social workers undertaking Oral Fluid Testing as part of their practice, comprehensive training in sample collection and chain of custody protocols is essential to ensure the legal robustness of the testing.
- All social workers in the service areas where the tests are used are required to undertake training. Upon successful completion of the Randox chain of custody training course, workers will be issued with a certificate of competency as evidence that they are appropriately trained.
- Training courses involve the practical guidance for collecting samples and support to complete the necessary laboratory request paperwork.
- In addition to the technical training it is expected that TM's will use reflective supervision to consider the rationale and impact of oral fluid testing, this should be clearly recorded on personal supervision files.
- TM's and social workers should demonstrate that they have considered both the immediate and longer-term risks associated with parental/carer substance misuse.
- The Service Manager for each service area needs to be able to satisfy themselves that the social workers undertaking the tests are adequately trained and that evidence of this is clearly recorded on their supervision files.

Appendices

Appendix 1 MOSAIC Guidelines

Appendix 2 Oral Fluid – Business Support Guidance

Appendix 3 Oral Fluid Consent Form