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Adolescent Themes: Debunking the Trends of the School to Prison Pipeline

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Service provision contexts: waiting lists for assessments

This chapter provides an overview, based on Emma's experience as a specialist in assessment for children and adults with autism. Waiting lists can vary based on the area. When the waiting list becomes overwhelming, the integrated care board (ICB), a statutory NHS organization responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area, commission private providers to bring the waiting list down. As an independent occupational therapist, Emma's experience of a diagnosis process has been as part of a diagnostic team working with private providers who provide a service which has been commissioned by the ICB under the terms of an NHS contract.

When you work with private providers, you work as an associate, allowing you the freedom of when you work and how many assessments you choose to do. However, there are times when private providers are waiting for contracts to come through, which means work is not always consistent and there are peaks and troughs in how much you work. However, the financial gain for occupational therapy associates is often more than 10x more an hour than if you were working in the NHS as part of diagnostic team. The Autism Diagnostic model varies depending on the private provider you work with; but they are all the same when it comes to a multidisciplinary team (MDT) being involved in the process.

Emma's story

I work with two providers who have contrasting models. With one provider, I engage directly with clients who have entered through the commissioned pathway after the provider has competed for the contract. My primary responsibility involves administering the ADOS (Autism Diagnostic Observation Schedule), which is a semi-structured, standardized assessment, focusing on communication, social interaction, and play or imaginative use of materials for individuals referred due to potential autism. The ADOS solely assesses current behaviour and abilities, catering to individuals across various developmental stages and age

groups, ranging from toddlers to adults, including those with limited speech to those who are verbally proficient.

The ADOS can be carried out by one person, however, some providers prefer the ADOS to be carried out by two people: one administering and one observing. This is what providers call the 'Gold Standard', as with two people carrying out an ADOS, the scoring of the ADOS can be deemed more accurate. As the ADOS is being carried out with the child, the paediatrician is carrying out a developmental history with the parents to gain an insight into what the parents are observing at home and any medical implications for the child. The paediatrician will also spend time with the child to carry out further tests within the developmental history. After the clinicians have carried out the ADOS and the paediatrician has completed the developmental history, the MDT will go over all the findings and a decision regarding diagnosis will be made and fed back to the parents, and a full report with all findings and recommendations will be sent out to parents and the GP.

The service for COVID-19 and lockdown assessments has been adapted for remote services, allowing it to continue. The ADOS is conducted online, but it is recommended for children with fluent speech. Children who use single words and phrased speech are advised to have a face-to-face assessment. During a remote ADOS, only one assessor administers and observes the child's interaction. Afterward, the assessor writes a report and conducts an MDT with a second clinician who will speak to parents and carry out the ADI-R. The ADI-R is a clinical diagnostic instrument for assessing autism in children and adults. It focuses on behaviour in three main areas: reciprocal social interaction, communication and language, and restricted and repetitive interests and behaviours. The ADI-R is suitable for individuals with mental ages of 18 months and above.

In 2025, I was approached by a provider I worked for to carry out ADOS assessments for a service called RTC, which stands for Right to Choose. This was a service that I had never heard of but was told it allows the client to choose which provider they would like to use.

Right to Choose (RTC)

The Right to Choose (RTC) grants individuals the freedom to select a suitable healthcare provider, with the approval of their GP, when a referral to a specialist is deemed necessary. An appropriate healthcare provider refers to any entity authorized to offer the specific service

you require, as commissioned in England. Private healthcare providers must have previously held contracts with NHSE Integrated Care Boards (ICBs), making them a viable option for eligible patients registered with a GP in England seeking the same service.

If your GP feels a referral is appropriate and will make a referral, the provider is able to give the client an ASD assessment paid for by the NHS.

Due to RTC most providers who are eligible to receive RTC referrals carry out the assessment process the same way as if it were a contract won from the ICB, but the advantage of RTC is a reduced waiting time for the client.

Occupational Gift

Caribbean gift to the reader: garlic pork

Some of my fondest memories as a child are of Christmas, not only because of the presents but because of the food. It was at this time of year that my two worlds collided as I had the very traditional British Christmas dinner; however, on the other hand, I had a special Guyanese breakfast, which was garlic pork. What made it so special was that garlic pork was only ever eaten at Christmas in my home, which meant that it was on an equal footing to the excitement and magic around Christmas. As children, my siblings and I were not only excited for Father Christmas to come, we were equally excited to eat garlic pork for breakfast.

Because this dish triggers the happiest memories I have as a child, I would like to include this dish as an offering to my fellow occupational therapists to deliver as a functional activity in cooking. This recipe was given to me by my sister Joanna Da Silva who got the recipe from my Mammy, who got the recipe from my grandmother, when she visited England from Guyana. Garlic pork is a pickled meat dish that was brought to Guyana from Portuguese settlers and is best eaten on toast.

Recipe

You will need a large glass jar with a secure screw-top lid.

Ingredients = malt vinegar, belly pork, two garlic bulbs, and two bay leaves.

Method

- Dice the belly pork into cubes.
- Place the belly pork in the jar.
- Separate the garlic bulbs.
- Peel each garlic clove and place them in the jar with the garlic pork.
- Add two bay leaves.
- Pour the vinegar into the jar and make sure the meat is completely submerged but allow space to stir the contents.
- Secure the lid tightly and let it pickle for a minimum of four days. However, my Mammy pickled it for two weeks in a dark cupboard until Christmas morning.

Cooking

- Drain the contents of the jar using a sieve.
- Add a tablespoon of olive oil in a frying pan.
- Add the belly pork to the frying pan and fry until brown and slightly crispy.

When cooked, place the belly pork onto buttered toast and enjoy!

Bibliography

Kamp-Becker, I., Albertowski, K., Becker, J. et al. (2018). Diagnostic accuracy of the ADOS and ADOS-2 in clinical practice. *European Child and Adolescent Psychiatry*, 27: 1193–1207. <https://doi.org/10.1007/s00787-018-1143-y>.