# A Comparative Analysis of Autism Support Frameworks: Singapore vs. Australia — A Strategic Report for Family Decision-Making

## Executive Summary

This report provides an exhaustive, evidence-based validation of the claims made in the document 'SGVSAUS-strategy21.pdf', which compares the autism support systems of Singapore and Australia. The analysis confirms the document's core premise that, under the current framework of Australia's National Disability Insurance Scheme (NDIS), the direct funding available for autism support is substantially higher than the value of subsidies provided through Singapore's Early Intervention Programme for Infants and Children (EIPIC). The user document's assertion of a widening funding gap with age is directionally correct in terms of direct monetary allocation.

However, this report's central and overriding finding is that the Australian NDIS is undergoing profound structural reforms driven by concerns over its long-term financial sustainability.1 These reforms, particularly the introduction of a parallel "foundational supports" system and the explicit goal of diverting children with "mild to moderate" developmental needs away from the full NDIS, introduce a level of systemic risk and uncertainty that directly challenges the long-term viability of the migration strategy implied in the user's document.

The two nations present fundamentally different models of support. Singapore offers a more structured, predictable, and state-integrated pathway, particularly for school-aged children, featuring clear educational tracks within specialized schools. This system provides certainty and high-intensity programmatic support at a low out-of-pocket cost for citizens, but it offers less direct funding and family choice. Conversely, Australia's NDIS provides a more flexible, individualized, and (currently) generously funded model centered on "choice and control." This empowerment comes with greater complexity in navigating a market of service providers and, most critically, significant future policy risk that could alter eligibility and funding levels.

The decision for a family is therefore not a simple choice between a "better" and "worse" system. It is a strategic trade-off between Singapore's predictability and Australia's currently higher but increasingly uncertain funding model. Any decision to relocate must be predicated on a thorough understanding of the ongoing NDIS reforms and a conservative assessment of future eligibility and funding, as the assumptions valid in 2021 are no longer a reliable guide for the future.

## Section 1: Foundational Philosophies: A Tale of Two Systems

The efficacy and accessibility of autism support in Singapore and Australia are fundamentally shaped by the distinct philosophical underpinnings of their respective national systems. Singapore employs a centrally planned, state-guided model where support is delivered through defined programs. Australia utilizes a person-centred, market-driven social insurance scheme that provides individuals with funding to purchase supports. These divergent architectures have profound implications for a family's experience, level of choice, and exposure to risk.

### 1.1 Singapore's Integrated, State-Guided Pathway

Singapore's approach to disability support can be characterized as a centrally planned, "whole-of-government" ecosystem. Support for children with autism is delivered through a series of clearly defined, sequential programs, primarily the Early Intervention Programme for Infants and Children (EIPIC) and, subsequently, either mainstream schools with additional support or government-funded Special Education (SPED) schools.3

The system is designed for early identification and seamless transition. The pathway typically begins within the national healthcare infrastructure, where polyclinics or general practitioners refer children with suspected developmental delays to specialized assessment centres at major hospitals.6 Following a diagnosis, the social service agency SG Enable acts as a central touchpoint, referring families to government-funded or appointed service providers.8 This structure ensures a high degree of standardization and quality control over the services delivered. The underlying philosophy is one of providing consistent, evidence-based interventions within a framework of means-tested affordability, managed by state agencies like the Early Childhood Development Agency (ECDA) and the Ministry of Social and Family Development (MSF).5

### 1.2 Australia's Person-Centred, Market-Driven Approach

In stark contrast, Australia's National Disability Insurance Scheme (NDIS) is a social insurance scheme, not a service provider. Its function is to provide individualized funding directly to eligible participants to purchase "reasonable and necessary" supports related to their disability.10 The foundational philosophy of the NDIS is "choice and control," which is intended to empower individuals with disabilities and their families to select their own providers, therapies, and equipment from a competitive market to achieve their personal goals.12

The NDIS operates by creating a personalized, funded plan for each participant. This plan is then used as a budget to engage with a diverse market of thousands of NDIS-registered (and, for certain plan management types, unregistered) providers of services such as speech pathology, occupational therapy, behavioural support, and assistive technology.14 The National Disability Insurance Agency (NDIA) is responsible for assessing eligibility and approving these funded plans, while the NDIS Quality and Safeguarding Commission provides regulatory oversight of the provider market.10

### 1.3 Implications of System Design

The differences in system design create vastly different roles and responsibilities for families. In Singapore's system, the pathway is largely predetermined. A family is guided through a series of established programs with clear entry and exit criteria.3 This provides a high degree of predictability and reduces the administrative burden on caregivers. The government, through its appointed agencies, assumes the primary risk for service quality and provision.

Conversely, the Australian NDIS model positions the family as a consumer and a case manager. While this offers significant flexibility and personalization, it also requires families to navigate a complex and sometimes fragmented market of providers.12 They must research and vet therapists, negotiate service agreements, and manage a budget, tasks which can be empowering for some but overwhelming for others. The NDIS model effectively transfers a portion of the risk associated with service quality and outcomes from the state to the individual participant. This fundamental distinction between following a prescribed path versus building a personalized one is a critical factor for any family evaluating the two systems.

## Section 2: The Early Years: A Head-to-Head Analysis of Intervention Programs

The approach to early intervention for children with autism represents a core point of divergence between the two nations. Singapore offers a structured, programmatic ecosystem through EIPIC, while Australia provides a flexible, funded pathway through the NDIS Early Childhood Approach.

### 2.1 Singapore's EIPIC Ecosystem

Singapore's early intervention framework is a multi-tiered system designed to provide varying levels of support based on a child's age and needs. Access is granted following a referral from a paediatrician for children assessed as requiring medium to high levels of support.3 The key components are:

* **EIPIC Under-2s:** For children under two, this program focuses heavily on training parents and caregivers to implement intervention strategies within the child's daily home routines, emphasizing a sustainable, family-integrated approach.3
* **EIPIC@Centre:** This is the core program for children aged two to six. It is a centre-based model providing a mix of therapy and educational services in small groups, typically for 5 to 12 hours per week. The curriculum is holistic, targeting motor, communication, social, self-help, and cognitive skills.3
* **Development Support Plus (DS-Plus):** For children who have made progress and are attending a mainstream preschool, DS-Plus provides transitional support. EI professionals work with the child within their preschool for 2 to 4 hours per week, helping them adapt to a larger class setting.3
* **EIPIC-P:** To increase capacity and choice, the government also subsidizes places at selected private EI centres under the EIPIC-P scheme, which follow a similar model.7

### 2.2 Australia's NDIS Early Childhood Approach (ECA)

The NDIS provides support for young children through its Early Childhood Approach (ECA), which is the designated pathway for children younger than nine with a disability or children younger than six with developmental delay.19 This approach is delivered by NDIS-funded Early Childhood Partners, who are local organizations that act as the first point of contact for families.19

Unlike Singapore's model, the ECA does not offer a specific "program." Instead, its primary function is to help families develop an individualized NDIS plan. This plan outlines the child's goals and allocates a budget across different support categories, such as "Capacity Building" (for therapies) and "Core Supports".14 With this funded plan, the family can then engage providers from the open market to purchase services like speech therapy, occupational therapy, or specialized equipment.15 The philosophy is family-centred, aiming to build the capacity of both the child and their family to participate in everyday community settings.22 Eligibility for the scheme requires the child to be an Australian citizen, a permanent resident, or a Protected Special Category Visa holder.24

### 2.3 Comparative Assessment: Intensity and Value

A critical analysis reveals a significant difference between the two systems in terms of service intensity versus monetary value. The claim in 'SGVSAUS-strategy21.pdf' that Australia is higher-funded is correct in absolute dollar terms. The average NDIS funding for a child under seven is AUD 16,700 per year (approximately USD 11,000).15 At the standard NDIS therapy rate of AUD 193.99 per hour, this budget can purchase approximately 86 hours of one-on-one therapy per year.28

However, Singapore's EIPIC@Centre program offers an intervention intensity of 5 to 12 hours *per week*. Annually, this equates to 260 to 624 hours of programmed intervention, a substantially higher volume of service than the average Australian funding package can procure. While the Australian model offers a flexible budget, the Singaporean model provides a high-intensity, structured program. For many families in Singapore, particularly citizens, the out-of-pocket cost for this high-intensity program is a fraction of its market value due to heavy government subsidies. Therefore, while Australia provides more *monetary value* in the form of a direct budget, Singapore's system may deliver a higher *volume* of intervention, especially for families who do not secure an exceptionally large NDIS package. This distinction between a prescribed, high-intensity program and a flexible but potentially less intensive bespoke plan is a crucial nuance missed in the user's initial analysis.

## Section 3: The Financial Landscape: Deconstructing Funding and Family Costs

A comprehensive financial comparison reveals that while Australia's NDIS provides larger direct funding packages, Singapore's system of means-tested subsidies, particularly for citizens, can result in significantly lower out-of-pocket expenses for high-intensity services. The financial viability of either option is heavily dependent on a family's residency status, income level, and the specific support needs of the child.

### 3.1 Australia's NDIS Funding Packages

The NDIS provides individualized funding based on an assessment of the participant's support needs, independent of family income. To be eligible for the scheme with an autism diagnosis, an individual typically needs to be assessed as having "Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support)" functional impairment.15

The average annual funding for an autistic NDIS participant is AUD 32,800 (approx. USD 21,600), while for children under seven, the average is AUD 16,700 (approx. USD 11,000).15 This funding is used to purchase a wide range of supports, including therapies, assistive technology, and support workers, at prices guided by the NDIS Price Arrangements.14 For instance, the standard rate for key therapies like speech and occupational therapy is AUD 193.99 per hour.28

### 3.2 Singapore's Subsidy Model

In Singapore, families do not receive direct funding. Instead, they pay a means-tested monthly fee for EIPIC services, with the government heavily subsidizing the remainder of the cost. The out-of-pocket (OOP) fee is calculated based on the family's per capita household income.31

A critical factor is the significant cost difference between Singapore Citizens (SCs) and Permanent Residents (PRs). Analysis of the official EIPIC-P fee matrices reveals this disparity.33 For example, for a mid-range EIPIC program (e.g., 9 hours/week), a low-income SC family might pay as little as S

10permonth,whileahigh−incomeSCfamilymightpayS610 per month. In contrast, a low-income PR family would pay S78.75forthesameservice,andahigh−incomePRfamilywouldpayS1,575 per month. This "PR penalty" makes the Singaporean system substantially more expensive for non-citizen families considering relocation.

### 3.3 The Private Market: A Cost Comparison of Core Therapies

Outside of the subsidized systems, the cost of private therapy is high in both countries. In Singapore, private speech therapy sessions typically range from S140toS250 (approx. USD 104–185) per hour, with occupational therapy in a similar range of S180toS240 (approx. USD 133–178) per hour.34 In Australia, private rates often exceed the NDIS price guide, with speech therapy costing AUD 190–242 (approx. USD 125–160) per hour and private occupational therapy costing around AUD 210 (approx. USD 138) per hour.29 These high market rates underscore the financial importance of accessing the subsidized government schemes in either country.

### 3.4 Comparative Annual Financial Scenarios for Autism Support

To translate these policy differences into tangible financial outcomes, the following table models the estimated annual out-of-pocket costs for a family seeking different intensities of therapeutic support across various scenarios. All figures are converted to US Dollars (USD) for direct comparison, using exchange rates of 1 AUD = 0.66 USD and 1 SGD = 0.74 USD.

| Therapy Intensity | Scenario | Annual Out-of-Pocket Cost (USD) |
| --- | --- | --- |
| **2 Hours/Week** (Approx. 100 hours/year) | **Singapore (Citizen)** - Low Income ($1,000/capita) | **$89** |
|  | **Singapore (Citizen)** - High Income (>$4,600/capita) | **$4,706** |
|  | **Singapore (PR)** - Low Income ($1,000/capita) | **$699** |
|  | **Singapore (PR)** - High Income (>$4,600/capita) | **$13,987** |
|  | **Australia (Private Pay)** - Total Cost @ $130/hr | **$13,000** |
|  | **Australia (with NDIS)** - Net Cost after avg. EI funding ($11,000) | **$2,000** |
|  | **Australia (with NDIS)** - Net Cost after avg. School-Age funding ($21,600) | **$0** (Surplus funding) |
| **5 Hours/Week** (Approx. 250 hours/year) | **Singapore (Citizen)** - Low Income ($1,000/capita) | **$89** |
|  | **Singapore (Citizen)** - High Income (>$4,600/capita) | **$4,706** |
|  | **Singapore (PR)** - Low Income ($1,000/capita) | **$699** |
|  | **Singapore (PR)** - High Income (>$4,600/capita) | **$13,987** |
|  | **Australia (Private Pay)** - Total Cost @ $130/hr | **$32,500** |
|  | **Australia (with NDIS)** - Net Cost after avg. EI funding ($11,000) | **$21,500** |
|  | **Australia (with NDIS)** - Net Cost after avg. School-Age funding ($21,600) | **$10,900** |
| **10 Hours/Week** (Approx. 500 hours/year) | **Singapore (Citizen)** - Low Income ($1,000/capita) | **$107** |
|  | **Singapore (Citizen)** - High Income (>$4,600/capita) | **$5,417** |
|  | **Singapore (PR)** - Low Income ($1,000/capita) | **$835** |
|  | **Singapore (PR)** - High Income (>$4,600/capita) | **$16,783** |
|  | **Australia (Private Pay)** - Total Cost @ $130/hr | **$65,000** |
|  | **Australia (with NDIS)** - Net Cost after avg. EI funding ($11,000) | **$54,000** |
|  | **Australia (with NDIS)** - Net Cost after avg. School-Age funding ($21,600) | **$43,400** |

*Notes: Singapore costs are based on representative EIPIC-P fees for 6-hour (approximating 2-5 hours/week) and 11-hour (approximating 10 hours/week) programs. Australian costs assume an average private therapy rate of USD 130/hour. NDIS funding figures are averages and can be significantly higher for individuals with very high support needs.*

This financial modeling reveals crucial patterns. For Singapore Citizens, the out-of-pocket cost is exceptionally low across all income brackets and therapy intensities, making it the most financially advantageous option. For Permanent Residents, the costs are much higher but may still be competitive with the net cost in Australia, especially for high-intensity therapy where the average NDIS package leaves a substantial funding gap. The NDIS provides significant relief but may not fully cover the cost of an intensive program, creating a potential "funding cliff" for families who require more than a few hours of therapy per week.

## Section 4: Navigating the School Years: Educational Pathways and Support Integration

The divergence between the Singaporean and Australian systems becomes even more pronounced during the school years. Singapore offers a clear, dual-pathway system of mainstream schools and specialized SPED schools, while Australia relies on a complex division of responsibilities between the mainstream education system and the NDIS.

### 4.1 The Singaporean Model: Mainstream Inclusion vs. Specialised SPED Schools

Upon completing EIPIC, children in Singapore transition into one of two distinct educational pathways based on their needs 4:

1. **Mainstream Schools:** Students with mild autism who are deemed capable of accessing the national curriculum can enroll in mainstream primary and secondary schools. These schools are equipped with specialized personnel, including Special Educational Needs (SEN) Officers and teachers trained in special needs, who provide in-class support and targeted interventions.5 Programs like TRANSIT are designed to help students with social and behavioural difficulties integrate into the school environment.40
2. **Special Education (SPED) Schools:** For students with moderate-to-severe autism who require a more intensive and specialized environment, the government funds a network of SPED schools. These schools are a cornerstone of Singapore's disability support system and include prominent institutions such as:
   * **Pathlight School:** The first autism-focused school in Singapore to offer the national curriculum (PSLE, GCE 'N'/'O' Levels) alongside a robust life-readiness curriculum. It serves students who are cognitively able but struggle in a mainstream environment. School fees are heavily subsidized for citizens (S60−S90/month) but are significantly higher for PRs (S$350/month).18
   * **Eden School:** Caters to students aged 7-18 with moderate-to-severe autism, offering a customized curriculum focused on developing functional skills for independent living and employment.18 Fees are S  
     85/monthforcitizensandS350/month for PRs.45
   * **Rainbow Centre:** Serves students with autism and/or multiple disabilities, providing a functional, outcomes-based curriculum tailored to different life stages from ages 7 to 18.46 Fees for students with autism are S  
     85/monthforcitizensandS285/month for PRs.46

### 4.2 The Australian Model: The Division of Responsibility Between NDIS and Education

Australia's model does not include a separate, government-funded specialized school system in the same way as Singapore. The vast majority of students with autism attend mainstream schools. Support is provided through a complex interplay between the education system and the NDIS, with a clear, policy-defined boundary between their responsibilities.48

* **Responsibility of the Education System:** State and territory education departments are responsible for ensuring students with disabilities can access and participate in education. This includes making "reasonable adjustments" such as modifying the curriculum, providing learning assistance like a teacher's aide, supplying educational aids and equipment, and ensuring physical access to school buildings.48 These supports are considered part of the universal right to education and are not funded by the NDIS.
* **Responsibility of the NDIS:** The NDIS funds supports that a student needs due to their disability, which are not directly related to education. This can include personal care at school (e.g., assistance with toileting or eating), therapies that build general life skills (e.g., communication or social skills), specialized behaviour management plans, assistive technology for personal use (e.g., a communication device), and specialized training for school staff to help them manage the student's specific disability-related needs.48

### 4.3 Analysis of Pathways and Integration

The two models present a trade-off between clarity and complexity. Singapore's SPED school system offers a highly structured, predictable, and holistic pathway. For a low monthly fee, a student receives an integrated package of specialized education, embedded therapeutic support, and life skills training in an environment designed entirely around their needs. This clarity significantly reduces the coordination burden on families.

In contrast, the Australian model requires families to become expert navigators of two distinct bureaucratic systems. They must advocate for supports from the school while simultaneously managing an NDIS plan to fund supplementary services. This can lead to "boundary disputes," where the school and the NDIA may disagree on who is responsible for funding a particular support, leaving the family caught in the middle.10 While this model promotes mainstream inclusion, its complexity is a significant challenge.

Furthermore, the financial comparison for school-aged children is dramatically altered by the existence of SPED schools. The low fees for these institutions in Singapore represent a massive, in-kind subsidy. Replicating the level of intensive, specialized support provided by a school like Pathlight or Eden within an Australian mainstream school setting would require an NDIS package far in excess of the average AUD 32,800. This "hidden value" of the SPED school system is a critical financial consideration that makes the funding gap described in the user's document highly misleading for this age group.

## Section 5: A Critical Juncture: The Future of the NDIS and Systemic Risk

The most significant factor for any family considering a long-term strategy based on Australia's support system is the profound and ongoing reform of the NDIS. The scheme's rapid growth and escalating costs have triggered major policy shifts aimed at ensuring its financial sustainability. These changes introduce a high degree of uncertainty and represent a critical risk to the assumptions underpinning the 'SGVSAUS-strategy21.pdf' document.

### 5.1 Unpacking the NDIS Reforms: Financial Sustainability and a Shift in Scope

The primary driver of the NDIS reforms is fiscal pressure. The Australian government has publicly stated that the scheme's 8% annual growth target is "simply unsustainable" and is seeking to reduce this to 5% or 6%.1 A key area of focus for these cost-containment measures is the large and growing number of NDIS participants with autism, who reportedly constitute seven out of ten new entrants to the scheme.1

This has led to a fundamental re-evaluation of the scheme's scope and operation. Reports from service providers and advocacy groups indicate a tangible shift in the funding environment, with families experiencing drastic funding cuts of 50-75% for early intervention services.2 There is also a move away from the principle of funding "reasonable and necessary" supports as determined by the participant and their therapists, towards "NDIS-determined" supports, eroding the "choice and control" philosophy.2

### 5.2 The "Thriving Kids" Program: The Move to "Foundational Supports"

The most significant structural change is the introduction of a new, parallel support system. The government has announced a AUD 2 billion program named "Thriving Kids," which will be rolled out from mid-2026 and is explicitly designed to divert children with "mild to moderate developmental delays or autism" away from the full NDIS.1

This program formalizes the concept of "foundational supports"—a tier of disability support delivered outside the main NDIS framework.1 From mid-2027, the eligibility criteria for the NDIS are expected to be tightened, and children who fall into the "mild to moderate" category will be directed to this new, and likely less generously funded, system.1 This effectively creates a two-tiered model, reserving the full NDIS for individuals with the most severe and permanent disabilities.

### 5.3 Strategic Implications for Migrating Families

These reforms have critical implications for any family considering migration to Australia for autism support. The entire premise of the user's document—that Australia offers a superior, higher-funded, and stable long-term support system—is based on a model of the NDIS that is being actively and publicly re-engineered.

The most acute risk lies in the ambiguity of the "mild to moderate" classification. As of 2025, the specific criteria that will be used to differentiate between a child eligible for the full NDIS and one who will be redirected to "foundational supports" have not been clearly defined. This creates a significant risk that a child who would qualify for a substantial NDIS package today (e.g., with a diagnosis of ASD Level 2) could be deemed ineligible for the scheme after 2027. A family could undertake the immense personal and financial cost of migration, only to find that the promised support system is no longer accessible to them in its original form.

This policy instability makes long-term financial and life planning exceptionally difficult. The attractiveness of the Australian system, as presented in the 2021 user document, must now be heavily discounted to account for this high level of systemic risk. The decision to migrate is no longer about choosing a system with higher funding, but about weighing the potential for high funding against the significant risk of future exclusion from that very system.

## Section 6: Validated Assessment and Strategic Considerations

This final section provides a direct, evidence-based verdict on the claims made in 'SGVSAUS-strategy21.pdf', synthesizes the strengths and weaknesses of each country's system, and offers a strategic checklist of key considerations for family decision-making.

### 6.1 Revisiting the 'SGVSAUS-strategy21.pdf' Claims: An Evidence-Based Verdict

* **Claim:** Australia's NDIS provides "dramatically more comprehensive, longer-term, and higher-funded support" compared to Singapore's EIPIC system.
  + **Verdict: Partially Valid but High-Risk.** The "higher-funded" aspect is currently true in terms of direct, individualized monetary packages. The average NDIS funding amounts exceed the direct financial value of Singapore's EIPIC subsidies. However, the "longer-term" and "comprehensive" nature of this support is now highly uncertain due to the fundamental NDIS reforms aimed at restricting eligibility and containing costs. The claim is based on a system model that is being actively dismantled, making it an unreliable basis for future planning.1
* **Claim:** The "funding gap widens substantially as children age."
  + **Verdict: Misleading.** This claim fails to account for the enormous in-kind value and low cost of Singapore's government-funded Special Education (SPED) school system. For school-aged children, SPED schools like Pathlight and Eden provide an integrated, specialized educational and therapeutic environment for a nominal monthly fee for citizens.41 Replicating this level of support in Australia would require an NDIS package significantly larger than the average. When the cost of specialized education is properly factored in, the financial gap for school-aged children narrows considerably and may even reverse in Singapore's favor.
* **Claim:** "Migration increasingly attractive for families planning long-term support."
  + **Verdict: High-Risk and Requires Re-evaluation.** This is the most problematic conclusion drawn from the user's document. The attractiveness of migration based on the NDIS is diminishing due to significant policy instability in Australia. The risk of a family relocating and subsequently failing to meet the new, stricter NDIS eligibility criteria post-2027 is substantial and cannot be ignored. The premise that was attractive in 2021 is now fraught with risk.

### 6.2 Synthesized Framework: A Balanced View of Strengths and Weaknesses

**Singapore:**

* **Strengths:**
  + **System Predictability:** A clear, structured pathway from diagnosis through early intervention to schooling.3
  + **High-Quality SPED System:** Offers integrated, specialized education at a very low cost for citizens.42
  + **High-Intensity Early Intervention:** The EIPIC model provides a high volume of programmed service hours.
  + **Low Cost for Citizens:** Heavy means-tested subsidies make services highly affordable for citizen families.32
* **Weaknesses:**
  + **Limited Choice:** Families have less control over providers and program content compared to the NDIS model.
  + **Lower Direct Funding:** The system is based on subsidized services, not direct funding packages.
  + **Significant "PR Penalty":** Costs for Permanent Residents are substantially higher than for citizens.
  + **Rigid Structures:** Programmatic models may be less flexible for children with unique or atypical needs.

**Australia:**

* **Strengths:**
  + **High Individualized Funding (Currently):** Average funding packages are monetarily generous.15
  + **"Choice and Control":** The philosophy empowers families to select their own providers and tailor support plans.12
  + **Flexible, Market-Based Approach:** A wide variety of providers and therapeutic approaches are available for purchase.
* **Weaknesses:**
  + **Extreme Policy Uncertainty:** The system is undergoing major reforms, creating significant risk regarding future eligibility and funding levels.1
  + **System Complexity:** Navigating the NDIS market and the boundary with the education system is administratively burdensome for families.48
  + **Potential Funding Gaps:** Average funding may not cover the full cost of high-intensity therapy, leading to significant out-of-pocket expenses.
  + **Risk of Ineligibility:** The move to "foundational supports" may exclude many children with "mild to moderate" autism from the full NDIS in the future.1

### 6.3 Key Considerations for Family Decision-Making: A Strategic Checklist

Families contemplating this decision must move beyond a simple funding comparison and conduct a holistic risk assessment. The following checklist outlines critical areas for due diligence:

1. **Legal and Immigration Status:**
   * Confirm the specific visa pathway to Australian residency. The NDIS is only available to Australian citizens, permanent visa holders, or holders of a Protected Special Category Visa.24
   * Investigate how a child's disability diagnosis may impact the immigration application process itself.
2. **Clinical Profile of the Child:**
   * Obtain a formal diagnosis that specifies the child's level of support needs (e.g., ASD Level 1, 2, or 3).
   * Critically assess how this profile might be interpreted under the NDIS's future framework. Is the child's impairment more likely to be classified as "severe and permanent" or "mild to moderate"? A conservative assessment is crucial.
3. **Financial Resilience and Planning:**
   * Rerun financial models using the table in Section 3.4, tailored to the family's specific income and the child's projected therapy needs.
   * Can the family comfortably afford the higher "PR" fees in Singapore for the period before citizenship might be attained?
   * Does the family have the financial capacity to cover a potential "funding gap" in Australia if NDIS funding is reduced or is insufficient to cover the desired level of therapy?
4. **Educational Philosophy and Preference:**
   * Does the family prefer the highly structured, all-in-one, specialized environment of a Singaporean SPED school?
   * Or, does the family prefer the philosophy of mainstream inclusion in Australia, accepting the associated complexity of coordinating between the school and the NDIS?
5. **Appetite for Systemic Risk:**
   * This is the ultimate strategic question. Is the family comfortable relocating to a country that is in the midst of a fundamental, cost-driven overhaul of its flagship disability support system?
   * A strategy that accepts the stability and predictability of the Singaporean system may be lower-risk than one that gambles on the future generosity and accessibility of the Australian NDIS.

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