Autism Collaborative
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Autism Collaborative Newsletter: Full Feature Article with Professor Ho

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Q: In your years of experience doing neurodevelopmental work among children, how has our understanding of autism in Singapore evolved?

A: Autism care in Singapore has evolved significantly from the 1980s to 2026, moving from limited awareness and basic support toward a more structured, inclusive, and lifelong system of care. In the 1980s, autism was not widely understood by the public or even by many professionals. Children with autism were often grouped under broader categories such as developmental delay or intellectual disability. Services were limited and largely ineffective in addressing the needs of children with autism, and families had few specialised options. Most children were either placed in generic special education schools run by voluntary welfare organisations or left unsupported in mainstream classrooms. There was little awareness among educators. Teaching methods were not adapted, and autism-specific teacher training was virtually nonexistent. Care at this stage focused more on managing difficulties than on early intervention or inclusion. By the 1990s, the Development Assessment Clinic was established as a pilot project at Singapore General Hospital following a 1988 recommendation from the Advisory Council on the Disabled. The awareness of autism began to increase. Parents, educators, and healthcare professionals became more familiar with autism as a distinct spectrum of developmental conditions. Early intervention gained importance, and parent advocacy played a major role in pushing for better services. The Autism Association (Singapore) was established in 1992. This period laid the foundation for more specialised autism support in Singapore. The 2000s marked a major turning point. The Child Development Programme of the Ministry of Health was expanded into a cross-cluster hospital-based service, which also became the driving force for the development of community and educational support for children on the autism spectrum. Autism-specific services expanded, and specialised schools and programmes became more established. Organisations such as the Autism Resource Centre helped improve public understanding and support. Pathlight School, founded in 2004, became an important example of autism-focused education, especially for students who could access the national curriculum with appropriate support. Early intervention programmes also became more structured.

In the 2010s, Singapore placed a stronger emphasis on inclusion and disability support. National efforts, such as the Enabling Masterplans, helped guide policies on education, employment, accessibility, and caregiver support. SG Enable was established to connect persons with disabilities to services and job opportunities. More attention was also given to helping autistic individuals transition from school to adulthood. From the 2020s to 2026, autism care has increasingly adopted a lifespan approach. Support now includes early diagnosis, preschool intervention, special education, employment training, caregiver assistance, and adult services. There is also growing awareness of the neurodiversity perspective, which emphasises acceptance of neurological differences rather than attempts to “fix” them. This has led to more inclusive practices in schools, workplaces, and public life, as well as greater representation of autistic individuals in society. Overall, Singapore’s autism care has come a long way, progressing from limited recognition to a more coordinated system focused on inclusion, independence, and lifelong support. But there's more that needs to be done.

Q: What do you think are the biggest gaps between hospital-based services and community support for autism care locally?

A: In my view, the biggest gaps between hospital-based autism services and community support in Singapore are transition and continuity of care after diagnosis. Hospital services in Singapore are strongest in diagnosis, medical review, and specialist management of co-occurring conditions, including sleep, gastrointestinal, nutritional, dental, and mental health issues. They also help families access evidence-based guidance and referrals to early intervention or specialist care. That makes hospitals a strong starting point, but not a complete long-term support system.

Community support is where many families feel the biggest practical gaps. Once a child or adult receives an autism diagnosis, families often need to navigate a much broader and more complex system: early intervention, school placement, therapy, caregiver training, behavioural support, financial assistance, and later employment or adult services. This is where the transition from hospital to community can feel uneven. (cont.)

(cont). These gaps are not simply the absence of services. The challenges the families commonly encounter are:

- Fragmented navigation. After diagnosis, parents may be in contact with different agencies, schools, therapists, or social service organisations. But there is often no single long-term case coordinator to guide the family through childhood, adolescence, and adulthood.
- Long waiting times and capacity limits. Hospital appointments, early intervention places, therapy slots, and specialized support services can have waiting lists. For autism, early and consistent support matters so that delays can be very stressful for families.
- Uneven transition from clinical advice to daily-life support . A hospital may identify needs and recommend therapy or strategies, but the real challenges happen at home, in preschool, school, workplaces, and public spaces. Community teams may not always have enough resources to translate clinical recommendations into practical day-to-day support.
- Support for caregivers . Parents and caregivers often carry the main burden of coordination. They may need training, emotional support, respite care, and help managing behavioural or sensory challenges. This caregiver support is still not as strong or as accessible as it could be.
- Adult autism support. Services are generally more developed for children than for adults. The transition after school remains a major concern, especially for employment, independent living, mental health, and meaningful community.

Q: What do you think are the biggest gaps between hospital-based services and community support for autism care locally?

A: There are important lessons to learn about caring for children with autism and supporting their caregivers in Singapore. These include:

- Autism care must go beyond diagnosis. A diagnosis is only the beginning. Families need clear guidance on what to do next, where to get support, and how to manage daily challenges at home, in school, and in the community.
- Early support matters. Early intervention can help children develop communication, social, emotional, and daily living skills. In Singapore, families may need help navigating services such as early intervention programmes, therapy options, and school-based support.
- Every child with autism is different. Autism is a spectrum. Some children may need support with speech, sensory sensitivities, behaviour, learning, or social interaction. Care plans should be individualised rather than one-size-fits-all.
- Caregivers need care too. Parents and caregivers often experience stress, fatigue, financial pressure, and anxiety about the child's future. They need understanding, resources, and long-term guidance. Supporting the caregiver is part of supporting the child. This includes respite care, counselling, peer support, and practical training.
- Communication with families must be clear and respectful. Professionals should avoid jargon and explain options clearly. Families may feel overwhelmed, especially after a new diagnosis. They need empathy, patience, and realistic advice. They should not be treated as if they are vulnerable and helpless clients.
- Schools and healthcare services must work together. Children with autism often need support across many settings. Hospitals, therapists, preschools, schools, social workers, and community organisations should communicate more effectively so families do not have to coordinate everything on their own.
- Behaviour is often communication. Meltdowns, aggression, withdrawal, or repetitive behaviors may reflect stress, sensory overload, communication difficulty, pain, or unmet needs. Caregivers and professionals should try to understand the reason behind the behaviour rather than simply punishing it.
- Singapore's multicultural context matters . Families may have different beliefs about autism, disability, therapy, education, and caregiving. Support should be culturally sensitive and available in ways that different families can understand and accept.
- Financial and service navigation support is important . Some families may struggle with therapy costs, transport, application processes, or knowing which schemes and services they are eligible for. Practical social support is essential.
- Plan for transitions early. Children with autism grow into adolescents and adults. Families need support for transitions from early intervention to school, from school to work, and eventually to adult services, independent living, or long-term care.
- Community acceptance is key. Autism support should not be limited to clinics or schools. Public spaces, workplaces, neighbours, and community groups in Singapore need greater awareness and inclusion of people with autism.

Q: What would you envision the autism ecosystem to be in the next 5 years?

A: Over the next 5 years and beyond, Singapore's autism care ecosystem should become more integrated, accessible, and inclusive. The vision is to build a connected system that provides autistic individuals and their families with timely support from early childhood through adulthood, and ageing, regardless of income or background. A key priority is early identification and intervention. Children with developmental concerns should be detected earlier through regular screening in healthcare and preschool settings. Once concerns are identified, families should be clearly guided towards assessment, therapy, and support services without long wait times or confusion. Hospitals should increasingly serve as centres for professional training, research hubs, data-sharing coordinators, and leaders in evidence-based practice.

The ecosystem should also be more coordinated. Healthcare providers, schools, therapists, and social service agencies should work closely together so that families do not have to assemble care on their own. A care coordinator or shared care plan could help families navigate services more smoothly. Caregiver support is another important part of the vision. Parents and caregivers need training, counselling, respite care, financial assistance, and peer support to reduce stress and improve family wellbeing. At the same time, services such as speech therapy, occupational therapy, and behavioral support should be made more affordable and more widely available.

Singapore should also strengthen inclusive education and lifelong support. Schools should be better equipped to support autistic students. At the same time, adolescents and adults should have access to vocational training, employment support, mental health services, community participation, more supported independent living and housing options, and stronger post-parental-care planning. Overall, the future autism care ecosystem should be person-centred and strength-based. It should not only focus on challenges, but also recognise the abilities, interests, and dignity of autistic individuals. The goal is a society where autistic people are supported, accepted, and able to live meaningful lives. The Enabling Masterplan 2030 and the dedicated Autism Enabling Masterplan in Singapore provide a directional roadmap to guide efforts to improve the quality of life for individuals on the autism spectrum.