

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

Organisation: Australian Music Therapy Association
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Submission to:

Inquiry into foundational and disability supports available for children and young people in New South Wales

Via email

27 April 2025

The Australian Music Therapy Association (AMTA) welcomes the opportunity to provide our input to the *Select committee on foundational and disability supports available for young people in New South Wales*. AMTA has long been engaged in consultations about services and supports for people with disability, and we welcome the opportunity to be involved in this process. This submission focuses specifically on the role of music therapy as a foundational and disability support for children and young people in NSW.

Music therapy supports children and young people to achieve their goals to improve their function, independence and community participation. We look forward to continuing this work via the reforming structures and programs to support people with disability, including foundational supports.

The role of music therapy on a child's overall development, health and wellbeing

Music therapy is an evidence-based practice and allied health profession that supports Australians of all ages and abilities to improve their lives and achieve therapeutic goals. In Australia, music therapy is provided by registered music therapists (RMTs), certified health professionals who design and deliver individualised and family-centred, music-based interventions. Music therapy provides crucial, life-changing supports for children with disability, their families and support people.

Music therapy has significant potential to improve the lives of people with disabilities. From movement to cognition and thinking, social connection, communication and self-regulation, music therapy plays a vital role in supporting people to achieve their therapeutic goals. RMTs help children and young people achieve outcomes in skills and function, activity and participation, and support families to achieve and maintain positive relationships.

RMTs use their professional qualifications, knowledge and skills to work with children and young people with disability, their carers and families to:

- assess people's health and wellbeing
- devise therapeutic interventions and programs to preserve, restore or improve physical or psychological wellbeing, functional capacity and quality of life
- facilitate music-based interventions to positively impact brain function, neuroplasticity, physical, sensory regulation, social communication, cognition and emotional and behavioural regulation and community participation
- develop strategies for greater inclusion and access to community, early childhood environments and education
- deliver treatment and support to achieve positive outcomes and experiences.

AMTA draws the Committee's attention to [AMTA's Music therapy disability evidence summary 2024](#), attached to this submission.

For more information, visit: www.austmta.org.au

Music therapy is an engaging, motivating therapy that helps children, families and support people (such as early childhood staff) achieve their goals. Because music is often seen as a natural part of early childhood and parenting, music therapy is often experienced as a less ‘artificial’ therapy and is experienced positively by children and their families. Strategies that are learned in music therapy can be adapted by family members, carers and early childhood staff in other learning environments, improving access to community environments.

Music therapy may involve individual, group, carer training, education and telehealth models. Multidisciplinary work may include co-leading therapy sessions, providing specialist knowledge, team meetings, coaching others, sharing assessment and progress notes, and consultation about resources and equipment.

About registered music therapists (RMTs)

Music therapy is an evidence-based practice and allied health profession that supports Australians of all ages and abilities to improve their lives and achieve therapeutic goals. Registered music therapists (RMTs) are Bachelor and Masters-qualified and AMTA-certified professionals with specialist expertise in the therapeutic use of music to impact the brain, mind and the body. AMTA’s RMTs are the only professionals in Australia who are qualified, regulated and certified to deliver music therapy.

RMTs have specialist expertise in the therapeutic use of music to impact the brain, mind and the body. Music therapy is an engaging, motivating therapy that helps participants address therapeutic goals. Music therapy influences thinking, behaviour, function and actions, and improves access to activities and community participation.

RMTs are recognised allied health professionals within all of the specialist paediatric hospital networks nationally, the National Disability Insurance Scheme, and the Mental Health in Schools program (VIC).

AMTA is a member organisation of Allied Health Professions Australia (AHPA) and the National Alliance for Self-Regulating Health Professions (NASRHP), along with speech pathology, occupational therapy and social work. AMTA is recognised by government as the certifying body for registered music therapists nationally.

RMTs can work with children, young people and their families and support people to deliver services across the continuum for health and wellbeing (Figure 1):

- improving accessibility of music for wellbeing in everyday life
- improving accessibility and opportunities for participation in music for wellbeing in the community
- delivering music therapy for therapeutic outcomes.

Continuum of music for health and wellbeing

The graphic below illustrates some of the ways in which music may be used in everyday life and when music is used as part of a funded music therapy service^{16,17}.



Figure 1. Continuum of music for health and wellbeing, from Music therapy disability evidence summary 2024 (AMTA)

The types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote NSW

Availability and access

Children and young people with disability living in regional, rural and remote NSW have less access to the services and supports they need. This is the result of various factors, including workforce availability and capability, accessible and/or available transport, limited housing and living supports ([National Rural Health Alliance, 2023](#)). Additionally, the [Office of the Public Advocate](#) inquiry identified limited availability of culturally sensitive services for people with disability, their families, support people and communities nationally. There have been numerous papers suggesting solutions to these issues – we expect that this inquiry will consider points and recommendations from previous inquiries and commissions.

Music therapy experiences similar geographical limitations, with most RMTs located in and around capital cities nationally. RMTs have been working to address these issues. As a profession, RMTs were early adopters for new ways of working over the COVID-19 pandemic and many successfully adapted their therapies to online delivery whilst maintaining the interest and engagement of children, young people and their families and continued therapeutic effectiveness. Because of this successful engagement and outcomes achievement via online delivery, RMTs have continued to use this technology in their practice, improving access to regional and rural children and young people where they may not be a local RMT available. Over 60% RMTs provide mobile services, with some providing outreach to rural areas.

Whilst music therapy is available in many areas of NSW, music therapy workforce in the central, western and southern regional areas of the state can be inconsistent and limited, impacting access to services for children and young people with disability, their families, carers and support people. As a profession with smaller numbers per capita and smaller FTE per funded program, AMTA frequently advocates for place-based employment; where funding from multiple funding or program streams is pooled at a local level to build a position that is more easily recruited. For example, a local rural area could bring together funding across acute and rehabilitation services, NDIS, foundational supports and aged care to build a full-time music therapy role, addressing recruitment issues related to part time roles.

Types of services and supports

Music therapy is available to children and young people, their families and support people via health services (e.g. specialist children's hospitals), some child and youth mental health services (specialist paediatric hospital networks and non-government organisations), community development programs and PHN-commissioned programs. RMTs may deliver individual and group therapy sessions, carer training, education and consultation, share specialist knowledge, support community development, coach others and advise on resources and equipment. Critically, RMTs often work in consultation models with family members, carers and support people (including early childhood, education providers).

In terms of targeted supports for children with specific developmental needs, AMTA recommends music therapy delivered by RMTs is embedded in environments where children live, play and learn wherever possible – their homes, playgroups, early childhood settings, educational settings. To ensure child- and family-centred care, interdisciplinary therapy approaches, and collaboration must be facilitated through strong and effective systems for interprofessional communication.

While therapies in groups and natural environments are incredibly valuable, they may not be an appropriate approach for all children needing behaviour supports. We recommend making available individualised supports for children with autism, global developmental delay and developmental delay under 9 years. Children may be enrolled in groups when these meet their needs.

Improving effectiveness

Services must consider individual and family outcomes and experiences of services. RMTs evaluate their services and therapy outcomes, using music therapy-specific and broader clinical and person-reported measures, and use this information to continue to improve their services at an individual and program level.

Increasing workforce competencies and capabilities in culture-affirming practices will impact positively on access and outcomes for children and young people. Culture-affirming practice is a key priority for AMTA and our members, and is an increasing focus of AMTA's professional standards and accreditation standards for AMTA-certified university courses.

An increasing body of literature highlights the negative impact of behavioural interventions for people on the autism spectrum. Music therapy's neuro-affirming approaches have immense potential to improve the lives of children who are neurodiverse. Music therapy has a unique capacity to achieve co-regulation and connection by meeting children at their emotional level, tailoring therapies to individual preferences and needs, using multi-sensory engagement through music, building confidence and self-esteem, and adapting to support children's needs. When neurodiverse children feel safe and are emotionally regulated, they can communicate more effectively and learn and work toward other goals.

The role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services

Families continue to report significant delays in particular in accessing diagnostic services; recent reports noted it took families up to 2 years to obtain an autism diagnosis for their child. These diagnostic delays can also result in delayed access to appropriate and time-sensitive therapy services. AMTA asserts that children with developmental needs should not require a formal disability diagnosis to receive services – as diagnostic delays can act as service access blocks. Access delays impact the supports children can receive at home and in their various early childhood and learning environments, and ultimately impact on child developmental outcomes, and family relationships and wellbeing.

Delays in appropriate supports can also lead to the implementation of inappropriate, unsafe and harmful practices, including some 'behavioural interventions' and restrictive practices. Access to appropriate supports and therapies, such as music therapy, that can improve children's co-regulation and provide carers, families and support people (such as early childhood providers) with strategies for behavioural support can reduce these practices.

Children and young people do not need a formal diagnosis to access music therapy – building from child and family strengths, music therapy identifies areas for growth, improvement and support and collaboratively builds an appropriate therapeutic approach to achieve these aims.

Gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems

AMTA notes the impact of diagnostic delays and the impact of these delays on children, young people and their families, carers and support people. We urge NSW Government to consider this carefully in the design of foundational supports.

AMTA and our members hear serious concerns voiced by the disability community about what constitutes a foundational support, what constitutes an NDIS support, and how it will be determined which people will have access to which supports. There is significant collaborative work required of the Commonwealth and NSW Governments to determine how these differences will be determined and communicated, and how people will access these supports. NSW Government must work together with people with disability, their families, carers and support people to determine how these differences will be determined, defined and applied in practice.

AMTA notes the increasing separation between those services that are considered ‘health supports’ and ‘disability supports’ and the difficulties, for example, that NDIS participants have accessing appropriate care and when they are unwell due to system conflicts when determining which system is responsible for which component of care and support. Similarly, there must be safeguards in place to ensure children and their families do not ‘fall through the gaps’ between foundational support, ‘health services’ and the NDIS with no clear plan for service provision. Young children and vulnerable young people cannot afford lengthy service waits.

There is an opportunity for foundational supports to be designed differently and increase engagement and collaboration across both government and non-government services, and include Aboriginal Community Controlled Organisations, early childhood learning services, educational settings and health services. AMTA believes it will be insufficient for foundational supports to rely on access to existing therapy services in state-funded community health or hospital based outpatient departments that are already overloaded and with lengthy waitlists.

Developing a model of care for foundational supports in NSW

AMTA strongly recommends potential models for foundational supports are developed in close consultation with families and support people of people with disability, as well as allied health professionals, including RMTs. RMTs work across the lifespan, from community development through to intensive care, and as such are well-equipped to design flexible models of care for prevention, early intervention, early childhood, school programs and youth services.

AMTA expects foundational supports may span from health-promoting group programs for children and families experiencing risks to child health and developmental outcomes, to targeted individual therapies to address identified needs. Allied health offers significant contributions across these areas and should be genuinely collaborated with to develop these models and staffing and funding arrangements.

RMTs are well-equipped to collaborate to ensure early childhood education and care is accessible and inclusive, to support the capabilities of education and early childhood systems and staff, and support children and their families to engage in learning, community and social environments.

Contact

AMTA welcomes the opportunity to discuss the development of NSW’s foundational supports further.

Bridgit Hogan
CEO
Australian Music Therapy Association
ceo@austmta.org.au