



ELIZABETH MACKNEY
REGISTERED MUSIC THERAPIST
BN MMUSTHY, RN RMT



ELIZABETH LOUISE MACKNEY'S SERVICE DELIVERY MODEL: **REGISTERED MUSIC THERAPIST/SOLE TRADER**

As a sole provider who is registered through Australia's regulating body for music therapists, the Australian Music Therapy Association (AMTA), my practice is bound by the AMTA's Code Of Ethics (COE). The Standards of Practice for Registered Music Therapists (RMTs) and the By-Laws for Grievance Procedures form part of the AMTA's COE. As a Registered NDIS Provider, my practice is also bound by the NDIS Code Of Conduct and Standards Of Practice. The creative nature of the music therapy process means that the participant's active participation is authentic and unique. In this context an individualised and participant-led program is not just an ideal - it is truly attainable. This approach to service delivery is an excellent match to the NDIS key principle of participant "choice and control".

I have been offering music therapy services to NDIS participants since the scheme rolled out in the NSW Northern Rivers region. My business now serves up to 50 NDIS participants (currently only 1 agency-managed participant) through individual therapy, family therapy, joint therapy, small group therapy, large group therapy and targeted community music bridging programs for people with and without disabilities. Through my business I am committed to working together with large and small community organisations and businesses and other sole providers to develop innovative pathways to meaningful, rewarding and sustainable social, community and economic participation for NDIS participants living in the region. I have unique and specialised training and experience in setting up, co-ordinating and delivering large-scale multi-disciplinary programs in metropolitan and rural



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hospitals and community contexts. My Masters thesis studied the benefits of combining the roles and skills of a music therapist and a registered nurse to offer a specialised, holistic service to rehabilitation patients in a private rural hospital. It was the first research of its kind in Australia, and I received a Lion's Nursing Scholarship to undertake the research.

My commitment to all areas of my continuing professional development (CPD) goes well beyond the minimum requirements needed to maintain my music therapy and nursing registrations. I am a member of the Northern Coast Allied Health Association (NCAHA) and I serve on the Australian Music Therapy Association's (AMTA's) NDIS committee. I am also continually active in delivering professional supervision and being a part of peer supervision – at local and national levels.

Further detail about the music therapy process:

My service is committed to meeting the codes and standards of both registering bodies, the AMTA and the NDIS Quality And Safeguards Commission, in delivering a high quality, value for money service that is safe, transparent, respectful, equitable, and confidential. In program development (N.B. NDIS describe as a support plan) I am guided by the participant's preferences, interests and strengths at all program stages. My service is committed to working with the participant and their chosen support network to build their capacity to achieve the functional outcomes they have identified in their NDIS plan, and subsequently their individualised music therapy program plan (i.e. support plan). This is based on the "SMART" approach to advancing functional outcomes, which is well described in the scholarly literature across a range of allied health professions.

The assessment, intervention planning and outcomes of the participant's advancement through the program period are measured, evaluated and reported in ways that are meaningful to, and understood by, the participant and/or their chosen representative/s. Where-ever possible, and with the consent of the participant and/or their significant other (depending on participant's age), a collaborative approach is promoted and encouraged because it supports the participant in transferring their advancing skills across diverse contexts. This grounds progress towards meaningful and long-term social, community and economic participation. Feedback and learnings from the participant and/or their significant others (depending on participant's age) are used to support and inform this process. Consent, complaints and advocacy processes are clearly and simply defined in the service agreement in order to limit complex and pervasive paperwork. Service



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agreements are developed in consultation with the participant and/or their chosen representatives.