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In plain language:

This research study investigates how different stakeholders perceived access to music therapy under the National Disability Insurance Scheme (NDIS) in the trial sites between 2013 and 2015. Nine people who had the lived experience of the matter such as NDIS planners, Registered Music Therapists (RMTs) and a parent of a boy with a disability were individually interviewed. Interpretative Phenomenological Analysis reveals that everyone believed that music therapy was not fully understood or received well by everyone, and RMTs need to take more active roles in educating and promoting music therapy to staff in the National Disability Insurance Agency (NDIA), allied health professionals, as well as parents of people with disabilities.

Exploratory study

Whose choice? Exploring multiple perspectives on music therapy access under the National Disability Insurance Scheme

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Abstract

The National Disability Insurance Scheme (NDIS) is a new national funding system for people with disabilities in Australia, which has been tested in some trial sites since 2013 and is now instigated across the Nation. Whilst music therapy and other music services are included on the list of recognised providers, inclusion of these services within individual case plans has been questioned at times by those with authority within NDIS trial sites. This research project aimed to build a collaborative relationship between the University of Melbourne, Australian Music Therapy Association (AMTA), and the National Disability Insurance Agency (NDIA) to better understand the needs and capacity for contribution of each organisation involved in the access of people to music therapy. To this end, interviews were conducted with three NDIA employees, five Registered Music Therapists (RMTs) who had experiences providing music therapy services as NDIS providers, and one parent of an eight-year old participant in the scheme who had accessed music therapy. Interpretative Phenomenological Analysis was used to identify gaps in knowledge and awareness between the different stakeholders. Fourteen emergent themes and three final themes revealed different perspectives on the matter, but all agreed that it is a significant time to promote music therapy and educate the NDIS planners, allied health professionals, the participants of the scheme and their families.

Key Words: National Disability Insurance Scheme (NDIS), National Disability Insurance Agency (NDIA), music therapy, Interpretative Phenomenological Analysis (IPA), interviews

Introduction

Prior to 2012, approximately 410,000 Australian people had been supported through "traditional block-funded service approaches" (Dowse, Wiese, Dew, Smith, Collings, & Didi, 2016, p. 81), where large organisations or institutions received a block funding to manage a large number of people with a range of different needs. In this previous welfare system, some stakeholders argued that understanding and supporting each individual's unique needs was difficult, and a major reform of disability funding mechanisms was considered necessary by what was then Rudd's Labour Party (Buckmaster, 2012). After an extensive investigation, the Productivity Commission (2011) concluded that the previous disability

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support system was "underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports" (p. 2). The Commission further emphasised the fundamental changes that the new National Funding system should provide to the people such as:

- entitlements to individually tailored supports based on the same assessment process,
- certainty of funding based on need,
- genuine choice over how needs are met (including choice of provider), and
- local area coordinators and disability support organisations to provide grass roots support and a long-term approach to care with a strong incentive to fund cost effective early interventions (Productivity Commission, 2011, p. 2).

Consequently, the government announced a funding plan called the National Disability Insurance Scheme (NDIS). Commonwealth, state and territory governments, who used to manage the disability funding system, were re-established as a single agency called the National Disability Insurance Agency (NDIA) in 2012 (Buckmaster, 2012). In July 2013, the NDIA launched trials across a number of regional sites nationwide including the Barwon region in Victoria and the Australian Capital Territory, and since July 2016, the service has been instigated across Australia.

The NDIS places a strong emphasis on increased choice for people with disabilities, tailoring support packages to the individual needs identified by participants and allowing participants to prioritise the services they wish to access and to select their own providers. However, in the first two years of NDIS trials at various sites, some participants reported their choices to access certain services, such as music therapy, had been denied by authorities in the NDIA (McFerran, 2016; McFerran, Tamplin, Thompson, Lee, Murphy, & Teggelove, 2016). For example, several service users' requests to include music therapy in their NDIS plans were rejected in the trial region of New South Wales, and participants were advised to seek a speech therapist who is musical or told that music therapy is just like instrumental lessons (McFerran, 2016). Paradoxically, some music teachers who specialise in providing services for people with disabilities have been told that only music therapy services can be funded. To understand this phenomenon a group of researchers from the National Music Therapy Research Unit (NaMTRU) at the University of Melbourne conducted a qualitative study by collecting various reports of those involved, such as the NDIA, and the Australian Music Therapy Association (AMTA), as well as selected participants of the scheme or families of the participants. The study aimed to: (a) better understand the needs and capacity for contribution of each stakeholder involved, and (b) generate knowledge for each stakeholder regarding requirements and objectives of both the scheme and music therapy access options.

Literature Review

The practice of music therapy in the field of disability has a long and contested history that has been documented since the 1940s (Aigen, 2014). Literature exploring the therapeutic application of music for people with disability has typically been focused on person-centred goals that are identified by professionals to address perceived needs of the service recipients. Recent research in this area clearly supports the effectiveness of music therapy in school and institutional contexts and documents outcomes in social (Darrow, 2014; Pienaar, 2012), physical (Dieringer, Porretta,

& Gumm, 2013; Klaphajone et al., 2013; Wang et al., 2013), communicative (Dunning, Martens, & Jungers, 2015; Krikeli, Michailidis, & Klavdianou, 2010; Pienaar, 2012; Stevenson, 2003), psychological (Krikeli et al., 2010) and wellbeing or quality of life domains (Curtis & Mercado, 2004; Shiloh & Lagasse, 2014). Whilst music therapy services have been used for decades to support and facilitate expert-determined goal attainment for people with disabilities, there is currently limited understanding of the ways in which music therapy can address the self-identified needs of people with disability in the community. This distinction is key to the ideology underpinning the NDIS which is built on the social, rather than medical model of disability.

Within a medical model of disability, having a disability is considered to be an individual's problem that requires medical attention by an expert. Within a social model of disability, having a physical, intellectual, or mental disability is understood as being part of the diversity of human experiences and a responsibility of the society to allow for the active participation of all citizens (Carson, 2009). The social model that originated from Scandinavian countries in the late 1970's initiated a deinstitutionalisation movement across the world, and people with disabilities whose lives had been managed in large institutions and organisations were moved back into the community, often in sheltered housing. Values such as community participation and social inclusion were critical in this movement. This paradigm shift visibly influenced the field of music therapy in the 21st century (Ansdell, 2002), with the emergence of contemporary music therapy models such as community music therapy (Stige & Aarø, 2011) and resource oriented music therapy (Rolvsjord, 2010) also emanating from Scandinavia. Other equity oriented approaches such as feminist music therapy (Hadley, 2006) and anti-oppressive music therapy (Baines, 2013) have shaped contemporary music therapy practices and research worldwide (Aigen, 2014; Kenny & Stige, 2002).

Community music therapy research and theory has been most clearly aligned with the disability rights movement worldwide (Stige & Aarø, 2011; Stige, Ansdell, Elefant, & Pavlicevic, 2010), endorsing a focus on empowerment and community participation that is aligned with the rhetoric of the NDIS on choice and control. Congruently, action research projects in this field have shown how people with the most profound disabilities can make choices within and about music therapy (Warner, 2005), participate in community music therapy groups, such as choirs (Elefant, 2010), as well as music festivals (Stige, 2010). More critical approaches have also been emerging around the globe, with a focus on ableism, neurodiversity and broad questioning of assumptions about what people with disabilities want from music therapists as captured in the journal VOICES special edition on music therapy and disability studies (Hadley, 2014). Local scholars in the Asia Pacific region have been prominent in this discourse, including Daphne Rickson (2014), Hiroko Miyake (2014) and Melissa Murphy (2018), whose recent PhD presented a critical analysis of young people's access to music as they transitioned from child to adult disability services. While promoting these consumer-driven forms of practice, the NDIA appears to apply principles from the medical model when funding therapeutic services, which demands a focus on measurable, evidence-based practices rather than participants' rights and choice to access music in many forms (Cameron, 2017; McFerran, 2016). This inconsistency has caused confusion for people with disabilities, their families, and service providers, as well as those involved in the planning process, including the NDIA staff (McFerran, 2016).

Music therapy practices in Australia have also been changing slowly to embrace the social model of disability. Although Registered Music Therapists (RMTs) often embrace humanistic approaches in the field, medical model practices such as neurologic music therapy (NMT)[1] have also become popular in a range of fields including the disability sector. This treatment model emphasis may serve as a point of distinction between the work of RMTs and community musicians in the same sector and is surprisingly well matched to the demands of the NDIS, who often seek evidence whilst also promoting choice.

To better understand the relationship between different service providers, McFerran (2008) conducted a mixed methods research project to compare the practices of RMTs and community musicians in one adult disability service. Some distinctions between the programs were apparent, with the community music program being described as "being about energy and expression" and seemed more targeted towards those with mild and moderate disabilities, while the music therapist was seen as facilitating "meaningful interactions and self-expression at a personalised level" (p.22) better suited to people with severe and profound intellectual disability. Despite differences between the programs that were readily identified to the researchers, many of the carers felt that both programs offered participants an opportunity to transcend their disability and connect with others joyously, socially and musically. This matches closely with Stige's (2009) description of practice in the disability field when visiting Australia, when he said "music as a social phenomenon is both a very common thing and a very special thing." The role of music therapy can therefore be understood as the provision of professional and qualified services that address agreed psycho-social-emotional goals, whilst it is important to note that this occurs within a landscape of other music services that serve musical outcomes.

One recommendation arising from the comparative study (McFerran, 2008) was to consider more bridging options into community. However, a decade later, Murphy and McFerran's (2016) critical analysis of 27 articles describing music programs in the disability sector showed that the majority of programs were still conducted in closed groups for people with disabilities. Once again, the emphasis was on social encounters and music therapists focused on building connections between group members within expert driven models. For example, Lee's research (Lee & McFerran, 2012) revealed a similar emphasis on expert models, with findings of improvements in communication being fostered through the provision of consistent song-choice opportunities for individuals with Profound Intellectual and Multiple Disabilities (PIMD). However, Lee's (2014) subsequent research, involving interviews with five RMTs who worked with individuals with PIMD on a long-term basis, moved towards the social model by acknowledging that the improvements were not just in the skills of the RMTs, but also in the increasing depth of the relationship

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[1] NMT involves "the therapeutic application of music to cognitive, sensory, and motor dysfunctions due to neurologic disease of the human nervous system" (Thaut & Volker, 2014, p.2).

between therapist and client, which also allowed the therapist to better understand the client's communication.

This emphasis on building relationships within long-term therapy was also reported by Cameron (2017), who described an array of benefits for four adults she had worked with over many years in areas such as: communication and self-expression, choice and control, social contact and ameliorating deterioration, and development of skills. She explained how these benefits were achieved through careful and sophisticated therapeutic facilitation at critical moments, and explored the importance of qualified professionals providing music therapy services under the NDIS scheme.

In summary, it is evident that service provision in the disability field is changing ideologically, although this change is inconsistent and diversely understood, both around the globe and locally. A bio-psycho-social model is adopted by the World Health Organisation's International Classification of Functioning, Disability and Health (ICF) (2001) to encompass elements of biological, social and individual perspectives of health and to integrate both the medical and social models of disability. This model may be relevant for RMTs who flexibly adjust their practices to suit the perceived resources and needs of participants in distinct contexts. Whilst funding and services continue to change under the NDIS, we determined that it would be useful to attempt to better understand music therapy access from multiple perspectives by interviewing stakeholders whose involvements with the NDIS were different during the first two years in the trial sites. Ethical approval was granted by the University of Melbourne (Ethics ID: 1545407.1) and data for this study was collected in October and November, 2015.

Method

Study Design

A qualitative approach was employed to address the research aim which sought perspectives of parties involved with the roll out of the NDIS. Rather than undertaking a large-scale survey to collect relevant data, in-depth interviews with a smaller number of key stakeholders were used to produce rich descriptions of their lived experiences, leading to subjective insights into how each person constructed that particular view from their position. Specifically, Interpretative Phenomenological Analysis (IPA) (Smith & Eatough, 2007; Smith, Flowers, & Larkin, 2009) was utilised since it was developed to interpret how participants make sense of experiences in their personal and social world (Smith & Eatough, 2007). IPA also allows the researcher to take an active role in contributing to meaning making using the techniques such as epoche, which is different to descriptive phenomenology with strict limitations on the researcher's personal involvement with the data (Giorgi, 2009). By using IPA, the researchers aimed to understand the phenomenon from the multiple perspectives by incorporating and making connections between the descriptions.

Recruitment

This study was conducted in partnership with the research office of the NDIA and the AMTA, and funded by the University of Melbourne. Purposive sampling (Creswell & Plano Clark, 2011) was used to recruit people who had experiences with the NDIS through the study's partnering organisations. The AMTA Board invited RMTs already working in NDIS trial sites through their membership base. The NDIA's research office manager invited some NDIS planners and other staff to participate in the study. Once RMTs and NDIA workers were invited, we used a snowball recruitment method in which the RMTs and the NDIA workers identified others, including persons with a disability and/or their families who have used the scheme to fund music therapy services. All the participants were required to be competent to provide informed written consent, and we sought a balance of NDIA staff, RMTs, and persons with a disability and/or family in the scheme, although this was not achieved.

Study Participants

A total of nine people, consisting of three NDIA staff, five RMTs, and one mother of an eight-year-old boy with a functional disability, agreed to participate in the study. Most of the participants had been involved with the NDIS since the beginning of the trials in July 2013 and represented trial sites in three states: New South Wales (NSW), Victoria (VIC), and Australia Capital Territory (ACT). Information about each participant is presented in Table 1, including the names of the participants (pseudonyms) and the number of clients who accessed music therapy under the NDIS scheme, since these were further analysed.

Data Collection

The same researcher conducted all nine interviews. Due to issues with distance to these regional trial sites, the three NDIA staff and parent participated in phone interviews, and all five RMTs were interviewed via Skype. All participants were offered the option of either medium. The participants all agreed to their interviews being audio-recorded, and each interview lasted no more than an hour. Open-ended questions were asked as follow:

Table 1.

Participant information

Name	Participated as a	Gender	Region	Involvement with NDIS since	Description of Music Therapy Client
Alicia	NDIA Planner	F	NSW-Hunter	2013	2 Clients
Bryce	NDIA Plan Support Coordinator	M	VIC-Barwon	2014	N/A
Cheryl	NDIA Plan Support Coordinator	F	ACT	2014	N/A
Diana	RMT	F	VIC-Barwon	2013	2 Clients
Emma	RMT	F	VIC-Barwon	2013	3 Clients
Florence	RMT	F	NSW-Hunter	2013	3 Clients
Gabriella	RMT	F	NSW-New Castle	2013	2 Clients
Hannah	RMT	F	ACT	2013	2 Clients
Iris	Parent of an 8-year-old boy	F	VIC-Barwon	2013	Her Son

1) In your own words, please explain the NDIS.
    a. Who does it support?

    b. What are its primary objectives?
2) In your experience, how does the development of support plans for participants of the scheme (people with disability) take place?
3) How is eligibility for service provision determined?
4) What kinds of music-based services do you know about that are available through the scheme?
5) What is your understanding of the purpose and use of music-based services for people with disability?
6) What has been your experience of working with the NDIS?

Data Analysis

Having gathered the data from nine participants, four stages of analysis were undertaken, following key principles of IPA suggested by Lakin and Thompson (2012).

Stage 1: Immersing in the data and extracting key statements from the interview transcripts.

The interviews were transcribed into text line by line. After becoming familiar with each participant's perspective, key statements relevant to the research questions were identified and extracted in an Excel-spread sheet for further analysis. Each statement was coded with labels such as 'Alice_3,' which means it was Alicia's 3rd statement.

Stage 2: Conducting an idiographic level of analysis, concerning the person-in-context.

Attending to each participant's data, a researcher then performed *double hermeneutics* which enabled her to attend to each statement and try to *make sense* of what the person was *making sense* of his/her own experience (Smith, 2007). More specifically, with each statement, the researcher first asked "What matters to the interviewee?" from the person's perspective, and then interpreted this perspective from the researcher' point of view by trying to interpret "What that means to the interviewee?" The researcher interpreted the participant's inner thoughts and feelings based on the description of the experiences (Larkin & Thompson, 2012). An example of this idiographic process is presented in the Appendix 1, with all the other analyses recorded in an Excel form.

Stage 3: Developing Emergent Themes by gathering similar perspectives across the nine participants.

As the current study interviewed people representing three groups in relation to the topic, it was apparent that similar perspectives were observed within the same group of people. For example, in the following two statements, the two NDIA staff explained how all their decisions to fund music therapy should have been justified:

- *I've only funded it (music therapy) 2 or 3 times and all sort of different reasons. So, I've funded it for one 15-year-old with a lot of behavioural problems. He had autism, was non-verbal and found it very difficult to self-regulate. Mum was a single parent finding it very challenging. And there'd been some music therapy at school that had been, well they anecdotally said that it had been successful. So, we put that in the plan to look at that sort of self-regulation: breathing and calming. (Alicia_3)*
- *Goals always need to be linked back to the disability and justified from that perspective. (Bryce_6)*

Based on these two statements, an Emergent Theme was developed, "it's important for me to justify my decision to fund music therapy," and a code N1 was given to this theme as well. N refers to NDIA staff, indicating that this theme was dominantly reported by the NDIA staff. In this way, R represented RMTs and P represented Parents. By looking across the similar interpretations of nine participants' perspectives in this way, a total of 14 Emergent Themes were identified. Table 2 shows how each Emergent Theme was developed, typically based on at least two interviewee's statements. Two themes (e.g. N5 and P1, see Table 2) comprised only one person's opinion but were included because those nuanced statements were critical in forming the Final Themes. Moreover, in phenomenological analysis, not only the agreed perspectives across the participants are valued, but also critical individual perspectives are valued (McFerran & Grocke, 2007). Hence, including these two themes was appropriate.

Table 2.
The 14 Emergent Themes

N1	It's important for the NDIA planners to justify their decisions to fund music therapy.
N2	The NDIA planners have personal beliefs about the certain benefits of music therapy.
N3	The NDIA planners hope other planners get some information about music therapy and RMTs.
NPR4	Reports are important and RMTs should be thoughtful and clear about what is included in reports.
N5	The NDIA planners should be careful in supporting music therapy because not everyone is convinced about the effectiveness of music therapy
P1	Depending on the planner's knowledge about music therapy, funding outcomes are different and inconsistent.
PR2	Therapists' active role in educating and promoting music therapy and being acknowledged by other allied health professionals are extremely important.
R1	RMTs need to know how the NDIS works.
R2	Decisions should be informed by parents' voices and RMTs might need to prompt and inform them.
R3	Getting into the NDIS system was a slow and complicated process for RMTs.
R4	Awareness of the benefits of music therapy should be increased in the future.
R5	RMT reports and recommendations about the amount of sessions were not respected by the NDIA.
RP6	The planner's lack of understanding of music therapy negatively impacted clients' access to music therapy
R7	It is not about only the choice of services but also how to make a good argument for that choice and RMTs also need to use right language for effective communication.

*N: NDIA Staff, P: Parent, R: RMT

Stage 4: Searching for connections across Emergent Themes by abstracting and integrating themes and revealing Final Themes.

By further examining the various perspectives captured in the Emergent Themes, three Final Themes were developed. For example, of the 14 Emergent Themes, the following four themes appeared closely related:

- N1: It's important for me to justify my decision to fund music therapy
- N2: I have personal belief about the certain benefits of music therapy
- N5: I should be careful in supporting music therapy because not everyone is convinced about the effectiveness of music therapy
- R7: It is not about only the choice of services but also how to make a good argument for that choice. NDIA planners should understand music therapy more but RMTs also need to use the right language for effective communication.

While the first three themes reflect the NDIA staff's inner thoughts while making decisions about whether to fund music therapy services, the last theme is based on two RMTs' experiences and these further explained that the choice to access music therapy did need to be argued on the basis of a solid justification and using accepted language. Accordingly, this Final Theme was named "The decision-making process of the NDIA planners revealed." Two more Final Themes were developed in this way and are presented in the result section. To ensure the credibility of the analysis, each stage of analysis was recorded transparently and traceable by other researchers in the university team, and each outcome was reviewed by co-researchers.

Findings

Final Theme 1: The decision-making process of the NDIA planners revealed (Emergent Themes N1, N2, N5, & R7).

Initially, most RMTs and the parent expected that music therapy would be easily funded upon request during the planning process, as it was included on the NDIS providers' list. However, in the interviews, all the NDIA staff explained how complicated it could be for them to make a decision on whether to fund music therapy or not, and if they decided to fund, justifying their decisions to fund music therapy became crucial (N1). The planners we interviewed held a range of beliefs about the potential benefits of music therapy and they were more able to agree to funding if the request aligned with those beliefs (N2). For example, one planner strongly believed that music therapy would be beneficial for a child who had difficulties with speech, indicating that she would fund music therapy only for the speech goals. This revealed that most of the NDIA staff we interviewed had limited knowledge of the breadth and scope of music therapy.

It was also understood that there were many other elements to consider when planners made decisions for a participant, and they had to justify their decisions to a higher authority or colleagues in the NDIA. As not everyone in the NDIA was convinced about the effectiveness of music therapy and s/he felt impelled to care about other planners' opinions on music therapy, at least one planner felt that she should be careful or cautious in supporting music therapy (N5). With regard to this issue, two RMTs with years of experiences with the NDIA suggested that the NDIA planners needed to better understand music therapy, and that RMTs need to use the right language for effective communication. One of the RMTs explained that being on the NDIS providers' list did not mean that all the requests would be accepted, and each request needed to be submitted with an accepted justification which linked back to the client's disability and goals (R7).

In order to understand who made the decision to provide access to music therapy and how it was justified, ten cases of participants who were able to access music therapy through the NDIS funding were further analysed. The details of each case are presented in Appendix 2 and Table 3 to show the result of the analysis.

Table 3.
Reasons for funding music therapy and decision-making process during NDIS planning

Example No.	Reasons for Funding Music Therapy	Who Made that Decision?
1	To support a single mother of a son who has behavioural problems and whose previous music therapy participation at school was successful	Planner found a good justification in a unique situation
2	To adapt print music for community participation	Planner found a good justification in a unique situation
3	To support a boy born premature that resulted in developmental delays and required early intervention	Family accessing Transdisciplinary Early Intervention Package (TEIP)
4	To support a boy with functional disability resulting from cancer to learn coping skills	NDIA not providing sufficient session amount requested by family and didn't regard music therapy as therapy but a group activity
5	To support ongoing music therapy that has been conducted previously for a 3-year-old girl as part of a TEIP	Family accessing TEIP
6	To fund a music therapist to conduct assessment of sessions provided by a community musician focused on OT needs	Planner found good justification in unique situation
7	To support the client to communicate with her family living overseas, music was found to be effective in this so her sessions have been funded regularly on an ongoing basis for more than several years now.	Planner found good justification in unique situation
8	To support a 5-year-old girl with developmental delays in TEIP (parents had no idea about music therapy)	NDIA (parent didn't know of Music Therapy but it was given as part of TEIP)
9	To support a 6-year-old boy with speech delays in TEIP	NDIA happy to offer TEIP to an organisation
10	To support a 15-year-old girl with mental health issues such as anxiety and Obsessive Compulsory Disorder	Planner found good justification in unique situation

Out of these ten examples, five were child clients who were under 10 years of age (case example no. 3, 4, 5, 8, 9) and receiving Transdisciplinary Early Intervention Packages (TEIP). Surprisingly, one client (example 8) was given access to music therapy even though the parents did not request it and did not know what music therapy was. The main goals for these children in early intervention were improving their functional abilities and skills in relation to their developmental needs such as improving speech, communication, physical skills, self-expression and articulation of emotions.

Among the other five examples, four school aged children were aged between 14 and 15 years and attending school (case example no. 1, 2, 6, 10), and two could be described as noteworthy in their uniqueness. Example 2 was reported by the NDIS Planner Alicia, and she explained that the 14-year-old boy who was born without eyes needed extra support in accessing adapted print music in order to participate in a community band. Therefore, the planner supported the boy to have practical support from a RMT. She further explained that his parents were paying for the trumpet lessons, which is an expense expected to be paid by any parent, regardless of whether their child has a disability. However, the extra cost for the adapted printed music was a special need resulting from this boy's disability, so the planner supported this cost.

Similarly, Example 6 appeared to be quite a special case where a teenage boy with autism was participating in ongoing music sessions with a community musician prior to entering the NDIS. Although the main focus of their sessions was expanding song-repertoire and singing together, the NDIS considered it as fulfilling Occupational Therapy (OT) needs and funded this musician as if he was an OT assistant. Under NDIS arrangements, an RMT was funded to twice observe their sessions and provide an assessment. The rationale for funding the other two teenagers was behavioural problems (Example 1) and mental health issues (Example 10), and in both cases, the families were finding it challenging to manage their child's behaviours and therefore ongoing music therapy was supported.

Only one adult client was funded to participate in on-going music therapy (case example no. 7). This 30-year-old woman had been working with a music therapist for many years before entering into the NDIS. Her family argued that music therapy played an important role in supporting their daughter to share her life experiences with family and relatives living overseas because she would write songs to share with them.

Final Theme 2: The impact of the NDIA's decisions on both participants and RMTs' practices was revealed, and RMTs expressed desires to better understand the NDIS approval process (P1, RP6, NPR4, R3, R5, & R1).

The parent participant in this study reported that the outcomes of her music therapy funding requests across several planning processes depended on the planner's knowledge of music therapy. This resulted in inconsistent outcomes (P1) and these inconsistent outcomes negatively impacted on her son. This mother's experience was also confirmed by other RMTs who described how planners limited the amount and frequency of music therapy which sometimes caused issues related to therapeutic closure (R6).

While most people believed that the RMTs' reports were crucial in the planning processes (NPR4), two RMTs found that the NDIA did not approve the recommendations made in their reports. In particular, one RMT described how the NDIA did not follow through on her six monthly progress reports and never responded to her suggestions for a client to access community music programs (R5). Some RMTs described that communicating with the NDIA was often a very slow and complicated process and RMTs felt out of their control at times (R3). Accordingly, most RMTs hoped to be better informed about how the NDIA is structured and actually works (R1).

Final Theme 3: This is an important time to raise awareness of music therapy and RMTs can be active in this process to advocate for music therapy as a necessary service (N3, PR2, R2, & R4).

The three NDIA staff hoped that other planners might get more information about music therapy and RMTs in general, and expected RMTs to actively communicate with the planners to provide knowledge and information about music therapy (N3). They explained that the NDIA planners have mandatory trainings every fortnight and that this might be a useful place for RMTs to start the promotion of music therapy and education of the NDIA planners. Likewise, the parent participant and one RMT thought RMTs should have more active roles in educating and promoting music therapy as a reasonable and necessary service to both planners and parents/families of persons with disabilities. It was also understood that being acknowledged by other allied health professionals was helpful and having these professionals write recommendation letters for music therapy might be extremely important in relation to the NDIS (P2).

Most RMTs agreed that awareness of the benefits of music therapy needed to be increased and some believed it was now an important time to raise awareness in collaboration with the NDIS, since some planners had actively recommended music therapy to families (R4). Since the request for music therapy should come from participants of the scheme and/or their parents' voices, RMTs believed they might need to prompt and inform participants to do so in the future (R2). Some RMTs expected AMTA to take an active role in more formal aspects of advocacy, and to provide publicly available information and tools, which has since occurred. Formal advocacy from AMTA has included animated videos for social media as part of a broader public relations campaign, an online training course on the NDIS, the establishment of an NDIS sub-committee who has had several meetings with the NDIA, and an active Facebook page that is monitored by that committee. Together with the RMT community, many parents and other professionals have been active in contributing to greater understandings about the benefits of music therapy during this time of transition.

Discussion and Conclusion

Since the inception of the NDIS in July 2013, there have been many ongoing changes. These interviews were conducted in October and November 2015 and the focus on individual stories means that there is no basis for generalisation. Therefore, results and findings of the current study should be understood and interpreted appropriately. Following up the participants in music therapy at the time of data collection and investigating their journey in a longitudinal study could provide additional insights in the future.

Music therapy is recognised by the NDIS as a reasonable and necessary therapeutic service. As the scheme unfolds, there have been cases where families, clients and the NDIA staff have not clearly or consistently understood what it is or how it could be funded under the scheme. Similarly, other allied health and creative arts therapies, have anecdotally reported similar experiences of misunderstanding. The results of this study also suggest that RMTs have found it difficult to understand the scheme at times, showing that the confusion can flow in both directions. This study revealed that the inclusion of music therapy on the NDIS list did not secure families' rights to access music therapy services and there is no guarantee that people's choices to receive music therapy will always be enabled by the scheme.

As the roll out of the NDIS continues in the coming decade, RMTs will be required to demonstrate their professional skills and draw on their ethical obligations to advocate for participants' rights to access music therapy services. This study shows that individual RMTs may have different experiences and face diverse demands as individual planners learn about the kinds of services that participants in their scheme want and desire. During this time, it will be essential to continue to respond to current information about the NDIA and its decision-making processes and it may be useful to engage in research that better explains what music therapists do. Ongoing connection to the Australian music therapy community may serve as one conduit for RMTs in facilitating this ongoing communication, as well as a sensitivity to the desires of people accessing the NDIS and a careful distinction between our own desires to serve and an openness to what people are truly requesting. This kind of ongoing reflexivity will benefit Australian society as we embrace the social model of disability, and all the bio-psycho-social models that come next, ensuring that our actions are in keeping with the famous dictum that heralded the beginning of the critical disability movement: Nothing about us, without us.

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Appendix 1.

An example of an idiographic analysis in stage 1

	Alicia/NDIS Planner	**What matters to Alicia?**	**What that means to Alicia?**
1	*It's making their goals and working with them to look at what supports they have currently and looking at the support, not just funded support so we also look at their informal support network and how they can assist with achievement of the goals, as well as looking at what's out there in the mainstream and community...looking at how mainstream services and community supports can get by that participant in helping them meet their goals and then we look at funded support after that, after we've exhausted what's out there already.*	Finding the right supports for the participant	Identifying goals to achieve is more important than finding services and support
2	*They get to have choice and control of it, the participant, and lots of the modality and therapy that they want to choose. And often they'll come to us and say "well what else can you give me? Or what would someone like me...what else is there?" But we don't really look at it like that. We look at what your goals are and we look at what supports we can put in place around those goals. So, we don't throw the whole catalogue of supports at you and say tick tick tick like a shopping list, pick what you'd like. Some parents do come in with that list. They've been through the catalogue and they are aware of what can be funded under NDIA so they want everything that they can get for their child which is understandable. So it can work both ways a bit but primarily it's just developed around their goals.*	Finding the right support for the participants to achieve the goals	Identifying goals to achieve is more important than finding services and support
3	*I've only funded it (music therapy) 2 or 3 times and all sort of for different reasons. So, I've funded it for one 15 yo with a lot of behavioural problems. He had autism, was non-verbal and very difficult to self-regulate so mum was a single parent finding it very challenging. And there'd been some music therapy at school that had been, well they anecdotally said, that it had been successful. So we put that in the plan to look at self-regulation: breathing and calming.*	Whether funding music therapy will be beneficial to the participant to achieve the goals	Justifying my decision to fund music therapy is important.
4	*There was a 14-year-old boy born without any eyes so I funded Music Therapy (MT) for him because he participated in bands and he wasn't able to access the music. It was not typical MT I funded, but I funded a RMT to help him access print music so they're adapting the print music into a suitable format for him. He can then memorise the music cause that's how he learns it. His parents paid for trumpet lessons each week – if it's something that all parents would be expected to pay for, then it's not something that we'd fund.*	Whether funding music therapy will be beneficial to the participant to achieve the goals	Justifying my decision to fund music therapy is important.

5	*We wouldn't, or I wouldn't consider music lessons. To me that would be an ordinary cost of parents. It's just expected that parents would cover any cost of music lessons. So that's one our principles in looking at a reasonable and necessary support, is whether it's a day to day living cost by a parent. So even though it might be related to a disability, if it's something that all parents would be expected to pay for, then it's not something that we'd fund.*	Whether the request of a certain service is directly related to his/her disability or not	Making decisions according to our principles regarding funding reasonable and necessary supports is important.
6	*You can amend the plan in that 12 months if you get a progress report saying they've made these amazing gains and we've still got these goals...we're looking at these goals for the next 10 sessions, then you might look at funding another 10 sessions if you think it's reasonable and necessary. But yeah, it doesn't mean that it's only 10 necessarily for the entire 12 months. But maybe it does keep it accountable that there is progress being made, and the therapist needs to get back to you with those outcomes.*	Whether the participant was gaining outcomes to get more funding for music therapy	Making decisions whether to continue the funding is up to the participants' outcomes.
7	*I think I'd like info on music therapy as well and when we might actually implement it and when we might not. Because it is, music therapy is a bit of a grey area. It's not requested very often.*	Making a right decision when to fund music therapy or not.	Alicia feels she needs to be informed more to make right decisions.

Appendix 2.

Ten funded music therapy cases as described by participants

Case	Interviewee reporting the case	Age/ Gender of the client	Diagnosis	Other Personal Circumstance	Music Therapy Goals	NDIS Funding
1	**Alicia/NDIS Planner**	15/M	Autism, Non-verbal, Difficulties to self-regulate	Mother is a single parent finding it challenging and previous music therapy history at school reported to be successful so planner was happy to put music therapy in the plan.	To promote self-regulation through breathing and calming	Not specified
2	**Alicia/NDIS Planner**	14/M	Born without eyes	He participated in bands but wasn't able to access the music (sheets). His parents paid for trumpet lessons each week. If it's something all parents would be expected to pay for, then it's not something that we'd fund.	To help him access print music so they're adapting the print music into a suitable format for him and then memorise the music cause that's how learns it.	Not specified.
3	**Diana/ RMT**	2/M	Born premature resulted in developmental delays	Family visited RMT's group session conducted in an organisation and noticed the child was positively responding to music.	To improve speech, working on to begin with any words and then two words and now it's putting the word on the end of a song To upskill parents and grandparents to share musical activities with him at home	20 individual sessions funded
4	**Diana/ RMT**	8/M	Functional Disability resulted from Cancer - one of his eyes removed	When they got NDIS funding, his mum asked for music therapy and then I got contacted. But NDIA had already put on the plan for group music therapy but we were unable to provide group music therapy so we ended up only providing a shorter amount of sessions because they wouldn't give us more funding for individual sessions. So that was a bit of a different process because we really had to advocate for him and say that “no, we thought that individual would still work.”	To build coping skills like reducing anxiety and dealing with negative emotions such as frustration through song-writing To express emotions through keyboard playing and improvisation To provide creative emotional outlet and build confidence by leading and directing music-making process To use music with mother at home throughout daily routines	Initially got four individual sessions and then we had to write a progress report. Then I think he got ten. And then now we've just had 20 funded for him. But they've been a lot more, this was earlier on and they didn't want to fund as many as 10 individual sessions.

5	**Emma/ RMT**	3/F	Not specified	She was having music therapy before she joined the NDIS a couple of years ago, so obviously her parents just came in and said we really like music therapy and we'd like it to continue. So that was easily done. They may have asked me for a report.	To exercise choice and control by indicating her preference of song, instrument or activity through head movement, pointing, reaching out or vocalising To maintain and increase body awareness and tactile experiences through different types of touch and active movement To maintain and increase her non-verbal communication To increase gross motor control through playing instruments To have opportunities for increased self-expression and communication	Music therapy is part of an interdisciplinary package she's got.
6	**Emma/ RMT**	Teen /M	Autism	A musician who was working with a lad who has autism. And I don't know what funding stream...oh Occupational Therapy (OT) I think. I do know that this musician is not being paid same as an OT, they stretched the funding but it's under the OT line, whatever they call it. That was quite a long time ago now and I've done it twice. So, what they've asked is that they have a music therapist write a report about what's going on in the sessions and then they claim it through OT.	To fulfil some OT needs by building up an repertoire of songs which they sing together	2 music therapy assessment sessions
7	**Emma/ RMT 2**	30's/F	Not specified	Those songs written in music therapy sessions are all recorded onto a cd and she gives them to her family and extended family that are also overseas, so it's a way for her to connect with all sorts of people that she doesn't see very often - her family don't live nearby.	To expand her repertoire in music by playing keyboard and learning new songs To articulate and express different aspects of her life through song-writing To increase confidence through shared music-making To create an expressive outlet through song-writing and recording To extend non-verbal communication To increase self-awareness, control and autonomy	Ongoing regular sessions over several years and the RMT has been submitting report every 6 months.

					To gain independence in music-making outside the sessions	
8	**Florence/ RMT**	5/F	Not specified	On the one hand, I had a client who rang me saying, "we have music therapy on our plan, what is it?" so then I told him what music therapy was and then, just based on what he had told me about his daughter, what I might possibly be able to work on with his daughter. And he said "Oh that sounds perfect. When can we start?" But I've only had that once and it does seem unusual.	Not specified	Initially 10 hours funded for music therapy assessment. Then I've just written a report for them so that can get reviewed and then they're planning to have more music therapy.
9	**Florence/ RMT**	6/M	Speech Delay	One of my clients has been under an organisation doing all sorts of early intervention stuff. Then they come up for NDIS so they go "well we're happy with this organisation we want to stay with them." They're an organisation that is registered with NDIS to be a provider. Obviously, there is communication with the family as well but there is someone from that organisation who I think also is in the planning meeting and helping develop the plan. Then that organisation is given a bulk amount of money or funding to then provide OT, speech, physio, whatever it is.	To improve speech and motor skills To improve emotional expression and articulation of emotions and experiences	Transdisciplinary Early Intervention Package. When it came to me doing music therapy with him because music therapy wasn't listed separately, NDIS told me that I had to go through this organisation and that it would come under their funding. This is extra admin for us so how about we charge you like 10% or something.
10	**Florence/ RMT**	15/F	Mental Health Issues/ Obsessive Compulsory Disorder (OCD)	She's got a lot of insight and she's quite articulate but when it comes to connecting, she finds what's happening physically and emotionally a bit tricky. This girl has OCD and she won't touch any instruments so we do a lot of singing. Self-expression, self-esteem and confidence are important because she also suffers with depression and low self-esteem so her family are very keen to	To reduce anxiety through relaxation and breathing techniques To gain looking at emotional expression and emotional understanding and articulation as well as body awareness in relation to emotions To discuss about emotions expressed in music through active listening to music	Not specified

	have opportunity for achievements and positive experiences.	

Appendix 3.

The participants' statements

Final Theme 1: The unknown decision-making process of the NDIS planners revealed

Emergent Theme N1: It's important for the NDIS planners to justify their decisions to fund music therapy.

There was a 14-year-old boy born without any eyes so I funded Music Therapy (MT) for him because he participated in bands and he wasn't able to access the music. It was not typical MT I funded, but I funded a RMT to help him access print music so they're adapting the print music into a suitable format for him. He can then memorise the music cause that's how he learns it. His parents paid for trumpet lessons each week – if it's something that all parents would be expected to pay for, then it's not something that we'd fund. (Alicia_4)

Emergent Theme N2: The NDIS planners have personal beliefs about the certain benefits of music therapy.

If a child has speech delay I would say music therapy. The goal would be something like 'be assisted by speech pathologist and music therapist to help with learning to speak'. I mean that's just...I wouldn't word it like that but that's how I would link the goal to the service. I think for music therapy...the only time I've put music therapy in a plan is when it's speech delay, cos that's where I see it as an amazing type of therapy for children with speech delay. (Cheryl_6)

Emergent Theme N5: The NDIS planners should be careful in supporting music therapy because not everyone is convinced about the effectiveness of music therapy

We'd all under plans I guess, work together if someone's got expertise in an area. We talk amongst each other to get some idea of how to put the plans together for different cohorts. (Cheryl_1)/As I said, planners don't recommend therapies. I did once recommend music therapy – I just said "I've heard it can be really great for speech delay" and they were really interested. But as we discussed it's not the general approach. I think getting the information to planners as well would be great because there's so much debate or controversy about supports." (Cheryl_9)

Emergent Theme R7: It is not about only the choice of services but also how to make a good argument for that choice/NDIA planners should understand music therapy more but RMTs also need to use right language for effective communication.

It (allocated financial amount) does matter but it's on a needs basis. So if you can put forward a really good argument for something you can have...I know some people seem to have a huge plan. I'm working with one 3 yo, and her parents think that she may have the biggest plan yet! But within that, it seems that there are some limitations as well. So I think they have to put forward a good argument and that family are really arguing strongly for as many services as they can for their child. (Emme_3)/I guess a lot of confusion on both parts, like the planners not really understanding music therapy, not really understanding what we can offer. Also me trying to find the right language to communicate to them in a way that they're going to understand what we're talking about as well. Because often if they've not heard it before they get a bit confused or lost. (Diana_19)

Final Theme 2: The impact of the NDIA’s decisions on the participants and the RMTs’ practices was revealed and RMTs expressed desires to have more channels of communication with the NDIS

Emergent Theme P1: Depending on the planner's knowledge about music therapy, funding outcomes are different and inconsistent.

If your planner is clear enough to know how the different disciplines work and what they try to achieve and are cluey enough to sit there and go "Right. Sounds like William's struggling with that. Why don't we get an assessment done on this and say whether or not therapy would be worthwhile?" Then, it's great. It gives you a hint of where to start. But for the everyday person, there's no way. If it was not something that they've been familiar with before. The planners certainly use it. Subsequent to that I've now got a different planner, and that planner hasn't offered or suggested anything different. (Iris_10)

Emergent Theme PR6: The planner's lack of understanding of music therapy negatively impacted William’s access to music therapy

So every time at the end of that block then, like the plan comes to an end and you have to provide a progress report so it's always uncertain about whether music therapy is going to continue and that's also something that I've raised with the planner. Because last time before this child got 20 sessions, we only had one session left and mum was due to have her plan reassessed in a month, and we'd been meeting fortnightly and so I contacted the planner and said that's the likelihood of this continuing? You know we've only got one session left and the mum knew that she had flexible support so the mum thought that she could actually take some from speech that she hadn't used and use it for music therapy... But the planner was like we won't know until the day of the plan and I'm talking about, but that's not appropriate for closure. I’ve been working with this child for so many sessions now, he's really engaged, mum's saying he wants more music, he's saying he wants more music - where do we sit? And she's like just have the final session or hold onto one of your sessions until we know. And I said but that's still not actually enough, because I started these discussions when I still had a couple and then it took that long. And then I had that discussion with them and said that actually for therapeutic closure, that's not appropriate for a child who's highly anxious and had all that trauma in his life. And then so she said she was going to take that up to NDIA but I haven't heard anything back. So that's a big issue as well. The new plan meeting happened after the first plan ended. There was like a lapse. (Diana_9)

Emergent Theme NPR4: Reports are important and RMTs should be thoughtful and clear about what they write in reports.

I guess cos we're not, like most planners aren't therapists or if they are, only in a specific area generally, I always say...if a participant says "I want music therapy or I want my child to have music therapy" I don't say...I don't have any knowledge of whether it would be a good thing or not so I would put in an assessment for music therapy. So I'd put in probably 10 hours and say, “If I could get a good assessment from the music therapist as to why this is a good support, and how many hours they think is required, then I would go off the report.” I would make the determination myself. (Cheryl_3)

Emergent Theme R3: Getting into NDIS system was a slow and complicated process for RMTs.

When you are trying to chase up, like I've been trying to find out if this person does have funding before I've provided the service, like the communication between myself and the NDIS is quite slow. They say about 5 business days to answer any email... most of the time when I've rung up, the person on the phone is more just a general call centre sort of person, and if they're not aware of individual cases they'll say well send an email to whoever is dealing with it from that end. So when you have clients that are waiting for a service or if you have issues with looking up their funds and stuff it can be quite a slow process. (Gabriella_6)

Emergent Theme R1: RMTs need to know how the NDIS works.

With this next client, I've got coming on I'm thinking I'm gonna try sorting things out a bit further… I mean I don't really care how it's, I mean if I get paid at the end of the day that's fine like I don't really care. But the way it's set up in terms of when it's on their plan separately and I just keep invoicing NDIS, it’s so simple and it works really well. And this other system through the organisation works as well now that we've got it set up. Like I just invoice them and they pay me. Now that we've done that it probably will be okay with the second client. But I’m also thinking well, with any clients I'm advising them that if you want music therapy try and get it as separate item on your plan - that's much simpler. (Florence_8)/Not everybody gets a copy of the NDIS plan. I purposely went out of my way to request them. Because you really need them to know whether you're helping them achieve their goals. So I had to request them (Hannah_9)

Emergent Theme R5: RMTs reports and recommendation about the amount of sessions were not respected by the NDIA.
There's been no input or request from the NDIA at all from me. Except for formally but they don't even seem to follow up with that. They say they want a report every 6 months and I've been doing that fairly consistently but they've never chased me for it. So I've just written what I always write for reports which is goals and what's happening in the session and the outcomes. (Emma_15)/During school terms once a week. I think I asked for forty sessions. She came back and said they do either 48 (half an hour) or 24 (an hour). The other thing I got to ask her which I was just assuming but hadn't clarified with anyone, was … It's by the hour…. And I said "is that inclusive of chatting to mum, doing the reports, doing an assessment, admin type stuff as well?" Because I assumed it was. And she said that it was, she clarified that it was. (Florence_16)
Emergent Theme 3: This is an important time to raise awareness of music therapy and RMTs can be active in this process to advocate for music therapy as a necessary service
Emergent Theme N3: The NDIS planners hope the other planners get some information about music therapy and RMTs.
Communities of Practice – setting up groups with differing levels of expertise for knowledge management and transfer of knowledge across the NDIA. Music Therapy and therapy services is probably one of those areas that would fit quite well with that sort of approach. (Bryce_7)/We do have training sessions...well we're meant to have them anyway fortnightly. People from various organisations that provide certain supports come and speak to us. So you could get in touch with the Engagement Teams in different sites and just say if it's possible, we'd like to come and have a chat with the planners about the benefits of music therapy. And that could very well be something that they'd be interested in cos we are meant to have regular training on different supports.(Cheryl_10)/I think I'd like info on music therapy as well and when we might actually implement it and when we might not. Because it is, music therapy is a bit of a grey area. It's not requested very often. (Alicia_7)
Emergent Theme P2: Therapists' active role in educating and promoting music therapy and being acknowledged by other allied health professionals are extremely important.
Unless where the therapists are engaged they are able to communicate with those parents, "Look, you've got to get on the NDIS site. You should consider it." I'm not sure. I sort of think also, perhaps align disciplines for example. Diana does with William's coordination skills and things like that that he struggles with, like it's an Occupational Therapy (OT) goal, but Diana works on that with him as well. She brings out the keyboard and gets him to attend to his left-hand side using the keyboard. So yes, we're doing emotional relief, that was the main purpose of having her, but she's also been able to get him to move fingers and all sorts of stuff. in terms of increasing a profile, then we'll also be working with just making yourself really well known, as to what music therapy can do to support another discipline, so that when the therapist is writing their recommendation for what services you might need, that they're suggesting it as well. That's probably how you get it into the plan. (Iris_11)
Emergent Theme R2: Decisions should be informed by parents' voices and RMTs might need to prompt and inform them.
It sounds like their hands are ties, like it has to be all from the parents' voice. I don't even think they can say "look we've had other people with this diagnosis and they're benefited from you know, x, y, z." I don't think they can do that at all. So it's sort of I figure out what they're needing and then I help them jump through the hurdles. So I pass the message on to the head clinician and I've got to kind of whisper to her "look you need to inform the parents that they need this if you want to get it approved" (Hannah_12)
Emergent Theme R4: Awareness of the benefits of music therapy should be increased in the future.
I believe that they're supposed to click on 'find a provider' and they can search for what's available. But I'm guessing in general, probably the awareness of music therapy is probably not quite as high as awareness of say speech therapy or OT. So they're probably going to search for those sorts of things before they would search music therapy. And other than that, unless individual planners are aware of it and suggest it, then I don't really see the NDIS as kind of sprouting it. (Gabriella_9)