



Women
With
Disabilities
Australia
(WWDA)

Winner National Violence Prevention Award 1999
Winner National Human Rights Award 2001
Winner Tasmanian Women's Safety Award 2008
Certificate of Merit Australian Crime & Violence Prevention Awards 2008
Nominee UN Millennium Peace Prize for Women 2000
Nominee French Republic's Human Rights Prize 2003
Nominee National Disability Awards 2017
Nominee UNESCO Prize for Digital Empowerment of Persons with Disabilities 2021

7th February 2024

Dr. Stephen Duckett AM

STAKEHOLDER.ENGAGEMENT@ndis.gov.au.

Dear Dr. Stephen Duckett AM,

I write on behalf of Women With Disabilities Australia (**WWDA**), the national Disabled People's Organisation and National Women's Alliance for women, girls, and gender-diverse people with disabilities in Australia. WWDA welcomes the opportunity to provide feedback for this review. For many of our members, art and/ or music therapy are an important part of their support architecture.

Executive Summary

This submission addresses the Terms of Reference for the Independent Review of NDIS-funded music and art therapy supports, with a focus on gendered and intersectional impacts. Our evidence draws from the Australian Music Therapy Association (AMTA) 2024 *Disability Evidence Summary*, peer-reviewed research, and lived experience perspectives gathered in consultation with our members and Disability Representative Organisation partners. We strongly recommend art and music therapy aligned with pricing of Therapeutic Supports under the NDIS (currently \$193.99/hour).

Please note: 'Improving and maintaining functional capacity' is the term used by the National Disability Insurance Agency in determining what constitutes evidence-based therapeutic supports. Women With Disabilities Australia does not frame supports in this

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way. We reject the medical model of disability, which views disability as a ‘deficit’ within the individual which requires intervention to diagnose, treat or cure. However, for the purposes of this submission and the Review’s Terms of Reference, we have used the language of the NDIA framework.

Key points:

1. **Clinical and functional efficacy** of art/music therapy across NDIS domains (e.g., communication, mobility, community participation).
2. **Gendered impacts** of excluding these therapies, particularly for women and gender-diverse participants with disability.
3. **Systemic inequities in evidence generation**, including underrepresentation of women, girls and gender-diverse people, First Nations people, culturally diverse communities, and people with intellectual disability.
4. **Recommendations for inclusive evidence frameworks and pricing models.**

Evidence of Effectiveness

‘Functional Capacity’ Outcomes

Music and art therapy meet NDIS legislative criteria for therapeutic supports by directly improving and maintaining ‘functional capacity’:

- **Communication:** Music therapy enhances verbal/non-verbal communication for autistic people (AMTA 2024, pp. 14–15; Sharda et al., 2018). Art therapy reduces communication barriers for people with intellectual disability (Wright, 2023).
- **Mobility:** Neurologic music therapy improves gait, coordination, and upper-limb function in people with cerebral palsy and stroke survivors (AMTA 2024, pp. 30-31; Yanagiwara et al., 2022). Art therapy improves fine motor skills (Sabet & Abadi 2021).





- **Psychosocial Functioning:** Reduces anxiety, aggression, and depression (AMTA 2024, pp. 10–11; Burns & Waite, 2019) and improves emotional regulation (Wright, 2023) and fosters resilience in trauma survivors (O’Farrell, 2017), including gender-based violence (Swain, 2019).
- **Community Participation:** Group art/music therapy enhances social engagement and reduces isolation (AMTA 2024, pp. 18–19; Thompson & Khalil-Salib, 2021).

Gendered Considerations:

- Women, LGBTQIA+ and gender-diverse people often face disproportionate barriers in traditional talk-based therapies (McLindon et al. 2024, p. 70)
- Art and music therapy’s emphasis on non-verbal expression and person-centred approaches addresses communication barriers for people with disabilities, particularly people who are predominately non-speaking or experience heightened anxiety in traditional therapeutic settings (McLindon et al. 2024, p. 109)
- These modalities align with NDIS ‘functional capacity’ goals, such as improving social interaction and emotional regulation (AMTA 2024, pp. 14–15, 18–19).

WWDA Member Feedback:

- We ran a snap poll in our closed WWDA Member’s Facebook group. All 22 respondents reported music and/ or art therapy had been helpful (1) or very helpful (21) in their lives:

Question: How much has music and/or art therapy helped you in your life?

- **Very helpful = 21**
- Helpful = 1
- Natural = 0
- Slightly helpful = 0
- Not at all = 0





Qualifications and Registration

Professional Standards

- **Music Therapists:** Music Therapists complete 5–6 years of tertiary training, including a 3–4 year undergraduate degree and a 2-year AMTA-accredited Master of Music Therapy or equivalent qualification.
- **Art Therapists:** Masters-level qualifications (ANZACATA accreditation) and supervised clinical practice.

Pricing and Financial Sustainability

Risks of Reclassification:

- The NDIA has proposed re-classifying these supports under "Community Participation" instead of "Therapeutic Supports". This effectively lowers funding rates to \$67.56/hour (from \$193.99) and risks replacing accredited therapists with unqualified providers.
- WWDA is concerned this change fails to account for the clinical expertise required for trauma-informed and individualised interventions. Western Sydney University (WSU) experts warn that this pricing model threatens the financial viability of accredited providers, risking service closures and workforce attrition.

Cost-Benefit Justification

- Music therapy reduces long-term costs by improving independence and workforce participation (AMTA 2024).
- Women with disabilities, who already face systemic inequities in accessing tailored therapies, may be disproportionately impacted if deregulation occurs.

Systemic Inequities in Evidence Frameworks





Barriers to Inclusive Research

- **Disability Representation:** People with intellectual disability are significantly underrepresented in NDIS evidence frameworks, reflecting systemic barriers to inclusive research design and participation. This exclusion perpetuates inequities in access to tailored therapies (AMTA 2024, p. 9).
- **First Nations Communities:** Cultural practices (e.g., songlines, traditional healing) are frequently excluded from NDIS evidence reviews as 'grey literature,' despite demonstrated efficacy in community-led health interventions. This exclusion aligns with broader systemic biases against Indigenous data sovereignty and meaning-making practices (Mupotsa-Russell, 2022)
- **Gender Bias:** Gender-disaggregated data is critically lacking in art/music therapy research, limiting understanding of gendered impacts. Systemic biases in research design often overlook intersectional needs, particularly for women and gender-diverse participants.

Recommendations

1. **Retain Current Pricing and Classification:** Maintain the current classification and pricing for accredited therapists to ensure quality and safety. This is a form of Therapeutic Support and should remain within this NDIS classification.
2. **Expand Evidence Criteria:** Integrate lived experience, particularly First Nations led knowledge, and gender-disaggregated data.
3. **Fund Disability-Led Research:** Allocate NDIS resources to participatory studies co-designed by people with disability.
4. **Transparency in Cost Modelling:** Publish NDIA's financial sustainability analysis for public scrutiny.





Conclusion

Music and art therapy are critical, evidence-based supports that align with the legislative mandate of the NDIS. Changing the classification and pricing of these supports would disproportionately harm women, gender-diverse people, and marginalised communities. This review must adopt an equity lens to ensure the NDIS does not perpetuate systemic exclusion.

Yours sincerely,

Sophie Cusworth

Chief Executive Officer

This letter has been endorsed by the following organisations:

Children and Young People with Disability Australia

Inclusion Australia

First People's Disability Network

Disability Advocacy Network Australia

Reference List:

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