



ELIZABETH MACKNEY

REGISTERED MUSIC THERAPIST
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ELIZABETH LOUISE MACKNEY'S SERVICE DELIVERY MODEL:

Elizabeth Mackney is a:

Registered NDIS Provider of Therapeutic Supports & Community Nursing Care - Registration

Id is: 4-3LLO-1571; Organisation Id: 4050008103.

Registered Nurse (RN) - AHPRA Registration No is: NMW0001286334.

Registered Music Therapist (RMT) - AMTA Registration No is: 540.

**Neurologic Music Therapist – The Academy of Neurologic Music Therapy Certification No:
3585**

**2025 NSW Healthy North Coast Primary Health Care Network MDT Australian Commonwealth
grant recipient.**

Cardiac Rehabilitation Facilitator

Trained Social Communication Skills Assessor

Rhythm 2 Recovery Facilitator

2013 Lions Nursing Scholarship recipient for research combining the roles of a RN & a RMT.

Elizabeth Mackney holds registrations with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse, the Australian Music Therapy Association (AMTA) as a Registered Music Therapist, and the NDIS National Quality and Safeguards Commission as a Registered NDIS Provider of Therapeutic Supports and Community Nursing Care. The AMTA is a full organisational member of Allied Health Professionals Australia (AHPA) and the National Alliance of Self-Regulating Professions (NASRHP). As such my practice is bound by AHPRA's, the NDIS's, and the AMTA's Codes Of Conduct and Standards Of Practice, which I review annually.

Elizabeth Mackney is a Registered Music Therapist and a Registered Nurse operating at a Clinical Nurse Consultant (CNC) level according to the Nurses Awards 2020 with the relevant educational level and years of experience to deliver advanced practice in the fields of disability (including mental health, chronic disease management, music therapy and

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specialised program development) who meets all practice standards and protections for all relevant professions and specialities in Australia i.e. NDIS, AHPRA, AMTA & PANNDA. All policies and procedures developed and implemented in this provider's service delivery are available on her website along with a list of her qualifications and experience:

<https://lismoremusictherapy.com.au/>

Also, please see APPENDIX A at the end of this document containing the necessary evidence regarding my scope of practice, evidence-based practice (including the "Music Therapy: Disability Evidence Summary 2024") and local context needs information & data from the NSW North Coast PHN's November 2024 Health Needs Assessment.

The creative nature of the music therapy process means that the individual's active participation is authentic and unique. In this context an individualised and person-centred 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 providing specialised therapeutic services to NDIS participants in the Northern Rivers NSW since the NDIS rolled out in this area in 2016. My business reaches well over 50 people annually (currently zero NDIS agency-managed participants) through individual therapy, family therapy, joint therapy (i.e. joint sessions with other therapists – such as speech therapists), small group therapy, large group therapy, outreach programs, and targeted community music therapy 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 achieving meaningful, rewarding and sustainable functional outcomes that ultimately support improved social, community and economic participation for NDIS participants living in the NSW Northern Rivers region.

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I have unique and specialised training and experience in setting up, co-ordinating and delivering large-scale multi-disciplinary programs in metropolitan and rural 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.

Currently, I am co-leading the co-design and implementation of an Early Childhood Foundational Support Program (ECFSP) intended to address the recognised service gaps between Mainstream and NDIS Supports identified by the 2023 NDIS Review and the proposed Thriving Kids program. The ECFSP is funded through a local North Coast Primary Healthcare (PHN) MDT grant. Myself and my co-leading allied health colleague were the only ones out of 48 other grant recipients whose program exclusively targets the Early Childhood population. The ECFSP also seeks to prioritise the implementation of the 2025 New National Best Practice Framework for Early Childhood Intervention.

My commitment to all areas of my continuing professional development (CPD) goes well beyond the minimum requirements needed to maintain my registrations and certifications for all professions. I am a member of the Northern Coast Allied Health Association (NCAHA). 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 all registering bodies, AHPRA, the AMTA and the NDIS Quality and Safeguards Commission, in delivering a high quality, value for money service that is person-centred, 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).

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This is based on the “SMART” and mixed methods approach to advancing and reporting 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 functional capacity building 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 agreements are developed in consultation with the participant and/or their chosen representatives. Also, all participants and their representatives are made aware that Lismore Music Therapy’s policies and procedures, and associated documents and feedback forms are accessible on the Lismore Music Therapy website: lismoremusictherapy.com.au. These are reviewed annually by two providers from the website’s collaborative team i.e. Meghan Thamm and Elizabeth Mackney, through the process of peer supervision and are able to used and accessed by any of Meghan or Elizabeth’s NDIS participants.

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APPENDIX A

ESSENTIAL KNOWLEDGE FOR UNDERSTANDING THE SCOPE OF PRACTICE OF A REGISTERED NURSE WHO IS ALSO A REGISTERED MUSIC THERAPIST:

I have compiled the following information using references from the national regulating bodies for registered nurses and registered music therapists. This is because every client I see, their family and team receive the benefit of my specialist expertise through my work and the comprehensive range services I make available to them. Links to the references are provided throughout. This information was also provided to the 2025 Duckett review.

The following quotes in italics are taken directly from the Nursing and Midwifery Board of Australia's (NMBA - AHPRA) 2016 Standards of Practice document for Registered Nurses (see also this link to the reference document: [Registered nurse standards for practice](#))

Registered nurse (RN) practice is person-centred and evidence-based with preventative, curative, formative, supportive, restorative and palliative elements. RNs work in therapeutic and professional relationships with individuals, as well as with families, groups and communities. These people may be healthy and with a range of abilities, or have health issues related to physical or mental illness and/or health challenges. These challenges may be posed by physical, psychiatric, developmental and/or intellectual disabilities.

RN practice, as a professional endeavour, requires continuous thinking and analysis in the context of thoughtful development and maintenance of constructive relationships. To engage in this work, RNs need to continue to develop professionally and maintain their capability for professional practice. RNs determine, coordinate and provide safe, quality nursing. This practice includes comprehensive assessment, development of a plan, implementation and evaluation of outcomes.

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Practice is not restricted to the provision of direct clinical care. Nursing practice extends to any paid or unpaid role where the nurse uses their nursing skills and knowledge. This practice includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the nurse's professional skills. RNs are responsible for autonomous practice within dynamic systems, and in relationships with other health care professionals.

The following is taken directly from the NMBA's fact sheet about the scope of practice of nurses (see also this link to reference document

[Fact Sheet: Scope of practice and capabilities of nurses \(PDF 500KB\)](#)

and other relevant links to follow):

While the foundational education of RNs, ENs and NPs in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practise. This includes the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider. As the nurse gains new skills and knowledge, their individual scope of practice changes p3.

Nurses Awards 2020:

<https://www.nqphn.com.au/sites/default/files/2023-01/Nurses%20Award%20July%202022-MA000034.pdf>

Nursing Standards for working with people with disability:

<https://www.pandda.net/files/PANDDA-2020-Standards.pdf>

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Please find below the link to the Australian Music Therapy Association's (AMTA's) Disability Evidence Summary published in August, 2024 and reviewed again in November and December 2024. I am acknowledged on page two for my role in the revision of this evidence summary.

[Music therapy: Disability evidence summary 2024](#)

In brief summary: the multi-domain functional outcomes from the music therapy process and the techniques employed through the process are underpinned by knowledge we have gained from brain-imaging research revealing that music stimulates important neural processes through rhythmic entrainment, augmenting auditory feedback (i.e. it is our fastest sense), increasing neural network connectivity, and activating motivational neural structures (Thaut & Hoemberg, 2014).

Music therapists are specialists in using auditory stimuli to optimise and organise central and peripheral nervous system function for the purpose of supporting the development and/or rehabilitation of cognitive, communication and sensorimotor skills. In this way it has the potential to support people of all ages with arousal, sensory, attention, speech & language, and movement challenges with immediate and long-term effect. Outcomes consequential to this present as improved emotional and behavioural regulation, sense of self, confidence, self-awareness, and meaningful and rewarding social engagement and community participation (Thaut & Hoemberg, 2014).

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**ESSENTIAL KNOWLEDGE REGARDING BEST PRACTICE RECOMMENDATIONS,
REGIONAL/LOCAL AND CONDITION-SPECIFIC DATA & RELEVANT LINKS:**

The key components of evidence-based practice are – clinical expertise, the research, client preference/experience/values (Sackett, 2000) and context.

Operational guidelines and research published by the World Health Organisation (WHO) and the local Healthy North Coast (HNC) Primary Health Care Network (PHN) in 2024 (see links following this paragraph) highlight that people living with chronic conditions, such as lifelong disability, are more vulnerable than the rest of the population to the impact of negatively compounding factors influencing the social determinants of health (SDH) at play in their daily lives and functioning i.e.. including, but not limited to, environmental (i.e. natural disaster) and structural determinants (i.e. cross-sector/system gaps/discrimination/ableism; weak cohesion between services; lack of expertise). The WHO highlights the responsibility of government funded social programs, such as the NDIS, to know, understand and take into account the SDH impacting all levels of society i.e. including the local context.

<https://www.who.int/publications/i/item/9789240088320>

Healthy North Coast Health Needs Assessment 2025-27

Lismore is recognised as a natural disaster hot spot and the community as a whole is still in recovery from the February and March 2022 catastrophic floods. The HNC Health Needs Assessment 2024 (HNC-HNA) notes the experience of trauma and PTSD in this region is prolific, and significant mental health service needs exist in Lismore when compared to NSW and Australia. The HNC-HNA consultations also identified a need for more specialist expertise in the North Coast to support our children, youth and neurodiverse population.

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The HNC-HNA identified that 40 out of every 1000 people in Lismore are NDIS participants. This is the second highest rate in the NSW North Coast (NC) and is higher than rates elsewhere in NSW and Australia. Further, the proportion of people in “need of assistance” (i.e. severe-profound need in terms of self-care, mobility and communication) is higher in this region than elsewhere in NSW and Australia, and is growing in the younger population i.e. 0-24 years age range. It was also identified that the NC region has higher rates of developmental vulnerability for four out of the five domains listed below, with Lismore having higher rates than NSW and Australia for some of these.

- 1) Physical health and wellbeing,
- 2) Social competence,
- 3) Emotional maturity,
- 4) Language and cognition skills, and
- 5) Communication and general knowledge.

Stakeholders, such as young people and professionals, with specific relevant knowledge who were involved in the consultations that informed the HNC’s HNA reported that creative therapies had a high uptake and more age-appropriate services are needed. These consultations also highlighted a need for services offering specialist knowledge in supporting neurodiverse individuals at various of points of service delivery.

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