

Establishing Trust and Creating Safety for Play Therapy Service Provision With an Australian Aboriginal Community: Informing Culturally Responsive Practice

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Narrative inquiry was used to explore how to develop a culturally appropriate play therapy program for Australian Aboriginal children, families, and community. The study was carried out in an urban Aboriginal community in New South Wales. Six participants were invited to have a conversation about their knowledge and experience to guide the development of a play therapy service within an Australian Aboriginal community. This article presents findings illustrating respectfully arriving, organizational practices, fear of child removal, play therapy as an unfamiliar practice model, stigma, caregiver perceptions, location and environment, and accessibility. Play therapists need to consider these key subthemes when establishing trust and creating safety as part of culturally responsive practice for play therapy service provision with Australian Aboriginal people and with clients whose cultures of origin differ from their own, more generally.

Keywords: Australian Aboriginal, Indigenous, narrative inquiry, play therapy, culturally responsive practice

Play therapists work with children and families from diverse cultural backgrounds. Therefore, clients' mores and norms may differ from the therapist's. Play therapists who are culturally respectful are mindful of their client's cultural backgrounds, so therapy can be nuanced with unconditional positive regard. From this qualitative inquiry, the authors undertook the study to inform the development of a culturally responsive

play therapy service for Australian Aboriginal children, families, and communities within New South Wales (NSW), Australia. Both authors are non-Indigenous British-Australian women who have engaged in cultural awareness training to work with various Aboriginal populations. They also have extensive experience working with Australian Aboriginal communities. For context, the authors present a brief history of Australian Aboriginal peoples from the beginning of European settlement in Australia.

Impact of Colonization

The impact of European colonization on Australian Aboriginal people is profound. Britain colonized Australia in 1788 under the claim that Australia was *terra nullius*, meaning it did not belong to anyone. This resulted in the acquisition of land with no payment or treaty. In 1992, an Aboriginal man, Mabo, successfully challenged the *terra nullius* claim in the high court, and the [Native Title Act 1993 \(2023\)](#) was passed, whereby Indigenous Australians can lodge an application to seek a determination of land use agreements ([Australians Together, 2024](#)).

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With European settlement, there was widespread disruption of lifestyles and kinship structures, dispossession of land, exclusion, segregation, marginalization, oppression, and expected assimilation (Dudgeon et al., 2014; Healing Foundation, 2015; Nelson & Allison, 2000). In 1909, culturally damaging government policies were introduced, such as the *Aborigines Protection Act 1909* (1909), which allowed government agencies to remove Aboriginal children from their families (Healing Foundation, 2015; Human Rights and Equal Opportunity Commission [HREOC], 1997). HREOC (1997) reported that between one-in-three to one-in-ten Aboriginal children were forcibly removed from their family and community between 1910 and 1970. This group of Aboriginal people who were affected were later described as the *Stolen Generations*. The *Aborigines Protection Act 1909* (1909) caused State deprivation of liberty and parental rights, systemic racial discrimination, genocide, and breaches of guardianship duties (HREOC, 1997).

The traumatic impacts of postcolonial Australia are cumulative and continue to have profound negative effects on the social, psychological, physical, cultural, and spiritual aspects of Aboriginal well-being (Atkinson & Atkinson, 2012; Dudgeon et al., 2014; HREOC, 1997; Poroch et al., 2009; Shepherd et al., 2012). Even today, Aboriginal children are overrepresented within the child protection system and are 9.7 times more likely to be in out-of-home (foster) care compared to non-Aboriginal children (Hunter et al., 2020). According to the *Secretariat of National Aboriginal and Islander Child Care* (2021), 41% of children in out-of-home care are Aboriginal, and the numbers are expected to double by 2030. Collective trauma, as well as pervasive grief and loss, continues to be passed down intergenerationally (Atkinson, 2013; Atkinson & Atkinson, 2012; Dudgeon et al., 2014; Healing Foundation, 2015; Nelson & Allison, 2000).

The Social Justice Report 2005 (HREOC, 2005) affirmed that Aboriginal people face substantial health inequalities compared to non-Aboriginal Australians. In response to the Social Justice Report, the *Department of Families, Housing, Community Services, and Indigenous Affairs* (2009) developed the Closing the Gap initiative. It was expected that equality of health status and increased life expectancy would be achieved for Aboriginal people (Aboriginal and Torres Strait

Islander Social Justice Commissioner, 2005). Although the Closing the Gap strategy was implemented after the National Apology to the Stolen Generations (Parliament of Australia, 2008) and was aimed at reducing disadvantage among Aboriginal people over a 25-year period (Department of Families, Housing, Community Services, and Indigenous Affairs, 2009), the Australian Government has not achieved this goal because mortality and life expectancy gaps are widening (Holland, 2018).

Isaacs et al. (2010) found many barriers to Australian Aboriginal peoples accessing mental health services: cultural differences surrounding mental health and well-being concepts, poverty, support networks negatively influencing the decision to seek help, gender issues in relation to cultural protocols, lack of trust in mainstream services due to the history of discrimination and racism, ineffective measures to diminish stigma and relieve shame related to mental illness, Western ignorance of Indigenous culture and language, fear of incarceration or hospitalization resulting in long periods far away from family, long waiting times for treatment, and long distances to services. Although authors have established many of the barriers to Aboriginal people accessing mental health services, few researchers have explored the context of play therapy with Australian Aboriginal children and families. The authors explore what needs to be considered for a non-Aboriginal play therapy service to become culturally responsive within an urban Aboriginal community in NSW, and we posit that these considerations could be relevant to other Indigenous peoples worldwide.

Ethical Considerations

Before any research could be considered, relationships with potential participants needed to be well established. The first author had spent two and half years immersing herself in this community and had become known as a trusted person. The researchers consulted with an Aboriginal Elder and a highly respected Aboriginal community member who supported the study concept. Additionally, an Aboriginal researcher was consulted to provide oversight to ensure culturally appropriate research methods were conceptualized and employed. Throughout the duration of the study, the researchers referred to the ethical guidelines by the *National Health and Medical*

Research Council (2003, 2006, 2015) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (2012). Ethical clearance was sought and approved by the University Human Research Ethics Committee.

Method

The research design was informed by narrative inquiry theory and qualitative methods. Narrative inquiry studies human experience by means of storytelling (Connelly & Clandinin, 2006). It is highly relational and honors human experience as a significant source of knowledge and understanding (Clandinin, 2013; Clandinin & Connelly, 2000). Many Indigenous scholars have implemented narrative inquiry due to its alignment with cultural practices of storytelling (e.g., Lessard et al., 2015; Young, 2005). Stories play an integral role within Aboriginal culture, and ancient narratives have been passed down through generations. These narratives teach cultural knowledge and contribute to connection, understanding, and interpretation of the land where they lived (Bird, 2014; Laycock et al., 2011; Wyeld et al., 2007).

Participants

Six participants were recruited through purposive sampling. They were invited based on their community knowledge and work with Australian Aboriginal and Torres Strait Islander children and families. All participants were given an AUD 50.00 voucher as recompense for the time taken to share their knowledge. Although the aim was to include Torres Strait Islander participants, no one from this population volunteered to participate. The participants were from three identified groups, which included Aboriginal community members, Aboriginal professionals, and non-Aboriginal professionals. The participants needed to have been involved in the community for over 5 years so they would hold insights into the culture of the children and families who live there. All participants consented to be in the study.

Data Collection

Data collection involved face-to-face, semi-structured interviews that were audio recorded and transcribed verbatim. This was deemed a culturally appropriate method of collecting data because semistructured interviews complement

storytelling practices known as “yarning” in Australian Aboriginal cultures. *Yarning* is a type of storytelling and conversation where information is shared, and knowledge is passed between generations (The Lowitja Institute, 2015). In research, yarning is used as a rigorous yet safe way to collect data from Aboriginal people (Laycock et al., 2011).

Bessarab and Ng’andu (2010) shared different types of yarning in research, including social, research topic, collaborative, and therapeutic yarning. Three of these were utilized when conducting this study (pp. 40–41).

Social Yarning

Social yarning includes informal, unstructured conversations about any topic either party chooses to discuss at the moment. It takes place before the research commences to facilitate the development of trust and relationships.

Research Topic Yarning

This yarn is a purposeful, relaxed, and interactive conversation with a defined beginning and end. *Research topic yarning* takes the form of semistructured interviews where rich data are gathered from participants’ stories related to the research topic.

Therapeutic Yarning

Therapeutic yarning occurs during the interviews when participants disclose traumatic, intensely personal, or emotional stories. The researcher supports the participants in giving voice to their stories and listening so it is affirmed. Additionally, participants are empowered and supported to understand their experiences with new perspectives. It is important to acknowledge that this form of yarn is not counseling.

The authors developed 22 open-ended questions for the semistructured interviews to stimulate typical responses (e.g., Patton, 2015), such as background, demographic, experience, behavior, opinions, values, and knowledge. The interview questions were adapted slightly to ensure relevancy for each group of participants. Specific questions were developed to elicit information about how play therapists can work in a culturally appropriate manner. Once the primary researchers had developed the questions, an Aboriginal

consultant reviewed them, and they were pilot-tested with other Aboriginal professionals within the community. Example questions were: “What would make it hard for Aboriginal families to access a play therapy service?” “How do you think we [non-Aboriginal play therapists] could help or encourage Aboriginal families refer their child to a play therapy service in this community?” “What would help Aboriginal families stay engaged in play therapy from beginning to end?”

Following verbatim transcription of interviews and prior to data analysis, all participants in this study engaged in the member-checking process. *Member checking* provides an opportunity for participants to check and agree that their views, feelings, experiences, and knowledge were an authentic representation of what was conveyed during the interviews (Carlson, 2010). No changes were required following member checks.

Data Analysis

The transcribed interviews were read and reread in their entirety to gain a sense of the whole. The data files were uploaded into the qualitative data analysis software tool, NVivo 10. Six data files consisted of a total of 85,327 words, with 9,753–21,939 words per interview ($M = 14,220$ words). Data were then thematically analyzed, which involved generating codes and categorizing text, and labeling them with a cluster term (Creswell, 2009). That is, the authors generated 62 codes as content descriptors and further organized them into six cluster terms. After a final analysis, the authors organized the data thematically and presented it as a narrative account of the research study.

Results and Discussion

The final analysis revealed four overarching themes: awareness of strengths, challenges, and understanding culture; establishing trust and creating safety; connection to culture and identity; and accessibility. The authors identified eight subthemes: respectfully arriving, organizational practices, fear of child removal, play therapy—an unfamiliar practice model, stigma, caregiver perceptions, location and environment, and accessibility. The transformed data and the discussion are presented together to provide a cohesive narrative that addresses establishing trust and

creating safety for play therapy service provision with an Australian Aboriginal community.

The findings are presented below as an integrated narrative discussion. The quotations from the participants are coded according to the sequence of interviews (1–6), their Aboriginality (A = Aboriginal, N = Non-Aboriginal), and their role within the community (P = Professional, C = Community member).

1NP—Non-Aboriginal Professional

2NP—Non-Aboriginal Professional

3AP—Aboriginal Professional

4AC—Aboriginal Community member

5AC—Aboriginal Community member

6AP—Aboriginal Professional

Respectfully Arriving

The findings affirm that *respectfully arriving* in an Aboriginal community is the foundation for establishing trust and creating safety when commencing any meaningful play therapy program. To accomplish this, one participant said:

Look at their cultural practices and work out a way that you can respect some of that. ... You do that by announcing your arrival, ... your intention, asking permission to be there, and having some cultural knowledge about the people ... trying to learn, listen and being patient. ... In what seems like ongoing practice of Aboriginal culture is you don't just wander into someone's community. (1NP)

In working cross culturally, Coleman et al. (1993) suggested that play therapists consider culture within a psychological, sociological, political, and historical context. They argued that differences in ethnic minority groups, such as the Aboriginal community in this study, may be attributed to exposure to oppressive environments rather than culture itself. Therefore, to increase cultural responsiveness, play therapists need to undertake a great deal of research about the community in which they intend to work. This is also important for trauma-informed practice as well as for engaging families empathically, compassionately, respectfully, and sensitively (Steele & Malchiodi, 2012). One participant explained that learning about the history of the area can be achieved through community consultation: “There are a lot of Elders who have that knowledge ... [also] council websites, local Aboriginal organizations or services that have been around for a while, ... [Aboriginal] Land Councils” (3AP).

Other authors recommended cultural responsiveness training and supervision, which facilitates understanding of one's own cultural biases (Coleman et al., 1993; Vicary & Bishop, 2005; Westerman, 2004, 2010). Westerman (2004, 2010) stated that it is standard practice for non-Aboriginal mental health professionals to utilize cultural consultants as part of their service delivery to Indigenous people. She added that it is important to consider the following when engaging an Aboriginal person for this role: Is there a cultural reason they cannot be involved, such as "(a) men's vs. women's business, (b) avoidance relationships, (c) different tribal grouping, and (d) community infighting" (2010, p. 220)? Are they culturally knowledgeable and competent? Has the client requested that they be involved? Has the community deemed them to be a valid choice and appropriate? Other researchers found that community stakeholders, such as Aboriginal organizations, professional peers, or Elders, could be involved in the selection process (Vicary & Bishop, 2005).

Organizational Practices

It is essential that play therapy service providers professionally embed ethical principles when working in Aboriginal communities. One participant noted, "We have to be very mindful about, as non-Indigenous workers, how we position ourselves, particularly around power. ... There's a delicacy, a sensitivity ... that's required if you don't want to cause any damage" (1NP). It was also explained that Aboriginal people do not trust people in positions of power (5AC) and they "often see psychologists, psychiatrists as ... dangerous White people" (2NP). Their fears stem from "When Captain Cook come ... and all the damage that was done [during colonization]" (4AC). Power imbalances, mistrust, and fear could be perpetuated when there is no sharing of personal information. One participant highlighted:

I've seen a lot of workers coming in and out of this community ... who have that very businesslike, social work type of approach where they say, "Actually, I don't talk about my personal life." ... I think there's a real clash of cultures. ... We just get taught very, very clearly about how these boundaries are important. ... I'm not saying there's not value in having boundaries, obviously there is. (1NP)

They continued, "Maybe the community ... is suspicious ... because there's not that ... fair exchange" (1NP).

Similarly, Aboriginal communities in Perth metropolitan and the Kimberley were more interested in non-Aboriginal therapists' ability to develop a *total relationship* rather than maintaining traditional professional versus personal dynamics (Vicary & Westerman, 2004, p. 8). Vicary and Bishop (2005) later advised that practitioners should develop personal relationships within the Aboriginal community because they may not be exposed to Aboriginal culture outside of their work environment. One professional participant shared their thought process when answering questions about their personal life:

What's the need? Why is this person asking me this? What do they need to understand about me? And how can I set them at ease that I'm a trustworthy person?... That I trust them with ... some of my story, whatever is going to be helpful to the relationship. It's tricky. (1NP)

To alleviate power imbalances, fears, and suspicion, non-Aboriginal play therapists' need to invest time and energy into building relationships within the community, which requires perseverance. One participant said, "It'll probably take months, years, but you just keep going ... and you'll get there" (4AC). It was also reiterated that play therapists' need to be committed to the community in which they intend to work because "where workers change every year. ... It's very frustrating for community and you need to earn your ... credibility. You don't just come here and work and then go and got your little bit of experience" (3AP). Additionally, "Not having that sense that we're going to be here for 10 years. That compromises people" (1NP). One participant explained that difficulties emerge when service workers try to hurry the process due to tight time frames or seem primarily driven by outcomes and key performance indicators to secure funding (1NP). They added, "That's a challenge but it should not be the challenge for the community. It's not their responsibility. ... That's just not the way. ... I see the Aboriginal community working" (1NP). Previous authors stated that non-Aboriginal practitioners need to engage in self-reflection prior to working with Aboriginal people to understand their motives for working with this population. To provide a quality and culturally appropriate service, there cannot be any hidden agendas, and the goal for service delivery needs to remain focused on empowering Aboriginal people (Vicary & Bishop, 2005).

One participant indicated that flexibility outside of one's role and offering additional support is paramount when working with Aboriginal people. Typically, they thought that White service providers were compartmentalized and reluctant to step outside of their working parameters. "Whereas ... there's expectations in the Aboriginal community, that we're all in this together" (1NP). Another participant stated that standing alongside Aboriginal people in their time of need would increase the level of trust. As a result, they feel safer sharing their struggles when this additional support is provided (2NP). Therefore, these factors need to be integrated and planned as part of everyday practice in a play therapy service for Aboriginal families.

Play therapists can also demonstrate flexibility by "being prepared to put the time into significant events like NAIDOC [National Aborigines and Islanders Day Observance Committee]" (1PA). Other events include Survival/Invasion Day, Harmony Week, National Close the Gap Day, National Aboriginal and Torres Strait Islander Children's Day, and NSW Koori Knockout (Public Service Commission, 2021). It was explained that acknowledging and celebrating significant dates is extremely important because it is "a really powerful way that services can be allies for the Aboriginal community. It's a real celebration" (1NP) and "it shows that you're interested, and you're part of it [the community]" (2NP). Being at these events was also considered important because:

That's how the community get[s] to know you ... once you get to know everyone, ... you get that special bond. ... They know who you are and what you are all about. ... That you are there helping their kids and they'll have that respect for you, ... look after you. (4AC)

Furthermore, "It earns you credit with the community if you're seen. You've got to be seen for them to be keen" (3AP). Westerman (2004) reported that when practitioners are highly visible within a community, engagement is more likely to occur because Aboriginal people can get a sense of their goodness of spirit through the spiritual dimension, thus determining their appropriateness. It was advised to "just sit in ... presence, enjoy being in togetherness ... allow whatever happens" (2NP).

This response evokes the concept and spiritual practice of *Dadirri* (Ungunmerr-Baumann, 1993).

Ungunmerr-Baumann (1993) described *Dadirri* as being in quiet, still awareness, which fosters listening from a deep spring within. This way of listening has been present in Aboriginal culture for over 40,000 years and helps to bring peace, renewal, and a sense of wholeness. Ungunmerr-Baumann added that learning is not about asking questions but is a process of watching, listening, waiting, and then acting. Engaging this way aligns with principles of child-centered play therapy, including nondirectiveness, deep respect, openness, sincerity, patience, permissiveness, acceptance, transparency, genuineness, and authenticity (Axline, 1969; Landreth, 2012; D. C. Ray et al., 2014; Wilson & Ryan, 2005). Participants explained that building rapport under these conditions creates safety for Aboriginal people to talk. For example, "I hear you've been helping my cousin with a kid who's got problems. ... My auntie's got a kid who's got some problems too.' And that's how you get the referrals" (2NP). This process aligns with traditional methods of accessing mental health support where Aboriginal family or community members approach professionals within an informal setting and make referrals on behalf of their family member in need (Westerman, 2010).

Being seen in the community was also thought important for Aboriginal children because if they see "a non-Aboriginal play therapist with their parents and families, it would, make them feel good ... safe. ... They'll know that you know their family. ... That the family's got trust in you with them" (4AC). Another participant indicated that building trust and a bond with Aboriginal children during the therapeutic process would take time, as long as 6 months or more (5AC). West (1996) affirmed that play therapy takes longer (over 24 sessions) when presenting issues are more complex, like those within this Aboriginal community. Therefore, it could indicate that play therapy with Aboriginal children may need to be long-term to build rapport and provide a safe space for them to work through difficulties at their own pace. This contrasts with a small pilot study by Wicks et al. (2018), who conducted intensive child-centered play therapy (iCCPT) with Aboriginal children in remote Australia. The children in their study were offered two 30-min individual play therapy sessions daily for 10 days, which, if attended regularly, equates to 10 hr per child. Wicks et al. concluded, "iCCPT may be a promising therapeutic modality

for the mental health needs of children in Aboriginal communities” (p. 253). Therefore, further research is required to determine whether iCCPT is culturally appropriate and effective for Aboriginal children.

To add another layer of safety, participants explained, “If you’re White ... you should have an Aboriginal worker with you, or someone Aboriginal” (5AC). It was suggested that an Aboriginal community member could be employed to act as an advocate for the play therapy service by “continuing to develop a relationship with key Elders and people in the community who are influential, and people trust” (1NP).

When asked about employing an Aboriginal play therapist, one participant stated it must be the right person, not just anyone: “It needs to be someone who’s ... known but not too involved in that community” (2NP). They advised that conversations, interviews, and training would determine who the most appropriate person would be. They were also concerned that being too entrenched in the community would lead to gossiping (2NP). Another participant stated, “People need variety, they need to know if they want to speak to somebody, that it can stay confidential, or they have a choice of who they want to speak to” (3AP). Vicary and Westerman (2004) reported that confidentiality concerns were raised by some Aboriginal people who prefer seeing non-Aboriginal therapists to avoid their private business becoming common knowledge within their community.

Fear of Child Removal

Within Aboriginal communities, there are significant intergenerational traumatic memories of the collective cultural damage experienced by the Stolen Generations (HREOC, 1997). As one participant reported, “I was born under that Flora and Fauna Act. ... We weren’t seen as citizens. The whole thing of ... assimilation. ‘Let’s breed the Black out of Aboriginal people’” (3AP). Consequently, the fear of children being removed is “quite real and palpable. ... Everybody knows kids who have been taken ... right down to little, tiny children having an awareness of their friends, their cousins, being taken and put with other people” (1PA). Consequently, it was explained that Aboriginal people believe non-Aboriginal professionals “can’t be trusted because they’re going to take you away. They’ll ring the cops ... and welfare [Child Protection Services] will come

and take you” (2NP). Grant (2016) reported that the number of Indigenous children in out-of-home care had risen by 65% since Prime Minister Kevin Rudd’s National Apology to the Stolen Generations in 2008. Consequently, Aboriginal people fear “the welfare” (Healing Foundation, 2015, p. 12). For these reasons, Aboriginal people “Stick to themselves. They don’t like outsiders knowing about their business” (4AC).

Legitimate fears could prevent play therapy referrals because “they’d [caregivers] be ... worried that the kids might say something ... reportable” (2NP) or “if there has been trauma or anything upsetting, families don’t want people knowing what’s going on in the house. The fear that it ... could be misconstrued” (3AP). It was made clear by two participants that if a play therapist were to make a report directly to Child Protection Services, all trust would be lost, children would not be permitted to return, and families would disengage from the play therapy program (4AC, 6AP), thus jeopardizing the therapeutic process, all relationships, and the reputation of the program. This is a challenging predicament, and tensions are created between mandatory reporting, by which play therapists are legally bound, and working within an Aboriginal community.

Aboriginal adults hold fears of disclosing information, and their Aboriginal children do, too. One participant shared:

They understand more profoundly now by the time they’re ... six or seven years old that things they talk about that are concerning to them ... can change their family. ... They don’t want their family to be torn apart. ... That’s a huge weight for children. ... Aboriginal kids ... are definitely drawn to spending time with their own community, maybe there’s safety. ... There’s a lot of issues around trust. ... Young children know that you are taking certain risks if you’re associating with the white community. (1NP)

Another participant stated that “most of their friends are their ... extended family, their cousins ... who they play with and who they have their strong connections to, are kin” (3AP). Consequently, researchers in this study assumed that group play therapy would be more culturally appropriate and preferred so children could have kin present as a means of safety and protection. However, four participants believed that individual play therapy would be more appropriate:

One-on-one would be better, because you are giving the child all the focus. The other child might get bored and

go off and get angry. Some kids might think, “What I am I sitting here for?” When they are in a group, they might muck up with each other, pulling faces or fighting. (4AC)

Furthermore, “There is potentially a shame factor that could be at play in terms of exploring more complex taboo areas such as violence or abuse” (1NP). According to S. C. Ray, 2011, where there is intense sibling rivalry or fighting among siblings to compete for a relationship with the therapist, group therapy is inappropriate. It is also not recommended with children who engage in extreme aggression (Ginott, 1961), which could be the case for some Aboriginal children in this community who were said to express violence toward animals and peers (6AP).

To carefully manage fears of removal, one participant explained that it is important to help caregivers understand the focus of play therapy and reassure apprehensive caregivers that the play therapy program is “not a fact-finding adventure” (1NP). Another participant stated that an “Aboriginal paraprofessional could put families and children at ease, especially if the play therapist was White” (5AC). Therefore, they could act as a cross-cultural bridge, enhancing trust and cultural safety. This challenging aspect of play therapy work could also be resolved by:

Exploring behavior, ... making sure that we put support in, if it's needed. Identifying how we can ... support a family if they're going through challenging stuff. Not just go, “Well, we have to do a report and we'll just hand you over.” (3AP)

This can be achieved by drawing on strengths within the community related to bonding. Two participants reported that the families in their community stick together, look after one another, and can be relied upon during difficult times (4AC, 5AC). They suggested “find out who they [caregiver] want as a support ... someone who knows the family” (4AC), and this support person could “just say [to caregivers], ‘I've got this concern’” (6AP). Engaging in these conversations at the onset of play therapy would require sensitivity, thus the need for an Aboriginal liaison to facilitate this process.

Caregivers could also sign a consent form giving the play therapist or Aboriginal liaison permission to share information with the support person. An Aboriginal liaison could also be pivotal to providing cultural understanding within other

systems in which children's rights are overlooked, such as family court, mental health, and department of education (Edwards et al., 2016). Part of the therapeutic relationship requires play therapists to advocate for children's rights so that children's voices are heard (Edwards et al., 2016). Including an Aboriginal liaison could add another layer of advocacy and safety for children, families, and the community.

Play Therapy—An Unfamiliar Practice Model

Because play therapy is an emerging model in Australia, there is limited knowledge about its effectiveness in the wider community. In the context of this research, the wider community includes Aboriginal and non-Aboriginal individuals, families, and communities, not only in inner Sydney, NSW, but across all states and territories within Australia. Therefore, play therapy, being an unfamiliar practice model, was highlighted as a potential barrier to accessing a play therapy service. One participant commented on play therapy's lack of recognition, “The unknown. There was no play therapy when we were around. ... It is new, it's foreign” (3AP). Having limited knowledge of play therapy contributed to other barriers, “If they didn't understand the purpose of it, or the benefits” (3AP). Or, “they'd be ... worried that ... play therapy ... doesn't help [with their child's presenting issues]” (5AC). To alleviate these concerns and make families feel more at ease with the process, the play therapist and Aboriginal advocate could “get the parent to come down and ... talk about what you do, how it [play therapy] could help the child ... and show them what they'll [child] do and how they'll play [in therapy]” (6AP). Play therapy information could also be consolidated into posters, booklets, or information sheets. These recourses need to be visually engaging with Aboriginal images as well as simple language.

Additionally, there also needs to be “evidence that the program is efficient ... is meaningful for these kids and ... families. ... Proof in the pudding where we're seeing positive impacts and ... benefits for these kids who ... participate” (1NP). They added, “There's going to have to be ... success stories that start spreading in the community about the safety of the service. ... That takes time” (1NP). Other researchers support this

and found it is common practice for Aboriginal people to approach reputable community members asking about their impressions of a non-Aboriginal practitioner. This process of recommendation is called *vouching*, which is a considerably effective method of engaging Aboriginal people and integral to non-Aboriginal services success (Vicary & Bishop, 2005; Vicary & Westerman, 2004; Westerman, 2004). Vicary and Westerman (2004) found that 92% of respondents would not access a non-Aboriginal program unless another Aboriginal person had offered reassurance and vouched for them.

Stigma

The stigma related to professional terms was seen as a barrier for Aboriginal families. One participant shared the negative associations:

Therapy ... "What I'm crazy?" Therapy is very loaded ... because it's like, ... "What's wrong with my kid?" ... It's a sign that something is not right ... it's very labeling. We're still getting people to accept mental health. (3AP)

They reframed the language to "mental stress" (3AP) and suggested calling the play therapy program "play space" or "safe play space" (3AP). Another suggestion was translating play therapy to the local Aboriginal language (4AC). Aboriginal advocates could help research alternative language options, too.

Caregivers Perceptions

Other barriers identified when rolling out non-Aboriginal play therapy programs were that Aboriginal families "think White fellas don't understand, ... that you're just making it up, that their kid hasn't got problems or doesn't need your help" (6AP). Or the perception of discrimination could be an issue if play therapists don't know the family well. "They'd be thinking, 'Oh, you're picking on my kid. What because he's an Aboriginal'" (4AC)?

Participants explained how to communicate with caregivers when children present with challenging behaviors: "Just tell them [caregivers] straight out. 'Your kid is doing wrong. Not listening.' They may sit down and they're thinking, 'Probably, that's right'" (4AC). However, they added that families "would be more comfortable if it was from an Aboriginal person" or a well-known

non-Aboriginal professional because "they got trust in them fellas too" (4AC). Another participant reported that Aboriginal advocates could explain that the play therapy program is "good" and that play therapists are "trying to ... make sure your little one can cope with all the feelings they're having a little bit better" (1NP). Vicary and Bishop (2005) stated it is imperative for cultural consultants to be involved in all engagements between clients and non-Aboriginal practitioners to ensure no offense takes place during any interactions. The respondents in this study raised other reasons an Aboriginal advocate's presence is preferred during intake meetings. First, when caregivers are sharing their child's background and history (4AC) and second, where caregivers struggle with reading and writing. Participant 2NP shared some history in relation to this:

Up until the referendum of the Black vote ... all you [had] to do is write a letter to the principal and just say, "I don't want a Black kid at the school where my child goes to school" and the kid was given the standard form letter, "Dear ... , your child has been excluded from this school under ... the Exclusion Act" [Exclusion on Demand Policy, 1902, cited in Beresford et al., 2012]. ... So, the attitude of the families was, "Stuff 'em. Why get our kids educated when they won't let us go." And so now there are the dads and the granddads ... and they were illiterate.

Fletcher (1989) also documented the expulsion of Aboriginal children from school at the request of non-Aboriginal people in NSW. In order to assist caregivers who may be illiterate, one respondent suggested having family or community members present to provide support (4AC). This support could help alleviate shame, reduce potential for harm, and ensure cultural safety.

Participants provided further insights into how play therapists can facilitate cultural safety during the initial intake meeting: "Not going in full ball in the first 20 minutes that you meet someone. ... Not charging headlong into it" (1NP). Another added that "the questions would scare them [caregivers] a bit" (5AC). This insensitivity was attributed to agencies' agenda, professionals feeling competent, and collecting data solely in the interest of government funding requirements (1NP). When practitioners expect a direct answer to a direct question, Aboriginal peoples' level of shame is heightened. To avoid being in the spotlight, they tend to provide any response regardless of whether it is accurate (Malin as cited in Westerman, 2004). Instead of delving in too quickly, play therapists need to "just slow down, you don't have to start the

interview” (1NP). Spend time yarning, getting to know one another, and allow the caregiver to drive the direction of things in the early stages (1NP). Another participant explained that pertinent details will eventuate in their own time (5AC). This kind of engagement aligns with the principles of nondirective play therapy, where the play therapist does not rush the client and follows their lead (Axline, 1969). When play therapists are speaking to Aboriginal caregivers, participant 1NP advised, “There’s language you can use that’s going to be a little bit more comforting and ... less clinical.” Previous researchers found that professionals need to avoid jargon or polysyllabic words and refer to these as *high language*. When using high language, Aboriginal people have difficulty following the conversation or perceive professionals as ignorant, patronizing, and lacking respect (Vicary & Bishop, 2005).

Finally, participant 3AP stated, “Parents love to have positive feedback. ... I think that ... [it] is really important and ... too often Aboriginal families have felt like they have been left out of decisions.” Another participant recommended, “Ring them [caregivers] ... every two or three weeks ... just to let them know how their child’s going” (6AP). Thus, play therapists could organize mutually agreeable contact times with caregivers that may be more frequent or meet when needed.

Location and Environment

In terms of meeting locations with caregivers, two participants stated that informal spaces are most appropriate. “Within the community, a lot of ... conversations happen, in the bush around fires outside, on logs, on rocks, on verandas ... going for a coffee. In White culture, we’re very much for closed rooms and privacy” (2NP). Another participant suggested meeting somewhere familiar, like the school or local family service (6AP). Vicary and Bishop (2005) found that negotiating a place to meet is important as some Aboriginal clients feel more comfortable being seen outside of their community. Others may be willing to meet somewhere within their community or at the therapist’s workplace. Aboriginal consultants are an invaluable asset when determining the most mutually appropriate setting.

When meeting at the play therapist’s workplace, it was considered important to add color to clinical settings (3AP). Participants remarked that “too

much white isn’t right ... it’s blank, it’s hollow, it doesn’t really connect. It is like a blank canvas” (3AP). Additionally, “making sure there is easy to identify things in the space that people feel comforted by or can know it has meaning for them, making sure that we have stuff that has a ... cultural arts focus” (1NP), creates a welcoming environment. Furthermore, “Posters of some famous Aboriginal people. ... Kathy Freeman ... sport stars ... the good ones, not the bad ones ... have an Aboriginal map ... flag ... play mats ... posters ... animals ... goanna ... earthy colors ... okras” (3AP). They reported that “Parents ... need to know ... or be reassured that there is some sense of culture, that there’s a respect paid to it” (3AP). Another participant mentioned that offering food and drink is a way to encourage caregivers to access services because it provides comfort and “when you feel comfort, you are more inclined to talk” (2NP). Other authors consider the practitioner’s environment important because Indigenous people are considerably more distressed when they are assessed in sterile and foreign environments (Hunter, as cited in Westerman, 2004).

Accessibility

According to three participants, there are many financial challenges that Aboriginal families in this community experience: “The poverty cycle continues here” (2NP), “a lot of families are on low-income, Centrelink [Government allowance]” (6AP), and “have been fined or in debt with the SDRO [State Debt Recovery Office]” (3AP). “It’d be hard for them to pay [for play therapy] ... because we have big families and extended family. ... Financially it’s a struggle. ... I don’t think they’d pay” (5AC). This means that children who need play therapy the most are not receiving these services (Bratton, 2010). However, “If they had a bursary maybe half or something they’d pay” (5AC). Contrastingly, another participant believed that play therapy services would be more accessible if they were provided at no cost (6AP). This could be funded through specific long-term grants, charities, or pro bono service provisions.

Finally, participant 6AP emphasized that a play therapy service “has got to be at a time that is suitable for everyone and close proximity ... in the community ... easy access. ... It would be good if it was in school hours.” Westerman (2004)

highlighted the amount of research demonstrating a requirement for mainstream services to work in an outreach capacity, providing the Indigenous community expresses it as a need. This was the case in the current research because one interviewee thought some families would not bring their child to play therapy if it was outside of school hours (6AP). Another participant reasoned that caregivers have other pressing commitments and responsibilities (3AP), which could be due to having larger families. This means that an outreach play therapy program at a school would be most beneficial to the Aboriginal children and families in this community. Furthermore, play therapy in schools would be an appropriate setting because school-based play therapy has been applied effectively in elementary schools in the United States with vulnerable and diverse populations (Bratton, 2010; D. C. Ray et al., 2015). However, conducting play therapy in schools can be challenging for play therapists trying to maintain confidentiality. Chown, (2014) explained that members of school staff often interrupt sessions, even when signs are displayed requesting that they not enter. Therefore, a custom-built play therapy space for children at a school is optimal for creating a safe and secure environment for children to process challenging material. In order to make this possible, funding sources may need to be sought.

Limitations

There were several limitations within the present study. First, prior to commencing the project, the team was mindful of their British heritage and how cultural differences may impact the research process, data collection, and thematic analysis. They recognized the importance of building relationships within Aboriginal communities. Consequently, the interviewer dedicated a considerable amount of time to fostering strong connections and establishing trust.

Second, the research took place in one urban Aboriginal community. Due to cultural differences between the hundreds of Aboriginal nations across Australia, the findings may not be generalizable to other Aboriginal communities. However, the implications and findings could be carefully examined within the context of other Indigenous and marginalized communities worldwide as play therapists assess their own practices.

Third, a small sample size of six participants was recruited. Due to the scope of the research, collecting a larger sample would have been unrealistic within the timeline. However, the participants' responses provided rich data where similar themes, ideas, opinions, and patterns emerged from their narratives, which contributed to the strength of the study; data saturation was reached. The process of reaching data saturation may have been accelerated because the interviewer is well-known in this community. Finally, as Torres Strait Islander people were not involved in sharing their stories and being on Aboriginal land, the findings refer to Aboriginal children, families, and communities more generally. This does not intend to cause any disrespect but to acknowledge that Torres Strait Islanders have their own unique culture, identity, history, beliefs, and values.

Recommendations for Future Research

There are many diverse Aboriginal nations across Australia. Therefore, it is vital to understand that what is culturally appropriate in one community may not be in another. To extend the scope of how to develop a culturally responsive play therapy program with Aboriginal children, families, and communities, further research is needed. Coull and Parson (2023, p. 9) found that continual consultation and cultural scaffolding with "Elders, community members, ambassadors, connected people, champions, allies, and partner organizations" is recommended at all levels of service delivery.

Future research could include the voices of Torres Strait Islander people, as well as the children and families who access play therapy services in other urban, regional, rural, and remote communities. Further research could also include perspectives of qualified Aboriginal and Torres Strait Islander play therapists.

Conclusion

This article showcases how to develop a culturally appropriate play therapy program for Australian Aboriginal children, families, and the community. By utilizing narrative inquiry, the study elucidates crucial insights into the need for respectfully arriving, adapting organizational practices, navigating cultural sensitivities such as fear of child removal, recognizing the unfamiliarity of play therapy, addressing stigma related to mental health,

understanding caregiver perceptions, acknowledging the influence of location and environment, and ensuring accessibility. Ultimately, these findings emphasize the importance of culturally responsive practices in establishing trust, creating safety, and effectively delivering play therapy services, not only within Aboriginal communities but could also be considered across diverse cultural backgrounds worldwide.

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