

How Migrants and Refugees Experience Play Therapy: The Influences of Cultural Background and Interactions with Social Services

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Birds fly, fish swim, and children play.—“Garry Landreth”.

Abstract

New Zealand is facing a major increase in the number of refugees and migrants arriving each year, of whom approximately a quarter are children. The process of migration that refugees and migrants undergo always involves moving between cultures and settling into a culture that is often quite different from their own. This has many implications on the family and a massive interference on the child's mental and social well-being, which can be severe if related to acculturative traumatic state. Non-directive play has been recognized as a beneficial therapeutic technique for children based on the concept that play is the natural language of children. Play therapy has been empirically proven as a validated mental health treatment tailored to treat trauma in children based on the idea that children communicate and express inner conflicts and feelings through play. Because play is taken as this form to treat trauma we need to accept the need for culturally relevance to play therapy and culture especially with refugees and migrants families. This qualitative research project aimed to explore how migrants and refugees experience play therapy and the influences of cultural background and interactions with social services.

A qualitative descriptive study was used to provide contextual data to inform qualitative research on play therapy. Semi-structured interviews were conducted with eleven refugees and nine migrants who had accessed play therapy at Parentline Services in Hamilton, New Zealand. Data analysis techniques included thematic analysis. A number of strategies were used to enhance methodological rigour such as member checking, triangulation, peer feedback and reflexivity. The study found that the rapid inflow of migrants and refugees in Hamilton, New Zealand has significant implications for play therapists when engaging with migrants and refugee families. Understanding the cultural needs of refugees and migrants and considering therapists' cultural approaches has highlighted implications for practice, when working with this group. In addition practice implications for this study highlighted the need to illuminate the attitudes and experiences of refugee and migrant families by enhancing the culturally appropriate use of play therapy to address the mental health needs of their children to better serve refugees' and migrants' families.

Keywords: refugee, migrant, play therapy, culture and acculturation.

Preface

When I first started working with refugees and migrant families in the play therapy area, as both a social worker and a therapist, I could not help but notice that there was a great deal of attention given to the trauma/ torture aspects of the refugees' and migrants' experience with very little attention given to the cultural aspects. As a practitioner seeking to adopt a culturally-sensitive practice, this presented me with challenges as the service environment was predominantly guided by western approaches.

In Hamilton, New Zealand, there is an array of refugees and migrants seeking play therapy to address the needs of their children. In this complex service environment refugee and migrant families' cultural needs seemed to be crowded out by the professionals' view of what is helpful or unhelpful to manage the mental health needs of the children. Moreover, professionals appeared to undermine refugees' and migrants' cultural backgrounds—backgrounds that are essential for promoting cultural self-esteem and identity. In my experience when refugee and migrant families arrive in a new country, they often feel overwhelmed at the prospect of several acculturation factors such as culture shock, identity, language, unemployment, and finances. They are also excited at the expectations of living in a new country and anxious and disturbed by the realities of cultural change.

However, I observed that refugee and migrant children were routinely referred for specialist play therapy services to manage their behaviour. These referrals seemed to be based on an assumption that the children had experienced trauma. Many families had little understanding of play therapy and felt obliged to agree for fear of jeopardizing their immigrant status. Thus, the assumption of traumatization was embedded in service delivery systems supporting refugee and migrant families in Hamilton, New Zealand. Refugee and migrant families entering a new country and adapting to a new lifestyle need time to settle into their new surroundings and opportunities to find their way and draw upon existing cultural resources. In my work with these families I see explicit expressions of cultural practice almost every day. My experience in the field suggests that the cultural aspect of engaging refugee and migrant families is often overlooked and not utilized in cultural practice settings. Given the large numbers of refugee and migrant families in New Zealand as well as worldwide, as well as their complex needs, there is an urgent demand for a culturally sensitive approach when working with this population.

As a migrant social worker, myself, I share a cultural identity with this group which has afforded me an ‘insider’s’ insight into migrant and refugees experiences of engaging with play therapy and the impact of culture. Through therapeutic conversations with my clients, I have identified that culture plays an important role in engaging with play therapy and is one of the underlying or major sources of their challenges. Therefore, I anticipated that this area of investigation would yield fruitful insights, and it is a key part of my study. Based on personal experience and professional interest, I was keen to explore and understand what migrants and refugees experience when they engage with play therapy, and the impact of culture on migration

Dedication

I dedicate this thesis to my dear mum, Patricia who passed away during my MSW candidature. To my dad (Augustine) who visited from Zimbabwe to share grief and comfort during the loss of our dearly loved mum.

To my late loving mother in law (Virginia) and loving father in law (Simon) who also passed away during this journey. They would be celebrating this success with me.

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To my parents, they have always stood behind me and made me feel that there was nothing I could not achieve. I cannot express adequately in words the depth of my gratitude for their unbelievable sacrifice to give me the gift of education. Thank you, mum and dad. I will always love you.

Statement of Contribution

My thesis was supervised by Professor Amanda Barusch and Dr Mele Taumoepeau from Otago University. This supervision entailed individual and collective discussions on all facets of the thesis. My supervisors provided me with comments on the scope of the research, methodology, literature review and the data analysis. Some of the most extensive discussions focused on the different qualitative methodologies. Significant discussion also took place on the approach to the interviews and my status as both an insider and outsider as staff at Parentline and part of the migrant and refugee community. Comments were provided on the structure of the thesis, drafts of chapters, the ethical consideration and drafting of the thesis. The literature review, data collection, data analysis, and the development of the theoretical model were prepared by me.

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Chapter 1

Introduction

New Zealand's population is becoming more diverse reflecting waves of settlement over centuries, (Ministry of Social Development, 2012). Approximately 1445 refugees and migrants settle in New Zealand every year (Ministry of Ethnic Affairs, 2013). While these represent small numbers, refugee and migrant groups experience significant mental and social needs (MSD, 2012). Groups of migrants and refugees have included those coming from countries whose first language is not English such as the Asian, African, Eastern Europe, and Latin America. These groups are the focus of this thesis. According to Guerin & Abdi (2004) refugees' and migrants' children are considered vulnerable to the effects of migration, part of the vulnerability stems from their status as children, which involves dependence on others. For children, the long-lasting process of accumulating cultural losses and transitions creates a context of chronic stress that can seriously challenge their emotional well-being and can affect their mental health (Guerin & Abdi, 2004). Negative health consequences are especially high when relocation is associated with violence and trauma (Guerin & Abdi, 2004). Play has been acknowledged as an important role in children's healing process especially with children experiencing trauma. Play therapy builds on the natural way that children learn about themselves and the world around them. Through play therapy, children learn to communicate with others, express feelings, modify behaviour, develop problem-solving skills and learn a variety of ways of relating to the others (Association of Play Therapy, 2001).

Despite the fact that the past decade has provided many articles addressing cultural issues in play therapy, there has been little research addressing these issues, particularly where refugees' and migrants' perceptions are concerned. The unique mental health needs of refugee and migrant children and their families and their cultural backgrounds are sometimes overlooked (Glover, 2001). Regardless of past trends, the growing numbers of refugee and migrant children in New Zealand will inevitably increase the need for culturally sensitive and responsive play therapy services. Accordingly, it is important to comprehend refugees and migrants' experiences when they engage with play therapy and their perceptions about the process (Glover, 2001).

The purpose of this research is to explore how migrants and refugees experience play therapy and the influences of cultural background and interactions with social services. By illuminating the attitudes and experiences of refugee and migrant families, the findings of this study will enhance the culturally-appropriate use of play theory to address the mental health needs of their children. This will help social services providers to move towards a more culturally appropriate practice.

Problem statement

The recent influx of refugees and migrants who are arriving to New Zealand has created a significant need for social workers and play therapists to develop culturally sensitive practices. Refugee and migrant groups experience high mental and social needs (MSD, 2012). For children, the process of accumulating cultural loss and transition creates a context of chronic stress that can seriously challenge their emotional well-being and can affect their mental health (Guerin & Abdi, 2004). Negative health consequences are especially high when relocation is or either forced because of severe conflicts in the home country and when conflicts are associated with violence and trauma (Guerin & Abdi, 2004).

A considerable body of literature has been published on interventions that can improve the mental health of traumatized children. Kottman (2003) found that play therapy as a sole treatment or in combination with other methods can be a successful intervention with traumatized children, therapeutically reconstructing the event (s) and interpreting the child's spontaneous play can undo painful memories and lead to a feeling of mastery and control. Play Therapy is a creative therapeutic approach to engage children in therapy in the context of their family systems. While the field of play therapy offers the benefits of healing, research concerning its efficacy is largely unavailable. A culturally sensitive approach provides therapists with an accessible and multicultural sensitive approach that seems a natural fit for working with families. Culturally sensitive approaches are a potential starting place to begin to address this population's specific needs. With this approach it offers a foundation from which multicultural sensitive play therapy can be built.

Significance of Study

Although the literature has recommendations on working with refugees and migrants' families, little information is available in play therapy literature that addresses other cultural variables such as gender, sexual orientation, religion, or socioeconomics. Regarding the use of toys, the current body of play therapy literature has general guidelines on what toys should be made available in a playroom (Guerin & Abdi, 2004) more literature Glover (2001), recommended that case worker/play therapists become culturally competent through an increase in cultural knowledge, skills, and awareness of culturally sensitive areas, but does little to direct play therapists on how they should provide services or what materials should be included when engaging with families from refugees and migrant populations.

Approaches to Migration

The movement of people known as migration has been a feature of mankind since the beginning of time. In the earliest days people moved from place to place in search of shelter, food and water and from more vulnerable to less vulnerable places. Over the centuries people have been also been on the move in response to environmental impacts, conflict and to maximize income opportunities. Nowadays, people migrate for many reasons such as for work, education, family reunification and asylum seeking. The process has complex impacts on families, children and individuals such as isolation and lack of social connectedness, language barriers, heightened intergenerational conflict due to a clash of values and customs, settlement problems which include access to welfare and financial support and difficulties adjusting to the new systems such as health, education, justice.

Definition of Terms

Refugee

According to the 1951 Refugee Convention the term "refugee" is defined as those people who "owing to a well-founded fear of being persecuted" are outside the country of their nationality and are unable to, or due to such fear are unwilling to avail themselves of the protection of that country (UNHCR, 2009). New Zealand is one of the countries in which refugees are resettled through the UNHCR's programs, based on the fact that New Zealand has ratified the 1951 United Nations Convention relating to the Status of Refugees and has also acceded to the 1967 Protocol relating to the Status of Refugees in 1973. Under the Humanitarian Program, New Zealand has been resettling around 750 refugees over the last decade. The refugees who resettle in New Zealand come from different parts of the globe, including African nations, Middle Eastern nations, Eastern Europe, as

well as South-East Asian countries. Their mental health is often dramatically affected by the process of displacement and the subsequent journey.

Migrant

Migrants are people and their immediate families who move in a planned way, from one country to another in order to settle permanently in the new country. Migrants know that they may, if they choose, return to their country of origin. They have made the choice to leave, had the chance to plan and prepare for migration and generally can return at any time if they wish. They migrate to seek a better life for a range of personal and economic reasons. In New Zealand most migrants have a significant skill that they may have to offer or funds that they may be able to invest in New Zealand in an economically productive sector. The reasons may be personal or economic or result from natural disasters. He/she can be escaping from severe poverty, oppression and abuse within the family or society. The immigrant is an individual in search of an improved life. Migrants who settle in New Zealand are from different countries who enter through The Skilled Independent Visa which assesses migrants using a point-based system.

Culture

Culture is defined as an interaction between individuals and their environments, consisting of common features passed on across generations and time (Parsons, 1994). Culture can be socially transferred beliefs, values, behaviours and knowledge among individuals of a community independent of genetic factors. In this study the term culture will be used to imply the integrated patterns of human behaviour that includes customs beliefs, culture heritage, ethnic religion, language and values.

Acculturation

Berry (1990) defines acculturation as when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups. Acculturating individuals and groups are believed to bring cultural and psychological customs with them to the new society and the new society has its own varieties of culture. The compatibility (or incompatibility) of cultural values, norms, customs, attitudes and personality between the two cultures in contact needs to be examined as foundation for understanding the acculturation process. For the purpose of this study, acculturation process will be based on Berry's (1992) proposed framework for understanding acculturation. The framework outlines and links groups and individual level of acculturation when the two (or more) groups of people are in contact.

Play Therapy

Several researchers have provided definitions of play therapy. This study will be using The British Association of Play Therapists definition, which treats play therapy as a mode of therapy that helps children to explore their feelings, to express themselves and to make sense of their life experiences. This form of therapy uses techniques that combine play with puppets, dolls, toys and play media such as sand, water, clay and paint (Woolf, 2004). For the purpose of this study, play therapy will refer to therapy using projections, which help children to explore their feelings, express themselves and make sense of their experiences. Play therapy has clear significance in terms of working with the mental needs of refugees and migrants. The term “play” in this study will be used in its broadest sense, including music, dance, craft, drama, art and use of symbols all of which express and symbolize what cannot be said in words (Baggarly & Jenkins, 2009).

The structure of play-therapy sessions

The table below shows a snap shot summary of what the structure of the play therapy sessions can look like. The sessions normally range between 40-50 minutes depending on the age and needs of the child. Wherever possible, they are scheduled at the same time and place each week to promote consistency, predictability and routine to enhance feelings of safety and security in children. In some cases, parents may be invited to come into play therapy room to observe and have an opportunity to understand the play therapy concepts. Other times children may find it difficult to separate from their parents and in these cases, they may accompany the child in for a short time until the child settles. Parents are often asked to wait in the waiting room for the duration of the therapy session to ensure that children feel safe that parents are waiting out there.

Table 1 Source : Association for Play therapy (2011)

Session	Goal	Concept
First	Familiarity with children and primary evaluation	Familiarity of members with the therapist and goals and rules of the group.
Second	Recognition of main feelings	Introducing different feelings to the children, using of imagination and storytelling.
Third	Training of group work and increasing the correlation among the group members.	Imagination and group story telling along with the expressed feelings.
Fourth	Decreasing the anxiety, aggression depression and interference to the peers.	Introducing the negative feelings and the methods for discharging them, using of playing with paste.
Fifth	Increasing self-esteem, decreasing aggression, vibration and isolation.	Group designing and discussion about the designing of group and the existing shapes in it.
Sixth	Helping the growth of internal structures for self-regulation, the ability to suffer negative feelings, increasing self-esteem and positive changes in self- assumption.	Performing doll-based playing by the therapist and teaching the tranquillity to the children by it.
Seventh	Providing same way for implementation of language, learning contrastive mechanisms, completion and reinforcement of group work.	Giving different objects to the children to build what they like and asking some questions from the children about handcrafts.

Eighth	Development of group work, discharging negative feelings, providing the children, with an opportunity in commitment and practicing it.	Examining the anger, problems which cause to create it, and the methods for its discharge, by throwing pieces of paper in the air and destruction of cubic tower.
Ninth	Increasing physical and non- verbal growth, increasing the affectionate expression	Using of storytelling to control physical states and asking for the
	development, discovery of focus power in increasing self- esteem.	child to coordinate himself/herself with the incidents inside the story.
Tenth	Training the participation, collective job, observation of turn and the method of participation into group work	Group painting by children and making story for it
Eleventh	Facilitation in the expressed feeling, discharging the negative excitements, learning contrastive skills against the anger.	Using of artificial flower and building what children like and making story for the object built by each child.
Twelfth	Exciting discharges, activation of internal resources for encountering with the problems	Giving artistic tools to the child, creation of image by the child and talking about it.
Thirteenth	Communication, controlling mental damages and fear understanding and overcoming on life changes, increasing self- esteem and verbal relationship	Selection of an object among five playing objects and storytelling with it by the child, retelling the story as problem- solving by the therapist and discussion about it with the children.
Fourteenth	Familiarity with different dimensions of character, evaluation of behaviour outcomes, recognition of different skills for problem-solving and decision-making.	Giving different roles to each child and performance of group show by them and discussion about it.

Chapter 2

Literature Review

The literature review discusses the philosophical underpinnings of migration, the multiple acculturation factors that influence refugee and migrant families when they migrate to a new culture and the cultural factors that influence engaging with play therapy. The literature use acculturation theory to identify and explore important factors affecting refugees and migrants.

Epistemology underpinnings

Epistemology constitutes a researcher's view of the world, and an understanding of how to recognise the social reality, and how to grasp social meanings. In this research project, social constructionism offers an appropriate epistemological position to explore the experience of refugees and migrants engaging with play therapy, a form of social construction that entails how refugees and migrants make meaning of play therapy.

The approach known as social constructionism holds that we do not live in a world in which the facts of our existence are stable scientific realities but one in which reality is mutable, socially constructed and constantly under negotiation (Anderson and Goolishian, 1988). As a consequence, how one views and responds to reality will change, for example one's position as an insider or outsider to a culture. When we look at the social construction of play therapy, there is significant evidence that culture plays a major role in how refugees and migrants understand play therapy. Accordingly, this opens up the possibility that play therapy can enable refugee and migrant families to elaborate narratives, and respond to reality challenges and taken-for-granted beliefs about the world (Burr, 1995).

Therefore, this gives an opportunity for refugee and migrant families to construct meanings within their worldview. However, a specific world view reflects the beliefs of a culture and will vary significantly from culture to culture. Thus it is therefore difficult to claim that specific cultural beliefs about play therapy are representative of the refugee and migrant's world when there is such significant difference between cultures (Berger and Luckman, 1991). This opens up the possibility for refugee and migrant families to elaborate their own experiences and validation in relation to their beliefs about themselves and the world around them. This will invite a comprehension that opens up space for a variety of alternative understandings of the world that are taken for granted, socially constructed and may mean having to accept cultural beliefs to make sense of their experience.

Theoretical understanding

The acculturation process maybe defined as a continuing process of cultural change that occurs and the outcome of contact of two and more distinct cultural groups throughout the process of settlement and beyond (Berry, 2010). It refers to an adaptive process or adaptation as the end stage of acculturation and comprehends those phenomena which result when groups of individuals from different culture groups come into continuous first hand contact with subsequent changes in the original culture patterns or both groups (Andler & Gielen, 2003). According to Berry (2010), they point that nearly every person living in culturally plural society can be said to experiencing some form of acculturation; research has focused largely on refugees, migrants and so called ethnic minority groups.

Refugees and migrants who seek to establish new lives and integrate into a new, unfamiliar sociocultural context are in a position to find a way to harmoniously integrate the values, norms, customs and practices of their ethnic cultures with those of the host or dominant culture. According to Berry (2000) the acculturation process of integrating individuals and groups may involve a new process of learning new symbols, meanings, readjusting to a new system of values, roles and gaining skills that are necessary for participation in the new society. It is in this period of flux, that Berry (2000) stresses that individuals may experience a wide array of challenges such as difficulties to seek employment, confusion, distress, language barriers and personal identities to the new social structure. Smith (1986) notes that during this process the norms, values and ideologies may become incompatible with those of the host society, reconstructing social identities may confuse personal identity.

Acculturation theoretical framework is a useful theory for understanding the settlement process for refugees and migrants because it provides an understanding of the level at which migrants interact with the host society. According to William & Berry (1991) acculturation is widely accepted to mean the changes which groups and individuals undergo at a group level. Acculturation involves a number of changes, such as economic, technical, social, cultural and political changes and at individual level this might refer to changes in the behaviour, values, attitudes and identity of an individual within the group and that change may differ to that of others within the group. The work of Berry (1986, 1994 & 1997) provides a theoretical framework in which to understand the acculturation process of individuals and groups. In his discussion, he notes that the nature of acculturation requires contact of at least two autonomous groups to at least one of the groups tends to dominate and cause change in the other one, and he suggests that there be conflict or difficulties

between the two groups. He maintains that there are two questions that confront individuals from the non-dominant culture group: firstly, it is about the importance of maintaining one's original culture and secondly is about the importance of engaging in intercultural contact with the host culture. He argues that four cultural strategies are needed: assimilation, integrations, separation and marginalisation. The four strategies are based on the premise that individuals may choose their own way to acculturate while in the cases of greater cultural difference they may be forced to follow a specific strategy rather than have the opportunity of choosing a strategy of acculturation (Berry, 1997).

Migration & acculturation

Migrating to another country can be a difficult experience for many refugees and migrants, as it entails leaving behind familiar cultural norms and values, family members and friends to begin a new life in a country which may have unfamiliar customs, and language. According to Silove & Ekblad (2002) refugees and migrants exhibit resilience due to their ability survive the difficult conditions prior to migrating, yet they are often impacted by the acculturation process upon arrival in the host country which they may not be fully prepared to manage. The migration experience has consistently been shown to accompany acculturation process and if left unaddressed may also act barrier to integration which can negatively affect the integration of refugees and migrants (Silove & Ekblad, 2002). At the individual level, individuals undergo stressful migration and adapting changes which range from simple behavioural shifts such as ways of speaking, dressing, eating, and socialising to more problematic issues, producing acculturative stress as manifested by uncertainty, anxiety and depression. Adaptation changes can be psychological such as sense of well-being, self-esteem or sociocultural e.g. acquiring a new language.

Similarly, Samarasinghe & Arvidsson (2002) noted that other acculturation challenges that are brought by migration among refugees and migrants include feelings of loss related to migrating from one's country of origin, lack of receptivity of acceptance by members of the host county, unemployment and economic concerns, lack of recognition of skills or educational achievement, language acquisition difficulties, loneliness and homesickness. All have been associated with difficulties to acculturate among refugees and migrants.

However, Lazarus's stress models, cited in Berry (2010) differ and emphasize that not all accultural changes are stressful; there are a number of moderating and mediating factors both before and during acculturation such as personal characteristics which include age and gender and social support which may influence the perceptions and interpretation of the acculturation experience.

When considered in this way, migration and acculturation constitute thoroughly transforming forces on individual people. Based on this argument, we contend that a more encompassing approach to acculturation must embrace dual processes of refugees and migrants families' adjustment that result from contact between two or more groups and their individual members.

Trauma and migration

The continuing psychological impacts of trauma experiences prior to migration and resettlement have longstanding focus of the refugee and migrant literature. According to Perry (2006), research into the relationship between pre-migration and post-migration suggests a high response to refugees and migrant's mental health where the severity of trauma symptoms increases as refugees and migrant's families migrate to a new country. Besse Kolk's work on trauma has greatly informed the mental health of refugees and migrants especially the needs of children with a traumatic background and provides insights into children playing and replaying stressful and traumatic events (Phyllis & Kendal, 2004).

Guarnaccia & Lopez (1998) have attempted to explain that refugees and migrants are considered vulnerable to the effects of migration, political, economic, social and religious and to refugees' threat of violence, injury, death, forced to flee home countries. Vulnerability to the effects and threat of violence is known to stem from their status as children, which involves dependence on others, usually their parents, who decide to migrate. Using data from several sources O'Shea, Hodes, Down, & Bramley (2000) reported that the refugee or migrant child's level of cognitive development and lack of knowledge contribute to the challenges he or she may experience in understanding the changes associated with migration and this might cause trauma.

In addition to experiences of single, acute traumatic events that refugee, and migrant's children might be subjected to, the additive effects of the many stressors are likely to provoke trauma reactions (O'Shea, et al (2000)). Current research reports that migration in itself is both a challenging and stressful experience.

When this process co-exists with often traumatic and violent pre-migration and trans-migration experiences, the stress commonly surpasses an individual or family's natural coping capacities (Sack, 1998). This process is further compounded by on-going post-migration experiences of loss, change and adaptation. Research nevertheless reflects that some refugee children are at increased risk of developing mental health related problems (Sack, 1998).

Play therapy for refugee and migrant children

An approach to helping children deal with the compounding effects of pre-migration trauma is play therapy. Play is the natural world of children, where they learn about themselves, others and their world. In 1989 The United Nations High Commissioner for Human Rights identified play as a right for all children everywhere to achieve optimum brain development (Homeyer & Morrinson, 2007). In their findings Homeyer & Morrinson (2007) demonstrated how play stimulates the neural structures in the brain critical for normal development especially at a young age and came to a conclusion that positive relationships and rich play learning environments promote children's development. Schaefer & McCormick (2005) point out that play helps overcome resistance to therapy and draws children into a working alliance in a non-threatening environment Ginsburg (2007) this allows an opportunity for children to ventilate emotions through the non-verbal use of toys which can be a way for children to self- express themselves.

History of Childhood and Play

The significant history of childhood has been highly influenced by French Historian Phillipe Aries in 1960 through his book *Centuries of Childhood*. He argued that "childhood" as a concept was created by modern society. During his studies he found paintings, gravestone that illustrated children being represented as mini-adults. Children were viewed and acknowledged as being powerless and inferior to the adult world surrounding them due to the myth of childhood innocence being accepted and acknowledged by society. During the 1600s, a shift in philosophical and social attitude toward children and the notion of "childhood" began in Europe (Ariès, Philippe, 1962). The modern notion of childhood with its own autonomy and goals began to emerge during the Enlightenment and the Romantic period. Children were increasingly seen by adults as separate beings, innocent and in need of protection by adults around them. Philosopher Jean Jacques Rousseau formulated this new way of seeing children and described childhood as a brief period of sanctuary before people encounter the perils and hardships of adulthood.

The modern attitude to children emphasized the role of family and the sanctify of the child, an attitude that has remained dominant in Western societies.

The ideas about the nature of childhood changed significantly and have emerged dominant modes of thinking about childhood and play and considered as a natural element of childhood (Kennedy & Barblett, 2010). Jean-Jacques Rousseau who was the first philosopher to identify the significance of play found that for a long-time play was not recognized as important; rather children were thought of as small adults. In Western cultures, play is valued as a fundamental childhood pursuit

by most families and is seen as something that children need in order to discover and explore more about themselves and the world around them (Fisher, 2010).

History of play therapy

Play therapy has been traced to the pioneering work of Sigmund Freud (1909/1955) who documented the first psychoanalytic therapeutic work that focused on a child. Through the observational reports of children playing, Freud's work opened doors in the child therapy field and started the therapeutic work that is play therapy. One of the most notable psychologists Melanie Klein (1955) started using play therapy to substitute for the psychoanalytic technique of free association with children. She believed that children were best analyzed through actions and used toys to interpret the child's actions in relation to the play with toys and not through customary speaking as used in adults. She began play therapy in conjunction with toys in the session and interpreted the child's actions in relation to the play with toys. Sigmund's daughter Anna Freud (1946) followed her father's footsteps but instead used play therapy to interpret the unconscious motivation of children with a goal to build a therapeutic relationship. However, she found that children were distressed of the process of psychoanalyst and believed that other alternative methods suited to build the therapeutic relationship (Landreth, 2002).

Recent history of play therapy

In 1950 Virginia Axline created non-directive play therapy which is widely used by play therapist of today. She defined this type of play as a play experience that is therapeutic as it provides a secure relationship between the child and the adult, so that the child has the freedom and room to state him/herself in her/his own way and own time. This type of play differed from Freud and Klein who focused on psychoanalysis, Axline believed that children would strive to meet their full potential and that the therapeutic relationship fostered that growth.

Today's guiding principle of non-directive play therapy are based on Axline's work (1947), because she focused on different themes such as development of the relationship, acceptance of the child, permissiveness for expression, recognition and reflection of feelings, respecting the child's ability to find solutions to problems and allowing the child space to do so, the child as the leader and the therapist as the client (Landreth, 2002). Axline's approach proposed that the child-centered play therapy relationship must be different from any other relationship that the child had experience. Today play therapy is believed to be unconditional acceptance of a child which offers a distinctive relational component that children do not experience in their day to day relationship (Landreth, 2002).

According to Mennasa (2009) the central tenet of play therapy approaches today is that children have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes and self-directed behaviour; these resources can be easily tapped if a definable climate of facilitative and relationship building is provided (Rogers, cited in Landreth, 2002, p.70). Landreth (2002) emphasized the major role of play therapy approach is building a trustworthy relationship and to maintain an atmosphere of complete acceptance and non-possessive caring for the child and family if involved in therapy. Within this environment, Landreth (2002) the child is free to fully express him or herself without judgement or direction, the child will naturally resume the self-directed and innate striving toward self-actualization and congruence without any further influence from the therapist.

The effectiveness of play therapy as a treatment modality for immigrant children

Play therapy is believed to be effective in the psychological treatment of refugee and migrant children. Shen (2002) states that refugee and migrant children are frequently exposed to prolonged or multiple traumas which Davis and Pereira (2014) strongly suggest that play therapy can harness the natural ability of play and can be an effective intervention when working with children from a refugee and migrant background. Current research findings by Bratton & Ray (2000) indicate that refugee and migrant children who have been through trauma and other acculturation factors may lack control over their environment and may display symptoms of fear and anxiety. Play therapy offers children a safe space to express their feelings, reduce their anxieties by learning to self-regulate, develop their self-esteem, experience a therapeutic relationship all of which meets the needs of children. In addition, play therapy provides the opportunity for refugee and migrant children to express their pent-up emotions, and this helps them gain distance from strong feelings and develop control (Bratton & Ray, 2000).

Kellogg, & Volker (1993) found that refugee and migrant children benefit more from play therapy as it provides an opportunity to reflect on their past and in this way, they may start to make sense of their experiences, including their trauma. The researcher is in agreement with Kellogg, & Volker (1993) who emphasizes that the goal is not to fix or change the child but to facilitate self-healing. This permits children to honor their own basic way of being. In addition, play therapy fits in well with children whose first language is not English, as it allows children to self-express themselves using play and symbolic pictures. Kottman (2003) draws attention to the effectiveness of non-verbal in play therapy; children who are from a refugee and migrant background find it easier to

express themselves naturally through the concrete world of play and activity. He mentions that in play therapy, play is viewed as the vehicle for communication and children will use play materials to directly or symbolically act out feelings, thoughts and experiences that they are not able to meaningfully express through words.

A common criticism of play therapy is that it is too simple a solution to complex problems especially within the population of refugees' and migrants' cultures to desensitize after trauma events Landreth, (2002). However, findings from a Research Association for Play Therapy (2001), undertaken by Play Therapy UK in Kent with refugees and migrant children between the ages 5 to 11 years, showed an average improvement of 70 per cent on clinical assessments based on social skills and communication. Further analysis revealed that play therapy produced the most significance effects in terms of responding to the distinct needs of children which helps to diminish unnecessary suffering and serious impairment across life span (Bratton & Ray, 2000).

Other studies have indicated that play therapy can be effectively for refugees and migrants as it takes place in a non-verbal environment which gives the child some control and power and a feeling of competence which helps to develop skills that will enable them to work through their emotions (Landreth, 2002, & Kottman, 2003).

Refugee and migrants' families attitude towards play therapy

Being forced to flee country of origin or migrating for a better living may cause natural feelings of nostalgia but may also result in emotional, cognitive, behavioral and physical adversities.

According to the literature, play therapy with their attention to preverbal language, music, imagery, dance, art, drawing, are able to reach individuals through the senses and promote successive integration which can lead to transformation and change (Rubin & Babbie, 2001).

The creativeness of play therapy is said to seek and access "unacknowledged feelings and provides a means of integrating them creatively into play and the various play forms that seeks to personality, enabling therapeutic change to take place". Within this process the children may be able to externalize some of their trauma through visual art, drama, play before they can access these verbally and, upon integrating, experiences strength and positivity.

Although the underpinning fundamentals of play therapy is the healing and life endorsing nature of the creative process of play, Rubin has argued that refugees and migrants attitude play therapy is an increasing demand for; culturally sensitive therapy that has established guidelines that include valuing of diversity, multicultural competence and promotional of cultural empowerment. It is

believed that different people from different backgrounds have the capacity to express themselves creatively, Rubin & Babbie (2001) states that play therapy is another way of making and finding meaning out of people, however for refugees and migrants the meanings need to be offered from a culturally perspective which include understanding of cultural heritage, beliefs, values to further offer memoirs of cultural regained power.

The need for cultural awareness in play therapy

When undertaking play therapy with refugee and migrant children, the cultural context for play needs to be considered. Theorists believes that play is universal for children and that play helps children to learn about their own culture (Ritter and Chang, 2002). Play is seen as both a cause and effect of culture and play is an expression of a particular culture and again it is an important context for cultural learning. O'Connor (2005) suggested that with the aim of meeting the needs of refugees and migrants, engagement with this population should incorporate a cultural sensitive practice. This can be achieved by increasing therapist's knowledge, skills and attitudes regarding culturally sensitive to play therapy (e.g., Berting, 2009; Gil & Drewes, 2005; Rasmussen & Cunningham, 1995). Similarly, O'Connor (2005) emphasized that the view of culture aligns well Sue's (1991) belief that one's collective experiences influences one's worldview, thus warning play therapist to be mindful of using interventions that are influenced by one's own cultural identity. Hyder (2005) points out that in some cultures children are so integrated into the family and community that they understand the family and web of social relationships before they understand their selves. Within that context, O'Connor (2005) draws awareness to play therapist to be aware of the child's cultural identity and discussed the need for attention to the child's experiences within his or her family of origin's cultural practices.

Hodes cited in Newman (2002) indicates that refugee children and migrant who were able to show positive outcomes from play therapy were those whose background culture was considered, and their cultural values affirmed.

Gil & Drewes (2005) recommended that play therapists need to gain an understanding of the child's and family's perception of play therapy and take into consideration the child's ethnic identity and the cultural experiences of the child in order to refrain from overgeneralizing. Similarly, the Play Therapy Association (2009) recommends awareness of personal cultural identity, obtaining continuous cultural knowledge, and displaying culturally appropriate practices. However, Hinman (2003) points out that some therapist have been challenged by lack of directives on how to become culturally competent especially when working with children from a refugee and migrant worker. He suggested the importance of involving the family to provide resources and relevant information

regarding the child and ultimately leaves the family to decide if play therapy is an effective and worthwhile endeavour, if not withdrawal will be necessary. In a similar research, Garza, Kinsworthy & Watts (2009) stressed the importance for additional cultural sensitive knowledge to better understand what cultural groups deem important to prevent overgeneralization. Perez, Ramirez & Kranz (2007) emphasized the importance of utilizing cultural therapeutic techniques based on needs of diverse to ensure maximum therapeutic benefit.

Phyllis & Kendal (2004) emphasized the importance of utilizing therapeutic techniques and strategies based on the needs of the diverse client to ensure maximum therapeutic benefit. They also reminded therapists to be mindful of differences within refugees and migrants families and understand refugees' and migrants' history, cultural custom which can have a huge impact on engaging with the therapy. He emphasizes that the prognosis for traumatized children is improved if play therapist understands some of the cultural issues impacting on parents and with understanding of family customs and culture. This can help to change refugee and migrant's parents' attitudes towards play therapy. Play therapists offering support to refugee families often stems from the western purview of psychological disorder and dysfunction, and this may not be well aligned with the family's culture of origin (Mehraby, 1999).

Ontological and epistemological underpinnings

The research proposal is located within social constructionism ontology. When we look at the social construction of play therapy, there is significant evidence to show that culture plays a major role in how we understand play therapy and refugees' and migrants' families and that there are significant differences in cultural understandings of these. According to Bryman (2012) this position challenges the suggestion that categories such as culture are pre-given and therefore confront social actors as external reality that act constrain people; what can be taken to be an emergent reality is in a continuous state of construction and reconstruction. Bryman (2012) posits that social constructionism recognizes that the constructionist position cannot be pushed to the extreme, and points out the need to appreciate that culture has a reality that persists and antedates the participation of particular people and shapes their perspectives. Constructionism invites the researcher to consider the ways in which social reality is an on-going accomplishment of social actors rather than something external to them and that totally constrains them. Constructionism also suggests that categories that people employ in helping them to understand the natural and social world are in fact social products. The categories do not have built in essence; instead their meaning is constructed in and through interaction. This opens up the possibility that play therapy can enable families to elaborate narratives which are freeing and healing. Adopting a social constructionist

view to inform this research will allow me to explore refugees' and migrants' cultural background and how they perceive play therapy, while also recognizing the impact that cultural factors have on their ability such as adopting new values and beliefs from the immigrant or refugee parents' cultural context, have on their ability to immerse in a new culture and their understanding of play therapy (Bratton & Ray, 2000). Reflecting on my personal experiences, as a migrant parent, I recognized that my own story was a construction of many voices, interpretations and reinterpretations throughout my life, and a product of my interactions with my social and cultural environments. In developing the constructionist approach Charmaz (2000) has argued that:

“We can claim only to have interpreted a reality, as we understood both our own experience and our subjects' portrayals of theirs.” (Charmaz, 2000: 523)

The implications of these principles within constructionism theory for this study were about understanding refugee and migrants' participants during engagement with play therapy. To achieve this, required me to think carefully about my interactions with participants and how I should structure the interviews. According to Charmaz (2000), seeking the meanings of peoples' lived experiences, requires the researcher to go further than simply the surface meaning or presumed meanings and look for views and values as well as acts and facts. Charmaz (2000) further argues that by studying tacit meanings, researchers are able to clarify participants' views about their reality. To do this, Charmaz (2000) advises researchers to build a relationship with participants which enables participants to tell their stories on their own terms.

To achieve this, researchers are counselled to listen to the stories of participants with openness to both their feelings and experiences (Charmaz, 2000).

Aims of the Study

A qualitative approach that uses a descriptive approach draws out essential viewpoints from refugees and migrant's families based on the stories of own experiences when engaging with play therapy. Presumably, cultural background influences refugees and migrants' engagement with play therapy. Hence, the aim of this research project is explore how migrants and refugees experience play therapy and the influences of cultural background and interactions with social services.

The study addressed the following research questions:

General Research question

How do refugees' and migrants' cultural backgrounds influence their attitudes towards engaging with play therapy services at Parentline in Hamilton?

Specific

How do refugee and recent migrant parents understand the notion of play as therapy?

What are the parents' attitudes towards play therapy?

What are their experiences of engaging with Parentline services?

What acculturation factors contribute to the parent's engagement with Parentline?

What elements of play therapy do parents find helpful or unhelpful?

This study contributes to social work practice in two ways. Firstly, it helps to understand refugee and migrant families' cultural background and the challenges they face when they engage with play therapists and calls for play therapists to expand their knowledge, skills and attitudes regarding culturally sensitive practice. Secondly, the study will help illuminate the attitudes and experiences of refugee and migrant families and enhance the culturally appropriate use of play therapy to address the mental health needs of their children. This will help Parentline and other social services providers to move towards a more culturally appropriate practice.

Summary of literature

The literature reviewed appropriate epistemological positions that underpin the understanding of refugees and migrants' experience of engaging with play therapy, a form of social construction that entails how refugees and migrants make meaning of play therapy. Understanding refugee and migrant families from an acculturation background provided an understanding of the level at which migrants interact with the host society and different culture groups who they come into continuous first-hand contact with and subsequent changes in the original culture patterns of both groups. Migration experience has shown some relationship with acculturation process difficulties if left unaddressed and may also impact on integration with the host society. The literature has revealed continuing psychological impact of trauma experiences prior to migration and longstanding effects on refugee and migrant mental well-being. A suggestion of utilizing cultural therapeutic techniques to ensure maximum therapeutic benefit to refugee and migrant families has been provided. Arie's

ideas about the nature of childhood have provided a historical understanding of how children were viewed as adults. Other studies have examined the recent changes of how children are considered to discover and explore their world and themselves through play.

Historically, play was mainly used to interpret the unconscious motivation of children to build a relationship. However, it was revealed that the process distressed children and believed that there are better methods. Recently, play is focusing not only on relationship building but also on acceptance of the child, permissiveness for expression, recognition and reflection of feelings, respecting the child's ability to find solutions to problems and allowing the child space to do so, the child as the leader and the therapist as the client. From a cultural perspective, play therapy has been reviewed as effective therapy for refugee and migrant families as children are able to externalize some of their trauma through visual art, drama, and play before they can access these verbally. Undoubtedly, there is a host of complex issues associated with being new to a country which includes understanding of play as therapy, language, and adjusting to a new culture. Nevertheless, culturally competence can be a valuable practice to effectively support, promote and embrace refugees and migrants' cultural differences. In dealing with these ideas, we collaboratively better understand and respond to cultural diversity and thereby provide better and more inclusive play therapy services to refugee and migrant family.

The aim of this research is to how migrants and refugees experience play therapy and the influences of cultural background and interactions with social services. The study will use a qualitative approach to seek to listen and understand their experiences of engaging with play therapy.

Chapter 3

Methodology and Methods

This study is embedded in a qualitative research paradigm. Qualitative approaches are known Bryman (2012) for disciplined inquiry that examines people's lives, experiences and behaviour's, and the stories and meanings individuals ascribe to them. With this approach contributes to the development of new knowledge by enabling the researcher to gain a better understanding of complex issues affecting individuals and investigate how individuals interpret and make sense of their experiences.

This study used a qualitative descriptive design which provided a clear description of the experiences of refugees and migrant engaged with play therapy at Parentline, Hamilton, New Zealand. Special attention was paid to their cultural backgrounds. The details of the research methods used in the study are presented in this section.

Refugee and migrant families' experience of play therapy has been a relatively neglected area of research to date Perez et al. (2007) and the experience of play therapy for people from developing countries without English as a first language even more so. A lack of understanding of these important experiences leaves us with an "impoverished map of play therapy knowledge" (Smith, 1996). Qualitative methodologies aim to understand and represent the lived experience of refugees and migrants, based as closely on their perspective as possible Elliott, Fischer & Rennie (1999) and can help identify barriers and facilitators to change, and discover the reasons for the success or failure of play therapy (Starks & Brown, 2007).

Methods

Research Design

The researcher used applied-descriptive research which provided a clear, straight description of experiences and perceptions usually involving a semi-structure interview to collect data and summarize findings into themes for analysis (Bryman, 2012). The goals of descriptive research are to communicate directly with participants and search for precise accounts and rich descriptions of the experiences, events and meanings participants give to their experiences.

In the research, the study focused on exploring how refugees' and migrants' experiences with Play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation the researcher began with a well-defined question which enabled the participants to describe their experience. This lead to a more in-depth understanding of their personal experience, with the opportunity to look at deeper meanings of play therapy and the role of culture.

Recruitment

Twenty participants were recruited through Parentline organization from a diverse background, namely Taiwan, South Africa, Zimbabwe, Middle East, Afghanistan, China, South Korea, Sri Lanka, Vietnam, Somali, Zambia, Uganda, Namibia, Malaysia and Fijian Indian. I met the Chief Executive Officer of Parentline and she approved the access of the Parentline database, with the help of the database administrator who helped me to sample participants who we thought would express an interest in the study. The Administrator contacted 60 participants inviting them to take part in the study and also seeking their consent to participate. From the 60 phone calls made twenty participants confirmed their interest in the study. I contacted the twenty participants by phone and made appointment to meet them. On my first contact with the participant I explained about the study, the consent forms (Appendix A) and the information sheet (Appendix B). Each participant was given the consent form and the information sheet prior to the interview. The information sheet included a brief description and aim of the project, professional responsibility of the researcher, confidentiality, expectations for participants, voluntary and freedom to withdraw from the study and data collection and storage. All consent forms were collected before the interview.

The forms reiterated respect for privacy and anonymity. There were five participants who showed interest to engage in individual follow-up, they provided their names and contact information on the consent forms. All the participants I recruited accepted to participate. The participants were courteous and willing to help me with the study. There were few others who were later on

expressed interest to participate, I regrettably informed them that I would not be able to include them in the study. Data gathering process took close to two months. To protect the participants identity and encourage anonymity, pseudonyms were used as follows: The first group of migrant participants composed of: Memory, Sonia, Ryla, Sarah, Fran, Brendon, Evaristo, Ayanda, Tina, Charm, and Jessica. The second group composed of refugees: Jill, Kamu, Emma, Miriam, Scolla, Rufus, Farisai, Marula and Christina.

Data Collection

I used a semi-structured interview approach to collect data. Participants were encouraged to share their experiences of engaging with play therapy with special focus on the role of culture at Parentline. All interviews were held in the comfort home of the participants. I used open-ended question format as stated by Bryman (2012) that they are designed to encourage a full and meaningful answer using the subject's own knowledge and feelings (see Appendix A Interview Protocol Guide Questions). The session began with an introduction to the purpose of the study and an invitation to share experiences with engaging with play therapy services, cultural challenges and migration struggle. Participants were asked to allow up to 90 minutes for the interviews. The first 10 to 15 minutes of the interview was to ensure the participants were fully informed about the study and had the opportunity to raise any concerns and ask questions. At this stage participants were given the opportunity to take more time to consider whether they wanted to participate in the study. The informal and confidential nature of the interview was stressed to the participants and they were reassured that the researcher did not know anything about their experiences and would not be asking any questions about traumatic or personal experiences. After they had agreed to participate and asked any questions, participants were asked to sign a consent form, translated where required (Appendix C).

Using semi-structured interviews enhanced the depth of information obtained, while guiding interviews in a non-directive style. According to Bryman (2012) the semi-structured interviews process is flexible, it allows the researcher to seek further clarification; additional prompts may be used during the interview. After each interview, field notes were immediately written to capture the observations of the interviewee, any emotions, and general interaction were all recorded. Gathered data was captured in the form of memory, audiotape, and hand-written notes (Kothari, 2007). Interviews were recorded on audiotape and transcribed by myself soon after interviewing.

Data analysis

The credibility standard requires a qualitative study to be believable to critical readers and to be approved by the researcher who provided the information gathered during the study. Therefore, to add rigor and minimize bias, Bryman (2012), Lincoln & Guba (1985), & Creswell & Miller (2000) recommended several techniques inquirers may use to enhance the credibility of their research. They assert that qualitative validity comes from the analysis of procedures conducted by the investigator and from external reviewers. The strategies used in this study to help establish credibility included prolonged engagement, triangulation, member checking and peer review. Bryman (2012) also recommended reflexivity which was used throughout the research process to identify the researcher's beliefs, values and position. Thematic analysis provided the recording of patterns, theme categories and different interpretations of participants' stories associated to the specific research questions.

Prolonged engagement

Prolonged engagement means spending time, building rapport, trust with the participants, and confidence between the researcher and the participants (Lincoln & Guba, 1985). Having worked at Parentline for more than two years and being a migrant Social Worker/ Play therapist I knew some of these participants. I also shared some cultural beliefs and challenges that migrants face when they relocate to a new country. My challenges were to identify my preconceptions, co-construct meaning with participants and engage in respectful manner. In addition, as an insider to the refugee and migrants community I was mindful of Johnson's (2002) warning that researchers can easily lead to a loss of objectivity and bias.

Triangulation Procedures

Triangulation means verification of findings either through multiple sources of information such as literature, data collection and acquiring feedback from multiple enquirers (Creswell & Miller, 2000). Throughout this study, the researcher used triangulation procedures to contribute to the credibility and trustworthiness of the findings from this investigation, as well as strengthen the themes as they emerge. Triangulation included the implementation of multiple procedures such as a reflective journal, document reviews, member checks, and consultation with a peer de-briefer to explore themes and ensure the trustworthiness of results as they emerge from the study (Bryman, 2012). Understanding the potential for unintentional researcher bias because of cultural similarities

with participants, the researcher maintained a reflective journal and regularly consulted with a peer de-briefer.

The peer de-briefer included presenting to Social Workers, Play Therapist and Counsellors who also use Play Therapy. In addition, the researcher performed member checks throughout follow-up phone inter-views that took place. Of the triangulation procedures utilized, the researcher relied most heavily on the reflective journal as well as consultation with the peer de-briefer to determine whether the researchers' personal beliefs interfered with data collection and analysis. Throughout these procedures the researcher focused on bracketing assumptions and asking if emergent themes were the result of researcher subjectivity or information received from participants (Bryman, 2012).

Member checking

Member checking refers to the process of testing the data, categories and interpretations with members of the groups (Creswell & Plano, 2009). Participants who were interested in reviewing the transcripts and categories were given the opportunity either by email or hard copy of face to face. Feedback was obtained through personal contact. A limitation of this strategy is that members may later change their positions, deny some accounts, reframe or prefer that some stories be deleted. From this study only three participants asked to see their transcripts and were provided with hard copies. The main feedback related to my spelling error which included my attempts to use abbreviations for brevity. No one changed the substance of their accounts.

Peer review

Peer review provides an opportunity to test biases, categories and perspectives of the researcher with a peer group (Cresswell & Miller, 2000). In this study I used peer debriefing which involved peer colleagues providing feedback to the study to add validity to the study. I also used the staff meeting space to present my preliminary findings to my colleagues at Parentline staff meeting in Hamilton, New Zealand on the 25th August 2016.

Reflexivity

Mautherner and Doucet (2003) have shown that reflexivity has shown the interconnectedness and interdependence of the data and the importance of not just what but how knowledge is learnt. Cresswell & Miller (2000) stress that reflexivity is an ongoing process where the researcher attends

systematically “to the context of knowledge construction, especially to the effect of the research, at every step of the research process.

One important aspect of reflexivity was supervisory session held every fortnightly and eventually evening a month as the study progressed mostly through Skype with my principal supervisor. These were held every fortnightly from the beginning of the study until I started data collecting we met around once a month and I kept my supervisor updated with my progress via email.

An essential component of reflexivity was supervisory sessions, held mostly through Zoom and Skype. The supervisory sessions were most helpful in providing direction, resources, focus, clarity as well as personal encouragement and motivation.

Thematic analysis

Qualitative data deriving from semi-structured interviews typically takes the forms of a large corpus of unstructured, cumbersome data and data is not straight forward to analyse (Bryman, 2012).

Thematic analysis was used to analyse the collected data. Generally, thematic analysis is the most widely used qualitative approach to analysing semi-structured interviews. The conceptual framework of the thematic analysis for my interviews was mainly built upon the theoretical positions of Braun and Clarke (2006). They state that thematic analysis is a method used for ‘identifying, analysing, and reporting patterns (themes) within the data. The reason I chose this method was that ‘rigorous thematic approach can produce an insightful analysis that answers particular research questions’ (Braun & Clarke, 2006, p.97).

Braun and Clarke (2006) highlights that the common features of thematic analysis are familiarization of data, initial coding, generating themes, validity and reliability of themes, defining and naming themes and interpretation and reporting of themes.

Phase 1: Familiarization

After transcribing all the interviews, I analyzed the data to immerse myself with the depth and breadth of the content. Immersion usually involves repeated reading of the data in an active way, searching for meanings, patterns and emerging themes. I made sure that I read through the entire data at least once before I started coding, Braun and Clarke (2006) highlights that for an overall or detailed analysis, searching for latent or semantic themes, or are data- or theoretically-driven will inform how the reading proceeds. Thus, it is important to be familiar with all aspects of your data. They reveal why at this phase, one of the reasons why qualitative research tends to use far smaller

samples than, for example, questionnaire. At this stage I started taking notes or marking ideas for coding that I would refer back to when coding.

Transcription of verbal data

At this stage I developed a far more thorough understanding of the data through having transcribed it. I paid close attention to the data to facilitate the close-reading and interpretative skills needed to analyze the data. I also used this time to check the transcripts back against the original audio recordings for accuracy.

Phase 2 Coding

After familiarizing myself with the data I generated a list of ideas about what was in the data and what was interesting about the data. At this stage I produced initial codes that identified a feature of the data that appeared interesting and that I could assess in a meaningful way regarding the refugees and migrant's experiences. As I was coding I also started to develop the next phase of analyzing emerging themes. I used a manual coding system, I started by writing notes on the texts I was analyzing, by using highlighters or colored pens to indicate potential patterns, or by using „post-it“ notes to identify segments of data. I identified the codes, and then matched them up with data extracts that demonstrated that code. I also made sure that at this all actual data extracts were coded, and then collated together within each code. This may involve copying extracts of data from individual transcripts and collated each code together in separate files using file cards.

Phase 3: Searching for themes

After collecting a long list of the different codes, at this phase I focused on the analysis of the broader level of themes, rather than codes, this involved sorting the difference codes into potential themes and collating all the relevant coded data extracts within the identified themes Braun & Clarke (2006) this phase I used visual aids to help me sort the different codes into themes. I used tables, mind-maps, and wrote the name of each code (and a brief description) on a separate piece of paper and play around with organizing them into theme-piles. At this phase I started thinking about the relationship between codes, between themes, and between different levels of themes. Other codes formed main themes and others formed sub-themes. I also had a set of codes that do not seem to belong anywhere, and I created a theme called “miscellaneous to house the codes temporarily. I completed this phase with a collection of candidate themes, and sub themes and all

extracts of data coded in relations to them. At this point I started to have a good sense of the significance of each individual theme.

Phase 4 Reviewing themes

After I devised sets of candidate themes, it was evident that candidate themes were not really themes due to not having enough data to support them. I applied Braun & Clarke (2006) two levels of reviewing and refining my themes. The first level involved reviewing at the level of the coded data extracts. This meant reading all the collated extracts for each theme, and to consider whether the themes appeared to form a coherent pattern. At this level my themes appeared to form a coherent pattern, which enabled me to then move on to the second level of this phase. At this phase, I considered the validity of individual themes in relation to the data set, but also whether my candidate thematic map accurately reflected the meanings evident in the data set as a whole. At the end of this phase, I fairly had a good idea of what my different themes were, how they fit together, and the overall story they tell about the experiences of refugees and migrants families engaging with play therapy.

Phase 5 Defining and naming themes

At this stage I had my defined and refined themes ready to present them for my analysis and analyze the data within them. Braun & Clarke (2006) define and further refine the themes means we mean identifying the “essence” of what each theme is about (as well as the themes overall) and determining what aspect of the data each theme captures. It is important not to try and get a theme to do too much, or to be too diverse and complex. This was achieved by going back to collated data extracts for each theme and organizing them into a coherent and internally consistent account, with accompanying narrative (Braun & Clarke, 2006). At this phase it was vital that I needed not to not just paraphrase the content of the data extracts presented but identify what was interesting about them and why.

By the end of this phase I had clearly defined what my themes were. One test suggested by Braun & Clarke (2006) was to see whether I could describe the scope and content of each theme in a couple of sentences. At this phase I also started writing a detailed analysis of each theme and identified the story each theme told and considered how each story fitted into the broader overall story in relation to my research question to ensure that there will not be any overlap between the

themes. I started thinking about the names that you I would give to the final analysis. The names I used gave me sense of what the theme was about.

Phase 6: producing the report

At this stage I had a fully worked out themes and the final analysis of the write of the report. The write of the report included including data extracts) which provided a concise, coherent, logical, non- repetitive, and interesting account of the story the data tell – within and across themes Braun & Clarke, (2006). The write- up provided sufficient evidence of the themes within the data – i.e., enough data extracts to demonstrate the prevalence of the theme and included choosing particularly vivid examples or extracts which captured the essence of the point you are demonstrating, without unnecessary complexity (Braun & Clarke, 2006).

Summary

This study was qualitative descriptive studies which focused on discovering the nature of the specific events under study in nature and utilized semi-structured interviews. Prior to the recruitment of participants, approval from the Ethics Committee of the University of Otago was obtained and the study was reviewed by the Ngāi Tahu Research Consultation Committee. Twenty participants were personally recruited. The data were audio recorded, transcribed and analyzed using thematic strategies. To help establish credibility, I used prolonged engagement, member checks, triangulation and peer feedback. Reflexivity which included observations from process notes and reflections were used throughout the whole research process. The data were audio recorded, transcribed and analyzed using Braun and Clarke (2006) thematic analysis.

Ethical Consideration

Ethics approval received from the Ethics Office of the Otago University (Appendix D) to conduct this study. Approval for the planned research, revised research and the protocols had been asked for and was given by the Otago University Human Ethics Committee (see appendix D) , and the Ngai Tahu Research Consultation approval covered the safety of the research participants, an informed consent protocol (See appendix C) and an information sheet (See appendix B) that addressed voluntary participation and privacy concerns as well (Rubin & Babbie, 2001).

Approval for the planned research, revised research and the protocols had been asked for and was given by the Otago University Human Ethics Committee (see appendix D), and the Ngai Tahu Research Consultation Committee (see Appendix E). In order to recruit participants from Parentline Charity agency social workers from I also undertook the process of gaining ethics approval from them and was provided with a letter to recruit participants (Appendix E). The University Ethics Committee standards of confidentiality are designed to protect the personal information of the individuals taking part in the research, and to protect their identity so that they can respond openly, without fear that their disclosures during participation would be traced back to them or put them at some disadvantage. The ethics standards of the statutory agency (Parentline) included my signing a confidentiality agreement, guarding what they defined as “confidential information”.

Parent Informed Consent

Once the participant indicated interest to take part in the study, the student researcher met with the participant before the interview and explained the information sheet and consent form for signing. The following information was shared with the participant. The right not to answer any of the question during the interview, their information they shared was not going to be shared by other people except the two supervisors Prof Barusch and Dr Mele. The recording of information on a tape and tape being kept under lock and key according to the University policy.

Confidentiality

Participants were made aware that any data collected would be kept confidential, no demographic information would be taken, audio-recordings would be password protected and subsequent transcriptions would have any potentially identifying information removed. They were also made aware that the researcher knew only their names and contact details and had no access to their records and no knowledge of their histories. Participants were made aware that research supervisors would have access to anonymized transcripts in order to help with analysis. The limits of confidentiality were also discussed, and participants informed that if there were any concerns about the safety or welfare of the client, their social worker / therapist would be informed.

Potential Distress

One of the concerns I raised in developing this study was limiting the risk of traumatization which can occur when memories of past traumatic experiences are triggered off by events in the present, such as inappropriate questions or an intrusive style of relating (Van de Veer, 1998). Participants were made aware that they were not being asked to talk about their trauma which was

one way of limiting this risk. In addition, as a Social Worker with experience working with people who had experienced trauma and ensured the interviews were conducted sensitively and that the participants were put at ease as much as possible.

Participant Withdrawal

Participation in this research was completely voluntary. This is outlined in the information sheet (Appendix B) and consent form (Appendix C). Participants could withdraw from the study at any time and be assured that their services would not be affected. Even though they signed the consent form, they were free to withdraw from the study at any time without any negative consequences. Any identified information collected from them would be destroyed immediately.

Risks

This study might have been upsetting for some participants because it required them to recall and reflect on difficult experiences. There was also a chance that participating in this study might create double stigmatization within the refugee and migrant community. There were measures taken to minimize these risks. The face-to-face interviews were conducted in a supportive environment, by providing participants with assurance that they would receive follow-up counselling if they became emotionally upset. They could also stop the interview and withdraw from the study if they wished to do so at any time. There were emergency procedures in place as described in a previous section. If participants felt extremely disturbed, they could discuss their concerns with the researcher, and additional third-party counselling would be arranged as needed. Fortunately, none of the participants required follow-up counselling or withdrew from the study prematurely.

Benefits

There were no explicit benefits for the participants; however, participants got the opportunity to share their experiences, with the knowledge that they were helping others in the same situation. The information collected has added to the current understanding, knowledge and experiences of how refugees' and migrants' cultural backgrounds influence their engagement with play therapy services at Parentline, Hamilton, New Zealand, with special interest on their cultural backgrounds. and will ultimately enable service providers to respond more effectively to refugee and migrant's needs.

Chapter 5

Findings

This chapter describes the research findings. In this section, the results of the data obtained during the semi-structured interviews are presented, general themes and sub-themes were grouped under each question. This chapter reports the participant demographics, summaries participant's experiences using participant's own words are used to capture the essence of their experience. The participants' responses covered broad perspective of their experience engaging with play therapy and they disclosed intense personal stories have helped shape their views on play therapy.

Respondents Profile

This study received a 100% response rate, in that every participant that was invited agreed to participate. All twenty respondents were women, 15 married, 7 with partners and 14 without partners and 5 single with no partners who had lived in Hamilton and had accessed Play therapy. Their ages ranged from twenty-four to sixty years of old with a mean of 45 years. All were married or committed, though # were not living with their partners. All participants were fluent with English speaking and had accessed and engaged with play therapy services however all the participants, were their first experience with the play therapy interview. In order to provide anonymity, all participants will be referred to through the use of pseudonyms.

Table 2 Respondents Characteristics

	TOTAL	MARRIED	SINGLE
Respondent	20	15	5
Age (mean)	45	35	40
Age range	24-56 yrs	40-55	24-48

Table 3 List of Respondents

	NAME (PSEUDONYM)	GENDER	ETHNICITY	AGE	Marital Status	Living Arrangement	YEARS IN NZ	Migrant Refugees Status
1	Memory	F	Taiwan	24	Married	With Partner	3	Migrant
2	Sonia	F	South Africa	28	Married	Without Partner	7	Migrant
3	Ryla	F	Zimbabwe	35	Married	Without Partner	2	Migrant
4	Jill	F	Middle East	56	Married	With Partner	5	Refugee
5	Kamu	F	Afganstan	45	Married	Without Partner	6	Refugee
6	Sarah	F	China	51	Married	Without Partner	5	Migrant
7	Fran	F	South Korea	48	Married	With Partner	8	Migrant
8	Brendon	F	China	25	Married	With Partner	3	Migrant
9	Emma	F	SriLanka	45	Single	Without Partner	6	Refugee
10	Evaristo	F	Vietnam	48	Married	Without Partner	4	Migrant
11	Miriam	F	Somali	34	Single	Without Partner	3	Refugee
12	Scolla	F	Somali	30	Single	Without Partner	2	Refugee
13	Rufus	F	Zambia	46	Married	With Partner	6	Refugee
14	Farisai	F	Uganda	35	Married	Without Partner	7	Refugee
15	Ayanda	F	Namibia	29	Single	Without Partner	3	Migrant
16	Tina	F	Malaysia	36	Single	Without Partner	6	Migrant
17	Charm	F	Fiji	44	Married	Without Partner	6	Migrant
18	Marula	F	South Africa	52	Married	Without Partner	6	Refugee
19	Jessica	F	Zimbabwe	40	Married	With Partner	2	Migrant
20	Christina	F	Afghanistan	24	Married	With Partner	6	Refugee

Question one: Experience of play therapy

What is your experience of play therapy? How is play important to children?

Themes identified among the responses to this question included: Importance of play, child lead play, expressing feelings, express experience of loss & trauma, new to play therapy, play therapy challenges, lack of understanding of therapy, culture difference, known for abnormal children or mentally disturbed and lack of trust. 16 participants described their personal experiences of play therapy as a new experience to understand and did not comprehend the meaning of play therapy. This reiterates the amount of challenges refugee and migrant families face when they first engage with play therapy.

Below are the participant's responses:

Sonia said:

“It was my first time to hear about this type of therapy, we don't have this type of therapy back home.”

Similarly, Memory reported that:

“This play I only knew about it when I was referred to Parentline and I only came to know of this therapy in NZ.”

Other participants expressed themselves:

Rufus added:

“It is my first time, but I heard about it back home, but I never experienced it, this has been my first time to be involved in NZ”.

Farisai said

“This is my first time to take my children for play therapy, back in my country this type of therapy is only for middle and upper class people”.

Most respondents reported that they had never heard of play therapy in their countries of origin. Only one mentioned that play therapy took place at home and that one indicated that access was class-based. On the other hand, there were two participants' who related play therapy as a problematic therapy. They described their understanding of play therapy in relation to children

with mental problems. One participant described her experience of play therapy as linked to abnormality.

Ayanda said:

“I heard about it back home as therapy for children with mental problems not so much of normal children”.

Tina also said:

“My aunt once mentioned about it when her daughter was sexually assaulted, I am not so sure if it is for normal children”.

The difference responds from those who described the experience as challenging highlighted the difficulties in understanding much about play therapy as a foreign therapy from their countries of origin. Charm described her understanding of play therapy:

She said:

“My daughter and I did not understand much about this therapy and myself I just thought the play will fix my daughter’s annoying behaviours. Back home children just play with other children and parents don’t interact with children’s play.”

However, Marula described her experience as a success but did not trust the therapy initially. She said:

“Interestingly, play therapy was so useful to my myself and my two boys. It brought us so close together through the games we played. We enjoyed each other’s company, laughed, cuddled and has so much fun. Although I didn’t have trust with play therapy I sort of doubted the whole thing”.

How is play therapy important to children?

The following themes emerged from the participants: children make sense of their children’s play world, make meaning of past events, express hurt feelings, therapy does not change behaviour. Thirteen participants responded and acknowledged the importance of play therapy however seven participants demonstrated a lack of understanding of the importance of play therapy. These contradictions are both sophisticated and complex, incorporating positive and negative notions relating to play therapy and its therapeutic consequences, which some were able to fluently adopt when they accessed play therapy. The importance of understanding play was a prominent area for most families. The thirteen participants gave their experience of understanding the importance of play therapy as evident in the example below.

Jessica said:

“I think this type of therapy helps children try to make sense of their own world through play as I noticed how my youngest made meanings of symbols and created her own story from those symbols to help her understand some of the things that were happening in her life”.

For these two participants, play therapy was effective and important as it helped unpack the feeling of fearing people.

Christina said:

“My youngest attended this play therapy she used symbols to demonstrate the fighting that used to happen in my house previously and hide herself underneath the sand which the therapist said it is showing how much he was afraid and living in fear of people. I really appreciate this type of therapy.”

Evaristo, Emma, Brendon and Fran explained how their understanding of play therapy changed once they attended play therapy sessions and were convinced that it helped their children express some hurtful feelings.

Evaristo said:

“After attending a few sessions, I sort of got that play therapy works well with children who have difficulties in expressing themselves verbally”.

Emma said:

“I notice that the play therapist uses play as way to encourage the child to express self through play”.

Brendon said:

“It is therapy that works well for children as it does not allow too much talking, the therapist helps a child to express his feeling by pictures or painting in a fun way”.

Fran said:

“The therapy is when a child is helped to act out any real-life experience that has caused him to behave like that and gets some support”.

Jill, Ryla, Sonia and Memory had different experience, they felt that play therapy was not convincing to manage children's behaviour. They found their engagement with therapy not as quite convincing to solve their children's behaviours as they expected. However, this brought with it difficulties and frustrations; with participants investing doubt to the therapy and were disappointed when they were unable to fix the complex array of behaviours their children were facing.

Jill said:

"I still have some questions around this play therapy, how can play treat behaviour problems I still don't get it".

Ryla commented:

"My son's behaviours have not changed at all".

Sonia said:

"I am not convinced that play therapy can treat my son's challenging behaviours".

and Memory said:

"I have not heard of this, how come his behaviour is still challenging"?

What are your perceived positive benefits of play therapy?

Themes identified among the responses to this question included: spend quality time with children, communicate better with children, build close relationship with children, children feel loved, it is a fun time for children. There were participants who found play therapy as a time waster, not educationally focused, too structured, cultural understanding of therapy, and not similar to their childhood type of play.

Participants were asked how they perceived the benefits of play therapy to elicit descriptions of their play therapy experiences. Benefits were shared by almost all participants. A major theme that emerged was parents' perceptions of the positive aspects of their experience. As they spoke, it was clear the participant's play therapy experience afforded them an opportunity to spend quality time with their children, to enhance communication and build close relationship, and for children to experience self-efficacy at home as evidenced by these responses:

"Evaristo said;

"I am finding that I connects better with my children if we have fun and play".

Miriam added:

“Night time we play one board games which they alternate to choose, I have learnt to back off when its playing time my children. I let my children take the lead there is much benefit from just leading them to play”.

When asked about what it was like to spend quality time playing with their children at home, parents identified the time spent with their children as one of the most beneficial aspects of their experience. They all acknowledged the difficulty in making time to play and be together amid their many other activities and busy schedules. Their descriptions reveal that the benefits went beyond simply spending time together, but that their experience allowed them to interact in different and new way provided an opportunity for relationship enhancement.

Rufus said

“I have completely changed from a busy parent to a parent who can find time with my children”.

Farisai added:

“I am putting effort to engage with my children especially when playing games, I play soccer with my son three times a week”.

Ayanda said:

“I recently I purchased bicycles and we go for rides, racing up twice a week and on weekends”.

One participant stated that she was comfortable with play therapy as it encouraged her to access more activities and become more creative and this experience taught her a new way of connecting with her children.

Marula said:

“Play therapist helped me with ideas of playing with my children. I play every day and my children laugh, I notice that this brings me close to my children, my children enjoy board games, puzzles are good too, throwing ball, and at time we go to the park and chase each other they laugh when they see me running I cannot run fast, I have to slim down a bit”.

Christina, Jessica and Charm described their experience as a way to help build a working relationship with children, especially the children who are unfamiliar with verbal expression and show resistance to articulate their feelings and issues. They said that they are now incorporating it at home. They said:

Christina said:

“My children love spending time with me. This play has made me so close with my children and it makes them feel special”.

Jessica added:

“I now find time to spend and play with my children on a regular basis”.

Charm said:

“We play outdoors, throw ball, push my kids on swings, make mud pies, go on a hike around the neighborhood and take some nature walk in our backyard.”

Some parents described their feelings that play was a comfortable experience. Mostly, the parents who had this experience reported that they regularly engage in play with their children outside of play therapy.

Sarah said:

“Play therapist helped me with ideas of playing with my children”.

Jill described how she has been noticing a change of interacting with her children:

She said:

“I play every day, and my children laugh, I notice that this brings me close to my children”.

Fran said:

“My children enjoy board games, puzzles are good too, throwing ball, and at time we go to the park and chase each other they laugh when they see me running I cannot run fast, I have to slim down a bit”.

Ryla described that she found play as an opportunity to escape the demands of adult life and also help with her own healing process. She said:

“Oh well, play has become the daily thing now, since I realized that it does good for my child and myself I have been trying to do what the therapist suggested like letting my children express their feelings and I tell my children that its ok to feel like that and help them to cope either I give them cuddles or kisses, this also helped me to cope with my own hurts”.

It is clear from these participants that they valued play therapy and found that their children developed trusting and close relationship with them and were able to use their creative skills in a fun and undivided attention. However, three participants Kamu, Brendon and Emma perceived play therapy as a waste of time and would rather focus on providing children with educational resources.

Brendon said:

“During my childhood play was focused on math’s games, science games and we were forced by parents. My parents had high expectations of us so my play was educational, school work was always important”.

Kamu said:

“My children just want to play I want my children to read books because education is very important you know”.

Emma, explained that her discomfort was related to her cultural background about some toys used in the play therapy.

She said:

“I didn’t quite like some of the toys because they are more Kiwi and I fear that my children may change to Kiwi children who do not respect their parents”.

Scola, expressed some discomfort with play, and described her challenges related to cultural difficulties with her children, She said:

“I am finding it difficult to play with my children, since my children started going to school they are no longer interested in speaking Somali our home language, this makes it hard for me to play with them. I like to think that they can understand me, but they are choosing not to, each time they say, “mum speak in English” it is very annoying.”

A number of participants described their understanding of play based on their childhood as very different with play therapy or playing with their children. Their childhood play was free play and no adults were involved. Jessica, Tina and Scola said: Jessica,

Jessica said:

“Play is a normal play with friends and not monitored and therapeutic play involves a therapist who monitors the play and the play is structured”.

Tina said:

“My childhood play was just playing with my friends most of the time with no arents. We grew up living in a community village were all children came together and play. This play was not supervised it was just random play”.

Scolla said:

“My parents were not involved in all the games. With therapeutic play there is a therapist who is involved with the child and guide the child by praising and talking with the child without asking questions but waiting for the child to respond patiently.”

Participants related play therapy as too focused and too structured which required monitoring while their experience of childhood had no structure. Evaristo said:

“My parents were not involved in all the games we played we grew up very connected with the village and grown-ups were not involved in the play as they were busy with work, play was just play and no big deal about the play but play therapy is very focused on the child and it is a one on one interaction which the child takes control”.

Seven participants found play therapy ineffective in terms of the lack of inclusiveness of participant’s cultural range of toys that are appropriately selected to allow children to express and explore their cultural experiences. There were also doubts around the structure of play therapy and leaving children to lead without adult involvement. Some participants felt that their experience of their own childhood play did not involve any adult interaction, and this left them doubtful of the effectiveness of play therapy.

What is your experience of child led play in play therapy?

Themes identified among the responses to this question included: creativeness, confidence boosting, children feel listened. children feel isolated, children will not know how to play by themselves.

The majority of participants described a positive experienced of child led play and reported that leaving their children to take the lead enabled their children to have time to self-direct their play by choosing the play, the toys they want to use. From their response the participants demonstrated that children are better able to work through their issues in a non-directive environment that focuses on the child’s ability to work through their issues as compared with other more directive approaches.

Ayanda said:

“With play therapy children listen to their feelings because children have feelings too and parents ignore, so when you play with your children you are giving them a chance to lead and the parent follows so the child is giving direction to the play activity which will help the child to increase his confidence in a safe way”.

Charm also found child led play effective, she said:

“I found that play is a free play for the child/children that gives them an opportunity of making free choices and say out their worries and children learn to take responsibility for them without anyone pushing them or telling them what to do, for this reason the children’s play is not monitored which gives the child that power of owning it”.

Participants described their observation of a child led play as allowing the children to address their issues through the use of expressive mediums and materials (e.g., art materials, dress-up clothing, puppets).

Marula said:

“With therapeutic play I noticed that my daughter used this time and space to talk about her sadness when her dad was killed. The Therapist used clay, play dough, paint and color to allow her to say a story while expressing herself and the sadness feelings rather than talking”.

A major theme described by several participants clearly indicated an opportunity that child led play provided children to take the lead for the play thus enabling an imaginative world that creates creativity. Jessica said:

“I noticed my child leading play with the therapist and deciding what she want to do without being told what to do”.

Christina said:

“The child uses imagination and creates a play about what is going on for him or her”. Although many participants cited positive aspect of child led play Ryla and Scola felt that child led play is too individualist, isolates the child and not child focused.

Scola said:

“Play is supposed to be a normal play with friends and not letting a child think how to play on his own”.

Ryla said:

“Child led isolate the child, I doesn’t this child led play helps a child in any way we grew up living in a community village were all children came together and play this play was not led by a child or supervised it was just random play.”

The participants' response show play allowed their children to be imaginative and creative and can develop skills to make free choices and at the same time have an opportunity to address issues that might have been challenging using symbols to help express themselves. Two participants found child play as an individualist concept which isolates children and for these participants they felt that child led play is not child focused.

Experience with play therapy

What did you experience with play therapy?

Themes identified among the responses to this question included: explore feelings, share sad feelings, express sad feelings Importance of play, isolation of the child and individualist.

Participants described that play therapy has significant impact on allowing children to express their feelings. These findings are consistent with the narratives that came up about play therapy facilitating a climate in which the child can safely express and explore their feelings, thoughts, experiences, and behaviours in a non-directive approach that focuses on the child's ability to work through their issues as compared with other more directive approaches. Fran and Brendon commented.

Fran said:

“My experience with play therapy has been a real-life experience, during this time I noticed that my child expressed freely her emotions and she even told the therapist how sad she was feeling”.

A common reflection was for parents seeing their children expressing their inner feelings, for this experience validated the positive aspect of play therapy's environment to express feelings.

Brendon said:

“So when I took my children for play therapy this was the only chance they had to talk about their sad experiences back home, my children saw some really bad things, it makes me very sad.”

One participant had some difficulties at first in remembering what had happened in their home country before the war, but they remembered better after they had been talking for a while. She reported as follows:

Memory reported:

“My children were able to find someone who they trust to talk about the loss of their father and the new changes in NZ, missing their grandparents and other family members”.

Most participants described play therapy as an opportunity that provided a space to release out feelings to someone about past experience who they trust, overall the participants highlighted mostly the positive aspects of the importance of play therapy as can be seen below respondents.

Sonia said:

“I found that play therapy helped my children talk to someone about their secrets and hurts using symbols in the sand tray, draw or paint and share bad things they saw before their dad was sentenced. My daughter was able to talk to someone about how her father sexually abused her, something that she has never shared with me or someone”.

Emma said:

“Play therapy helped my five-year-old daughter to disclose a sexual act that had happened to her when she attended kinder. She drew a picture of a male holding down her underpants and said that was her favorite game. This really shocked me, my daughter did not tell anyone but through play therapy she drew that picture”.

Most participants revealed common experiences about how their children were able to start therapy conversation using symbols and opened up their sad experience.

Ryla said:

“My experience with play therapy has been seeing my children using clay and toys, clay, dance/movement, drama, masks, music, puppets to start a conversation on how sad things happened in their lives”.

Emma added:

“When I took my children for play therapy this was the only chance they had to talk about their sad experiences, they used different pieces of symbols mimicking their lives, back home, my children saw some really bad things, it makes me very sad”.

Brendon and Evaristo related play therapy as similar to their counselling experiences, the difference was the use of symbols to generate a conversation. They commented as follows:

Brendon said:

“Play Therapy has been a success, it is a little bit similar with counselling just that with play therapy my children who were exposed to severe incarceration of their father at a farm back

in South Africa were given some games, toys like clay, drawings and paint to help my son express his emotions, thoughts, wishes and needs”.

Evaristo added:

“I have attended counseling with my son and it is a bit similar but this play helped my son explain why he hits others at home and school using some toys”.

Two participants expressed uncertainty about their experience of play and seemed that they did not trust the process. In general, these two parents did not see the need to understand the value of play therapy. Jill and Sonia commented as follows:

Jill said:

“My daughter did not understand much about this therapy and myself I just thought the play will fix my daughter’s annoying behaviours. Back home children just play with other children and parents don’t interact with children’s play”.

Sonia added:

“We enjoyed each other’s company, laughed, cuddled and has so much fun. Although I didn’t have trust with play therapy I sort of doubted the whole thing”.

The participants’ said positive things about the experience of play therapy. They valued the effectiveness of play therapy especially when in terms of allowing children to express feelings and reflecting those feelings back in such a manner that the child gains insight into their understanding of behaviour. However, two participants had an expectation of play therapy as a fix to their children’s behaviour.

Thirteen participants said that they found play therapy as an environment that allowed their children to process their loss and work through their grief at their own pace. They said that within that space play therapy helped their children grow and encouraged the child to trust him/herself while confronting problems in their world. The following quotes illustrate the participants’ response.

Miriam said:

“Play therapy is a special type of therapy for children who saw bad things that affected their brain and misbehave at home and at school, but my therapist told me that, when children get worried inside it affects their brain. So, the therapist helped my children through a special play that made them feel good about themselves”.

Some participants saw play therapy as an opportunity to help explore hidden feelings and express grief emotions through expressive arts activities like creative painting, old photos, and memorabilia. Rufus said:

“My therapist told me that my son’s behaviour was a result of past events. Attending play therapy helped my child to let go off his bad behaviour and express his feelings about what happened during their past and help him heal on his own time using play activities like symbols, dolls, guns and papers”.

Farisai described play therapy as a way of talking about past hurtful events she said:

“Play therapy is mainly for children who experience some bad incidents in their lives, the therapist then helps the child or children to revisit back the past events and talk about them in a play environment to make sense of those experiences. I think then children can learn to be aware of their behaviour and understand why they behave like that”.

Ayanda mentioned that play therapy supported her children in the sharing and healing of their experiences with their father’s death loss. The use of play encouraged the children to communicate verbal, nonverbally, in a symbolic way.

Ayanda said:

“It is therapy that works well for children as it does not allow too much talking, the therapist helped my children child to express their feelings by pictures and painting in a fun way. The therapy was when my children were helped to act out real-life experience with some symbols without talking about the sad event”.

Miriam, explained that she noticed that play therapy provided her child a time to talk about his past and sad moments when he witnessed violence.

Miriam said:

“My children when they attended this play therapy they drew pictures of themselves hiding under their bed when I was being beaten by their father. The therapist explained to me the pictures they drew, and she talked to them about their experiences, my children opened up their sad feelings to the therapist”.

Summary of Parents’ Experiences of play therapy

Overallly participants described a generally positive experience with play therapy. They understood in understanding play therapy and its importance, how they perceive it and the benefits they experienced. Many perceived benefits of their family play session identified by parents include:

expressions of feelings, letting the child take lead in play a way of building strong relationship and connection, and the opportunity for the child to experience mastery. Parents expressed varied thoughts about the use of play in therapy. In most cases, parents that regularly spent time playing with their children described their experience of play therapy a learning experience to play with their children at home. Whereas, those parents who felt uncomfortable attributed their feelings of discomfort to a variety of factors: lacking time, lack of play experiences during their own childhood, uncertainty about how to guide their child in play, and ambiguity of the task and wanting their children to read books instead of playing. Overall, some parents expressed their belief that play was valuable and worked through their own insecurities and discomfort for the sake of their children. Others however, wondered about what purpose, if any, play in therapy serves considering their children's behaviour whether it fixed the problems or not.

What is your Parenting style?

Themes identified among the responses to this question included: extended family involvement, preservation of culture, child's obedience to parents, success and excellent and respecting elders. This theme aimed to seek to understand the parenting and discipline norms from the participants family's home culture and their values in collectivist and individualist society. Refugees and migrant's participants were asked to describe their parenting style in the New Zealand and compare this to the way they were raised back in their home country. Most of participants interpreted their parenting as their responsibility or their family or extended family and obligation to provide discipline for their children in different physical discipline from theirs and how they were parented.

Charm described that:

“Both my parents were involved in my life even though I remembers mum's parenting. More interaction was with mum because she stayed at home all her life and looked after us while dad was the one who would look for work and money to feed and clothe us. Home was safe even though I was a bit scared of dad because each time I interacted with him I would have done something wrong. Mum was very strict so as dad I think they complimented each other very well. Extended family also played a bigger part in my life they also parented me during my parents absents or if they visited”.

In all cases, most participants emphasized their parenting as a mutual responsibility, expressing that it was both parents' job to tell the children the right, moral way to behave to preserve the culture heritage. This theme in regard to the importance of teaching children to respect elders emerged from most participants. They commented as follows:

Jill said:

“I feel that it is necessary to tell children what to do and this is instilled right from birth. It is part of their important values and culture, my parents believed that I needed to be obedient to authority, obey rules like for example not talking back to elders, and do as the parent or elder say”.

Kamu added:

“I did not have much say when I was growing up, my parents were the decision makers even the clothes I wore they chose and I was taught was to say thank you”.

Success in school was also a value that all participants agreed was important for parents to instill in their children. Sarah commented as follows:

“I want my children to be successful in their life, education, I have to train them, tell them what’s good, stop what’s bad. I was strongly parented from a traditional way and mainly influenced by our culture, and this style promotes doing everything together as a community and family. My parents set high but standards especially academic and provided the necessary support for us to achieve”.

The participants’ response show that their parents were strict parents who did not give them choices or to be listened to as a child. The parents were strict with discipline and extended family played a huge role in parenting. Success and excellence were values that were instilled from a young age.

How has your parenting changed since you migrated and what kind of discipline do you use?

Themes identified among the responses to this question included: physical discipline and punishment, authoritarian parenting style, role of extended family, positive parenting, adopting New Zealand concepts of parenting.

Participants were asked how their ways of parenting differed from or similar to the way they were raised, considering collectivist and individualist values almost all the participants shared their struggles of a keeping their collectivist values in an individual society. Most participants reported that they are adapting to the positive styles of disciplining children in New Zealand from the customs they were raised with in their home countries. Two participants mentioned that back home, it is not uncommon for a parent to raise a stick to threaten a child or even tap him with it as a punishment to instil obedience. They commented as follows:

Memory said:

“Both my parents and grandparents parented me, and it was very normal to be smacked by parents, extended relations and anyone else that happened to be a grown up. It was also okay to be given a smack ’round the head for doing something you”.

Fran added:

“Both parents parented me and my grandparents. Smacking was very normal. My parents were very much like authoritarian parents, we were expected as children to follow the strict rules they established. Failure to follow the rules resulted in punishment”.

In contrast, one participant claimed that her thinking shifted in this regard through exposure to life in New Zealand. Whereas she used to adopt her dad’s method, she has become accustomed to what she describes as New Zealand parenting having experienced play therapy she has come to believe that “beating” a child to make him listen is wrong and ineffective.

Brendon said:

“Failure to follow the rules resulted in punishment. No child could explain or question his rules. Mum on the other side was a bit on the loose ends, she demanded few things and allowed a bit of some freedom. She hardly punished us. I guess I am more of my dad although I am changing since play therapy and a child can listen without being beaten”.

Emma added:

“Being in NZ has sort of like opened up different ways of disciplining children in a positive manner. I like it because children can have a say to things like the food they eat, the clothes they wear and can answer back. I think this is good for children. In New Zealand I don’t hit my children any more if I was at home I would be smacking them for little things. I notice that my children are free to come to me than before”.

Almost all participants confirmed that they were raised in an authoritarian style which included the use of physical discipline.

Evaristo reported:

“My parents were very much like authoritarian parents, we were expected as children to follow the strict rules they established. Failure to follow the rules resulted in physical punishment”.

In another interview one participant mentioned that she grew up in an environment in which children were expected to be disciplined by any adult they encountered, including an adult who the child might see in passing but didn’t know well. It was the norm for an adult who saw a child in the

street to freely ask where he or she was going or to tell him or her they should go home. This reflects the collectivist nature of most of the participants culture:

Miriam said:

“My mum was mostly involved in my life and she did the parenting. She stayed at home and looked after us, a practice which is normal, women look after children and men work hard for the family”.

Scolla, added:

“My mum was very strict she used to smack if you chat back, fail at school and forgot to complete home homework. Back home all adults can parent you regardless of family or non-family members”.

Rufus reported:

“My mum’s parenting was mainly concerned with authority, tough discipline, and control over us as children”.

A common theme among participants said that they were changing their parenting from authoritarian to authoritative parenting, as they are noticing a positive response from their children. Aside from the cultural challenges encountered in the process of parenthood, improved parenting emerged as a generic category. Many parents said that coming to New Zealand and attending play therapy had made them rethink their roles as parents and adopt a new style of parenting. In order for parents to become more self-confident in their parenting, participants suggested that they were improving their communication with their children developing mutual respect between themselves and their children, and, further, setting boundaries.

Farisai said:

“I have noticed that since I migrated to New Zealand I have shifted my mindset from being an authoritarian parent to authoritative parent, I am very relaxed with my children. I know longer use the physical discipline”.

Ayanda reported:

“In comparison to NZ and Western styles of parenting, I now praise and positive reinforce my children for good behaviour to promote self-esteem and I have noticed my children’s behaviour improving”.

Tina added:

“My parenting has changed since I migrated to NZ I used to use my dad’s way of giving orders to my children, but I now give choices. The days of "Do what I say without question" are over. My children are free to me and ask for things without being scared of me because I do not turn them away instead I negotiate with them”.

The participants related to being brought up in an authoritarian parenting style and where smacked as a way of disciplining when rules were broken. There is consistency with the involvement of extended family as responsible for parenting children and also preserving culture and values to maintain cultural heritage. Two participants have adopted New Zealand's positive parenting approach and are appreciating the strategies of managing children's challenging behaviour.

What influenced your parenting?

Themes identified among the responses to this question included: culture and custom heritage, gender influence and shared parenting by extended family.

Six of the participants said they felt a key to improving their parenting was understanding the culture and systems in New Zealand. However, they felt it was important to be listened to about their culture when it comes to parenting and that parenting values are instilled from a cultural background. Parents also emphasized the importance of extended family parenting. They thought this was crucial for their children to be inclusive of the extended family as part of the family and extended family is as important as the parents in terms of instilling cultural heritage and values. Participants mentioned that the children needed to be taught about culture and to understand the rules and the society they lived back in their country of origin.

Charm said:

“The most important aspect of our culture when children are misbehaving is involving the whole family to discuss the issues”.

Marula said:

“Our culture involves aunts, uncles, grandparents, cousins, nieces and nephews and family comes first before everything”.

Jessica added:

“We believe that our culture helps to keep the extended family close together and also helps the child to know that she is not alone with the problem, but everyone is affected and also the child can seek support from her aunts and uncles”.

Some participants felt a need of shifting their culture especially the parenting style that was instilled by their parents to a more relaxed style which incorporates support and compassion along with discipline to their children.

Christina said:

“Even though we have our own culture, but most people have stopped following the culture as it keeps changing with new generations, especially parenting from an "authoritarian" to

an "authoritative" style yields better results and incorporates support and compassion along with discipline”.

They were a number of participants who stressed the importance of having a professional who comes from the same gender as their children to support them, as in their culture it is a taboo especially for male children to work with female professionals.

Scola said:

“In my culture children who are from a Muslim faith are not allowed to be talked to by a non-Muslim person and again a male cannot be in a same room with a woman. My son was seen by a lady who did not even check whether it was ok to do that, I suppose she did not know that, but it is not good”.

The participants’ described how culture influences parenting and the importance of involving extended family to help and support with parenting as child’s misbehaviour are deemed to be family problems. This was also highlighted by another participant who deemed religion to be of importance.

Question two - Culture and acculturation experiences

Question: What are your experiences with migration and settlement in Hamilton, NZ?

Themes identified among the responses to this question included: culture change, maintaining language, lack of family supports and adjustment to changes without extended family, loneliness, unemployment, financial difficulties, lack of family support, feeling powerless, dressing, food, culture shock, language and child rearing. The themes emerged during the interview process, highlight participant’s challenges related to difficulties faced during transition and settling as a new migrant and refugee in a foreign country. The following responses were recorded as follows:

Charm said:

“I experienced financial difficulties and finding employment was challenging which caused stress and affected my parenting.”

Tina reported:

“No one appreciates our educational background or professional experience when we arrived here we had to start from zero”.

Ayanda added:

“My husband could not find a job because of lack of qualifications that a recognized in NZ, this affected our settling as we had not enough finances”.

Farisai and Rufus described their shocking experience as follows:

Farisai said:

“It was a wakeup call to find that I had no-one to support me especially parenting these young boys”.

Rufus added:

“Being in a new country, with new systems confused me a lot, I really needed someone to point at services available, you feel powerless”.

Some participants commented about the about the difference in taste of food and the dressing.

Miriam said:

“The people are not friendly, the food is not good, the culture is very different, people don’t talk to each other, back home everyone talks to everyone in the streets”.

Brendon said:

“The dressing is very different, back home you have to think about covering yourself everywhere what I see here is shocking”.

Some participants shared experience with migrating to a country with little concept of the host culture and language as a stressful experience and again leaving behind a family, a familiar environment, and sometimes a basic ability to communicate with those around you. It can lead to a loss of identity and a loss of self.

Some participants shared some stresses they faced, Fran said:

“Finding the right employment for my trained job was also a challenge which was stressful and affecting my parenting”.

Sarah described feeling lost with no family, she said:

“I found myself lost and not able to commute my inner feelings to family”.

Emma added:

“I found myself with no place to belong, it all started when I migrated”.

Tina said:

“I was shocked by the reality,” said one participant. “I felt there is no point in what I am doing, in New Zealand, I was shocked: Is this the New Zealand I was dreaming of? That is impossible”.

Language

Language is one of the major themes that emerged which clearly defines the effect on the culture, sense of family identity and sense of belonging. Most participants responded that lack of English was a huge barrier to participate fully in the New Zealand society and sometimes the inability to communicate often induced feelings of frustration and helplessness and the fear for children to lose the language. These themes include cultural continuity; pride and belonging;

Jessica said:

“Our language is an important thing for us and it’s our role as parents to teach that language and protect our children”.

Memory said:

“My cultural identity, it seems like people do not welcome other people from other cultures you find someone speaking to you in English and looking surprised that you do not understand, can they not see that I am not Kiwi, English is an additional language it is not my language”.

Ryla said:

“A lot of things changed for me, just losing my language on its own has been a major thing, I doesn’t have many people to talk my language and English is not my favorite language at all, I does not understand Kiwi when they speak, and this makes me feel so dull.”

There were consistency among participants to show experienced significant challenges during migration process itself combined with lack of social support, financial, unemployment, culture shock, the loss of support systems and an inability to adjust and the need to learn a new language. It

was common for participants to have experience some difficulties with migration and settlement, especially in the early stage.

Question: What culture differences did you face?

Themes identified among the responses to this question included: traditional beliefs, language, physical appearance, isolation, and socializing. Cultural differences emerged as a major theme across all participants which was said to have a huge impact on refugees and migrants. All the participants admitted that migration had been a huge challenge. There are several adverse factors that all refugee and migrant's participants had in common such as impact on traditional beliefs, religion, cultural identity.

This theme was very common. Rufus said:

“A lot has impacted on my traditional beliefs, and my cultural practice, I rely on the bible. Although I feel that I am a little bit disconnected from my culture, language and the people who understand me better it appears that my children are losing their identity”.

Scola and Brendon described the culture difference in learning the new culture, they said:

Scola said:

“I am trying to make an effort to socialize with other people from different cultures, I realize that I am learning that other cultures too have the same problem”.

Brendon added:

“I am interacting with Kiwi people, I do not see them as bad people anymore I think they are good people it's just that they don't understand Chinese culture same as I don't understand Kiwi culture. I still have a lot to learn and adapt to enjoy my time in NZ”.

Jessica, Marula and Jill related to feeling stressful because of physical appearance. They commented:

Jessica said:

“It is an issue if you look different from the rest of Kiwis, people look at you differently and when they try to talk to you the problem is the Kiwi accent, I had no problems with my own skin back home and language and now I feel that I am different by the way people look at me it is very frustrating”.

Marula added:

“I look different, I eat different, speak different my whole self is suffering a lot, no-one is able to speak my language or even understand my belief or culture. “I am worried about my children’s identity”.

Jill said:

“This is very frustrating, no-one looks like you, these people bring us here in NZ knowingly that we will feel different”.

However even though most participants commented that maintaining their culture identity was proving to be difficult they also acknowledged that play therapy helped their children to go back, regain and renew, and strengthen something they once had in their individual space.

It is the researcher's opinion that by giving the children an opportunity to speak about their culture in therapy was able to regain and strengthen their sense of self. Some participants commented that this also empowered them to take control and choice over maintaining their cultural identity.

Isolation

There were several themes that emerged from almost all participants around feeling isolated in the new country. The participants described how much they felt isolated from their countries of origin especially their environment, social network supports and extended family. Their isolation affected their transition to a new country and to adjust to changes without especially the extended family.

Several participants said;

Kamu said:

“I meet and talk to people I realize that I will never have my own home to connect so I am learning to adjust but it is very hard without your own people”.

Sarah reported:

“I just miss my family, it will never be the same”. Emma, “home will always be home I do miss my home, I am who I am because of my family”.

Jill, added:

“I do miss especially my parents, friends, and my church community I am like a lost sheep”.

Adjustment to changes without extended family

Themes identified among the responses to this question included: loss of emotional support, child rearing lack of extended family support.

The participants were asked if they were raised and parented with large extended families and if the extended family played a part in their growing. All participants, emphasized separation from extended family and ensuing loneliness and isolation as among their greatest struggles in acculturation. Loss of emotional, psychological, and practical support of extended family emerged in all participants. Loneliness and isolation were particularly relevant themes around managing difficult issues and childrearing of young children.

Sonia and Christina said;

“I still feel isolated, lonely and miss my people. You are like a fish that has been taken out of water, you can't swim everything is very different. I used to rely more on my family and friends”.

“Being a refugee is so hard, all the negative experiences I faced made me feel excluded and unvalued. It took me time to believe in myself, I guess if you are new to a new country and the people you feel like this”.

Most participants acknowledged that they were brought up by the whole clan meaning every relative was concerned about the children. They all stressed their belief in the value of extended family, including absolute respect for and obligation toward elder relatives. One participant described the difficulty of being here as a refugee without extra family support or the support of the extended family.

Cham said:

“I felt unstable, disrupted and dislocated, my habits my routines all changed. I feel lonely and I still miss my people. We are a big family and we help and support each other”.

Participants generally subscribed their extended family perspective, defined by kinship in its widest sense. All participants indicated that their definition of family extended to tribal or clan-type relationships:

Farisai reported:

“Family is people who are living together they do not have to be related or they don't have to be siblings”.

These perspectives on the definition of ‘family’ contrasted markedly with the more circumscribed Western concept of ‘nuclear family’.

Social identify

Themes emerged from participants showed how social identity can provide people with a sense of self-esteem and socializing, and it is influencing their behaviour. Some participants commented that:

Marula said:

“I feel more myself if I have my family around to support and strengthen me in times of trouble, so I miss my family”.

Jessica added:

“When I am around people of my culture I feel at ease”.

Ayanda said:

“I have so much confidence even to speak my mind it is very easy”.

This participant emphasized how her own people help her to define who she is.

Rufus said:

“It is easy for me to belong to people I look the same with, no-one judges me”

Another participant said that being away from home has been challenging especially when it comes to have same people who share the same values as you without any judgement.

Miriam said:

“When I am at home I have a lot of people who are similar to me and we share same attributes, such as, norms, emotions, values, and self-concept without anyone judging you.”

This theme clearly show the importance of individual's cultural identity which may be lost when one moves in a new country.

Individualism and Collectivism

A number of participants expressed challenges that comes from being away from home and the task of cooperative to the society of individualism. Most participants spoke about how they have been brought up historically in a family- run country, and children and adults do mostly everything together. This theme emerged from participants:

Fran said:

“We come from a strong community which work together since living people do things alone. I am used to be around people that I knows and trust”.

Rhyla reported:

“We believe that children do belong to the whole village and not one person who is not your relative can assist with your problems, this is very strange, but here in NZ this practice is normal. Back home family comes first”.

Emma added:

“My culture is more focused on bringing up respectful children and help elders. Troubled children are passed from one elder to another to help them behave. We normally have a big family meeting that helps naughty children to listen to parents, but in NZ children are given a voice and this sort of clashes with my culture.”

A theme around family connection emerged and participants commented that being able to feel safe and protective is a salient feature and family connection remains highest over time among the immigrant families facing the most stress, suggesting that families are a particularly important support for immigrants struggling in the new culture.

Sarah said:

“We believe that children do belong to the whole village and not one person who is not your relative can assist with your problems, this is very strange, but here in NZ this practice is normal”.

Farisai said:

“Back home family comes first we do everything together as a family unit”.

Scola added:

“I feel more at home around my own people to share my struggles”.

This theme clearly show that individuals from collectivistic cultures are more likely to have interdependent view of themselves as they see themselves as connected to others. Working with others and cooperating is the norm thus everyone supports each other.

Question three -Experience engaging with Parentline Service Delivery

What was your experience engaging with Parentline?

Themes identified among the responses to this question included: frightening experience, lack of explanation of play therapy, lack of English supports, cultural awareness, fear of losing children, different culture practice and too many professionals involved. Almost all participants described their challenges when they engaged with Parentline for play therapy. Among the challenges included were cultural practices, frightening experiences, threats of losing children, English language proficiency and lack of understanding of the services provided. The following themes were found and revealed participant's challenges.

Frightening experience

A number of participants stated that they had fears related to their involvement with Parentline. The fear was increased due to staff's threats by staff who reminded them that their children would be taken away if they did not comply. They shared their frightening experiences as follows:

Jill said:

“My experience was not good, I was told that I had no choice but to let my children attend or I would risk losing them”.

Miriam added:

“ I was afraid that I will lose my children so I agreed to everything”.

Fran described that during the intake she was not consulted whether she wanted to come on board with Parentline Services. She said:

“I was not given a chance to say whether I wanted play therapy for my children instead she kept on saying that children's authority will be informed if do not sign the forms”.

Kamu described that she felt bossed around by the staff. She said;

“I felt bossed around by the staff and not helped at all, she suggested to many things for me which confused me”.

This theme clearly show the abuse of power exercised by therapist as way for refugee and migrants parents to comply with the process.

Lack of explanation of Parentline services

This theme emerged from participants related to lack of explanation from the social workers about Parentline services indicated the need to take time to ensure that migrants and refugee families need more time to understand social services requirements.

Christina described that the process of play therapy was not explained instead she was made to complete forms. She said:

“No explanation of play therapy was given even though there were many forms to fill, I felt rushed”.

Jessica said:

“It was a bad experience, someone need to explain more about their organization”.

Marula reported:

“One participant indicated the amount of stress she felt during engagement”.

Cham, added:

“The experience was stressful, there were many professional people at one time interested in my story and I had to say it so many times and no help, it was very embarrassing for me”.

Farisai said:

“I felt like repeating myself all the time, too many people involved with us”.

Memory and Evaristo had different feelings, they felt welcomed and found the staff helpful.

Memory said:

“It was not a bad experience, I felt welcomed but could be improved for future families, things like making more time to explain their organization and the work they do”.

Evaristo added:

“The services provided were good, but they need to speak slow when talking to us”.

There is consistency to show that staff at Parentline did not explain their services to participants which contributed to confusion and frustration among participants.

English as extra support

Were you provided with extra supports for English?

Themes identified among the responses to this question included: Staff speaking too fast, New Zealand accent difficult to understand, too many forms to complete in English, lack of interpreter service, using English.

Lack of English as an extra support was a common theme and was evident from the participants. They discussed the need for play therapy to understand that refugees and migrants came from countries where English is not their language and be mindful of accents, speaking fast using big words and the overwhelming process of completing forms.

Below are some responses from participants' relating to this theme:

Brendon said:

“There was no explanation instead there were many forms to fill, I felt rushed”.

Scola added:

“The therapist was very helpful and very patient, but she needs to speak slowly and use simple words.” Rufus reported:

“I liked how she was interested in my son; I did not like how she used big words and she talk fast”.

Farisai said:

“Not a very good treatment, they talk fast, they use words that do not mean anything to me and so many forms to complete”.

Memory said:

“Not really, it looks like the paperwork was more important especially on the first day of meeting, I signed so many papers, I guess it’s important for them.” Tina added:

“She explained their services, but I did not understand a single thing, she spoke very fast as if she is singing they all speak like that these Kiwi people and some words I don’t know”.

This theme show that use of English professional jargon impacted on participants and hindered difficulties in engaging and connecting with Parentline staff due to language barrier. Language and cultural barriers may lead to difficulties in engagement and relationship building.

Culture awareness

Do you think staff were culturally aware of your culture?

Participants also reported that it was important for them to be understood from their own culture rather than from a Kiwi culture and felt that the play therapist were not interested in their culture. Those participants offered the following statements:

Memory said:

“No not all she did not even ask about my culture or show interest, but I noticed that she wanted to blame my parenting but that’s my culture you see”.

Sonia added:

“I don’t think the therapist realized that I was not a Kiwi at times she used her professional language which was confusing to understand”.

Ryla, Sarah and Kamu described a lack of embracing other people from other cultures and not willing to even to learn or to seek new experiences from others and to understand more about the world other cultures comes from they said:

Ryla said:

“Oh no not at all they have no idea of other people’s culture, they have a lot to learn”.

Sarah said:

“No I do not think so, not even a thing about my culture did she ask me”.

Kamu said:

“She was not bothered; she even could not pronounce my name”.

There is a clear indication of exclusion of culturally relevant practice to the participants when they engaged with staff at Parentline and staff did not provide opportunities for refugee and migrant parents to express themselves in ways which were appropriate to their culture.

Case studies

The following case studies illustrate the type of difficulties reported to be commonly experienced by refugees/immigrants when they migrate to New Zealand. These three participants shared their experience of migration with the researcher. The chapter will also provide a description of the acculturation process particularly useful to obtain an in-depth appreciation of the participants' experience of migration to settlement. This is important for the study to offer additional insights into what affects refugees and migrants when they migrate to a new country and come into direct contact with members of the host culture. This in turn can help develop or understand acculturation factors as internal process of change that immigrants experience when they come into direct contact with members of the host culture. My intent is not to attempt to revive older models of acculturation but to present some case studies that incorporates the process of acculturation experienced by migrants and refugees families from three participants from the study. The goal is merely to point out the multiplicity of acculturation and settlement problems affecting refugees and migrants such as language difficulties, loss of identity, adaptation to the new culture and new educational system and the processing of their traumatic memories as demonstrated by acculturation theory.

1: Rufus

Rufus came to New Zealand as a refugee 2 years ago with her husband and two children. Back home the husband worked as a mechanic for many years. He was a professional sustaining his family, but in New Zealand it was hard for him to get a job because of his low level of English literacy. Rufus was a school teacher and taught at an elementary school. Coming to a new country was a completely opposite way of life and bit of a challenge, they confessed. She dreamt of this moment, however upon arriving in New Zealand, she felt out of place at times. Her parents and family are back home. Most of her relatives are still living in refugee camps, fearful of political prosecution. All their hopes and aspirations are now on her. Once she is settled she needs to be sending some cash and resources for their family's survival, over the little that she gets from Social Welfare.

Rufus said that living in a new unfamiliar country was not so light on their hearts. Leaving behind the familiarity of her deepest friends and family for a change of new life was not easy. By being overwhelmed with sadness and longing to be with loved ones this did not assist in making life easier. When she arrived in New Zealand everything was different from home. The first thing she noticed was how people dressed, language, everyone seemed to mind own business. Financial stress started affecting her family they both needed jobs to support their family. They both needed to improve their language skills but supports were limited due to lack of English. If it has been back home, it would have been easy for them as they would tap their families or extended family for extra support. This proved to affect their settlement process. They acknowledged that it has not been easy to overcome the challenges.

2: Ryla

Ryla was 23 when her family was flown into New Zealand. All her children were born in Afghanistan. Her youngest son was just few days old when they arrived in New Zealand. When they left Afghanistan, they didn't have any means of transport. Sometimes she walked, sometimes she had to get into a truck and hide within a truck, sometimes it would be during the night. It was very difficult to get out of Afghanistan, but she finally made it to New Zealand. She described her migration as a horrifying journey from leaving her country to the new home in Hamilton. She said that she had no clue that she would arrive in New Zealand and be imprisoned in a camp for another six weeks. She was coming from a war-torn country where she was severely traumatized detained in a jail-like environment only added to that trauma. Even though she felt this way, she said back home she never would have had the opportunity to have access to education, dressing, food or state financial help which she said she appreciates

Ryla faced a number of challenges that included racially discrimination; she said that she came across some New Zealanders who initially made negative remarks and images about refugee people saying they are wasting state money. "Making ends meet has been another challenge regardless of state money which is not enough to sustain myself and the children and my family back home". Unemployment is another challenge that she described, because of a lack of New Zealand qualification and English language contributed to the whole issue of searching for employment.

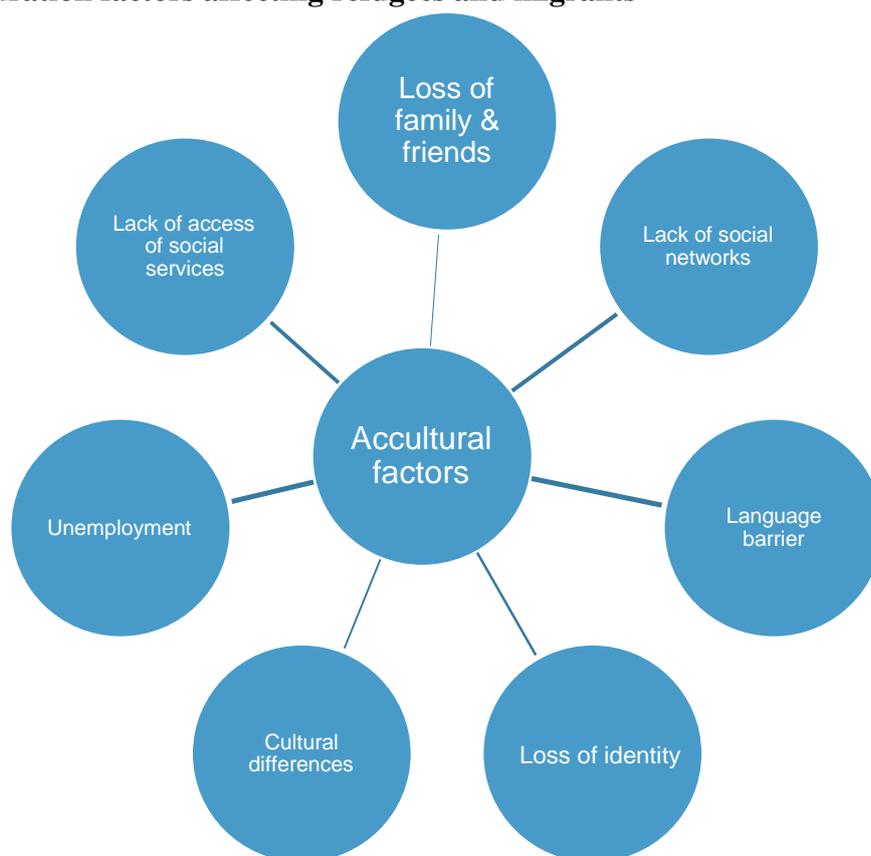
3: Memory

Memory arrived in New Zealand with her husband Leon and two children. Their 18-year-old daughter had a significant intellectual and physical disabilities after receiving an out-of-date vaccination as a baby. She says touching down in New Zealand was a rebirth for her family. Leon

escaped from their home country without any knowledge or understanding of English. They both could hardly speak or understand a single word of English. She described this experience as being torture, when they arrived in New Zealand. They could only communicate with an interpreter. She acknowledged that as soon as she landed in New Zealand she felt safe.

However, besides feeling safe from persecution she described some immediate challenges she faced on arrival. She described how she suffered the effects of torture and trauma, and had very few English language and literacy skills. She also said that she had no experience in renting a home, maintaining a western style house, or managing a budget. She was unfamiliar with urban environments and the New Zealand way of life. She described this as culture shock, how New Zealanders dress, the food they eat, their skin colour; the strong accent is another problem which in many cases prevented her from applying for jobs and interacting with people. It was also difficult to become familiar with the legal and accounting systems and other rules and regulations of New Zealand.

Figure 1. Acculturation factors affecting refugees and migrants



Theoretical framework

The three case studies of refugee and migrants' acculturation in New Zealand are based on Berry's two-dimensional acculturation model (Berry, 1991). In adopting this model, there has been an assumption made that individuals may choose which acculturation strategy to use through adaptation, interaction, assimilation, separation or marginalization. From the two-dimensional model it is assumed that although the refugees and migrants' families adopt some social norms and values of New Zealand society, they simultaneously prefer to maintain their own ethnic identity. Berry's two-dimensional model assumes that it is possible to identify with or even adopt the new culture without necessarily losing one's own culture identity (Berry, 1980). His acculturation model has been supported by dispositional resources that aid the process of acculturation such as achieving different levels of sociability, coping stress methods, self-worth, English proficiency, adapting to a new environment, knowledge and employment, education about resources and support available, employability, financial stress, support from extended family, attitudes, values and ethnic identity. All these factors have been examined in the three case studies families' acculturation. As this part of the study focused on acculturation challenges in such areas such as migration difficulties, cultural values, beliefs, attitudes, language and identities, the researcher has drawn on relevant sociological and psychological theories, namely on Berger and Luchmann's theory Berger & Luchmann (1967) of social construction of reality. The proponents of this paradigm believe that the entire social world is constructed by people's ideas, language and operating practices. In my view, individuals construct their reality according to their individual experiences and knowledge received by observing their surroundings. People make individual decisions on the basis of their understanding of social and cultural reality. This study shows the refugees and migrants found that play therapy helped them move from feeling stuck and trapped in their traumatic past and powerless in the face of its sequelae, to finding hope for a future.

Chapter 6

Discussion

This chapter includes sections on personal reflection, limitation, implications of the study and will discuss the salient findings' relevance to research.

Personal reflection on methods

Creswell and Plano (2011) state that research cannot be separated from the researcher's personal views and characterizations. The following section highlights reflections on the research process, insights gained and attempts to improve the data collection. During the time I was arranging interviews I learnt to be patient with participants, especially when they postponed meetings. My data collection started during the school holidays and often it was not convenient for the parents to be at home at the agreed time. When this happened, I waited for them to arrive. At times we were interrupted by the children. The last four participants found it difficult to talk about their families, due to losing some members of family back home. I felt for them and revised my plans to avoid questions that might cause them more grief. I paid attention to their stories but at the same time I reminded myself that my role was that of researcher, not grief counsellor.

Strengths of research design

This study adopted a qualitative descriptive approach which is concerned with the dynamics of social relations in participants' experiences. One other strength of this study lies in the fact that interviews were conducted from refugee and migrant parents themselves about their experience engaging with play therapy at Parentline. Participants were invited to share their experiences; furthermore the diverse cultural background enabled the researcher to identify a variation of experiences from different cultural backgrounds.

Limitations of the study

While this study provided important insight into refugees' and migrants' experiences with play therapy, it has several limitations. The participants were recruited from one play therapy service provider, a specific selection of refugees and migrants who had accessed Parentline services for play therapy referred by other professionals which may bias the findings.

Furthermore, although I have extensive skill in cross-cultural communication, I am from a different cultural background from that of the participants, I undoubtedly asked questions and interpreted the stories from my own perspective.

In addition, it was not possible to recruit a random sample among this population, and therefore the generalizability of the findings may be limited. The Parentline database was used to provide a list of refugees and migrants who had accessed their services and who were available to be interviewed. A random search may have been preferable, however this method would have possibly resulted in a biased sample as some refugees and migrants were referred but did not engage with play therapy but instead used Parentline for other services. It is likely that the study sample provides reasonable challenges refugees and migrants face when they engage with play therapy services at Parentline among this population.

Key findings highlights

The key findings discussed in this section have been grouped into three main topics: Understanding the importance and benefits of play, culture, migration and acculturation factors, and Parentline Delivery Services.

Understanding the importance and benefits of play therapy

There were difficulties and good understanding of the importance of play therapy from the participants. Themes that emerged are grouped together to highlight refugees' and migrants' understanding and importance of play therapy.

Engaging with play therapy

A central theme that was described by eighteen participants was the discomfort of play in therapy due to the non-existence of play therapy from their country of origin. These findings support the work of Schottelkorb, Doumas, & Garcia, (2012). Refugees' and migrants' are initially unfamiliar with the Western concept of "play therapy" which is uncommon among many non-Western cultures. In most non-Western countries, older family members mainly conduct "family therapy" through cultural talks which include hierarchy of elders who are perceived to be knowledgeable in terms of managing children and family issues.

This type of therapy usually includes advice and direction giving as well as emotional and any other types of assistance. This was the view of “Play therapy” held by most participants who attended play therapy with their children.

Bemak & Chung (2002) commented that even in New Zealand, where the notion of play therapy is an everyday construct, it is still shrouded in mystery with clients attending for the first time often having little idea of what to expect. Differences in cultural background may mean that refugees and migrants might have divergent ideas about play therapy and what it is and that the idea of learning about play therapy in order to reduce children’s mental needs may be a difficult construct of help to comprehend. Perceptions or world-views in different cultural contexts were central to most participants’ views on play therapy especially how they related play therapy and problematic behaviours of children and how they first encountered play therapy in Hamilton, New Zealand.

This highlights that cultural and social world-views have a strong impact on our way of thinking; and play therapists need to be aware of the complexity of the different concepts and therapies of mental health needs for refugee and migrant children we impose (Bemak & Chung, 2002). This is consistent with van de Veer’s (1998) observation in a study that when refugees’ and migrants’ families need help for their children’s inappropriate behaviours, help needs to be culturally appropriate to fit in with their cultures. However, this may also reflect findings that “ethnic minority” clients are under-referred to culturally sensitive therapies (Webb, 2006). This study is consistent with the research done by Kaur (2012) who evaluated the effectiveness of cultural sensitivity as an imperative aspect of working with refugees and migrants. Culture can influence people’s explanations and engagement with services and patterns of coping and help-seeking. It is thus crucial to culturally tailor services for clients in order to ensure they are meaningful, relevant and effective.

This study of play therapy shows that individual cultural beliefs play a powerful role in how we respond to the attitudes and behaviours of participants when engaging with refugees and migrants’ families with play therapy in particular when those attitudes and behaviours are different from our own. It is important for play therapists to recognize the influence of their own knowledge and practice experience and how it affects the way in which refugee and migrant parents’ respond to the understanding, beliefs and practices of play therapy (Kaur, 2012).

Effectiveness of play therapy

The participants' experience of the importance of play therapy also lends support to the research on the importance of play therapy to help refugees' and migrants' children manage challenging behaviours. Eighteen participants in this study expressed the view that play therapy was beneficial to their children's needs and reported an overall positive impression of play therapy. Along the same lines writers, such as Dokter (1998) and Hyder (2005), assert that play therapy is an important tool to help migrant and refugee's children express themselves in a way that is appropriate for them especially with traumatic experiences. In this way, children gain control over their feelings and are able to deal with situations which are stressful or traumatic (Hyder, 2005). In this study play therapy was used with refugee and migrants' children to help make sense of their experiences, explore issues such as fear, trust and help newly arrived children settle. Most participants stated that their children had experienced emotional trauma due to their circumstances and needed to work through their feelings which were overwhelming.

In this study two participants reported that play therapy did not improve their children's behaviour. This could indicate that one of the key problems faced by other refugee and migrant attempts to engage in non-cultural sensitive work which is highlighted by Rogers (2004) that there can be conflict between some of the basic assumptions of the majority of play therapy models and the values of certain cultural groups which can impact on play therapy outcomes. Secondly, he raises a very important point that children in play therapy are encouraged to express their feelings in their play and words as an essential step towards engaging in effective problem solving. Yet some cultures place restrictions on the direct expression of emotion in favors of more indirect and subtle communication. From the findings participant from the Middle East and Zimbabwe clearly illustrate that direct expression of self may be perceived as being disrespectful and confrontational. Paniagua (1994) offers a perspective that for some cultures even use of direct eye contact with adults can be interpreted as a form of disrespect or challenge within that culture. These findings may suggest why the two participants did not find play therapy effective.

The Power of play

Parents commented that the opportunity to play with their children helped to build a stronger relationship. This finding upholds the assertion by O'Connor (2005) that play time is an opportunity for children to reconnect and build relationships in a non-judgmental manner. This is consistent with findings from Landreth (2000) who found that play seemed to provide an

opportunity to enhance parent/child relationships by interacting in a new way and connecting on a symbolic level to which the child can more readily relate. The evidence from this study support the view that refugees and migrant's perception of play was positive and a way and ability to get close with their children and as a way for enhancing and building relationship.

Landreth (2002) notes that play is an ongoing process that involves both parents and children interacting together in a range of social settings. One such important setting is the innate and universal communication system, in which children communicate in a direct symbolic way (Landreth, 2002). Play has been known as the "native language" of children, there are no cultural and/or language barriers. Findings from this study revealed that play afforded a secure relationship between refugee and migrant children Landreth (2002), in which the child can reach self-awareness, self-direction, and self-healing ability and access the self-actualizing tendency in a relaxed and safe environment (Landreth, 2002). A central theme described by many participants is the curative powers that are inherent in play and which can also be used in play therapy. These findings draw attention to some of Freud's work about play: he reiterates that play activates neural pathways and promotes memory skills: through individual play, children can learn to consolidate social and physical skills, share ideas, experiences and feelings, and learn to explore, experiment and create (Hyder, 2005). As Landreth (2002) affirms, play can make a positive difference as a healing experience for children affected by war and conflict in such a way that they are able to reclaim something of their lost childhood.

This study confirms that some parents felt that they were not able to put aside time to play with their children. This offers insight about the various reasons some parents experience some discomfort, lack of play experiences in childhood, uncertainty about how to guide their child in play, and reserved personality traits. Some cultures might have trouble with the notion of play "simply playing" with their children and may find it difficult to believe that play can resolve the relative behaviour and relationship issues between a child and parent. For example, Asian and African cultures are said to place value on achievement and education and play might appear to lack a goal-oriented or achievement focus and appear as a downright wasteful of time.

Child-led play

The participants who engaged in playing with their children at home found that child led play boosted confidence significantly when the child took the lead. These findings draw a parallel with findings of other researchers (Piaget, 1962: Vygotsky, 1978: Bergen 2002 and Rosko & Christie, 2001).

They both agreed that child-led play is known for its capacity to empower the child as well as to encourage independence and foster creativity skills and the power to own the play. To this end, participants Ayanda, Charm, Marula and Jessica all acknowledged and observed that when their children engaged in a freely chosen play activities led by the child's own interests their creativity and imagination increased. For instance, the children were able to demonstrate skills through imaginary play, (Bergen 2002) thus building the foundational cognitive skills which can lead to abstract and higher order thinking in their growth.

Comments from the participants reflected the perception that child-led play supports the development of self-confidence as well as the emotional skills of understanding hurtful feelings and being able to express self. These views are consistent with findings from studies by Fisher, Pasek, & Golinkoff & Gryfe (2008) who reported a relationship existed between child led play and the developmental of skills. Children learn confidence building, self-esteem, emotional regulation, trust, and learning to share with others in a non-judgmental manner which can contribute to children learning better and faster. These findings were consistent with their earlier studies about the role of child-led play identified as being a valued and significant way in which young children's holistic development is promoted (Fisher, et al. 2008).

There were views about child-led play being too individualistic. These findings indicate that when refugee and migrant parents are exposed to the individualistic society they can become less supportive, which can be explained by their cultural collectivistic family values. This issue of the individualist view can be best understood through Hofstede's (1991) dimension of individualism and collectivism. He highlights that culture shapes self-concept and individualistic cultures, the self is dependent, with emphasis on the individual over collective goals and value placed on selfreliance and distinctiveness. There is importance given to standing out on your own to boost confidence, self-esteem and sense of self-worth, whereas in collectivistic cultures, the self is interdependent, there is importance given to fitting in with others. Within these cultural contexts family interdependence and family reliance are highly encouraged and expected when children are at play.

From these two participants who are from a collectivist culture, adult guidance is a traditional aspect to provide training in any context with the goal being that of interdependence (Hofstede, 1991). This view reminds us that when undertaking play with refugee and migrant children, the cultural context for play needs to be considered. Most theorists on play believe that play is universal for children and that play helps children to learn about their own culture.

Play is seen as both a cause and effect of culture, play is an expression of a particular culture; play is an important context or vehicle for cultural learning/transmission (Bergen, 2002).

Expression of Feelings

A predominant issue throughout the interviews was the importance of play therapy as a helpful way for refugee and migrant children to feel safe and secure. The interviews revealed that both refugee and migrant children go through a multiplicity of different stressful events some of which may challenge their coping abilities. Like adults, most children can, to a certain degree, cope with the multiple forms of stress of being a refugee or migrant; some however, remain psychologically vulnerable, while others may manifest disturbed behaviour (Peterson & Boswell, 2015). These findings are consistent with migration and acculturation factors that when people migrate from one nation or culture to another they carry their knowledge and expressions of distress with them. On settling down in the new culture, their cultural identity is likely to change and they may find other ways of expressing their distress.

Participants felt that play therapy offered their children the opportunity to come to terms with their feelings and emotions and events by offering a safe way to express difficult feelings. This study found that play therapy enabled refugees and migrant's children to explore their inner selves and express hurt and sad feelings. This finding is in line with Davis & Pereira's (2014) findings that play therapy is often seen to provide a vehicle for children to create meaning from their experiences.

Overcoming loss and trauma

Participants experienced relief and a sense of freedom through finding that play therapy offered their children alternative perspectives and attributions of their traumatic experiences. For some this was profound, completely changing their view of play therapy and attributions and beliefs surrounding their trauma. Other participants found play therapy helpful as it enabled their children to move from feeling stuck and trapped in their traumatic past and powerless to find hope for a future.

When a child suffers a significant loss or separation or impending change, they need to be told about it. Research by Rutter (2001:8) and Hyder (2005:35) indicates that many refugee children are not told about this, in order to ensure their own and their family's safety. I believe that this complicates the grieving process for refugee children.

Children who are supported through the grieving process may be more able to integrate their losses. Both researchers believe that when a child suffers a significant loss or separation or impending change, they need to be told about it. Research by Russel & White (2001) and Hyder (2005)

indicates that many refugee children are not told about this, in order to ensure their own and their family's safety. I believe that that this complicates the grieving process for refugee children. Children who are supported through the grieving process may be more able to integrate their losses.

The traumatic experiences shared by a number of participants supported Hyder's view that cultural characteristics are significant in determining both how someone survives a traumatic experience and how their cultural environment responds to the person and the meaning that they ascribe to the events which gives them power.

Family and traditional parenting values

This study highlights some interesting qualitative findings in relation to the strongly entrenched cultural and familial values which by and large come from two pillars of influence: parenting which emphasizes honor and respect in societal relationships and family structure, which provides the basis of cultural values for life in refugees' and migrants' societies. While participants acknowledged the importance of entrenching family values, parenting is seen to promote cultural heritage. Most participants emphasized their parenting as a mutual responsibility, expressing that it is a parental role to tell the children the right, moral way to behave to preserve the cultural heritage. In his research Boushel (2000) points out that within refugee and migrant families it is important to tell children what to do to instill values, traditional traits and being respectful of elders. He acknowledges this by stating that children raised under this style known as "authoritarian" are under the absolute authority of their parents and are stripped of their own independence and freedom to do as they please. Every action and every life decision is decided by the child's parents. Parents hold the attitude that they are the authority figure, and children are encouraged to be submissive at the expense of their own desires.

Baumrind's research (1968) revealed the three types of parenting styles that can be adopted by parents. Authoritarian parenting "attempts to shape, control, and evaluate the behaviour and attitudes of the child in accordance with a set standard of conduct - any deviations will result in forceful measures to curb self-will" (Baumrind, 1968). Conversely, a permissive parent "allows the child to regulate his own activities as much as possible" (Baumrind, 1968). Children with permissive parents are often encouraged to exert their own independence and to make their own decisions in life. These children often have very little parental guidance in life's decisions. Parents give up their positions as authority figures and treat their children as their peers with their own agendas. Between these two extremes is authoritative parenting. An authoritative parent "directs the child's activities in a rational, issue-oriented manner and encourages verbal give and

take” (Baumrind, 1968). Children are encouraged to make their own decisions and exert their own freedom; however, boundaries are established and compromises with parents must be made. Rather than dictate to their child, authoritative parents listen to their child’s point of view.

As findings from this study suggest, the values, knowledge, experiences, and perceptions held by parents about parenting are greatly influenced by how they were parented and brought up. It is therefore paramount to consider these perceptions and recognize the crucial role parents play in disciplining and parenting their children. Through the interviews most participants revealed that culture played a major role in parenting and control was thought to be associated with cultural parenting which is authoritarian parenting. There is a highly likelihood that cultural background predicts the participants exerting more control and influence over their children. Results from this study confirmed this prediction. In addition, in the host country context, most participants confirmed experiencing challenges to a successful parenting transition due to their culture and beliefs and also perception of lack of parenting skills in the new country. Even with knowledge of parenting skills in the host country and its systems, parents need support to re-orientate themselves and reshape their approach to parenting in order to achieve a successful parenting transition. Hand & Wise (2006) confirmed in their study the need for immigrant parents to adjust and modify their cultural orientations and parenting styles, and also the need of support in adjusting to and integrating into the new society. Furthermore, they also need to find new ways of parenting.

Culture and parenting

Results from this study contribute to the broader perspective that refugee and migrant parents see not only parenting in a foreign country as a challenge, but it is highly influenced by their cultural belief and custom heritage in the new country. According to the framework of Ochocka & Janzen (2008) in order for refugees and migrant parents to adjust and modify their cultural orientations and parenting styles, they need support in adjusting to and integrating into the new society. These findings may be illustrated by the framework of Ochocka & Janzen for understanding immigrant parenting. On a parenting orientation and parenting style level, parents were driven and shaped by their cultural beliefs, family values and how they had been brought up in their home country.,

The parenting style of some participants in this study was beginning to be influenced by the exposure of play therapy and where adjusting their parenting. A prerequisite, according to them, was to learn how to better communicate with their children and move from an authoritarian to a more authoritative parenting style, to endorse their parenting and empower their children parents.

According to the final component of the framework parents need to support and understand the context of the culture they are living in, how the society works and how to integrate into the society, to be supported in the process of parenthood transition in the new host country (Ochocka & Janzen, 2008).

According to Bull (2004) when adapting to a new country refugees and migrants are often faced with a number of sudden losses of identity and subsequent demands to reconstruct themselves within the new context. Individuals, family members and cultural groups vary in the rate and degree to which the new identity changes to become more similar to norms that apply within mainstream culture. This can be a major source of challenge for refugees' and migrants' families and communities to articulate parenting. It is in this sense that refugees' and migrants' families, just like individuals, need to reconstruct themselves, with parents taking on new social roles and responsibilities. Similarly, Webb (2001) states that roles change and cultural differences in family structure and discipline may be at odds with the mainstream norms of parenting. Where refugee and migrant's families are considered to be at risk of an authoritarian parenting style partly because of their cultural experiences and differences in behavioural cultural norms, culturally appropriate interventions are a necessity.

From the results the study highlights that refugees' and migrants' parents face a number of challenges when they migrate and parent from their cultural background in a foreign country. This supports the theory of acculturation which states that refugees and migrant's parents face many challenges as they engage in a new culture and retain affiliation with their culture of origin: "acculturation gaps" can be potentially problematic for parenting children impacting on the health and well-being of family members (Sam & Berry, 2010).

Acculturation requires adjusting responses of ingrained life scripts to compensate for cultural differences and disruption of familiar family roles. Refugees' and migrants' parents bring with them on their journey from their original cultural context conceptual models of the successful parenting and how to rear a child properly. When they migrate to a new culture, they find that socialization agents in the receiving culture, such as other parents, teachers and professionals, may possess different images of the successful parent and different strategies for childrearing. This circumstance prompts most acculturating parents to become bicultural in some degree, simultaneously adopting cognitions and practices of their new culture while retaining those of their old one. In this study play therapy was adopted and retained as a new way of parenting. From this study refugees and migrants attributed the importance to maintain culture in the home and family context but consider adaptation to play therapy strategies.

Research shows that refugee and migrant parents do not always readily adopt parenting values of the receiving culture, and culturally significant parenting beliefs and norms tend to resist change. For example, a number of participants opt to allow extended family to care for their children, based on expectations of their culture of origin, despite emotional hardship and disapproval within the receiving culture.

In this study some participants stressed the importance of trusting extended family rather than professionals as a way to preserve culture. Fuligni (2011) supports this perspective and argues that most refugees and migrants who migrate to foreign countries face a number of challenges and extended family act as a salient protective factor. Family connection remains highest over time among the refugee and migrant families facing the most stress, suggesting that families are a particularly important support for refugees and migrants struggling in the new culture. The protection provided by family connectedness and identity may be one explanation for the immigrant paradox. Many refugees' and migrants' interviews indicated a very important aspect of family cohesion which stems from cultural values and these reinforce family and cultural identity.

Culture, migration and acculturation factors

Transition to a new country - impact of migration

Migration has contributed to the richness in diversity of cultures, ethnicities and races in Hamilton, New Zealand. From the findings, this study has shown that refugees' and migrants' families who migrate experience multiple stresses that can impact their transition and settlement in New Zealand. A number of factors were identified from the interviews such as the loss of cultural identity, language, cultural norms, religious customs, and social support systems, adjustment to a new culture and changes in identity and concept of self. Fox & Tang (2000) point out that it is important to consider the nature of the society an individual has migrated from and to, and the social characteristics of the individual who has migrated, in determining how well a person will adjust during the migration process.

An interesting finding from Camacho (1999) points out that the rate of stress in participants might increase, due to the impacts of immediate post-migration stressors and acculturative difficulties they face and the pre-migration traumas they experienced. A number of difficulties were found in this study, with all of the participants (20) experiencing these difficulties. It is the researcher's view that it is important to take account of the impact on refugees' and migrant's ability to deal with the task of successfully relocating. Camacho (1999) presented some findings from his qualitative research and found that while many refugees and migrants do make a successful transition to the new

society, there appears to be a risk of developing mental health problems and resorting to other negative detrimental factors associated with well-being. The authors also suggested that refugee and migrant families in the receiving countries, regardless of their age and status, need support both on arrival and for a number of years following resettlement.

Play therapy and migration effects

Considering the factors that affect refugees and migrants when they migrate, Harris (2007) described that even though children are affected by the migration process having an opportunity to engage in play therapy can be a therapeutic process where the therapist can help the child and give him or her an opportunity to express his or her feelings verbally and non-verbally. The therapist assumes that the child will play out his or her emotions in a symbolic way, learn to know his or her emotions and to channel them more effectively and to enter into a trusting relationship with another person.

In such a way negative behaviour can be normalized.

One important aspect highlighted by Chung (2008) is the non-verbal expressive way that play therapy exhibits. She highlighted that play therapy has an important place in treating victims of trauma such as refugees, since they are designed to engage with implicit consciousness and implicit memories. Play therapy is a great advantage when the therapist and client do not share a common spoken language (Wilson & Drozdek, 2004).

Schoeman (2004) considers play therapy as the use of play to assist children in therapy in dealing with their particular problem/s. This involves the use of various play materials and the therapist being in tune with the needs of each unique child. According to the researcher, play serves as an aid to facilitate communication with the child during the therapeutic process. The researcher views play therapy as a means of entering a child's world in a non-threatening manner, by using a number of mediums, techniques and forms of play, in order to help the child deal with his or her unfinished business. Migration has been known to contribute to a dilemma of parenting in a new country. Moreover, refugees and migrants often have many acculturative stresses: for example, dealing with differences in culturally accepted behaviour as children acculturate to the host culture, problems of language communication, and other challenges. These factors all need to be considered in terms of perceiving and comprehending their problems as holistic, i.e. comprehending their problems as a continuum and not as unrelated fragments of hostile events and understanding the negative trade-off effects in their post-migration resettlement.

Cultural identity

Refugee and migrant participants identified cultural identity as a major challenge to settle in New Zealand. These findings draw parallel to findings of Rudmin, (2003) who states that adjusting to any new culture is a major challenge migrants and refugees will face when they first arrive in any new country. Lindencrona, Ekblad, & Hauff, (2008) highlight that culture shock is a major concern and acknowledged that that migrants and refugees are under pressure to adjust culturally to the host culture. To this end, refugees and migrants provided experiences of how they struggle to maintain their identity. For instance, being away from a community that shares the same language, adaptation to a new place, isolation and lack of social support, racism and poor treatment are factors that contribute to loss of identity. A significant element valued by participants as a key to maintain their identity is the social support they get and the level of social interactions with their own community. This was highlighted by the findings that cultural identity plays an important role especially for emotional and mutual support which helps them to function on a daily basis.

Several scholars have pointed out that refugees' and migrants' cultural identities are complicated by loss of language, familiar environments, family and also attitudes directed at them within New Zealand Wahlbeck (1999), Lindencrona et al. (2008) & (Rudmin, 2007). A national review by MSD (2007) also points out a strong link between migration and loss of cultural identity, a probable link with a range of stressful factors that are likely to affect migrants and refugees and emerging evidence of effects of isolation, low self-esteem and mental break down. This study reveals that refugees and migrants flourish well when in existing of their cultural communities, community associations and social networks within communities for drawing strength to persevere and for guidance in difficult situations (Wahlbeck, 1999). This is an important finding: even though the focus of current cultural identity programs is on practical support, the identity part tends to be more significant in the eyes of the participants. Support for refugees and migrants requires a clear understanding of culture and norms that supports them in recreating their own place in the new country to create a sense of community to maintain the collective identity (Silove, & Ekblad, 2002).

Language and identity

While all participants indicated that language informs who they are, a wider source of researchers believed that language is an essential part of culture identity Nash, Wong, & Trlin (2006), Berry (2001) & Sam (2013) Ting-Toomy & Chung, (2005). Their views are intrinsically connected with language as one of the most important components of ethnic identity. Ting-Toomy & Chung (2005) found that the formation of a language is also influenced by the worldview and values of the culture

that shaped it, thus participants from this study revealed that native language made them recognizable as a member of that particular culture and is an important element in the settlement process. De Souza (2005) indicated that language barriers impede adjustment to living in a new country and can frequently add to the difficulties of new migrants.

Perceptions or worldviews in different cultural contexts were central to most of the participants' views. This draws attention to the western language of play therapy based on a worldview that often has different associations and meaning in other cultures (Bemark & Chi-ying Chung (2002). However, refugees' and migrants' children found play therapy effective especially in relation to use of non-verbal communication to express self. Nash, Wong, & Trlin, (2006) found that play therapy offered an effective expression of nonverbal communication to children who speak a different language in the home. Similarly, Chow (2010) found that refugee and migrant children who have English language difficulties are at an advantage in play therapy as they use therapy to communicate messages and feelings which can be difficult to communicate verbally. Play therapy principles are based on encouraging children to create a world they can master, practising skills and overcoming difficulties with the aim of conquering their upsets and traumas without worrying about the language.

However, this does not dismiss the fact that language ability is critical to social aspects of settlement and integration (De Souza, (2005). Findings from this study show that heritage language is highly symbolic of the refugees' and migrants' identities. The ability to maintain language cultural heritage in the new country of residence has been shown to be of importance. Berry (1992) argues that in order for a successful integration process to be preserved, a language and cultural integrity must be perceived. Winbush & Selby (2005) found that immigrants were aided when they had an opportunity to connect with migrants from the same cultural group. If people who speak the same language could support migrants on their arrival, with culturally appropriate assistance, many of the adaptation problems faced by migrants can be avoided.

Isolation

An integral part of successful adaptation is the development of social support networks appropriate to reduce isolation (Christodoulou, 2014). Findings from this study have proven that refugees' and migrants' lack of social support networks have been linked with isolation. Research which addresses refugees and migrants social support has covered a variety of aspects associated with isolation as a result of migration to a new country (Young, 1996). Three participants from this study, Kamu, Sarah and Jill emphasized, the importance of family, friends, extended family, and community in bolstering their settlement process. Findings from this study highlight that the

support refugees and migrants receive from their family and community are key factors in managing any problems they face. A lack of adequate support networks on settlement is likely to leave refugees and migrants in a highly uncertain and stressful situation which eventually can affect children's health and mental health outcomes.

Strober (1994) found that migrants and refugees who had more readily available and reciprocal family and community social supports had lower mental distress and higher levels of accultural adjustment. Loneliness in migrants and refugees was found to decrease with increase in cultural social networks. Strober (1994) further states that social and cultural isolation is the major factor resulting in loneliness which can then contribute to mental health disorders. It is that when refugees and migrants arrive in New Zealand, it is probable that the social networks developed are constructed ones as an instrumental way of coping with loneliness and crisis.

However, from this study migrants' and refugees' children found the use of play therapy a necessary distraction from the travails of everyday loss. Anderson & Goolishia (1992) found play therapy is helpful to refugees and migrant children as it involves the intentional use of play practices such as drama, art, music, symbols and visual drawings to reduce distress and loneliness and promote health and wellness in a variety of contexts. These findings correlate with what was witnessed by participants in the play therapy session with their children. The participants found play therapy as a place for their children to express their voice, hurts and sad feelings and this offered new insights and embodied new possibilities for the children and a sense of belonging. One important aspect of play therapy is its connection with self that can occur within therapy to help support the internal and external support when not available and the child is believed to learn to adapt to the new cultural change (Anderson & Goolishia, 1992).

Extended family

Across all of the interviews, the participants indicated that adjustment to settling in New Zealand is challenging without the support of the extended family. This finding is sustained by writers such as Lazarevic, Wiley & Pleck (2012) who assert that extended family members are a crucial support during the transition time following migration, giving support, assisting with child rearing, discipline and emotional support. Illustrations of extended family support were expressed by all participants in this study. This reiterates the suggestions by many writers, Lazarevic et al. (2012), who emphasized that migrants and refugees are more disadvantaged in terms of being able to rely on family support in settling into a new country since they are more likely not to have any relatives in New Zealand.

Similarly, Sien-Ean (1994) found that when immigrants and refugees arrive in New Zealand, there is change in family structure and a lack of expansion of their kin network which affects their moral and cultural support to help maintain a sense of connectedness with the larger family. From this study all participants reported the absence of family as being the greatest impediment to their successful resettlement. Lazarevic (2012) suggest that feelings of being incomplete because a critical part of their refugees' and migrants' extended family was missing and the comprehensive range of provisions in place to support their individual resettlement, contributed to refugee and migrant participants feeling continuously unsettled.

Given the importance of play therapy, play therapists need to develop interventions for how they work with refugee and migrant families to address issues of family support with the children. Simich, Beiser, Mawani, (2004) suggests that multiple family group therapies can be used with this population group to provide family support and facilitate the extended family connection perceived by participants to critically influence their adaptation and participation in the local community and their wellbeing in terms of managing challenging children behaviours, parenting, health, employment, financial stability and education. These findings indicate that refugee and migrant families will need more family support and extended family who share the same perceptions, concerns, traumatic memories that persist despite settling well in New Zealand.

Social Identity

A predominant stance throughout most of the interviews was that the participants lost their usual environment, friends, and connection to their home country/town and language which contributed to loss of personal identity (Bhugra, 2004).

It became apparent in this study that the social identity of the refugee, migrant and their children seems to influence their psychological difficulties. Cooley (1902) and Mead 1934 found that social identity can affect the individual's well-being and further recognized the self as a product of social interaction and that we see ourselves as others see us. According to Tajfel (1974) social identities are the "part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the emotional significance attached to that membership" (Tajfel, 1974). The underlying motivation for individuals to establish a social identity is self enhancement which increases an individual's self-esteem.

He further explains that individuals seek to establish positive self-esteem by constructing a positive social identity achieved through social categorization when the individual categorizes themselves into social individuals' groups, and social identity (when the individual identifies themselves with a

social group in society). The findings suggest that although play therapy was found to be effective for children's mental needs, there is still a shortage of specialized services Falicov (2002) that is available to increase identify for refugees' and migrants' children in play therapy such as social group and use of native language, and therefore it can be difficult to help children know who they really are. In this study the findings prove that most participants' self-identity is a product of specific forms that motivate them through their social group to maintain their social identity. Falicov (2002) argues that there is a strong need for more specialized services, which are more culturally inclusive for refugees' and migrants' children in play therapy and more responsive to the particular cultural needs of refugees' and migrants' families, and such services could be enhanced by training therapists to be culturally aware and simply connecting the child to his or her cultural identity.

Individualism and Collectivism

A major theme that emerged from this study was that of the concept of understanding individualism and collectivism with the concept of self, positing that individualistic cultures (typically western cultures) foster the development of independent self-construals, which in turn have an impact on mental processes and behaviours (Triandis, 1995). In the same vein he posited that collectivistic cultures (typically eastern cultures) foster the development of interdependent self-construals, which have a differential impact on developmental mental processes and behaviour. Three participants described the fact that self-expression is not valued in their cultures which may explain some of the difficulties these participants faced in engaging with play therapy. According to Triandis (1995) expressing feelings such as distress, sadness, anger which may be identified among refugees and migrants may lie deeply within the individual so that it is hidden from others.

Triandis (1995) suggests that this might be a consequence of collective challenges existing in an individualistic society. Research on expressing self in play therapy suggests that there are cultural differences in ways individuals may express their feelings and literature recognizes that refugees' and migrants' collectivistic cultures focus primarily on the needs of the group and are motivated by socially oriented goals and identify the collective as responsible for outcomes which might restrict the positive outcomes in play therapy (Triandis & Gelfand, 2007).

Bhugra (2004) in similar research found that migrants and refugees have strong ties with their collective identity and that individuals who migrate from predominately collectivistic societies into a society that is predominately individualistic, are likely to have problems adjusting to the new culture, especially if the individuals are socio-centric in their own belief system. A body of research by Oyserman, Coon, & Kemmelmeier, (2002) suggests that refugees and migrants from a

collectivistic culture are comfortable in a collectivism environment; these findings may also have implications for the effectiveness of refugee and migrants engaging with play therapy. These views indicate that although refugees and migrants are settling in New Zealand -individualistic society their collectivistic culture continues to draw on implicit social support of collectivism, which is their feeling of connectedness that comes from being members of an interdependent, harmonious community (Oyserman, et al, 2002).

Family connection

Participants' description of their family connection provided important information about what it means not to have family as a source of resilience and mutual support and family connection remains one of the most important aspects of their support in the new culture. This finding upholds assertions by Fuligni (2011) who argues that immigrants and refugees face numerous barriers in a number of ways such as lack of emotional support, loss of family and ethnic identity and help with parenting which are all salient protective factors that are often offered by their extended family. Emma and Ryla indicated that family connection is one major aspect that they rely on especially when raising children which emphasizes the importance of family trust of the immediate and extended family structure to provide a protective influence for both children and adults. This point can be associated with play therapy literature, Thomas, Betty, & Edward, (2017) that asserts that when working with children from refugee and migrant cultures, play therapists need to negotiate a balance between the needs of the child and the families and community systems in which they are embedded. This reiterates the suggestion and need to value the degree to which refugees' and migrants' cultural traits and values are respected (Fuligni, 2011).

The findings from this theme confirm the importance of including family in the play therapy as a beneficial to both the child and the parent as a way to embed family connection which Keith & Whitaker (1994) described as a way to provide a sense of family control to combat feelings of helplessness and inadequacy in a new country.

Engagement with play therapy at Parentline Services

Awareness of culture

A major theme that emerged from this study was the cultural experience of participants engaging with play therapy staff at Parentline. Though some participants felt uncomfortable engaging with staff at Parentline, they still placed value on the experience of play therapy for their children. These findings shed light on the reasons why participants may be apprehensive about engaging in play therapy. Owen, Leach, Wampold, & Rodolfa (2010) found that refugees and migrants need a space

to fully express their individual stories and to explain how their cultural beliefs have been uniquely part of their story. From the findings of this study play therapist at Parentline failed to establish and validate the client's experience. A good example from the findings are these three participants who shared their experience: Ryla noted that the play therapist had no idea of her culture, Sarah described that the play therapist was not even interested in her culture and Kamu was frustrated that her name was not pronounced correctly. These findings O'Connor (2005) confirms that when it comes to practicing culturally competent play therapy, there is need to develop culture awareness to facilitate an ability to empathize with refugee and migrate families, this include practicing pronunciation of names, having interest in others culture.

O'Connor (2005) suggest that failing to address basic cultural skills can result in participants feeling less important which is harmful to the play therapy process as is a lack of cultural sensitivity. The literature Garcia (2003) recognizes the significance of true cultural or diversity competence in play therapy requires therapist to have a good understanding of their clients from a cultural perspective and their place within it as well as the ability and desire to become fully aware of the child 's place within it. Furukawa & Hunt (2011) it is in this process that refugees and migrant's stories are fully validated for the difficult and culture related stressors they may be facing and will mitigate hesitation in engagement with play therapy process.

Powerful relationship

This theme illustrate barriers to effective engagement may also be impacted on by the power relationship between the culture of the play therapist and the participant. While Chung (2008) acknowledges that culture perform an integrative function, bringing together people within a group, it also happens to exclude people who do not adhere to these norms and values. Within the context of refugees' and migrants' this exclusionary aspect of culture can be seen to play a major role in the experience of refugees' and migrants' engaging with play therapy especially given a history of power differences (Chung, 2008).

Cultural competence in practice

Evidence from this study has shown that Parentline as an organization need to develop more processes to engage with refugees and migrants in a more culturally appropriate manner to understand some of the cultural aspects that this population bring when they access play therapy services. According to the Social Work Registration Board (2013) practicing social workers in any

field of practice are obligated to educate themselves to meet the cultural competence which allows them to practice with individuals and systems that respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each. Cultural competence is the combination and use of knowledge about individuals and groups regarding specific standards, policies, practices, and attitudes used in appropriate cultural settings to improve the quality of services, in turn producing better outcomes (Davis & Donald, 1997). In this study cultural competence would focus to learning new patterns of behaviour and effectively applying them in appropriate settings when working with refugees' and migrants'. Cultural competence can be achieved through research, interviewing, and immersion.

According to Russell & White (2001) professionals working with refugees' and migrants' need to educate themselves and this require specific knowledge about their clients' culture as well as about the impact of their own cultural background on their interaction with their clients. This involves awareness and sensitiveness to one's own cultural background, valuing and respecting differences, and appreciating the influence of one's own culture.

In addition, Russel and White suggest that when working with refugees' and migrants' not only must the social worker be knowledgeable about refugees' and migrants' culture but must also be familiar with their own cultural conditioning to become aware of the effect this has on their interaction with refugee clients. Increasing the ability for cultural empathy and establishing meaningful relationships with clients from refugee backgrounds is best achieved through the worker's cultural self-awareness (Russell & White, 2001).

This study has shown that being cultural competent and self-aware can be particularly helpful for play therapists to engage with refugees' and migrants' clients from Parentline. Most of the refugees' and migrants' culture rely heavily on the notion of family and community, where Western values of individualism may not be as useful in reaching integration and self-sufficiency. In addition, the notion of play therapy is typically a Western concept and is sometimes not fully understood by many refugee and migrant cultures. Therefore, play therapy may seem unfamiliar and strange to refugees and migrants. Understanding cultural differences among the groups fosters a multicultural learning environment and helps the play therapists to reach a stronger sense of self-awareness (Russel & White, 2001).

English as an extra support

Language barriers were also recognized in the findings as a hindrance to the refugee and migrant participants'. Not being able to speak the language and communicate impacted their engagement with Parentline staff. It is vital for refugees' and migrants' to be able to communicate and express themselves in their own language and to connect with services helping them. A number of participants' indicated difficulty to engage with play therapists. Brendon, Scola, Rufus, Farisai and Tina clearly described their challenges with understanding, English Kiwi accent, therapists speaking fast, use of big words, expecting completion of forms done in English. These findings relate to the refugee and migrant's English language barriers which greatly affect how well people communicate and navigate through different social institutions and systems (Ponce, Hays, & Cunningham, 2006). They suggest that social service systems and institution that do not incorporate the needs of English language minorities result in poorer quality of well-being and risk the experience of feeling excluded which can lead to feelings of loneliness and isolation. It is important for play therapists to understand language barriers of this population, since it is a vital component in reducing the gap in accessing quality social services (Swain, 2006). He commented that being able to communicate is also essential for their optimal physical and mental health outcomes. Therefore, it is as imperative as it is ethical, that a refugees' or migrants' lived experience of the presenting problem/s are heard and correctly understood from their cultural frame of reference.

Several studies Chow, Auh, Scharlach, Lehning & Goldstein, (2010), have recognized the importance that English language proficiency play in influencing refugees' and migrants' engaging with play therapy. In their findings Coleman, Parmer, & Barker, (1993) found that migrants who were fluent in English when they arrived in New Zealand were more likely than other respondents to engage with play therapy services. A study from O'Connor (2005) also found that the positive outcomes of refugees' and migrants' who are fluent in English when they access play therapy exceeded those of similar refugees' and migrants' who were non-fluent by a wider margin.

Conclusion

This thesis has provided a summary of the difficulties faced by refugees' and migrants' when they engage play therapy at Parentline services. Refugees' and migrants' like many other vulnerable populations, require an immense amount of support to engage with services. It is important to note that although this population under study the situation may be similar, each experience should be treated individually to ensure needs are. Specifically, when working with refugees' and migrants' families workers must have a general understanding of their culture and experiences, as well as an awareness of their basic needs.

The literature review conducted for this thesis has provided evidence which shows that refugees' and migrants' engagement with play therapy at Parentline is influenced by several factors, including acculturation factors, experiences of pre and post migration trauma and stress, which themselves are intertwined and impacted by factors at multiple levels of influence. The results of the data analyses conducted for this thesis support these findings from the literature. However, further research is needed to better understand the ways in which distinct dimensions of acculturation, pre and post migration stressors, cultural factors and difficulties that also impact with engaging with play therapy so that Parentline as a play therapy service provider is enabled to better support and provide appropriate strategies to address these issues. It is imperative that we work towards achieving an awareness of the basic needs of all groups, specifically the most vulnerable.

The overarching conclusion from this study is that, irrespective of engaging refugees and migrant's families in play therapy, it is the cultural sensitiveness the therapists establishes with the family, their personal, professional and agency qualities that may contribute to some changes. The particular characteristics associated in many refugees' and migrants' studies who engage with play therapy are ensuring culturally appropriate values and identity to be maintained.

Providing a cultural opportunity for imaginative, creative play therapy allows for greater growth and development. Hamilton, New Zealand has a culturally diverse population, and play therapy services provided by the Parentline need to be inclusive of all ethnicities families who are part of our multicultural society. The development of culturally competent practice is an ongoing process, and there is no recipe or formula for ensuring success in working with children and families from diverse backgrounds. However, a commitment to developing the cultural skills and knowledge to provide inclusive play therapy services and to work effectively with diversity is critical to ensuring that the needs of refugees' and migrants' living in Hamilton, New Zealand are met.

Due to the ongoing conflicts that continue to plague several countries, and which force the displacement of millions of people, it can be expected that significant numbers of refugees' and migrants' will continue to resettle in New Zealand in the coming years. It is thus essential to attend to the cultural aspect of engaging refugees' and migrants' in a culturally appropriate manner to ensure that they can enjoy the quality of life which they have fought so hard to achieve.

Recommendation for future research

The data presented in this study were derived from one of the first studies conducted in Hamilton, New Zealand to explore how refugees' and migrants' cultural backgrounds influence their engagement with play therapy services at Parentline, Hamilton, New Zealand with special focus on the role of culture and acculturation factors. However, further research is needed among this population to 1) identify and understand other predictors of engaging with play therapy in a more culturally manner among this group: 2) examine prospectively the prevalence of acculturation and settlement factors in a new country: and 3) develop a culturally sensitive model and framework to use among this population

Although several factors that affect effectively engagement with play therapy were explored in this study, many other factors at multiple levels of influence can impact engagement of play therapy and positive outcomes and should be addressed in future studies, including but not limited to English supports, fully explanation of services of Parentline Services, culturally appropriate practice, family support, and other acculturation factors such as coping styles, financial resources, adapting to the host country which may be unrealistic. Also, macro level influences include refugee and immigrant policies, political situations in immigrants' home countries, and host country attitudes towards immigrants and refugees may need further research.

Practice implication

The results of this study have particular relevance to clinical practice in a variety of ways. In particular, play therapy seems to offer benefit to families who have experienced significant migration and acculturation stress and trauma.

Value of play

It may be helpful for the therapists to explore refugees' and migrants' own childhood experiences with play. For example, one participant recalled that she did not have special time to play with her parents, this may offer important insight about parents' discomfort taking part in the play therapy

activities. Therefore, it may also be useful to explore refugees' and migrants' beliefs about play and therapists can also provide education about the benefits and purpose of play therapy. However, another important relevant fact to play therapy practice relates to those parents who felt discomfort with play. Even though these participants in this study felt uncomfortable about taking part in play therapy with their children, they were motivated to try this type of therapy for the benefit of their children. The therapists need to highlight refugees' and migrants' ability to work through their discomfort (Berting, 2009). This strength can be explored and expanded by play therapist after each session.

Cultural competency

The findings also emphasise the importance of addressing refugees' and migrants' cultural backgrounds. This includes their beliefs, customs, family and extended social support and community. When individuals from a collective background migrate to an individualistic society, they continue to rely on their cultural way of living which includes their families and community support for cultural support and assistance (Hofstede, 1991). Play therapists need to have an understanding of collective values and adopt a more inclusive practice that considers family, culture background, community and significant others. These approaches represent a move beyond Western individualistic and move towards a more inclusive cultural competent approach. A good example may include family/community as requested by the family, cultural engagement into play therapy and explanation of services in simple jargon about play therapy approach.

This study offered insights into the impact of culturally-sensitive practice and acknowledges that most social worker/play therapist face the challenge of culture competency. The social worker/play therapist are working with refugees and migrants from different backgrounds and requires them to be culturally aware, Hofstede (1991) as part of the social work ethic, and need to take the initiative to ensure that they practice with cultural competence which includes cultural sensitiveness.

It will be important for social worker/play therapist to receive on-going training regarding working with migrants and refugees. This training gap is evident and the implications are not only for play therapist workers, but also for the staff and for professional social work practice.

Language as a barrier in play therapy

Since New Zealand is receiving a huge wave of refugees and migrants coming to settle, the country has had to struggle to provide equal and quality services with limited English ability. Language barriers were also recognized in the literature as a hindrance to engage with play therapy (O'Connor, 2005). He notes that not being able to speak English language and communicate excludes refugee and migrant families from full participation and engagement with play therapy. It is vital for refugee and migrant families to be able to communicate and express themselves in their own

language and to connect with play therapy at a cultural level. Not only play therapists are struggling to provide possible language and cultural barriers, many professions are facing this dilemma. In addition, he further state that when working with refugees' and migrants' who speak a different language than the therapists, the experiences are often challenging for both therapists and the family. He states that when the therapists speaks two different languages, there is a likelihood of difficulty for them to form and build relationships. Further studies Chand (2005) have found that minority ethnic families are likely to be treated more poorly than native English language proficiency by the social service system. Effective communication is important between refugees and migrants since communication helps bridge the understanding and connection between the two. One positive process that can be effective is the use of interpreters to provide more important cultural and contextual information which may have significant bearing on the issues (Gil & Drewes , 2005). Interpreters are the key component in helping therapists work with refugee and migrant families, but the process of interpretation often brings on additional challenges that can impact negatively the quality of engagement and relationship building. Thus, it is the responsibility of the play therapists to make judgement of what is culturally appropriate for the interpreters to work with families.

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Appendices

Appendix A - Sample interview questionnaire



The following topics will be used to generate a line of questioning:

1. Play and parenthood
2. Culture and acculturation experiences
3. Parentline Service delivery

Within these topics, the following types of questions will be addressed.

1. Play and parenthood

- ✓ What are your experiences with play therapy?
- ✓ How often are you playing with your children?
- ✓ What kind of activities?
- ✓ What differentiates your childhood play and therapeutic play?
- ✓ What is your understanding of the notion of play as therapy?
- ✓ Had you ever heard of play therapy before coming to Parentline?
- ✓ Was play therapy explained to you? If so how?
- ✓ What elements of play therapy did you find helpful or unhelpful? i.e. A nondirective approach, interact with the child through play, one on one of fun

playing, praising, descriptive and emotional coaching, children in control of his/her own world, value uninterrupted playtime.

- ✓ What are your own experiences of play from childhood?
- ✓ With whom did you play?
- ✓ What games or activities?
- ✓ Did your parents play with you? Did they watch you play?)
- ✓ How were you parented? Where you parented by your mother, father, extended family? What kind of discipline did they use? Would you say your parents were “permissive”, or “authoritarian”? Permissive parenting is sometimes known as indulgent parenting. Parents who exhibit this style make relatively few demands on their children. Because these parents have low expectations for self-control and maturity, they rarely discipline their children. Authoritarian parents have high expectations of their children and have very strict rules that they expect to be followed unconditionally.
- ✓ How is your parenting in New Zealand different from your country of origin? (How is it the same?)
- ✓ Has your parenting changed since participating in play therapy? If yes, How?

2. Culture and acculturation experiences

Culture

- ✓ What aspects of your culture impacted with play therapy
- ✓ What cultural aspects did you maintain to protect your cultural heritage?
- ✓ What aspects of your culture do you think were undermined by the host country?
- ✓ What impacted on your traditional beliefs and practice when you migrated to NZ?
- ✓ What are your beliefs about play therapy?

- ✓ What values do you want to keep and pass to your children after attending play therapy?
- ✓ How does play therapy fit in with your tradition?
- ✓ Describe the role of culture and parenting?

Acculturation

- ✓ What changed following your entry and settlement into New Zealand?
- ✓ Describe your feelings of sense of loss, dislocation, alienation and isolation?
- ✓ What was your social system/ coping mechanisms?
- ✓ How is your time in the host culture contributed to the effectiveness of play therapy?
- ✓ What changes did you experience when you arrived in New Zealand?
- ✓ What adaptations did you make since you arrived?
- ✓ What changes did you do to adapt living in a culture different to your own?

3. Parentline Service delivery

- ✓ What were your experiences of engaging with Parentline services? When did you begin?
- ✓ What activities have you been involved with? How has it gone?
- ✓ How were you introduced to the services offered by Parentline?
- ✓ Did staff take the time to explain the process of play therapy?
- ✓ How were you contacted on the first meeting?
- ✓ How was your engagement with staff?

- ✓ Do you think staff were culturally aware of your culture?
- ✓ Where you provided with English supports.

- ✓ Did you learn any new ways of parenting that you think you might try?

- ✓ What did you like / not like about Parentline services? How were you treated as a migrant/ refugee?

Appendix B - Participant information sheet

Ref:

5 July 2016



Study title:	Exploring refugees' and migrants' experiences with play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation	
Student Researcher	Petronilla Mazai 93 Barrington Drive Rototuna Hamilton patmazai@yahoo.com	Contact phone number 0226502563
University Supervisor	Prof Amanda Barusch Dept. of Sociology, Gender & Social Work University of Otago Amanda.barusch@otago.ac.nz	Contact phone number: 03 479 7951 (messages only)

Dear

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part, there will be no disadvantage to you and we thank you for considering our request.

Introduction

This research is being undertaken by Petronilla Mazai, MSW student in the Dept. of Sociology, Gender & Social Work at Otago University as part of the requirements for a Master of Social Work qualification.

Aim of research

The aim of this research is to explore the experiences of migrants' and refugees' cultural acculturation experience with play therapy. By exploring the attitudes and experiences of refugee and migrant families, the findings of this study will help better serve refugees and migrant's families at Parentline. This study will involve one-on-one interviews, which will allow participants to describe their own experiences to help the student researcher understand participants' experiences. The general line of questioning will include these topics:

- Play and parenthood
- Culture and acculturation experiences
- Parentline Service Delivery

What Type of Participants are being sought?

The student researcher is seeking participants who are from a refugee or migrant background, who migrated from countries where English is an additional language, and who accessed play therapy services at Parentline.

Recruitment method

Participants will be recruited by a Parentline administrator. Her role will be to contact both active and inactive participants request their consent to be contacted to take part in the study. The student researcher will contact the participants who have given their consent either with email or phone call to arrange a time to meet.

Exclusion criteria (where relevant) under

18;

Number of participants to be involved

About 20 people will be interviewed.

What will Participants Be Asked to Do?

Participants will be asked to meet the student researcher on a face to face basis. The interview will involve open-ended questions. In particular, the student researcher wants to find out about your experiences with play therapy to help better serve refugee and migrant families.

The precise nature of the questions which will be asked has not been determined in advance but will depend on how the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

The procedures in which the participants will be involved

During the interview, the student researcher will sit down with you in a comfortable place either at your home or at another quiet location. If it is better for you, the interview can take place in a friend's home. The interview will take approximately 45-60 minutes.

If you do not wish to answer any of the questions during the interview, you may say so and the student researcher will move on to the next question.

No one else but the student researcher will be present unless you would like someone else to be there.

The information recorded is confidential, and no one except the two supervisors Prof Barusch and Dr Mele will have access to the information documented during your interview. The entire interview will be recorded, but your data will not be identified by name. The data will be kept under lock and key according to the University policy. The information recorded is confidential, and no one else except the persons named above will have access to the data.

The time commitment required for the interviews

Your participation is requested for a face to face interview (duration approximately 60 minutes) with a follow-up if need be.

Any support or health and safety processes in place to deal with adverse physical or psychological risks associated with participating in the research

Participation in this study should involve no physical or mental discomfort, and no risks beyond those of everyday living. It would be most helpful to me if you could answer all of the questions.

If, however, you should find any question or procedure to be invasive or offensive, you are free to omit answering or participating in that aspect of the study.

Description of any discomforts, risks or inconvenience to participants as a result of participation.

If the discussion is on sensitive or anything you think is personal issues and confidential information, and you may feel uncomfortable talking about some of the topics, you do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give me any reason for not responding to any question, or for refusing to take part in the interview"

Participation in this study is voluntary and you are free to withdraw from this study at any stage without comment or penalty. If you wish to withdraw, simply stop completing the questionnaires. Completion of the questionnaires will be accepted as evidence of your consent to participate in the project.

What Data or Information will be Collected and What Use will be Made of it?

Data will be collected from a general line of questioning which will look at:

1. Play and parenthood
2. Culture and acculturation factors
3. Parentline Services delivery

The data collected will be securely stored in such a way that only those mentioned below will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed. As part of the University's policy a copy of the final thesis will be available at the University or the student researcher can provide you upon request.

Reasonable precautions will be taken to protect and destroy data gathered by email. However, the security of electronically transmitted information cannot be guaranteed. Caution is advised in the electronic transmission of sensitive material.

Will participants be audio or video recorded? How will this be used?

The interview will be recorded. The recorded data will allow the student researcher to accurately recall your views when writing up the thesis. Individuals can access copies of their voice recordings upon request. If you are not happy for the discussion to be recorded, then we will arrange for someone independent to take notes.

What personal information will be collected?

Personal information collected will be your name, surname, contact address, email and phone number for contacting purposes.

What are the purposes for which the data or information are being collected/What use will it be put to?

Data collected will be used to answer the relevant research questions which then will enable the student researcher to evaluate outcomes which will help Parentline better serve refugees and migrants' families.

Who will have access to the data or information?

All data collected in this study will be completely confidential. The confidentiality of information obtained during research must also be respected except where disclosure is necessary to avoid grave harm as an obligation from the Social Work Registration Board under the Code of Conduct article 3 (c) Confidentiality and the use of information. Only the two supervisors Prof Barusch and Dr Mele and the student researcher will have access to any data collected. Your name will not be connected to any data you provide and, therefore, your responses will not be able to be linked to you. All data collected will only be used for the specific research purposes of this study.

How will data or information be securely managed, stored and destroyed?

The data collected during the research will be stored at a secure facility provided by the student researcher or at University of Otago Department of Sociology, Gender & Social Work. Electronic information will be stored on a password-protected computer. All personal details will be anonymized, and any identifying information will be destroyed by the researcher at the conclusion of the project. Prof Barusch and Dr Mele and the student researcher will have access to the information. Data obtained as a result of the research will be retained for the duration of the research: approximately 12 months in secure storage. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve your anonymity.

On the Consent Form you will be given options regarding your anonymity. Please be aware that we will make every attempt to preserve your anonymity. However, with your consent, there are some cases where it would be preferable to attribute contributions made to individual participants. It is absolutely up to you which of these options you prefer.

Will the participants have the opportunity to correct or withdraw the data/information?

Participants may correct or withdraw their information by requesting a copy of their transcripts and informing the researcher of material to be deleted or revised.

Sharing of results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and other participants before it is made widely available to the public. Each participant will receive a summary of the results and the completed thesis will be available within Otago University for other interested students who may learn from the research.

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either: -

Petronilla Mazai - Student Researcher 0226502563

patmazai@yahoo.com

**Prof Amanda Barusch Dept. of Sociology, Gender & Social Work University of Otago
University Telephone Number: 03 479 7951 amanda.barusch@otago.ac.nz**

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph +643 479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix C - Participant consent form



Ref Number

7 July 2016

CONSENT FORM FOR PARTICIPANTS

Exploring refugees' and migrants' experiences with play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation.

Student Researcher: Petronilla Mazai, patmazai@yahoo.com, 0226502563

Primary Supervisor: Prof Amanda Barusch, amanda.barusch@otago.ac.nz,

Following signature and return to the researcher student, this form will be stored in a secure place according to the university's policy.

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that: -

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information e.g. audio recordings may be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;
4. This project involves an open-questioning technique. The general line of questioning includes;
 - Play and parenthood
 - Culture and acculturation experiences
 - Parentline Service Delivery

The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. I understand the nature and size of the risks of discomfort or harm which are explained in the Information Sheet.
6. I understand that there is no remuneration, funding offered for this study, and that no commercial use will be made of the data.
7. I understand that the results of the project may be published and be available in the University of Otago Library, (Dunedin, New Zealand) but that I agree that any personal identifying information will remain confidential between myself and the researchers during the study, and will not appear in any spoken or written report of the study.
8. I, as the participant: a) agree to being named in the research, OR;

--

--

 b) would rather remain anonymous

I agree to take part in this project.

.....

(Signature of participant)

(Date)

.....
(Printed Name)

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph +643 479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix D - Otago Human Ethics Committee



UNIVERSITY OF OTAGO HUMAN ETHICS COMMITTEE APPLICATION FORM: CATEGORY A

1. University of Otago staff member responsible for project:

Prof Amanda Barusch

2. Department/School:

Department Sociology, Gender & Social Work

3. Contact details of staff member responsible (always include your email address):

Prof Amanda Barusch

Dept. of Sociology, Gender & Social Work

University of Otago amanda.barusch@otago.ac.nz

4. Title of project:

Exploring migrant and refugee families' experiences with play therapy: The influence of culture and acculturation.

5. Indicate project type and names of other investigators and students:

Staff Co-investigators

Names:

Dr Mele Taumoepeau

Student Researchers **Names:**

Level of Study (PhD, Masters, Hons):

External Researchers **Names:**

Institute/Company:

6. Is this a repeated class teaching activity? (Delete answer that does not apply)

NO

7. Fast-Track procedure

Do you request fast-track consideration?

NO

8. When will recruitment and data collection commence?

August 2016

When will data collection be completed?

December 2016

9. Funding of project

Is the project to be funded by an external grant?

NO

If YES, specify who is funding the project:

If commercial use will be made of the data, will potential participants be made aware of this before they agree to participate? If not, explain:

NA

10. Brief description in lay terms of the purpose of the project

The purpose of this qualitative research project is to explore refugees' and migrants' experiences with play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation. By illuminating the experiences of refugee and migrant families, the findings of this study will help Parentline better serve refugee and migrant families.

11. Aim and description of project

Study aims

The overall aim of this study is to explore refugees' and migrants' experiences with play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation

Description

New Zealand's population is becoming more diverse reflecting waves of settlement over centuries, (Ministry of Social Development, 2012). Approximately 1550 refugees settle in New Zealand double (Ministry of Ethnic Affairs, 2013). While these represent small numbers, refugee and migrant groups experience high mental and social needs (MSD, 2012). According to Guerin & Abdi (2004) refugees' and migrants' children are considered vulnerable to the effects of migration, part of the vulnerability partially stems from their status as children, which involves dependence on others. For children, the long lasting process of cumulating cultural losses and transition creates a context of chronic stress that can challenge their emotional well-being and affect their mental health (Guerin & Abdi, 2004). Negative health consequences are especially high when relocation is forced because of severe conflicts in the home country and when conflicts are associated with violence and trauma (Guerin & Abdi, 2004).

A considerable amount of literature (Guerin & Abdi, 2004 & Kottman, 2003) found that play therapy as a sole treatment or in combination with other methods can be a successful intervention with traumatized children. Therapeutically reconstructing the event (s) and interpreting the child's spontaneous play can undo painful memories and lead to a feeling of

mastery and control. Despite the fact that the past decade has provided many articles addressing cultural issues in play therapy, there has been little research addressing refugees' and migrants' perceptions. The unique mental health needs of refugee and migrant children and their families and their cultural backgrounds are sometimes overlooked Glover (2001). Regardless of past trends, the growing numbers of refugees and migrant's children in Hamilton, New Zealand will inevitably increase the need for culturally sensitive practice and responsive play therapy services Glover (2001). It is important to comprehend refugees and migrants' experiences with engaging services with play therapy and their perceptions about the process in order to deliver culturally-appropriate services to this vulnerable population.

Research Question

General: How do refugees' and migrants' cultural and acculturation experiences influence their engagement with play therapy services at Parentline in Hamilton?

Specific

The following topics will be used to generate a line of questioning:

1. Play and parenthood
2. Culture and acculturation factors
3. Parentline Services delivery

(For more detail please see attached draft interview protocol)

Implications of the study

The rapid inflow of migrants and refugees in Hamilton, New Zealand has significant implications for play therapy caseworkers when engaging with migrants and refugees to provide a culturally sensitive practice. By illuminating the attitudes and experiences of refugee and migrant families, the findings of this study will enhance the culturally-appropriate use of play therapy to address the mental health needs of their children.

12. Researcher/instructor experience and qualifications in this research area

Professor Barusch holds a PhD in social welfare, and is well-versed in qualitative methods. She has taught courses and conducted research in the field for over twenty-five years, and is the author of seven books, including a widely acclaimed policy text, and numerous journal articles. Most of her work has employed qualitative methodologies, and she has published several recent articles on rigor in qualitative research.

Petronilla Mazai, the student researcher has professional qualifications in social work. She holds a University of Massey Post Graduate Diploma in social work and a Bachelor of Social Work (Applied) from Waikato Institute of Technology. She has four years of experience in services to children. She is also a certified group leader for an American-based parenting programme, “Incredible Years.” She is employed by Parentline as a Social Worker/ group leader facilitator. She was employed in a variety of roles with Family Works Northern, Child Youth and Family and Hamilton Ethnic Trust. She is also contracted with Waikato Institute of Technology (Social Work department) as a guest tutor and offers mentoring and coaching to ethnic students enrolled in Social Work. She is also a speaker and presenter on various topics around working with refugee and ethnic families in a culturally sensitive practice.

13. Participants

13(a) Population from which participants are drawn:

The research will involve a qualitative semi-structured interview. Participants will be drawn from (both active and inactive clients) in the Parentline program whose children engage (or have engaged) in play therapy. Participants will be offered an opportunity to volunteer for individual qualitative interviews. The study population will be a mix of different refugees and migrants coming from countries where English is an additional language. Participants will have lived in New Zealand to enable them to reflect on their acculturation process and their experiences of engaging with Parentline.

13(b) Inclusion and exclusion criteria:

Inclusion - Average level of English proficiency, and participants must be older than 18.

Exclusion - under 18;

13 (c) Estimated numbers of participants: around 20

13(d) Age range of participants: 18+

13(e) Method of recruitment:

Participants will be recruited by a Parentline administrator. Her role will be to contact both active and inactive participants, asking them consent to be contacted to take part in the research. The administrator will be provided with a script to read out to the participants. The student researcher will contact participants who have given their consent either with email or phone call to arrange a time to meet.

13(f) Specify and justify any payment or reward to be

There will be no payment or reward offered for participating but refreshments will be provided.

14. Methods and Procedures:

Describe the design of the study

A qualitative descriptive case study method will be used. Broadly stated, case study research means conducting an empirical investigation of a contemporary phenomenon within its natural context using multiple sources of evidence. This exploration is focused on real-life contexts of migrants' and refugees' experiences. Participants will be asked to narrate stories that represent their experiences related to their engagement in play therapy at Parentline. I want to hear their own words about how their cultural background influences their engagement with Parentline case workers for play therapy. -

The general line of questioning will include;

- Play and parenthood
- Culture and acculturation experiences
- Parentline Service Delivery

15. Compliance with The Privacy Act 1993 and the Health Information Privacy Code 1994 imposes strict requirements concerning the collection, use and disclosure of personal information. The questions below allow the Committee to assess compliance.

15(a) Are you collecting and storing personal information (e.g.name, contact details, designation, position etc.) directly from the individual concerned that could identify the individual?

NO

15(b) Are you collecting information about individuals from another source? NO

15(c) Collecting Personal Information

- Will you be collecting personal information (e.g. name, contact details, position, and company, anything that could identify the individual?

YES

- Will you inform participants of the purpose for which you are collecting the information and the uses you propose to make of it?

YES

- Will you inform participants of who will receive the information?

YES

- Will you inform participants of the consequences, if any, of not supplying the information?

YES

- Will you inform participants of their rights of access to and correction of personal information?

YES

Where the answer is YES, make sure the information is included in the Information Sheet for Participants.

If you are NOT informing them of the points above, please explain why:

15(d) Outline your data storage, security procedures and length of time data will be kept

- All consent forms will be stored in a safe and secure manner under lock and key cabinet according to the University's policy.
- All personal identifiers will remain confidential to the student researcher and the supervisors.
- All written drafts submitted to the supervisors will remain confidential.
- Data will be collected solely for the use of the research.
- Interview audio files and notes will be kept under lock and key, and will never include identifying information as labels or file names.
- Data stored on electronic devices will be stored on a password protected computer.
- All data collected will be stored in a safe and secure manner under lock and key cabinet according to the University's policy.

15(e) Who will have access to personal information, under what conditions, and subject to what safeguards? If you are obtaining information from another source, include details of how this will be accessed and include written permission if appropriate. Will participants have access to the information they have provided?

- Personal information, either written or recorded consent will only be accessed by myself and my supervisors.
- The information will be stored securely on a password-protected computer.
- The participants will have access to their own information if they request and privacy and confidentiality of individuals, communities, institutions, and ethnic groups will be respected.
- No participant will be identified without the consent of that participant.

- The confidentiality of information obtained during research must also be respected except where disclosure is necessary to avoid grave harm as an obligation from the Social Work Registration Board under the Code of Conduct article 3 (c) Confidentiality and the use of information.

15(f) Do you intend to publish any personal information they have provided?

NO

If YES, specify in what form you intend to do this:

15(g) Do you propose to collect demographic information to describe your sample? For example: gender, age, ethnicity, education level, etc.

Yes

15 (h) Have you, or will you, undertake Māori consultation? Choose one of the options below, and delete the option that does not apply:

Yes

If YES, please **attach** the acknowledgement of receipt from Ngai Tahu Research Consultation Committee. Consultation should be initiated prior to the Human Ethics Committee meeting.

16. Does the research or teaching project involve any form of deception?

NO

If yes, explain all debriefing procedures:

17. Disclose and discuss any potential problems or ethical considerations: (For example: medical or legal problems, issues with disclosure, conflict of interest, safety of the researcher, etc. Note: if the student researcher will be travelling overseas to undertake the research, refer to item 12 of the Filling Out Your Human Ethics Application document. Please note that approval from the Human Ethics Committee does not override the University of Otago's Field Policy and Travel Policy, which must be complied with.)

Refugees and migrants are regarded as vulnerable populations in general and pose particular moral and ethical challenges. The student researcher is aware of issues around informed consent and responding to capacity for autonomy and the notion of reciprocity. The student researcher will take full responsibility for maintaining the dignity and welfare of all participants. This obligation also requires the student researcher to protect participants from harm, unnecessary risks, or mental and physical discomfort that may be inherent in the research procedure.

As a student researcher from a social worker background I will be responsible for conducting myself ethically and for treating all participants in an ethical manner at all times.

The student researcher will also adhere to Parentline Code of Ethics, which requires respect for all participants and allowing participants to exercise their autonomy to the fullest extent possible and respecting their privacy. As the student researcher is employed by Parentline, she will disclose to participants that she is employed by Parentline to enable participants to make an informed decision to participate. The student researcher will inform participants that she will not be their therapist or case worker.

18. Applicant's Signature:

Name (please print): Petronilla Mazai

Date: 7 July 2016.....

*The signatory should be the staff member detailed at Question 1.

19. Departmental approval: I have read this application and believe it to be valid research and ethically sound. I approve the research design. The Research proposed in this application is compatible with the University of Otago policies and I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee with my recommendation that it be approved.

Signature of **Head of Department: **Name of HOD**
(please print):

Date:

Appendix E - Approval Ngāi Tahu Research Consultation Committee

NGĀI TAHU RESEARCH CONSULTATION COMMITTEE *TE KOMITI RAKAHAU KI KĀI TAHU*

Tuesday, 07 June 2016.

Professor Amanda Barusch,
Department of Sociology - Gender and Social Work, DUNEDIN.

Tēnā Koe Professor Amanda Barusch,

Exploring migrants' and refugees' cultural background and how it influences their engagement with play therapy.

The Ngāi Tahu Research Consultation Committee (the committee) met on Tuesday, 07 June 2016 to discuss your research proposition.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum it states "Ngāi Tahu acknowledges that the consultation process outline in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago". As such, this response is not "approval" or "mandate" for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be

persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner.
Reaching a decision that may or may not alter the original proposal.”

The Committee acknowledges that this research project is wholly based on refugees’ and migrants’ cultural backgrounds therefore further consultation is not required in this instance, however should the project develop further research the Committee would request that you come back for further consultation.

We wish you every success in your research.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 07 June 2016 to 7 December 2017.

The Ngāi Tahu Research Consultation Committee has membership from:

*Te Rūnanga o Ōtākou Incorporated
Kāti Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki*

NGĀI TAHU RESEARCH CONSULTATION COMMITTEE
TE KOMITI RAKAHAU KI KAI TAHU

Nāhaku noa, nā



PP. NTRCC

Mark Brunton

Kaiwhakahaere Rangahau Māori Research Manager Māori Research Division
Te Whare Wānanga o Otāgo

Ph: +64 3 479 8738

Email: mark.brunton@otago.ac.nz Web: www.otago.ac.nz

The Ngāi Tahu Research Consultation Committee has membership from:

Te Rūnanga o Ōtākou Incorporated
Kāti Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki

Appendix F -Parentline Approval to Recruit participants

9 June 2016

Petronilla Mazai
93 Barrington Drive
Hamilton

Ref: Request to conduct research:

Topic: Exploring refugees' and migrants' experiences with play therapy services at Parentline, Hamilton, New Zealand, with special focus on the role of culture and acculturation Dear Petronilla

I have reviewed your request to conduct a research project the interviewing of active and inactive clients who accessed play therapy. I feel that this project will be beneficial to Parentline, as the results will help us to better serve refugees' and migrants' families.

You have my permission to carry out the research and the recruitment of participants with the help of Jan (administrator). Jan will be available to contact clients to secure their consent for their contact information to be released to you. If you have any questions regarding this letter of approval, please give me a call at 07-8394636.

Sincerely,

Sue Hardley
Chief Executive Officer