

Cultural Competencies For Child-Centred Play Therapists in Aotearoa New Zealand

This document outlines the cultural competencies essential for child-centred play therapists practicing in Aotearoa New Zealand. These competencies are grounded in Te Tiriti o Waitangi, cultural safety principles, and best practices drawn from New Zealand's psychotherapeutic, counselling, and play therapy literature. Child-centred play therapy (CCPT), grounded in the humanistic values of empathy, acceptance, and the therapeutic powers of play, requires a culturally attuned practice to be responsive to Māori, Pacific, and ethnically diverse tamariki and whānau. This document draws on frameworks including Te Whare Tapa Whā, Fonofale, and the concept of cultural humility, reflecting the obligations of mental health professionals under the Health Practitioners Competence Assurance Act (HPCA) and the Code of Health and Disability Services Consumers' Rights.

The following principles / mātāpono underpin the ANZAPT cultural competencies and it is expected that Play Therapists will embrace these principles and core values as integral to our work.

Kāwanatanga (governorship) – helps us think about our work as a form of stewardship, and that the client individual, couple, group, organisation, student or learners and educators) has given kāwanatanga in relation to their information to the play therapist for the purposes of healing, cure, growth, or learning. This principle reflects the CCPT principles of establishing rapport, maintaining respect for the child, letting the child lead the way and that therapy cannot be rushed.

Tino rangatiratanga (sovereignty) – is vested in the tamaitii/whanau. We recognise that people in therapeutic relationships have different roles and, therefore, different duties of care and responsibility, and, whilst these may be mutual, they are asymmetrical. This complements the CCPT principles of accepting the child completely, establishing a feeling of permissiveness, maintaining respect for the child, letting the child lead the way and using limitations wisely.

Ōritetanga (equitable outcomes) – reflects the CCPT commitment to mutual consent and valid consideration in our practice as play therapists. It also supports the CCPT principles of establishing rapport, accepting the child completely, establishing a feeling of permissiveness, maintaining respect for the child and that therapy cannot be rushed. Our Members are encouraged to be aware of their relationship to the world around them, to effectively choose their own responses, and to be socially responsible in their behavior.

Wairuatanga (spiritual freedom) – Implementing wairuatanga involves a respect for tamaiki as fellow human beings. This reflects the CCPT principles of recognising and

reflecting feelings and maintaining respect for tamariki. These principles support our Members' commitment to carrying out relationships without discrimination on the basis of religion, race, colour, creed, disability, nationality, socioeconomic status, gender, age, or sexual preference.

Preamble

Cultural competency for Play therapists emphasises concerns about the health status of Māori and in practice it is focused on understanding the effect of power within any play therapy relationship, and exploring the assumptions inherent within this. It is generally accepted that reflection of one's own personal history, cultural identity, history, attitudes and experiences is important in understanding the impact of professional practice and interactions with people from different cultures.

Acquiring cultural awareness and competence is a cumulative process occurring over many years and many contexts. It is accepted that in order for a Play therapist to engage in this process they need to be willing to remain aware of their assumptions and personal paradigms and the effect of these on the therapeutic relationship.

Every Play Therapist who holds a practising certificate must meet this requirement:

'All Play Therapists will be knowledgeable of culturally safe practices, and familiar with the Treaty of Waitangi and be able to integrate these into their practice in ways that ensure that issues of diversity and equality are valued, upheld and promoted.'

Cultural competence, clinical competence and ethical conduct combined are integral to professional Play therapy practice which has emerged from a European or Western worldview. Māori have an established structure that promotes the health and wellbeing of those within Māori society. These constructs remain relevant as a way to view and understand the human person, and the relationships between all living things, the spiritual, physical, and emotional-psychological aspects of life.

A whakatauki that describes this: "Nā tō rourou, nā taku rourou ka ora ai te iwi." With your food basket and my food basket, the people will thrive. Highlights that each person contributes their own perspective, experience, and culture to collective wellbeing — together, we thrive through diversity.

ANZAPT upholds that cultural competence:

- Concerns the attitudes, the awareness, the knowledge and the skills to discern the cultural reality that is likely to have the greatest significance in a specific context, recognising that culture is a determinant of health status;
- Includes recognising that personal identity is formed and influenced throughout life by the cultures we live within, and well-being is affected by relationship with, or outside of, dominant cultural values and beliefs;
- Includes an understanding that the concept of culture extends beyond ethnicity and that people may identify with several cultural or social groups.

ANZAPT acknowledges within the definition of cultural competence, the diversity of “culture”, and it is part of, but not limited to, the human experience of:

Age; Disability; Distinctive groups and organisations; Ethnicity; Gender; Migrant experience; Occupation; Political beliefs; Religion and/or spiritual beliefs; Sexual orientation; Social economic status.

A culturally competent play therapist will recognise:

- The status of Māori and Pakeha as partners to the Treaty of Waitangi;
- That Aotearoa New Zealand has a culturally diverse population and how that diversity impacts on healthcare service, access and delivery;
- That the English language as spoken in New Zealand (NZ Colloquialisms), and te reo Māori, and New Zealand sign language, are the three official languages of the country;
- How cultural and personal identity influences professional practice and that the language and concepts used are culturally derived and may have different meaning for different people;
- That cultural competence is fundamental in assisting clients to achieve their own optimal health outcomes.
- The need to work in a culturally sensitive and inclusive way with a diverse range of children, young people and families, considering the individual’s identity and cultural needs.

I. Foundational Cultural Competence

1. Has knowledge of The Treaty of Waitangi and how colonisation has impacted on Tangata Whenua past, present and future
2. Demonstrates understanding of Te Tiriti o Waitangi (including articles, goals and principles) and its relevance to the health and well-being of pēpi, tamariki and rangatahi Māori in Aotearoa New Zealand and, its application in therapeutic contexts
3. Demonstrates knowledge of New Zealand family structures and educational systems including whānau, hapu, iwi, and other family structures, kohanga reo, kura kaupapa etc, and how they differ across identified groups
4. Has self awareness and is able to critique of their own cultural beliefs and values and how this can impact building and maintaining trust with clients and their whānau
5. Is willing to learn about clients cultural beliefs, values and practices and respect these
6. Can acknowledge and value a range of world views including divergent views within and between ethnic and cultural groups
7. Understands and acknowledges oneself as a cultural being, capable of both bias and empathy
8. Acknowledges culture is not static but changes over time

9. Practices cultural safety, ensuring power is shared with tamariki and whānau
10. Adheres to the ANZAPT Standards of Ethical Conduct and Core Clinical competences for working with tamariki and their whanau
11. Adheres to legal obligations, including the HPCA Act, and respects consumer rights in culturally responsive ways

2. Assessment & Whānau Collaboration

1. Recognises the child as part of their whānau, hapū, and iwi
2. Recognises the central role of extended aiga/kainga and church
3. Practices whakawhanaungatanga to build trust and connection
4. Allows space for talanoa — open, respectful dialogue with family
5. Invites whānau to guide us on what is appropriate and meaningful. We respect family and spiritual traditions, and invite elders or family members to share what will help the child feel safe
6. Work cooperatively with others in the client's culture; their family, social networks, other professionals and other community resource people where this is desired by the client and does not conflict with other clinical or ethical requirements
7. Respects cultural protocols and preferences in assessment, reporting, and planning.
8. Conducts culturally responsive assessments using models like Te Whare Tapa Whā and Fonofale
9. Recognises the potential dangers of culture-specific diagnostic categories, and the potential dangers of using them on individuals from cultures that differ from the group that defined these categories
10. Invites whānau and extended family to participate meaningfully in therapeutic goal-setting
11. Demonstrates an understanding of human behaviour and integrates this into their play therapy practice
12. Demonstrates an understanding of structural and power imbalances and how these impact on health outcomes for tamariki
13. Determines when to discuss the potential benefit of other personal and cultural supports with the client
14. Encourages the advancement of the psychosocial and emotional development and positive mental health of tamariki, as well as the nurturing relationships in the child's life

3. Relational & Playroom Competencies

1. Selects play materials that support the cultural identity and expression of tamariki and their lived experience e.g. that reflect Māori and Pacific motifs, stories, values, and taonga
2. Chooses toys and expressive materials based upon child development theories and Play Therapy theories; Materials and toys are appropriate for all four CCPT stages and the rationale can be articulated for the inclusion of the chosen resources
3. Creates a culturally safe play environment where tamariki can express their identities freely and includes karakia (prayer), pepeha, or Māori symbols in the therapy space when led by tamariki

4. Is able to demonstrate how they apply Te Tiriti o Waitangi to play therapy practice
5. Recognises and works appropriately with a client's cultural perspectives, beliefs and values in the therapeutic process
6. Recognises that verbal and nonverbal communication styles from other cultures may differ from their own
7. Encourages clients to use their own language, meanings and metaphors in describing themselves and their experiences
8. Employs child-centred play therapy language and approaches that recognise Māori values like whanaungatanga, manaakitanga and tino rangatiratanga
9. Establishes rapport and conveys empathy in culturally sensitive ways for example, taking into account culturally influenced interpretations of language and metaphor, verbal and nonverbal expression, personal space, ways of interaction and cultural values

4. Supervision, Training & Accountability

1. Maintains awareness of one's own cultural assumptions and able to self reflect on own values, beliefs and culture and how this might impact on the therapeutic work with the client and wider whānau
2. Seeks cultural supervision if required or when working with Māori and/or Pacific communities
3. Demonstrates cultural humility, engaging in respectful dialogue and supervision around identity and privilege
4. Conducts supervision in a culturally competent manner for the benefit of the supervisee and their client, and yourself as supervisor
5. Participates in professional development focused on cultural competency, Te Tiriti, and indigenous models of wellbeing

5. Service Development & Advocacy

1. Advocates for culturally safe, accessible, and play-based services in child mental health service for all tamariki
2. Is willing to appropriately address the cultural bias of individual colleagues or systemic bias within healthcare services, where there is a potential negative impact on people
3. Supports and contributes to organisational responsiveness to Māori health models and equity outcomes, in line with Te Tiriti obligations

References

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