ARTICLE

Towards developing best practice guidelines for arts therapists working outside of private practice: Insights from a scoping review of South African practice

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ABSTRACT

Guidelines for best practice are systematically developed recommendations to optimise service user care. Our purpose in this study was to develop best practice guidelines for art therapists working outside of private practice settings in South Africa. We conducted a scoping review of research on art therapy, drama therapy, and music therapy outside of private practice in South Africa from 2013 to 2023. (No relevant papers related to dance/movement therapy were identified). Based on the themes we developed from analysing the literature, we propose and discuss five best practice guidelines for arts therapists when working outside of private practice settings: (1) It is essential to build one's contextual knowledge continuously and to work in and with that context; (2) To work outside of private practice settings as an arts therapist requires the skills and willingness to engage in wise, humble, strategic, and collaborative relationship-building with a range of partners; (3) To work outside of private practice settings as an arts therapist requires intricately multifaceted reflexive and responsive thinking and practice; (4) The ability to draw on the arts as a highly flexible resource is essential; and (5) To work outside of private practice settings as an arts therapist necessitates creative, optimistic, macro, and micro problem-solving. We unpack the rationale for each guideline and reflect on their practical applications. We acknowledge the unique aspects of our context whilst arguing that lessons could be learned from studying the work occurring here that may be useful for others in their contexts.

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INTRODUCTION

Guidelines for best practice are systematically developed recommendations that aim to optimise service user care. They are developed through the review of evidence and the assessment of current practices. Guidelines for best practice inform practitioners in making the best decisions possible. They also guide improvements in the quality of service provision and policy making. The goal of developing such guidelines is to develop guidelines that are relevant, important, and sound (El-Harakeh et al., 2020).

Best practice guidelines within the health professions are often developed for specific conditions treated in particular contexts. A few authors have proposed practice guidelines in the arts therapies, particularly in art and music therapy. For example, Hackett et al. (2017) developed practice guidelines for art therapy with children and adults with learning disabilities. Spiegel et al. (2006) proposed best practice guidelines for art therapy for combat-related PTSD, and Brooker et al. (2007) developed clinical practice guidelines for art psychotherapy with people prone to psychotic states. Examples of studies proposing practice guidelines within music therapy include interventions with hospitalised children (Stouffer et al., 2007), specifically within paediatric oncology (Gooding, 2012), with LGBTQ service users (Whitehead-Pleaux et al., 2012), and in the context of dementia care (Mercadal-Brotons et al., 2021).

South African contexts

As researchers located in this context, our focus in this study was on arts therapies outside of private practice in the South African system. We acknowledge the unique aspects of this context whilst arguing that lessons could be learned from studying the work occurring here that may be useful for others in their own contexts, particularly arts therapists in other developing countries.

Many people living in South Africa endure chronic poverty (Aliber, 2003). Patel and Graham (2021) reported that as of 2015, 55% of South Africans live below the poverty line (defined as having R760 per month (approximately $38.68). Approximately 19 million South Africans depend on state-delivered social grants in the form of cash transfers for the most vulnerable (Mokhutso, 2022). Access to healthcare in South Africa is difficult and the quality of services received is not always sufficient (Coovadia et al., 2009). The healthcare system is starkly divided between private and public sectors, reflecting the country's social and economic contrasts (Burger & Christian, 2020). Mental healthcare has been regarded as "a peripheral and insignificant part of the health sector" (Nguse & Wassenaar, 2021, p. 305). This has been enormously detrimental for people living with mental illnesses, both acute and chronic. Those who are socioeconomically disadvantaged in South

Africa are more likely to experience poor health, comorbid (and multimorbid) conditions, disability, and need inpatient care (Gordon et al., 2020) due to the social and structural drivers of poor health in our context (Bradshaw, 2008). More than 25 years after Apartheid was dismantled in South Africa, inequality in relation to accessing quality healthcare is still significantly stratified in racial terms (Mhlanga & Garidzirai, 2020). Most South Africans consult traditional and Western healthcare practitioners, but there is a lack of integrative collaboration between these healing systems (von Fritschen & dos Santos, 2023).

Many South African contexts are also plagued by violence. South Africa has one of the highest rates of violent crime in the world (Hoosen et al., 2022). Gender-based violence is a widespread problem impacting nearly every aspect of daily life (Enaifoghe et al., 2021). The trauma resulting from exposure to such violence is significant and complex (Woollett & Bandeira, 2020). For example, while lack of access to contraceptive information and poverty have been found to drive unintended teenage pregnancy, sexual violence has also been found to play a vital role (Aliber & Ezegbe, 2020).

South Africa is not only a country of challenge and struggle. It throbs with vibrancy and resilience (Ebersöhn, 2020; Fouché & Stevens, 2018; Garden, 2017; Kinnear, 2023; Pavlicevic & Fouché, 2014). Arts therapists working outside of private practice in South Africa choose to journey alongside service users in these simultaneously resource-less and resource-filled spaces.

The arts therapies in South Africa

The arts therapies−art therapy, dance/movement therapy, drama therapy, and music therapy− became regulated professions in South Africa, registered with the Health Professions Council (HPCSA) in 1999 (Pavlicevic, 2001). Since then, the settings in which arts therapists practice have significantly expanded, as has the body of literature describing practice in these contexts. In South Africa, arts therapists register in the same category at the HPCSA (with their specialisations noted on their registrations; HPCSA, 2022). We collaborate through a shared organisation: the South African National Arts Therapies Association (SANATA). There are relatively few arts therapists in South Africa and it is beneficial for us to recognise our shared values and perspectives, while embracing and learning from our unique skills and knowledge.

Our understanding of the distinctions between work that is inside and outside of "private practice" is informed by the South African healthcare context, by many years of experience working as arts therapists in this country, and by literature that reflects on health services in South Africa (Burger & Christian, 2020) and the role of the arts therapies in particular (e.g., Fouché & Stevens, 2018; Lotter & van Staden., 2022; Mayson, 2020; Moonga et al., 2025; Solomon, 2006). In private practice, arts therapists can bill third-party insurers. They tend to work alone and set up their own clinical space. They are accountable to their client or the client's guardians, and confidentiality is clearly defined. Arts therapists in private practice are sought out for their services based on their expertise within their HPCSA-regulated scope of practice. In this context, there tends to be a clearer recognition of the issue that is being addressed and consensus regarding the focus of the client's needs. Arts therapists who work outside of private practice in community contexts navigate complex systems. They tend to be paid by an organisation or through funding raised by a non-profit organisation. Some arts therapists also offer a percentage of their time for voluntary work. Working

in teams is common (for example, multidisciplinary teams in government hospitals where many role players have access to patients' files). Accountability is more complex, involving, for example, an organisation, the service user, teachers, other psychosocial support staff. Parents/guardians of patients may not be accessible for consultation. More psychoeducation may be part of the therapeutic process and there are ubiquitous psychosocial demands. Mental health needs may be multiple and comorbid, and are contextualised within and influenced by many unmet basic needs. As a result, there may be less clarity regarding the specific need that requires therapeutic attention, and a service user may arrive in the presence of an arts therapist out of curiosity or because of the structure of a programme they are part of (not because they purposefully and individually sought out therapeutic intervention). There may be low levels of understanding in the organisations that these arts therapists work in regarding their skills and scope of practice. Therefore, arts therapists working in these contexts need to be highly flexible.

Community-based work outside of private practice

There are several names for work outside of private practice: community-based therapy, public sector therapy, agency-based therapy, non-profit therapy, community mental health therapy, or public health therapy. In the literature related to drama therapy, we find references to "community-based drama therapy" (Cohen & King, 2013), "community-based therapeutic theatre" (Ngong, 2016), drama therapy as community-engaged activism (Sajnani, 2016), "ecological drama therapy" (Hart, 2013), and drama therapy within community theatre (Chang, 2016), to name only a few. In dance/movement therapy studies, we see, for example, references to community engagement projects (Berger, 2021; Copteros et al., 2024; Harris, 2007; Sharp, 2020), community-based dance/movement therapy programmes (Kunte et al., 2024), dance/movement therapy in the community (Steiner, 2003), and community outreach (Pylvänäinen, 2008). As with the other modalities, the work is not necessarily referred to with specific terminology, as we see in the example of dance/movement therapy in collaboration with a non-profit organisation working with asylum seekers and refugees (Kita, 2020).

Referring to art therapy specifically, Jackson (2020) highlighted that community-based art therapy is referred to in many different ways, including, for example, "participatory arts", "community-based participatory arts", "community-based arts programming", "itinerant art therapy", "community-based art studios", "studio-based community art therapy", "public practice art therapy", "socially committed community art action", "social action art therapy", and "group-oriented community-based expressive arts". Jackson argued that "perhaps the importance of community-based art therapy practice does not lie in the semantics of what it is labelled" (p. 86). Community-based art therapy practices can unfold in a wide variety of spaces and be defined by those who participate collaboratively within them. The purpose of this scoping review relates less to debating semantics and more to exploring how practice is unfolding and what guidelines can be helpful.

Nolan and Mumpton (2023) also noted how community art therapy has been called many things and has taken on many shapes. Communities have idiosyncratic elements requiring careful consideration and ethical responsiveness, yet there are still common factors in practice. These

authors argued: "one ideal already noted in the literature is that community art therapy involves an art therapist or trained helping professional who practices with intention and engages in ethical and critically reflexive practice" (p. 2). Their study found the following common factors, even as community art therapy continuously grows and develops: Community art therapy is a setting and an approach practiced in context and shaped by the culture of those in the particular community. It centres creative practices that afford therapeutic benefits for individuals and groups. Community art therapy is accessible, inclusive, and provides an experience of belonging. Community art therapy cares about and addresses inequality and social injustice. It expands beyond the medical model and intrapsychic foci. Community art therapy fosters egalitarian and interdependent relationships. Lastly, it is embodied and nurtures nervous system regulation.

Based on experience and a synthesis of relevant literature, Ottemiller and Awais (2016) offered a best practice model for community-based art therapy. Their model holds five key components: establishing goals collaboratively with community participants (that centre strengths and social inclusion); laying extensive groundwork; being transparent about one's roles, goals, and limitations (which can include education about what art therapy is); making sure that shared decision-making is an ongoing process throughout; participants should have the freedom to label themselves as they see fit (collaborators, contributors, artists, participants, etc.) and art therapists may wish to refer to themselves as such or with terms such as facilitator to avoid the stigma of therapy attendance. In the US, Elmendorf (2010) proposed that community-based art therapists are faced with thinking about new goals within the new settings they work in, potential parallel processes with arts-based community building, community arts and applied arts, developing new language for their work, and careful answers to new questions. For example, "What is my agenda and how can I be clear about my agenda?" (p. 42).

Music therapists have also been wrestling with these questions for a few decades. As community music therapy was developing and being debated, Ansdell (2014) proposed the following areas for a community music therapist's critical investigation: *Identities and roles* (Who am I as a music therapist? What am I expected to do as one?); *Sites and boundaries* (Where do I work as a music therapist? Where are the limits to this work? What are the limits on what I do there?); *Aims and means* (What am I trying to do as a music therapist and why? How do I go about achieving these aims?); *Assumptions and attitudes* (On what theoretical assumptions do I base all of the above? How do these ideas affect my attitude towards people and music?). Stige and Aarø (2012) explained that community practice can be characterised using the acronym PREPARE: it is participatory, resource-oriented, ecological, performative, activist, reflective, and ethics-driven. In the South African context, community music therapy practice has notably contributed to how the profession has taken shape in the country (Fouché et al., 2025; Oosthuizen & Zanders, 2025; Sparks, 2025).

In light of a discussion of "community-based therapies" within South Africa, the term "community" holds some problematic connotations from within the Apartheid times because it was used to refer to people grouped according to race and class. Arts therapists working in South Africa have described how they use a more nuanced understanding of "community", distinguishing between communities of location, identity, and interest. As an example, Swanepoel and Conradie (2023) explained how, when they refer to a community-based model of mental health care, they are "sensitive to its social-economical and historical connotations and understand the differentiations

within communities, as well as the fact that a brief community of shared interest has formed for the duration of the programme, with its unique characteristics, needs and strengths" (p.122).

OBJECTIVES

Our purpose in this study was to conduct a scoping review of the literature on arts therapies work outside private practice in South Africa and to discuss the findings as a starting point for developing best practice guidelines. (In a separate, related paper, we report on findings from focus groups we conducted with arts therapists working these contexts.) Best practice guidelines may be a helpful tool for arts therapists working in these contexts to support effective and ethical practice that is sustainable both in terms of service provision and in relation to the arts therapists' ability to continue the work over time. The complexity of the context we were examining and the fact that we were exploring all four arts therapies modalities–art therapy, dance/movement therapy, drama therapy, and music therapy–meant that we were in somewhat uncharted territory for developing best practice guidelines. As an initial step, and as somewhat of a "mapping" exercise, we felt that a broad exploration was an appropriate starting point.

Our specific research questions were as follows:

1. What contexts outside private practice are arts therapists working in within South Africa?

    1.1 What challenges do people face when living in these contexts?
    1.2 How do people living in these contexts cope with these challenges?
    1.3 What projects/programmes are arts therapists running in these contexts?
    1.4 What are their roles and responsibilities?

2. What challenges and dilemmas do arts therapists face when working in these contexts?

    2.1 How do they navigate these challenges and dilemmas?
    2.2 What resources do they draw on when working in these contexts?

3. How can the insights from this literature contribute to developing best practice guidelines for arts therapists working outside of private practice settings?

METHODOLOGY

Presenting the methodological process transparently is essential when developing best practice guidelines (Rosenfeld et al., 2013). In this paper, we describe our process of conducting a scoping review of all the articles and dissertations/thesis from the last ten years that include information on how arts therapists work outside of private practice settings in South Africa, which we drew on to inform the development of best practice guidelines. Scoping reviews involve synthesising and analysing a range of relevant research and non-research texts to gain conceptual clarity about a specific topic (Davis et al., 2009). According to Anderson et al. (2008), "scoping studies are concerned with contextualising knowledge in terms of identifying the current state of understanding; identifying the sorts of things we know and do not know; and then setting this within policy and practice contexts" (p. 10). Scoping reviews are used for "reconnaissance" as researchers work to

clarify definitions and conceptual boundaries regarding a topic or field. They are helpful when a body of literature has not been comprehensively reviewed (Peters et al., 2015). Scoping reviews are useful tools for developing best practice guidelines (Pollock et al., 2024).

Our goal was to include all the papers that have been published related to this topic, regardless of methodology, so that we could map what we do know and identify where the gaps are. All the papers identified and included in this scoping review were descriptive, qualitative accounts of arts therapies processes (including qualitative research studies and perspectives on practice). We do not have studies that measure outcomes of particular interventions related to the arts therapies outside of private practice settings in South Africa. We discuss this in relation to the limitations of our provisional guidelines later in the paper. In the section on recommendations for future research, we also speak directly to this.

Inclusion and exclusion criteria

We began the research study in 2023 and elected to focus on literature from the previous ten years (2013-2023). As our objective was to develop best practice guidelines that could inform the work moving forward, we wanted to focus on current contextual characteristics. We included journal articles, Masters and Doctoral dissertations/theses and book chapters. Due to the challenges of defining the exact boundaries around the contexts we were exploring in advance, we used a broad range of search terms. Once we identified texts, we carefully screened them to assess whether the context was situated in private practice, in which case it was excluded. We also carefully screened the identified texts to ascertain whether they included any information related to our research questions.

Searching and screening procedures

We used the following databases to search for literature: Google Scholar, EBSCOhost (Academic search complete), Sage journals, Scopus, Pubmed, and Psychinfo. To search for studies within art therapy, we used the following terms: "South Africa" AND "art therapy" OR "art psychotherapy" AND school OR afterschool OR community OR hospital OR clinic OR prison OR centre OR center OR programme OR program OR workshop OR facility OR home AND challenge OR ethic* OR dilemma OR difficult OR resource OR strateg* OR role OR responsibilit*.

For studies within drama therapy, we used these terms: "South Africa" AND "drama therapy" OR "dramatherapy" AND school OR afterschool OR community OR hospital OR clinic OR prison OR centre OR centre OR programme OR program OR workshop OR facility OR home AND challenge OR ethic* OR dilemma OR difficult OR resource OR strateg* OR role OR responsibilit*.

To identify research within music therapy, we used the following terms: "South Africa" AND "music therapy" AND school OR afterschool OR community OR hospital OR clinic OR prison OR centre OR centre OR programme OR program OR workshop OR facility OR home AND challenge OR ethic* OR dilemma OR difficult OR resource OR strateg* OR role OR responsibilit*.

Lastly, for studies within dance/movement therapy, we used the terms listed below: "South Africa" AND "dance/movement therapy" AND school OR afterschool OR community OR hospital OR

clinic OR prison OR centre OR centre OR programme OR program OR workshop OR facility OR home AND challenge OR ethic* OR dilemma OR difficult OR resource OR strateg* OR role OR responsibilit*.

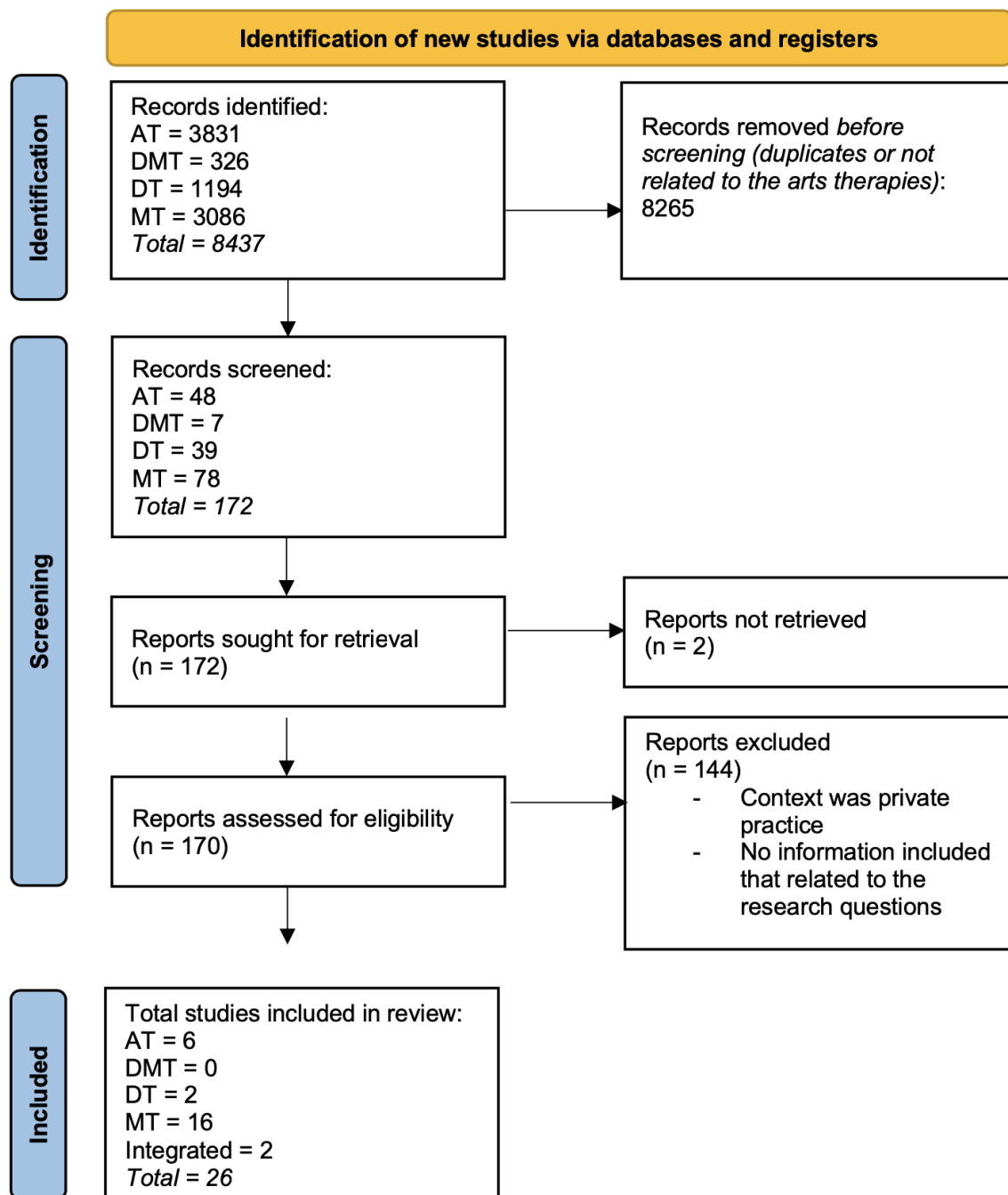Figure 1 displays the process of identifying studies for inclusion.

Identification of new studies via databases and registers

Identification

Records identified:
AT = 3831
DMT = 326
DT = 1194
MT = 3086
Total = 8437

→ Records removed *before screening (duplicates or not related to the arts therapies)*: 8265

Screening

Records screened:
AT = 48
DMT = 7
DT = 39
MT = 78
Total = 172

Reports sought for retrieval (n = 172)

→ Reports not retrieved (n = 2)

Reports assessed for eligibility (n = 170)

→ Reports excluded (n = 144)
- Context was private practice
- No information included that related to the research questions

Included

Total studies included in review:
AT = 6
DMT = 0
DT = 2
MT = 16
Integrated = 2
Total = 26

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram outlining the identification of studies for inclusion in the research

Andeline screened the initial 8437 identified texts, removing duplicates and texts that did not relate to the arts therapies, resulting in 172 remaining studies (two of which could not be accessed). She then listed these and marked them for inclusion or exclusion, providing a rationale for all exclusions. Nataly and Sunelle reviewed the list of included and excluded studies and two excluded

studies were disputed. One was confirmed as excluded, and the other was included (it had been regarded as taking place in a private practice context, but upon close inspection, we saw that it was conducted outside of private practice). This process resulted in a list of 26 studies for inclusion in the scoping review. Table 1 lists the 26 included studies, divided according to modalities.

ART THERAPY	
1	Berman, H., & Woollett, N. (2019). Art therapy's contribution to alleviating the HIV burden in South Africa. In M. Wood, B. Jacobson, & H. Cridford (Eds.), *The international handbook of art therapy in palliative and bereavement care* (pp. 376-386). Routledge.
2	Booth, M. (2013). Supporting educators to support learners: an art counselling intervention with educators. *Matatu, (44),* 171.
3	Kinnear, S. (2023). 'There is a sense of bravery in having to make a mark': Resilience and art therapy in South Africa. *South African Journal of Arts Therapies, 1*(1), 50-71.
4	Speiser, V. M., & Speiser, P. (2022). There are no silos when we are all suffering: Interviews and reflections on ubuntu and the arts in South Africa during COVID-19. *Creative Arts in Education and Therapy (CAET), 8*(1),71-88.
5	Woollett, N., Bandeira, M., & Hatcher, A. (2020). Trauma-informed art and play therapy: Pilot study outcomes for children and mothers in domestic violence shelters in the United States and South Africa. *Child Abuse & Neglect, 107*, 104564.
6	Zimeray, A. (2022). *Expressive arts therapy with pregnant adolescents in South Africa: Observations and reflections on intimate partner violence and intergenerational transmission of violence*. [Master's dissertation, Lesley University].
DRAMA THERAPY	
7	Busika, N. F. (2015). *A critical analysis of storytelling as a drama therapy approach among urban South African children, with particular reference to resilience building through Intsomi: Iintsomi story method a dramatherapy approach* [Master's dissertation, University of the Witwatersrand].
8	Spykerman, N. (2017). *Building self-care practice through drama therapeutic techniques: A case study of the Zakheni Arts Therapy Foundation's wellbeing workshop*. [Master's dissertation, University of the Witwatersrand].
MUSIC THERAPY	
9	dos Santos, A. (2019). Empathy and aggression in group music therapy with teenagers: A descriptive phenomenological study. *Music Therapy Perspectives*, *37*(1), 14-27.
10	dos Santos, A. (2020). The usefulness of aggression as explored by becoming-teenagers in group music therapy. *Nordic Journal of Music Therapy*, *29*(2), 150-173.
11	Fouché, S., & Stevens, M. (2018, October). Co-creating spaces for resilience to flourish: A community music therapy project in Cape Town, South Africa. In *Voices: A World Forum for Music Therapy*, *18*(4).
12	Garden, C. (2017). *Exploring the role of music therapy in enhancing protective factors for the resilience of youth at risk.* [Master's dissertation, University of Pretoria].
13	Hiller, K. (2019). *Mother voices: an exploratory study on the experiences of music therapy for pregnant women in distress from the Cape Flats.* [Master's dissertation, University of Pretoria].
14	Lotter, C., Mattison, N., Shroeder, C., & Pollard, A. (2022). Frontline Support: Responding to the COVID-19 mental health crisis in South Africa through online arts and music therapy. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-19.
15	Oosthuizen, H. B. (2018). Working with and within chaos: The development of a music therapy programme for

	young sex offenders in South Africa. In *Voices: A World Forum for Music Therapy, 18*(4).
16	Oosthuizen, H. O. (2019). The potential of paradox: Chaos and order as interdependent resources within short-term music therapy groups with young offenders in South Africa. *Qualitative Inquiries in Music Therapy*, *14*(1).
17	Oosthuizen, H. (2023). Unleashing the potential of chaos: How music therapists and young people can engage chaos as a resource in short-term music therapy groups. *Nordic Journal of Music Therapy*, 1-18.
18	Pavlicevic, M., & Fouché, S. (2014). Reflections from the market place–community music therapy in context. *International Journal of Community Music*, *7*(1), 57-74.
19	Pavlicevic, M., & Cripps, C. (2015, November). Muti Music-In search of suspicion. In *Voices: A World Forum for Music Therapy, 15*(3).
20	Pavlicevic, M. (2017a). Action: Because it's cool. Community music therapy in Heideveld, South Africa. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 93-98). Routledge.
21	Pavlicevic, M. (2017b). Reflection: Let the music work: Optimal moments of collaborative musicing. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 99-112). Routledge.
22	Pavlicevic, M. (2017c). Reflection: Crime, Community, and Everyday Practice: Music Therapy as Social Activism. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 223-242). Routledge.
23	Schulze, C. A. (2018). *The role of music therapy in the exploration and construction of identity by adolescent survivors of child sexual abuse: A multiple case study.* [Master's dissertation, University of Pretoria].
24	Stuart, K. (2018). Musical ripples and reflections: The story of Charlie, his music and his new foster family. *Voices: A World Forum for Music Therapy, 18*(4).
INTEGRATED PROJECTS	
25	Meyer, K. (2014). Making fires: Rethinking the possibilities of creative arts therapy practice in South Africa. *Journal of Applied Arts & Health*, *5*(3).
26	Errington, K., Errington, S., Oosthuizen, H., & Sangweni, N. (2013). Dancing drumming and drawing the unspeakable: An exploration of an arts-based programme as complementary interventions in the diversion of youth sex offenders. *Matatu, (44),* 55.

Table 1: Studies included in the scoping review

DATA EXTRACTION AND ANALYSIS

We created an Excel spreadsheet in a shared folder, with separate sheets for art therapy, drama therapy, music therapy, and integrated arts therapies projects. As we read through each of the 26 studies, we extracted information related to the context (including the venue/organisation where the work took place, the challenges faced by people living in these contexts and how they navigated these challenges), the project/programme that was facilitated (including the therapists' goals and outcomes related to working with service-users in managing their challenges in these contexts), the therapists' roles and responsibilities, the challenges and dilemmas that the arts therapists encountered when working in these contexts, and how they navigated these challenges and

dilemmas. If the paper did not present any of this information specifically (even if the work was situated outside of private practice) then the paper was not included.

Andeline copied and pasted the text related to these aspects from the article/dissertation/chapter into the spreadsheet. Then, in a column alongside, she created a code to summarise the essential meaning(s) of that section of text. Nataly and Sunelle were able to review the process (seeing the full-text quotations and the codes that were developed) and add their comments if they disagreed with the coding that had been assigned. Guided by reflexive thematic analysis (Braun & Clarke, 2022), we pulled all the codes out of the spreadsheet and organised them into themes and subthemes according to the principal foci of the first two research questions (and their sub-questions). We colour-coded the codes from art therapy (in red), drama therapy (in green), music therapy (in purple) and integrated projects (in blue) so that whilst building overarching themes, we could still see how each modality was represented within them. We held regular meetings to discuss the unfolding themes.

As authors, we recognise that we are stakeholders. We each have experience working as arts therapists outside of private practice in South Africa. Andeline conducted her doctoral research in a public school setting, working with teenagers referred for aggressive behaviour. She has also worked with community healthcare workers, offering training paid for by external funders (anonymised reference). Sunelle has worked as a music therapist outside private practice contexts for 20 years. Much of this time has been spent with MusicWorks. This non-profit organisation offers music-related psychosocial support services to people living in under-resourced areas in and around Cape Town. Nataly has also worked in various contexts outside of private practice as an art therapist, including supporting and upskilling lay counsellors in public health care and with the organisation Lawyers Against Abuse.

Six papers identified for this review included one of us as co-authors. An additional five concerned projects relate to an organisation that Sunelle has been involved in. While this gave us beneficial insider knowledge that could shape our understanding of the topic under investigation, we are also sensitive to how our investment, lived experience and commitment to the work inform our interpretations and conclusions, which required ongoing critical reflection. We are also educators and supervisors who seek relevant information to share with our students to prepare them for work in these contexts. We have experiences that skew our perspectives as well as richly inform our understandings. Both the methodology involved in developing best practice guidelines and the methodological steps of a scoping review celebrate rigour, objectivity, and minimising bias. This critical realist approach seeks to work towards a most accurate understanding while still acknowledging that human beings perceive the world imperfectly and incompletely, and that it is as a community of researchers that we can proceed closer and closer to the fullest picture of reality (Matney, 2019).

Proponents of acknowledging and working reflexively as researchers highlight that every form of research (not only a qualitative study) is shaped by the researchers who conduct it (Dean, 2017; Jamieson et al., 2023; Weber, 2003). We are all active role players in making meaning in our studies. It is unwise to pretend otherwise (by claiming value-free objectivity). Instead, we can honestly and insightfully acknowledge this, work with it, and present a transparent depiction of our motivation, decisions, and interpretations. Working in a research team is invaluable in this regard. Throughout

the process of this study, we met frequently to critically examine our thinking, preconceived ideas, methodological choices, how we were actively interpreting the data, and how we could best represent our findings. Reflexivity can be greatly enhanced by working in a team (Barry et al., 1999).

FINDINGS

Table 2 presents our final organisation of themes and subthemes in response to our research questions. Literature on arts therapies work in South Africa outside of private practice highlighted contexts related to sexual and reproductive health, abuse, education, the mental healthcare system and COVID-19. Projects that are designed to support people in these contexts were explored. A range of challenges were mentioned, including concerns related to economic insecurity, safety, housing, ill health, lack of access to healthcare, racial injustice, educational inadequacies, and lack of access to the arts. Arts therapists saw their roles as including specific therapeutic interventions as well as being social activists. They needed to be flexible, collaborative, and ensure the sustainability of their programmes. They faced foundational challenges such as lack of resources, lack of other's understanding of the arts therapies, chaotic systems, and difficulties obtaining consent. They navigate these through reflexivity and flexibility, drawing on the arts as a resource and working to ensure safer environments in which the work could be conducted. They sought opportunities for additional funding, valued learning from participants, and drew on contextually relevant theory to underpin their work, as well as growing through supervision. Arts therapists in the included studies drew on dialogical ethics, worked collaboratively, and built trusting relationships with communities over time.

1.   What contexts outside of private practice are arts therapists working in South Africa?
HIV, sexual health, pregnancy, sexual abuse Education Mental healthcare system COVID-19
1.1 What challenges do people face in these contexts?
Economic Threats to safety Drug abuse Racial injustice HIV/AIDS Homelessness Unemployment Inadequate healthcare and mental healthcare systems Under-resourced educational systems Developmental challenges for youth Lack of arts access
1.2 How do people living in these contexts cope with these challenges?
Resilience Additional programmes offered by schools and organisations Less constructive strategies to get needs met

1.3 What projects/programmes are arts therapists running in these contexts?

HIV, sexual health, pregnancy, sexual abuse:
- experiential art therapy group with HIV counsellors
- Trauma-informed art and play therapy intervention with mothers and children in domestic violence shelters
- Caring, Affirming and Training for Change (CATCH) – victim empowerment programme (for persons who have experienced sexual abuse)
- Teddy Bear Clinic (for sexually abused children); diversion programme for youth convicted of sexual offences (Support Programme for Abuse Reactive Children (SPARC) – diversion programme)
- Programmes for pregnant teenagers who have experienced intimate partner violence and are HIV positive or HIV at risk
- Hanover Park Midwife Obstetric Unit

Child welfare

Education
- Art counselling groups for educators
- Group music therapy at a high school in a community context of unemployment, drug usage, and violence
- Music therapy at a primary school in the Cape Flats within a context of community violence
- Music Therapy Community Clinic / MusicWorks
- Youth Development Outreach (YDO; adolescent development program)
- Dumezweni Primary School, Diepkloof, Soweto

Mental healthcare system:
- The Zakheni Arts Therapy Foundation's Firemaker Project trains community care workers
- Firemaker programme (skilling care workers to use the arts for psychosocial support of vulnerable children)

Covid-19:
- Frontline Support

1.4 What are their roles and responsibilities?

Specific therapeutic roles and tasks
Their roles need to be flexible
Knowledge of and working sensitively with and in the context
Collaborating
- Stepping back
- Humility
- Managing power relations carefully
- Managing insider-outsider status

Ensuring sustainability
Social activists

2. What challenges and dilemmas do arts therapists face when working in these contexts?

Foundational challenges
* Resource challenges
 Working in an under-resourced mental health system
 Lack of creative arts therapists
 Limitations of online therapy
 Funding challenges

* Knowledge challenges
 Lack of contextual understanding
Lack of fit between arts therapists learned theories and service users' worldviews

* Relational challenges
  Feelings of chaos and unpredictability

Service users' resistance
Struggles engaging with children's families
Challenges related to work during COVID
Challenges related to who has the rights/legitimacy to engage in arts-based healing in South Africa
Challenges working in organisations with colleagues who don't understand or support ATs
Challenging in navigating boundaries
Ethics: Challenging with obtaining consent
Ethics: Challenges maintaining confidentiality

* Safety challenges
 Safety fears

Challenges related to responses to the foundational challenges
* Emotional/psychological challenges
Overwhelm and hopelessness

2.1 How do they navigate these challenges and dilemmas? and 2.2 What resources do they draw on when working in these contexts?

Reflexivity
They think, practice and respond flexibly
Drawing on the arts as a resource

Responding to foundational challenges
* Resource challenges
Compensating community facilitators and reimbursing participants for data use
They seek funding
Using online platforms for therapy

* Knowledge challenges
Valuing and growing one's knowledge of service-users' worldviews
Using accessible, strengths-based language
They learn from participants
They go to supervision
Drawing on more contextually relevant theory

* Relational challenges
Drawing on dialogical ethics
Working in more collective ways (as opposed to individual sessions)
Encouraging service-users and partners to take ownership
Respectful, non-pressurising interactions with participants
Building trusting relationships with communities over time
They collaborate with others

* Safety challenges
Working to ensure greater safety

Responding to challenges related to responses to the foundational challenges
* Emotional/psychological challenges
Hope and enthusiasm

Table 2: Themes and subthemes

It is important to note that 16 of the identified studies were situated in music therapy, six in art therapy, two in drama therapy, zero in dance/movement therapy, and two entailed integrated reflections. As mentioned, while there are also other published articles about arts therapy practices

outside of private practice, these papers did not include information on the specific topics we were investigating (i.e., the authors did not reflect on the challenges of the context; they focussed solely on the techniques and the outcomes). Music therapy training in South Africa has the longest history of the four modalities, which is probably a key driver behind why more music therapy articles were identified. Within the literature from each modality, there are also some prominent voices. We need more research across the arts therapies, particularly in dance/movement therapy and drama therapy. Research into how arts therapists who work outside of private practice experience and negotiate the contextual challenges they face can be valuable to others working in similar contexts. Most of the research has been published by white music therapists working as outsiders in community contexts they do not live in. We need a wider range of diverse voices. We do acknowledge, however, that both "insider" and "outside" roles can helpfully offer different perspectives and insights (when reflected upon critically and engaged in with care). We acknowledge that the findings in this current study more heavily reflect the experiences of music therapists and art therapists, and this is a limitation of the research in terms of the guidelines we can offer. However, it is a valuable finding in terms of encouraging the direction of future studies.

DISCUSSION

Based on the themes we developed from analysing the literature, we propose and discuss five guidelines for arts therapies best practice when working outside of private practice settings. Below, we unpack the rationale for each guideline and reflect on the application of these guidelines, drawing on insights from the reviewed studies and related literature.

Guideline 1: When working as an arts therapist outside of a private practice setting, it is essential to build one's contextual knowledge continuously and to work in and with that context

Arts therapists operate within varied social, economic, and political contexts, necessitating an understanding of how these environments influence their work and the people they serve. Without increasingly deep contextual understanding, arts therapy processes are more difficult and potentially less helpful for service users. In the literature analysed for this current study, we saw examples of arts therapists navigating cultural contexts, organisational contexts (Oosthuizen, 2018), and the realities of daily life experienced by people in particular (e.g., under-resourced) contexts. For example, Zimeray (2022) highlighted transportation issues causing stress and session disruptions. Participants' hunger also impacted session effectiveness. Busika (2015) noted similar issues with tired and hungry primary school children in her drama therapy sessions. These daily life challenges shaped the format and characteristics of therapy sessions. Some arts therapists face challenges due to cultural differences (Makanya, 2014; Oosthuizen, 2018; Spykerman, 2017; Zimeray, 2022). Mayson (2020) argued that if therapy is offered in a manner that is ignorant of diversity, it can cause a misaligned and untrusting relationship between client and therapist and can result in low adherence, slow therapeutic progression, and impasses or miscommunication in therapy.

Theoretical frameworks that underpin conventional approaches to the arts therapies often fail to address the complexities of clients' lived experiences. For example, Fouché and Stevens (2018) pointed out that Western theoretical constructs may not fully capture how people in less formalised health contexts thrive amidst ongoing trauma. In terms of communication within contexts that arts therapists work outside of private practice, engaging with service users' families and communities is crucial but can be challenging. Oosthuizen (2018), for example, struggled with obtaining consent and integrating community involvement in therapy. Confidentiality issues and the chaotic elements of communal life in this context further complicated therapy sessions. The importance of including the broader community to support individual growth was emphasised. During the COVID-19 lockdowns, therapists had to navigate new challenges in online contexts. Lotter et al. (2022) discussed issues like compromised musicking, difficulties reading body language, and ethical concerns regarding privacy and confidentiality when conducting sessions online and telephonically.

To apply this guideline, firstly, building contextual knowledge and learning to work with the context needs to be an intentional endeavour. Whitehead-Pleaux et al. (2017) stressed that client assessment should explore the service-user's cultures of heritage, generational influences, survivor experiences, location, identity, socio-economic factors, disability, gender identity, and religion. Stepney (2022) similarly noted cultural dimensions in art therapy assessments. Effective therapists must deepen their understanding of these dynamics. Arts therapists should value local knowledge, cultural practices, and how participants derive meaning, drawing on existing resources in the process.

Ottemiller and Awais (2016) emphasised that art therapists should integrate social justice into their practice, ensuring cultural competence as mandated by art therapy education standards. As Meyer (2014) highlighted, "most arts therapists are white and trained in a privileged western paradigm" (p. 306) and argued that a more socially just agenda would involve "understanding and addressing how the social, economic and political contexts within which we work influence us and our clients" (p. 305).

Arts therapies practices should adapt to the social dynamics of the context, as noted by Pavlicevic (2017b), who described community music therapy's interaction with local norms and social-musical affordances. Pavlicevic and Fouché (2014) discussed how therapists could focus on musical facilitation that benefits community development rather than providing direct therapy. In her work, Stuart (2018) highlighted how she became "increasingly aware of how music therapy is shaped by and shapes the communities in which [she] worked" (p. 2).

Secondly, one should specifically value and grow one's knowledge of service users' arts practices. It is important for therapists to familiarise themselves with the history and development of local art styles. Pavlicevic and Cripps (2015) explored how this knowledge may be limited if one is an outsider, but still described how "leaning in" happened when they witnessed a traditional music healing ceremony. Pavlicevic (2017c) described a music therapist who, "despite her own expertise in music therapy work… is aware of her lack of expertise when it comes to local music genres and events" (p. 228). Therefore, she mentors the young people she works with while also learning from them.

Thirdly, arts therapists should recognise and work with existing strengths and resources (Oosthuizen, 2018). We draw on the affordances of the arts as psychosocial tools within the contexts

in which we are working. This does not only apply to what we do, but how we talk about what we do. Arts therapists highlighted the importance of moving away from "problem-based" language as well as using language that is accessible to all participants and stakeholders (Pavlicevic, 2017c).

Fourthly, one should draw on contextually relevant theories and models. The theories that arts therapists identified as helpfully grounding and directing their work included indigenous theoretical perspectives (Busika, 2015; Spykerman, 2017), trauma-informed approaches (Woollett et al. 2020), paradox theory (Oosthuizen, 2019), resilience-informed frameworks, Ebersöhn's (2012, 2020) theory of flocking, and ecological approaches (Fouché & Stevens, 2018).

Guideline 2: To work outside of private practice settings as an arts therapist requires the skills and willingness to engage in wise, humble, strategic and collaborative relationship-building with a range of partners

Arts therapies in community contexts are, by definition, inclusive and involve shared decision-making (Ansdell & Pavlicevic, 2004; Goldstein Nolan & Mumpton, 2023; Ottemiller & Awais, 2016; Stige, 2015). This approach ensures that diverse voices are heard and valued (Stige & Aarø, 2011). The practice is based on respect, humility, and a resource-oriented ethos, where therapists develop mutually beneficial partnerships with communities, respect local health priorities, and act as students and partners (Jackson, 2020; Tervalon & Lewis, 2018). However, collaborative approaches can be challenging. For example, Oosthuizen (2018) highlighted the difficulties involved in starting work as a music therapist as part of a team within an organisation.

To apply this guideline, firstly, arts therapists should include collaborative role players who cut across the disciplinary and practice spectrum, and include service providers and service users as decision-makers. Arts therapists are encouraged to distribute decision-making power to create "Communities of Dialogue" (Tervalon & Lewis, 2018, p. 48). Working outside private practice is inherently collaborative, even for solo arts therapists, who learn from participants and negotiate health and therapeutic goals collectively (Busika, 2015; Oosthuizen, 2018). The therapist's role is to support participants in making their own decisions and setting their own rules, rather than directing the process (Stige et al., 2010). This participatory approach requires careful thought and execution, with therapists considering their role, the appropriate level of support, and when and if to intervene (Ansdell et al., 2020).

Collaborative efforts can extend to task-sharing with non-mental health specialists (Berman & Woollett, 2019), partnerships with food services (Speiser & Speiser, 2022), and collaborations between music therapists (MTs) and community musicians (Fouché & Stevens, 2018; Pavlicevic & Fouché, 2014). Projects also include engaging with teachers (Pavlicevic, 2017b), referral teams (Lotter et al., 2022), community artists (Meyer, 2014), intern therapists, and volunteers (Lotter et al., 2022). They involved building good relationships with colleagues within the organisation (Oosthuizen, 2018), working with a local person with more contextual knowledge, and working with a local person who can translate (Zimeray, 2022). Some projects, such as Firemaker (Meyer, 2014), also involved collaboration across the arts therapies. Frontline Support (Lotter et al., 2022)—offering arts therapies online during the COVID-19 pandemic—"was conceptualised as a non-hierarchical

organisation valuing collaboration and co-ownership by all volunteers" (p. 3). Meyer also emphasised the importance of being careful not to undermine community arts programmes and other applied arts methods. Such collaborations ensure community programmes are ethical, sustainable, and tailored to local needs. Speiser and Speiser (2022) described how Lefika La Phodiso, which facilitates art therapy informed processes, creatively adjusted during COVID-19, with many of their teenagers willing to assist with younger children as "volunteens" (p. 74). Zimeray also highlighted the importance of attending supervision. In the case of her project, this was group supervision used to process the therapeutic dynamics.

Secondly, a collaborative approach entails times when the therapist steps back and service users can take ownership (Pavlicevic, 2017c). Communities take ownership and the arts therapist then provides support. Meyer (2014) discussed how essential it is to encourage partner organisations to take ownership of programmes. Offering opportunities for ownership is balanced with respectful, non-pressurising interactions with participants (Oosthuizen, 2018).

Thirdly, it must be held in mind that humility is essential for authentic collaboration. For example, Pavlicevic (2017c) described music therapist Carol Lotter's work at a youth development organisation (YDO) alongside community facilitators who function as mentors:

> Carol says that despite her own expertise in music therapy work, she is aware of her lack of expertise when it comes to local music genres and events. From Carol's description, the mentor becomes part of group musicing together with his young charges. Musicing together enables all to relinquish their YDO-defined identities and social hierarchies, and instead become collaborative musicians. The same happens to Carol – she becomes the 'backup musician.' (p. 228)

Fourthly, working collaboratively involves developing sustainable practice, which involves planning for the programme's ongoing impact beyond the therapist's direct involvement, focussing on building participants' capacities for continued use of skills (Bolger & McFerran, 2013; Pavlicevic & Fouché, 2014; Steele, 2016). While building sustainable relationships often involves thinking about how a project can extend into the future, sustainable relationships are also ones that have been built over time. Building a reliable track record can enhance community openness (Pavlicevic & Fouché, 2014).

Fifthly, arts therapists working outside of private practice should draw on dialogical ethics. Dialogical ethics are central to collaborative practices, emphasising long-term critical dialogue and reflective practice (Meyer, 2014) and fostering community responsibility (Pavlicevic, 2017b).

Sixthly, we should prioritise more collective approaches rather than individual sessions when outside of private practice contexts. Group work was prominent throughout the identified literature (Berman & Woollett, 2019; Booth, 2013; Busika, 2015; dos Santos, 2019, 2020; Errington et al., 2013; Fouché & Stevens, 2018; Garden, 2017; Hiller, 2019; Meyer, 2014; Oosthuizen, 2018, 2019, 2023; Pavlicevic, 2017a, 2017b; Pavlicevic & Fouché, 2014; Pavlicevic & Cripps, 2015; Spykerman, 2017; Woollett et al., 2020; Zimeray, 2022). As Meyer (2014) wrote, "central to debates about what arts

therapists have to offer this mutable world is the potential to move beyond individual therapy into a more collective space to facilitate social justice and change through arts practices" (p. 304).

Guideline 3: To work outside of private practice settings as an art therapist requires intricately multifaceted reflexive and responsive thinking and practice

Working outside of private practice in South Africa as an arts therapist demands a highly flexible and reflexive approach due to the unique and complex contexts encountered. For example, Oosthuizen (2018) wrote, "my work never feels easy and requires constant reflection, not only regarding group and contextual dynamics, but also my own personal and professional process" (p.10). This kind of multifaceted reflexivity requires looking inward and outward, critically reflecting on internal and external responses, being able to locate oneself within interpersonal relationships with service users as well within broader socio-cultural positioning.

Foundational questions for arts therapists involve considerations of who should engage in this work and what the nature of the work should be. Meyer (2014) pointed out that the international professionalisation of arts therapies has generated tensions regarding identity, ethics, and practice, particularly in power-laden contexts. Pavlicevic and Fouché (2014) highlighted the challenge for music therapists to adapt their practices in communities where traditional mental health structures are mistrusted and where the notion of therapy carries social stigma. These complexities necessitate an ongoing dialogue within the field. Questions about the role of music therapy, the intersection with local music practices, and the impact on community well-being are central. Pavlicevic and Fouché noted that pre-agreed frameworks often fail to guarantee success due to external factors like partner organisation struggles or lack of support, which can lead to the decision to halt projects. Safety concerns and the emotional toll on therapists working in high-risk areas are also significant issues. Arts therapists working outside of private practice in contexts like South Africa need to be willing to explore these questions with a brave openness to where the answers may lead and a willingness to adapt in response. In Mayson's (2020) dissertation on the shape of drama therapy in South Africa, she emphasised the importance of

> critical self-reflexivity for therapists: to understand their own assumptions, biases and values… While all therapists should engage in this process of gaining self-knowledge, it is especially crucial when working in diversity… Only through this thorough engagement with self, where personal ignorance and curiosity can be communicated to the client… can a true, authentic and powerful therapeutic alliance be built that can communicate across boundaries. (p. 4)

The literature on arts therapies' work outside of private practice in South Africa mentions therapists' experiences of overwhelm and hopelessness, as well as fluctuating feelings of hope and despair (Berman & Woollett, 2019; Hiller, 2019; Kinnear, 2023). Zimeray (2022) shared the realisation that clients may find hope in situations where therapists see none, highlighting the importance of not projecting one's own feelings onto clients.

To apply this guideline—of engaging in intricately multifaceted reflexive and responsive thinking and practice--firstly, we need to be critically aware of our positioning. Oosthuizen (2018) underscored the importance of situating oneself within the context before beginning therapy. This involves acknowledging one's identity and privilege, as well as understanding the life experiences and backgrounds of group members. Zimeray (2022) discussed the necessity of becoming aware of one's privilege in a tangible way, while dos Santos (2020) explored how her various identities intersected with those of the teenagers she works with, highlighting the dynamic and co-produced nature of these interactions. Meyer (2014) articulated that social justice in arts therapy involves not only addressing the needs of marginalised groups but also confronting one's own positions of power, race, and privilege through reflexive practice.

Secondly, we need to bracket preconceived ideas and assumptions. As an example, dos Santos (2019) described her approach to working with teenagers referred for aggression, resolving to set aside assumptions about them and being fully present to understand who they are and how they choose to share themselves. This openness allows for a more genuine and effective therapeutic engagement.

Thirdly, self-care is an essential part of reflexive practice. Kinnear (2023) emphasised the negative effects of high workloads, resource scarcity, and the risk of burnout for therapists working in public health sectors. Maintaining self-care practices is crucial for sustaining long and healthy careers. This includes being acutely aware of how therapists approach their work, especially when dealing with clients who have experienced significant trauma and violence.

Guideline 4: The ability to draw on the arts as a highly flexible resource is essential for arts therapy work outside of private practice settings

Arts therapists are highly skilled in using their respective modalities flexibly, adapting to different tools and materials to meet clients' needs (Orkibi, 2018). In non-private practice settings, arts therapies often involve collaborative and resource-oriented techniques, expanding beyond conventional clinical methods. This includes musical performances, therapeutic theatre, playback theatre, and community murals. For example, Mayson (2020) noted that drama therapists in South Africa adapt their techniques to fit within participants' socio-cultural contexts and existing community arts practices. However, embracing flexibility in arts therapies raises challenges, such as ensuring informed consent and maintaining confidentiality, as required by the HPCSA. Therapists also often face resource constraints in their working environments, which can both limit and necessitate greater creativity and flexibility. For example, during the COVID-19 pandemic, offering arts therapies online presented both challenges and opportunities. Lotter et al. (2022) found that clients faced difficulties accessing art materials at home and generating creative ideas.

To apply this guideline, firstly, arts therapists working outside of private practice need to think, practice, and respond flexibly. Pavlicevic and Fouché (2014) reflected on the need for music therapists to adopt hybrid and fluid practices that respond to the specific contexts and cultures they work within. Mayson (2020) also noted the necessity for drama therapists to adapt their methods to be culturally sensitive and relevant. Pavlicevic and Cripps (2015) emphasised the importance of

"going with the flow" (p. 5) and maintaining a stance of generosity and inclusiveness. This involves continuously asking questions, exploring possibilities, and valuing even chaotic elements as potentially beneficial (Oosthuizen, 2018, 2019, 2023). The roles of all participants can be seen flexibly. Pavlicevic (2017b) described how community members in the Heideveld project took ownership of a concert, shifting the therapists' roles from organisers to musical supporters.

In music therapy work outside of private practice, Oosthuizen (2019) emphasised the importance of using flexible musical frameworks. Pavlicevic (2017b) highlighted that music therapists' strategies are dynamic, improvisational, and closely tied to the group's enactment at any moment, reflecting the unpredictable nature of social-musical interactions. Pavlicevic and Fouché (2014) discussed the importance of an improvisational attitude in music therapy, where the focus is not solely on musical quality but on creating a process that allows children to explore and learn about themselves through shared musical experiences. This approach values the process over the product, emphasising personal and communal growth.

During the transition to online arts therapy during the COVID-19 pandemic, as described by Lotter et al. (2022), some therapists found it easy to adapt their modalities to online platforms like Zoom and WhatsApp, while others struggled. These authors found that therapists creatively empowered clients by providing information and resources, and suggesting home setups similar to art therapy studios. Other initiatives included sharing music folders, sending music between sessions, using poems and journaling for music composition, and utilising virtual instruments, enhancing client engagement and access to arts therapies despite the limitations.

Secondly, arts therapists should mine the arts as a resource. Oosthuizen (2018) emphasised music's role as a co-therapist, enhancing participation, belonging, and emotional release among young people, illustrating the arts' potential to foster connections and manage group dynamics. Berman and Woollett (2019) highlighted the transformational potential of art therapy, emphasising the need for practitioners to attune to multiple layers of engagement. These layers facilitate physiological changes, enhance empathic connections, and promote social cohesion and well-being. Using the non-verbal medium of the arts can foster trust, communication, and curiosity, enabling group members to process trauma, bereavement, and multiple losses. Image-making processes can provide a means to communicate complex emotions and reflect on personal experiences, enhancing understanding and resilience. Art therapy workshops, such as those described by Zimeray (2022), used techniques like body-mapping and collage to help participants identify sources of support, resilience, and envision their life stories. These methods empower individuals to address challenges and find solutions.

Guideline 5: To work outside of private practice settings as an arts therapist necessitates creative, optimistic, macro, and micro problem-solving

The authors of the identified studies in this research discussed complex challenges within the contexts they work in, which necessitated creative problem-solving. This can be difficult because of feelings of hopelessness (Berman & Woollett, 2019; Zimeray, 2022) and financial constraints (Pavlicevic & Fouché, 2014). Safety concerns loom large for arts therapists working outside private

practice, particularly in areas marked by violence and instability. Hiller (2019) vividly described the anxiety and perilous conditions she encounters while conducting therapy sessions in Hanover Park. Fouché and Stevens (2018) elaborated on the burden carried by teachers in violent-prone areas, where exposure to violence is endemic and systemic causes remain unresolved. The work happens in "edgy" (p. 61) places – where violence is unbridled and (state) structures that uphold personal security are largely absent (Pavlicevic and Fouché, 2014).

The COVID-19 pandemic added another layer of complexity, with therapists grappling with shifting lockdown stages and limited client access to therapy. Spieser and Speiser (2022) discussed the difficulty of providing safe spaces amid a broader lack of safety, while Lotter et al. (2022) noted the challenges posed by reduced client access and limited time for each client during the pandemic.

To apply this guideline of creative, optimistic, macro, and micro problem-solving, arts therapists should, firstly, nurture and protect hope and enthusiasm. As highlighted by Berman and Woollet (2019), "as practitioners, we need to embrace the complexity, beauty and transformational potential of this work" (p. 384). In the words of Pavlicevic and Fouche (2014), "therapists are trained to understand and work with the psychosocial complexities underpinning health, aspirations, need and hope" (p. 64). In the *Handbook of hope*, Snyder and Feldman (2000) suggested that individuals with higher levels of hope tend to think more about communal or shared goals along with pathways to achieve them.

Secondly, arts therapists working outside of private practice tend to need to seek funding creatively. For example, Lotter et al. (2022) highlighted the need for a data fund to support marginalised clients' access to online therapy. Spieser and Spieser (2022) exemplified creative adaptation by launching the *Yellow Umbrella Project* to address food shortages among children, ensuring access to art-based educational and therapeutic programs.

Thirdly, there is a need to create spaces that are safe enough. Ensuring physical and emotional safety is paramount for arts therapists working in challenging environments. Pavlicevic and Fouché (2014) emphasised the importance of creating safe spaces within dangerous contexts:

> One of our responsibilities is to create safety in the context of danger: needing to know the dangers so as to know how to be safe – not creating a false sense of security or safety – but position safety within the very context of danger. We involve the children in creating and ensuring safety. Within this safe environment, together we can generate musicking experiences through which everyone can flourish. We are not avoiding problems or ignoring young people's astonishing resilience. We hope that we are adding to this, nurturing and fostering it, extending their resilience towards flourishing – through music… [We are] creating a safe space, literally, figuratively, experientially – for everyone: the children, the young musicians, and for ourselves. Physically the work keeps children off the streets, and offers them an imaginative space that is there each week, that they can hold in mind the rest of the week: a kind of safety beacon. (p. 66)

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

We are aware that the findings are shaped in relation to the prominence of music therapy literature that met the inclusion criteria for this study, and the lower numbers of particularly drama therapy and dance/movement therapy papers. This prominence is an important finding in itself. There is an urgent need for further studies to explore the challenges faced by all arts therapists working outside of private practice in South Africa and how they are navigating these challenges so that others can learn from them, reducing the need to "reinvent the wheel". We also highlight how most of the authors of the identified studies are White and are working with service users who are not. As training programmes intentionally graduate groups of more diverse arts therapists, we hope that this feature of the literature will start to shift more dramatically.

We need more research into the nuances of how arts therapists working outside of private practice experience and navigate ethical dilemmas. Additional research is also required into how arts therapists can best negotiate organisational relationships, work effectively within severely under-resourced contexts, and build generative networks. The notion of sustainability also requires ongoing research in terms of project sustainability and sustaining one's personal capacity to keep doing this important work.

CONCLUSION

Through a scoping review, we set out to examine the contexts outside of private practice that arts therapists are working in within South Africa. We wanted to better understand the challenges faced by arts therapists working in these contexts and how they addressed these so that we could propose preliminary best practice guidelines. We found a limited array of studies that spoke directly to our questions, most prominently from within music therapy and art therapy. Through a thematic analysis, we developed main themes that spoke to our research questions and generated guidelines through interrogating these themes and drawing on quotations from the articles to support our interpretations. In relation to previous literature on community-orientated approaches to the arts therapies, this study offers a unique contribution, particularly in its emphasis on the role of collaborative relationship-building with a wide range of role players and its focus on micro and macro problem-solving. We present these guidelines as a starting point for additional research both from the South African context and from within other developing countries.

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Ελληνική περίληψη | Greek abstract

Προς την ανάπτυξη κατευθυντήριων οδηγιών βέλτιστης πρακτικής για θεραπευτές μέσω τεχνών που εργάζονται εκτός του ιδιωτικού τομέα: Ευρήματα από μια ανασκόπηση πεδίου της πρακτικής στη Νότια Αφρική

Andeline dos Santos | Nataly Woollett | Sunelle Fouché

ΠΕΡΙΛΗΨΗ

Οι κατευθυντήριες οδηγίες για βέλτιστη πρακτική είναι συστηματικά ανεπτυγμένες συστάσεις που αποσκοπούν στη βελτιστοποίηση της φροντίδας των χρηστών υπηρεσιών. Σκοπός μας σε αυτή τη μελέτη ήταν να αναπτύξουμε κατευθυντήριες οδηγίες βέλτιστης πρακτικής για θεραπευτές μέσω τεχνών που εργάζονται εκτός ιδιωτικών πλαισίων στη Νότια Αφρική. Πραγματοποιήσαμε μία ανασκόπηση των ερευνών που έχουν δημοσιευτεί σχετικά με την εικαστική θεραπεία, τη δραματοθεραπεία και τη μουσικοθεραπεία εκτός του ιδιωτικού τομέα στη Νότια Αφρική, για την περίοδο 2013−2023. (Δεν εντοπίστηκαν σχετικά άρθρα σχετικά με τη χοροθεραπεία). Με βάση τα θέματα που αναπτύξαμε αναλύοντας τη βιβλιογραφία, προτείνουμε και συζητάμε πέντε κατευθυντήριες οδηγίες για τη βέλτιστη πρακτική στις θεραπείες μέσω τεχνών όταν εργάζονται σε πλαίσια εκτός του ιδιωτικού τομέα: (1). Είναι απαραίτητο να εμπλουτίζει κανείς συνεχώς τη γνώση του για το εκάστοτε πλαίσιο και να εργάζεται εντός αυτού του πλαισίου και σε συνεργασία με αυτό. (2) Η εργασία εκτός ιδιωτικού τομέα ως θεραπευτής μέσω τεχνών απαιτεί δεξιότητες και προθυμία να δημιουργήσει εύστοχες, ταπεινές, στρατηγικές και συνεργατικές σχέσεις με μια σειρά από συνεργάτες. (3) Η εργασία εκτός ιδιωτικού πλαισίου απαιτεί σύνθετη, πολυδιάστατη, αναστοχαστική και ευέλικτη σκέψη και πρακτική. (4) Η ικανότητα να αξιοποιεί κανείς τις τέχνες ως έναν εξαιρετικά ευέλικτο πόρο είναι απαραίτητη. (5) Η εργασία εκτός ιδιωτικού πλαισίου ως θεραπευτής μέσω τεχνών προϋποθέτει δημιουργική, αισιόδοξη, μακροσκοπική και μικροσκοπική επίλυση προβλημάτων. Αναλύουμε τη λογική πίσω από κάθε κατευθυντήρια οδηγία και εξετάζουμε τις πρακτικές εφαρμογές τους. Αναγνωρίζουμε τα μοναδικά χαρακτηριστικά του δικού μας πλαισίου, ενώ υποστηρίζουμε ότι από τη μελέτη αυτού του έργου μπορούν να αντληθούν συμπεράσματα που μπορεί να είναι χρήσιμα για άλλους στα δικά τους πλαίσια.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

θεραπείες μέσω τεχνών, κατευθυντήριες οδηγίες βέλτιστης πρακτικής, εικαστική θεραπεία, χοροθεραπεία, δραματοθεραπεία, μουσικοθεραπεία