

REPORT | PEER REVIEWED

Widening Participation in Creative Activities for Older Adults: A Report on a Symposium Held in Australia

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Abstract

Globally our society is shifting to an older demographic and our lifespan increasing. It is therefore critical that we find and promote solutions to ageing well. There is emerging evidence that engagement in creative activities benefits psychosocial wellbeing and supports cognitive health. However, there are aspects of creative ageing research and implementation that need further development and solution-based thinking. These can be summarized as, (1) providing strong evidence for the benefits of engaging in creative activities; (2) overcoming barriers for participants and researchers; and (3) making engagement in creative activities sustainable. To address these areas, we held a symposium in 2022 and invited stakeholders, including older-adult participants, researchers, practitioners, and aged-care professionals. Symposium participants were allocated into three groups, each with representation from different stakeholders. The groups discussed one of the above areas and then shared ideas with the symposium group. An expert panel led further discussions and sought suggestions for solutions. Key suggestions included involving older adults in research design and planning from the beginning of the process; solutions for accessibility and sense of safety including having “try out” sessions and buddying participants; and creating partnerships with community organizations to promote sustainability. This report summarizes our discussions and advocates for more forums to move the debate forward.

Keywords: creative ageing; ageing research; co-creation; sustainability

Introduction

This short article presents key points from a creative ageing symposium held at the University of Newcastle, Australia in September 2022. The symposium was organized as a community event and led by two researchers from the Creative Ageing Research Group at the University of Newcastle, Australia, which is supported by the Healthy Minds Research Program at the Hunter Medical Research Institute. The two leads are a music researcher specializing in creative ageing (HE) and a clinical psychologist (MK) specializing in dementia, both are white with Anglo heritage. The event aimed to bring together key stakeholders to discuss key questions about approaches to widen older adults' participation in creative activities. The questions, sent ahead of the event to allow for preparation, addressed three key challenges of (1) providing evidence for the benefits of creative activities; (2) overcoming barriers for participants and researchers; and (3) making creative activities sustainable. Attendees included older-adult participants, researchers, practitioners, and aged-care professionals. The outcomes as key points and recommendations are outlined below.

Background

Engagement in creative activities is associated with a range of benefits, including improved mood and wellbeing in older adults (Daykin et al., 2021). However, there is a major gap in knowledge regarding the specific effects that creative arts engagement has on brain and cognitive health (e.g., Dingle et al., 2020; English et al., 2022) and psychosocial wellbeing (Daykin et al., 2021; Hallam & Creech, 2016). For instance, it remains unclear what components of creative arts activities are necessary to produce meaningful and sustained protection, what the optimum length of engagement is with a creative activity and for how long positive effects are sustained. One challenge in addressing these questions is that robust and compelling evidence requires stringent experimental controls. Randomized controlled trials are considered the “gold standard” research approach. However, they present many challenges when applied in real-world environments, including controlling for extraneous variables, recruitment and retention of participants, comparability of creative arts programs, and consistency in types and modes of testing (Goodkind et al., 2017; Krauss, 2018; Shean, 2014). These considerations led us to pose question 1: “How to provide evidence for the benefits of creative activities, looking for best practices and understanding mechanisms?”

A second challenge is to recruit participants for research who represent diversity in socio-economic status, gender (Waling et al., 2022), ethnic, cultural and religious background (Feldman et al., 2008), across a wide older-age range and including people with mobility and other physical and/or mental health challenges. Research participants in creative programs in Australia tend to be white, well-educated and mobile (Findsen & Carvalho, 2004; Hughson et al., 2016), consistent with the global concern that research findings derive primarily from WEIRD (white, educated, industrialised, rich and democratic) societies (Cox & Deary, 2022). These participants are keen to keep their minds active and are likely to be volunteering or participating in a range of activities (e.g., Dingle et al., 2020). In contrast, people who have not had the same opportunities for education or previous access to creative experiences are harder to recruit, due to both internal and external barriers. Moreover, most of the activities offered within creative programs originate in white cultural practices, with few programs co-created with culturally diverse participants.

There are many internal and external barriers to participation which are captured by the five dimensions of accessibility: (1) approachability; (2) acceptability; (3) availability and accommodation; (4) affordability; and (5) appropriateness (Levesque, Harris & Russell,

2013). These five dimensions help classify possible external barriers, including cost and availability, and contextualize why people may feel an activity is not appropriate for them or acceptable in terms of culture, gender and beliefs. These barriers led to the second question: “How to overcome internal and external barriers for older adults to engage in creative activities?”

Barriers are important to consider because of their impact on sustainability. Sustainability is also affected by considerations such as the cost of running such activities. These might include venue hire; costs of materials; expert facilitation (Gomaa et al., 2020); and course design (Davidson & Faulkner, 2010). Further, many activities require suitable spaces and access to technologies, such as videoconferencing and music recording (Creech, 2019). Sustainability also calls for communication both to attract and retain participants, and to promote the benefits to local sponsors and governments. In residential care, barriers to participation often lie in staff workloads and organizational support (Stoddart et al., 2022). These challenges, together with the external and internal barriers discussed above, present considerable problems for widening participation for all older adults, regardless of economic and cultural backgrounds, geographic location, and/or mobility challenges. Creative activities are often funded as part of a research project. Yet making creative activities sustainable beyond the time-limited funding environment of a research project is critically important and researchers should also focus on how to achieve sustainability. The importance of sustainability led to question 3: “How to make effective creative activities sustainable?”

Local Context

Research into the impacts of creative activities on health and wellbeing within the Australian context is growing exponentially. In ageing work, specifically, providers often advertise creative activities and have specialist team members planning and delivering creative arts activities. These staff members may come from a range of backgrounds, including creative arts practitioners and therapists, diversional and occupational therapy specialists, and community arts facilitators. For example, the Whiddon Group identifies itself specifically as a Creative Ageing care provider and HammondCare employs a director of music engagement.

While Creative Ageing is a movement that has been recognized for more than 50 years, it has become an area of burgeoning academic interest in the past 20 years (Klimczuk, 2016). Australian university-led work on creative ageing has expanded across this timespan, and the new surge of interest has produced concentrations of research activity at Macquarie University, Queensland University of Technology, University of Melbourne, Western Sydney University, University of New South Wales, University of Queensland, and current work at the University of Newcastle. Other universities with broader interests in arts and health include the University of Sydney, University of Western Australia, Griffith University, University of the Sunshine Coast, University of Tasmania, and University of Southern Queensland. Emphasis of interest varies from work focusing on psychological mechanisms and/or therapeutic processes to that arising from education, community arts, or a medical humanities approach.

Symposium Overview

The symposium was held at the University of Newcastle on 30th September 2022. The University is set in a region notable for a strong Anglo-heritage working-class culture in the context of two centuries of coalmining. The University also has a strong record in First Nations graduations and in advancing reconciliation. Some key delegates were approached

to participate, and the event was also advertised through university distribution, using social media. On the day, 33 participants attended. Efforts were made to include diverse stakeholders, in terms of roles and professions, though overall attendees and presenters were predominately of Anglo background with some other migrant backgrounds represented (these data were not collected). A First Nations scholar opened the event and attended the morning sessions. Academic disciplines included creative and performing arts, psychology, cultural geography, and communication. Industry representation was from residential and community aged-care services, including managers, consultants, social gerontologists and lifestyle therapists. There were several creative practitioners and a representative from a local council. Six older members of the community participated, of which three had a diagnosis of Parkinson's disease, two were recent participants in creative activities run by our research group, and one was an active community counsellor.

Aim

The theme of the symposium was “widening participation in creative activities for older adults.” The aim was to explore this theme through the questions identified above.

Process

The 33 attendees were divided into three groups, each including people with a mixture of lived experience and expertise, such as aged-care professionals, older adults, art, dance, and music therapists, and researchers. Each group was asked to address one of the three questions. The three groups reported back to the whole group and different perspectives were shared. After a series of presentations on recent research (see Appendix for the program) attendees came together for a panel discussion. Professor Genevieve Dingle (Psychologist, University of Queensland), Lindl Webster (Diversional Therapist, Social Gerontologist, Lifestyle Manager, Adventist Care), Maree Callaghan (creative activity participant and community advocate) and Colin McDonnell (Dementia Consultant, Calvary Care) moved the discussion towards possible solutions with input from the whole group. The data were recorded in real time using group-agreed-on flip chart notes and fieldnotes from the principal authors. These data were then synthesized into tabular form, fuller accounts were also captured and used in the key discussion points shown below. Data were checked and cross-checked by authors 1, 2, and 5. The drafted discussion points were then circulated to all co-authors who were given the opportunity to review and refine the recommendations.

Discussion Summaries

Discussion points for each question are outlined below and suggested solutions summarized. Two tables capture the points made in discussions (Table 1) and solutions (Table 2).

Question 1: How do we provide evidence for the benefits of creative activities, looking for best practices and understanding mechanisms?

Responses to this question opened with a consideration of the participants, and how “older adults” were defined. This led to discussions about how older adults participating in creative activities might be consulted respecting research questions and benefits that matter to them. Attention was drawn to researchers' assumptions and biases when defining benefits and assigning value to activities and their effects. Choice of research methods was discussed in relation to research questions. For instance, some questions might be suited

to surveys and quantitative methods; others might be suited to interviews or focus group discussions with qualitative analyses. It was agreed that both quantitative and qualitative methods are important in this field of research.

In terms of understanding mechanisms that might explain how creative activities produce cognitive health, there is a potential need for converging evidence from multiple levels of measurement including brain imaging approaches, cognitive tests, self-report questionnaires and indirect measures such as observational coding of video-recorded sessions. Regarding participants, the challenges to ensure they are not over-burdened by the research and there is return for their investment of time were raised. A related consideration was how best to communicate results in a style and format that was accessible to participants so they could be informed and involved as much or little as they wished.

Question 2: How do we overcome internal and external barriers for older adults to engage in creative activities?

Different kinds of internal barriers and major external barriers emerged. Internal barriers were reported as frequently stemming from social isolation leading to loneliness. Loss of social connection and support was reported as an increasingly common ageing experience, often arising from bereavements and leaving the workforce (and its social milieu), which can be exacerbated by financial challenges. Social isolation is also linked to decline in mental health, including anxiety and depression (Cacioppo, Hawkley & Thisted, 2010; Chen et al., 2022). Age-related changes, such as retirement and loss of partner, were also reported to lead to a sense of “loss of self” resulting in a lowering of confidence. All these were reported as affecting willingness to leave the safety of home, try new things and engage with new people. Other challenges included loss in physical mobility and communication difficulties.

External barriers included lack of access to technology for both participants and facilitators, difficulties with transport, and the need for mobility support, such as wheelchairs. While online delivery of activities has the potential to reach more participants, access to digital technology for communication and delivery was not viewed as a given. For non-digital natives, finding out about activities can be problematic. Many people still experience challenges with technology, including problems with compatibility and internet speed access. Transport is a frequent barrier, especially outside urban settings; those living in rural and remote Australia are likely to have access to only occasional or no public transport. Older participants are often unable to drive. They may not have access to quality personal mobility such as roadworthy electric wheelchairs. Cost was clearly a further restriction in terms of accessing transportation.

Question 3: How do we make effective creative activities sustainable?

Barriers to access were an important consideration in making activities and programs sustainable. Therefore, many points overlapped with those from question 2 about access. But beyond identifying and addressing barriers, it was felt that consulting potential participants and being mindful of participants’ and facilitators’ availability and other commitments were important considerations. Aspects such as safety, mobility and people’s attitudes when planning an activity were also raised. Who was accountable and could plan for sustainability and how activities would be funded were also central topics.

Table 1. Discussion Points.

Theme	Points of Consideration
Question 1	How to provide evidence for the benefits of creative activities
Research approach and methods	Who/what is an older adult? Who decides what are benefits? Who decides what is of value? Tests, questionnaires and interviews are not always best practice
Advertising activities	Digital advertising can be challenging for older adults
Evidence	Replication studies are hard to set up in the arts
Research focus	How can we acknowledge lived experience in evidence? What are mechanisms? Are these mechanisms within the brain or mechanisms in creative activities delivery? (both are of interest)
Research communication	Make research findings understandable by participants Be aware of the return on investment of participants' time
Question 2	How to overcome internal and external barriers for older adults
Internal barriers	Loss of social connection and support leading to social isolation Poor mental health, including anxiety and depression Social anxiety and its impact on engaging in new activities Loss of sense of self and need for re-invention of self Lack of confidence following loss of partner or work or family Language and communication difficulties Declining physical ability
External barriers	Access to technology for both participants and facilitators Access to information about available activities and events Lack of suitable personal, private and public transport Limiting or confining social structures (e.g., where to go alone?) Financial limitations
Question 3	How to make effective creative activities sustainable
Participants	What activities do participants want to engage with? How do we involve participants in the process? Identify barriers and cater for these Participants and stakeholders' time and availability Be aware of people's capabilities and circumstances, including organizers, facilitators and participants
Sustainable delivery	Think about community connections and existing businesses What possibilities do pre-existing networks and structures offer? Think about safety, mobility, people's attitudes, funding Consider possible barriers to engagement
Sustainability itself	Who is accountable for sustainability? Be specific – what are you trying to do? How will you achieve it?

Recommendations and Solutions (summarized in Table 2)

Solutions ranged from involving older adults in research planning, through providing safe structures and spaces, to tagging onto existing structures and organizations to access facilities and transport.

With respect to research, it was agreed that older people should be consulted more comprehensively, including them at all stages of research design, planning, implementation and communication in line with co-design approaches outlined by Cole et al. (2022) and Liamputtong (2015). For research data challenges, solutions included recognizing the value of both quantitative and qualitative methods and seeking methods to suit participants' circumstances, for example, using emojis for feedback and methods such as video analysis to collect rich data (Schneider et al., 2019). Comparison populations

were also suggested. In care environments, researchers could consider accessing routine measures already in use to reduce the testing load on individuals. Communicating research in different modes, including use of visual communication and plain language, was recommended.

Solutions suggested for internal barriers of social isolation and reluctance to leave home were to provide safe structures which enhance and expand contacts such as tagging onto other networks, for example, community clubs, and promotions such as “try before you buy” to help overcome doubts and anxieties. A buddy scheme was proposed to support first experiences, while fostering a sense of togetherness was recommended for retaining members. This building of a group culture was identified as producing sustainability, where the group identity continues and is thus sustained when people leave (e.g., Tarrant et al., 2018).

For mental health issues, the recommendation was to include social supports and well-thought-out resources and approaches (e.g., activities that result in a good mental health regime and relaxation techniques). Clearly, activities should be held in safe spaces, e.g., libraries, schools, clubs, community centres, and this would be especially important for those experiencing a loss of self-worth and identity (e.g., Maulod & Yin Lu, 2020). Learning new skills in a new social setting is challenging and it seemed important to link people into familiar structures and places, such as those listed.

Addressing the barrier of communication and promotion of activities, it is important to reach non-digital natives. Therefore, promotion and communication should be made through familiar networks, such as local newspapers and community hubs. Hard copy options were considered valuable and should be displayed or left at spaces likely to be frequented by older adults, including libraries, chemists, and cafes, as well as distributed through mail-drops where appropriate.

There were several suggestions for overcoming transport challenges. These included encouraging lifts and car-pooling and identifying local government/social support groups to offer cheap door-to-door services. Arts activities could be tagged onto locations and services where there is already free transport. An obvious example are workers’ clubs in Australia which pick up members locally. Others might be Meals on Wheels services and community hubs. Pubs in potential participants’ locality were identified as another option already used for choirs, such as the many Pub and Glee Choirs and the One Song Sing in Newcastle.

Funding challenges could be addressed through partnerships and applying for small local government grants. Funding partnerships might be with local organizations, such as health insurance providers and workers’ clubs. Using pre-existing networks might also bring opportunities to find volunteers and people interested in being trained to deliver these programs in the future.

Table 2. Solutions from Discussions.

Problem	Solutions
Research approach and methods	Involve older adults at every stage of research
	Consult older adults when creating research questions
	Use alternate research methods such as video recording and observation
	Use measures already used in aged care to reduce burden
	Communicate and promote findings from both qualitative and quantitative methods
	Communicate in diverse modes, including audiovisual

Barriers	
Social anxiety	Choose a safe space for social connection, e.g., a library
Social isolation	Use a buddy system. Develop cohort identity and sense of belonging
	Offer “Try before you buy” taster sessions with no commitment to continue
Culture and language	Partnerships and collaboration with organizations – venues, businesses, artists. Translators as volunteers
Communication	Use digital and hard copies, e.g., flyers in libraries, chemists and cafes, notice boards, mail drop, letterbox
Public transport and spaces	Tag onto community organizations with transport and spaces, e.g., clubs, pubs
Sustainability	
Participants	Make activities appropriate for participants in terms of physical and mental demands
	Allow participants to take ownership of the process
	Consider the demands on people’s time
	Encourage and support people to attend
Sustainable delivery	Use community connections - source pre-existing businesses to run creative activities
	Base activities on pre-existing networks and structures, e.g., University of the Third Age (u3a) networks and programs
	Apply for small grants, e.g., from council, government, business to fund programs ongoing
	Be realistic in designing activities, e.g., time, cost, risks
	Continuous evaluation. Reflect each time the activity is run and make improvements prior to the next iteration
Sustainable leadership	Researchers and program leaders need to be specific about what the aim of the program is and the process for achieving this

Final Reflection

The symposium drew together people with a range of expertise and lived experience, offering a platform for inspiration and thoughtful conversations between different stakeholders, including participants, care managers, practitioners, and researchers. While successful, we are aware that there is a need for forums that are inclusive of more diverse voices and lived experiences to ensure progress in future work and to commit to widening participation. We also acknowledge the bias that bringing together researchers and known “interested” stakeholders may introduce in both the discussions and reporting of this symposium.

The symposium demonstrated that creative ageing work requires rich, inclusive, and sustainable activities that draw on strong evidence but also exemplify a co-designed vision and commitment. The value of creativity to ageing well has been promoted by the World Health Organization (WHO, 2023) and recently also in Australia, with the establishment of Creative Australia’s (previously Australia Council for the Arts) strong focus on the role of Arts and Creativity for the health, wellbeing, and community connectedness of all Australians.

With this encouraging shift in thinking and support, we will continue our work, seeking to engage with older adults and professionals in our multicultural and First Nations

communities. This work is crucial for progressing to the next steps of implementing proposed ideas and changes to safeguard the further realization of creative ageing access and impact.

About the Authors

Helen English is Associate Professor of Music at the University of Newcastle, Australia. She is an ARC Early Career Research Fellow focused on creative ageing. She has a passionate interest in equity of access to music, which has driven music outreach and collaborations with the Centre of Excellence for Equity in Higher Education (CEEHE) at the University of Newcastle. Her interest in music's affordances for quality of life across the lifespan have led her to work with both young people and older adults. She currently leads research investigating the effects of engagement with creative activities for older adults, funded by Dementia Australia, and the ARC project, focused on the transformative effects of engagement with music for older adults. She leads a creative ageing research team at the University of Newcastle, with Professor Frini Karayanidis and A/Professor Michelle Kelly, which is supported by the Hunter Medical Research Institute.

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Dr Michelle Kelly is a Clinical Psychologist and Associate Professor in the School of Psychological Sciences at the University of Newcastle, Australia. Her research focus is on social functioning and post diagnostic care for people with a diagnosis of dementia and their care partners. She also conducts work on mental health in ageing, and particularly within residential aged care settings. Michelle collaborates with researchers at the National Ageing Research Institute in Melbourne, University of New South Wales and University College London in this work. She also works closely with clinicians in public health settings, aged care service providers and not for profit organisations. Michelle maintains her clinical practice within a residential aged care setting.

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Genevieve Dingle is a Professor and Director of Clinical Psychology programs at the University of Queensland. Her research spans the disciplines of clinical psychology, music psychology, and public health. Genevieve studies how membership of music groups such as choirs can meet participants' psychological needs and result in benefits for cognitive health, mental health and social connectedness. She currently leads an evaluation of a community choir for people with dementia and their carers, a university choir for international students, and two evaluations of social prescribing programs in Southeast Queensland. Genevieve is an associate editor of the *Psychology of Music* journal and she serves on the executive committees of the Arts Health Network (QLD), the Australian Music and Psychology Society (AMPS), and the Australian Social Prescribing Institute for Research and Education (ASPIRE). [Professor Genevieve Dingle - UQ Researchers](#)

Frini Karayanidis is Professor of Psychology at the University of Newcastle (UON), Australia and Senior Research Affiliate with the Hunter Medical Research Institute (HMRI). As Director of UON's Functional Neuroimaging Laboratory, Frini Karayanidis' cognitive neuroscience research aims to characterise how we effectively and flexibly adapt to changing internal and external demands across the lifespan to optimise life outcomes. She has strong cross-disciplinary collaborations with national and international researchers that seek to characterise optimal, customised lifestyle approaches to protect against cognitive decline and dementia in older adults, as well as design enrichment programs to produce brain vascular changes that protect against cognitive decline. As co-

Director of HMRI's Healthy Minds Research Program, she is leading the Community Healthy Ageing Initiative that aims to make research knowledge accessible to wide sectors of the community so as to inform individuals' approaches to healthy ageing.

Jane W. Davidson, Fellow, Australian Academy for the Humanities, undertakes research in performance, musical development, intercultural engagement and music for wellbeing outcomes. She was Editor of *Psychology of Music* (1997-2001), Vice-President of the European Society for the Cognitive Sciences of Music (2003-2006), President of both the Musicological Society of Australia (2010-2011) and Australian Music and Psychology Society (2018-2021), and Deputy Director of the Australian Research Council Centre of Excellence for the History of Emotions (2011-2018). She is currently Head of Performing Arts and Chair of the University of Melbourne's Creativity and Wellbeing Initiative and member of the Executive management team of the Deans and Directors of Creative Arts (Australia). Jane is an opera singer and director who has made 320+ scholarly contributions and has secured grants and awards in Australia and overseas.

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Appendix

Symposium Program

Creative Ageing Symposium: Friday September 30, 2022, Q Building, Honeysuckle

Theme: Widening participation in creative activities for older adults

There are three wicked questions:

1. How to provide evidence for the benefits of creative activities, looking for best practices and understanding mechanisms
2. How to overcome internal and external barriers for older adults
3. How to make effective creative activities sustainable

SYMPOSIUM SCHEDULE

- 8:30-8:45 – Rhythmic Acknowledgement of Country- Adam Manning

Acknowledgment of Country and opening - Prof. Frances Kay-Lambkin, Director, HMRI

- 8:45-8:50 – Prof. Jane Davidson AB: frame the topic and raise 3 questions
- 8:50 – Response from Frances Kay-Lambkin, Director and CEO, HMRI
- 8:55-10:00 Structured discussion as:
 - o 9:00-9:30 Divide into tables for responses to questions (one per table)
 - o 9:45-10:00 Large group discussion
- 10:00-10:30 Morning Tea
- 10:30 – Keynote 1 – ‘The Benefits of Music Activities for Older Adults' Health and Wellbeing’. Prof. Genevieve Dingle, University of Queensland
- 11:15-12:25 Research presentations from current projects
Songwriting (A/Prof. Helen English and team); Map of music communities (A/Prof. Helen English and Meg Jackson)
- 12:25-1.15 Lunch
- 1:15-1:45 Keynote 2 – ‘Adaptive Ageing’. Prof. Jane Davidson, University of Melbourne
- 2:00 demonstrations and workshops:
 - o Artmaking (Helena Bezzina)
 - o Dance4wellbeing - Seated Movement with Music Workshop (Jessica Conneely)
- 2:50-3:15 afternoon tea
- 3:20-4:10 Panel Discussion
- Bringing it together and where to next?
- Panel: Prof. Genevieve Dingle (University of Queensland); Lindl Webster (Adventist Care); Maree Callaghan (creative activity participant, community advocate, and ex-mayor Cessnock); Colin McDonnell (Calvary Care consultant)