



Social inclusion in the provision of an integrated approach to care for First Nations older persons with complex needs.

Dementia Inclusive Ballina Symposium
17th October 2025

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Acknowledgement of Country



JAMES COOK
UNIVERSITY
AUSTRALIA

Healthy Ageing Research Team (HART)

Our team is based at James Cook University, Nguma-bada Campus in Cairns, Far North Queensland, Australia. The team includes academics, clinicians, and researchers, all with an interest in gerontology and integrated service delivery models. Our research priorities are driven by community identified priorities and clinical needs.

Our Mission

Clinically informed research and practice that promotes cultural safety to improve health and health equity for older adults living in Far North Queensland, with a focus on Aboriginal and Torres Strait Islander peoples.



Chenoa Wapau



Betty Sagigi



Sarah Russell



Rachel Quigley



Eddy Strivens



Rhianne Sue See

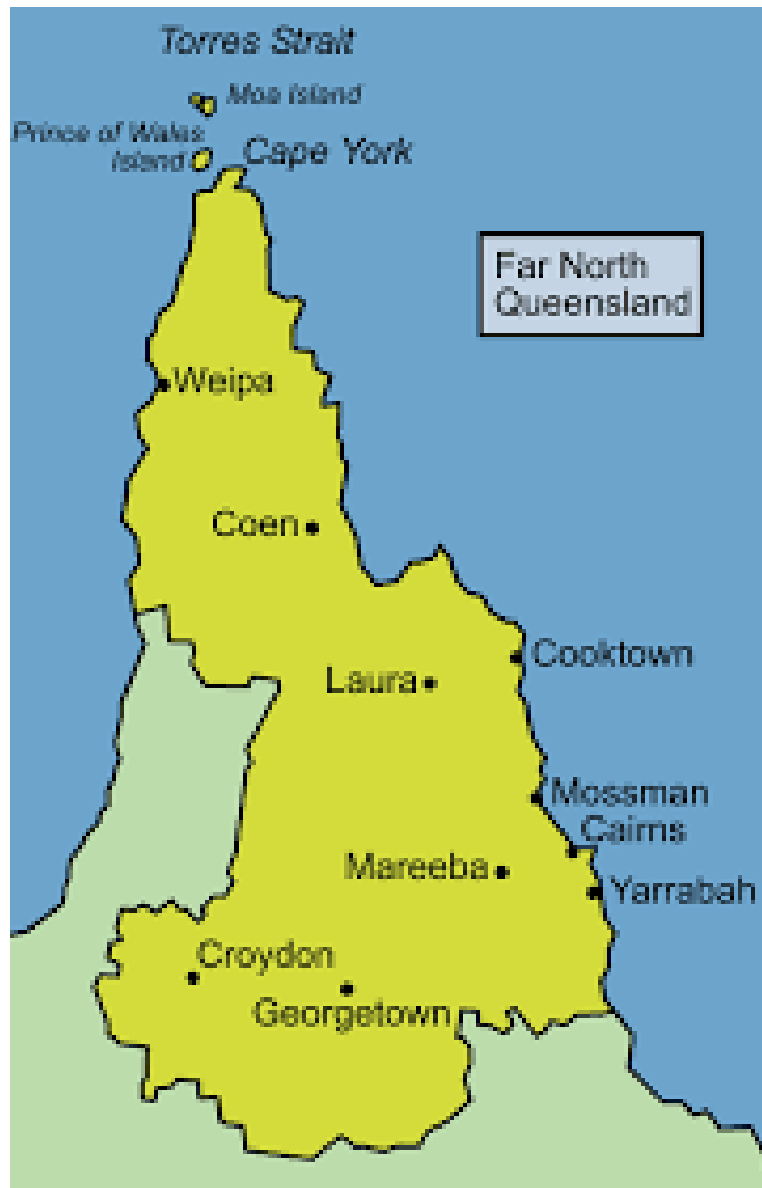


Melissa Kilburn



Gavin Miller





1. OPEN ARCH study

Older Persons Enablement and Rehabilitation for Complex Health Conditions

CSIRO PUBLISHING

Australian Journal of Primary Health, 2020, 26, 104–108
<https://doi.org/10.1071/PY19184>

Practice & Innovation

OPEN ARCH: integrated care at the primary–secondary interface for the community-dwelling older person with complex needs

Jennifer Mann^{A,B,D}, Rachel Quigley^{A,B}, Desley Harvey^{A,C}, Megan Tait^A, Gillian Williams^A and Edward Strivens^{A,B}



Australian Journal of
Primary Health

FORUM PAPER
<https://doi.org/10.1071/PY21236>

Primary care and the older person with complex needs: reflections on the implementation of a primary–secondary model of integrated care

Jennifer Mann^{A,B,*}, Sue Devine^B and Edward Strivens^{A,C}

2. A Model of Healthy Ageing in the Torres Strait

Research Article



Following in Elders' Footsteps: Yarning About Ageing Well in the Torres Strait

Rachel Quigley^{1,2}, Chenoa Wapau¹, Betty Sagigi^{1,3}, Sarah G. Russell^{1,2}, Sean Taylor⁴, Sarah Larkins¹, Edward Strivens^{1,2}, and Michelle Redman-MacLaren¹

PUBLIC HEALTH
POSTER PRESENTATIONS

Alzheimer's & Dementia[®]
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

Prevention (nonpharmacological) / Multidomain

**A framework of healthy ageing for the Torres Strait:
A grassroots approach to dementia risk reduction**

Rachel Quigley¹ | Sarah G Russell¹ | Betty Sagigi² | Gavin Miller³ | Edward Strivens¹

Social frailty

‘...a continuum of being at risk of losing, or having lost, resources that are important for fulfilling one or more basic social needs during the life span.’

- Bunt et al., 2017

Loss of social activities, social roles and social relationships (e.g., going out less, rarely visiting friends, not feeling helpful, not talking daily, living alone)

- Makizako et al., 2015

Social frailty (loss of roles/resources/supports) increases disability and mortality

Why this matters

- Earlier onset of age-related conditions
- Higher multimorbidity & dementia burden
- Demand rising earlier in remote regions
- Access, distance, and cultural safety gaps



What ageing well means

Ageing well = holistic & relational

- Country/Island Home, culture, language
- Kinship & reciprocity
- Autonomy, purpose, dignity
- Spiritual, social, and physical wellbeing



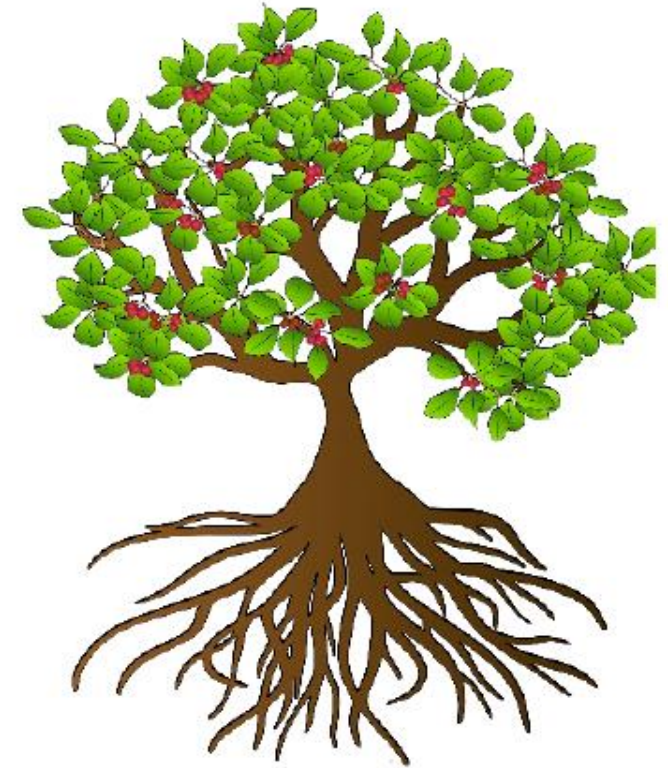
Place, family and kinship

Living on country supports health and ageing well

- Relocation → decline in physical & socio-emotional wellbeing
- Therefore: services must be local

Ageing is not an individual journey

- Family & kin are central to identity, support, and motivation
- Grandchildren → purpose, routine, physical & cognitive engagement
- Community contribution → belonging, joy, resilience
- Programs work best when family-centred & intergenerational



Social frailty: a modifiable risk

- Relationships are central to ageing well.
- Spending time with family can keep individuals strong.
- Intergenerational relationships, where older adults spend time with grandchildren, contribute to the emotional and physical wellbeing of older adults.
- Being with friends can improve social and emotional wellbeing, providing individuals with a feeling of belonging.
- Engaging in community activities helps older adults maintain their social reduces isolation, and provides emotional and practical



An integrated, culturally responsive approach

1. Place-based, life-course models that blend clinical, social and cultural supports
2. Dementia-capable models that are culturally responsive and holistic
3. Practical design features such as one front-door, shared care plans, care coordination
4. Social connection bundle: transport, intergenerational programs, peer roles
5. Grow and support the First Nations workforce

How are we doing this?

1. Multi-disciplinary assessment clinics in accessible, community locations
2. ACCHO partnerships that provide access to First Nations Health Workers
3. Shared medical record
4. Assessment of social frailty in comprehensive geriatric assessment
5. Enablement model that addresses social connection and social frailty
6. Developing culturally responsive MCI model – Health Worker led

We still have work to do...



Ageing well is holistic and relational
Social inclusion is preventative and healing