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# EMERGING NEEDS SCOPING STUDY

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## SPANISH SPEAKING REPORT

PRESENTED TO THE OFFICE FOR THE AGEING, SOUTH AUSTRALIA BY

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## 1 EXECUTIVE SUMMARY

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Office for the Ageing (OFTA) identified 5 groups of communities with older and frail people from CALD backgrounds who have, or will have ageing populations within the next two to three decades. The Department established the Emerging Needs Scoping Study (ENSS) project to examine the needs of these groups.

This project which was undertaken over 2009 and 2010 aims to:

- assist OFTA gain a comprehensive understanding of the current and future community - based aged care needs of some of the main emerging CALD communities in South Australia;
- develop OFTA's knowledge base so that it will be sufficient to inform the development of culturally appropriate service models and equitable allocation of Home and Community Care (HACC) funding to these communities; and
- provide communities new to South Australia with information on Home and Community Care (HACC) services.

The five groups studied in this project are:

- Middle Eastern and North African group
- Spanish Speaking group
- South East Asian group
- Southeastern European group
- African group.

OFTA selected countries of birth to be included in each group on the basis of their ageing demographic profile.

The project being undertaken by the HOKJOK team is confined to the first four groups: Middle Eastern and North African group; Spanish Speaking group, South East Asian group and the Southeastern European group.

This report focuses on the Spanish speaking group which included people whose country of birth is either Spain, El Salvador, Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela and/or ancestry is Spanish, Salvadoran, Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan or Venezuelan and/or main language spoken at home is Spanish.

An extensive consultation process was undertaken. This included:

- 6 community meetings
- 4 stakeholder steering committee meetings with representatives from various community and Government organisations
- a 24 item community questionnaire

- an organisational stakeholder questionnaire completed by 40 stakeholders.

87 people attended the community meetings and 108 people completed the community questionnaire either at the meetings or outside of the meetings. Responses which met the ENSS criteria for the Spanish speaking group were considered if they were over 50 years of age or, if they were under 50 years of age and identified themselves as a carer.

105 questionnaire responses (of the 108) met the ENSS criteria and of these 17 people were carers. 12 organisational and community stakeholders were spoken to directly and 40 HACC stakeholders responded to a written questionnaire.

Two key project benefits have been:

- the direct transfer of knowledge from the NSW Spanish Latin American Association for Social Services (SLASA) and the foundation of an ongoing dialogue between Spanish speaking groups in South Australia and SLASA which may accelerate the development of a cohesive and effective Spanish speaking organisation in South Australia
- the formation of the Spanish Speaking Communities Network of SA which aims to improve the quality of life of the whole of the South Australian Spanish speaking communities through fraternity, support and by strengthening the links within the communities and has taken on ageing issues as a priority.

### Demographic data

At the 2006 Census there were approximately 3100 people in South Australia who were born in the designated ENSS Spanish speaking countries of these there were 144 people in regional South Australia and 963 people in metropolitan Adelaide, aged 50 years and over. 802 of those (i.e. 83%) living in the metropolitan area, were born in four countries: Spain, Chile, El Salvador and Argentina. This ratio may change over time if the increased migration from Venezuela, Peru and Colombia continues.

At present 65% of those aged 50 and over were born in South and Central America and 35% in Spain. The Spanish demographic profile is far older than that of any of the other ENSS Spanish speaking countries with 59% of those born in Spain aged 50 and over.

The largest concentration of the Spanish speaking group looking at all those aged 50 and over is in the Northern Adelaide region ( 35%) followed by Southern Adelaide (27%) and then Western Adelaide (21%).

There were approximately 3440 who spoke Spanish at home as their main language with 962 of these aged 50 years and over. 821 of these were born in the designated ENSS Spanish speaking countries and it was the main language spoken at home by 75% of this group at the 2006 Census.

It needs to be noted that whilst Spanish speakers use the same written standard, there are variations in pronunciation, lexical and grammatical differences. In addition to the linguistic differences there are variations in their history, customs, traditions, literacy and educational levels.

There were considerably more people aged 50 years and over who said that their first ancestry was Spanish (681) versus the number who said they were born in Spain (384). 85% of those aged 50 and over who speak Spanish at home were born in the designated ENSS Spanish speaking countries of birth. This indicates that most second generation people from these countries who are aged 50 years and over are speaking English as their main language at home.

The consultations were not attended by people with Spanish ancestry who were born in Australia or elsewhere. This indicates that the demand for Spanish speaking services may come from three groups:

- those born overseas who live in Australia at present
- those who arrive in the future through family reunions
- those who spoke only Spanish at home as a preschool child who may revert to Spanish as they age and or if they develop dementia.

Of the 136 people born in Argentina aged 50 years and over at 2006 Census only 26 said their first ancestry was Argentinean and only 10 said their second ancestry was Argentinean. Whilst there are some people born in Argentina with Italian ancestry and some are accessing Italian social events only 16 of those Argentina-born aged 50 years and over spoke Italian as their main language at home. This indicates that whilst they may consider themselves Italian by ancestry, their language from their country of birth (i.e. Spanish) may mean that they will access Spanish speaking services.

If South Australians from Central and South America successfully pursue family reunions (as some of them have indicated) the profile of the Spanish speaking community in SA will change over the next decade and it is suggested that the demographic data is reviewed following the 2011 and 2016 Census.

Many of the more recent migrants are professionals with higher levels of education. They tend to be less interested in the historical divisions of communities and many want to come together to assist the broader Spanish speaking community. Some of these newer migrants have become involved in the development of a Spanish speaking peak body.

### **Questionnaire responses**

Based on the Census data the 104 respondents aged 50 years and over represent 11% of South Australians aged 50 years and over who were born in the designated ENSS Spanish speaking countries. The survey respondents did not reflect the same age profile as the ABS Census data and overall were an older group. Respondents formed 5% of those aged 50-64 years of the metropolitan Spanish speaking group, 20% of those aged 65 years and over and 46% of those aged 80 years and over at the 2006 Census.

The Spanish speaking group has low functional spoken and written English. In addition a number of participants were also illiterate in Spanish.



Nationally, of the 8830 Spain-born who spoke a language other than English at home, 23% spoke English not well or not at all. However, by comparison 79 % of the sample surveyed who were Spain-born only spoke a little English. Many people are unsure where to go to access services and there is insufficient information available in Spanish.

96% of all respondents and 100% of respondents aged 65 years and over said that they spoke Spanish at home. This is substantially higher than the 2006 Census results which indicated that 75% of those aged 50 years and over born in the designated ENSS countries spoke Spanish at home as their main language. This higher trend to speaking Spanish may be part of the reason why such a large number of questionnaire respondents wanted to attend a community group.

The low levels of functional English amongst the elderly mean that socialisation with other Spanish speakers is extremely important to alleviate loneliness.

The five clearly preferred ways to obtain information were:

- by mail in Spanish and English
- ethnic community radio
- community groups
- Spanish speaking clubs
- guest speakers.

48% of all respondents said that their health was very poor or quite poor. Respondents born in South or Central were in poorer health with respondents aged 50-64 years having a higher average number of health complaints than all Spain-born age groups.

51% of the respondents said that they had 4 or more health problems. Overall health complaints increased with age and those from South and Central America had a higher overall percentage of health complaints than Spain-born even though the Spanish respondents were an older group.

The group born in Spain had lower levels overall of depression, stress and other mental health complaints. For instance 5% of those born in Spain aged 50 years and over said that they had depression and 6% said they suffered from stress whereas 27% of those born in South and Central America aged 50 years and over said that they had depression and 24% said they suffered from stress.

A significant number of those aged 80 years and over who need help are receiving it either from their family and friends or a community organisation. For instance, only 4% of those aged 80 years and over have an unmet need for help with communication and language assistance even though 62% require help. Children are the preferred source of care however more and more children are learning that there are services available to assist them in their caring role and are trying to access them.

Quite low numbers of the respondents aged 50 years and over (34%) drive themselves. Over half of the respondents aged 80 years and over (54%) rely on friends and family.

It was clear that transport assistance will need to be provided as part of social support programs.

Community group meetings were more popular than community visitors amongst all groups those aged 50 years and over (75%) who speak Spanish at home and want to have some socialization.

Only 5% of all respondents said that they use respite services. At the community consultations people indicated that they did not use respite services because they are not language specific. The most preferred respite choice was a carer at home speaking the same language (53%) followed by a community based care in the same language (44%) and activity based care (30%).

The respite responses support the development of a Spanish speaking respite program.

Whilst some people have had the view that the social support groups should service either people born in Spain or people born in South and Central America it is clear that some groups are working successfully with people from both backgrounds. It was also clear during the consultation that there are some people in need of socialization who are currently not receiving a service from the social support groups currently existing.

Of the Agencies surveyed, the number of people they serviced was small and it may have only been one client from a particular ethnic community. Agencies reported that the HACC services most sought after were: domestic assistance (cleaning); home maintenance (gardening, home repairs); support services for carers (counseling, information referral, support groups) and transport (used for shopping, medical appointments and social activities). Over two thirds of all respondents want to attend a group meeting.

Aside from Ethnic Link (Uniting Care Wesley, Port Adelaide) and Uniting Care Wesley Bowden no other mainstream agencies are specifically targeting people from the designated ENSS Spanish speaking countries. Ethnic Link coordinate two fortnightly Spanish speaking groups in the North and the West, providing much needed social support with information and activities. Uniting Care Wesley Bowden is currently undertaking a Community Partners Program targeting the Spanish speaking community raising awareness of Commonwealth funded aged services.

At present there is no funding for a Spanish speaking peak body and in addition the consultation found that there are:

- limited culturally appropriate services for the Spanish speaking community with limited Spanish speaking programs
- no programs other than Ethnic Link programs
- workforce issues with limited Spanish speakers in the community care sector linked directly into servicing the community.

## Future service model

There were a variety of views expressed both within the Steering Committee and consultations as to possible future service models.

The formation of the social groups by Ethnic Link has performed a valuable service in developing the nucleus of a future social support program and one possible future model would be to expand service provision through Ethnic Link. However, this community requires a community development model and has needs which are outside of Ethnic Links current mission.

Ethnic Link's initial involvement has been surpassed for five reasons:

- there is ongoing migration from Spain, South and Central America
- the Spanish speaking community has multiple needs including aged care services, settlement services, youth assistance and trauma related services as identified by the Spanish Speaking Communities Network of SA
- the newly formed Spanish Speaking Communities Network of SA (the Network) may, with appropriate mentoring and support, be able to develop the skills to manage workers and fund themselves after a suitable period of time
- the number of aged is increasing and it is likely that family reunions may add to this in the future
- there are a very large percentage of people aged 50 years and over in the ENSS Spanish speaking group who do not speak English as their main language at home (i.e. 75%) and this increases their need for a community worker to access services and facilitate social support programs.

Whilst it is recognized that some of the needs fall outside the HACCC criteria it is clear that an opportunity exists to provide more effective overall service provision to the Spanish speaking community by utilising current funding allocations to help establish the nucleus of a future organisation.

It is apparent that the Spanish Speaking Communities Network of SA could possibly also attract other sources of funding i.e. settlement funding and this would be beneficial to the overall health and wellbeing of this community.

The Mission statement of the Spanish Speaking Communities Network of SA is:

“for all people from Spanish speaking communities (SSC) of SA to participate freely in society, with the aim of improving the quality of life of the whole of the South Australian Spanish speaking communities through fraternity, support and by strengthening the links within our communities.”

Members of the Spanish Speaking Communities Network of SA have identified three working parties, Aged, New Arrivals and Settlement and Youth and Families. The Network is currently seeking funding to compile a directory of Spanish speaking professionals in South Australia.

A more appropriate model with the community's multiple needs across the age spectrum would be similar to the two integrated models currently operating in NSW and Victoria.

At this stage in the community's development a standalone body is not feasible and an interim stage is needed. It is the consultants' view that HACC service provision to this community needs to be provided by an ethno specific organisation auspiced by an organisation with a proven track record in the delivery of service (either directly or by brokering it out) to diverse communities and mentoring. The aim would be to ensure that at the end of an agreed period of 3 to 5 years the newly formed organisation would have sufficient skills to be able to operate independently. Funding would be allocated directly to this organisation which may or may not choose to retain links with the auspicing body. It is possible that some aspects of service delivery and back office functions may be brokered out.

The strength of a Spanish speaking South Australian organisation will lie in its ability to understand the needs of the community which it serves and in its ability to meet the diverse range of needs faced by a community which has: older and newer migrants; low levels of functional English; settlement and ageing issues and health issues associated with trauma.

## Recommendations

1. It is recommended that an auspicing body be identified to support and mentor the development of a Spanish speaking community organisation (akin to the NSW SLASA and the Victorian CELAS models) which includes as part of its mission the provision of HACC aged care services. This future organisation would be based on the newly formed Spanish Speaking Communities Network of SA. A 3 to 5 years auspicing period is recommended and it is suggested that OFTA negotiate directly with Uniting Care Wesley Port Adelaide, Uniting Care Wesley Adelaide and IBF to identify the most suitable auspice. Part of the role of the auspicing body would be to maintain existing partnerships (i.e. with Salisbury Council) and establish new partnerships as appropriate.
2. It is recommended that the current social support programs be transferred over time from Ethnic Link to the new auspicing organisation.
3. It is recommended that the Spanish speaking social support program be expanded to include social support for the Southern region of Adelaide.
4. It is recommended that a Spanish speaking respite program be established.
5. It is recommended that in three years there is a review of the model to ascertain its effectiveness in delivering services to the Spanish speaking community.
6. Future outreach work for the Spanish community in Whyalla is recommended.
7. It is recommended that OFTA coordinate and fund cultural competency training for HACC service providers who have Spanish speaking clients.
8. It is recommended that funding be allocated to an organisation which can provide a multicultural support service to ageing people with mental health issues particularly issues associated with torture and trauma.

9. It is recommended that a whole of Government approach be taken to funding the needs of migrant groups over the continuum of their settlement and ageing process and that a specific State/Federal reference group be established to address this.

## 2 PROJECT OVERVIEW

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### 2.1 PROJECT OUTLINE

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The current Australian and South Australian Government Home and Community Care (HACC) review agreement is underpinned by the *Improving with Age* Ageing Plan for South Australia; the Commonwealth's ageing agenda *The Way Forward* and the report by the Commonwealth Parliament's Senate Standing Committee on Community Affairs *Quality and Equity in Aged Care* (2005). It reflects the findings of these reports and specifically targets special needs groups, including older and frail people from CALD backgrounds.

Office for the Ageing (OFTA) identified 5 groups of communities with older and frail people from CALD backgrounds who have, or will have, ageing populations within the next two to three decades. The Department established the Emerging Needs Scoping Study (ENSS) project to examine the needs of these groups.

This project which was undertaken over 2009 and 2010 aims to:

- assist OFTA gain a comprehensive understanding of the current and future community - based aged care needs of some of the main emerging CALD communities in South Australia;
- develop OFTA's knowledge base so that it will be sufficient to inform the development of culturally appropriate service models and equitable allocation of Home and Community Care (HACC) funding to these communities; and
- provide communities new to South Australia with information on Home and Community Care (HACC) services.

The five groups studied in this project are:

- Middle Eastern group
- Spanish Speaking group
- South East Asian group
- Southeast European group
- African group.

OFTA selected countries of birth to be included in each group on the basis of their ageing demographic profile.

It is likely that the findings from this project will lead to more equitable funding and service arrangements for these communities.

The project being undertaken by the HOKJOK team (refer Appendix 1 for project team) is confined to the first four groups: Middle Eastern group; Spanish Speaking group; South East Asian group and Southeast European group. This report focuses on the Spanish speaking group which included people whose country of birth is either Spain, El Salvador, Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela and/or ancestry is

Spanish, Salvadoran, Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan or Venezuelan and/or main language spoken at home is Spanish. The questionnaire analysis included respondents who met the ENSS Spanish speaking criteria if they were over 50 years of age or if they were under 50 years of age but identified themselves as a carer.

## 2.2 METHODOLOGY

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The project methodology was based on a community development model which empowers people to effect change in their community. It was vital that communities understood the importance of this project and engaged with it as the outcomes would benefit their current and future ageing populations.

A steering committee was established and met during the project to assist and guide the process. They assisted with:

- linking consultants with regional communities
- advice on factors which may prevent the establishment of viable services
- advice on service providers and key community people committed to the implementation of culturally appropriate Home and Community Care services
- advice on possible synergies with other service providers and other communities
- input into the development of community profiles
- advice on service gaps in their community.

Desktop research focused on demographic data, interstate models, previous reports which focused on these communities and background briefing material prior to the community meetings. OFTA provided base demographic data which was analyzed by the consultants.

An extensive consultation process was undertaken. This included:

- 6 community meetings
- 4 stakeholder meetings with representatives from various community and Government organisations
- a 24 item community questionnaire
- an organisational stakeholder questionnaire completed by 40 stakeholders.

87 attended the community meetings and 108 people completed the community questionnaire either at the meetings or outside of the meetings.

Two questionnaires were excluded because the respondents were non-carers younger than 50 years and one because they did not meet the ENSS criteria. This left 105 respondents whose data is taken into account in the analysis.

In addition 11 people of a Spanish background were consulted during the regional consultation process. The results of the regional consultation are reported on in the ENSS Regional report.

The community questionnaire analysis is based on 105 questionnaires from metropolitan respondents who met the project criteria. In order not to identify individuals and maintain confidentiality, as promised during the consultations, the questionnaire analysis has been cumulated to the metropolitan level and separate results are not given for individual



groups. Some results for carers are included both in the age specific responses and in the cumulated carer responses.

In total 12 organisational and community stakeholders were spoken to directly (refer to Appendix 2). Further input was also received from Steering committee members, key community members, community stakeholders and a stakeholder survey which was completed by 40 HACC stakeholders.

The project was also required to provide briefings at community meetings on Home and Community Care (HACC) programs. In most meetings there were some people who were familiar with programs which could assist them to stay in their communities.

## 2.3 COMMUNITY ASSISTANCE

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The Community consultation phase relied heavily on the support and assistance offered by a number of people in the facilitation of community gatherings, completion of questionnaires and/or the provision of valuable information about their respective communities.

The consultants would like to thank the following people:

- Monica Garcia, Seniors Information Service, Venezuelan community
- Carola Collante, Ethnic Link
- Diana Calle, Seniors Information Service, Peruvian community
- Patricia Rios, Chilean community
- Marielos Siguenza, El Salvadorian community
- Christina Shelton , Uniting Care Wesley Bowden, Spanish
- Filomena Andrade, Venezuelan community
- Monica Chiappe - Primary Health Care, Chilean community
- Miguel Barrientos, Chilean community
- Gladys Garcia, Spanish community
- Vivian Nunez, Peruvian community.

We would also like to thank Yvonne Santalucia from NSW Spanish Latin American Association for Social Assistance for her valuable input and assistance.

## 2.4 KEY COMMUNITY PEOPLE

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A list of key community members from the Spanish speaking communities is provided below:

- Monica Garcia , Seniors Information Service
- Carola Collante, Ethnic Link
- Diana Calle, Seniors Information Service
- Patricia Rios
- Marielos Siguenza
- Christina Shelton, UCWB
- Filomena Andrade
- Monica Chiappe - Primary Health Care
- Miguel Barrientos
- Gladys Garcia.

In addition please consult Appendices 2, 3 and 4 for lists of stakeholders consulted, HACC stakeholders and community stakeholders surveyed and Appendix 5 for Steering Committee membership.

## 2.5 DATA INTEGRITY ISSUES

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### 2.5.1 ABS 2006 CENSUS DATA

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Random numbers are allocated in small cell responses in ABS Census data and this may lead to some variance in total responses in the various tables utilising ABS Census data contained below.

### 2.5.2 QUESTIONNAIRE RESPONSES

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Some questionnaire respondents misinterpreted the question on whether or not they needed assistance with various activities. They indicated that they are currently receiving help but did not indicate that they needed a particular type of help unless they needed more help than they are currently receiving.

This led to both underestimates of the levels of need for particular services and levels of unmet need and for this reason data should be taken as indicative of trends rather than precise levels of need.

We have not analyzed individual questionnaires to estimate the extent of this underestimate.

It was clear from community consultations that communities vary in their expectation of receiving help. Some communities are more self reliant and have low expectations of receiving help and some want any help to come from their families. People who fall into these two categories may have underestimated their need for help as they are unaware of the value of small amounts of regular help in helping them maintain their life at home.

People's self-reported perception of their health varied greatly and some people who had major health complaints and/or 4 or more health complaints still indicated that their health was quite good or very good.

Some carers appear to have become confused when answering the questionnaire on behalf of the person they were caring for and have given the carees data rather than their own. For this reason some carers data has been omitted.

## 2.6 PROJECT BENEFITS TO DATE

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- Steering committee members and staff members of OFTA had a chance to learn directly from the NSW Spanish Latin American Association for Social Services (SLASA). This meeting laid the basis for an ongoing dialogue between Spanish speaking groups in South Australia and SLASA which may accelerate the development of a cohesive and effective Spanish speaking organisation in South Australia.
- As a direct result of the Emerging Needs Scoping Study some members of the Spanish speaking community came together to form the Spanish Speaking Communities Network of SA. The aim of the Network is to improve the quality of life of the whole of the South Australian Spanish speaking communities through fraternity, support and by strengthening the links within the communities. Although the Network is in its infancy it has taken ageing issues on as a priority and should be used as a consultation point for Agencies seeking information on the Spanish speaking community in South Australia.
- The consultation process heightened community awareness of HACC services and many attendees were interested in receiving more information on services that might be able to assist them to stay at home.

## 3 COMMUNITY OVERVIEW

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### 3.1 A HISTORICAL OVERVIEW

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There are an estimated 350 million Spanish speakers making it the fourth most spoken language in the world. Global internet usage statistics show Spanish as the third most commonly used language on the Internet, after English and Chinese. Most Spanish speakers live in Latin America. The Spanish Empire was one of the largest empires in world history, and included territories and colonies in Europe, the Americas, Africa, Asia and Oceania. This influence existed during the 15<sup>th</sup> through to late 19<sup>th</sup> centuries, bringing both the Spanish language and Catholic religion to its colonies.

The Spanish speaking community in Australia is one of enormous diversity. Spanish is the first language for a large number of people who arrived in Australia from many countries including Argentina, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guinea Equatorial, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Philippines, Puerto Rico, Spain, Uruguay and Venezuela.

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#### 3.1.1 MIGRATION PATTERNS

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Whilst there was a wave of Spanish migrants following the Spanish Civil War (which took place between 1936 and 1939) Australian national migration data is only available from 1945 onwards. As Table 1 shows the five largest groups of Spanish speaking migrants to Australia came from Spain, Chile, Colombia, Argentina and Uruguay.

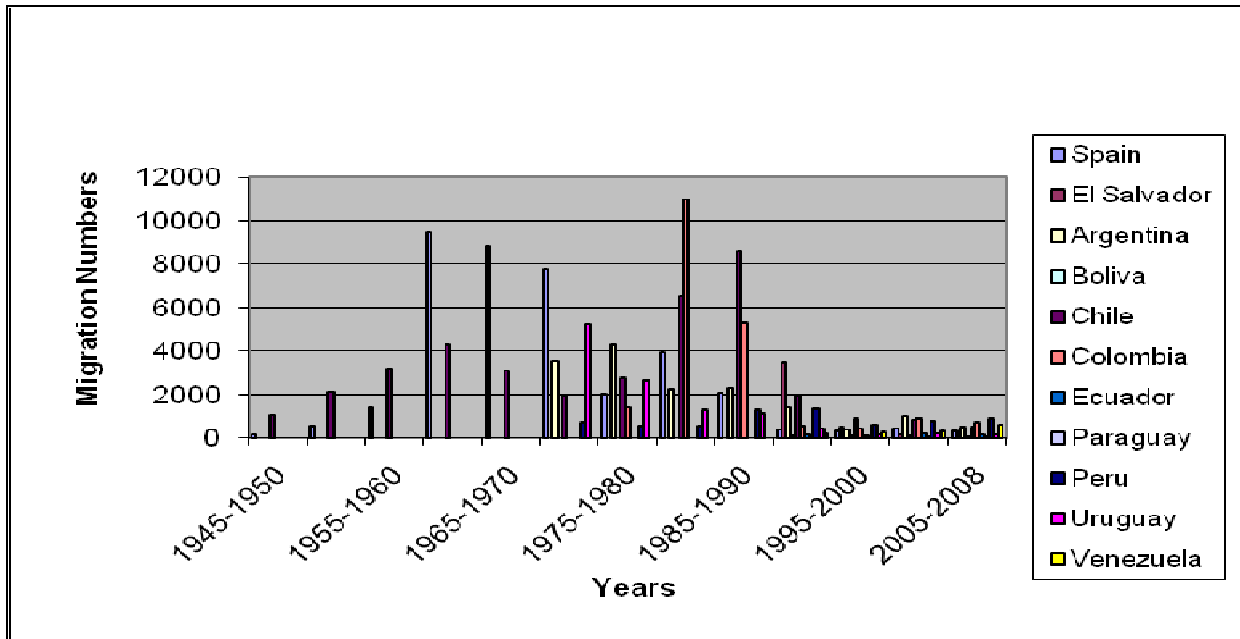
Over 6300 migrants arrived from Spain between July 1961 and February 1963. This migration was suspended in March 1963 following unemployment problems in Australia and then resumed on a limited scale. Immigration from Spain peaked during the 1960s to early seventies and again in 1981/82- see Figure 1.

Migration from Chile peaked in the early 1980s with steady migration in the prior decades.

TABLE 1 NATIONAL MIGRATION DATA FOR SPANISH SPEAKING COMMUNITIES 1945-2008

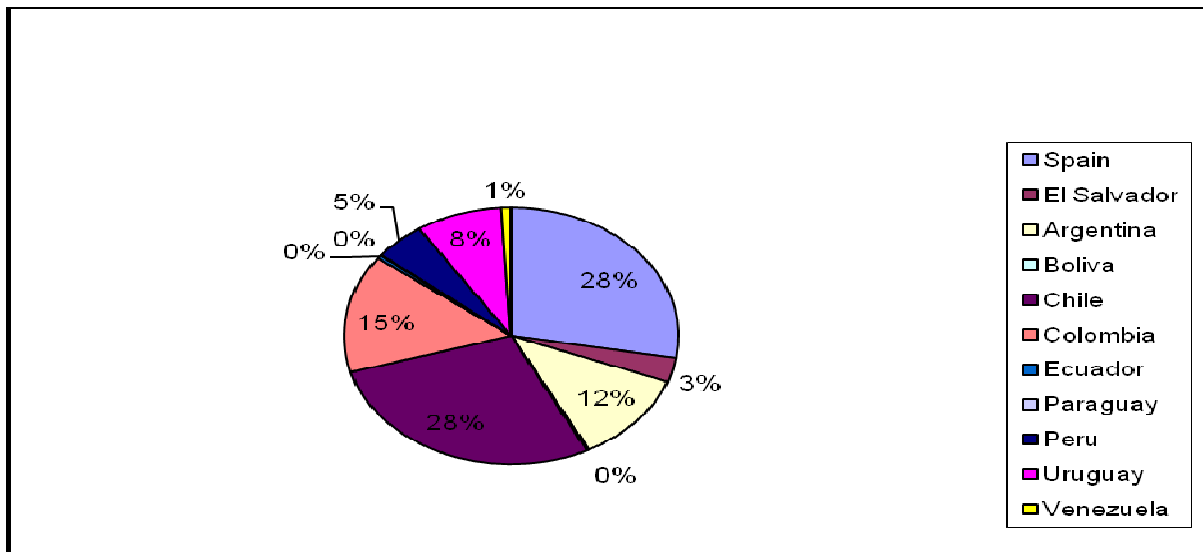
	1945 -2008		1945 -2008
Spain	37 577	El Salvador	4135
Chile (c)	37 735	Venezuela	1321
Colombia	20 192	Ecuador	589
Argentina	15 573	Bolivia	277
Uruguay	11 181	Paraguay	96
Peru	6607		

FIGURE 1: NATIONAL MIGRATION DATA FOR ENSS SPANISH SPEAKING COMMUNITIES 1945-2008



71% of the percent of the migration to Australia from the designated ENSS Spanish speaking countries is from Spain (28%), Chile (28%) and Colombia (15%) - see Figure 2.

FIGURE 2: NATIONAL MIGRATION PERCENTAGES FOR SPANISH SPEAKING COMMUNITIES 1945-2008



The first major group of Latin American migrants arrived in Australia in the 1970s, particularly from Argentina, Chile, Peru, Colombia and Ecuador as a result of harsh political and economic circumstances in these countries. Between the 1980s and 1990s political unrest, civil war, religious and racial persecution in a number of Latin American countries including Chile, El Salvador and Nicaragua resulted in many people migrating to Australia.

In countries such as Chile and El Salvador some people left because of political unrest, civil war, religious and racial persecution. Experiences of persecution including torture, imprisonment, separation and loss of family members affect many Spanish speaking people living in Australia, especially those from Latin American countries.

This was reflected in the community consultations particularly with people from El Salvador where participants wanted counseling and assistance to deal with ongoing panic attacks. The questionnaire responses for the whole group also reflected a need for psychological assistance with respondents indicating that they had a range of mental health issues including stress, depression, Post Traumatic Stress Disorder and other psychological health complaints.

Following the 1990s many Spanish speaking people arrived in Australia under the Family Reunion Program, and many were older people rejoining their family members.

Many of the more recent migrants are professionals with higher levels of education. They tend to be less interested in the historical divisions of communities and many want to come together to assist the broader Spanish speaking community. Some of these newer migrants have become involved in the development of a Spanish speaking peak body.

The Australian Institute of Health and Welfare has projected a particularly high growth rate for the Spanish speaking population aged 65 and over during the period 1996 to 2011, and the period 2011 to 2026. This trend is both national and South Australian.



## 3.2 SPAIN

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### 3.2.1 SPANISH MIGRATION TO AUSTRALIA

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Since the 1990s many Spanish speaking people have migrated under the Family Reunion Program, with older people rejoining their family members. In the community consultations it was clear that newer migrants from South America are looking to bring out older family members once they establish themselves here.

86.9 % of Spain-born people in Australia arrived in Australia prior to 1996.

In the years following the Spanish Civil War (1936 and 1939) over 600,000 Spaniards left Spain and moved to other countries, including Latin America and Australia. Numbers increased again in the early 1960s and peaked at 16,270 in 1986, reducing to 12,280 by the 2006 Census. Compared to 67.9% of the total overseas-born population, 86.9% of the Spain-born people in Australia arrived in Australia prior to 1996. Among the total Spain-born in Australia at the 2006 Census, 2.6% arrived between 1996 and 2000 and 6.0% arrived during 2001 and 2006.

The 2006 distribution by State and Territory showed New South Wales had the largest number with 5080 (65.7%) followed by Victoria with 2910 (14.1%), and Queensland with 1890 (9.6%). South Australia had 170 or 2.8%. The estimated rate of Australian Citizenship for the Spain-born in Australia was 81.8 %.

### 3.2.2 SPAIN-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that Spain-born people reported were-

- Spanish (11 160)
- Not Stated (390)
- English (310).

At the 2006 Census the major religious affiliations amongst Spain-born were –

- Catholic (9290 persons)
- No Religion (1380 persons)

The main languages spoken at home by Spain-born people in Australia were –

- Spanish (65.4 %)
- English (27.5 %) and
- Italian (2.7 %).

Of the 8830 Spain-born who spoke a language other than English at home, 75.6 % spoke English very well or well and 23.4 % spoke English not well or not at all.

## 3.3 ARGENTINA

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### 3.3.1 ARGENTINEAN MIGRATION TO AUSTRALIA

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80.5 % of the Argentina-born people in Australia arrived in Australia prior to 1996. During the 1970s, Argentina's economy and standard of living declined markedly during a period of political unrest that included significant violation of human rights. Many Argentines emigrated and by 1986 the number of Argentina-born in Australia had reached 9176.

The 2006 Census recorded 11 370 Argentina-born people in Australia. New South Wales had the largest number with 5590 (49.1%) followed by Victoria with 3500 (30.8%) South Australia had 380 (3.3%). At the 2006 Census, the estimated rate of Australian Citizenship for the Argentina-born in Australia was 89.2 %.

### 3.3.2 ARGENTINA-BORN AUSTRALIANS

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The Argentines in Australia are of diverse ancestry. The majority are of Spanish and Italian ethnicity while others have Polish, German, French, Russian and British backgrounds. Their official language is Spanish.

In the 2006 Census, the top three ancestry responses that Argentina-born people reported were –

- Argentinean (4590)
- Italian (3500)
- Spanish (2940).

At the 2006 Census the major religious affiliations among Argentina-born were –

- Catholic (7430 persons)
- No Religion (1490 persons)
- Not Stated (410 persons).

The main languages spoken at home by Argentina-born people in Australia were –

- Spanish (74.2 %)
- English (18.2 %)
- Italian (5.2 %).

Of the 9270 Argentina-born who spoke a language other than English at home, 88.0 % spoke English very well or well and 11.1 % spoke English not well or not at all.

## 3.4 CHILE

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### 3.4.1 CHILEAN MIGRATION TO AUSTRALIA

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88.0 % of Chile-born people in Australia arrived in Australia prior to 1996. Economic and political uncertainty in Chile in the early 1970s led to an influx of some 2000 Chilean migrants to Australia. Most of the new arrivals were educated and wealthy.

The military coup in Chile by the Pinochet regime in 1973 prompted a large number of Chileans to flee to Australia and by 1981, the number of Chile-born people reached 18 740. Following the restoration of democracy in Chile in 1990, Chileans have come to Australia under the Family Reunion Migration program.

The 2006 Census showed New South Wales had the largest number with 12 250 (52.6%) followed by Victoria with 6680 (28.7%). South Australia had 690 or 3.0%. At the 2006 Census, the estimated rate of Australian Citizenship for the Chile-born in Australia was 78 %.

### 3.4.2 CHILE-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that Chile-born people reported were –

- Chilean (14 500)
- Spanish (6040)
- South American, nfd (1080).

At the 2006 Census the major religious affiliations among Chile-born were –

- Catholic (15 500 persons)
- No Religion (2660 persons)
- Christian, nfd (950 persons).

The main languages spoken at home by Chile-born people in Australia were-

- Spanish (83.9 %)
- English (13.8 %)
- Italian (0.7 %).

Of the 20 000 Chile-born who spoke a language other than English at home, 82.6 % spoke English very well or well and 16.5 % spoke English not well or not at all.

## 3.5 COLOMBIA

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### 3.5.1 COLOMBIAN MIGRATION TO AUSTRALIA

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The 2006 Census recorded 5710 Colombia-born people in Australia. 37.6 % arrived in Australia prior to 1996. There is an estimated rate of 75.9% Australian Citizenship for the Colombia born.

The 2006 distribution by State and Territory showed New South Wales had the largest number with 2880 (50.4%) followed by Victoria with 1250 (21.9%), Queensland with 1040 (18.1%). There were 120 people in South Australia (2.2%).

### 3.5.2 COLOMBIA-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that Chile-born people reported were –

- Colombian (3650),
- Spanish (1100)
- South American, nfd (410).

At the 2006 Census the major religious affiliations among Colombia-born were –

- Catholic (4,320 persons),
- No Religion (450 persons)
- Christian, nfd (190 persons).

The main languages spoken at home by Colombia-born people in Australia were-

- Spanish (81.0%)
- English (15.9 %).

Of the 4,770 Colombia-born who spoke a language other than English at home, 84.1 % spoke English very well or well and 14.8 % spoke English not well or not at all.

## 3.6 EL SALVADOR

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### 3.6.1 SALVADORAN MIGRATION TO AUSTRALIA

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91.4 % of the El Salvador-born people in Australia arrived in Australia prior to 1996. Salvadorans first arrived in the 1980s under the Humanitarian program, with many being former political prisoners granted amnesty to leave El Salvador during a period of civil war. The number of El Salvador-born has stabilised since the end of the civil war in 1992 and is expected to decline as the population ages.

The 2006 Census recorded 9 400 El Salvador-born people in Australia and estimated rate of Australian Citizenship of 96.7 %.

The 2006 distribution by State and Territory showed that Victoria had the largest number with 3060 (32.5%) followed by Queensland with 2260 (24%), New South Wales with 1850 (19.7%) and Western Australia with 1140 (12.1%). South Australia has the fifth largest community with 760 people or 8.1%.

### 3.6.2 EL SALVADOR-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that El Salvador-born people reported were –

- Salvadoran (4890)
- Spanish (2660)
- Hispanic (North American) (960).

At the 2006 Census the major religious affiliations amongst El Salvador-born were –

- Catholic (5680 persons)
- Christian, nfd (730 persons)
- No Religion (590 persons).

The main languages spoken at home by El Salvador-born people in Australia were –

- Spanish (91.4 %)
- English (7.1 %).

Of the 8700 El Salvador-born who spoke a language other than English at home, 81.2 % spoke English very well or well and 17.6 not well or not at all.

## 3.7 PERU

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### 3.7.1 PERUVIAN MIGRATION TO AUSTRALIA

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65.5 % of Peru-born people arrived in Australia prior to 1996. The 2006 Census recorded 6320 Peru born people in Australia, an increase of 14.5 % from the 2001 Census.

The 2006 distribution by State and Territory showed New South Wales had the largest number with 4150 (65.7%) followed by Victoria with 890 (14.1%), Queensland with 610 (9.6%). South Australia had 170 people or 2.8%.

At the 2006 Census, the estimated rate of Australian Citizenship was 90.1 %.

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### 3.7.2 PERU-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that Peru-born people reported were

- Peruvian (3930)
- Spanish (1520)
- South American, nfd (350).

At the 2006 Census the major religious affiliations among Peru born were –

- Catholic (4860 persons)
- No Religion (340 persons)
- Christian, nfd (210 persons)

The main languages spoken at home by Peru-born people in Australia were –

- Spanish (81.6 %)
- English (15.3 %)
- Italian (0.8 %).

Of the 5330 Peru-born who spoke a language other than English at home, 84.3 % spoke English very well or well and 14.9 not well or not at all.

## 3.8 URUGUAY

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### 3.8.1 URUGUAYAN MIGRATION TO AUSTRALIA

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91.8 % of the Uruguay-born people in Australia arrived in Australia prior to 1996. Economic decline and political unrest in Uruguay in the 1960s and 1970s encouraged middle class and skilled Uruguayans to migrate to democracies such as Australia. By 1981 there were almost 9300 Uruguay-born in Australia, rising to 9715 in 1996. With the restoration of democracy in Uruguay, the number of Uruguay-born in Australia has begun to decline and this is expected to continue as the population ages.

At the 2006 Census, there were 9,380 Uruguay-born people in Australia with an estimated rate of Australian Citizenship of 95.1 %. The 2006 distribution by State and Territory showed New South Wales had the largest number with 6710 followed by Victoria (1670), Queensland (590) and Western Australia (170). South Australia had the fifth largest group with 130 or 1.4%.

### 3.8.2 URUGUAY-BORN AUSTRALIANS

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In the 2006 Census, the top three ancestry responses that Uruguay-born people reported were –

- Spanish (3800)
- Uruguayan (3330)
- Italian (1530).

At the 2006 Census the major religious affiliations among Uruguay-born were –

- Catholic (6350 persons)
- No Religion (1560 persons)
- Not Stated (390 persons).

The main languages spoken at home by Uruguay-born people in Australia were –

- Spanish (82.1 %)
- English (14.9 %)
- Italian (1.5 %).

Of the 7940 Uruguay-born who spoke a language other than English at home, 80.0 % spoke English very well or well and 19.2 % spoke English not well or not at all.

## 3.9 SOUTH AUSTRALIA

### 3.9.1 SOUTH AUSTRALIAN MIGRATION

Migration to South Australia over the 15 years from 1993 onwards for which there is specific data has been low but increased over the period from 2003/4 to 2007/8 with a rise in migrants from Venezuela, Peru, Argentina and Colombia - see Table 2.

Many of the recent migrants who are keen to identify as Spanish speaking are willing to look at what they have in common with other Spanish speaking nationalities rather than focus on the divisions between the groups.

TABLE 2: MIGRATION TO SOUTH AUSTRALIA FROM ENSS SPANISH SPEAKING COUNTRIES 1993-2008

Country of birth	1993/4-1997/8	1998/9-2002/3	2003/4-2007/8	Total migration to SA 1993-2008
Venezuela	3	9	114	126
Peru	17	12	90	119
Argentina	11	25	78	114
Chile	27	24	25	76
Colombia	9	11	56	76
El Salvador	50	8	9	67
Spain	18	20	26	64
Ecuador	6	6	9	21
Bolivia	2	1	7	10
Uruguay	4	1	3	8
Paraguay	0	0	1	1
Total	147	117	418	682

According to the ABS 2006 Census, Spanish speakers total 3 443 in South Australia. This makes them the twelfth largest culturally and linguistically diverse group in the State. Although scattered throughout the State, there is a concentration of settlement in the northern and western suburbs.

The largest Spanish-speaking groups in South Australia are the Salvadorian, Chileans, Argentineans, Uruguayan, Peruvian and Nicaraguan communities. There are also small communities from Bolivia, Colombia, Cuba, Ecuador, Guatemala, Mexico, Venezuela and Paraguay.



### 3.9.2 SOUTH AUSTRALIAN OVERVIEW

The Spanish speaking community aged 50 in South Australia is reasonably small. At the 2006 Census there were 144 people in regional South Australia and 963 people in metropolitan Adelaide, aged 50 and over who were born in the designated ENSS Spanish speaking countries. 802 of those (i.e. 83%) living in the metropolitan area, were born in four countries: Spain, Chile, El Salvador and Argentina – see Table 3. This ratio may change over time if the increased migration from Venezuela, Peru and Colombia continues.

TABLE 3 COUNTRY OF BIRTH AND AGE DISTRIBUTION OF SOUTH AUSTRALIANS BORN IN DESIGNATED ENSS SPANISH SPEAKING COUNTRIES 2006 CENSUS DATA

Country of Birth	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90 and over	50-64 years	65-79 years	80 and over	Total 50 yrs and over
<b>Spanish Speaking Group: Metropolitan SA</b>													
Argentina	31	28	21	8	12	6	6	0	0	80	26	6	112
Bolivia	0	0	3	0	0	0	0	0	0	3	0	0	3
Chile	59	58	46	26	14	6	3	0	3	163	46	6	215
Colombia	12	3	0	6	3	3	0	3	0	15	12	3	30
Ecuador	0	3	3	6	6	0	0	0	0	6	12	0	18
El Salvador	70	44	23	19	10	6	0	0	3	137	35	3	175
Paraguay	0	0	3	3	0	0	0	0	0	3	3	0	6
Peru	14	20	3	3	0	0	0	0	0	37	3	0	40
Uruguay	4	15	7	9	8	6	0	0	0	26	23	0	49
Venezuela	4	5	0	0	3	0	3	0	3	9	3	3	15
South and Central America	194	176	109	80	56	27	12	3	6	479	163	21	663
Spain	54	44	33	36	55	42	24	12	0	131	133	36	300
Metropolitan Total	248	220	142	116	111	69	36	15	6	610	296	57	963
<b>Spanish Speaking Group: Regional SA</b>													
Argentina	3	9	3	9	0	0	0	0	0	15	9	0	24
Bolivia	3	0	0	0	0	0	0	0	0	3	0	0	3
Chile	3	9	3	3	0	3	0	0	0	15	3	0	21
Colombia	3	0	0	0	0	0	0	0	0	3	0	0	3
Ecuador	0	0	0	0	0	0	0	0	0	0	0	0	0
El Salvador	3	0	0	0	0	0	0	0	0	3	0	0	3
Paraguay	0	0	0	0	0	0	0	0	0	0	0	0	0
Peru	0	0	0	0	0	0	0	0	0	0	0	0	0
Uruguay	0	0	6	0	0	0	0	0	0	6	0	0	6
Venezuela	0	0	0	0	0	0	0	0	0	0	0	0	0
South and Central America	12	18	12	12	0	0	0	0	0	45	12	0	60
Spain	12	6	15	21	18	9	3	0	0	33	48	3	84
Regional	27	24	27	33	18	12	3	0	0	72	60	9	144

Total													
Total SA	275	244	169	149	129	81	39	15	6	682	356	66	1104

87% of those under 50 years of age who were born in the designated ENSS Spanish speaking countries came from South and Central America. If this group successfully pursues family reunions, (as some of them have indicated) the profile of the Spanish speaking community in SA will change over the next decade. It is suggested that the demographic data is reviewed following the 2011 and 2016 Censuses. At present 65% of those aged 50 and over were born in South and Central America and 35% in Spain. The Spanish demographic profile is far older than that of any of the ENSS Spanish speaking countries with 59% of those born in Spain aged 50 and over. At the consultation we did not have any attendees from Spanish speakers born in Australia- see Table 4. 85% of those aged 50 and over who speak Spanish at home were born in the designated ENSS Spanish speaking countries of birth.

TABLE 4: AGE DISTRIBUTION OF ENSS SPANISH SPEAKING GROUP IN SA ABS 2006 CENSUS DATA

Country of Birth	0-49 years	50 years and over	All ages	% aged 50 and over born in ENSS country
Spain	268	384	652	59%
Argentina	255	136	391	35%
Bolivia	9	6	15	40%
Chile	430	236	666	35%
Colombia	92	33	125	26%
Ecuador	30	18	48	37%
El Salvador	583	178	761	50%
Paraguay	6	6	12	22%
Peru	145	40	185	43%
Uruguay	72	55	127	12%
Venezuela	105	15	120	23%
Total South and Central America	1727	723	2450	30%
Total	1995	1107	3102	36%
Total SA population	997 319	514 404	1 511 723	
ENSS Spanish speaking group as % of SA Population	.2%	.2%	.2%	

There were considerably more people aged 50 and over who said their first ancestry was Spanish (681) versus the number who said they were born in Spain (384) - see Tables 5. The consultations were not attended by people with Spanish ancestry who were born in Australia or elsewhere. This was quite different to the Middle East consultations in which there were higher numbers of people born in Australia who were still speaking Arabic at home and attending social support groups.

This indicates that the demand for Spanish speaking services may come from three groups:

- those born overseas who live in Australia at present

- those who arrive in the future through family reunions
- those who spoke only Spanish at home as a preschool child who may revert to Spanish as they age and or if they develop dementia.

TABLE 5: ANCESTRY FIRST RESPONSE ABS 2006 CENSUS DATA

Ancestry 1	50-64 years	65-79 years	80 years and over	50 years and over
Spanish	370	251	60	681
Argentinean	20	6	0	26
Bolivian	4	0	0	4
Chilean	107	28	3	138
Colombian	15	6	0	21
Ecuadorian	6	0	0	6
Peruvian	15	4	4	23
Uruguayan	9	7	0	16
Venezuelan	7	3	0	10
Paraguayan	0	3	0	3
Salvadoran	80	16	3	99
South and Central America	263	73	10	346
All ENSS Spanish speaking ancestry	633	324	70	1027

TABLE 6: ANCESTRY SECOND RESPONSE ABS 2006 CENSUS DATA

Ancestry 2	50-64 years	65-79 years	80 years and over	50 years and over
Spanish	281	111	22	414
Argentinean	10	0	0	10
Bolivian	0	0	0	0
Chilean	3	6	0	9
Colombian	0	0	0	0
Ecuadorian	0	0	0	0
Peruvian	0	0	0	0
Uruguayan	3	0	0	3
Venezuelan	0	0	0	0
Paraguayan	0	0	0	0
Salvadoran	5	0	0	5
South and Central America	21	6	0	27
All ENSS designated Spanish speaking ancestry	302	117	22	441

Of the 136 people born in Argentina aged 50 and over at 2006 Census only 26 said their first ancestry was Argentinean and only 10 said their second ancestry was Argentinean. Whilst

there are some people born in Argentina with Italian ancestry and some are accessing Italian social events only 16 of those aged 50 and over born in Argentina spoke Italian as their main language at home – see Table 7. This indicates that whilst they may consider themselves Italian by ancestry their language from their country of birth (i.e. Spanish) may mean that they want to predominantly access Spanish speaking services.

TABLE 7: MAIN LANGUAGE SPOKEN AT HOME BY SOUTH AUSTRALIANS BORN IN ARGENTINA ABS 2006 CENSUS DATA

	50-64 years	65-79 years	80 years and over	50 years and over
Spanish	59	25	0	84
English	22	3	3	28
Italian	12	4	0	16
Ukrainian	5	0	0	5

There were more females than males aged 50 and over across all of the ENSS Spanish speaking group although, there was some variance, when comparing those born in Spain with those born in South and Central America. 56% of Spain-born and 28% of those born in the other ENSS designated Spanish speaking countries, were aged 65 years and over at the 2006 Census. This means that whilst the numbers of each group aged 65 and over is roughly equivalent their proportion as a percentage of their community group varies.

The largest concentration of the Spanish speaking group looking at all those aged 50 and over is in the Northern Adelaide region ( 35%) followed by Southern Adelaide (27%) and then Western Adelaide (21%) –see Table 8.

TABLE 8: GENDER DISTRIBUTION BY PLANNING REGION ABS 2006 CENSUS

		Male			Female			Total			
		50-64 years	65-79 years	80 years and over	50-64 years	65-79 years	80 years and over	50-64 years	65-79 years	80 years and over	50 years and over
Southern Adelaide	Spain	21	19	3	20	12	4	41	31	7	79
	Other ENSS Spanish speaking countries	53	15	0	54	19	3	107	34	3	144
	Total	74	34	3	74	31	7	148	65	10	223
Eastern Adelaide	Spain	7	3	3	7	11	3	14	14	6	34
	Other ENSS Spanish speaking countries	17	9	3	37	10	3	54	19	6	79
	Total	24	12	6	44	21	6	68	33	12	113
Northern Adelaide	Spain	23	20	3	18	33	3	41	53	6	100
	Other ENSS Spanish speaking countries	114	42	0	135	47	7	249	89	7	345
	Total	137	62	3	153	80	10	290	142	13	445
Western Adelaide	Spain	15	15	5	20	19	5	35	34	10	79
	Other ENSS Spanish speaking countries	38	11	6	40	26	3	78	37	9	124
	Total	53	26	11	60	45	8	113	71	19	203
Metropolitan Adelaide	Spain	66	57	14	65	75	15	131	132	29	292
	Other ENSS Spanish speaking countries	222	77	9	266	102	16	488	179	25	692
	Total	288	134	23	331	177	31	619	311	54	984

### 3.9.3 LOCAL GOVERNMENT AREA

67 % of those born in the ENSS Spanish speaking countries living in metropolitan Adelaide aged 50 years and over were located in 5 LGA at the 2006 Census. These were City of Salisbury 25%, City of Onkaparinga 12%, City of Port Adelaide Enfield 11%, City of Charles Sturt and City of Tea Tree Gully both with 10%. The remainder were scattered across 14 other Councils – see Tables 9 and 10. At present the two Ethnic Link Spanish speaking groups are based in the City of Salisbury and the City of Charles Sturt.

TABLE 9: LOCAL GOVERNMENT METROPOLITAN DISTRIBUTION BY 5 YEAR AGE GROUPS 2006 CENSUS DATA

Local Government Area	Country of birth	Age in years									Total
		50 - 54	55- 59	60- 64	65- 69	70- 74	75- 79	80- 84	85 and over	90 and over	
City of Adelaide	Other ENSS Spanish speaking countries	0	0	0	0	3	0	0	0	0	3
Adelaide Hills Council	Spain	3	0	0	0	3	0	0	0	0	6
	Other ENSS Spanish speaking countries	3	3	3	0	0	0	0	0	0	9
	Total	6	3	3	0	3	0	0	0	0	15
City of Burnside	Spain	3	0	0	0	3	3	3	3	0	15
	Other ENSS Spanish speaking countries	7	6	0	0	0	0	0	0	0	13
	Total	10	6	0	0	3	3	3	3	0	28
City of Campbelltown	Spain	0	0	3	0	4	3	0	0	0	10
	Other ENSS Spanish speaking countries	6	8	0	3	3	0	3	0	0	23
	Total	6	8	3	3	7	3	3	0	0	33
City of Charles Sturt	Spain	9	3	3	5	3	5	4	3	0	35
	Other ENSS Spanish speaking countries	14	17	6	9	3	3	3	3	0	58
	Total	23	20	9	14	6	8	7	6	0	93
Town of Gawler	Spain	0	3	0	0	0	0	0	0	0	3
City of Holdfast Bay	Other ENSS Spanish speaking countries	0	3	0	0	0	0	0	0	0	3
City of Marion	Spain	5	5	3	0	3	4	0	0	0	20
	Other ENSS Spanish speaking countries	17	0	6	3	0	3	3	0	0	32
	Total	22	5	9	3	3	7	3	0	0	52
City of Mitcham	Spain	3	3	3	0	3	3	0	3	0	18
	Other ENSS Spanish speaking countries	3	0	3	3	5	0	0	0	0	14
	Total	6	3	6	3	8	3	0	3	0	32
City of Norwood Payneham St Peters	Spain	0	3	3	0	3	0	3	0	0	12
	Other ENSS Spanish speaking countries	3	0	3	0	3	0	0	0	0	9
	Total	3	3	6	0	6	0	3	0	0	21

Table 9 continued	Age in years										
Local Government Area	Country of birth	50 -54	55-59	60- 64	65- 69	70- 74	75- 79	80- 84	85 and over	90 and over	Total
City of Onkaparinga	Spain	6	4	4	9	8	3	4	0	0	38
	Other ENSS Spanish speaking countries	13	31	16	12	6	0	0	0	0	78
	Total	19	35	20	21	14	3	4	0	0	116
City of Playford	Spain	4	3	0	0	0	3	0	0	0	10
	Other ENSS Spanish speaking countries	18	21	7	0	0	0	0	0	0	46
	Total	22	24	7	0	0	3	0	0	0	56
City of Port Adelaide Enfield	Spain	6	4	5	4	9	4	6	0	0	38
	Other ENSS Spanish speaking countries	14	14	8	14	11	6	0	0	3	70
	Total	20	18	13	18	20	10	6	0	3	108
City of Prospect	Spain	4	0	0	0	0	0	0	3	0	7
	Other ENSS Spanish speaking countries	9	3	0	0	0	0	0	0	0	12
	Total	13	3	0	0	0	0	0	3	0	19
City of Salisbury	Spain	0	6	3	10	10	4	4	0	0	37
	Other ENSS Spanish speaking countries	66	34	42	33	19	9	0	0	0	203
	Total	66	40	45	43	29	13	4	0	0	240
City of Tea Tree Gully	Spain	11	7	3	5	3	7	0	0	0	36
	Other ENSS Spanish speaking countries	14	21	9	3	0	6	0	0	3	56
	Total	25	28	12	8	3	13	0	0	3	92
City of Unley	Other ENSS Spanish speaking countries	4	7	0	0	0	0	3	0	0	14
City of West Torrens	Spain	0	3	3	3	3	3	0	0	0	15
	Other ENSS Spanish speaking countries	3	8	6	0	3	0	0	0	0	20
	Total	3	11	9	3	6	3	0	0	0	35
<b>Total all metropolitan Councils</b>		<b>248</b>	<b>220</b>	<b>142</b>	<b>116</b>	<b>111</b>	<b>69</b>	<b>36</b>	<b>15</b>	<b>6</b>	<b>963</b>

At present those aged 65 years and over are concentrated in 4 Council areas: City of Salisbury, City of Port Adelaide Enfield, City of Onkaparinga and City of Charles Sturt – see Table 10. The largest concentration is in City of Salisbury.

TABLE 10: METROPOLITAN LOCAL GOVERNMENT DISTRIBUTION ABS 2006 CENSUS DATA

Metropolitan Local Government Area	People born in all ENSS Spanish speaking group of countries			
	50 -64 years	65-79 years	80 years and over	Total 50 years and over
City of Adelaide	0	3	0	3
Adelaide Hills Council	12	3	0	15
City of Burnside	16	6	6	28
City of Campbelltown	17	13	3	33
City of Charles Sturt	52	28	13	93
Town of Gawler	3	0	0	3
City of Holdfast Bay	3	0	0	3
City of Marion	36	13	3	52
City of Mitcham	15	14	3	32
City of Norwood Payneham St Peters	12	6	3	21
City of Onkaparinga	74	38	4	116
City of Playford	53	3	0	56
City of Port Adelaide Enfield	51	48	9	108
City of Prospect	16	0	3	19
City of Salisbury	151	85	4	240
City of Tea Tree Gully	65	24	3	92
City of Unley	11	0	3	14
Town of Walkerville	0	0	0	0
City of West Torrens	23	12	0	35
<b>Total</b>	<b>610</b>	<b>296</b>	<b>57</b>	<b>963</b>

#### 3.9.4 LIVING ALONE

There were 166 people aged 50 years and over born in the ENSS designated Spanish speaking countries of birth who lived alone in metropolitan Adelaide at the last Census – see Table 11. 65% of these were born in the designated ENSS countries in South or Central America, and 59% of those aged 65 years and over.

Spanish speaking people living alone are scattered across 12 LGAs. The four largest groups were in City of Port Adelaide Enfield, City of Salisbury, City of Onkaparinga and City of Tea Tree Gully with the largest concentration in the City of Port Adelaide Enfield – see Table 11. If those living alone find it difficult to access services because of language and/or cultural issues they are at risk of not accessing the services they need and may need extra assistance to do so particularly if they lack family members living locally.



TABLE 11: LOCAL GOVERNMENT DISTRIBUTION OF SOUTH AUSTRALIANS BORN IN DESIGNATED ENSS SPANISH SPEAKING COUNTRIES WHO LIVED ALONE IN METROPOLITAN SA 2006 CENSUS DATA

Local Government Area	50-64 years	65-79 years	80 years and over	Total 50 years and over
Adelaide Hills Council	0	4	0	4
City of Burnside	3	6	0	9
City of Charles Sturt	0	10	3	13
City of Marion	6	3	3	12
City of Norwood Payneham St Peters	3	6	0	9
City of Onkaparinga	14	3	0	17
City of Playford	6	3	0	9
City of Port Adelaide Enfield	17	18	0	35
City of Prospect	3	0	0	3
City of Salisbury	12	15	0	27
City of Tea Tree Gully	11	6	0	17
City of West Torrens	8	3	0	11
<b>Total</b>	<b>83</b>	<b>77</b>	<b>6</b>	<b>166</b>

### 3.9.5 LANGUAGE

At the 2006 Census there were approximately 3100 people in South Australia who were born in the designated ENSS Spanish speaking countries and approximately 3440 who spoke Spanish at home as their main language. 962 of these Spanish speakers were aged 50 years and over. 821 of these were born in the designated ENSS Spanish speaking countries and it was the main language spoken at home by 75% of this group at the 2006 Census - see Table 12.

It needs to be noted that whilst Spanish speakers use the same written standard, there are variations in pronunciation, lexical and grammatical differences.

In addition to the linguistic differences there are variations in their history, customs, traditions, literacy and educational levels.

TABLE 12: MAIN LANGUAGE SPOKEN AT HOME BY ALL SOUTH AUSTRALIANS AGED 50 AND OVER BORN IN ENSS SPANISH SPEAKING GROUP OF COUNTRIES BAS 2006 CENSUS DATA

Main language spoken at home	%
Spanish	75
English	18
Italian	4
Spanish Creole, nfd	less than 1%
Ukrainian	less than 1%
German	less than 1%
French	less than 1%
Catalan	less than 1%

Nationally of the 8830 Spain born who spoke a language other than English at home 23.4% spoke English not well or not at all however by comparison 79 % of the sample surveyed who were born in Spain only spoke a little English.

### 3.9.6 RELIGIOUS AFFILIATION

As well as the Spanish language both groups tended to have religion in common. This is reflected in the 2006 Census data which shows that regardless of which ENSS Spanish speaking country they were born in, the predominant religious affiliation was with Western Catholicism - see Table 13.

TABLE 13: RELIGIOUS AFFILIATION OF SOUTH AUSTRALIANS AGED 50 YEARS AND OVER BORN IN ENSS SPANISH SPEAKING COUNTRIES ABS CENSUS DATA

Religious Affiliation	50 years and over	Religious Affiliation	50 years and over
Western Catholic	759	Lutheran	6
Christian, nfd	33	Agnosticism	6
Jehovah's Witnesses	26	Greek Orthodox	4
Pentecostal, nfd	22	Ukrainian Catholic	3
Baptist	15	Oriental Orthodox, nec	3
Uniting Church	12	Salvation Army	3
Assemblies of God	11	No Religion, nfd	104
Other Protestant, nfd	11	Religious belief, nfd	5
Presbyterian	7	Not stated	52
Anglican Church of Australia	6	Total	1094
Church of Jesus Christ of LDS (Mormons)	6		

### 3.9.7 ACCESSING SERVICES

Both at the Steering Committee and in consultations it was indicated that many people are unsure where to go to access services and there is insufficient information available in Spanish.

The majority of those consulted wanted information available in both Spanish and English so that their children could read the English version and discuss it with them. The first generation is often afraid to access services and there is mistrust particularly with residential care (because of the language and cultural barriers).

The Spanish speaking group has had particular problems with the Telephone Interpreting Service (TIS) as this service is often time limited (7 minutes) and medical consults are often longer. Many have had problems with taxi drivers whose English they cannot understand.

The second generation has feelings of guilt in accessing services for their parents as many of the elderly prefer their children to care for them. An increasing number of children are learning that there are services available to assist them in their caring role and are trying to access them. Amongst those aged 80 years and over who responded to the questionnaire many indicated that they currently have the help they needed. Quite a number of respondents who were assisted to complete questionnaires because of language issues indicated that family members are providing support.

There were a number of elderly people in the various consultations who expressed gratitude that there was some formal assistance available and indicated that they had been brought up to rely on their own resources or family.

Some were certainly looking for assistance particularly in the areas of counseling (to deal with trauma and panic attacks) and transport.

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### 3.9.8 SOCIALISATION

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The low levels of functional English amongst the elderly mean that socialization with other Spanish speakers is extremely important to alleviate loneliness.

Whilst some Spain-born Spanish speakers do prefer to only socialize with old friends from Spain there were people from both Spain and the South and Central America in the facilitated social groups.

Whilst there is the potential for the division within the Latin American communities to lead to instability in the community there are also a number of professionals amongst the more recent immigrants who are interested in fostering Spanish speaking services (including socialization) to benefit the whole community.

A number of those born in Argentina speak both Italian and Spanish and a low number of Argentineans responded to the questionnaire. The Steering committee advised that some Argentineans are accessing Italian specific social programs i.e. the Friday Italian Pasta nights.

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### 3.9.9 LINKS WITH COUNTRY OF BIRTH

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The extended family is important to many migrants from this group and many community members do return regularly to their place of birth to visit family and connect with culture and language.

## 4 COMMUNITY RESPONSES

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### 4.1 QUESTIONNAIRE RESPONDENTS

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In total 108 community members from the ENSS designated Spanish speaking countries completed questionnaires in metropolitan South Australia. Two questionnaires were excluded because the respondents were non-carers younger than 50 years and one because they did not meet the ENSS criteria.

This left 105 Respondents who formed the basis of the following analysis - see Table 14. In order not to identify individuals and maintain confidentiality as promised during the consultation the questionnaire analysis has been cumulated to the metropolitan level and separate results are not given for individual groups. Some results for carers are included both in the age specific responses and in the cumulated carer responses. Pertinent issues which affected one group more significantly i.e. health data have been highlighted in the commentary.

There were 963 South Australians aged 50 and over at the 2006 Census who were born in the designated ENSS Spanish speaking countries and 104 respondents to the survey who met the ENSS criteria i.e. 11%.

The survey respondents did not reflect the same age profile as the ABS Census data and overall were an older group. Based on the data outlined in Table 3 above project respondents formed 5% of those aged 50-64 years of the metropolitan Spanish speaking group, 20% of those aged 65 years and over and 46% of those aged 80 years and over at the 2006 Census - see Figure 3.

In the 2006 Census 83% of South Australians aged 50 years and over living in metropolitan Adelaide born in the ENSS designated Spanish speaking countries of birth came from 4 countries: Spain 300 people; Chile 215 people; El Salvador 175 people and Argentina 112 people.

Of the 105 respondents who were included in the analysis 33 were born in Spain and 72 in the other designated ENSS countries. The three largest groups of questionnaire respondents were from Spain (33), El Salvador (27) and Chile (22).

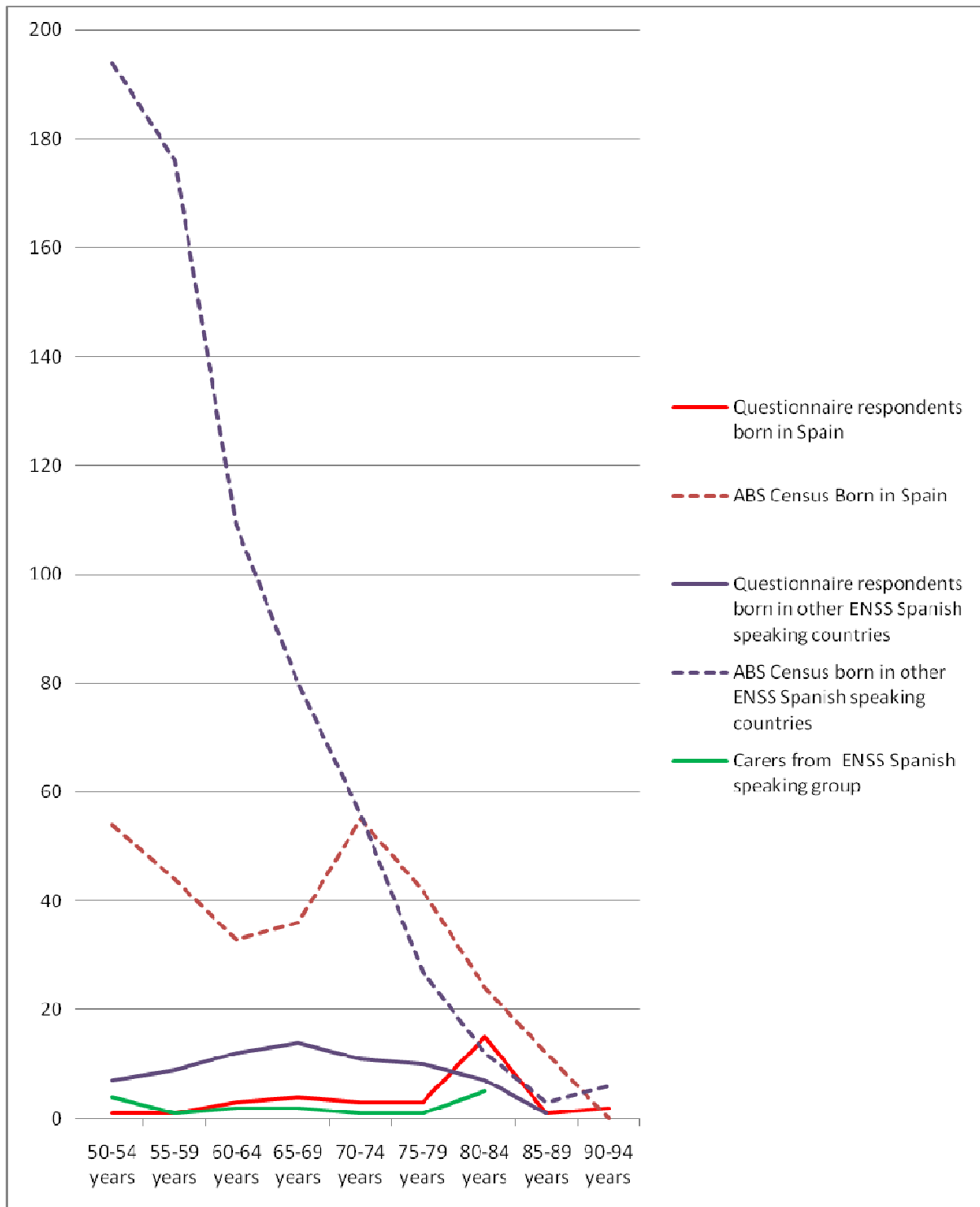
They represented 78% of all questionnaire respondents. Those born in Spain had an older age profile than those born in El Salvador and Chile – see Table 14. Comparing the respondent sample with the 2006 ABS Census data there are approximately the same ratio of people born in Chile and Spain aged 50 and over in both the Census and the questionnaire responses, however the level of responses from those born in Argentina is far lower than the Census data (i.e. 12 % in Census data and 5% responded) and far higher for those born in El Salvador (18% in Census and 26% of survey respondents).

The El Salvadoran sample stands out as an older group responding with 34% of all Salvadorans (according to 2006 ABS Census) aged 65 and over responding to the survey.

TABLE 14: OVERVIEW OF ALL QUESTIONNAIRE RESPONDENTS

Age in years	Country of birth	ENSS carers	ENSS non carers	Other respondents	Total
25-49 years	Chile	1		1	2
	El Salvador			1	1
50-64 years	Spain	1	4	1	6
	Chile	3	5		8
	Colombia		2		2
	El Salvador	2	12		14
	Peru		1		1
	Uruguay	1	1		2
	Venezuela		1		1
65-79 years	Spain	1	9		10
	Argentina		5		5
	Chile	1	9		10
	Colombia		2		2
	El Salvador		11		11
	Nicaragua		1		1
	Peru	1			1
	Uruguay	1	3		4
	Venezuela		1		1
80 years and over	Spain	4	14		18
	Chile		3		3
	Colombia		1		1
	El Salvador		2		2
	Peru		1		1
	Uruguay	1			1
Total		17	88	3	108

FIGURE 3: AGE PROFILE OF QUESTIONNAIRE RESPONDENTS AND ABS 2006 CENSUS DATA FOR SOUTH AUSTRALIANS BORN IN DESIGNATED ENSS SPANISH SPEAKING COUNTRIES



69% of the questionnaires were completed by the person themselves - see Table 15. Over 40% of questionnaires for respondents aged 80 years and over were completed by a family member.

TABLE 15: STATUS OF PERSON COMPLETING QUESTIONNAIRES

	Place of birth	50-64 years	65-79 years	80 years and over	50 years and over
Answering for self	Spain	3	7	11	21
	Other ENSS Spanish speaking countries	25	22	4	51
<b>Total</b>		<b>28 (85%)</b>	<b>29 (64%)</b>	<b>15 (58%)</b>	<b>72 (69%)</b>
Answering for family member	Spain	2	3	7	12
	Other ENSS Spanish speaking countries	3	13	4	20
<b>Total</b>		<b>5 (15%)</b>	<b>16 (36%)</b>	<b>11(42%)</b>	<b>32 (31%)</b>

60% of respondents were female and 40% were male. 65% of carers responding were female. In the age bracket 80 years and over the gender split was even - see Table 16.

TABLE 16: GENDER

	Country of birth	50-64 years	65-79 years	80 years and over	50 years and over
Male	Spain	2	4	8	14
	Other ENSS Spanish speaking countries	9	14	5	28
<b>Total male respondents</b>		<b>11 (33%)</b>	<b>18 (40%)</b>	<b>13 (50%)</b>	<b>42 (40%)</b>
Female	Spain	3	6	10	19
	Other ENSS Spanish speaking countries	19	21	3	43
<b>Total female respondents</b>		<b>22 (66%)</b>	<b>27 (60%)</b>	<b>13 (50%)</b>	<b>62 (60%)</b>

Quite a lot of the younger respondents indicated that they were on an Australian pension - see Table 17. At every community meeting people indicated that they would be willing to pay a small fee for HACC services. Virtually everyone who responded aged 65 and over indicated that they were receiving an Australian pension.

TABLE 17: PERCENTAGE ON A PENSION

Country of birth	50-64 years	65-79 years	80 years and over
Spain	3 (60%)	10 (100%)	18 (100%)
Other ENSS Spanish speaking countries	16 (57%)	34 (97%)	8 (100%)
Total	19 (57%)	44 (98%)	26 (100%)

Most respondents viewed themselves as either Salvadorian, Spanish or Chilean. Very few respondents viewed themselves as Australian – see Table 18.

TABLE 18: HOW RESPONDENTS IDENTIFY THEMSELVES

	50-64 years	65-79 years	80 years and over	50 years and over
Salvadorian	14	14	2	30
Spanish	3	8	16	27
Chilean	8	6	4	18
Uruguayan	2	4	1	7
Colombian	2	2	1	5
Peruvian		4	1	5
Argentinean		4		4
Venezuelan	1	1		2
Australian	1			1
Australian Spanish			1	1
Spanish Australian	1		1	1
Argentinean Australian		1		1
English Australian	1			1

#### 4.1.1 CARERS

17 carers (i.e. 16% of respondents) responded to the questionnaire. Of the 17 respondents 6 were from Spain, 5 from Chile and 3 from Uruguay, 2 from El Salvador and one from Peru. Their ages ranged from 39 to 82 years. 47% were under 65 years of age and 53% were aged 65 years or over. 30% were aged 80 or over. 11 of the carers were female and 6 were males. 35% of all carers who responded said that they were caring for 11-20 hours and another 35% said they were caring 24/7 - see Table 19.

TABLE 19: HOURS SPENT CARING

Hours spent caring	Carers 25-64 years	Carers 65 years and over	Total
1-10 hours	2	1	3 (18%)
11-20 hours	2	4	6 (35%)
21-30 hours	1		1 (6%)
31-40 hours			0
24/7	2	4	6 (35%)
No answer	1		1(6%)



## 4.2 COMMUNICATION ISSUES

96% of all respondents and 100% of respondents aged 65 years and over said that they spoke Spanish at home – see Table 20. This higher trend to speaking Spanish may be part of the reason why such a large number of questionnaire respondents wanted to attend a community group.

Very few people indicated that they spoke English at home. 3 respondents spoke only English and 8% said that they spoke both English and Spanish at home. One respondent said that they also spoke Italian at home in addition to Spanish.

TABLE 20: LANGUAGES SPOKEN AT HOME

Language spoken at home	Country of birth	50-64 years	65-79 years	80 years and over	50 years and over
Spanish	Spain	3	10	18	31
	Other ENSS Spanish speaking countries	27	35	8	70
<b>Total</b>		<b>30 (88%)</b>	<b>45 (100%)</b>	<b>26 (100%)</b>	<b>101 (96%)</b>
English	Spain	3	1	2	6
	Other ENSS Spanish speaking countries	3	2	0	5
<b>Total</b>		<b>6 (18%)</b>	<b>3 (7%)</b>	<b>2 (8%)</b>	<b>11(10%)</b>

The majority of the respondents (i.e. 74%) said that they spoke English either a little or not at all - see Table 21. This is far higher than the national data which found that 23.4% of Spain born who spoke a language other than English at home spoke English not well or not at all. The ability to speak English decreased with age and 88% of the respondents aged 80 and over lacked functional spoken English.

This sample has a higher percentage speaking Spanish at home and a significantly higher percentage with low functional English.

Percentages given below in Table 21 are as a percentage of the age group.

TABLE 21: ABILITY TO SPEAK ENGLISH

	Country of birth	50-64 years	65-79 years	80 years and over	50 years and over
Not at all	Spain	0	0	0	0
	Other ENSS Spanish speaking countries	1	5	2	8
Total		1 (3%)	5 (11%)	2 (7%)	8 (8%)
A little	Spain	1	9	16	26
	Other ENSS Spanish speaking countries	15	22	5	42
Total		16 (48%)	31(69%)	21 (81%)	68 (65%)
Well	Spain	1	1	2	4
	Other ENSS Spanish speaking countries	9	7	0	16
Total		10 (30%)	8 (18%)	2(7%)	20 (19%)
Very well	Spain	3	0	0	3
	Other ENSS Spanish speaking countries	3	0	0	3
Total		6 (18%)	0	0	6 (6%)
No answer					5

Over three quarters of respondents either could not read English or were only able to read a little English - see Table 22. Those aged 65 years and over had higher English literacy issues with 89% of those aged 80 years and over lacking functional skills. In addition a number of participants were also illiterate in Spanish.

This has implications for service delivery as ageing community members who are unable to access services and read information and will need to be helped either by a family member or by a community worker with Spanish language skills. Percentages given below in Table 22 are as a percentage of the age group.

TABLE 22: ABILITY TO READ ENGLISH

	Country of birth	50-64 years	65-79 years	80 years and over	50 years and over
Not at all	Spain	0	1	4	5
	Other ENSS Spanish speaking countries	1	6	3	10
Total		1 (3%)	7 (16%)	7 (27%)	15 (14%)
A little	Spain	1	9	12	22
	Other ENSS Spanish speaking countries	16	22	4	42
Total		17 (52%)	31(69%)	16 (62%)	64 (62%)
Well	Spain	0	0	2	2
	Other ENSS Spanish speaking countries	7	7	1	15
Total		7 (21%)	7 (16%)	3 (12%)	17 (16%)
Very well	Spain	4	0	0	4
	Other ENSS Spanish speaking countries	4	0	0	4
Total		8 (24%)	0	0	8 (8%)

The five clearly preferred ways to obtain information were:

- by mail in Spanish and English
- ethnic community radio
- community groups
- Spanish speaking clubs
- guest speakers.

These responses were given multiple times at different meetings – see Table 23.

TABLE 23: CURRENT AND PREFERRED SOURCES OF INFORMATION

	Current Sources of information	Preferred sources of information
Radio	√	
Television	√	
Ethnic television	√	√
Spanish radio	√	√
Community radio	√	√
Newspaper	√	
Spanish newspaper		√
Messenger		√
Centrelink newsletters	√	√
Newsletters	√	√
Pamphlets/brochures Spanish		√
Mail		√
Family	√	
Friends	√	
Word of mouth	√	
Uniting Care Wesley		√
Verbally as reading can be a problem		
Community groups	√	√
Centrelink	√	
Seniors group		√
Doctor	√	
Salisbury Council	√	
Churches		√
Hospital	√	
Morella House		√
Spanish speaking clubs		√
Not for profit Agencies	√	
Ethno specific worker	√	
Languages preferred: English and Spanish		√
Guest speakers	√	√

### 4.3 HEALTH ISSUES

48% of all respondents said that their health was very poor or quite poor - see Table 24.

The trends were similar amongst carers with 47% of carers reporting that their health was very poor or quite poor. One third of all respondents aged 50 to 64 years of age reported that their health was very or quite poor with all but one of these born in South or Central America. 75% of those born in the South or Central America aged 80 years and over reported that they had poor health.

TABLE 24: SELF REPORTED HEALTH STATUS

	50-64 years	65-79 years	80 years and over	50 years and over
Very poor	5	9	6	20 (19%)
Quite poor	6	13	11	30 (29%)
Quite good	14	19	8	41(39%)
Very good	7	3	1	11(11%)
Cannot say	1	1	0	2 (2%)
Total	33	45	26	104

The average number of health complaints increased with age and there were variations between those born in Spain and those born in South or Central America.

Respondents born in South and Central America were in poorer health with respondents aged 50-64 years having a higher average number of health complaints than all Spain-born age groups.

TABLE 25: AVERAGE NUMBER OF HEALTH COMPLAINTS

Country of birth	50-64 years	65-79 years	80 years and over	50 years and over
Total number of health complaints respondents born in Spain	13	37	63	113
Ave. no. of health complaints of those born in Spain	2.6	3.7	3.5	3.4
Total number of health complaints of respondents born in other ENSS countries	108	145	43	296
Ave. no. of health complaints of those born in other ENSS countries	3.9	4.1	5.4	4.1
Total	113	168	106	409
Average number of health complaints	3.4	3.7	4.1	3.9

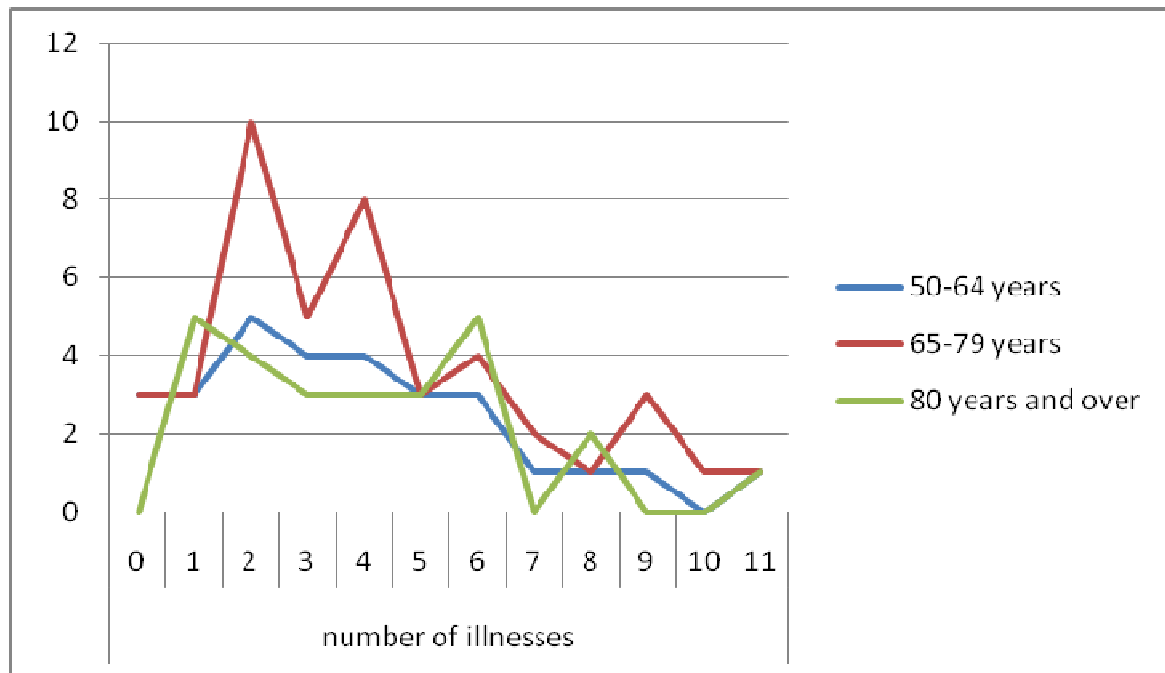
51% of the respondents said that they had 4 or more health complaints – see Table 26. Overall, health complaints increased with age and those from South and Central America had a higher overall percentage of health complaints than respondents born in Spain even though the Spanish respondents were an older group.

TABLE 26: COUNTRY OF BIRTH OF QUESTIONNAIRE RESPONDENTS REPORTING WITH FOUR OR MORE HEALTH COMPLAINTS

Country of Birth	50-64 years	65-79 years	80 years and over	50 years and over
Spain	2	4	8	14 (42%)
Other ENSS Spanish speaking countries	14	19	6	39 (54%)
Total	16	23	14	53 (51%)
%	48%	50%	61%	

27 of the respondents aged 50 years and over (i.e. 26%) said they had 6 or more health complaints. 11% of the respondents from South and Central America said that they had 8 or more health complaints - see Figure 5.

FIGURE 4: NUMBER OF HEALTH COMPLAINTS REPORTED BY EACH RESPONDENT



Results for self-reported health complaints are given for the group as a whole because of the number of respondents. Over 50% of respondents had arthritis and over a third said they had: high blood pressure, back or neck problems, diabetes and vision problems. Significant numbers said that they had fatigue, depression and stress and 7 had either Post Traumatic Stress Disorder (PTSD) or other psychological problems - see Table 27. The

prevalence for PTSD in the general population is 1.3% which means that this group has over double the standard prevalence rate.<sup>1</sup>

The group born in South and Central America had higher levels overall of depression, stress and other mental health complaints. For instance 5% of those born in Spain aged 50 years and over said that they had depression and 6% said they suffered from stress whereas 27% of those born in South and Central America aged 50 and over said they had depression, and 24% said that they suffered from stress.

TABLE 27: SELF REPORTED HEALTH COMPLAINTS OF QUESTIONNAIRE RESPONDENTS AGED 50 AND OVER

Self reported health complaints	50-64 years	65-79 years	80 years and over	50 years and over
Arthritis	10	10	12	54 (52%)
High blood pressure	13	19	12	44(42%)
Back or neck problems	14	15	9	38 (37%)
Diabetes	11	17	8	36 (35%)
Vision	14	16	6	36 (35%)
Fatigue	8	8	10	26 (25%)
Depression	9	10	6	25 (24%)
Hearing	5	11	4	20 (19%)
Heart		12	8	20 (19%)
Stress	6	9	4	19 (18%)
Memory	2	10	6	18 (17%)
Mobility	6	4	7	17 (16%)
Anxiety	4	6	3	13 (13%)
Osteoporosis	2	5	5	12 (12%)
Cancer	1	1	2	4 (4%)
Other psychological problems	1	3		4 (4%)
Post Traumatic Stress Disorder		3		3 (3%)
Post Traumatic Stress Disorder		3		3 (3%)
Other - asthma	2			2 (2%)
Stroke		2		2 (2%)
Physical impairment		1	1	2 (2%)
Dementia	1	1		2 (2%)
Other - incontinence		1	1	2 (2%)
Parkinsons disease	1			1 (1%)
Other - allergies	1			1 (1%)

<sup>1</sup>Forbes, D., Creamer, M., Phelps,A., Couineau, A-L., Cooper, J., Bryant, R. , McFarlane A., Matthews, L., Raphael, B.(2007). *Treating adults with acute stress disorder and post-traumatic stress disorder in general practice: a clinical update* **Medical Journal of Australia**, Volume 187 Number 2

Table 27 continued Self reported health complaints	50-64 years	65-79 years	80 years and over	50 years and over
Other - sleep apnea	1			1 (1%)
Other post polio syndrome	1			1(1%)
Other psoriasis		1		1(1%)
Other - panic attacks		1		1(1%)
Other - renal deficit		1		1(1%)
Other - hemiplegia		1		1(1%)
Other - bypass			1	1(1%)
Other - prostrate			1	1(1%)
<b>Total</b>	<b>113</b>	<b>168</b>	<b>106</b>	<b>409</b>



#### 4.4 HELP NEEDED AND LEVEL OF UNMET NEED

Of the 33 respondents aged 50-64 years who responded many of them did indicate that they needed help with some tasks - see Table 28. It is likely that some of this group will be requiring HACC services in the next few years as they turn 65. This particularly applies to those from South and Central America who have poorer health.

TABLE 28: NEEDS ANALYSIS RESPONDENTS AGED 50-64 YEARS

Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
Rubbish removal	9	3	6	27%	18%
House repairs	13	7	6	39%	18%
Lawn mowing	11	7	4	33%	12%
Handyman work	12	8	4	36%	12%
Taking medication	4	0	4	12%	12%
Physiotherapy	8	4	4	24%	12%
House cleaning	13	10	3	39%	9%
Counselling	3	0	3	9%	9%
Help to visit friends and neighbours	3	0	3	9%	9%
Help to visit family	3	0	3	9%	9%
Help to get to community activities	6	3	3	18%	9%
Wood chopping	6	4	2	18%	6%
Going to medical appointments	9	7	2	27%	6%
Transport	11	9	2	33%	6%
Advice on nutrition, food storage and preparation	3	1	2	9%	6%
Shopping	4	3	1	12%	3%
Bathing	1	0	1	3%	3%
Dressing	1	0	1	3%	3%
Moving about house	1	0	1	3%	3%
Nurse	1	0	1	3%	3%
Home meal deliveries	1	0	1	3%	3%
Meal preparation	1	0	1	3%	3%
Washing & ironing	4	4	0	12%	0%
Paying bills	4	4	0	12%	0%
Letter writing	3	3	0	9%	0%
Banking	2	2	0	6%	0%
Communication /language assistance	13	13	0	39%	0%
Toileting	0	0	0	0%	0%
Getting in and out of bed	0	0	0	0%	0%
Podiatry	4	4	0	12%	0%
Speech therapy	1	1	0	3%	0%

Table 28 continued Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
Occupational therapy	1	1	0	3%	0%
Help to use government or other services	9	9	0	27%	0%
Information about other services	9	9	0	27%	0%
Help with gardening	6	7	-1	18%	-3%
Paperwork	11	12	-1	33%	-3%
Going to other appointments	8	9	-1	24%	-3%
Someone ringing to check that I am ok	2	3	-1	6%	-3%
Grooming	0	1	-1	0%	-3%
Dishwashing	2	4	-2	6%	-6%
Changing light bulbs	8	10	-2	24%	-6%
Eating	0	2	-2	0%	-6%
Understanding how to help person I am caring for	0	2	-2	0%	-6%

Respondents aged 65 to 79 years did indicate higher levels of need than the younger group. For instance 71% said that they need help with communication and language assistance versus 39% of those aged under 65 years. Many are getting some assistance either from friends and family members or a formal service. Language related issues are amongst the highest areas of unmet need for this age group with 11% needing help to use Government services, 13% needing help with paperwork, 18% needing help with communication and language assistance and 20% needing help with letter writing. House cleaning was the highest area of unmet need with 27% receiving help at present and 22% still needing help - see Table 29.

TABLE 29: NEEDS ANALYSIS RESPONDENTS AGED 65-79 YEARS

Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
House cleaning	22	12	10	49%	22%
Letter writing	19	10	9	42%	20%
Communication /language assistance	32	24	8	71%	18%
Paperwork	25	19	6	56%	13%
Going to medical appointments	23	18	5	51%	11%
Help to use government or other services	19	14	5	42%	11%
Help with gardening	17	13	4	38%	9%
House repairs	16	12	4	36%	9%
Going to other appointments	16	12	4	36%	9%
Taking medication	6	2	4	13%	9%
Physiotherapy	10	6	4	22%	9%
Podiatry	14	10	4	31%	9%
Handyman work	15	12	3	33%	7%

Table 29 continued Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
Someone ringing to check that I am ok	10	7	3	22%	7%
Help to get to community activities	10	7	3	22%	7%
Washing & ironing	7	5	2	16%	4%
Paying bills	5	3	2	11%	4%
Shopping	9	7	2	20%	4%
Counselling	2	0	2	4%	4%
Help to visit friends and neighbours	8	6	2	18%	4%
Lawn mowing	19	18	1	42%	2%
Wood chopping	8	7	1	18%	2%
Banking	7	6	1	16%	2%
Moving about house	1	0	1	2%	2%
Information about other services	18	17	1	40%	2%
Transport	21	20	1	47%	2%
Help to visit family	7	6	1	16%	2%
Home meal deliveries	1	0	1	2%	2%
Meal preparation	4	3	1	9%	2%
Advice on nutrition, food storage and preparation	5	4	1	11%	2%
Changing light bulbs	10	10	0	22%	0%
Rubbish removal	8	8	0	18%	0%
Bathing	0	0	0	0%	0%
Toileting	0	0	0	0%	0%
Dressing	0	0	0	0%	0%
Grooming	0	0	0	0%	0%
Getting in and out of bed	0	0	0	0%	0%
Nurse	1	1	0	2%	0%
Speech therapy	0	0	0	0%	0%
Occupational therapy	1	1	0	2%	0%
Eating	0	1	-1	0%	-2%
Understanding how to help person I am caring for	1	2	-1	2%	-2%
Dishwashing	2	4	-2	4%	-4%

A significant number of those aged 80 years and over who need help are receiving it either from their family and friends or a community organisation. For instance only 4% of those aged 80 years and over have an unmet need for help with communication and language assistance even though 62% do require help - see Table 30. Children are the preferred source of care however more and more children are learning that there are services available to assist them in their caring role and are trying to access them. <sup>2</sup>

<sup>2</sup> Stakeholder feedback Patricia Rios

TABLE 30: NEEDS ANALYSIS RESPONDENTS AGED 80 YEARS AND OVER

Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
Help with gardening	11	6	5	42%	19%
House cleaning	10	6	4	38%	15%
Paperwork	14	10	4	54%	15%
Changing light bulbs	9	7	2	35%	8%
House repairs	8	6	2	31%	8%
Letter writing	4	2	2	15%	8%
Toileting	2	0	2	8%	8%
Taking medication	2	0	2	8%	8%
Dishwashing	3	2	1	12%	4%
Handyman work	8	7	1	31%	4%
Communication/language assistance	16	15	1	62%	4%
Bathing	2	1	1	8%	4%
Dressing	2	1	1	8%	4%
Getting in and out of bed	1	0	1	4%	4%
Moving about house	2	1	1	8%	4%
Nurse	1	0	1	4%	4%
Speech therapy	1	0	1	4%	4%
Occupational therapy	1	0	1	4%	4%
Counselling	1	0	1	4%	4%
Washing & ironing	4	4	0	15%	0%
Lawn mowing	7	7	0	27%	0%
Wood chopping	2	2	0	8%	0%
Paying bills	4	4	0	15%	0%
Shopping	6	6	0	23%	0%
Going to medical appointments	10	10	0	38%	0%
Going to other appointments	8	8	0	31%	0%
Someone ringing to check that I am ok	3	3	0	12%	0%
Eating	1	1	0	4%	0%
Grooming	1	1	0	4%	0%
Help to visit friends and neighbours	4	4	0	15%	0%
Understanding how to help person I am caring for	1	1	0	4%	0%
Home meal deliveries	0	0	0	0%	0%
Rubbish removal	6	7	-1	23%	-4%
Physiotherapy	3	4	-1	12%	-4%
Podiatry	3	4	-1	12%	-4%
Help to get to community activities	5	6	-1	19%	-4%
Meal preparation	1	2	-1	4%	-4%
Advice on nutrition, food storage and preparation	0	1	-1	0%	-4%

Table 30 continued Type of assistance needed	Need help	Receive help	Unmet need	% needing help	% unmet need
Transport	11	13	-2	42%	-8%
Help to visit family	3	5	-2	12%	-8%
Banking	1	4	-3	4%	-12%
Help to use government or other services	6	12	-6	23%	-23%
Information about other services	4	10	-6	15%	-23%

There were very low levels of unmet need indicated by carers. Two of the needs requested related to the person they were caring for with 18% wanted more help with assisting someone to take medication and 6% with toileting. 6% of carers also wanted help with paperwork and letter writing.

#### 4.5 CHANGES TO HOME

29% of respondents said that they needed modifications to their home to make it safer or more accessible and the need for modifications increased with age. The most popular modifications were emergency alarms then shower and hand rails. The highest requirement for ramps was amongst those aged 65-79 years. Shower rails and hand rails were needed by 31% of those aged 80 years and over - see Table 31. Percentage data is as a percentage of each age category.

TABLE 31: HOME MODIFICATIONS REQUIRED

	50-64 years	65-79 years	80 years and over	50 years and over
Emergency alarms	8 (24%)	11(24%)	7(27%)	26 (25%)
Shower rails	6 (18%)	10 (22%)	8 (31%)	24 (23%)
Hand rails	5 (15%)	10 (22%)	8 (31%)	23 (22%)
Ramps	2 (6%)	7 (16%)	3 (12%)	12 (12%)
Other	0	1 (2%)	0	1(1%)

## 4.6 PERSONAL CARE

In every age group transport was the highest requirement – see Table 32.

TABLE 32: PERSONAL CARE REQUIRED BY QUESTIONNAIRE RESPONDENTS AGED 50 AND OVER

Type of assistance needed	50-64 years	65-79 years	80 years and over	50 years and over
Transport	11 (33%)	22 (49%)	12 (46%)	45 (43%)
Cleaning of linen	3 (9%)	4 (9%)	3 (12%)	10 (10%)
Incontinence pads	0	3 (7%)	4 (15%)	7 (7%)
Walking frame	0	3 (7%)	2 (8%)	6 (6%)
Meal deliveries to home	1 (3%)	1 (2%)	1 (4%)	3 (3%)
Wheelchair	0	2 (4%)	1 (4%)	3 (3%)
Aids to help you get dressed	0	0	0	0

## 4.7 TRANSPORT

Quite low numbers of the respondents aged 50 years and over (34%) drive themselves. Over half of the respondents aged 80 years and over (54%) rely on friends and family - see Table 33. It was clear that transport assistance will need to be provided as part of social support programs.

TABLE 33: TRANSPORT USED

Mode of transport	50-64 years	65-79 years	80 years and over	50 years and over
Friends/family	13 (40%)	23 (51%)	14 (54%)	50 (48%)
Bus/train	14 (42%)	23 (51%)	9 (35%)	46 (44%)
Drive yourself	16 (48%)	10 (22%)	9 (35%)	35 (34%)
Taxi/access cab	6 (6%)	8 (18%)	5 (19%)	20 (19%)
No means of getting about	1 (3%)	4 (9%)	2 (8%)	7 (7%)
Council bus	0	4 (9%)	2 (8%)	6 (6%)

## 4.8 RESPITE SERVICES

At the community consultations people indicated that they did not use respite services because they are not language specific. Only 5% of all respondents said that they use respite services and 18% of carers said that they use respite services. The most preferred respite choice was a carer at home speaking the same language (53%) followed by community based care in the same language (44%) and activity based care (30%) - see Table 34. The respite responses support the development of a Spanish speaking respite program.

TABLE 34: RESPITE PREFERENCES

Type of respite	50-64 years	65-79 years	80 years and over	50 years and over
Carer at home (speaks same language)	16	23	15	55 (53%)
Community based care (speaks same language)	14	17	14	46 (44%)
Activity based care (eg exercise classes, cards, cooking)	8	15	7	31(30%)
Community based (multicultural)	5	4	6	15 (14%)
Carer at home (English speaking)	0	3	3	6 (6%)
All day care	1	1	2	4 (4%)
Community based care (English speaking)	2	1	0	3(3%)
Overnight care	0	1	0	2 (2%)
Residential	1	0	2	2 (2%)
Other	0	1	0	1(1%)

## 4.9 COMMUNITY ACTIVITIES

Community group meetings were more popular than community visitors amongst all groups of respondents – see Tables 35 and 36.

This may reflect the fact that there is a high percentage of the Spanish speaking group of those aged 50 years and over (75%) who speak Spanish at home and want to have some socialization. At some of the consultation meetings the need for transport assistance to attend community functions was raised.

TABLE 35: COMMUNITY VISITORS AND GROUP MEETINGS

Type of Activity	Country of birth	50-64 years	65-79 years	80 years and over
Community visitor	Spain	1	3	4
	Other ENSS Spanish speaking countries	15	13	5
	<b>Total</b>	<b>16 (48%)</b>	<b>16 (36%)</b>	<b>9 (35%)</b>
Community group meeting	Spain	2	7	15
	Other ENSS Spanish speaking countries	19	28	6
	<b>Total</b>	<b>21 (64%)</b>	<b>35 (78%)</b>	<b>21(81%)</b>

TABLE 36: CARERS WHO WANTED COMMUNITY VISITORS AND GROUP MEETINGS

Type of activity	Carer 25-64 years	Carers 65 years and over	All carers	Percentage of carers who want this assistance
Community visitor	5	3	8	47%
Community group meeting	6	7	13	76%



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## 5 SERVICE PROVISION OVERVIEW

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### 5.1 STAKEHOLDER CONSULTATIONS

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In South Australia there are one hundred and fifty (150) agencies which receive HACC funding for the provision of community aged care services. Fifty five agencies were contacted and 40 HACC funded agencies responded to the questionnaire - see Appendix 3. The responses were a snap shot for the month of October, 2009 and their client base may have since altered.

The following organisations indicated that they were providing a range of community aged care services to people from country of birth is either Spain, El Salvador, Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela and/or ancestry is Spanish, Salvadoran, Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan or Venezuelan and/or main language spoken at home is Spanish.

- ACH Group
- Aged Rights Advocacy Service
- Alzheimer's Australia SA
- Carers SA
- City of Campbelltown Council
- City of Marion
- City of Norwood, Payneham and St Peters
- City of Port Adelaide
- City of Salisbury
- City of Tea Tree Gully
- City of West Torrens
- Domiciliary Care SA
- Ethnic Link Services (Uniting Care Wesley Port Adelaide)
- Helping Hand
- Meals on Wheels
- Multicultural Home Support Program (Uniting Care Wesley Adelaide)
- Resthaven
- Seniors Information Service

Of the Agencies surveyed the number of people they serviced was small. It may have only been one client from a particular ethnic community.

Most agencies were reluctant to share their MDS data with the consultants as they deemed the information confidential. To gain a more up to date informed overview of how many people are receiving HACC services from either Spain, El Salvador, Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela, please seek Office for the Ageing feedback.

Predominately, most HACC services sought after were domestic assistance (cleaning), home maintenance (gardening, home repairs), support services for carers (counseling, information referral, support groups) and transport, used for shopping, medical appointments and social activities.

Aside from Ethnic Link (Uniting Care Wesley Port Adelaide) and Uniting Care Wesley Bowden no other mainstream agencies are specifically targeting people from Spain, El Salvador, Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela or people whose main language at home is Spanish.

Ethnic Link coordinate two fortnightly Spanish speaking groups one in the North the other in the West, providing much needed social support with information and activities, whilst Uniting Care Wesley Bowden is currently undertaking a Community Partners Program targeting the Spanish speaking community, raising awareness of Commonwealth funded aged services.

The City of Salisbury currently provides the Ethnic Link Spanish Community social program in the North with both transport assistance and a venue to run their program and the City of Charles Sturt provides the Ethnic Link Spanish Community social program in the West with a venue to hold their functions. Both are partnership initiatives supporting local ethnic communities.

At the time of the survey (October 2009) Uniting Care Wesley Adelaide, Multicultural Home Support Program was having discussions with the Spanish speaking community to provide culturally appropriate HACC and CACP programs to the community.

Most of the agencies surveyed indicated that they faced some challenges in servicing CALD clients. These included:

- a limited knowledge of HACC services in CALD communities
- insufficient language specific staff to meet community needs
- a lack of resources
- difficulties advertising services to the ethnic communities
- problems ethnic community members not accessing services until crisis point
- clients having unrealistic expectations of what services can be provided
- the diversity within some communities

- people who are reluctant to come to Councils for services
- limited translated information and the cost involved in translating information
- issues with using interpreters and confidentiality problems in smaller communities
- a difficulty with some people are not willing to accept services from a mainstream agency.

23 of the HACC agencies responded to having a strategy for working with minority ethnic communities. These strategies included:

- statements in Strategic Plans
- having an Access and Equity policy in place
- ongoing cultural diversity training
- building relationships with communities
- using interpreters
- ensuring that individual needs are being met
- having specific Cultural Diversity positions to address these needs
- employing staff to match client needs
- linking in with other agencies to provide a service.

Some of the agencies surveyed showed initiative in working with ethnic communities namely:

- the City of Gawler keeps a register of staff/contractors/volunteers who speak another language
- Carers SA have developed a Cultural Diversity Plan
- Uniting Care Wesley have a Programme Committee which has representatives from the communities with whom they have a formal agreement with
- Alzheimer's Australia SA employ an Access and Equity position
- Domiciliary Care SA employ a Multicultural Consultant
- Seniors Information Service employ a Multicultural Liaison Officer
- Resthaven have two part time Access and Equity workers
- Carer Support and Respite Centre (South/East) employ a CALD specific position
- City of Charles Sturt employ a Diversity Officer
- City of Salisbury employ language specific workers in their HACC team
- Life Care will broker in people from ethnic associations to provide social support in facilities.

Of all agencies surveyed only six agencies indicated at the time of contact that they were undertaking programs or initiatives which were not Government funded but funded from organisational surplus funds:

- Carer Support and Respite Centre (South/East), CALD position
- City of Charles Sturt, Diversity Officer
- Carers SA, development of Cultural Diversity Plan
- City of Salisbury, supporting local ethnic communities
- City of Holdfast Bay, local transport service
- Seniors Information Service, ethnic media campaign.

## 5.2 HEALTH SERVICES

At the 2006 Census there were 245 workers in the health sector in South Australia who spoke Spanish at home as their main language. 166 of these (68%) were employed in 3 areas: Hospitals (except Psychiatric Hospitals); Aged Care Residential Services and other Social Assistance Services - see Table 37. Whilst their specific tasks are not given this does increase the chances of elderly people having a Spanish speaking worker on a hospital visit or in residential care. There were 6 Spanish speaking doctors in General Practice. As many elderly Spanish speakers had language difficulties it would be useful if these doctors could be located and a register maintained if they were willing to participate. The Spanish Speaking Communities Network of SA is currently seeking funds to compile a directory of Spanish speaking professionals in South Australia.

TABLE 37: EMPLOYEES IN THE HEALTH SECTOR WHO SPEAK SPANISH AT HOME AS THEIR MAIN LANGUAGE

Industry of Employment-health	Speak Spanish as main language at home
Hospitals (except Psychiatric Hospitals)	60
Aged Care Residential Services	60
Other Social Assistance Services	46
Dental Services	15
Health Care and Social Assistance, nfd.	11
Medical and Other Health Care Services, nfd.	8
Social Assistance Services, nfd.	7
General Practice Medical Services	6
Pathology and Diagnostic Imaging Services	6
Other Residential Care Services	5
Psychiatric Hospitals	3
Medical Services, nfd.	3
Specialist Medical Services	3
Optometry and Optical Dispensing	3
Chiropractic and Osteopathic Services	3
Other Allied Health Services	3
Other Health Care Services, nec.	3
Total	245

TABLE 38: SOUTH AUSTRALIANS BORN IN ENSS DESIGNATED SPANISH SPEAKING COUNTRIES EMPLOYED IN HEALTH SECTOR AT 2006 CENSUS

Industry of Employment- health	Country of Birth								
	Spain	Argentina	Chile	Columbia	Peru	Uruguay	Venezuela	El Salvador	Total
Health Care and Social Assistance, nfd.			3				3		6
Hospitals (except Psychiatric Hospitals)	12	3	6	3	5		3	27	59
Medical and Other Health Care Services, nfd.			4	3				10	17
Medical Services, nfd.								3	3
General Practice Medical Services	3		3						6
Pathology and Diagnostic Imaging Services			3			4			7
Dental Services	4	3	3					4	14
Other Health Care Services, nec.			4					4	8
Aged Care Residential Services	11	3	15		4		3	29	65
Other Residential Care Services			0				0	4	4
Social Assistance Services, nfd.	3		3			4		7	17
Other Social Assistance Services	7		17	3				17	44
Total	40	9	61	9	9	8	9	105	250

At the 2006 Census there were no people from the designated ENSS countries of birth employed in the following health areas: Hospitals, nfd.; Psychiatric Hospitals; Specialist Medical Services; Allied Health Services, nfd.; Optometry and Optical Dispensing; Physiotherapy Services; Chiropractic and Osteopathic Services; Other Allied Health Services; Other Health Care Services, nfd.; Ambulance Services and Residential Care Services, nfd.

### 5.3 GAPS IN SERVICE PROVISION

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The consultation found that:

- there is limited culturally appropriate services for the Spanish speaking community with limited Spanish speaking programs
- no funding for a Spanish speaking peak body
- no programs other than Ethnic Link programs
- workforce issues with limited Spanish speakers in the community care sector linked directly into servicing the community.

It was the view of one community worker that at present mainstream agencies lack cultural awareness and are not providing culturally appropriate service delivery. Table 39 summarizes gaps in service provision raised by both stakeholders and community members from May 2010 to October 2010.

TABLE 39: SUMMARY OF GAPS IN SERVICE PROVISION RAISED BY STAKEHOLDERS AND COMMUNITY MEMBERS

Gaps in service provision
<ul style="list-style-type: none"><li>• no dementia specific services</li><li>• no local ethnic press media</li><li>• older community members who live further away from community meetings have difficulties attending</li><li>• no CALD Ageing worker other than Ethnic Link Services</li><li>• no language specific programs other than Ethnic Link Services</li><li>• no cultural meals services</li><li>• no day centre</li><li>• no social activity programs for the aged other than Ethnic Link Services.</li></ul>

## 5.4 INTERSTATE SERVICE PROVISION

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NSW and Victoria Spanish speaking communities are supported primarily by two ethno specific agencies. Both agencies provide culturally and linguistically appropriate support for their respective communities and are seen as the peak advocacy agencies for the Spanish speaking communities in their States. In most instances these agencies are the preferred option of support for Spanish speaking people.

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### 5.4.1 NSW SPANISH LATIN AMERICAN ASSOCIATION FOR SOCIAL SERVICES (SLASA),

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NSW SLASA was founded in September 1978 by members of the Spanish speaking community and by a group of social workers, from the fields of health, education, and social welfare. At present NSW SLASA has six employees and receives funding from the Department of Immigration and Ethnic and Indigenous Affairs (DIMIA), the Department of Community Services (DOCS) and the Casino Community Benefit Fund.

All services are offered in Spanish individually, as a family or in groups. These services are offered without any kind of discrimination, not because of social or ethnic origin, country of birth, political, sexual or religious orientation.

The three principal activities that NSW SLASA focuses on are:

- individual work – case work, counseling
- community development work – aged groups, dementia programs, social, educational and recreational activities to preserve the Spanish and Latin American culture
- Spanish speaking community liaison and representation with other ethnic communities and government departments.

Their current programs include:

- Settlement Grant Program
- Family Support Worker
- Legal Assistance
- Community Partners Program
- Information Sessions
- Quitline for Spanish speakers.



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#### 5.4.2 VICTORIA CENTRAL ESPANOL LATIN AMERICAN SOCIAL ASSISTANCE (CELAS)

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CELAS is a community based agency in Melbourne; it was founded in 1977 to assist the Spanish speaking community of Victoria. The objectives of CELAS are to meet the needs of Spanish speaking community in the area of:

- education
- health
- social support
- language assistance.

The strength of CELAS lies in understanding the needs of the community it serves, as well its demonstrated ability to offer programs and services that fulfill these needs.

The programs offered by CELAS include:

- Adult day centres for the Spanish speaking community
- Friendly Visiting Program
- Community Aged Care Packages
- Community Partners Programs
- Nursing Home Assistance
- Children's programs.

## 6 DISCUSSION

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The Spanish speaking community aged 50 years and over in South Australia is reasonably small but with high needs because of literacy, language and health issues. At present many Spanish speakers born in Spain tend to socialize separately to Spanish speakers born in South America. Whilst some people have had the view that the social support groups should service either people born in Spain or people born in South and Central America it is clear that some groups are working successfully with people from both backgrounds. It was also clear during the consultation that there are some people in need of socialization who are currently not receiving a service from the social support groups currently existing.

There were a variety of views expressed both within the Steering Committee and consultations as to possible future service models.

The formation of the social groups by Ethnic Link has performed a valuable service in developing the nucleus of a future social support program and one possible future model would be to expand service provision through Ethnic Link. However, this community requires a community development model and has needs which are outside of Ethnic Links current mission.

Ethnic Link's initial involvement has been surpassed for five reasons:

- the number of aged is increasing and it is likely that family reunions may add to this in the future
- there are a very large percentage of people aged 50 years and over in the ENSS Spanish speaking group who do not speak English as their main language at home (i.e. 75%) and this increases their need for a community worker to access services and facilitate social support programs
- the newly formed Spanish Speaking Communities Network of SA (the Network) may with appropriate mentoring and support be able to develop the skills to manage workers and funding after a suitable period of time
- the Spanish speaking community has multiple needs including aged care services, settlement services, youth assistance and trauma related services as identified by the Spanish Speaking Communities Network of SA
- there is ongoing migration from Spain, South and Central America.

Whilst it is recognized that some of the needs fall outside the HACC criteria, it is clear that an opportunity exists to provide more effective overall service provision to the Spanish speaking community, by utilising current funding allocations to help establish the nucleus of a future organisation. It is apparent that the Spanish Speaking Communities Network of SA could possibly also attract other sources of funding i.e. settlement funding and this would be beneficial to the overall health and wellbeing of this community.

The Mission statement of the Spanish Speaking Communities Network of SA is:

“For all people from Spanish speaking communities (SSC) of SA to participate freely in society, with the aim of improving the quality of life of the whole of the South Australian Spanish speaking communities through fraternity, support and by strengthening the links within our communities.”

The main objectives of the Network are:

1. to provide a forum for sharing of information about resources, professional development, opportunities and relevant programs to support service providers, community leaders and volunteers working with the Spanish speaking communities
2. to provide expertise in an advisory capacity to other organisations, which seek to establish, develop, promote and expand initiatives for Spanish speaking communities
3. to coordinate a collective response to the needs of the SSC when and where ever appropriate
4. to advocate to Government departments and NGO's issues pertaining to these communities
5. to support and sustain the Network's Working Parties
6. to seek funding to promote the work of the Working Parties and the Mission of the Network.

Members of the Spanish Speaking Communities Network of SA have identified three working parties, Aged, New Arrivals and Settlement and Youth and Families. The Network is currently seeking funds to compile a directory of Spanish speaking professionals in South Australia.

A more appropriate model with the community's multiple needs across the age spectrum would be the two integrated models currently operating in NSW and Victoria (refer to Section 5.4 above).

At this stage in the community's development a standalone body is not feasible and an interim stage is needed. It is the consultants' view that HACC service provision to this community needs to be provided by an ethno specific organisation auspiced by an organisation with a proven track record in the delivery of service (either directly or by brokering it out) to diverse communities and mentoring. The aim would be to ensure that at the end of an agreed period of 3-5 years the newly formed organisation would have sufficient skills to be able to operate independently. Funding would be allocated directly to this organisation which may or may not choose to retain links with the auspicing body. It is possible that, dependent on the size of the future Spanish speaking organization, there are some aspects of service delivery and back office functions which they may broker out.

## 7 RECOMMENDATIONS

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1. It is recommended that an auspicing body be identified to support and mentor the development of a Spanish speaking community organisation (akin to the NSW SLASA and the Victorian CELAS models) which includes as part of its mission the provision of HACC aged care services. This future organisation would be based on the newly formed Spanish Speaking Communities Network of SA. A 3 to 5 years auspicing period is recommended and it is suggested that OFTA negotiate directly with Uniting Care Wesley Port Adelaide, Uniting Care Wesley Adelaide and IBF to identify the most suitable auspice. Part of the role of the auspicing body would be to maintain existing partnerships (i.e. with Salisbury Council) and establish new partnerships as appropriate.
2. It is recommended that the current social support programs be transferred over time from Ethnic Link to the new auspicing organisation.
3. It is recommended that the Spanish speaking social support program be expanded to include social support for the Southern region of Adelaide.
4. It is recommended that a Spanish speaking respite program be established.
5. It is recommended that in three years there is a review of the model to ascertain its effectiveness in delivering services to the Spanish speaking community.
6. Future outreach work for the Spanish community in Whyalla is recommended.
7. It is recommended that OFTA coordinate and fund cultural competency training for HACC service providers who have Spanish speaking clients.
8. It is recommended that funding be allocated to an organisation which can provide a multicultural support service to ageing people with mental health issues particularly issues associated with torture and trauma.
9. It is recommended that a whole of Government approach be taken to funding the needs of migrant groups over the continuum of their settlement and ageing process and that a specific State/Federal reference group be established to address this.

## 8 APPENDIX

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### APPENDIX 1: PROJECT TEAM

The Project Team is a consortium comprising of:

HOKJOK

Ms. Helena Kyriazopoulos

Ms. Kristin Johansson

Project Officer, Mrs. Amanda McInnes

The University of Adelaide,

The Australian Institute for Social Research

Dr. Kate Barnett

Seniors Information Service

Mrs. Miriam Cocking

HOKJOK is the lead consultant and the project manager for the Emerging Needs Scoping Study.

As a team, the consortium has over 50 years collective experience in the ageing sector and well over 80 years combined experience working with CALD communities at a local, national and international level. The members of the consortium are based in South Australia and as a group have extensive local knowledge and networks.

APPENDIX 2: STAKEHOLDERS CONSULTED

Stakeholders consulted	
Patricia Rios	Community member
Carola Collante	Ethnic Link Services, Uniting Care Wesley, Port Adelaide
Miguel Barrientos	Over 50's Spanish speaking group, north
Gladys Garcia	Spanish Club
Monica Garcia	Community member
Diana Calle	Community member
Marielos Siguenza	Community member
Christina Shelton	UCWB Spanish CPP Project
Monica Chiappe	Community member
Filomena Andrade	Community member

APPENDIX 3: HACC STAKEHOLDERS

HACC Stakeholders responded to questionnaire	
ACH Group	City of Salisbury
Adelaide City Council	City of Tea Tree Gully
Aged Rights Advocacy Council	City of Unley
Anglicare	City of West Torrens
Alzheimer's Australia SA	Domiciliary Care SA
Australian Red Cross	ECH
Carers SA	Ethnic Link Services( auspice, Uniting Care Wesley, Port Adelaide)
Carer Support and Respite Centre, South and East	Helping Hand Aged Care
City of Burnside	Meals on Wheels
City of Campbelltown Council	Multicultural Aged Care
City of Charles Sturt	Multicultural Communities Council
City of Gawler	Noarlunga Volunteer Transport Services
City of Holdfast Bay	Northern Carers Network
City of Marion	RDNS
City of Mitcham	Resthaven
City of Norwood, Payneham and St Peters	Seniors Information Service
City of Onkaparinga	Southern Cross care
City of Playford	Uniting Care Wesley
City of Port Adelaide Enfield	Volunteering SA
City of Prospect	Walkerville City Council

APPENDIX 4: COMMUNITY STAKEHOLDERS

Spanish speaking community stakeholders	
Andrea Gallo	Argentinean community member
Ines Oblitas	Bolivian community member
Miguel Barrientos	Chilean community member
Patricia Rios	Chilean community member
Esperenza Bunce	Colombian community member
Sarita Ingham	Colombian community member
Cristina Descalzi	Uruguayan community member
Carola Collante	Uruguayan community member
Maria Siguenza	El Salvadorian community member
Diana Calle	Peruvian community member
Viviana Nunez	Peruvian community member
Christina Shelton	Spanish community member
Mariano Martinez	Spanish community member
Jose Manuel Garcia	Spanish community member
Marie Galan	Spanish community member
Gladys Garcia	Spanish community member
Manuel Delgado	Spanish community member
Monica Chiappe	Chilean community member
Monica Garcia	Venezuelan community member
Filomena Andrade	Venezuelan community member
Juan Diaz	Spanish speaking community, Whyalla
Yvonne Herrera	Volunteer Royal Society for the Blind (RSB)
Yvonne Santalucia	President, NSW Spanish Latin American Association for Social Assistance
Spanish Club	
Chilean Club	
Salvadorian Club	
Over 50's Spanish speaking group, north	
Inca Peruvian Club	
Third Age Spanish group	
RSB Spanish group	



APPENDIX 5: STEERING COMMITTEE MEMBERS

The consultants wish to thank the Steering Committee members listed below for their input:

Steering Committee members	
Monica Garcia	Seniors Information Service, Venezuela
Carola Collantes	Ethnic Link, Uruguay
Diana Calle	Seniors Information Service, Peru
Patricia Rios	Community member, Chile
Marielos Siguenza	Community member, El Salvador
Christina Shelton	Uniting Care Wesley Bowden, Spain
Filomena Andrade	Community member, Venezuela
Monica Chiappe	Primary Health Care, Chile
Miguel Barrientos	Community member, Chile
Gosia Skalban	Domiciliary Care
Lois Kelly	Office for the Ageing
Italia Mignone	Office for the Ageing
Lien Nuyen	Office for the Ageing
Miriam Cocking	HOKJOK
Kristin Johansson	HOKJOK
Helena Kyriazopoulos	HOKJOK

APPENDIX 6 : INFORMATION SOURCES

(AIHW, 2001, *Projections of Immigrants: People from culturally and linguistically diverse backgrounds, 1996-2026, Australia*, Canberra, Cat No AGE 18)

<http://www.aihw.gov.au/publications/index.cfm/title/6786>

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Australian Immigration Department Consolidated Statistics No.1-6 1966-1972 Canberra

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Australian Immigration Department Consolidated Statistics No.16 1989-90 Canberra

Australian Immigration Department Consolidated Statistics No.17 1991-1992 Canberra

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Department of Immigration and Citizenship Settler Arrivals - 1993-1994 to 2003-04  
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Australia 2007

Department of Immigration and Citizenship Settler Arrivals - 2007-2008 Commonwealth of  
Australia 2008

DIAC, Community Information Summary: Argentina

<http://www.immi.gov.au/media/publications/statistics/comm-summ/ pdf/argentina.pdf>

DIAC, Community Information Summary: Chile-born

<http://www.immi.gov.au/media/publications/statistics/comm-summ/ pdf/chile.pdf>

DIAC, Community Information Summary: Colombia

<http://www.immi.gov.au/media/publications/statistics/comm-summ/ pdf/colombia.pdf>

DIAC, Community Information Summary: El Salvador

<http://www.immi.gov.au/media/publications/statistics/comm-summ/ pdf/el-salvador.pdf>

DIAC, Community Information Summary: Peru-born

<http://www.immi.gov.au/media/publications/statistics/comm-summ/ pdf/peru.pdf>

DIAC, Community Information Summary: Spain-born

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DIAC, Community Information Summary: Uruguay-born

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traumatic*

*stress disorder in general practice: a clinical update* **Medical Journal of Australia**, Volume 187 Number 2

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Multicultural Communities Council Gold Coast (MCCGC) 2006 Fact Sheet on Spanish Speaking Communities on the Gold Coast.

[www.mccgc.com.au/files/Spanish%20Communities.pdf](http://www.mccgc.com.au/files/Spanish%20Communities.pdf)