

Case Management for CALD clients:

Report of Pilot

**Key Agencies: *Ethnic Communities' Council of NSW, NSW Community Options
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Abstract:

The demographic reality in Australia is such that community care case managers will be increasingly called on to work with people from culturally and linguistically diverse (CALD) backgrounds. Prior literature in Australia and overseas has highlighted the importance of the intersection of culture with the case management process and its outcomes. In order to begin investigating 'best practice' in case management, interviews with four experienced New South Wales Community Options coordinators were conducted. In line with the literature results indicated that culture was considered to be very important by those interviewed, with issues around family, needs, awareness, the impact of culture, and language all highlighted as key themes. Recommendations for future research and training are suggested.

Aim:

This project aimed to investigate 'best practice' in case management for clients from culturally and linguistically diverse backgrounds. In particular the project aims to identify aspects of the case management process that are considered pertinent for culturally and linguistically diverse (CALD) clients by experienced case managers in order to inform a much needed training package for future workers in the field. In order to achieve this interviews were conducted with case management coordinators under the NSW Community Options Program (NSW COPS).

An additional aim of the research was to investigate key issues identified by coordinators to be discussed in future focus groups.

Recommendations for future research and training from the findings:

Research: Future research should investigate...

- ...the meanings of 'diversity' and its impact on the case management process
- ...the various roles that the case manager plays in addition to focussing the formal stages of the case management process
- ...the influence of the family and broader community on the case management process and on the lives of clients from CALD backgrounds
- ...the impact of verbal and non-verbal communication with CALD clients and their families across the stages of the case management process and as part of the additional roles that case managers play

Training: Future training should ...

- ...focus on awareness of the concept of culture, as it relates to the self and others. Cultural competence training that emphasises using cultural knowledge to inform understanding of individuals and that cautions against the use of stereotypes should be employed
- ...implement culturally competent practice at each stage of the case management process, including working with interpreters and recognising non-verbal cues
- ...build the capacity of workers and organisations to effectively tap into family beliefs and community networks that may impact on the care and life of the client

Introduction:

The importance of culture, ethnicity and language for case managers:

The demographic reality in Australia is such that case managers will increasingly be called on to work with people from culturally and linguistically diverse backgrounds. This is particularly true for those working under the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs), and Extended Aged Care at Home (EACH) Program, all of which aim to provide care in the community for the elderly and people with disability at risk of being placed inappropriately in a nursing home or other institution, and their carers. By 2011 it is estimated that 2,906,745 of the population will be over 65 years of age and that of these 23% will be from a culturally and linguistically diverse (CALD) background (AIHW, 2001). These numbers indicate that a significant amount of future demand on case management services will be placed by clients from CALD backgrounds in the coming decade.

The interaction of culture, language and ethnicity with case management:

There are a number of useful definitions and descriptions of case management in the literature, most of which revolve around notions of efficiency and client needs and that have clear implications for CALD clients. For example 'Case management is a set of logical steps an a process of interaction within a service network which assume that a client receives services in a supportive, effective, efficient and cost effective manner' (Weil et al., 1985; p. 2) and 'A flexible, planned and individualised approach to service delivery that provides consumer choice and maximises the efficient use of formal and informal resources in service provision' (Guransky et al., 2003; p. 48).

In Australia and overseas case management has become increasingly more important with the move away from residential services into supporting client needs in the community, which are often threatened by '...a complex mix of services, barriers to access and a lack of continuity in care.' (Guransky et al., 2003). This focus on navigating the system and barriers to access means

that case management has been recognised as of importance for ‘special needs groups’, including people from CALD backgrounds (Ozanne, 1990). In addition in Australia the case manager has traditionally been seen as the responsible and accountable agent to ensure responsive services (Ozanne, 1990).

Coupled with the increased numbers of potential CALD clients in the community, this emphasis on effectiveness, choice, efficiency, access and responsiveness means that is becoming increasingly important to investigate issues surrounding the case management process and its outcomes for CALD clients.

Community Options:

Community Options is a HACC funded program that provides intensive home-based care and support through brokerage and case management for the frail aged, and younger people with a functional disability, whose needs have a degree of complexity beyond that of other HACC client groups. Community options projects aim to reduce inappropriate admissions to institutional care among highly dependent people and those with complex care needs, but who could nonetheless remain at home with appropriate support (AIHW, 1997).

The program uses multi-disciplinary staff to provide case management and brokerage services, aiming to support the individual and their carer within their own community. Five aspects have been identified to the case management process for community options (DHHCS, 1992; based on Challis, 1992):

- ***Case finding and screening*** that involves the project’s potential clients and screening to ensure that they come within the target group;
- ***Assessment*** of the client’s circumstances, capacities and needs, and identifying the particular assistance and support required;

- *Care planning and organisation* of services, which involves negotiation of proposed assistance to be provided and formal documentation of the care plan;
- *Monitoring and review*, which involves establishing a range of mechanisms established to ensure both formally and informally that the assistance being provided continues to be appropriate, including consultation of when residential care may be appropriate;
- *Case closure* when care at home is no longer required.

However these aspects are an oversimplification of what in practice is a very complicated process. Additionally community options workers provide emotional support and reassurance, advocacy, and counselling (DHHCS, 1992).

Current state of knowledge:

In the literature there has been a small amount of interest in case management for CALD (or 'ethnic minority' in the U.S. and U.K.) clients. Whilst this literature is primarily from the U.S. work has occurred in the U.K. and in Australia. A brief review of this international literature, given the universality of the case-management process (Davies, 1992) provides a useful background to the current research project.

Australia:

The only Australian study in the literature reported on an evaluation of 20 South Australian public service workers' mental health interventions with non-English speaking background (NESB) clients (Shackleton, 1999). Key workers indicated that there were gaps in their knowledge regarding clients' cultural background but that, resources permitting, they were doing the best they could for clients. However, qualitative responses indicated that many key workers admitted to knowing nothing of their clients' culture whilst either lacking information pertaining to their clients or not recognising the need for such information. Yet few considered their interventions to be culturally inappropriate.

U.K.:

Work in the U.K. has looked at case management and assessment from an anti-racist perspective (Begum, 1995), highlighting a number of key areas of relevance to the present research. This research showed that a lack of understanding around people's religious or cultural requirements, and little appreciation of dynamics of the diverse and unique nature of people's religious and cultural practices, was perceived to be the main barrier to assessing the needs of black and ethnic minority clients. Taking up a community development model where services encourage staff to work with local community groups to obtain referrals, develop care plans, and resource specific services was seen as the best method to alleviate potential difficulties. In addition, the study warned that there is an underlying tension in using knowledge about a client's religion and culture, 'There is an important balance to be struck between helping assessors develop their skills and knowledge of how religion and culture affects peoples' lives, whilst also ensuring that the process does not reinforce assumptions and stereotypes about religions and cultures'.

U.S.:

The bulk of literature is from the U.S. and has focussed on cultural competence as the mechanism by which case management can improve outcomes for clients from diverse backgrounds. Cultural competence is an approach to human service delivery that is based in health education and training (Campinha-Bacote et al., 1996), particularly for the purposes providing quality 'managed' care whilst maximising resources (Lavizzo-Mourey, 1996). Correspondingly the approach has particular resonance with case management (Campinha-Bacote and Munoz, 2001).

The overarching theme of the cultural competence and case management literature is that, as with the Australian demographic change, the increasing diversity of the client base in the U.S. has resulted in a need for case managers to become comfortable, knowledgeable, and skilful in their work with this diversity (Este, 1996).

The main backdrop to the literature is neatly summed up by the comment that 'Good practice cannot occur without specific attention to the management of cultural diversity' (Raiff and Shore, 1993; in Rogers, 1995). In particular there is recognition that in the face of changing demographics, case managers cannot assume that prior training equips them with the necessary knowledge and skills to work with increased client diversity (Este, 1996). Rather cultural competence is best viewed as a long term developmental process that requires continual updating (Rogers, 1995).

The process of cultural competence:

Cultural competence is most often defined as working '...effectively in cross cultural situations.' (Cross et al., 1989). As a process cultural competence can be broken down into a number of key components, for example knowledge and awareness, and the skills with which to act on that understanding.

At its core, culturally competent practice is argued to be based on knowledge and awareness of culture and its influences. First is an understanding by case managers of how their own culture, values, norms and experiences influence their work with clients from different cultural backgrounds (Campinha-Bacote and Munoz, 2001). Second is an understanding of how the backgrounds and experiences of individuals and groups affect utilisation of services (Este, 1996). Acknowledging and addressing valid cultural differences between themselves and clients has been noted as the most difficult stage in becoming culturally competent (Edwards, 1994; in Este, 1996). However doing so enables case managers to move beyond comfort with clients from different backgrounds of their own towards 'enhancing client comfort, fostering trust, conveying understanding, communicating competence, and expressing caring and goodwill.' (Rogers, 1995; p. 63).

In line with the community development suggestion from the U.K. study, the cultural competence literature argues that cultural knowledge should also include knowledge about local community structures of diverse populations (Este, 1996). These include demographic data (Campinha-Bacote and Munoz, 2001) and the

availability of health and social services (Este, 1996). Also knowledge of health related beliefs and practices (Lavizzo-Mourey, 2001) within communities and families, including definitions of well-being, health and illness; definition of family; the family network structure and authority; and how help-seeking and caregiving behaviour is viewed and considered (Rogers, 1995).

In addition to knowledge, having skills in working with diverse clients is also argued to be an essential element to culturally competent practice. Culturally competent case managers are required to be empathetic, aware of verbal and non-verbal communications, assess culturally specific coping patterns and responses to stressful situations, address and minimize client resistance in a productive manner, and maintain contacts and networks that can provide culturally specific information and services (Este, 1996). Other skills listed are the ability to be self-aware; to identify difference as an issue; to accept others; and to advocate (Rogers, 1995). Use of trained interpreters, not family, to facilitate culturally competent communication has also been noted (Munoz, 2001).

Cultural competence is viewed as an essential element that covers the entire case management process and roles of the case manager (Campinha-Bacote and Munoz, 2001). It has been argued to be one of four meta-variables¹ in an organising framework of advanced case management practice; across assessment, service planning, plan implementation, coordination and monitoring, advocacy, and termination (Rogers, 1996). Table One below provides a picture of the intersection of culture with each aspect of case management 'functions' described by Este (1996).

¹ The others being multidisciplinary practice, integrated clinical framework, consumer enablement and empowerment (Rogers, 1996)

Table One – Impact of Culture, ethnicity, and language on Case Management Functions

Function	Impact of Culture, ethnicity, and language
Intake	<ul style="list-style-type: none"> • Data on participant details, race, ethnic background, religion, languages, immigrant and citizenship status • Understanding clients' or referring agents' explanation of the problem
Assessment	<ul style="list-style-type: none"> • Obtain information from client • Begin to make sense of client's cultural reality • Data on clients' past and current situation, social information, nature of inter- participant relationships, assessing clients' physical environment
Care Planning	<ul style="list-style-type: none"> • Develop culturally appropriate plan in consultation with client • Involve family members and significant others where appropriate • Ensure individuals involved understand plan and respective roles in its implementation • Use of interpreter
Linking	<ul style="list-style-type: none"> • Knowledge of resources within and outside the ethnic/racial community and how to make referrals and advocate for services • Contacts in both mainstream and culturally specific delivery systems • Use of interpreter
Monitoring	<ul style="list-style-type: none"> • Follow up sensitively and appropriately to determine effectiveness of the care plan. • Contact and involve client, client's family, significant others, and service providers regarding client's status and if changes need to be made • Negotiate changes appropriately

Based on Este (1996)

Generic versus individual cultural competence:

Finally, the individualised nature of case management has been highlighted in the literature on case management and cultural competence; whilst case management is geared toward the individual, but as the above discussion has indicated, relies also on generalised cultural knowledge (Campinha-Bacote and Munoz, 2001). As Rogers (1996) comments, 'Being able to enter another participant's frame of reference implies the ability to apply a generalizable model to any given situation and then to search for the elements that are unique and particular'. The need to apply general cultural knowledge as a frame around which to gain more in-depth participant and specific knowledge is a major aspect of the cultural competence process (Papadoulos and Lees, 2002). However, the use of generalised cultural knowledge without developing an understanding of the individual runs the risk of stereotyping and is strongly warned against (Campinha-Bacote, 1999; 2003; Papadoulos and Lees, 2002).

Methods:

Interviews:

In-depth interviews with four NSW Community Options case managers were conducted. Data collected from in-depth interviews is detailed, richly textured and participant-centred (Kaufman, 1994), and thus each was able to provide informed detail about case managers' experiences with clients from culturally and linguistically diverse backgrounds.

The interviews were conducted by a qualified community worker working part time as a volunteer for NSW Community Options. The interviewer had prior research and interviewing experience, and sound knowledge of cultural and diversity issues.

The interviewer was given no prior training based on the literature or cultural competence, as this may have interfered with the authenticity of the responses. However, an iterative model was used in which each new interview was influenced by some material from the previous interviews.

Case managers:

Each case manager was identified for their extensive experience (around five years) in case management with clients from CALD backgrounds. At the time of the interviews each of the case managers was working for NSW Community Options.

Data Collection:

The interviews were conducted by telephone, and transcripts were written up by the interviewer and sent to the researcher for analysis.

Questions:

A set of key initial interview questions to discuss with the case managers were provided to the interviewer. These were:

How important do they feel that a client's background / culture is?

Does this background / culture impact on their work?

Do they think their own culture impacts on their work?

What are the key processes involved in their work (e.g. stages of case management) with client's from CALD backgrounds. Is it any different from other clients?

Would they find a focus group about clients' culture a useful exercise (with a focus on training)?

What questions do they think would be useful to discuss further in focus groups (bearing with a focus on training) to help others / themselves in working with client's from CALD backgrounds?

Analysis:

Given that the project aimed to provide a glimpse into what case managers themselves believed best practice with CALD clients to be, line by line thematic analysis was used to analyse the interview transcripts.

A copy of the thematic analysis was provided to the interviewer and interviewed case managers to assess their level of agreement with the results. No additions or revisions were considered necessary

Results / Themes:

Themes and sub-themes were heavily influenced by the type of question asked and are thus recorded under three headings: 'Culture', 'the case management process', and 'focus groups'. Across the types of questions asked, a number of themes and sub-themes overlapped considerably, these were 'needs', 'family', and 'communication'. Table Two over outlines key results.

Table Two - Thematic analysis: Focus areas, themes and sub-themes

Focus Areas	Themes	Sub-themes	
Culture	<i>Needs</i>	Client	
		System Access	
		Roles within System	
	<i>Family</i>	Expectations	
		Structure	
		Needs	
		<i>Awareness</i>	
	Case Management Process	<i>Awareness</i>	Of others culture
			Of own culture - Prejudice / Bias / Stereotyping / Judgemental
		<i>Impact of culture</i>	Information
Access			
Monitoring 'Feedback'			
<i>Language</i>			Concepts
			Interpreters
			Effective Communication
			Family issues
<i>Individual vs general</i>			Individual needs
	Impacts		
Focus Groups	<i>Small groups</i>		
	<i>Region specific</i>		
	<i>Case studies</i>		
	<i>Family</i>		

Culture:

Culture was considered 'very important' by each participant, and a number of themes arose throughout the interviews that related directly to culture. These were classified under 'needs', 'family involvement', and 'awareness'.

Needs:

Understanding clients' needs appeared to underpin much of the overall discussions concerning culture. For example,

'I think it [culture] is very important. It gives you an idea of where the client's needs are – so its not just on what their abilities are.'

Another participant commented,

'Yes it [culture] is significant, even to the extent of looking at particular needs and trying to address those.'

Clients 'needs' were also discussed in relation to the system, which was seen as potentially culturally alien to them. Helping clients to understand the system was emphasised. For example,

'...often people don't understand how they can access the system, or what their roles and responsibilities are once they've accessed those systems'

and

'...its understanding the service itself; it's how to get that across to the client '.

Interestingly one participant commented about the differences in cultural variations in illness beliefs,

'I think another theme, actually, is the need to be aware of different perspectives on health and illness – outside a westernised view of what – well, of the medical view of things'.

Family:

'Family' appeared to be a major theme when discussing culture. For example, expectations of the family were noted

'Some of the people we've had, there have been a number of family members who have been involved with conflicting expectations of what will happen. And unless you actually involve everybody in those discussions, you set up services to fail.'

Family structure also came up as important in understanding culture. For example

'Last year I had an Indian Fijian Muslim Family (where) the daughter in law became the main carer for (her) father in law. Even though the wife was there, it was the daughter in law's responsibility to take on that role. And that opened my eyes.'

One interesting comment was that the idea that family is vital in the care of CALD clients was incorrect,

'Well quite frankly, anyone I've come across, and I'm using this as a general term, the family are not as important as we have been led to believe or have anticipated. So I think that we use 'culture', as white Anglo service providers, to actually perpetuate myths that possibly have never been there but that make us feel good, or justify our needs.'

Awareness:

'Awareness' arose as a theme in a number of contexts. The first was in terms of sensitivity to cultural issues, overlapping with 'family'. For example one case manager emphasised awareness of the family over that of the client when being sensitive to cultural issues:

‘Also being aware – we do have a lot of Muslim families in the community – being aware to take your shoes off before you enter the house.’

This indicates that the family’s needs are viewed with as much, if not more, importance as the client’s needs in terms of cultural awareness. When the context of community options work, care in the home, is taken into account this makes intuitive sense.

Secondly ‘awareness’ also arose when asked about the impact of the worker’s own culture. The principle theme that arose was awareness of the potential for negative impacts on the case management process. For example, one participant began their reply with

‘Well, nobody’s neutral...’

Finally with regards to awareness, terms such as ‘prejudice’, ‘bias’, ‘stereotyping’, ‘judgemental’ were all used to describe underlying beliefs that can impact work with CALD clients. Mostly these were framed in a way that awareness of their existence was an important step in making sure that they did not occur. For example,

‘Oh yes, I would agree with that totally. I think we have our own biases, and this is another thing we have to look at. We all go in with our own biases, whether we like it or not. We have certain stereotypes in our minds, even the most righteous out of all of us, who tend to think we are non-discriminating and non-judgemental and so forth. We all have little triggers, and it is about making sure that – we’re not going to change that – but we need to be aware of those triggers or those issues for us. You have to keep on challenging yourself.’

Another participant commented,

‘I think workers need to search their own background to know where they’re coming from and to declare any judgemental things. We all have them, in relation to all sorts of different things. We need to be very aware of those.’

The case management process:

Impact of culture:

In terms of the structure or stages of the case management process the impact of culture occurs from the start of the relationship between the case manager and the client. ‘Information’ became a clear sub-theme:

‘I think before you start an assessment you have to gather as much information as you possibly can. I would do that routinely from whatever relevant sources there were (such as) background information on the client and what is out there in the community – so information gathering would be the first step.’

However one participant felt that ‘access’ and understanding issues were paramount, with a focus on availability of ‘information’. This ‘access’ sub theme has direct linking in with ‘needs and the system’ discussed above,

‘Assessment – even before assessment. Some of the screening stuff, actually accessing and knowing about services is an issue...most community services ought to make their information available to the local different communities, because I don’t think access is the same for everyone else.’

This same case manager went on to point out that ‘getting feedback’, in terms of monitoring service provision was a particular issue for CALD clients.

‘Support’ was a theme identified to the case management process that bridged cultural differences. For example, concerning the young daughter in law discussed above, the participant continued

‘And she was very young, newly married, it was a big hurdle for her to go through. But having that support along the way, and feeling comfortable to discuss specific issues...’

Another participant felt that,

‘It does help to have somebody, whether from their own cultural background or not, so long as you can tell them that, yes, you do understand and maybe have had similar experiences yourself’

Language:

‘Language’ was the overarching theme that emerged from direct discussions around the case management process. A sub-theme of ‘concepts’ appeared, particularly in terms of miscommunication around concepts in English that may have no direct translation in other languages and cultures.

For example,

‘The first and foremost is language. And the issue round here is that there are English words that have no meaning in other languages, which makes it very difficult to explain some relationships or terms we use quite readily within our daily work’

This difficulty in conceptual clarification was highlighted by another participant,

‘And it’s really hard you know – you might say a word and they just don’t understand what you are saying because you are not aware of the type of word that should be used.’

Another participant appeared to express some sense of frustration due to language differences and conceptual difficulties,

‘...so sometimes, particular words you use, they may not understand what you are actually saying to them. So you’re trying to find ways to approach that particular question, so you’re constantly clarifying with the participant, ‘do you understand this...?’ and they’re saying, ‘no I don’t’, and then you’re giving another example.’

Effective communication:

Within the discussions around language interpretation and interpreters was a major discussion point, particularly around the sub-theme of ‘effective communication’, which relates directly to difficulties in conceptual understanding.

Whilst interpreters were seen as vital to working with CALD clients, some sense of dissatisfaction was expressed. This appeared to refer to ‘effective communication’, both verbal and non-verbal. For example,

‘I’ve used formal interpreters, and my own staff as bi-lingual interpreters, and have found that both scenarios have pros and cons. Neither of them is a really effective way of communicating because of the emotional contact and understanding of the cultural stuff, where they may say this is what they really mean where in fact it may not be.’

Related to effective communication, the issue of using family interpreters was cautioned against by the participants. For example one pointed out that,

'I had a situation – case conference – husband interpreting for a Turkish lady. When I organised a home visit I took an interpreter, and the picture and story were entirely different from the one that the husband provided.'

However this same participant felt that family could be of use

'for providing feedback about how things are going with the service provision – certainly.'

Individual versus general:

There were a number of comments made about the need to distinguish individuals from generalising about their cultures. This was particularly in the case of 'needs'. For example,

'We have found wide variations within people from the same culture. So we don't want to be making too many assumptions about the cultural implications either. We ought to be looking at each person as an individual and their particular needs, including what their particular family, and cultural, and other history is about, and addressing some of those issues.'

Another participant felt that

'...we are all human beings, it doesn't matter where we come from'

and another that,

'The main thing is to get to know that person as a person. As an individual, not as any kind of stereotype – that person in their particular circumstances and their particular needs.'

However the broad 'impact' of outside influences on the life of the individual client was also highlighted as a sub-theme, such as those

'...within their close family, and also with their local community.'

Focus groups:

The idea of a focus group to discuss further the issues was endorsed by all the participants. Key issues were around practicalities, such as the need for small groups and the need to have regional specific groups. One participant commented that issues are region specific and that there should be a second round of focus groups that should target issues uncovered across the regions.

Case studies were mentioned as being useful by one participant.

Another participant was asked to brainstorm key issues to discuss in a focus group. Interestingly the overwhelming theme to arise was the influence of the family. The response was:

'Language

The make-up of family

Roles and responsibilities in that family

The formal and informal networks of that family

The roles and responsibilities of your client within that family

What do the family see their role is

The resources, financial or other resources, the family have to support the person

Barriers – when they limit our involvement – such as the family's previous experience – whether they are refugees, able to afford to come to Australia, or whether they were family reunion

How long they've been in the country – first or second or third generation

Whether they're working, or haven't been working – because that will actually generate exposure to others – to interaction or participation within the society, outside the home'

Discussion:

The results have strong implications for 'best practice' in case management for CALD clients, particularly given their resonance with the literature. Key themes and sub-themes are discussed in the light of the literature, and recommendations for future research and training are made for each.

Culture:

In line with the literature the case managers interviewed agreed that culture was a major influence throughout the whole case management process. In addition, it was recognised that there is a need to be aware of culture as an influence on the views and work of case managers and workers themselves, not just the lives of clients or 'others'. It was interesting that the influence of culture on work practices was almost entirely couched in negative terms, however this may be reflective of the current 'post Pauline Hanson' political climate in Australia where suspicion concerning the impact of culture is emphasised over the positives of diversity. However it may also indicate that diversity is associated with increased workload. It would be of interest if future work were to investigate further understanding of aspects of diversity and its impact on the perceived and actual case management process. An additional finding in line with the literature was the caution expressed against using culture as a 'stereotype' that covered over individual needs.

Recommendation: Future research should investigate the meanings of 'diversity' and its impact on the case management process. Future training should focus on awareness of the concept of culture, as it relates to the self and others. Cultural competence training that emphasises using cultural knowledge to inform understanding of individuals and that cautions against the use of stereotypes should be employed.

Process:

In line with the realities of NSW COPs work (DHHCS, 1992) the rigid boundaries to the case management process that are outlined in the literature were not seen. This

may have been due to the interview process itself, which did not 'push' questions on 'screening', 'assessment', 'care planning' and so on, instead asking the interviewees to discuss the 'process' of case management in their own words. However, the influence of culture on 'screening', 'assessment' and 'monitoring' was mentioned, and it may be of use for future training to ask questions on specific stages.

In addition, it would be interesting for future research to focus on the additional roles that the case manager plays outside of the formal process. For example the comments around 'support' should be investigated further.

Recommendation: Future research should investigate the various roles that the case manager plays in addition to focussing the formal stages of the case management process. Future training should implement culturally competent practice each stage of the case management.

Family and community influences:

'Needs' was a key theme that arose. This was to be expected given the centrality of need to the case management process. However, interestingly the focus of need did not simply encompass the client but was broadened out to include the family. This may be due to the context of COPs, which occurs within the family environment and with clients who may have high levels of disability, or the context of the connectedness of CALD families themselves, or both. However this emphasis on the family is quite disproportionate to the emphasis in the literature, whose focus is primarily on the individual. Future research, and future training should focus on in detail, particularly on family expectations, needs, and structures.

Less emphasis was placed by those interviewed on the influence of the broader community than is placed in the literature. The influence of communities on culturally appropriate care is emphasised in the broader cultural competence literature (U.S. Office of Minority Health, 2001) and was a major recommendation of the U.K. anti-racism study (Begum, 1995) discussed above. However both the

importance of 'information gathering' in the community, and promotion of information of service to communities was mentioned. This was in stark contrast to the previous Australian research discussed above which found that workers did not recognise the need to gain information on clients from CALD backgrounds (Shackleton, 1999). Future research and training is recommended to focus on the possibilities of working closely with local community groups to gain information and better understand a client's cultural influences.

Recommendation: Future research should investigate the influence of the family and broader community on the case management process and on the lives of clients from CALD backgrounds. Future training should build the capacity of workers and organisations to effectively tap into family beliefs and community networks that may impact on the care and life of the client.

Communication:

The potential for miscommunication in the case management encounter with CALD clients and their families, which often entails detailed explanation of terms and concepts that are not found in every day life, is also highlighted in the literature (Campinha-Bacote and Munoz, 2001). What was evident from the interviews with the case managers however, was a sense of dissatisfaction with interpreters, particularly with non-verbal communication issues. This may be related to the training of interpreters in health literacy but also may be related to training of case managers; training for both should focus non-verbal cues.

Importantly however, and in line with the literature, use of family interpreters is something that was not recommended. Given the complications were given as example of the use of family as interpreters, future training should note the inherent difficulties; case studies are recommended as an appropriate tool.

Recommendation: Future research should investigate the impact of verbal and non-verbal communication with CALD clients and their families across the stages of the

case management process and the additional roles that case managers play. Future training for case managers should focus on how to work effectively with interpreters. Future training for case managers and interpreters should focus on how to recognise non-verbal cues.

Conclusion:

To conclude, this pilot research has provided a glimpse into key aspects of 'best practice' in case management with CALD clients, highlighting the need to further investigate the interaction of culture and the work of case managers. Key themes have strong resonance with the literature on case management and culture, and therefore could be used form the basis of an effective training package to enhance future practice with an increasingly diverse client base. It is important to note that case management also crosses two additional community care services, Community Aged Care Packages and the Extended Aged Care at Home programme. Community Aged Care Packages in particular appear to be used at a high rate by clients from CALD backgrounds (AIHW, 2004). Thus the findings of this pilot project and future research will have implications across these services.

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