

## Cultural Curiosity in Rehabilitation Case Management: From Awareness to Action

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### Today is...

- Not a test, call-out or about perfection
- About how we show up in relationships, especially when self, power, belonging and allyship are required for decision-making

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## Empirical truths...

- Black and South Asian communities are at a higher risk for developing neurological conditions (Knauss et al., 2019; Winkler, 2020; Ehsan et al. 2025)
- Stroke is twice more likely in African-Caribbean populations & South Asians are more likely to experience a stroke compared to those from a White background (Gulli et al., 2016; Ramadan et al., 2018).
- British South Asians are more likely to suffer from a stroke several years earlier compared to White British groups (Aurelius et al., 2023).
- British minoritised ethnic groups show higher risk for developing epilepsy and seizure disorders (Hamdy et al., 2007).
- Several minoritised ethnic groups (especially South Asian and Black people) have a higher prevalence of multiple long-term health conditions eg depression, hypertension, kidney diseases)

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# Newsflash ⚡

## The world is clearly NOT colour-blind

## Which means, neither are we...

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JOEL BERVELL CLIP ON HYPER TENSION.

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## Today is also about something different:

- Attunement instead of speed
- Curiosity instead of certainty
- Reflection instead of reaction

Emotional data = your truth



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## Ground rules

- This is not a space for fixing.
- This is not a space for defending.
- This is not a space for debating whether racism exists.
- This is a space for noticing.
- This is a space for curiosity.

Can this be a space where responsibility for discomfort is allowed?

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## Grounding exercise



Breath in for 4... out for 7 (or whatever's comfortable)  
 Feel under your feet and seat  
 What can you see/smell/hear

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## Our racially-differentiated world



Q: When did I first become aware of race?

Share anonymously at <https://ahaslides.com/CX94W>

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## Our legacy



Language - and therefore our beliefs and values - are built on historical narratives.

We don't choose our conditioning.

But we are responsible for what we do with it.

As a result, it makes cultural attunement unavoidable in our work.

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## Professional frameworks



**IRCM** is committed to:

- preventing and addressing any form of discrimination
- promoting equality of opportunity and addressing potential disadvantages linked to protected characteristics
- fostering good relationships among diverse groups through effective communication and collaboration
- accommodating the varied needs of individuals with disabilities, health conditions and different religious, cultural and linguistic backgrounds.

**BABICM** is committed to the principles of equality, diversity and inclusion throughout the extent of our work. Our ambition extends beyond meeting the legal requirements to increase our reach and positive impact.

"Equality, diversity and inclusion are all important issues to the **HCPC**. This is something we aim to reflect throughout our policies and in our practice as a regulator and employer. Equality means treating people fairly in a way that reflects their needs, ensuring they have equal opportunity to achieve their desired outcomes, and eliminating discrimination. Diversity is about valuing individuals for the different perspectives they have to offer and maximising the range of voices who can contribute. Inclusion means ensuring that everybody has a voice and a means to participate, which may involve making reasonable adjustments to our usual processes."

Rehabilitation for chronic neurological disorders including acquired brain injury (2025)

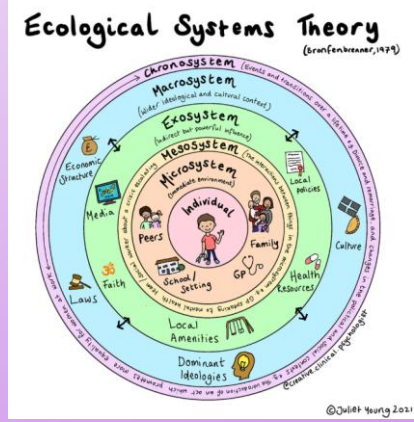
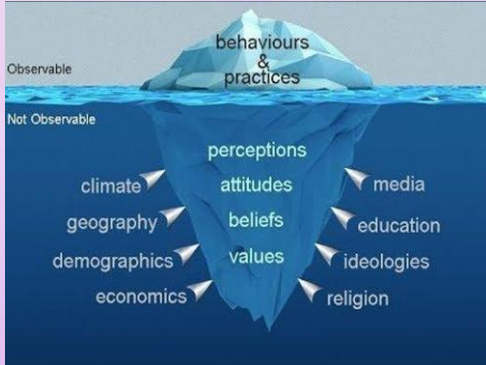
"...in light of their duties, [local commissioners and providers of healthcare] have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities."

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# Theories & Models



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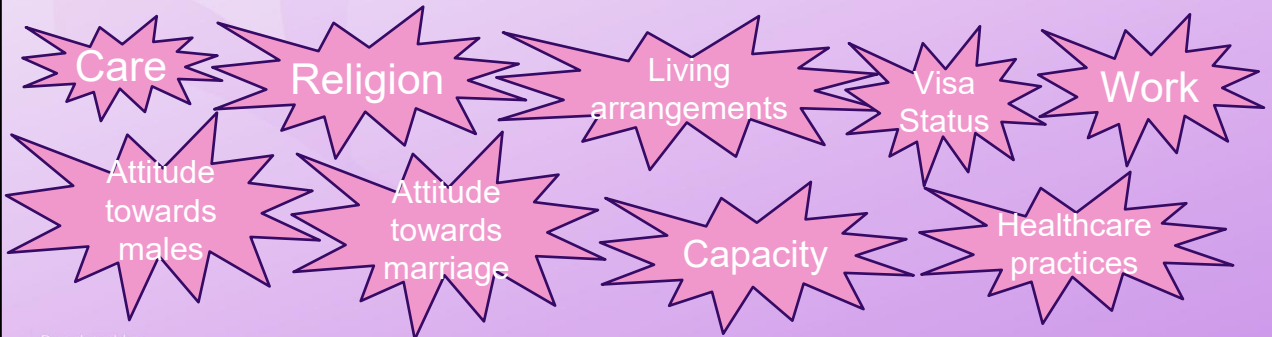



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 CareQuality Commission = Cultural curiosity (and attunement)

## A word about the Medico-Legal framework



- Eurocentric and reductionist



Regulated by  Professionals can feel tension between what is preferred and systemic pressures

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Q: How would you feel if you were expected to live in a way that wasn't your choice — in your own home?

Share anonymously at <https://ahaslides.com/CX94W>

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## Cultural Curiosity

- Therapeutic alliance is a cooperative working relationship between client and therapist, considered by many to be an essential aspect of successful therapy... to include the **bond** constituted by the core conditions of therapy, the client's attitude toward the therapist, and the therapist's style of relating to the client (Bordin, 1979).
  - Cultural Curiosity feeds into the therapeutic alliance and builds safety and connection:
    - ❑ Soto et al. (2018): Clients' perceptions of their therapist's cultural skills are more predictive of successful therapy than how competent therapists *think* they are.
    - ❑ Lukowitsky et al. (2024): Clients ratings of cultural awareness and skill strongly predicted the TA, even when controlling for how racially/culturally similar the patient felt to their therapist.
- Regulated by Care Quality Commission
- “Knowledge” (facts about different cultures) was less predictive.

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## What makes Cultural Curiosity harder?

- When we feel exposed, biased or wrong → threat systems kick in and we go into protection mode (DiAngelo, 2021), increasing emotional defences like projection or splitting (Klein)
- When we're stressed, rushed or under scrutiny (Fiske)
- When you've never had to think about making a system fit you because it's taken for granted (Peggy MacIntosh's work)
- When frameworks are completed, curiosity seems unnecessary (Bronfenbrenner's ecosystems model)
- When cultural reflections are not undertaken regularly either by individuals or services in which people are based (Winnicott idea of safety = exploration)



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## Self & Storytelling 1



*“Before I interpret my client, I have to interpret myself” (Yalom)*

- Supporting people = lifelong learning, constant self-reflection, awareness of power = Cultural curiosity/attunement
- Not about *completing*; more like *practising*
- Not lone work either
  - Supervision or mentoring? Formal or informal?
  - Champions in your organisation?
  - Professional and registering bodies?



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## Self & Storytelling 2



- Self is based on stories, the language of which teaches us our beliefs and values
- Oppressive language = reinforces inequality and silence
- Anti-oppressive language = shifts power → truth, safety, shared humanity
- Reflecting on language = what do we learn about ourselves?
- Feelings that arise are not *failures*, but *information*



**Q: What can you/your service do to facilitate your cultural curiosity?**

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# Power

- **Taking your position for granted** eg using jargonistic terms or discussing private matters openly
  - Familiarity is a form of power
- **Assuming resilience where you yourself would struggle** eg tolerating high turn over of professionals or scrutiny over finances or expecting to be grateful despite loss
  - If I lived my client’s life, how resilient would I be?
- **What happens when discomfort is disclosed?**
  - When a professional = slows the system down
  - When a client = non-engagement, lack of insight, resistant

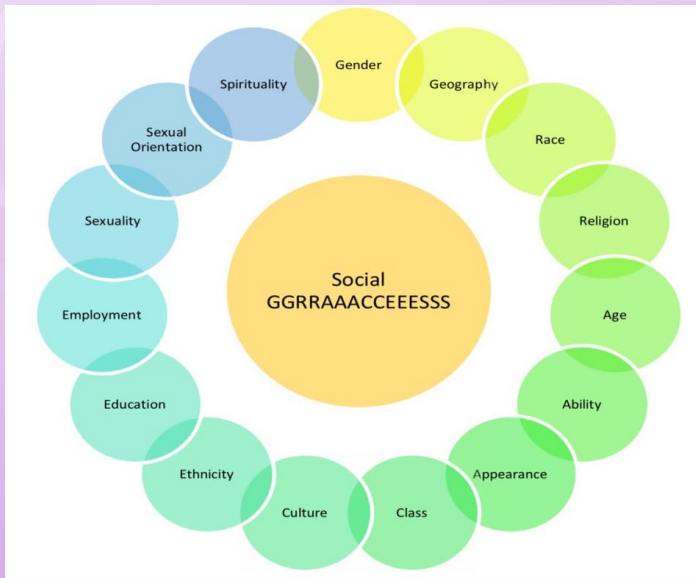


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# Social GRRRAACCEESSS

(Burnham et al, 1992)



[Linkedin post](#) about afro haircare for a girl in LAC service as a good example of implementation of graces.

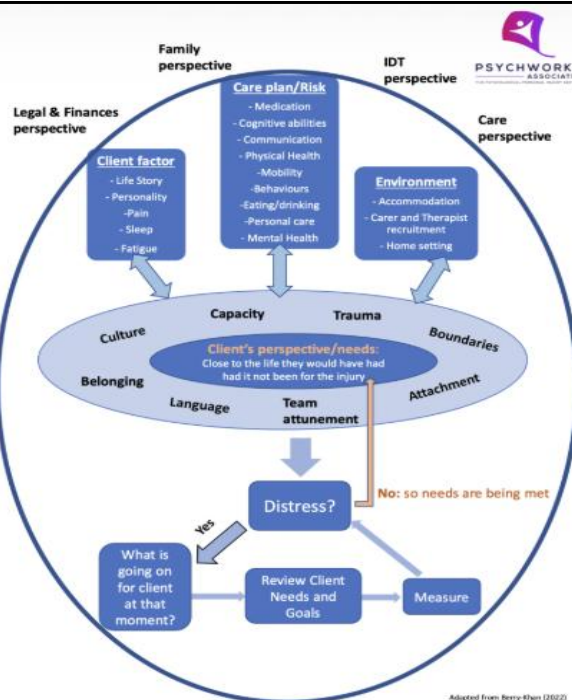
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# Personal Injury Formulation & Intervention Model (PIFIM)

(Berry-Khan, 2022)

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## Curious questions via formulation



- Have we explained our roles and aims of input appropriately?
- Have we understood the family's role(s) and responsibilities in how they might be showing up in the rehab journey?
- How are we going to communicate effectively?
- Have we tried to understand the cultural context?
- Do we have an appropriate understanding of the family's perspective and hopes for input?
- Does the family understand what our hopes/aims are?
- Is there anything that the family are worried about?
- What has the previous experience of this family been?
- What strengths/resources might we be missing?
- How will we know if something is not working?

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## Belonging



- Clients' homes = identity, history, culture, safety
- Preservation of a home = belonging
- Using curiosity to foster belonging:
  - How does this person experience my presence in **their home**?
  - Do I make **their space** feel more, or less, safe for them?
  - Does the client relax when professionals arrive or do they seem intruded upon?
  - Do they speak freely or carefully?
  - Do family members stay in the room or leave?
  - Does the client accept the care plan yet care narratives indicate a richer lifestyle?
- A clinical indicator of culturally-attuned input?

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## Allyship



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"I didn't mean it like that."

"They can't help it - it's their brain injury."

"There's no time to find a better fit."

"No one has complained."

"I can just ask anything."

"What about other marginalised groups?"

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Noticing when someone is reacting not because they are difficult, but because they are navigating a world that doesn't fit them, and are still being asked to *get on with it*.

Refusing to let systems normalise distress, especially for those who already feel out of place.

Being willing to absorb some of the discomfort ourselves, rather than passing it down the system.

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A colleague attends an IDT meeting and did so with her hair down. She was told by the chair (a consultant neurologist) to “look more professional” and “to control [her curly] untidy hair”

What could you have done in that situation?

Share anonymously at <https://ahaslides.com/CX94W>



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## Allyship strategies

Anti-allyship	Allyship	What does it do?
Explaining or minimising a client's reaction	"What might look like resistance here could instead be a response to repeated misattunement."	Shifts the narrative without blaming anyone.
Letting urgency drive poor fit	"Before we finalise this, what would make this feel safer or more respectful for the client?"	Slows the system down to reflect
Rushing towards a <i>tidy</i> explanation	"I'm not sure we fully understand this yet, and that's okay."	Fosters curiosity
Expecting clients to make adaptations	"What adjustments could we make, rather than expecting the client to carry this?"	Working to balance power
Advocating FOR a client	"I wonder whether cultural mismatch is part of what's happening here."	Using professional voices to create room WITH a client



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# Conclusion



Cultural curiosity is not about getting it right. It's about staying in the relationship when it would be easier to retreat into procedure.

Not taking the power you have been socialised into for granted and unknowingly using it over others to accept what you wouldn't yourself, in spaces that do not belong to you.

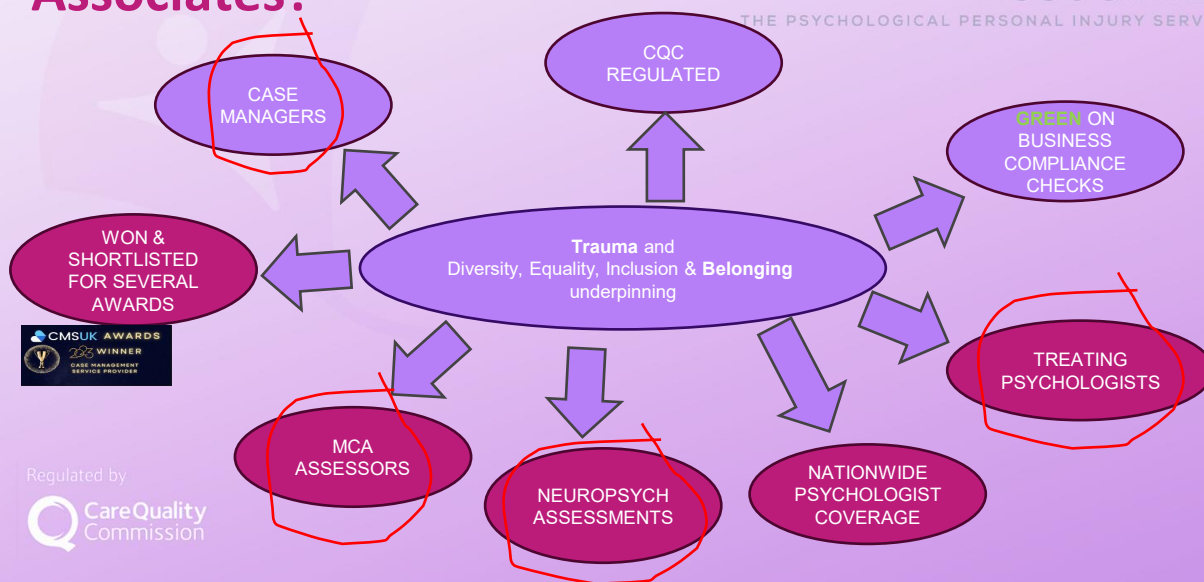
The question is not: "Am I biased?"

The question is: "What am I going to do with what I now notice?"

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# Who is PsychWorks Associates?



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**We welcome conversations on:**

**Treating Psychology**

**MCA assessments**

**Neuropsychology assessments**

**Case Management**

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**Contact us:**

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