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# C The Whole Story IV

## Reframing Cultural Safety to Strengthen Person-Centred Care



**Date:** Wednesday, 20<sup>th</sup> May 2026



**Time:** 11:00 am - 2:00 pm (AEST)



**Location:** Online via Zoom



**Suitable for:** All health workers, including clinicians and prescribers, service managers, nurses, AOD workers, Aboriginal and Torres Strait Islander Health Workers, peer workers, and other health professionals who work in any setting with priority populations and are involved in the assessment and work-up of people with hepatitis C in Australia.

### What if the key to better hepatitis C care is rethinking what we mean by “culturally safe”?

ASHM’s interactive C The Whole Story Forum returns for its fourth year with a three-part program exploring cultural safety, centring lived experience and translating person-centred care into practical service improvements. The forum will bring together speakers and participants from across clinical, research and community settings to share insights and examples of approaches that support culturally safe and person-centred care.

Participants can expect thoughtful discussion, interactive sessions and practical strategies that can be applied across a range of health service settings.

#### Part 1: Reframing Cultural Safety to Strengthen Person-Centred Care:

Conceptual framing of cultural safety and person-centred care.

#### Part 3: Translating Cultural Safety and Person-Centred Care into Practice:

Examples of how services translate these insights into real-world practice across different settings.

#### Part 2: Lived Experience, Stigma and Intersectionality:

Exploring how stigma and intersecting identities shape experiences of care.

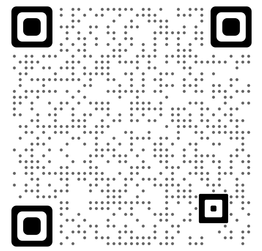


### Learning Outcomes

1. **Describe** how person-centred care and universal safety principles can strengthen the quality and cultural responsiveness of health and community services.
2. **Recognise** how stigma, unconscious bias, and intersecting identities influence people’s experiences of care, access to services, and health outcomes.
3. **Apply** lived-experience insights to support greater inclusivity, trust, and responsiveness across clinical, community, and service settings.
4. **Identify** practical and scalable translational strategies to support system-level improvement and more equitable care pathways.



[Click here or scan QR code to register](#)



*Endorsements with RACGP and ACRRM are currently pending. This activity may be suitable for self-claiming CPD hours with your professional body. An estimated equivalent of 1.5 CPD hours applies.*

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