BreastScreen Victoria

Social Inclusion Framework

July 2026–June 2029




Our program
BreastScreen Victoria
Information Sheet
Before your breast screen

Contents

1. About this Framework 4
2. How we define social inclusion 5
3. How we will promote social inclusion 9
4. Our social inclusion principles and objectives 10
5. Implementing and reporting on social inclusion 11

Acknowledgement of Country

In the spirit of unity and respect, BreastScreen Victoria acknowledges the First Peoples of these lands and waterways. We recognise their deep connection to the earth and the importance of holistic wellbeing as we embark on our shared journey of breast health.

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1. About this Framework

This Framework ensures our commitment to social inclusion is embedded within our program.

For our program, social inclusion means that every eligible person – whether a woman, trans or gender diverse - can access a breast screen, regardless of their background or circumstances. Our focus is on reducing barriers and discrimination for our clients.

The Australian Charter for Healthcare Rights establishes a mandate for healthcare services to provide equitable, inclusive and culturally safe care for all[1].

Our program is driven by a strong equity focus. Our Strategic Plan 2025-2029 embeds equity across all our strategic pillars, ensuring that we deliver services that are inclusive, responsive and accessible to all members of our community.

The Framework will help us strengthen our commitment to equity beyond existing priority populations and bring into focus other groups that may be underscreened or who are reluctant to access our program.

It will help us recognise the complex life circumstances of many of our clients, understanding intersectionality and compounding disadvantage as a barrier to participating in screening.

Building on our Strategic Plan, the Framework supports our strategic focus for the delivery of inclusive and client-centred breast screening services in line with our values.

The Framework also complements other equity focused plans and projects, including our:

- **Reconciliation Action Plan**
- **Disability Action Plan**
- **Rainbow Tick accreditation**
- **Other strategies to increase rates of screening among priority populations.**

Within the Framework we:

- Identify other groups that may be underscreened or who are reluctant to access our program to demonstrate how we will broaden our focus beyond existing priority populations.
- Share our guiding principles for social inclusion.
- Share a series of objectives aimed at promoting social inclusion across the program.

The Framework was developed through consultation with members of our Consumer Advisory Groups, staff and partner organisations.



1 Summary of the Australian Charter of Healthcare Rights in Victoria, April 2016, Victoria State Government, Department of Health and Human Services

2. How we define social inclusion

The Australian Charter of Healthcare Rights outlines seven core rights designed to ensure safe, high quality and person-centred healthcare. The right to respect establishes that clients are to be treated fairly and equally, upholding their right to freedom from discrimination[2].

Our 2025-2029 Strategic Plan embeds equity across all our strategic pillars, ensuring that we deliver services that are inclusive, responsive and accessible to all members of our community.

We do so by recognising the ongoing disparities in experiences and outcomes for some population groups and through introducing social inclusion and intersectionality, acknowledging that different aspects of a person's identity and experience can expose them to overlapping forms of discrimination and marginalisation.

The Australian Social Inclusion Board[3] (2008-2013) defines social inclusion as "people having the resources, opportunities and capabilities they need to learn, work, engage and have a voice[4]"

- **Learn:** participate in education and training.
- **Work:** participate in employment, unpaid or voluntary work, including family and carer responsibilities.
- **Engage:** connect with people, use local services and participate in local, cultural, civic and recreational activities.
- **Have a voice:** influence decisions that affect them.

People are more likely to be socially included when their resources, opportunities and capabilities are readily available.

It also identifies the factors that place people at risk of **social exclusion**.

- Discrimination, as it can reduce participation in a wide range of economic, social and community activities[5].
- Multiple disadvantage and its compounding effect. Multiple disadvantage occurs when a person experiences a combination of disadvantages relating to income, work, health, education, safety and support[6]

Social inclusion emphasises the role of health and other services in reducing disadvantage through[7]:

- Promoting equitable access by considering the diversity of clients.
- Investing in those at risk of experiencing social exclusion.

2 Summary of the Australian Charter of Healthcare Rights in Victoria, April 2016, Victoria State Government, Department of Health and Human Services Victoria
3 Social Inclusion in Australia, How Australia is faring, 1st edition, 2010, Australian Social Inclusion Board, pg.91
4 Social Inclusion in Australia, How Australia is faring, 1st edition, 2010, Australian Social Inclusion Board, pg.15
5 Social Inclusion in Australia, How Australia is faring, 1st edition, 2010, Australian Social Inclusion Board, pg.11
6 Social Inclusion in Australia, How Australia is faring, 2nd edition, 2012, Australian Social Inclusion Board, pg.6
7 Social Inclusion in Australia, How Australia is faring, 1st edition, 2010, Australian Social Inclusion Board, pg.16

The Social Exclusion Monitor, developed by the Brotherhood of St Laurence and the Melbourne Institute of Applied Economic and Social Research was published between 2011[8] and 2020 to measure social exclusion in Australia[9].

Data for the 2020 Social Exclusion Monitor provides an understanding of who experiences social exclusion.

Women	More women than men are socially excluded each year — 27% compared to 23% for men.
Age	44% of people aged over 65 years, experience social exclusion, which is twice the rate of exclusion for other age groups.
Country of birth	Immigrants from non–English speaking countries consistently experience more social exclusion than people born in Australia. 27% of these immigrants experienced exclusion compared with 25% of people born in Australia and 24% of immigrants from English speaking countries.
Aboriginal and Torres Strait Islander peoples	47% of Aboriginal and Torres Strait Islander peoples experience social exclusion, compared to 25% of Australians.
Health	54% of Australians who have a long-term health condition or disability experience some level of social exclusion.
Education	Early school leavers, those with Year 11 or below: • Continue to experience social exclusion at more than twice the rate of those who complete rear 12 (51% compared to 23% with those who complete year 12); and • three times the rate of those with a diploma or a degree.
Household type	40% of lone-parent households and 37% of single-person households experience social exclusion.
Housing	79% of public housing tenants experience social exclusion.



8 Melbourne Institute of Applied Economic and Social Research, About Us
9 Social Exclusion Monitor (until 2020), Brotherhood of St Laurence

Our social inclusion definition

Social inclusion highlights equitable access to healthcare as a key driver to address social exclusion.

Social inclusion definition

Social inclusion means that every eligible person – whether a woman, trans or gender diverse - can access a breast screen, regardless of their background or circumstances.

Social inclusion enhances our understanding of the impact of differing access to resources, opportunities and capabilities on the participation of an individual in society and the interplay of factors such as gender, race, age, disability, family responsibilities, sexual orientation in determining this.

Social inclusion means that we work to ensure equitable access within our program, enabling us to deliver breast screening services in a way that includes and empowers all eligible Victorians to be screened.

Our 2025–2029 Strategic Plan sets the tone for how we will consider social inclusion, "We will build on the foundations of social inclusion we have developed, such as our work to increase screening of individuals with a disability, LGBTIQA+ community, First Nations and marginalised culturally and linguistically diverse (CALD) communities[10]."

Intersectionality

An important aspect of our understanding of social inclusion is **intersectionality** and **compounding disadvantage**.

Intersectionality

Intersectionality recognises that while each of us, particularly those old enough to be invited to participate in breast screening, have different experiences and life circumstances, some clients may be affected by multiple forms of marginalisation and disadvantage due to different parts of their identity - for example their race, age, ethnicity, disability, income, social status, gender identity, sexual orientation.

These overlapping aspects of identity and experience can influence how people move through their community, how they are perceived and how they feel about accessing opportunities available to them, such as breast screening. Intersectionality can also contribute to compounding disadvantage.

Compounding disadvantage is the cumulative effect that circumstances in a person's life (like financial disadvantage, low education, low income, family welfare, geographic location) may have on their health, wellbeing and opportunities.

10 BreastScreen Victoria Strategic Plan 2025-2029, pg.5

We acknowledge that our clients, as they reach screening age, have a diversity of lived experiences. In some circumstances, they experience compounding disadvantage and challenges to access healthcare because of this.

In line with our Strategic Plan 2025-2029, we will take an intersectional approach that considers the person's full lived experience and the impact this may have on them engaging with our program.

Screening data and client feedback provides insight to how intersectionality presents.

> *"The staff were fantastic made you feel so comfortable and talked you through the procedure as I have anxiety [this] is very important thank you."*
>
> **Client with disability who is LGBTIQA+**

Disability screens

Period: 1 July 2024 to 30 June 2025
Age: 50-74 years

Clients with disability[11]	Aboriginal and Torres Strait Islander clients	Culturally and Linguistically Diverse (CALD)[12] clients
Total screens: 252,563 • 4.9% (12,307) of total screens are clients with disability	Total screens: 1,479 • 10.3% (152) of Aboriginal and Torres Strait Islander clients who screened have disability	Total screens: 48,440 • 4.7% (2,272) of CALD clients who screened have disability

Clients who provided Mx and pronouns

Date: 1 April 2024 to 31 December 2025
No. clients: 298

- 21.1% born in a country other than Australia
- 10.7% have disability
- 4% speak a language other than English
- 2.7% are Aboriginal and Torres Strait Islander peoples

> *"Great service and hospitality from beginning to end I was able to have a nice cup of tea with ladies afterwards and I felt physically and mentally safe in the space."*
>
> **Client who is Aboriginal and Torres Strait Islander and LGBTIQA+**

Post screening survey LGBTIQA+ clients

Date: 1 July 2024 to 30 June 2025
1,564 (2%) disclosed LGBTIQA+ status

Of the 1,564 LGBTIQA+ clients

- 17.8% have disability
- 8.8% are multicultural
- 1.3% are Aboriginal and Torres Strait Islander

11 Disability status is reported as 'Y' if the following restrictions is noted at screening – physical disability, wheelchair user, intellectual disability, sensory disability, seated mammogram, two radiographers. Extra time during screening is required for some of the restrictions.
12 CALD status at time of screening. CALD = a language spoken at home not including English, unknown or not stated.

3. How we will promote social inclusion

In our Strategic Plan 2025-2029, several priority populations are identified including Aboriginal and Torres Strait Islander peoples, lower socio-economic communities, rural and regional Victorian communities, LGBTQIA+ people, people with a disability, and culturally and linguistically diverse people.

We have existing plans and programs, such as our Reconciliation Action Plan, Disability Action Plan and Rainbow Tick accreditation, that focus on delivering equitable services for these priority populations. We work closely with these communities and relevant organisations to achieve improved outcomes.

This Framework will bring into focus other groups that may be underscreened or who are reluctant to access our program.

These groups include women and trans and gender diverse people who are

- Experiencing family violence
- Migrant and refugee communities
- Experiencing homelessness
- Incarcerated
- Part of the sex worker industry
- Experiencing or who have experienced trauma
- Experiencing mental health conditions
- Dependent on alcohol and other drugs
- Low in digital literacy
- Full time carers.

Our Social Inclusion Framework:

- Has been developed to build an understanding of social inclusion within our program.
- Develops guiding principles and actions to promote social inclusion.



4. Our social inclusion principles and objectives

Our principles for social inclusion draw on our values of:

Inclusion | Care | Collaboration | Respect | Excellence

These principles will guide the actions that we take to promote a social inclusion.

Principle	Description	Objective
Acknowledge the intersecting needs of clients	As a population-based screening program we will do our best to support eligible Victorians to participate in our program by acknowledging their unique circumstances. In doing so we recognise that due to their life experience, our clients present with unique individual needs, fears or expectations that may result in them experiencing barriers to participate in breast screening.	• Demonstrate intersectionality in client feedback and screening data • Monitor conditions and injuries question • Safety of information for clients who experience family violence
Strong and collaborative partnerships	Partnerships built on shared values and goals will help us understand the needs other groups that may be underscreened or who are reluctant to access our program. We will work with partners and in communities to help improve access to screening for these client groups, supporting us to create safe screening experiences.	• Community engagement activities to reach and screen social inclusion groups • Partnerships to inform service delivery • Partnerships to investigate models of care for women experiencing severe mental illness and homelessness
Clear, timely and meaningful communication	We drive better client health outcomes by providing clear, timely and meaningful communication that keeps clients informed and engaged.	• Plain language communications • In-language correspondence • Feedback mechanism for diagnosed clients
Organisational education and capacity building	We will work with our workforce to help build capabilities to support the screening needs of other groups that may be underscreened or who are reluctant to access our program.	• Soft skills training • Trauma informed care • Social inclusion updates, resources

5. Implementing and reporting on social inclusion

We will develop an annual workplan to demonstrate how will implement social inclusion objectives.

We will monitor and report on our Social Inclusion Framework through:

- the Annual Report
- Consumer survey results and Advisory Groups
- Board reporting

The Framework will also be reviewed with the development of a new Strategic Plan, so that it continues to align to our strategic direction.





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VICTORIA State Government

BreastScreen Victoria