

Safeguarding Policy and Procedures

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1. Introduction

In the UK, safeguarding means protecting peoples' health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. Safeguarding is everybody's business. Professionals, citizens and communities play their part in preventing, detecting, and reporting neglect and abuse. Abortion Talk staff and volunteers have a role in safeguarding, firstly in the identification of abuse, harm, and neglect, and secondly responding appropriately to it. Safeguarding is integral to complying with legislation and regulations, and integral to well governed charities.

2. Purpose

The purpose of this policy is to protect people who receive Abortion Talk's services from harm. This includes family members of those who use our services.

3. Scope

This policy applies to anyone working on behalf of Abortion Talk (workers), including any contractors, paid staff, sessional workers, Board of Trustees, volunteers, trainees, students, Advisory Group Members, Working Group Members, and anyone on placement within the charity.

4. Policy Statement

Abortion Talk believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation, or race has the right to be protected from all forms of harm, abuse, neglect and exploitation.

This document provides Abortion Talk workers guidance to ensure that the principles of safeguarding adults are embedded in all aspects of our charity's practice.

Abortion Talk recognises that:

- Workers have an obligation to work in partnership to protect people at risk of abuse.
- People can be at risk of abuse and neglect whilst using our services.
- The abuse of anyone constitutes a clear infringement of human and civil rights and in many cases may be a criminal offence.
- The person concerned must always be at the centre of safeguarding enquiries, and their wishes and views sought at the earliest opportunity.

All Abortion Talk workers have a duty to empower our service users and to protect them. Our service users should be in control of their interaction with us, and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent, such as lack of capacity or other legal or public protection.

Abortion Talk Safeguarding Leads will provide support and advice to workers involved in issues relating to safeguarding (Appendix 1).

Concerns raised to the relevant Local Authority Safeguarding Team will be made over the phone to the relevant local authority.

5. Duties and Responsibilities

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children and vulnerable adults in England, Wales, Scotland and Northern Ireland.

The Care Act 2014 is the legislation that gives duties to all organisations including Abortion Talk. All Abortion Talk workers have responsibilities to safeguard those using our services.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

5.1. Board of Trustees

The Board and Trustees are responsible for the discharging of duties in relation to safeguarding in Abortion Talk. As part of fulfilling their legal duties, Trustees must take reasonable steps to protect from harm people who come into contact with Abortion Talk. This includes: the charity's beneficiaries, workers (voluntary and paid) and those connected with the activities of the charity. The Board is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risks associated with safeguarding. Trustees should set an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward and report incidents and concerns with the assurance these will be handled sensitively and properly.

5.2. Trustee Safeguarding Lead

The Trustee Designated Safeguarding Lead has the responsibility

- To ensure Abortion Talk discharges its duties in relation to safeguarding adults
- To ensure this safeguarding adults policy is in harmony with national guidance

- To ensure Abortion Talk workers have access to information to support their decision making processes
- To ensure Abortion Talk workers have access to professional support and guidance when dealing with safeguarding issues or concerns

5.3. Designated Safeguarding Lead

The Designated Safeguarding Lead has undergone Safeguarding Level 3 training and has the responsibility

- To ensure this policy is in harmony with national guidance
- To ensure Abortion Talk workers have access to professional support and guidance when dealing with safeguarding issues or concerns
- To ensure Abortion Talk workers have access to information to support their decision making processes
- To ensure Abortion Talk workers have training in relation to safeguarding.

5.4. Abortion Talk Executive Director

The Executive Director is accountable and responsible for ensuring that Abortion Talk's contribution to safeguarding is discharged effectively.

They will ensure that this policy is readily accessible and that all the workers they manage are familiar with the contents and their responsibilities. They will ensure that Talkline Volunteers undertake safeguarding training.

5.5. Talkline Supervisor

The Talkline Supervisor has the responsibility to offer debriefing and supervision sessions to Talkline Volunteers.

5.7. Talkline Volunteers

Talkline volunteers must consider people at risk during phone calls and to make appropriate referrals when safeguarding concerns are identified. Talkline Volunteers and any other workers interacting with service users should ensure they attend safeguarding training.

5.8. All Abortion Talk Workers

All are required to be familiar with this policy and to comply with it at all times. Safeguarding is everybody's responsibility. Workers have a responsibility to raise a safeguarding concern when they are suspected or identified.

Abortion Talk does not tolerate:

- Sexual abuse or exploitation of children or at-risk adults
- Subjecting a child or at-risk adult to physical, emotional or psychological abuse, or neglect
- Exchanging money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to Abortion Talk service users.
- Engaging in any sexual relationships with Abortion Talk service users, since they are based on inherently unequal power dynamics.

6. Aims

This policy has the following safeguarding aims, with reference to defined aims in [Working Together to Safeguard Children \(2018\)](#) and the Care Act 2014.

Children

- Protect children from maltreatment.
- Prevent impairment of children's mental and physical health or development.
- Ensure that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.
- Stop abuse and neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to those with support and care needs.
- Safeguard an individual in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for those concerned.
- Provide information and support in accessible ways to help workers understand the different types of abuse. For Abortion Talk this includes types of abuse most commonly identified in abortion care settings, and what to do to raise a concern about the safety or wellbeing of an individual.
- Signpost to relevant organisations or authorities to address what has caused the abuse or neglect.

At-risk adults

- Stop abuse and neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with support and care needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

- Promote an approach that concentrates on improving life for adults concerned.
- Provide information and support in accessible ways to help workers understand the different types of abuse most commonly identified in abortion care settings, and what to do to raise a concern about the safety or wellbeing of an adult.
- Signpost to relevant organisations or authorities to address what has caused the abuse or neglect.

7. Definitions

Children have a right to protection from being hurt, and from violence, abuse and neglect (United Nations Convention on the Rights of the Child, Article 19).

The following are categories of harm as outlined in the Care Act 2014. Abortion Talk workers should be mindful that there are many different forms of abuse, workers are therefore advised that discretion is required when deciding what action is taken to safeguard an adult at risk. The following are taken from the Ann Craft Trust, which can be accessed via:

<https://www.anncrafttrust.org/resources/types-of-harm/>

- **Organisational** – This includes neglect and poor care within an organisation or specific care setting, such as a hospital or care setting, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes and practices within an organisation.
- **Discriminatory** – Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.
- **Sexual** – This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the person has not consented, or was pressured into consenting.

In the UK, the age of consent (the age at which it is legal to have sex) is 16 for everyone. Under the age of 16, any sort of sexual touching is illegal. The laws are there to protect children and not to prosecute under 16s who have mutually consenting sexual activity. Mutually agreed, non-exploitative sexual activity between teenagers of a similar age is not a safeguarding concern.

There are circumstances where it is an offence for an adult to have sex or carry out sexual activity with a person older than 16 but under 18. This is when the adult holds a position of trust in relation to the child. It does not matter if the child consented to the activity, as long as there is an abuse of the position that the adult holds in relation to the child.

- **Financial or Material** – This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.
- **Physical** – This includes hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
- **Emotional or Psychological** – This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.
- **Neglect or acts of omission** – This includes acts of omission, commission, discharging too early, ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, food, drink and heating.
- **Self-Neglect** – This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.
- **Modern Slavery** – This includes slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.
- **Domestic Violence** – Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexual orientation. The abuse can encompass, but is not limited to: psychological, physical, sexual, economic and emotional forms of abuse (Domestic Abuse Act 2021)

Other types of harm not included in the Care Act 2014 but that are also relevant to safeguarding:

- **Female Genital Mutilation (FGM)** – FGM is a collective term for procedures, which include the removal of part or all of the external female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization for cultural or other non-therapeutic reasons. FGM is illegal in the United Kingdom, even if someone is taken overseas to undergo FGM it is still a crime in the UK if it has been done by a UK national or on a UK national. Failure to protect a girl from FGM can also result in prosecution. The practice is medically unnecessary, extremely painful and can have serious health consequences, both at the time when the cutting is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy (see Appendix 5).
- **Mate Crime** – A “mate crime” is when “vulnerable people are befriending by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private.
- **Cyber Bullying** – Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.
- **Forced Marriage** – This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.
- **Radicalisation** – The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

8. Recording and Information Sharing

Compliance with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR) is a legal requirement.

Information about safeguarding concerns includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about safeguarding concerns.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know. Sharing information, with the right people, is central to good practice in safeguarding.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation.
- Meetings can take place to agree to co-ordinate actions by the organisation.

The Data Protection Act and GDPR do not prevent the sharing of information outside of the organisation for the purposes of keeping children safe. The legal principal outlined in [Working Together to Safeguard Children \(2018\)](#) is that the '*welfare of the child is paramount*', which means that taking action to safeguard a child is most important. Privacy and confidentiality should be respected, but if doing this leaves a child at risk of harm, the child's safety must come first.

There are also many situations in which it is legal to share information about adult safeguarding concerns outside the organisation. Importantly, personal information can be shared with the consent of the adult concerned.

In handling and disclosing personal information, Abortion Talk workers must adhere to the seven principles of sharing information:

1. **Necessary and proportionate** to the need and level of risk.
2. **Relevant** – only information that is relevant to the purposes should be shared with those who need it.
3. **Adequate** – information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

4. **Accurate** – information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.
5. **Timely** – information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection.
6. **Secure** – wherever possible, information should be shared in an appropriate, secure way.
7. **Record** – information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom.

8.1. Information sharing with informed consent

The Children Act (1989) requires Local Authorities to give due regard to a child's wishes when determining what services to provide and before making decisions about action to be taken to protect individual children. Abortion Talk workers should also give due regard to the child's wishes.

When an Abortion Talk workers hears information that would indicate that a safeguarding referral would be appropriate, they must gain informed consent from the person at risk.

Informed consent applies when a person can be said to have given consent based on a clear appreciation and understanding of the facts, and the implications and consequences of an action.

Abortion Talk is guided by the principals of Making Safeguarding Personal (MSP). MSP enables safeguarding to be done with, not to, people. In other words, 'no decision about me, without me'. MSP is an initiative which aims to develop a person-centred and outcome focused approach to safeguarding work. The adult concerned must always be at the centre of adult safeguarding enquiries, and their wishes and views sought at the earliest opportunity.

If an individual with capacity (see Section 12) makes a decision that continues or increases their risk, there will be clear documented evidence of the advice and any recommendations made or actions taken to reduce future risk(s) in the Safeguarding Log Document.

8.2. Information sharing without consent

Someone may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their

situation to statutory bodies, or because they feel embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information without their consent.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the person to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a serious crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them (see Section 12).
- the person causing harm has care and support needs.
- the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

Where Abortion Talk workers have assessed the need to share information without consent, the Designated Safeguarding Lead, or deputy should be contacted to authorise and support information sharing with the appropriate organisation or authority.

The exception to this protocol is in the event of an emergency, where Abortion Talk workers identify an immediate risk to the life of the person and the need to inform emergency services.

Any decision to share or not to share information with an external person or organisation must be recorded in the Safeguarding Log Document, together with the reasons to share or not share information.

9. Referral Procedures

Safeguarding individuals at risk covers a wide spectrum of activity from prevention through to multi-agency responses where neglect, harm and abuse occur. Abortion Talk workers are uniquely placed to identify any potential safeguarding risk and/or concern arising from conversations on our Talkline or through our workshops.

Abortion Talk workers should:

- Be aware and receptive to signs of harm, neglect and abuse. Look beyond first impressions.
- Help service-users express what is happening to them. Recognise patterns of concern.

- Help service-users to voice what they want to happen.
- All Abortion Talk workers have a duty to report any concerns about other individuals and/or agencies external to Abortion Talk.

A stepped approach will be used to respond to a concern to safeguard an individual at risk (Appendix 2 and 3). There are key stages in responding to safeguarding related issues. There must be a clear audit trail of all discussions held, decisions made, and actions taken, especially when making a reasoned decision about whether to refer.

One of the hardest decisions for workers is whether to raise a concern. There is a real danger of tolerance growing with continued exposure to seemingly minor issues. This can lead to complacency and a potential acceptance of behaviour that would not be tolerated in other settings. It can result in incidents not being referred when this would be the expected course of action. Therefore, it is important to record all incidents of concern and monitor trends so that repeated or targeted incidents are identified and that referrals are made when abuse occurs or is alleged.

9.1. Action to be taken if someone Reports and / or Discloses Abuse

All Abortion Talk workers have a responsibility to escalate all concerns regarding any form of abuse or suspected abuse. Abortion Talk workers must consider the holistic care or support the individual(s) at risk receives. This might involve other organisations such as an independent abortion provider or their GP.

As all calls to the Abortion Talk Talkline are anonymous, it may not always be possible to have enough details of the caller and/or alleged abuser to make a safeguarding referral.

If an Abortion Talk service user has indicated safeguarding issues to you, you can try to gather the following information during the call to assist with a referral:

- The caller's name
- The caller's location (city / town)
- If the caller is an existing patient/client of an abortion provider
- The name of the caller's GP practice
- The address of the caller (if they are at risk of immediate danger / harm)

Once the information has been transferred to the Safeguarding Log document, any notes on the safeguarding concern containing personal data that were made in a separate document or on paper should be deleted or securely destroyed.

Local authority safeguarding teams will take all concerns seriously. They will, as far as possible, try to protect reporter anonymity. It does not matter if the allegation is in doubt or proven to be wrong, because safeguarding an individual at risk is your priority.

9.2. Disclosures of Present or Ongoing Abuse

On occurrence of an incident of alleged abuse, Abortion Talk workers will follow the stepped approach to ensuring the persons immediate safety and medical welfare (Appendix 2 and 3).

Abortion Talk workers must inform the Designated Safeguarding Lead (unless they are the alleged abuser – if this is the case then support should be sought from the deputy DSL or the chair of trustees) (Appendix 1).

The Designated Safeguarding Lead will make a decision whether to use the safeguarding referral route or an alternative route. There must be a clear, documented audit trail of all discussions, decisions made and actions taken. All safeguarding decisions must be recorded on the Safeguarding Log Document, and any logged safeguarding concern made to a local authority must include a reference number.

9.3. Historical Disclosures

If a person discloses historical abuse and agrees to sharing this information including the potential perpetrator, gain their clear consent and report this directly to the appropriate local authority safeguarding team (Appendix 4). Ensure all information is clearly documented within the Safeguarding Log Document.

If there is a wider concern that the person who has been alleged to have caused harm to that person, is in contact with other adults at risk, children or young people, or works in a position of trust, the information must be reported to the Local Authority Safeguarding Team or via the Police on 101 as a matter of public interest.

In all cases the referral will be made via the Abortion Talk Designated Safeguarding Lead or deputy.

9.4. Decision to Raise a Concern with the Service User's Care Provider

Where limited identifying information has been offered up by the caller, but they have shared their name, and abortion provider or GP details, the decision to share a safeguarding concern with their care provider is a key step in the safeguarding referral process (Appendix 2 and 3).

As the Abortion Talk Talkline does not routinely take identifiable information, if the person or their dependents are experiencing, or at risk of abuse or neglect, sharing a concern with their care provider (if known) may be the best course of action. GP practices, and abortion providers, have safeguarding protocol, and collect patient data to allow for a full safeguarding referral if needed.

Contact details for safeguarding teams within independent abortion care providers are listed in Appendix 1. Safeguarding referrals must be made over the phone by the Designated Safeguarding Lead or deputy.

Abortion Talk workers need to document their decision-making process in the Safeguarding Log Document. There must be evidence that a safeguarding referral has been considered and a clear rationale to the decision to refer or not to refer to a service user's care provider. Abortion Talk workers should contact the Abortion Talk Designated Safeguarding Lead for guidance ahead of the DSL making the referral if appropriate.

9.5. Decision to Raise a Concern with the Local Authority

Where identifying information has been offered up by the caller, the decision to raise a concern is a key step in the safeguarding referral process (Appendix 2 and 3).

When considering if a safeguarding concern needs to be completed, Abortion Talk workers should consider Section 42 (1) Care Act 2014, three duties:

- a) Does the person have needs for care and support (whether or not the authority is meeting any of those needs)?
- b) Are they experiencing, or at risk of, abuse or neglect?
- c) And as a result of those needs are they unable to protect himself or herself against the abuse or neglect or the risk of it?

Abortion Talk workers should also consider the guidance in 'Working Together to Safeguard Children' (Department for Education, 2018). The guidance states:

- everyone who works with children has a responsibility for keeping them safe.
- everyone who comes into contact with children and families has a role to play in sharing information and identifying concerns.

Abortion Talk workers need to document their decision-making process in the Safeguarding Log Document. There must be evidence that a safeguarding referral has been considered and a clear rationale to the decision to refer or not to refer. Abortion Talk workers should contact the Abortion Talk Designated Safeguarding Lead for guidance ahead of making the referral.

When using your judgement to determine whether an incident should be reported to the local authority safeguarding adults team or Police, you may find it useful to consider the following:

- The consequences to the alleged victim and the equality of the relationship between the alleged perpetrator and the alleged victim
- The ability of the alleged victim to consent

- The mental capacity of the alleged perpetrator to understand the consequences of their decision to act in the way that is alleged
- The intent of the alleged perpetrator
- The frequency of this and similar allegations regarding the alleged perpetrator

If the person concerned is under 18, you must refer (where identifiable information has been offered up) if:

- The alleged victim considers the actions against them to be abusive
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident
- You believe that there is a deliberate attempt to cause harm or distress
- Incidents are repetitive and targeted to either the adult or others
- The action resulted in a physical injury
- A serious crime has been committed
- The incident involves an Abortion Talk worker

If the person concerned is over 18, you should seek consent to refer in these circumstances. If consent is not given, Abortion Talk will only refer if the conditions in section 8.2 have been met.

This list is by no means exhaustive – in any situation where you feel abuse has occurred, a referral should be considered to the relevant local authority safeguarding team.

In the decision-making process, you must evidence the following:

- Why does this person need safeguarding – what are the risks?
- What actions need to be taken to reduce that risk?
- Do they consent to this action?
- Are others potentially at risk?

All people identified at risk of abuse will be listened to and taken seriously in an appropriate manner.

Adults have a right to privacy, to be treated with dignity and respect. Adults have the right to lead their own lives and have their rights upheld, regardless of ethnic origins, gender, sexuality, disability, age, religious or cultural background and beliefs.

9.6. Completing a Concern

If there is any doubt, fill in the Safeguarding Log Document and start the referral process.

The approach to safeguarding referrals is outlined in Appendix 2 and 3:

- The full detail of the safeguarding incident is to be recorded in the Safeguarding Log Document. You must ensure that the detail is as comprehensive as possible, and it reflects the actual incident and/or allegation.
- Share the link to the updated Safeguarding Log Document with an Abortion Talk Designated Safeguarding Lead for review and guidance on referral route. The Designated Safeguarding Lead should review the log within 24 hours.
- Any discussion, decisions made, or any actions taken to protect the individual must be documented in the Safeguarding Log Document.
- In the safeguarding decision-making process, you must evidence your answers to the following questions in the Safeguarding Log Document:
 - Why this person(s) needs safeguarding – what are the risks?
 - What actions need to be taken to reduce that risk?
 - Do they consent to this action?
 - Are others potentially at risk?
- If the decision is made to refer, call the relevant abortion care provider safeguarding team, or local authority safeguarding team over the phone.
- Do not send identifying information on the safeguarding concern over email, as this is not secure.

10. Multi-Agency Working

The Children Act 2004 places a statutory duty on certain agencies to co-operate to safeguard and promote the welfare of children. This includes Local Authorities, NHS services and trusts, police, and probation services and young offenders' institutions. Safeguarding adults' legislation gives the lead role for adult safeguarding to Local Authorities. However, it is recognised that safeguarding can involve a wide range of organisations.

Abortion Talk may need to cooperate with the Local Authorities and the Police including to:

- Provide more information about the concern you have raised.
- Coordinate internal investigations (e.g., complaints, disciplinary actions) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.
- Provide a safe environment for the adult to continue using Abortion Talk services / continue their role in the charity.

There are a number of key points relating to the importance both of confidentiality and of disclosing confidential information when necessary to support a safeguarding or criminal investigation.

- Information must be shared on a “need to know” basis, and only when it is in the ‘best interest’ of the vulnerable adult.
- Confidentiality should not be confused with secrecy.
- Informed consent should be obtained where possible, but if this is not possible and other vulnerable adults are at risk, it might be necessary to override this requirement.
- Principles of confidentiality designed to safeguard and promote the interests of service users should not be confused with those designed to protect the management interests of an organisation.

11. Equality and Diversity

This policy reflects anti-discriminatory practice. Any services, interventions or actions must take into account any needs arising from race, gender, age, religion, belief, communications, sensory impairment disability and sexuality. An Equality and Diversity Impact Assessment has been carried out (Appendix 9).

12. Mental Capacity

The Mental Capacity Act applies to anyone aged 16 or over. Abortion Talk workers will assume a person has capacity unless proven otherwise (section 7 – Mental Capacity Act 2005). Adults with capacity have a right to make their own choices irrespective of if their decision keeps them at risk of harm or seems “unwise”. The principle of making an ‘unwise decision’ is enshrined in the Mental Capacity Act 2005. All workers will ensure that the statutory requirements of the Mental Capacity Act 2005 will be addressed at all times.

1. Assume a person has capacity unless proved otherwise.
2. Do not treat people as incapable of making a decision unless you have tried all practicable steps to help them.
3. Do not treat someone as incapable of making a decision because their decision may seem unwise.
4. When doing things or, taking decisions for people without capacity it must be in their best interests.

5. Before doing something to someone or making a decision on their behalf, consider whether you could achieve the outcome in a less restrictive way.

Gillick competency and Fraser guidelines

The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for sexually transmitted infections and the termination of pregnancy (Axton v The Secretary of State for Health, 2006).

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

Gillick competency is often used in a wider context to help assess whether a child (under 16 years' old) has the maturity to make their own decisions and to understand the implications of those decisions.

You should

You should explore with the child whether it is safe to tell their parent(s) / carer(s) about the decisions they are making, and if it is, encourage them to do so. If they believe it isn't safe to tell their parent(s)/carer(s) you can help them to try to identify an adult in their life they trust who it would be safe to talk to.

You must always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

Further information on the Gillick competency and Fraser Guidelines can be found [here](#).

13. Bribery Act

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to ten years.

The Bribery Act applies to this policy.

14. Training

All Abortion Talk workers are responsible for their own practice. This includes attendance at appropriate training.

Dependent on individual's roles and responsibilities, the level and type of training will vary. Casual general volunteers and non-clinical Advisory Group Members who have no direct contact with Abortion Talk service users do not require safeguarding training.

Abortion Talk Safeguarding Training / External Level 1 Training: The minimum level of competence required of all Talkline Volunteers, paid workers, and Trustees. Workers at this level should receive a refresher training equivalent to a minimum of two hours every 3 years.

External Level 2 Training: This is the minimum level of competence for all professionally qualified workers. Clinical and medical professionals voluntarily offering advice to Abortion Talk as a Volunteer or Advisory Group Member are expected to have Level 2 training as arranged themselves or through their employer.

External Level 3 Training: This is the minimum level of competence for Named Designated Safeguarding Leads (Volunteer and Trustee). At this level Abortion Talk workers will be able to contribute and manage safeguarding plans for individuals and help shape our safeguarding policies.

The NHS Safeguarding App has been developed to act as a resource for staff, this is available to download in the appropriate app store searching 'NHS Safeguarding'. Abortion Talk recommend that all Talkline Volunteers download the app.

15. Monitoring and Audit

Safeguarding is our primary objective. The audit and monitoring of any policy is necessary to ensure that Abortion Talk workers deliver a caring culture that prioritises the quality of our services, with strong leadership, and a competent and safe workers. Setting standards and measuring them allows us to identify concerns about our policy and procedures.

- The policy will be monitored by the Board of Trustees
- New entries to the Safeguarding Log Document made by Abortion Talk workers will be shared with the Designated Safeguarding Lead and the Trustee Designated Safeguarding Lead via secure link for support, monitoring, and audit.

Appendix 1: Safeguarding Contact Information

Independent Abortion Provider Safeguarding

BPAS

Amy Bucknall, Clinical Lead for Safeguarding and Advocacy
Email (for general safeguarding enquiries) – safeguarding@bpas.org
Phone (national safeguarding duty line) – 01926562306

MSI Reproductive Choices UK

Ailish McEntee, UK Named Midwife for Safeguarding Adults and Children
Email (for general safeguarding enquiries) – msi.safeguardingonecall@nhs.net
Phone (for making safeguarding referrals) – 0345 129 5071

NUPAS

Email (for general safeguarding enquiries) – safeguarding.nupas@nhs.net
Phone (for making safeguarding referrals) – 0333 004 6666

For children and young people - NSPCC

The NSPCC have trained professionals standing by to talk through your concerns with you and give you expert advice. Contact the NSPCC Helpline on 0808 800 5000.

Local Authority Safeguarding

You can find up-to-date contact details for all Local Authority Safeguarding teams and details on how to make a referral on the NHS Safeguarding App.

The app can be downloaded via [Apple iOS](#), or [Google Play](#)

Internal support: Abortion Talk Safeguarding Team

Designated Safeguarding Lead

Jane Fisher

Email – jane@arc-uk.org

Deputy designated Safeguarding Lead

Susie Corfield

Email – susie@abortiontalk.com

Trustee Designated Safeguarding Lead

Jane Fisher

Email – jane@arc-uk.org

Appendix 2: Responding to a Concern – Stepped Approach

STEP 1

- Remain calm and non-judgmental.
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult(s) at risk.
- Do not discourage from disclosure and use active listening skills. Give reassurance but do not press for more detail or make promises that cannot be kept.
- Consider “Signs of Safety” and make notes (see Talkline resources)
- Remain sympathetic and attentive.

STEP 2

- Clarify main facts, summarising what has been disclosed to you.
- Explain that information about alleged or suspected abuse will be shared internally with an Abortion Talk Designated Safeguarding Lead.
- Remain sensitive.
- Seek the person’s consent to share information externally.
- Ask for more identifying information if needed.
- Consider issues of capacity, consent, best interest, and public protection
- Offer signposting for further future support (see Talkline resources)

STEP 3

- Take all reasonable steps to ensure that the adult(s) is in no immediate danger of further harm.
- Make a complete and accurate record of events as soon as possible using the Safeguarding Log Document. Record facts not opinions. Use the person’s own words, record date, time, and e-sign.

- Designated Safeguarding Lead and / or deputy must be informed as soon as possible.

STEP 4

- Information must always be shared on a need-to-know basis. The alleged abuser should not be contacted. Seek guidance from the Designated Safeguarding Lead who will decide where to refer, if appropriate.
- Make sure there is a clear audit trail of all actions taken and decisions made in the Safeguarding Log Document. This includes the degree of harm, type of harm, source of harm, did the actions constitute a safeguarding risk, is it an isolated event or is there evidence of a sequence of events, is it an act of intent or omission, what measures can be put in place to reduce or stop the risk?

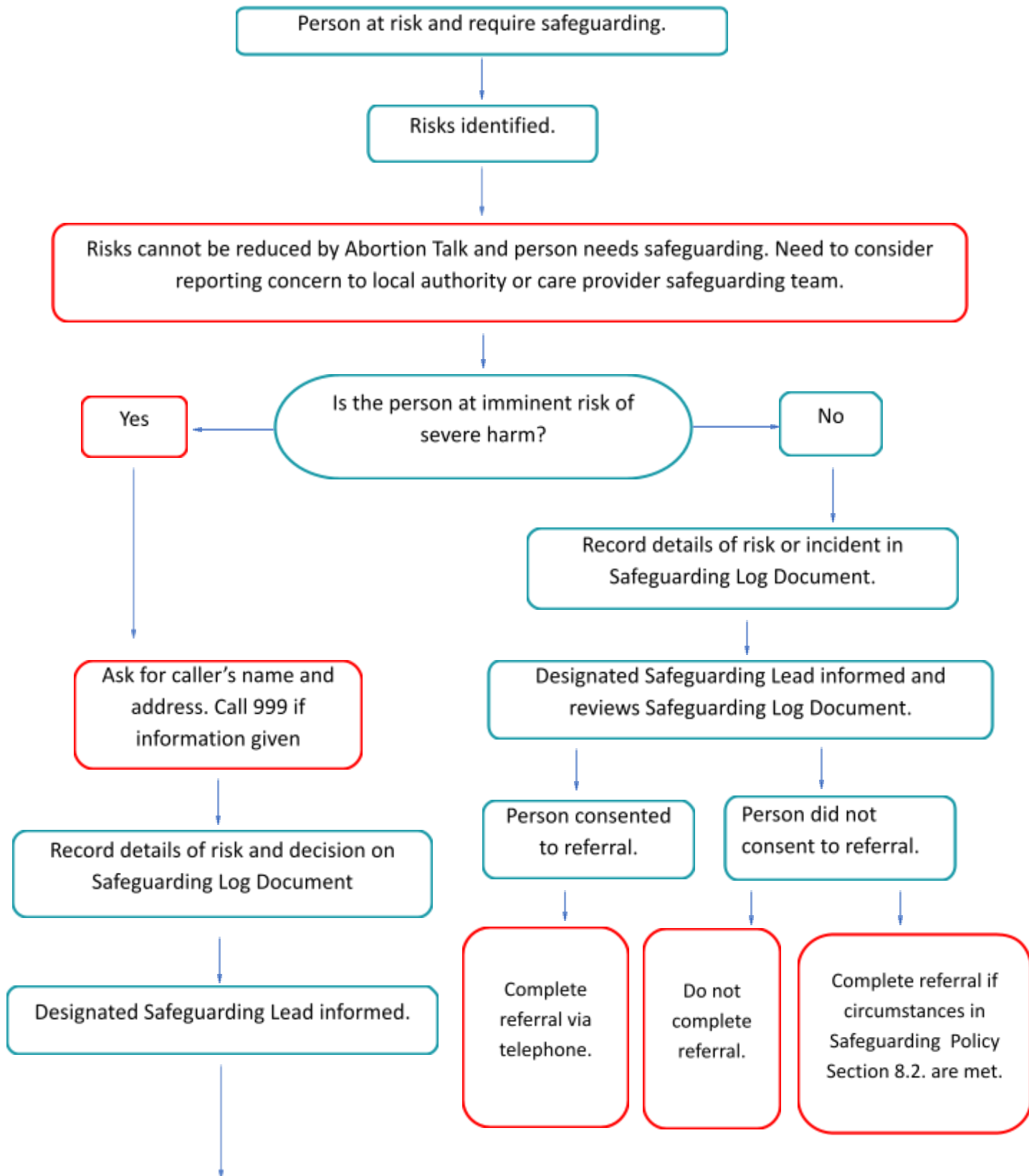
Appendix 3: Signs of Safety

If you are concerned for the safety of a caller or their family, consider these signs of safety and make notes if you can.

What are we worried about?	What is working well?	What needs to happen?
Past harm?	Existing strengths and existing safety.	Safety goals for the caller.
Future danger?	E.g. The person has called us.	Safety goals for Abortion Talk.
Complicated factors?	E.g. The person has already contacted their GP or other healthcare professional (including abortion provider).	Next steps for future safety. E.g. If we know their abortion provider, we can call the safeguarding team there to let them know we have spoken to their client and share our safeguarding concerns.

Appendix 4: Decision Making and Concerns Pathway; information for designated safeguarding leads

There is someone at risk. You will need to consider the following referral decisions pathway:



Appendix 5: Female Genital Mutilation

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

In England and Wales, criminal and civil legislation on FGM is contained in the Female Genital Mutilation Act 2003 ("the 2003 Act"). FGM is illegal in the UK. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.

- FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
- FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM;
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK;
- Lifelong anonymity for victims of FGM;
- FGM Protection Orders which can be used to protect girls at risk; and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

Appendix 6:

The Principles of Adult Safeguarding in Each Home Nation

Wales (Social Services and Well Being Act 2014)

The Act's principles are:

- **Responsibility** - Safeguarding is everyone's responsibility.
- **Well-being** - Any actions taken must safeguard the person's well-being.
- **Person-centred approach** - Understand what outcomes the adult wishes to achieve and what matters to them.
- **Voice and control** - Expect people to know what is best for them and support them to be involved in decision making about their lives.
- **Language** - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.
- **Prevention** - It is better to take action before harm occurs.

Scotland (Adult Support and Protection Act 2007)

The Act's principles are:

The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- The wishes and feelings of the adult at risk (past and present);
- The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- The importance of the adult taking an active part in the performance of the function under the Act;
- Providing the adult with the relevant information and support to enable them to participate as fully as possible;
- The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and

- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)

The Act's principles are:

- **A Rights-Based Approach** – To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.
- **An Empowering Approach** – To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- **A Person-Centred Approach** – To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in safety and well-being.
- **A Consent-Driven Approach** – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.
- **A Collaborative Approach** – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

England (Care Act 2014)

The Act's principles are:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.

- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

Legislation & Guidance for Child Safeguarding in Each Home Nation

Wales
<ul style="list-style-type: none"> ● Protecting Children in Wales. Guidance for Arrangements for Multi-Agency Child Practice Reviews 2013 ● Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 ● Social Services and Well-being (Wales) Act 2014 ● All Wales Child Protection Procedures. Welsh Assembly Government, 2008 ● Safeguarding Children – Working Together Under the Children Act 2004 ● Safeguarding Children: Working Together for Positive Outcomes 2004 ● Children Act 1989 and Children Act 2004 ● National Assembly for Wales. Framework for the Assessment of Children in Need and their Families 2001 ● Social Services and Well Being Act 2014
Scotland
<ul style="list-style-type: none"> ● Protecting children and young people Framework of Standards 2004 ● Getting it right for every child 2017 ● Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in Relation to Children At Risk of Becoming Looked After 2016 ● National Action Plan to Prevent and Tackle Child Sexual Exploitation (Update) 2016 ● National Guidance for Child Protection Committees for Conducting a Significant Case Review 2015 ● Children and Young People's (Scotland) Act 2014 ● National Guidance for Child Protection in Scotland 2014 ● Child Protection Guidance for Health Professionals 2013 ● A guide to Getting it Right for Every Child 2012 ● National Framework for Child Protection Learning and Development in Scotland 2012 Children's Hearings (Scotland Act) 2011 ● The Protection of Children (Scotland) Act 2003 ● Protecting Children – A Shared Responsibility 2000 ● Children (Scotland) Act 1995 ● The Age of Legal Capacity (Scotland) Act 1991 ● Adult Support and Protection Act 2007
Northern Ireland
<ul style="list-style-type: none"> ● Northern Ireland Orders in Council. Protection of Children & Vulnerable Adults (NI) Order 2003 ● Northern Ireland Orders in Council. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 ● Acts of the Northern Ireland Assembly. Safeguarding Board Act (Northern Ireland) 2011

- [Department of Health \(Northern Ireland\). Co-operating to Safeguard Children and Young People in Northern Ireland 2017](#)
- [Department of Health. Protocol for joint investigation by social workers and police officers of alleged abuse and suspected cases of child abuse – Northern Ireland 2013](#)
- [Department of Health. Understanding the Needs of Children in Northern Ireland \(UNOCINI\) Guidance 2011](#)
- [Department of Health. Area Child Protection Committees, Regional Policies and Procedures 2005](#)
- [Northern Ireland Orders in Council. Children \(Northern Ireland\) Order 1995](#)
- [Adult Safeguarding Prevention and Protection in Partnership 2015](#)

England

- [Department for Education. Working Together to Safeguard Children 2019](#)
- [Children and Social Work Act 2017](#)
- [Children and Young People's Health Outcomes Forum 2012-2016](#)
- [Department for Education. Promoting the health and welfare of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England 2015](#)
- [Children and Families Act 2014](#)
- [NHS England. Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework 2013](#)
- [Health and Social Care Act 2012](#)
- [The Munro Review of Child Protection: a child-centred system 2011](#)
- [Children and Young Persons Act 2008](#)
- [Children Act 1989](#) and [Children Act 2004](#)
- [Female Genital Mutilation Act 2003](#)
- [Care Act 2014](#)

Appendix 7: Child Sexual Exploitation

Child sexual exploitation (CSE) is when people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources.

People often think of child sexual exploitation in terms of serious organised crime, but it also covers domestic violence and abuse and may involve informal exchanges of sex for something a child wants or needs, such as accommodation, gifts, cigarettes or attention. Some children are "groomed" through "boyfriends" who then force the child or young person into having sex with friends or associates.

Sexual abuse covers penetrative sexual acts, sexual touching, masturbation and the misuse of sexual images – such as on the internet or by mobile phone.

The signs of child sexual exploitation may be hard to spot, particularly if a child is being threatened. To make sure that children are protected, it's worth being aware of the signs that might suggest a child is being sexually exploited.

Signs of grooming and child sexual exploitation include the child or young person:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and/or alcohol
- displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- increasing their screen time or showing unusual use of online platforms, such as websites, social media, apps or games
- they may also show signs of unexplained physical harm, such as bruising and cigarette burns.

Resources:

NHS information on Child Sexual Exploitation and how to identify it: [How to Spot Child Sexual Exploitation](#).

The Department of Health and Social Care and Brook has produced an online course called [Combating CSE](#), for help health professionals.

Revised guidance for professionals who come into contact with children, [“Child abuse concerns: guide for practitioners”, on GOV.UK](#), was published by the Department for Education in March 2015, to help practitioners identify child abuse and neglect, and take appropriate action.

The National Institute for Health and Care Excellence (NICE) 2017 guidance ["Child maltreatment: when to suspect maltreatment in under 18s"](#) .

Appendix 8 Document Control Sheet

Document Type	Policy – Safeguarding Adults Policy and Procedures		
Document Purpose	To provide Abortion Talk workers with guidance and statutory requirements relating to the identification, reporting and management of safeguarding concerns for adults.		
Consultation / Peer Review:	Date:	Group / Individual	
	March 2023	Co-Directors, Trustee Safeguarding Lead	
Approving Committee:	Board of Trustees	Date of Approval:	12 th June 2023
Ratified at:	Trustee Board Meeting	Date of Ratification:	12 th June 2023
Training Needs Analysis: (please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)	Bespoke Abortion Talk Safeguarding Training is provided to all Talkline Volunteers. The training video is made available to all general volunteers. Designated Safeguarding Leads to receive Level 3 Training in Safeguarding Adults and Children. There are no training requirements related to the implementation of this policy.	Financial Resource Impact	Low
Equality Impact Assessment undertaken?	Yes [X]	No []	N/A [] Rationale:
Publication and Dissemination:	Internet [X]	Email [X]	Other []
Master version held by:	Author []	Shared Drive [X]	
Implementation:	Describe implementation plans below – to be delivered by the Author:		
	Policy to be made available on Abortion Talk Website Policy to be emailed to all Abortion Talk staff and volunteers		
Monitoring and Compliance:	Compliance with this policy will be monitored by the Designated Safeguarding Leads.		

Appendix 9: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Safeguarding Children Policy and Procedures

2. EIA Reviewer (name, job title, base and contact details): Samuel Yosef, Trustee EDI Lead,
samuel.yosef72@gmail.com

3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?: Policy

Main Aims of the Document, Process or Service

To provide Abortion Talk workers with guidance and statutory requirements relating to the identification, reporting and management of safeguarding concerns for adults. the aims of adult safeguarding are:

- Stop abuse and neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with support and care needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for adults concerned.
- Provide information and support in accessible ways to help workers understand the
- different types of abuse most commonly identified in abortion care settings, and what to do to raise a concern about the safety or wellbeing of an adult.
- Signpost to relevant organisations to address what has caused the abuse or neglect.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups listed in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the quality target groups listed? Equality Impact Score Low = Little or no evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? E.g. a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document / process promote equality and diversity good practice
1. Age 2. Disability 3. Sex 4. Marriage / Civil Partnership 5. Pregnancy / Maternity / Abortion 6. Race 7. Religion / Belief 8. Sexual orientation 9. Gender reassignment 10. Gender identity		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This policy covers those who are under the age of 18 (defined as children for the purpose of this policy). Anyone over the age of 18 is covered in the Safeguarding Adults Policy. This offers safeguarding protection in line with best practice and legislation. This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government.

Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health	Low	The Mental Capacity act applies to anyone over the age of 16, and so is referenced in this policy. Children with disabilities may be vulnerable to abuse and so this policy aims to protect children with disabilities who use our services, or are in the care of someone who uses our services from harm, neglect and abuse. This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government.
Sex	Male Female Intersex	Low	This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. In this policy, women and girls have additional safeguarding measure to prevent FGM, as outlined in the Female Genital Mutilation Act 2003 (England and Wales).
Marriage / Civil Partnership		Low	This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. This policy mentions forced marriage as a type of abuse and references marriage in the context of FGM abuse.
Pregnancy / Maternity / Abortion		Low	Most people who contact our Talkline will be pregnant or have had an abortion(s). This policy has been drafted using safeguarding training information shared by the Safeguarding Lead at an independent UK abortion provider. This policy covers the possibility that a continuing pregnancy post 24 weeks gestation may need safeguarding intervention. This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government.
Race	Colour Nationality Ethnic / national origins	Low	This policy has been drafted following review of child safeguarding guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. This policy references the Female Genital Mutilation Act 2003 (England and Wales). FGM is a deeply embedded social norm prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
Religion or belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy has been drafted following review of child safeguarding guidance published by NCVO, NSPCC, Ann Craft

			Trust, and Government. There is no explicit mention of religions or beliefs.
Sexual orientation	Lesbian Gay Bisexual Pansexual Asexual Other	Low	This policy has been drafted following review of child safeguarding guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. There is no explicit mention of sexual orientation.
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex and gender	Low	This policy has been drafted following review of child safeguarding guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. There is no explicit mention of gender reassignment.
Gender identity	Cisgender Man Cisgender Woman Transgender Man Transgender Woman Non-binary person Other gender identities	Low	This policy has been drafted following review of guidance published by NCVO, NSPCC, Ann Craft Trust, and Government. There is no explicit mention of gender identity. The policy is written in gender neutral language unless referencing specific legislation.

EIA Summary

Please describe the main points / actions arising from your assessment that supports your decision:

The Equality Impact Score for each target group is low which amounts to an overall low score for the overall policy.

The policy has been drafted by the Abortion Talk Coordinator who has consulted relevant guidance published by NCVO, NSPCC, Ann Craft Trust, and Government which is mentioned in the Equality Impact Assessment. Where a protected characteristic has been mentioned, rationale and background for this has been provided in a satisfactory manner. Where a protected characteristic has not been mentioned in the policy, this is in line with the aforementioned guidance and, at this time, it is satisfactory and does not raise any concerns.

From an Equality Impact point of view, due diligence has been exercised and there are no further actions arising from this assessment.

EIA Reviewer: Samuel Yosef

Date Completed: 01/09/2023

Signature: Samuel Yosef