

The Social Worker's ABORTION ACCESS CHECKLIST



REFERRALS

- Do I have a **wide list of abortion-related resources**?
 - **gender affirming** doctors + abortion clinics
 - hospitals/clinics **equipped to manage disabilities**
 - **culturally aware** clinics
 - harm reduction sites
 - **trauma-informed mental health** services
 - sexual assault crisis centres
 - lawyers and legal services

SYSTEM NAVIGATION

- Am I able to refer my clients to **low-cost or free abortion services**?
- Have I referred clients to abortion services **using the names and pronouns they use for themselves**?
- Have I **discussed travel, housing and potential costs** in and around the abortion process?
- Have I **discussed options for pain or anxiety management** with my client? Does my client **feel equipped to discuss their needs with a health care provider**?

ADVOCACY

- Have I **visited the spaces and/or made phone calls to the sites** I plan to send my clients to?
- Have I **reduced the steps my client needs to take** to get information about abortion?
- Does my client need support **understanding or filling out any forms** required for the abortion process?
- Does my client require **support attending appointments or picking up medication** related to their abortion?

HARM REDUCTION


- Is my client using substances? Have I **explored a safety plan around use** before and after abortion?
- Does my client **need to discontinue use for a period of time** to access abortion? Have I communicated this information to my client?
- Does my client **have a safe space** to complete a medication abortion?



COUNSELLING



- Does my client have **accurate information** about abortion? Have I **provided my client with all available information** about pregnancy and abortion options?
- Is the **information I am providing accessible** to my client?
- Have I **prepared my client for conversations** with parents/guardians/partners about their options?
- Am I able to **explain the abortion process** in a **step-by-step** way?
- Have I **developed a list of supports** with my client to access care post-abortion?
- Have I **explored any conflicting or ambivalent feelings** about abortion that my client may be experiencing?
- Have I **assessed for reproductive coercion or violence** that may affect my client's decision-making?


AFTER CARE

- Have I **monitored for health-related symptoms, pain levels and/or complications** post-abortion?
- Have I **checked in about mental and emotional well-being** post-abortion?

 **FACTOR-INWENTASH**
FACULTY OF SOCIAL WORK
UNIVERSITY OF TORONTO

Financial contribution:  Health Canada  Santé Canada

Contribution financière:  Santé Canada  Health Canada

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