ABORTION SUPPORT NETWORK

Abortion Support Network

ANNUAL REPORT 2025

Abortion care, everywhere for everyone

TUESDAY

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COMPANIES HOUSE

ABORTION SUPPORT NETWORK

*"I found out about my pregnancy late; my life was busy, and **I never expected this to happen**. I had **neither the time nor the financial savings** to raise a child—it was the very wrong time.*

*I tried to apply for loans to cover the procedure costs, but **I was rejected**. I felt like I was in a **total deadlock**.*

***ASN rescued me** from a very difficult situation.*

*Thanks to your support, **I can continue my life** from where I left off. My pregnancy experience and the support from ASN have become a **major turning point** in my life.*

- Abortion seeker, Italy

Advancing Health and Wellbeing

Alleviating Poverty

Advancing Gender Equality

Ending Violence Against Women and Gender Expansive People

Building Infrastructures for Community Care

Protecting Bodily Autonomy and Self-Determination

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Legal and administrative information

Registered Company number
07017607 (England and Wales)
Registered Charity number
1142120
Registered office
Union House
111 New Union Street Coventry
West Midlands CV1 2NT

Active trustees
Dr R Fletcher (Co-Chair) 6th July 2023
Ms C Kilfedder (Co-Chair) 25th May 2025
Ms C Hanse (Treasurer) 23rd February 2026
Mx A Irving (Secretary) 1st May 2024
Dr C Barbagallo 25th May 2025
Ms R Doran 23rd February 2026
Ms C McHugh 23rd February 2026
Ms C Regede 1st May 2024, corrected 25th May 2025*
Ms L Storey 25th May 2025
*Ms Regede had duplicate listings on Companies House
because of clerical errors
(incorrectly spelled names) hence the two dates provided.

Resigned trustees
Dr E Campbell (elected 6th July 2023, resigned 23rd February 2026)
Ms H Tipple (elected 6th July 2023, resigned 1 Jul 2025)
Ms E Nwaokolo (elected 1st May 2024, resigned 23rd February 2026)
Ms L Flanagan (elected 1st May 2024, resigned 23rd February 2026)
Ms J O'Sullivan (elected 6th July 2023, resigned 28th May 2025)
Ms B Cansfield (elected 1st May 2024, resigned 15th May 2025)

Introduction

Access to safe abortion is life-affirming healthcare and a natural part of reproductive life. The World Health Organization estimates 73 million abortions take place globally each year with 60% of unintended pregnancies and 30% of all pregnancies ending in abortion[1] . In the UK 1 in 3 women will have at least one abortion in their lifetime[2].

But abortion access across the UK and Europe is restricted. Reproductive rights are under attack. This attack is felt in the bodies and lives of women and gender expansive people, and the attack is growing. In 2025, our helpline heard from 1238 people, 25% more women and pregnant people than the year before. We know the reasons why.

Anti-abortion groups are investing heavily in the UK and Europe. In five years, anti-rights groups have invested just under two billion US dollars in Europe[3] and a further one hundred million pounds in the UK[4] , with a significant portion of the UK money invested in deceptive fake abortion clinics (commonly called 'crisis pregnancy centres'), working to dissuade women and pregnant people from seeking abortion care:

> *"The growing anti-rights movement in the UK, emboldened by what is happening in the US and increasingly well-funded, is targeting reproductive freedoms, access to abortion and the rights of LGBTI people. Their end goal is to roll back our hard-won rights, undermine equality protections and rewrite the rules on who deserves dignity and freedom."*
> *– Amnesty International UK, 2025[5] .*

The anti-rights movement is gaining ground globally and we have seen the devastating impacts of this in the US and Poland. Alongside this rising tide of anti-rights agitation, the costs of abortion care, travel and accommodation continue to rise and global funding for sexual and reproductive health shrinks[6]. While European and British populations are widely supportive of abortion, politicians are increasingly weaponising abortion as a new frontier in the culture wars[7] .

> *Bodily autonomy is under attack. The concept of human rights is crumbling. Repressive right-wing movements are building panopticons and increasing border controls. They are criminalising disagreement. It is essential that we resist this. Transnational solidarity is the only way we will get through this.*
> *– ASN regular donor*

What does all this mean for women and pregnant people?

In 17 years ASN has supported 11,300 women and pregnant people who have been forced to travel for abortion care, redistributing £1.8 million in clinic fees, travel and accommodation costs. We run the infrastructure of Europe's largest mutual aid abortion funding scheme, raising hundreds of thousands of Euros to redistribute to abortion seekers every year. On our helpline we hear from more people in more countries every month who are unable to access abortion care when and where they need it.

Our role is connecting those who need abortions with those who can provide them, and foregrounding hope, care and mutual aid as a positive resistance.

The problem

Across Europe more than 20 million women and gender expansive people do not have access to safe, legal abortion care[8] . In 2022, an estimated 4,500 women and pregnant people in Europe were forced to travel abroad to access safe legal abortion care[9] .

Every day we hear from women and pregnant people who face barriers in accessing this life affirming healthcare. Many barriers interrelate and compound each other, intersecting to enact harm on the bodies and lives of women and pregnant people.

Restricting access to abortion care does not reduce the number of abortions, it reduces the number of safe abortions. Abortion stigma creates the conditions for abortion restrictions to thrive. And abortion restrictions produce impossible choices.

Barriers to abortion care



Systemic

Time limits

Often referred to as 'gestational limits', time limits on abortion care produce the most unrelenting barriers for abortion seekers in the UK and the EU. Despite the World Health Organization recommendation of the removal of time limits from abortion access, every country in the region imposes time limits[11] .

> *"Today we saw a 16-year-old girl who was raped. She came in with her parents asking for help. She needs an abortion, but she is too late to do that here. She is exhausted and her family are very concerned for her. We don't know what to do. Please can you help?"*
> - Healthcare worker, Belgium[10].

Telemedicine has been a global game changer for abortion access. With the increased availability of pills by post- either through national healthcare systems or via feminist powerhouses Women Help Women and Women on Web- many pregnant people can access abortion care up to 12 weeks, regardless of domestic healthcare provision. After 12 weeks however, the picture suddenly changes and access becomes extremely restricted with only 12 countries in the region offering abortion care beyond this pregnancy duration[12].

16 weeks produces another cliff edge, since legal access after 16 weeks is only available in 4 countries, and at 24 weeks, since legal access after 24 weeks typically requires travel to the US or Mexico. Mandatory GP appointments, provider scarcity, waiting periods, medically unnecessary tests and reports, and/or mandatory counselling all compound time limits, as women and pregnant people are pushed closer to legal time limits.

Criminalisation

Abortion care is healthcare; yet an alarming 43 countries in the region continue to keep abortion in the criminal code, putting providers, abortion seekers and their helpers at risk of police investigation. Every day we hear from Polish abortion seekers whose lives tell the human story of the violence of abortion criminalisation.

Their stories evidence how abortion criminalisation produces conservative medical cultures where even in cases where a significant risk to health is evident, the fear of criminalisation overrides concern for the health and wellbeing of the pregnant person. Where essential healthcare is denied because the uncertain promise of new life is attributed more value than the life of the pregnant person.

Limited treatment options

As highlighted in the Belgian case above, limited treatment options create a further barrier to dignified access. The World Health Organization recommends informed choice of treatment in abortion care[13] ; yet many countries do not have trained staff, equipment and/or the policy framework to offer this. This results in pregnant people being offered inappropriate and/or traumatising treatment or being forced to travel abroad to access care with dignity.

Provider scarcity

A lack of trained abortion care providers creates further barriers as people must travel domestically or internationally to access care that is legislated for in country but cannot be provided locally. The need for domestic travel compounds existing barriers for marginalised groups including people experiencing domestic abuse, people in poverty, migrants, and people who already have children or other care giving responsibilities. This convergence of barriers for marginalised communities often lead to delays in access, pushing people closer to legal time limits.

Right to care refusal

Abortion care is one of a very few stigmatised forms of healthcare that healthcare workers can refuse to offer. Legislated for in 32 countries in the region[14] , care refusal (commonly called 'conscientious objection') creates large abortion deserts. In Italy for example, the right to care refusal is taken up 71% of gynaecologists[15] . This right to care refusal compounds existing barriers including requirements for doctor sign off and provider scarcity, which for people outside of urban areas particularly, can further delay access, pushing people closer to time limits.

"My then girlfriend and I had a pregnancy scare when we were teenagers in Belfast. It was utterly terrifying. The thought that she would not have a choice about what to do with her body because of where she was living seemed absolutely mad. I'm very pleased to support an organisation which helps others to have that choice."

- ASN donor

Cost of abortion care

In some countries, such as Germany and Romania, abortion care is not free. Even minimal costs can produce insurmountable barriers for people living in poverty and/or for those without economic independence including young people and asylum seekers without rights to work.

Border hostility

With the rise of border hostility across the region, we hear from more migrants, refugees and asylum seekers each year facing barriers to access. In countries like the UK where access is legislated for, non-citizens still face barriers as they may be given misinformation about their rights and be asked to make large up-front payments to access care, even when they are entitled to fee-free care. For other callers with precarious immigration status, fear of detention/billing can lead to delays in accessing care, pushing people past time limits. These same callers then face further barriers when trying to cross borders, having to secure visas and appropriate documentation against the clock. For some this becomes a costly, complex and time-consuming system to navigate; for others, particularly for asylum seekers, the ability to cross border can come the final insurmountable barrier.

Interpersonal

> "Abortion is healthcare. Denying people access to safe and legal abortion is a cruel method of social control that's ultimately meant to keep women in their place. I refuse to stand by and let people be forced into parenthood by governments that believe they can tell us what to do with our bodies."
> - ASN donor

Domestic abuse

In 2025, over 15% of our callers identified domestic abuse as a barrier to accessing abortion care. For some callers where partners/ family were aware of the pregnancy this manifested in reproductive coercion. For others, keeping the pregnancy, and the abortion, secret from their family/partners was part of their safety plan. We hear from callers every week whose partners have restricted their movement, hacked into their emails, and/or controlled all their finances making accessing abortion care abroad extremely challenging.

Reproductive coercion

30% of all domestic abuse begins during pregnancy. Many of our callers experience reproductive coercion: having no agency over birth control (methods and usage) and/or being pressured to continue a pregnancy or to have an abortion. Ambivalence is a common emotion associated with abortion and being forced to travel can compound an already pressured situation where pregnant people with abusive partners or family have little space to think about what they want and need. Volunteers are trained to identify reproductive coercion, and these cases are carefully monitored by the safeguarding lead to ensure appropriate support and clear decision making.

Misinformation

A major tactic of anti-rights actors is investment in the proliferation of deceptive fake clinics, commonly referred to as 'crisis pregnancy centres'[16]. Women and pregnant people approach these centres seeking information and non-judgmental support and are instead given incorrect information and pressured into continuing an unwanted pregnancy. We also hear from callers who have been misinformed by healthcare workers, both because of a lack of training, but also due to high levels of abortion stigma across society.

> "I refuse to stand by and let people be forced into parenthood by governments that believe they can tell us what to do with our bodies."
> - ASN donor

Personal

Shame

While ambivalence is a common emotion held around abortion and pregnancy[17] , shame adds another layer to this common experience. Many women and pregnant people we hear from express experiencing high levels of shame, and this can lead to delays in accessing care. Some callers have shared that having to seek financial assistance from a charity further compounds these feelings of shame. It is not the abortion that creates shame, but rather abortion stigma, highlighting how work to reduce abortion stigma and normalise abortion is critical to enable meaningful access to abortion care.

> *"I had an abortion in 2017 in Germany. I was very lucky I had the means and resources to navigate this, but this made me want to support others in their journey."*
> - ASN volunteer

Abortion restrictions affect everyone

Barriers to abortion care worsen the health of women and gender expansive people, increase maternal mortality rates, deepen poverty and intersecting inequalities, undermine gender and race equality, and place avoidable burdens on healthcare systems[18] . Ensuring timely access to abortion care is not only a health intervention but a critical contributor to achieving the United Nations Sustainable Development Goals: SDG 3 (Good Health and Wellbeing), SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities)[19].



Our solution



> "Thank you so much once again for your help. I'm returning to work tomorrow afternoon, and I'm feeling fine. You're all amazing for being so helpful. I'm genuinely surprised, and I'd like to wish you all the very best from the bottom of my heart."
> Abortion seeker, Poland

ASN is part of a long tradition of ordinary people stepping in where governments fail to provide essential care. **We run the infrastructure of the UK and Europe's largest mutual aid abortion funding scheme, raising hundreds of thousands every year to redistribute to abortion seekers.**

ASN was founded in 2009 by Mara Clarke who, upon learning of the unsupported journeys thousands of women and pregnant people were making from Ireland to England every year for abortion care, determined to do something. Utilising a US abortion fund model, ASN began with a handful of volunteers and a bucket of change.

Over the last 17 years ASN has grown to 5 staff, 50+ volunteers and a 6-figure budget working across the UK and Europe, but some things remain the same:

- We run a helpline to share knowledge, support and financial resources
- We don't ask why anyone needs an abortion, just how we can help
- We have no expectations of our callers and support them with whatever decision they make
- We raise money to fund abortion care for those forced to travel abroad.

> "I value the concrete impact of providing someone in need with clear and precious information, a plan, next steps. Helping people feel a bit less alone."
> — ASN volunteer

What we do: a visual explainer

When someone contacts ASN, a trained volunteer replies within **48 hours**.

We ask for essential information (country, length of pregnancy, age, etc)

We send clear, accurate, non-judgmental information and wait for the abortion seeker to make their decisions

We engage in creative problem-solving together with abortion seekers to overcome barriers

We support the abortion seeker with signposting to pills-by-post services, in-person care appointments, travel and accommodation

We discuss financial means and fund abortion care, travel and/or accommodation costs where someone cannot afford to pay

We support abortion seekers to navigate safeguarding needs and to overcome intersecting barriers, such as visa requirements

We **translate documents** for the abortion seeker to send to the clinic

We provide a **listening ear** and **emotional accompaniment**

We signpost to **local services** for identified needs

We support abortion seekers until they are **safely back home**

Our work in 2025

ASN helpline

Our helpline was open for 11 hours a day on every working day in 2025[20]. Each week, 5 volunteers on the 'phoner team', 2 volunteers on the 'travel team' and 1 member of staff acting as on-call manager run our helpline. Each abortion seeker who contacts us is assigned a phoner for the week and they are their main point of contact, liaising with the on-call manager, safeguarding lead, other phoners on shift and the travel team as needed.

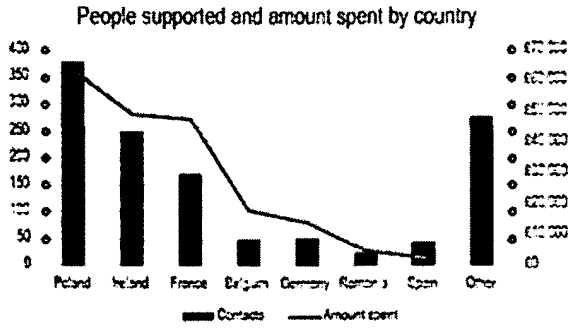
Who's on the line?
Phoner team: Volunteers trained to work directly with abortion seekers.
Travel team: Volunteers trained to research travel options to find cheapest reasonable routes and assist with booking.
On-call manager: Staff member trained to support the phoner and travel team on shift, available for consult, safeguarding queries and ensuring service consistency and quality.
Safeguarding lead: Trained staff member supporting volunteers to ensure all safeguarding needs are addresses, tailored support offered and local services signposted to.



"For me it is the least I can do and to be honest it is a very rewarding type of work. I always feel amazing after a shift - so I am volunteering for others, but for me as well."
- ASN volunteer

"I can honestly say that ASN volunteers are incredibly kind-hearted people. They made me feel just how much they love and value the work they do. Whenever I communicated with them via email or phone, they were extremely gracious and polite."
- Abortion seeker, France

"I had an abortion when I was 21 and the ease with which I accessed free, safe and timely healthcare should be accessible to everyone. I'm so happy I was able to make that choice and was offered compassion and care during it. I just want others to have the same." - ASN donor



In 2025, we supported 1,243 people from 28 countries. We gave financial assistance to 309 people, totalling £212,867 spent on abortion care, travel and accommodation. Our average grant was £689.

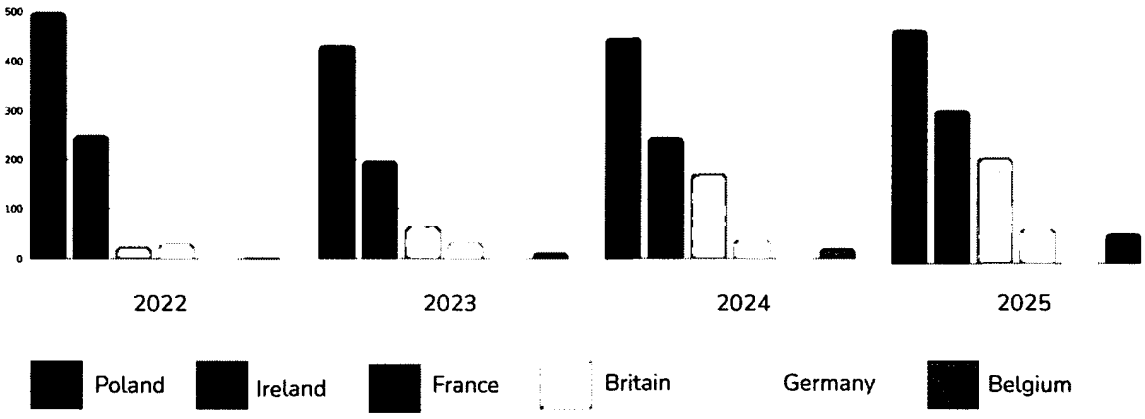


Image 2: largest/fastest growing caller groups

Every year we hear from more people in more countries than the year before. While Ireland and Poland have consistently been our highest caller groups since 2022, the fastest growing caller groups have been from France, Britain, Germany and Belgium.

Pregnancy duration at point of contact

As detailed above, time limits produce the most unrelenting barrier to abortion access in the region. Image 3 shows pregnancy duration of our callers at the point of contact. For people <12 weeks pregnant, we can signpost abortion seekers to domestic healthcare systems or Women Help Women and Women on Web. For our callers who are >12, volunteers take the time to understand someone's situation to ensure we provide the most accurate and relevant information and support.

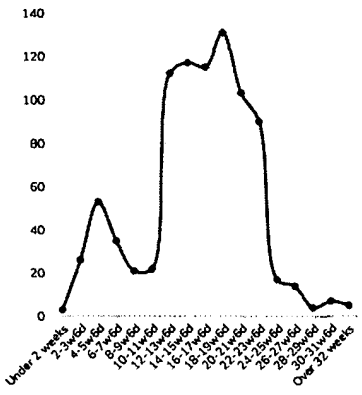


Image 3: pregnancy duration at point of contact

Where do people travel to?

We work closely with clinics in the UK, the Netherlands, Spain and Belgium to facilitate a seamless and trusted pathway to safe abortion care for callers. Our volunteers work with each caller to understand whether they have a passport, ID card, visa permitting Schengen travel and/or eligibility for a passport or visa to determine the best travel route. For some EU based callers, remaining in the Schengen zone is highly preferable, particularly if they cannot cross borders easily.

This year saw the introduction of an electronic travel authorisation (ETA) requirement for European nationals visiting the UK, adding another barrier to timely care. With processing time of up to 3 days, the introduction of an ETA requirement for European nationals travelling to the UK takes precious time away from pregnant people who are close to the UK's legal limit (23 weeks +6 days) or for whom bureaucratic processes are more challenging due to precarity, homelessness and/or high mental health needs.

For non-European nationals, visa requirements into the UK can become an insurmountable barrier. The introduction of the ETA and the rise in border hostility and border policing more broadly post-Brexit, means that many callers are better placed travelling to the Netherlands (up to 21+6) or Spain (Catalunya only - up to 22+6) for abortion care, even when it might be cheaper/more straightforward for them to come to the UK.

Who needs support to access care abroad?

Abortion seekers are as diverse and complex as the societies we live in. Our callers include women and gender expansive people who have experienced domestic abuse or rape; who have a complete family already; who are under 18 or over 45 who didn't think they could become pregnant; who encounter serious health or relationship issues during a pregnancy; who do not have passports or need a visa to travel; who discover their pregnancy or a foetal anomaly after legal time limits have passed; who are on low or no income and who are fearful of navigating the journey abroad for healthcare alone. The one thing they all have in common is that they need community support to overcome barriers to accessing abortion care.

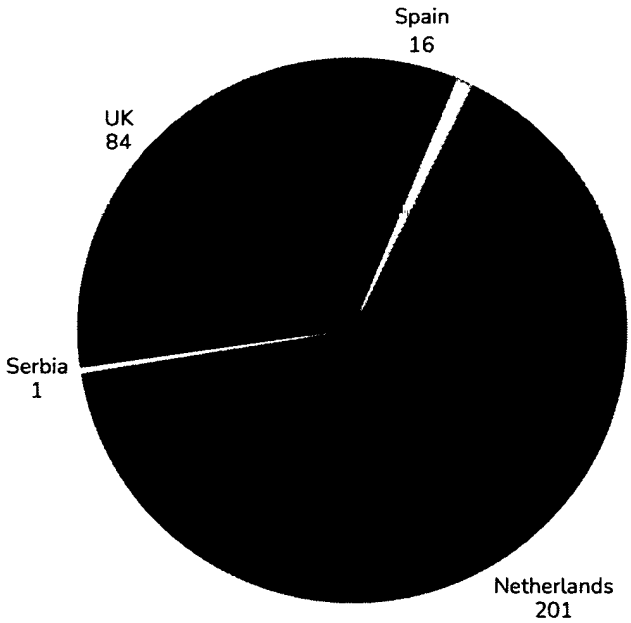
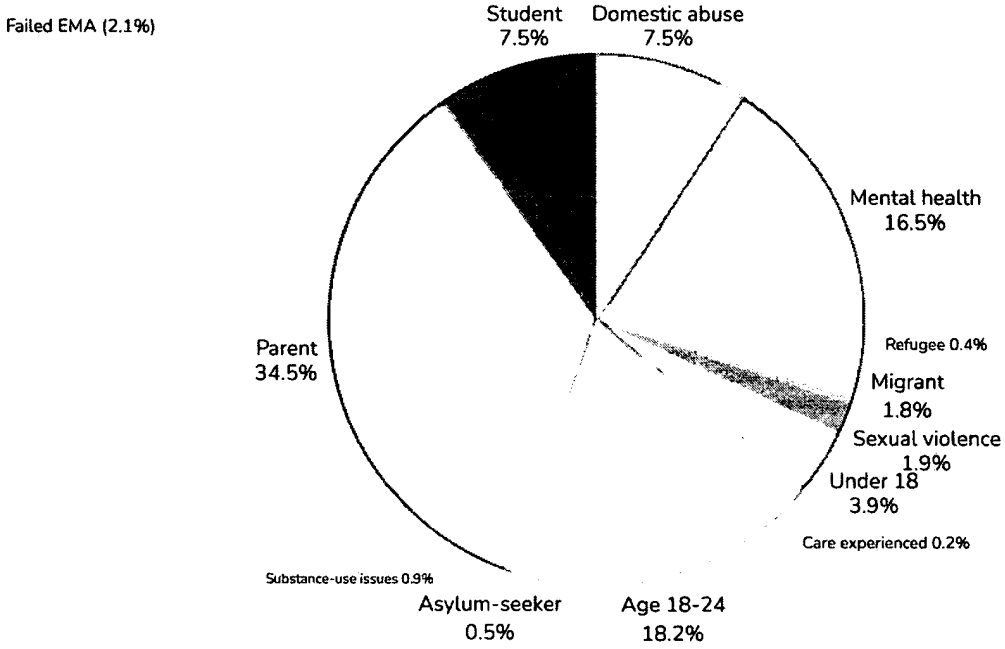


Image 4: where abortion-seekers travel to to access care



This year we observed an increase in the complexity of life circumstance our callers are experiencing. As an abortion helpline, we strike a careful balance between asking for enough information to facilitate meaningful support, while not asking questions that may exacerbate/ provoke feelings of shame. We are particularly mindful when working with people living in countries where abortion is criminalised where pregnant people and their helpers are understandably fearful of prosecution. Through the course of support, particularly in situations where we are providing financial support, callers will open up about their situation to volunteers, sharing more about their imminent and ongoing needs. Where we can, we signpost callers to local support services and provide other country and language appropriate resources.

In 2025, 45% percent of our callers disclosed a safeguarding need or additional barrier, compounding the state-imposed barriers to abortion access.

"I wanted to let you know that everything went very well, and I cannot stress enough how incredible you all are. Please convey to your team that they are all excellent people, very compassionate and approachable. Thank you all for what you have done for me. Thanks to you, even though it is difficult, you have given me my life back."
- Abortion seeker, Spain

"I would like to express my heartfelt thanks to all of you, all the volunteers I wrote to. You saved my life and that of my family. I prefer not to think about what might have happened if it weren't for your help."
- Abortion seeker, Ireland

Country spotlight: Ireland

Kaia's story

"I'm 12 weeks and 1 day and I'm in Ireland. I do not want to keep the baby and I'm so stressed after being told it cannot be done here in Ireland. I looked up the cost of abortions in England and now I am really stressed. I'm a 19-year-old single mother. I just had a baby and am doing it all on my own. I had an emergency c section and then sepsis- I can't go through that again. I only make €294 a week which doesn't last the week trying to provide for me and my baby. I really need help and some advice."

Kaia was an Irish citizen and was still recovering from a traumatic birth and facing the challenges of early motherhood. Kaia was struggling with the appointment booking systems and with gathering the information she needed to provide to the clinic. She shared with the volunteer that she couldn't manage everything herself and needed support. She wanted the abortion quickly because she didn't want her ex to know she was pregnant.

Kaia was supported to make the appointment and to travel by ferry to England (so she could use her ID rather than waiting to apply for a new passport). Kaia arranged her own childcare and the ASN volunteer liaised with the clinic to shift the appointment time to enable only one night away from her baby.

Kaia was supported to access abortion care with funding for the clinic fees, travel and accommodation and was signposted to a young parents' support group in her hometown. Kaia expressed feeling overwhelmed by the prospect of another procedure so soon after her recent traumatic birth so additional funding was given for a trusted friend to travel with her.

After returning home, Kaia said: "Yes I attended the appointments and everything went well. Thank ye so much for making this happen couldn't have done it without your help, I will definitely donate when I can."

2018 and 2019 saw significant progress on abortion access in Northern Ireland and the Republic of Ireland (ROI). Having been one of our highest caller groups only 5 years ago, since 2022 ASN has been contacted by just 18 people from Northern Ireland, with most people being able to access in country, supported to travel abroad and/or supported by local groups including Alliance for Choice. The picture in ROI however is very different.

While the historic and internationally significant vote to repeal the 8th amendment demonstrated public and political will to ensure no one from Ireland was forced to travel to access safe abortion care, the reality is very different. Significant in country barriers remain, meaning 1500 women and pregnant people have turned to ASN for support since Repeal, including 249 people we supported in 2025. Of these, the majority were within two weeks of the legal gestational limit for abortion care, underscoring the harm caused by medically unnecessary time limits on abortion care. We continue to meet regularly with the Abortion Ireland Working Group and work alongside partners to advocate for local, safe and legal abortion access for all.

"I'm Irish and in my 30s, so I remember a time when abortion care wasn't available at all. ASN was and still is a lifeline for Irish women to access care."
- ASN donor

Country spotlight: Poland

Asia's story

"I need your support as soon as possible for a pregnancy termination abroad. I live in Poland. This week during my second trimester check-up I learned that my baby has a very serious heart defect. Today in another check-up we have learned that there are several other issues. I already have a severely disabled child who I love but I just cannot face doing it all again. I won't cope. Please help me connecting me to any clinic in Europe which is able to terminate my pregnancy as soon as possible. We are heartbroken but this is the only hope now."

32-year-old Asia was supported to access abortion care and return home. The genetic options counselling Asia received in Poland was very limited, because there are no pregnancy options in cases of foetal anomaly. We connected Asia to staff at the hospital where she would receive treatment so she could understand the health implications of the diagnosis. We signposted Asia to our partners Kobiety w Sieci, who run a helpline in Poland, so she could access psychological support.

Asia made her decision and travelled with her partner to access care. When she returned home she wrote: "Thank you very much for your tremendous help, support and, in fact, for saving my life. I am very happy that thanks to you I had a choice. It was the best choice in my situation. I regret that women in Poland have to go through so much and seek help in a foreign country because they do not feel safe in their own and are forced to do things they do not want to do. My words cannot express my gratitude for the help I received from you, and I will never forget what you did for me."

In 2019 ASN opened our lines to people in Poland. Together with eight organisations working from six countries as the Abortion Without Borders (AWB) network, we ensure access to safe and legal abortion care for thousands of Polish abortion seekers each year. Kobiety w Sieci run a Polish helpline on behalf of AWB, assessing each person's best options for abortion care and referring to one of the 8 partners. In 2025 ASN spent £111, 396 supporting 106 Polish women and pregnant people to access abortion care in the Netherlands, Spain, Belgium and the UK.

"All the restrictions across Europe cause unnecessary harm for no possible benefit, but particularly in some of the more extreme regimes (e.g. Poland), there is a deliberate cruelty and vindictiveness behind them that's repulsive. I love that ASN responds to that ugliness by putting more love and caring into the world."
- ASN donor

"Everyone should have access to safe abortions for whatever reason they need one. The work you do to facilitate this is so vital and important. You are literally saving lives."
- ASN donor

Country spotlight: France, Belgium and Germany

Rita's story

"I am contacting you on behalf of my daughter Rita, aged 16. Rita is 19 weeks pregnant and we don't know what to do- they have told us that she is too late to get an abortion here. I want to help her but we need €1,200 to pay the clinic in Amsterdam. I have a very limited income and can't afford the travel and the clinic fees. It seems very complicated to me to finance and arrange all of this. That is why I am coming to you. Her procedure is scheduled for Friday in the Netherlands. We are in France. Thank you for your help."

Our volunteers spoke with Rita's mum and with Rita herself to confirm that there were no additional safeguarding needs other than her young age. Rita confirmed she was well supported and very clear in her decision. She said she didn't know how to look after a baby and wanted to finish school. Our volunteer coordinated financial support from ASN, Le Planning Familial in Rita's hometown and Rita's family. Rita was supported to travel with her mum to the Netherlands and Rita's mum contacted us when she returned home to confirm she was recovering well; she said: 'We would like to thank you for being there for us during one of the hardest times in our lives. The procedure went well, and she is now much happier. We hope that you continue to help and support many people as generously as you have helped us."

While people may be aware of abortion restrictions in Poland and Malta, they are often surprised to hear how much of our work is with people in countries like France. Even though abortion is enshrined in the French Constitution, this does not prevent strict enforcement of medically unnecessary time limits. Hundreds of women and pregnant people effectively fall off the cliff edge of support after 16 weeks and have to access care abroad.

This is similarly the case in Belgium where, despite excellent provision up to 14 weeks, most people beyond that are forced to travel. We hear from more people in France, Germany and Belgium each year; even more significant given we do not actively promote our work in any of these countries. To facilitate better support for people who contact us from these countries, we are continuing to expand our partnerships with groups including Project Compagnon, the Luna Centre (Belgium), Le Planning Familial (France) Medecins du Monde (France) and Ciocia Basia (Germany).

Country spotlight: England

Lena' story
"I am recently separated from my partner. He was violent, and I left him, but I didn't know I was pregnant. If he finds out, he might hit me again and make me go back. I am so scared. I need an abortion. I come from ****** and am working here, but they told me that because I am not a citizen in the UK I must pay. Coming from a low-income country I just cannot afford this. I don't know what to do. I really can't have this pregnancy I am just now finding myself after an awful relationship. I can't even go home to do this because in my country it's illegal."

As a resident of the UK, 25-year-old Lena was eligible for NHS funded abortion care but had been given misinformation[21]. With the advocacy support of our volunteer, Lena was able to access abortion care. Lena was also signposted to local domestic abuse services and her immediate safety needs were addressed. After accessing care, Lena said: "Thank you for everything. I just want to forget about all of this. I feel can get on with my life now"[22].

2025 saw a sharp increase in callers from the UK (mainly England); we heard from 56 people in the UK, nearly twice as many as the year before. Many of the people we spoke to were UK residents, but not UK citizens, including students, spousal visa holders, people with insecure immigration status, refugees and asylum seekers. Most of these callers were entitled to NHS funded care, including transport and accommodation costs where domestic travel was necessary; but they had been told they would have to pay. While we do not have the data to evidence attribution, we might speculate on contributing factors including the rise in border hostility, an increase in abortion seekers use of AI to access support, and the sustained and increasing attack on abortion rights in the UK and globally[23].

"I believe everyone should have the right to seek a termination without having to justify, qualify, or explain their reasons. No one should face shame, judgement, or fear for making decisions about their own body. Needing and getting an abortion should not be seen as a moral failure."
- ASN donor

Movement building

As an organisation committed to community-powered abortion, ASN does not campaign for policy changes or engage in Parliamentary lobbying in any of the countries we operate in. But we do campaign.

Our theory of change is based on an understanding that advancing reproductive rights requires widespread public support and must engage communities. We have seen this in Ireland with the Repeal the 8th and in Argentina with the Pañuelos Verdes (Green Wave)- both campaigns won through tireless movement building[24]. As we have seen from the US, reproductive rights are fragile and we need informed and resourced communities prepared to fight for them.

> *"Getting to volunteer with ASN has been an amazing way for me to use my skills to directly and positively impact abortion seekers' lives and do direct feminist action. It has been a way for me to redirect the anger and despair I feel at the concerted effort to erode rights and liberties across the globe."*
>
> - ASN volunteer

We also understand the huge trust placed in us by abortion seekers who rely on us to ensure their voices are heard – to share the injustice and violence of the barriers they faced in accessing care. We run digital campaigns raising awareness of abortion restrictions and barriers in the UK and across Europe, amplifying the lived experience of abortion restriction and making connections between abortion access and intersecting social justice issues both to build strong and informed communities of reproductive justice activists and to raise money for our mutual aid fund.

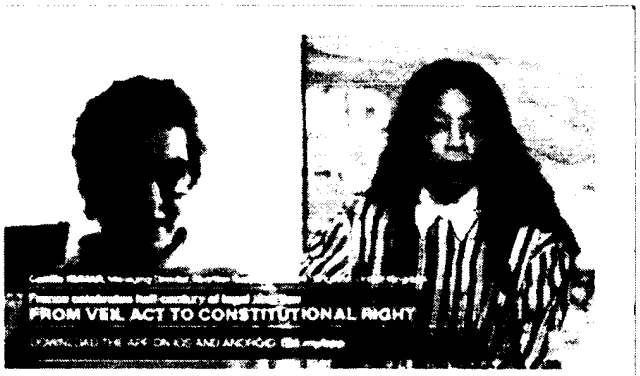
This year as part of our campaigning work, we shared stories of struggle and impact from our work across Europe as part of our emergency fundraising appeal campaign in April. We engaged in meaningful debate about the risks and limitations of the partial decriminalisation amendment to the UK Crime and Policing Bill (which passed into legislation in 2026) and worked with partners to ensure intersectional thinking and messaging in all our campaigning work. We are part of the My Voice My Choice movement advocating for an EU-wide fund for abortion care travel.

We participated in various events including National Network of Abortion Funds Conference, British Society Abortion Care Providers Conference and the Doctors for Choice Conference. We shared stories of abortion seekers experiences at various events, including the 'Feminism and the Far Right' Symposium at Goldsmiths University, Amnesty International Feminists Network, the International Women's March and at Million Women Rise. We were interviewed/quoted on France 24 Live, the Guardian, BBC radio, and EU politico and contributed to the Amnesty International publication: When rights aren't real 2025.



Camille speaking at Million Women Rise

The impact of our movement building work is measured both by our engagement levels and by the strength of our regular giving community. This year we doubled our supporter email list and increased our social media following to 24,000. We are proud to have grown a community of over 1300 donors who collectively donated £309,674 this year, covering almost all the costs of running the helpline and paying for abortion care.



ASN Managing Director Camille Kumar speaking on France 24 Live



ASN staff and volunteers at the NNAF conference in Colorado



Stickers produced for supporters and volunteers

"The most meaningful impact of ASN's work is letting people know they are not alone. Even when the situation is complicated by financial or practical barriers ASN shows up with care, respect, and solidarity"

ASN volunteer

"No one should be forced to have a child, especially if the main reason is they can't afford an abortion or they live in a country that restricts it."

ASN donor

Who we are

Our vision

We are building a world where every woman and pregnant person has the information, autonomy, support and means to access safe abortion care where they live without stigma or fear of criminalisation[25].

We close the gap between the right to abortion and the ability to access it. As the UK's only and Europe's largest abortion fund, we provide the essential community infrastructure that enables women and gender-expansive people to obtain timely abortion care.

Our values

Care, Dignity & Belief

We meet abortion seekers with compassion, trust, and respect —listening, believing, and responding to their needs with deep care.

Trust, Integrity & Bravery

We act with honesty and transparency, making values-led decisions, learning from our mistakes and taking brave action to challenge systemic injustice.

Solidarity

We build collective power through mutual aid, collaboration, and transnational solidarity rooted in shared struggle.

Transformative justice

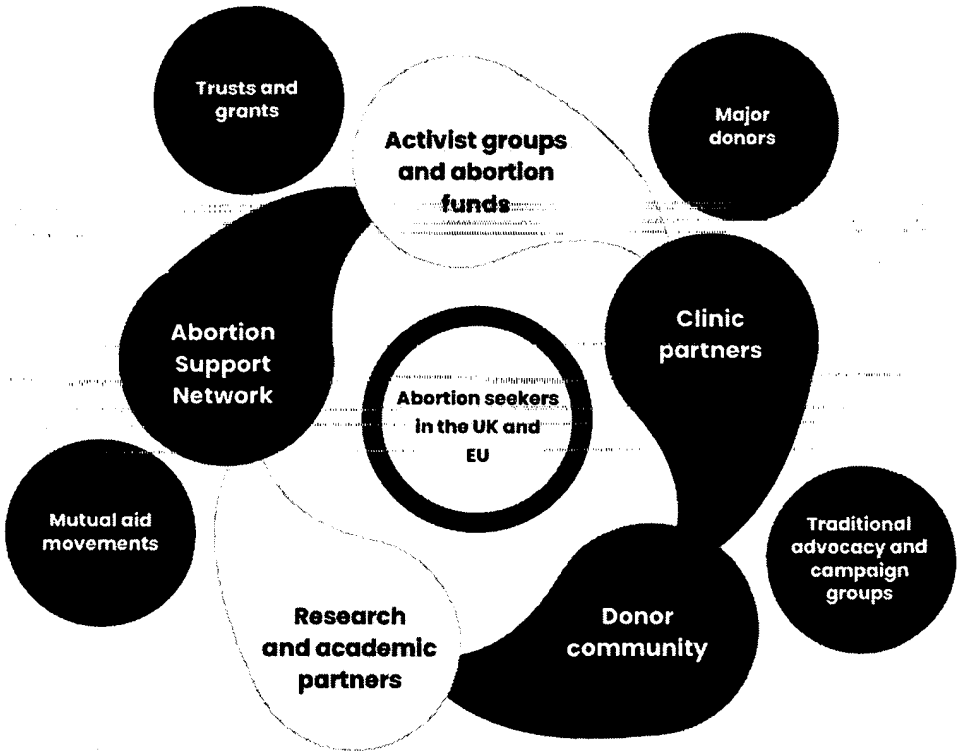
We work to transform the systems that restrict reproductive freedoms, guided by abolitionist, Black feminist, anticolonial, and reproductive justice principles.

I think a person's right to choose is incredibly important. I live in a country where currently there is access to safe abortions, but I can see this right doesn't exist or is under attack in lots of countries, potentially in mine soon too which is a scary thought. ASN's work is critical in enabling people to access the help they need, I just wish more could be done."
- ASN donor

Our ecosystem

We, of course, cannot do this work alone. We work with partners across Europe to ensure access to timely, safe and legal abortion care. We rely on the tenacity of activists across the region to ensure that people can find us and that when they do they are given the support they need.

ASN plays a significant role in both cultivating a sizeable mutual aid fund and establishing trusted routes for people facing barriers to >12 weeks abortion care in the UK and Europe. Our scale and specialist focus enables us to address needs that are often complex and resource-intensive, while working in partnership with a wide range of organisations that provide funding, clinical care, self-managed abortion accompaniment, information, advocacy, and practical support. Together, these partnerships create a stronger and more responsive abortion access ecosystems than any one organisation could provide alone.



Partner type	Unique role	Key partners
Clinics and hospitals	Provide abortion care within legal and regulatory frameworks	BPAS, MSI Reproductive Choices, Epione, NUPAS, Bloemenhove, Abortuskliniek, CMA Aragon, CHU Brugmann, the Homerton Hospital and Liverpool Women's Hospital.
Helplines and information	Provide access to telemedicine, virtual accompaniment, emotional support and information	Abortion Talk (UK), Women on Web (INT), Women Help Women (INT), Kobiety w Sieci (POL).
Abortion funds	Support people with information and/or funding to travel to access abortion care	Abortion Network Amsterdam (NL), Ciocia Basia (GER), Ciocia Czecia (CZE), Ciocia Wienia (AUS), Fondo Maria (MEX).
Accompaniment and practical support	Provide information, practical support and/or accompaniment	Queiro Abortar (SP), Mi Cuerpo es mio (ITA), Samanaar de Kliniek (NL), Project Compagnon (BE).
Abortion Without Borders	Supports people in Poland to access safe and legal abortion care outside of the Polish healthcare system	Abortion Network Amsterdam, Ciocia Basia (GER), Ciocia Czesia (CZE), Ciocia Wienia (AUS), Women Help Women, Kobiety w Sieci (PL), Abortion Dream Team (PL), SAFE (NL).
Abortion information, rights and campaigning	Provide sexual and reproductive healthcare (including abortion care), support to abortion seekers, train providers, engage in advocacy and campaigning for policy and legal change	Le Planning Familial (FR), La Luna Centre (BE), Abortion Rights UK, Reproductive Justice Initiative (UK), Level Up (UK), Birth Rights (UK), Amnesty International, Doctors for Choice (UK), British Society Abortion Care Providers, National Women's Council Ireland.
Tech partners	Provide technical and digital support	Sol 6, Beacon CRM, Frontline Defenders.
International networks	Collaboration, information, funding, shared advocacy strategies and so much more!	Abortion Without Borders (PL), National Network Abortion Funds (US), Abortion Working Group (IRE).

How we resourced ourselves in 2025

"I am furious at the systemic erosion of women's rights; the relentless attempts to control, shame, and restrict our choices. Access to safe, legal abortion is essential for equality, dignity, and self-determination. By supporting this charity, I'm standing with those whose voices are being silenced. I can't do much, but I can do this."
- ASN regular donor

As a mutual aid fund, we rely on individual giving for nearly 70% of our income. This unrestricted income enables us to deliver our work in the most abortion-seeker centred way possible. This model of funding is critical to our identity and unique to abortion funds, and we know many of our individual donors donate because of their aligned values and strongly held commitments to abortion access. 96% of donors who responded to our survey were very confident that their support was making a difference and that they were well informed about the impact of our work.

We are mindful of how we redistribute the fund and do everything we can to keep expenditure as low as possible. We ask everyone who we support to access the 'cheapest safe abortion possible' and are consistently moved by the number of abortion seekers who will sacrifice comfort and time in their journeys to ensure other abortion seekers can also access funds. Supporting us also in stretching our funds are our clinic partners, most of whom offer ASN a discount to access care including BPAS, NUPAS and MSI Reproductive Choices (UK), Centro Médico Aragón (Barcelona), Epione (Netherlands) and the Bloemenhove clinics (Netherlands).

"I think that women's reproductive rights are important and worthy of support. Women of no country should be forced by governments to continue their pregnancies against their will and wellbeing."
- ASN donor

With the costs of abortion care rising, and the demand on our mutual aid fund increasing each year, we are approaching aligned trusts and foundations to invest in ASN and the wider European abortion funds movement. Alongside our individual donors, we are deeply grateful also to our organisational donors including National Network of Abortion Funds, Oak Foundation, Safe Lives, Evan Cornish Foundation and the Hospital Saturday Fund who enabled our work in 2025.

"I believe that no one should be forced to go through with a pregnancy if they don't want to and that finances shouldn't be the thing standing in the way.
I like knowing that every month I'm helping someone and supporting a charity that is transparent and keeps me informed on abortion news around the world."
- ASN donor

Operations, leadership and governance

Helpline

Our volunteer powered helpline is the heart of our work. As our work has significantly changed in response to geo-political changes, our helpline has also evolved. We made three changes to the operation of the helpline this year: moved from a 7-day a week service to a 5-day a week service, closed for public holidays and introduced a spending cap on abortion spend each month. Through a comprehensive consultation process with helpline staff and volunteers, these changes were relatively smooth and while we continue to monitor adverse impacts, feedback so far has been positive as volunteers and staff alike can recognise the positive shift towards more sustainable working practices in line with our values.

> *"ASN is exceptional in supporting both the people who need access to safe abortion care, and the people who make this work possible. I feel part of a safe, respectful, and well-organized environment. I appreciate that decisions are made thoughtfully, with care, clarity, and strategic thinking, which creates trust in the work ASN does."*
> - ASN volunteer

Staffing

ASN reduced our staff team from 7 to 5 staff in this reporting year. In Quarter 2, one of our senior helpline coordinators resigned, and with consideration of our financial position, trustees decided not to recruit for the post. Internal adaptations were made to allow for the reduced capacity (including the decisions above to close the helpline on weekends and public holidays). We are delighted that our resigned helpline coordinator has since joined our Board of Trustees, bringing expertise gained both on our helpline, and also her many years of clinical experience as an abortion provider and midwife.

Following close financial monitoring throughout the year, in quarter three trustees undertook an assessment of essential and non-essential posts. After a period of consultation, the Board made the difficult decision to make the volunteer and administrative officer post redundant. Working closely with the staff team, trustees again considered adaptations to the organisational workload to manage the reduced capacity.

> *"Your comms around the decision to have a monthly limit on abortion spend were fantastic. This was hard and painful news to read, but your willingness to explain the situation and your decision-making in such a frank and direct way really made it feel like your team and your supporters are a unified community who can share both the good and bad."*
> - ASN donor

Volunteers

Our volunteers are our biggest asset. ASN began the year with 46 volunteers and after a successful round of recruitment, our volunteering community swelled to 67. Our team of multilingual volunteers speak 16 languages and bring an impressive range of skills suited to their roles. Recruited volunteers are offered a comprehensive 14- hour training program delivered by the staff and volunteer teams. Safeguarding, data protection and health and safety form part of the mandatory training program offered to all volunteers. Regular helpline and all volunteer meetings facilitate good internal communication and support values-led decision making.

> *"Volunteering with ASN feels like a meaningful way to put these values into action and support people facing structural barriers to care."*
> - ASN volunteer

Governance

ASN is constituted as a charitable company, as defined by the Companies Act 2006. The charity's governing documents are our Memorandum and Articles of Association.

ASN's membership (made up of former and currently serving volunteers) elects a trustee board each year to govern the organisation. Our Board holds a breadth of experience and skills spanning service delivery, research and academia, charity management, feminist leadership, safeguarding, financial management, international project management, sexual and reproductive health, abortion access activism, movement building and charity governance.

In 2025, we transitioned to a Co-Chair model and Catherine Kilfedder stepped up to join Ruth Fletcher as Co-Chair. We recruited a treasurer and are thrilled to welcome Chloe Hanse. Chloe comes with a strong financial background, alongside a professional history in international sexual and reproductive health services.

2025 saw the formation of the governance working group and the continuation of the successful fundraising working group. The full Board and all working groups meet bi-monthly.

All new trustees were inducted by the Co-Chairs, with an additional online session with the Managing Director. Trustee Lesley Storey is the named staff liaison, meeting regularly with staff without the Managing Director or Co-Chairs present to reinforce strong relationships across the organisation. All trustees are offered additional training as part of our NCVO membership.

> *"The support for volunteers is great - we can ask questions are invited into spaces for strategic conversations about ASN."*
> - ASN volunteer

> *"I was motivated to volunteer by the clear sense of where the money was going and how immediately useful it was... A close friend of mine had an abortion at 18 and the procedure probably saved her life, so it's something I fervently believe in."*
> - ASN volunteer

"I've arrived home. I really would like to repay you somehow, but apart from being immensely grateful and thanking you, there's nothing else I can do right now. As soon as I have the chance, I'll contribute to your organisation. I promise. I will never forget you, especially you and your immense humanity."
- Abortion seeker, Serbia

Looking ahead

Joining the organisation in December 2024, incoming Managing Director Camille Kumar led a 12-month strategic planning consultation to understand the needs and perspectives of abortion seekers using our service, staff and volunteers who deliver our work and our supporter base who enable our work. Through this process, some clear strategic priorities have emerged.

ASN's strategic plan (2026-2028) will be published alongside this annual report.

ASN will:

- Deliver transformative care to abortion seekers across Europe
- Grow our community base of supporters and donors
- Build the movement through mobilising and inspiring reproductive justice activists and networks across the region
- Attract new sources of income
- Create a feminist organisation through the embodiment of our values in our decision making, practices and culture.

"I believe in choice in pregnancy, and work as an obstetrician in a region where the law is still relatively restrictive. ASN supports women to exercise their right to choose, when I cannot directly provide care myself."
- ASN donor

"I never wanted to be a parent, my pregnancy was an accident. The idea that others are forced to have a baby because of legislation broke my heart. I would have considered suicide if I had not been able to terminate my unwanted pregnancy."
- ASN donor

"I am very scared and I know I am not ready to bring a baby into this world, with no family to love it yet and I don't want it to be raised the way I was. I want a happy life for my baby when I can give it."
- Abortion seeker, Ireland

Safeguarding, risk and data security

Safeguarding was managed in line with our safeguarding policy with all safeguarding cases being flagged and reviewed by our safeguarding lead and appropriate actions taken to ensure all vulnerable adults and young people are safeguarded. Trustee Alex Irving is our dedicated safeguarding lead on the Board.

Trustees considered the major risks to which the charity is exposed, and implemented systems and processes to manage these risks. The risk assessment and management plan is documented in the charity's risk register. The risk register is regularly reviewed and updated by the Governance working group in consultation with the Managing Director.

Data security was managed in line with our GDPR compliant data protection policy with regular reviews of all data management processes. Our two-year case management system implementation project came to fruition on 29th September when our case management system Beacon, went live. This has enabled stronger data security relating to abortion seeker and volunteer data, as well as smoother casework processes and more consistent monitoring and oversight from the safeguarding lead and relevant managers.

Public benefit

ASN was founded and incorporated as a company in September 2009. Our charitable purpose was drafted in 2011 when ASN registered with the Charity Commission as a charitable company. The charitable purpose was expanded on in our 2017 Articles of Association which remains our governing document.

Charitable purpose: To provide practical information and support to relieve the difficulties, distress and financial hardship experienced by women who may be forced to travel to access a safe, legal abortion.

To achieve this purpose, we engage in two core activities:

Run a helpline: Providing information, support and transformative care to women and pregnant people across Europe who face barriers in accessing abortion care.

Movement building: Raising awareness of the barriers to abortion access across Europe, building an informed and committed reproductive justice movement, amplifying the lived experiences of abortion seekers, and mobilising resources to fund abortion care, travel and accommodation.

The trustees have paid due regard to the Charity Commission's guidance on public benefit, including the guidance on public benefit reporting, in deciding what activities the charity should undertake.

"I want to thank you endlessly for simply existing in this world and for reflecting the spark of kindness in your hearts onto me. The kindness you've shown has been a turning point in my life, and I will never forget it as long as I live. Once my life is a bit more settled, I intend to provide financial support to ASN so I can help other women in need, just as I was. I embrace you all with love, I am so glad you exist, and I am truly grateful to have met you."
- Abortion seeker, Italy

Statement of financial activities

Income and expenditure

After two years of decreasing income levels, in 2025 ASN saw a 20% increase in income (total income £517,830), meeting the targets set in our fundraising strategy. Trustees determined to maintain spending levels for abortion care, so the year ended in a deficit, in line with budget projections. The forecast for 2026 and 2027 both project small surplus budgets to maintain healthy reserves levels and provide stability for staff, volunteers and the ASN community.

Total expenditure for the year was £622,958 compared to £606,880 in the previous year, reflecting an increase of just under 3%. 88% of total expenditure was directed toward charitable activities in 2025, compared to 85% in the previous year.

Pay and renumeration for all staff including key management personnel is benchmarked with charities across the advice, advocacy and helpline sector in the UK.

Reserves

Reserves at year-end stood at £152,156, a decrease from £257,284 in the previous year, reflecting the trustees' decision to invest built-up reserves in infrastructure for the service and to maintain the level of support provided to abortion seekers. At the end of the year, our reserves are aligned with our reserves policy of three months running costs plus any costs of winding down operations.

Statement of Trustees' Responsibilities

The trustees (who are also directors of Abortion Support Network for the purposes of company law) are responsible for preparing the Trustees Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

For the financial year in question the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies. No members have required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006. The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and for the preparation of accounts.

The accounts have been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies. Approved by the Board of Trustees and signed on its behalf by:

C. Kilfedder

Alex Irving, Secretary

Catherine Kilfedder, Co-Chair

Abortion Support Network
Independent examiner's report to the trustees
for the year ended 31 December 2025

I report on the accounts of the charity for the year ended 31 December 2025 as set out on the following pages.

Respective responsibilities of trustees and examiner
The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 ("the Charities Act") and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of ICAEW.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

Basis of independent examiner's statement
My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

Independent examiner's statement
In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that, in any material respect, the requirements:
    - to keep accounting records in accordance with section 130 of the Charities Act; and
    - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act

    have not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

A.Shapuri 12 / 09 / 2026

Abbas Shapuri ACA
Third Sector Accountancy Limited
Holyoake House
Hanover Street
Manchester
M60 0AS

Abortion Support Network
Statement of Financial Activities including Revenue Account
for the year ended 31 December 2025

	Note	Unrestricted funds	Restricted funds	Total funds 2025	*Unrestricted funds*	*Restricted funds*	*Total funds 2024*
		£	£	£	*£*	*£*	*£*
Income from:							
Donations and legacies	3	346,678	-	346,678	*343,773*	-	*343,773*
Charitable activities	4	102,456	66,331	168,787	*74,113*	-	*74,113*
Investment income	5	2,365	-	2,365	*6,203*	-	*6,203*
Total income		451,499	66,331	517,830	*424,089*	-	*424,089*
Expenditure on:							
Cost of raising funds	6	76,963	-	76,963	*90,042*	-	*90,042*
Charitable activities	6	507,533	38,462	545,995	*514,900*	*1,938*	*516,838*
Total expenditure		584,496	38,462	622,958	*604,942*	*1,938*	*606,880*
Net income/expenditure for the year		(132,997)	27,869	(105,128)	*(180,853)*	*(1,938)*	*(182,791)*
Transfer of funds		-					
Net movement of funds for the year		(132,997)	27,869	(105,128)	*(180,853)*	*(1,938)*	*(182,791)*
Reconciliation of funds Total funds brought forward		257,284	-	257,284	*438,137*	*1,938*	*440,075*
Total funds carried forward		124,287	27,869	152,156	*257,284*	-	*257,284*

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

Abortion Support Network
Company Number 07017607
Balance sheet as at 31 December 2025

	Note	2025 £	2025 £	2024 £	2024 £
Fixed assets					
Tangible assets					
Total fixed assets					
Current assets					
Debtors	12	8,399		*9,300*	
Cash at bank and in hand		179,181		*277,938*	
Total current assets		**187,580**		*287,238*	
Liabilities					
Creditors: amounts falling due in less than one year	13	(35,424)		*(29,954)*	
Net current assets			152,156		*257,284*
Total assets less current liabilities			152,156		*257,284*
Net assets			152,156		*257,284*
The funds of the charity					
Restricted income funds	14		27,869		
Unrestricted income funds	15		124,287		*257,284*
Total charity funds			152,156		257,284

For the year in question, the company was entitled to exemption from an audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:
The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006
The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts are prepared in accordance with the special provisions of part 15 of the Companies Act 2006 relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company. The notes on pages 37 to 46 form part of these accounts. Approved by the trustees on 08/09/2026 and signed on their behalf by:

C Kilfedder

Catherine Kilfedder, co-Chair

Abortion Support Network
Statement of Cash Flows
for the year ending 31 December 2025

	Note	2025	*2024*
		£	*£*
Cash provided by/(used in).operating activities	17	(101,122)	*(186,294)*
Cash flows from investing activities			
Dividends, interest and rents from investments		2,365	*6,203*
Cash provided by/(used in) investing activities		2,365	*6,203*
Increase/(decrease) in cash and cash equivalents in the year		(98,757)	*(180,091)*
Cash and cash equivalents at the beginning of the year		277,938	*458,029*
Cash and cash equivalents at the end of the year		179,181	*277,938*

1 Accounting policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 - (Charities SORP (FRS 102), and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Abortion Support Network meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £ sterling.

b Judgments and estimates

The trustees have made no key judgments which have a significant effect on the accounts.
The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next reporting period.

c Preparation of the accounts on a going concern basis

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

d Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

e Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

f Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity.
Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable tl settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the fc activity headings:

- Costs of raising funds comprise the costs of fundraising and the associated support costs.
- Expenditure on charitable activities includes the costs undertaken to further the purposes of the charity and their associ support costs.
- Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h **Allocation of support costs**
Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities.

i **Operating leases**
Operating leases are leases in which the title to the assets, and the risks and rewards of ownership, remain with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

j **Tangible fixed assets**
Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:
Office Equipment 33% straight line

k **Debtors**
Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

l **Cash at bank and in hand**
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

m **Creditors and provisions**
Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

n **Financial instruments**
The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

o **Pensions**
The company operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the SOFA.

p **Donated goods and services**
Donated items are not included in the financial statements until they are sold or distributed on the basis that it is considered impractical to measure the fair value of donated goods. The value recognised is the estimated value to the charity of the service or goods received.

2 **Legal status of the charity**
The charity is a company limited by guarantee registered in England and Wales and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee
is limited to £1 per member of the charity. The registered office address is disclosed on page 1.

3 Income from donations and legacies

	Unrestricted £	Restricted £	Total 2025 £	*Unrestricted £*	*Restricted £*	*Total 2024 £*
Donation income	309,674	-	309,674	*313,275*	-	*313,275*
Gift Aid	37,004	-	37,004	*30,498*	-	*30,498*
	346,678	-	346,678	*343,773*	-	*343,773*

4 Income from charitable activities

	Unrestricted £	Restricted £	Total 2025 £	*Unrestricted £*	*Restricted £*	*Total 2024 £*
Grant income	93,456	66,331	159,787	*65,113*	-	*65,113*
Sponsorship income	9,000		9,000	*9,000*	-	*9,000*
	102,456	66,331	168,787	*74,113*	-	*74,113*

5 Investment income

All of the charity's investment income arises from money held in interest bearing deposit accounts. All investment income is unrestricted.

6 Analysis of expenditure

	Charitable activities £	Cost of raising funds £	Total 2025 £	*Charitable activities £*	*Restricted £*	*Total 2024 £*
Direct costs of supporting clients	264,278	-	264,278	*284,673*	-	*284,673*
Staff costs	173,165	36,078	209,243	*123,980*	*50,931*	*174,911*
Platform fees and other fundraising	-	29,235	29,235	-	*28,518*	*28,518*
Support costs (see note 7)	105,312	11,650	116,962	*105,685*	*10,593*	*116,278*
Governance costs (see note 7)	3,240	76,963	3,240	*2,500*	-	*2,500*
	545,995	76,963	622,958	*516,838*	*90,042*	*606,880*

7 Analysis of governance and support costs

	Support £	Governance £	Total 2025 £	*Support £*	*Governance £*	*Total 2024 £*
Staff costs	69,748	-	69,748	*58,304*	-	*58,304*
Recruitment and other staff costs	7,239	-	7,239	*7,326*	-	*7,326*
Volunteer costs	4,019	-	4,019	*2,707*	-	*2,707*
Travel and subsistence	3,218	-	3,218	*7,819*	-	*7,819*
Communication and marketing	13,181	-	13,181	*2,178*	-	*2,178*
Accountancy, legal and professional fees	2,437	3,240	5,677	*5,180*	*2,500*	*7,680*
Office costs	17,121	-	17,121	*32,763*	-	*32,763*
	116,963	3,240	120,203	*116,277*	*2,500*	*118,777*
Split between:	105,313	3,240	108,553	*105,685*	*2,500*	*108,185*
Charitable activities	11,650	-	11,650	*10,593*	-	*10,593*
Cost of Raising Funds						
	116,963	3,240	120,203	*116,278*	*2,500*	*118,778*

8 Net income/(expenditure) for the year

This is stated after charging/(crediting):	2025	*2024*
	£	*£*
Depreciation	-	-
Trustees' remuneration	-	-
Independent examiner's remuneration	2,700	*2,500*

9 Staff costs	2025	*2024*
Staff costs during the year were as follows:	£	*£*
Wages and salaries	216,696	*178,541*
Social security costs	16,112	*14,117*
Pension costs	7,953	*6,303*
Freelance staff	38,230	*34,254*
	278,991	*233,215*
Allocated as follows:		
Costs of raising funds	36,078	*50,931*
Charitable activities	173,165	*123,980*
Support costs	69,748	*58,304*
	278,991	*233,213*

No employees had employee benefits in excess of £60,000 (2024: Nil).

The average monthly number of staff employed during the period was 6 (2024: 5).

The key management personnel of the charity comprise Trustees and Managing Director. Total employee benefits of the key management personnel was £60,969 (2024: £3,198). Note that in the previous year, the Managing Director was in role from December 2024.

10 Trustee remuneration and expenses, and related party transactions

No trustee or person closely related or connected with them received any remuneration during the year (2024: Nil)

Aggregate donations from trustees were £Nil (2024: £Nil).

There were no donations from related parties which are outside the normal course of business and no restricted donations from related parties. (2024: £Nil)

11 Corporation tax

The charity is exempt from tax on income and gains falling within Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the charity.

12 Debtors	2025 £	*2024* *£*
Trade debtors	5,400	*9,000*
Other debtors	2,999	*300*
	8,399	*9,300*

13 Creditors: amounts falling due within one year

	2025 £	*2024* *£*
Trade creditors		
Taxation and social security	24,886	*18,494*
Accruals	6,300	*5,795*
Other creditors	3,240	*5,665*
	998	-
	35,424	*29,954*

14 Analysis of movements in restricted funds

Current reporting period	Balance at 1 January 2025	Income	Expenditure	Transfers	Balance at 31 December 2025
	£	£	£	£	£
	-				
Evan Cornish Foundation	-	5,000	(5,000)	-	-
NNAF Colorado	-	1,655	(1,655)	-	-
NNAF DB	-	7,422	(7,246)	-	176
NNAF FBMC	-	7,278	(7,278)	-	-
NNAF SP	-	14,529	(1,215)	-	13,314
NNAF Treat 25	-	14,447	(14,447)	-	-
Swiss Philanthropist Oak Care	-				
Oak Cap	-	5,000	(1,621)	-	3.379
SafeLives SL DV		9,000	-	-	9,000
		2,000	-	-	2,000
	-				
Total		66,331	(38,462)	-	27,869

Previous reporting period	*Balance at 1 January 2024*	*Income*	*Expenditure*	*Transfers*	Balance at 31 December 2024
	£	£	£	£	£
International Planned Parenthood Federation - staff welfare	*1,938*	-	*(1,938)*	-	-
Total	*19,38*	-	*(1,938)*	-	-

Name of restricted fund	Description, nature and purposes of the fund
International Planned Parenthood Federation - staff welfare	Funds to cover the supervision of helpline staff.
Evan Cornish Foundation	France Abortion helpline: Supporting safe, legal and accessible abortion for women and pregnant people in France.
NNAF Colorado	To support the volunteers and staff on their trip to Colorado to attend an abortion conference.
NNAF DB	To support database costs.
NNAF FBMC	To support fundraising through Mailchimp and Facebook advertising.
NNAF SP	To support strategic planning and staff development.
NNAF Treat 25	To support abortion funding and practical abortion-related support activities.
Swiss Philanthropist Oak Care	To cover staff away day expenses and any costs regarding the strategic planning meeting.
Oak Cap	To support the costs of external clinical supervision for our team to facilitate 2 days of grounding and healing work for the staff team fortnightly.
SafeLives SL	To support domestic violence cases in the Republic of Ireland.

14 Analysis of movements in unrestricted funds

Current period	Balance at 1 January 2025 £	Income £	Expenditure £	Transfers £	Balance at 31 December 2025 £
General fund	257,284	451,499	(584,496)	-	-
Total general funds	257,284	451,499	(584,496)	-	-
Total unrestricted funds	257,284	451,499	(584,496)	-	-

Prior period	*Balance at 1 January 2024 £*	*Income £*	*Expenditure £*	*Transfers £*	*As at 31 December 2024 £*
General fund	*438,137*	*424,089*	*(604,942)*	-	*257,284*
Total general funds	*438,137*	*424,089*	*(604,942)*	-	*257,284*
Total unrestricted funds	*438,137*	*424,089*	*(604,942)*	-	*257,284*

Name of unrestricted fund	Description, nature and purposes of the fund
General fund	The free reserves after allowing for all designated funds.

15 Analysis of movements in unrestricted funds

Current reporting period	General fund	Designated funds	Restricted funds	Total
	£	£	£	£
Tangible fixed assets	-	-	-	-
Net current assets/(liabilities)	124,287	-	27,869	-
Total	124,287	-	27,869	-

Previous reporting period

	General fund	*Designated funds*	*Restricted funds*	*Total*
	£	£	£	£
Tangible fixed assets	-	-	-	-
Net current assets/(liabilities)	*257,284*	-	-	*257,284*
Total	*257,284*	-	-	*257,284*

17 Reconciliation of net movement in funds to net cash flow from operating activities

	2025	*2024*
	£	£
Net income/(expenditure) for the year		
Adjustments for:		
Dividends, interest and rents from investments	(105,128)	*(182,791)*
Decrease/(increase) in debtors		
Increase/(decrease) in creditors	(2,365)	*(6,203)*
	901	*5,393*
Net cash provided by/(used in) operating activities	5,470	*(2,693)*
	(101,122)	*(186,294)*

Notes

1 2025 World Health Organization Abortion care guideline
2 2014 BPAS 2014 10 Abortion Myths
3 2025 Datta, N. The Next Wave: How Religious Extremism Is Reclaiming Power. Published by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).
4 Amnesty International UK 2025, The Anti-Rights Movement
5 Ibid
6 Bengtsson et all 2025. Funding cuts and their implications for SHRH and rights, Centre European Policy Studies
7 Norris, S. 2026. Abortion is becoming a new front in Reform UK's culture war, Open Democracy
8 My Voice My Choice webpage- accessed online01.06.2026 at https://www.myvoice-mychoice.org/
9 Chiappa et a, 2025. Abortion: Europe's not as liberal as you think – POLITICO
10 All identifying information has been removed from the stories shared in this report, names have been changed and some details of the story altered to ensure anonymity.
11 With some countries imposing near or complete bans: with Andorra, Liechtenstein, Malta, Monaco, Poland and San Marino imposing near complete bans altogether. For more see European Abortion Policies Atlas 2025
12 European Abortion Policies Atlas 2025
13 2025 World Health Organization, Law and Policy Recommendation 3: Gestational age limits (2.2.3)
14 2025 European Abortion Policies Atlas
15 Autorini et al 2020. The impact of gynaecologists' conscientious objection on abortion access, ScienceDirect
16 Amnesty International 2025. Europe: When rights aren't real for all: the struggle for abortion access in Europe
17 Durnova et al 2026. 'How am I supposed to feel?': navigating the emotional ambivalences of abortion decisions in: Emotions and Society – Bristol University Digital
18 Galley et al, 2022. Maternal mortality, safe abortion, and the anaesthetist, ScienceDirect
19 2015 United Nations, The UN Sustainable Development Goals http://www.un.org/sustainabledevelopment/summit
20 With exception of 3 days between Christmas and New Year's Eve- this year 31st December and 2nd January
21 For more on minsinformation and barriers for noncitizens please see https://maternityaction.org.uk/breach-of-trust-report-2021/; https://maternityaction.org.uk/women-from-abroad-financial-support-and-housing/ and https://maternityaction.org.uk/nhscharging/
22 Reproductive Coercion: A Systematic Review, PMC
23 Norris, S. 2026. Abortion is becoming a new front in Reform UK's culture war, Open Democracy
24 For more see: https://www.jstor.org/stable/48801947?seq=1; https://www.jstor.org/stable/j.ctv23hcfms and https://link.springer.com/article/10.1007/s10691-018-9396-x
25 Our vision aligns with recent international research explicating a framework for feminist abortion care- Framing a Feminist Abortion | Signs: Journal of Women in Culture and Society: Vol 51, No 4