



# BLOODY GOOD PERIOD IMPACT REPORT

2023-2024

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# Introduction



Our parents are grateful to your organisation for the free sanitary products. Our parents are experiencing high levels of deprivation in finances and housing, with some having no permanency to call home. Both our refugees and our young parents are struggling to make ends meet, and the high cost of period products means they are unable to afford it. They have admitted at times to using toilet paper as a makeshift pad. Your organisation has been a life saver for our parents, as your generosity takes away the burden of finding money to buy personal products.”

Family & Parent Support Service - London

Bloody Good Period (BGP) do crucial work providing free period products and offering educational workshops to marginalised communities in England and Wales. Communities served include people experiencing financial difficulty, as well as refugees and asylum seekers. BGP also engages in campaigning and advocacy work. The aim of this is to campaign for free provision of period products for all people who menstruate and to shift discourses around periods, removing stigma, myths and shame narratives. This report outlines BGP’s impact in the period from September 2023 to October 2024.\*

There is a huge need for the work that BGP does in England today due to the ‘poly crisis’ facing the country. Alongside the entrenched housing crisis and acute cost of living crisis, marginalised groups are being impacted by a crisis in the NHS, following years of austerity and privatisation. NHS services are typified by long wait times, overworked staff, difficulty booking appointments and sometimes substandard care. For refugees and asylum seekers (as well as other minoritised groups), another layer of precarity is added by the ongoing ‘hostile environment’ - a set of policies introduced in 2012 by Theresa May to make access to essential services difficult for migrants living in the UK. This manifests in woefully inadequate state provision of financial and housing support for those with insecure migration status and leads to anxiety about accessing services for fear of deportation.

*\*(This time period was selected to include the funding period for education sessions (September 2023 - July 2024) as well as year to date data for production distribution, as of the time of writing in November 2024).*

As we know from BGP's existing data collection and wider research, people who menstruate are disproportionately impacted by this poly crisis because of several factors including:

### The high and rising costs of period products

One partner of BGP said:



Cost of living has pushed members to wear 1 pad all day long!!'

(Smethwick Church Action Network)



This is reiterated by studies that show that the number of people who menstruate in the UK who are struggling to afford period products has risen from 12% to 21% in one year (Action Aid, 2023) and that 2.8 million people in the UK are struggling to afford period products (1 in 5 people who menstruate). (Trust for London, 2023).

### Cuts to the provision of free products

A recent article (BBC, 2024) reported that cuts councils have been forced to make over the past year include cuts to period poverty services. The money schools receive from the Department of Education to provide free period products was also cut by more than 40% - (BBC, 2023)

Reflecting this, many BGP partners report that they wouldn't be able to provide products to their clients/members without BGP's support



We have found our numbers are growing each week, as the cost of living crisis just keeps growing, so thank you so much for all your continued support. We could not provide people with products if it wasn't for the help you give us. (St Barnabas Church Foodbank)



This is such a fantastic resource for us. Without your help we would not be able to help with sanitary products. (Albrighton Community Fridge)

**The closure of places that would normally provide free products (Williams, 2022) due to austerity (e.g. community centres, libraries, youth clubs)**

According to an article by The Guardian, spending on community centres and public halls was cut by 39% and library spending has halved since 2010-11. (Goodier et al, 2024).



**The difficulty of accessing health care services**

According to one recent survey, 59% of people said they struggle to get an NHS GP appointment (Care Quality Commission, 2024) and a recent release from The Royal College of Obstetricians and Gynaecologists showed that there are currently 760,000 people waiting for NHS gynaecological appointments, a queue that would stretch from London to Exeter. (Williams, 2024)

These combined factors push more and more people into period poverty; defined as lack of access to appropriate menstrual products, as well as services, facilities and education related to menstruation (Jaafar et al. 2023).

For people who have experienced traumatic and stressful situations, for example asylum seekers and refugees, period poverty can be even more distressing because stress and trauma can lead to heavy and irregular periods which means a) they can need more period products/specific period products because of heavier flow and/or b) they are not sure when their period will come, making regular, easy access to period products even more essential (Rodriquez, 2022).

Refugees and asylum seekers can also face additional barriers (Liberal Democrats, 2024).

These groups often don't feel safe to access health care services because of worries they could be deported (Asif, Z & Kienzler, H, 2023). They are also likely to have less knowledge of how to navigate the NHS than other UK residents (Asif, Z & Kienzler, H, 2023).

Additionally, stigma around periods and sexual health in some countries leads women to feel embarrassed or ashamed when talking about periods. According to a Plan UK report, 48% of girls in Iran, 10% in India and 7% in Afghanistan believe menstruation is a disease; and 51% of girls in Afghanistan and 82% in Malawi had not been made aware of periods before their own first menstrual cycle (Plan International UK, 2018).

Language barriers can also prevent non native English speakers from accessing health care, especially in a context where medical staff are under immense pressure and can be reluctant to take the extra time and resources needed to provide translation.

One woman who attended a BGP education session said that they were 'Not at all' confident to visit the GP because they made "negative comments" and other reported inconsistency in how supported different GPs made them feel to talk about periods and menstrual health (Internal Report, BGP).

In this context, BGP's work is needed more than ever.

**In this report we summarise key impacts of BGP's work in the past 12 months in the following areas:**

- **Providing period products via partner organisations**
- **Providing free education sessions to improve understanding of menstrual and sexual health and improve uptake of health care services**
- **Doing advocacy and campaigning work that shifts discourses, removes stigma and works towards menstrual equality**

# Who Benefits from BGP's Work?

BGP works closely with partner organisations in order to reach communities across the UK.

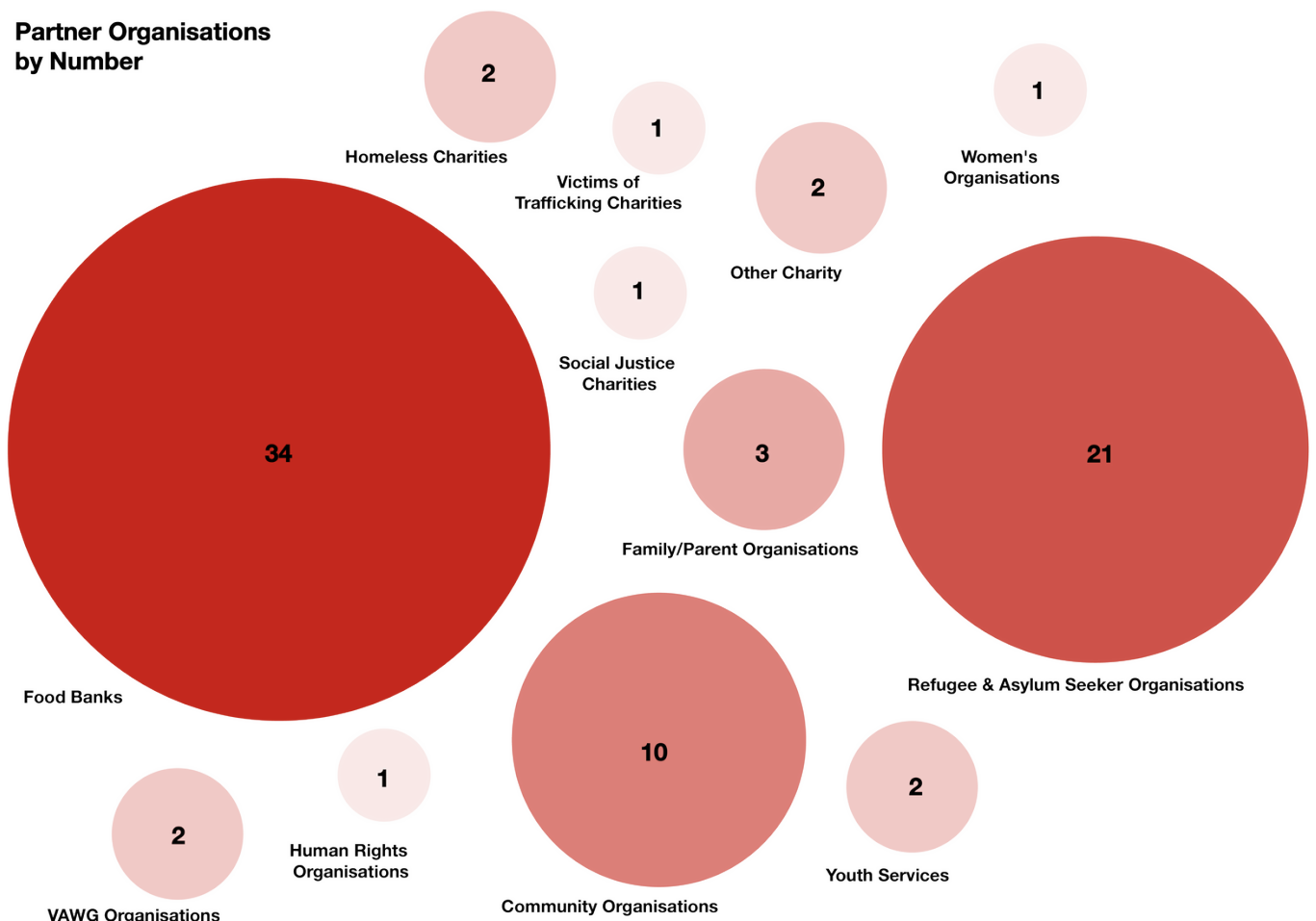
They do this by:

Providing period products to partners to distribute to their clients/members  
Running education sessions with clients, provided free to their clients/members

Partner organisations serve a range of precarious groups. Types of partner organisations include;

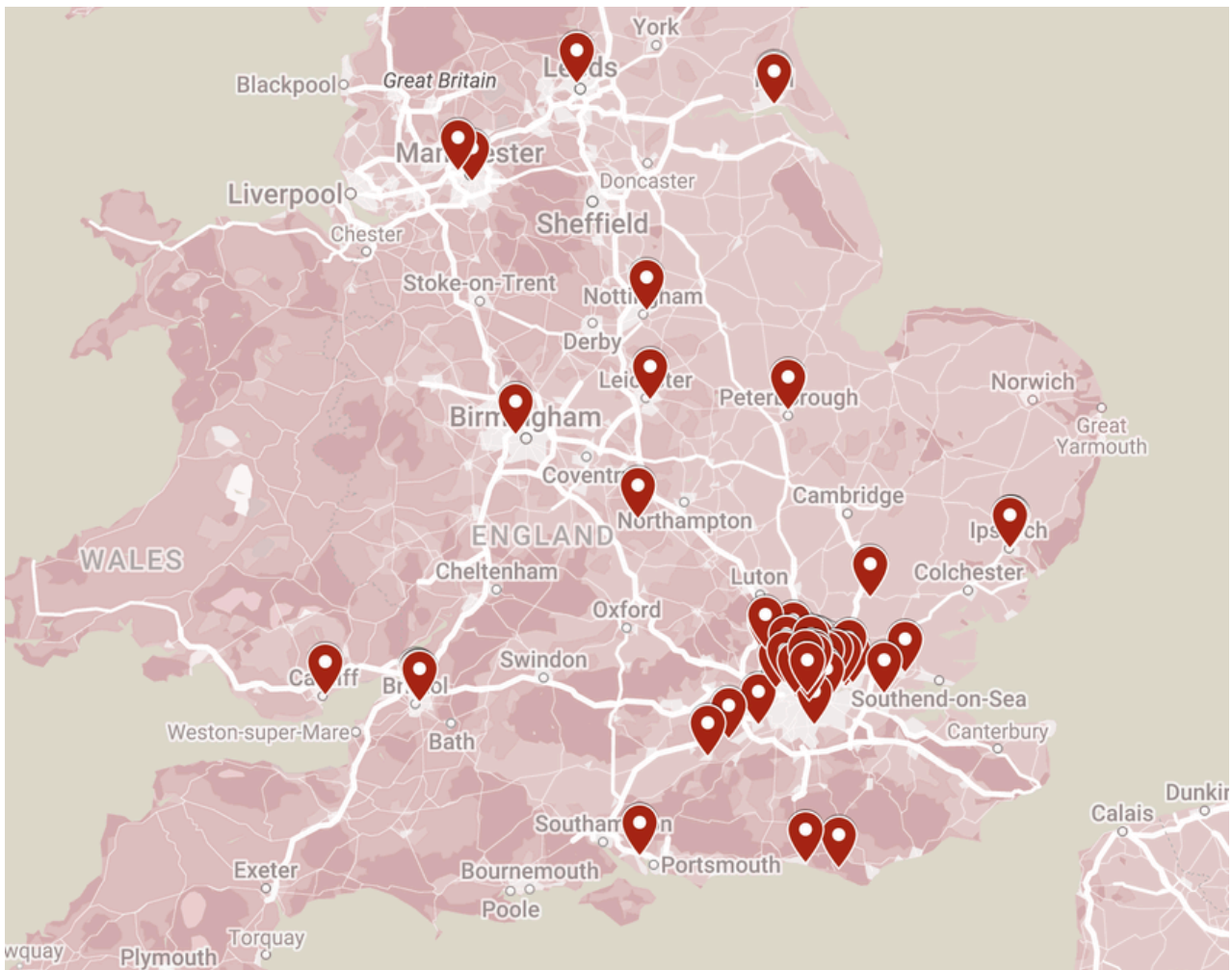
- Food banks
- Refugee & Asylum Seeker Support
- Homeless Charities
- Victims of Trafficking Charities
- Community Organisations
- Family/Parent Organisations
- Women's Organisations
- Social Justice Charities
- Human Rights Organisations
- Youth Services

## Partner Organisations by Number



The graph shows the numbers of each type of organisation that BGP works with, giving insight into the breadth and extent of the people their services benefit. As is evident, BGP's work has a particular reach with refugee & asylum seeker groups and those relying on food banks.

Partners are distributed across the UK, clustering in London where BGP is based but increasingly ranging further afield.





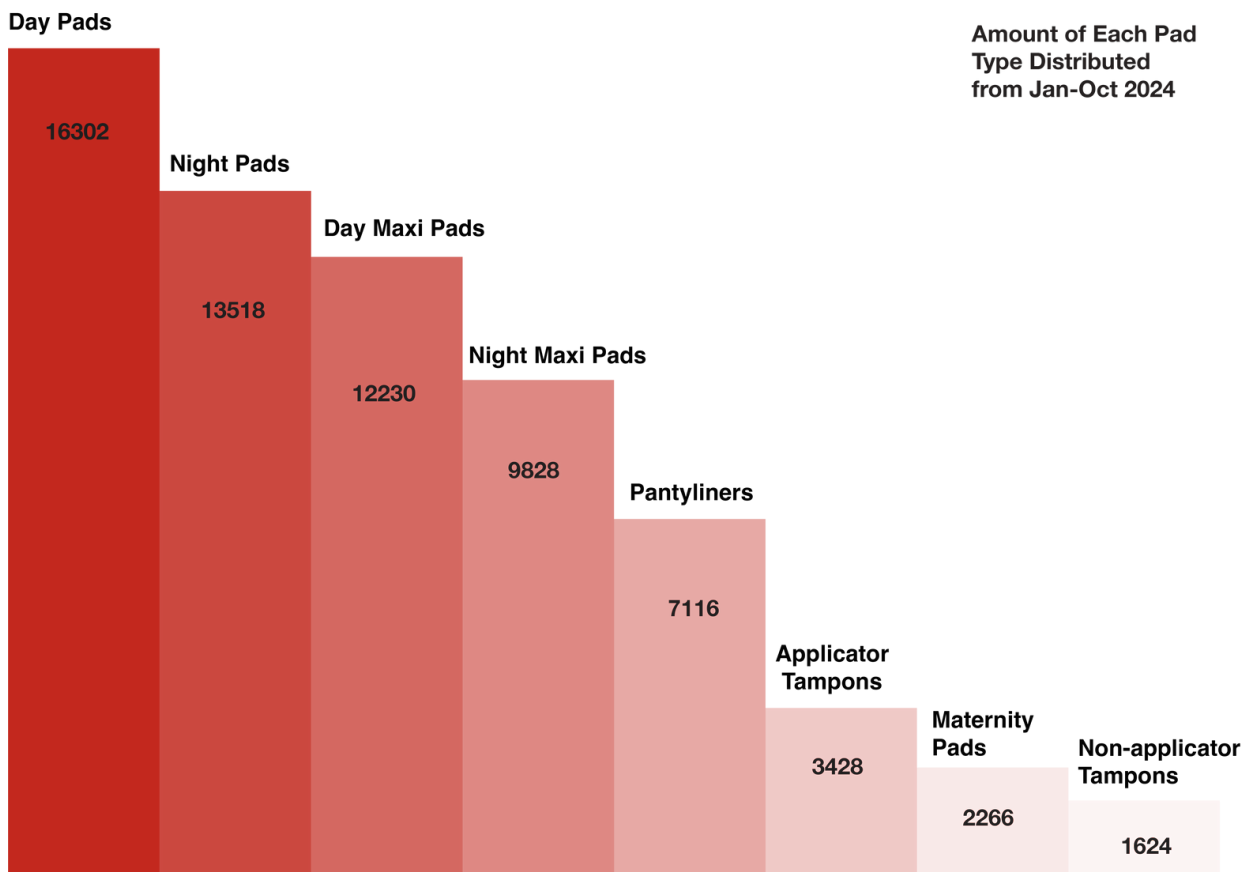
# Period Product Provision and its Impacts

BGP distribute a range of types of period products, catering to people with different preferences, cultural norms and levels of period blood flow.

The graph below shows the type of non-reusable products by amount distributed. BGP also increasingly distributes reusable products (menstrual cups and period pants) in response to demand. While reusable products are more environmentally sustainable, BGP mainly provides non-reusable products as they are most people's preference and norm, and already precarious groups should not be overburdened with responsibility for environmental sustainability

## £131,088

Worth of Period Products provided in 2024 so far!



BGP currently collect testimonials from clients and their comments through an optional feedback box on order forms. It's evident from these that providing period products has a transformative impact for recipients.

Through a thematic analysis of the feedback provided on order forms between January and October 2024, we identified common impacts and created a tally of mentions

- Reduced financial strain - 11
- Dignity/Empowerment - 5
- The partner organisation otherwise couldn't provide products - 8
- Health & Wellbeing (Including Alleviation of Anxiety) - 5

<b>Health &amp; Wellbeing (5)</b>	<b>Dignity/Empowerment (5)</b>
<b>Reduced Financial Strain (11)</b>	<b>Partner Org otherwise couldn't provide products (8)</b>

## Impact One: Reduced Financial Strain



I am less worried now. With the rise of cost living, everything went up but thank you with your help I feel more relieved." (Women's Association for Networking and Development UK)



Your goods are invaluable as essential items that are not affordable (Goods for Good)



Thank you for all you are doing to make our lives more bearable, my daughters and I are always relieved to know our little benefits can go to food and not pads. Keep doing this good thing for us, we are so grateful." (Meeting Point, CCACP Ltd)



Yes, we are very appreciative of being able to use this service and know they will help our service users massively. They do not get very much money weekly so to be able to put these in communal areas will be a massive help for them. (Moving on Project - Medaille Trust)

These quotes show how providing period products for free removes some of the financial pressure many people experience, freeing up money to spend on other essentials like food, heating and transport.

## Impact Two: Dignity/Empowerment

Providing period products also improves the sense of confidence or dignity for people receiving them. Firstly, having appropriate products that are comfortable to wear and reduce the risk of leakages and illnesses makes people feel better in themselves. Secondly, BGP provides a range of products which gives people a choice between the types they would like to use. People in precarious situations can often feel infantilised by lack of choice, leading to learned helplessness (Harris, Brickell, Nowicki, 2020) so having options when it comes to period products is a powerful way to restore self concept.



Our service users are so relieved to be able to choose from a variety of products with dignity (Aid box community)



Thank you so much for providing products that are so important for people's dignity' (Mutual Aid Kensington & Chelsea)



### Impact Three: The partner organisation otherwise couldn't provide products

For many partners, the work BGP does is crucial as they wouldn't otherwise be able to provide period products to their members/clients.



This is such a fantastic resource for us. Without your help we would not be able to help with sanitary products. (Albrighton Community Fridge)



We simply could not afford to provide our guests with sanitary products without the help and assistance of Bloody Good Period. (Liberal Jewish Synagogue)



Thank you for your continued support of us and our service users. We very much appreciate your donations without which we would struggle to find the funds to buy these very important and necessary products. (Holy Trinity Church Tottenham Foodbank)

As mentioned in the introduction, austerity and cost of living are forcing the closure of many services that would once have provided free period products. In this context, BGP's provision of period products allows partner organisations to continue to do this.



#### Impact Four: Health & Wellbeing

Another key impact notable on order forms is on improved mental and physical health.



Our service users are very grateful for your donations and now have peace of mind knowing that they can relax and have a bloody good period. (Holy Trinity Church Tottenham Foodbank)



Very important for health and wellbeing (Ipswich Top up shops)

Receiving period products is likely to improve mental health because of the reduced mental load and anxiety that comes from having to think about how to handle your period and mitigate leakages. In addition, receiving period products for free removes financial pressure for people who are already struggling. In terms of physical health, having appropriate products, rather than tissue and other substitutes, prevents infections and rashes.



when my period comes I know that I have some products saved and I'm ready for it, not, like, I have it so I need to get out and figure out how to manage' (EBE Forum Member)



when I see that the items are coming to my doorstep, I feel happy, I feel safe, secure (EBE Forum Member)

# Measuring Period Product Provision and its Impacts Going Forward

## Other Impacts

One impact of providing period products, which isn't reflected in the feedback from BGP's order forms but is supported by broader research, is the improved participation in sports, education, work, and social life for those who have access to suitable products.

Surveys have shown that periods cause a significant number of people who menstruate to miss work and education. For example, in 2023 (Bawden 2023) showed that over half of women have missed work due to periods and a (Bodyform, 2024) showed that over 350,000 girls had missed school because of periods, including 27% due to embarrassment and shame. Another report from the Nuffield Foundation showed that 85% of teenage girls reported reduced interest in sport and fitness since starting their period (Nuffield, 2024)

These various statistics show what a significant barrier periods can be to participation, even when access to period products is not an issue. For people being forced to use tissue, clothing or other make-shift solutions, these barriers will be hugely exacerbated.

While increased participation in work, school, sports and other activities hasn't been mentioned on order forms, it's an avenue of investigation for future evaluation work.

# Assessing overall Menstrual Wellbeing

Building on the analysis enabled by feedback provided on order forms, we've been able to derive a provisional metric for capturing improvements in 'menstrual wellbeing' from period product provision. Development of this metric has also been informed by conversations with BGP's Experts by Experience forum and medical volunteers.

The measure is designed to be simple enough to use in one-off surveys that can be filled out within 10 minutes, even taking language barriers into account.

A measure of menstrual wellbeing for an individual receiving period products would be ascertained by gathering self reported data in 5 key areas.

While the metric is structured as a before/after measurement, it's recommended to use it on just one occasion, after beneficiaries have been receiving period products for some time. Beneficiaries should estimate their own before and after scores in each area. There are two key reasons for this approach. Firstly, people often overestimate time 1 data in before/after surveys. Secondly, it could be potentially harmful to ask people about their wellbeing without free period products unless/until they are being provided with those products.

## Measure of Menstrual Wellbeing

Based on self reported data



The 5 categories in the metric reflect the impacts identified from order form feedback, as well as an in depth discussion with the EBE forum on the impacts of providing period products.

### Physical comfort would include;

- Day to day comfort (e.g. how comfortable a pad feels compared to using tissue)
- Longer term health impacts (e.g. developing a rash or an infection)



### Financial security would measure;

- Improved finances (e.g. having more money for other things, not having to make hard choices of what to spend money on)



### Peace of mind would measure alleviated anxiety, e.g. from;

- Not having to worry about how to deal with a period
- Not having to think as much about financial pressures
- Not having to have potentially embarrassing or shaming conversations to access period products



### Confidence measures;

- Self concept, e.g how people feel in themselves with or without access to period products
- This includes feelings that might be called 'dignity'\*, 'self assurance' or 'boldness'

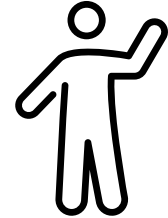


\* The term 'dignity' was used by the Experts by Experience forum to describe their experience



**Ability to stay active would measure people's ability to participate in their chosen activities including:**

- Work
- Sport
- Social life
- Education



This measure has correlates with other established measures of 'menstrual health'. For example in a 2021 World Health Organisation Paper, menstrual health was defined as;

- Access to accurate, timely, age appropriate information about the menstrual cycle
- Care for bodies during menstruation including accessing affordable and effective materials and services
- Access to timely diagnosis, treatment and care for menstrual health issues
- A respectful and positive environment free from stigma and psychological distress
- Ability to make your own decision about how to participate in all spheres of life during all stages of the menstrual cycle

This definition in turn aligns with the WHO definition of health. Other definitions also include measures of policy context including budget provision for menstrual health (Hennegan et al, 2023).

In Scotland, where legislation has been passed to mandate the provision of free period products, responsible bodies must 'meet three overarching principles' which include 'ease of access, dignity and reasonable choice' (Scotland 2022). These principles are reflected in the inclusion of dignity/confidence into our measure as well as peace of mind, which reflects ease of access.

Our proposed measure of menstrual wellbeing includes a category specifically for financial security, given this is such an often cited impact on order forms and by the EBE forum. Our metric also focuses on what is measurable on the level of the individual in a short term research intervention (e.g. it is more appropriate in a one off survey delivered to people in precarious situations to ask a generalised question about comfort or peace of mind than to seek in depth information about their knowledge of menstrual cycles and access to treatment.) Additionally, we've not sought to measure the level of respect and positivity in people's environments given that our metric is specifically investigating the impact of period product provision which, while it may reduce people's encounters with stigma, is unlikely to change the environment itself. Reduction in encounters with stigma will be captured by the 'Dignity/Confidence' measure.

In more long term or intensive research situations (e.g. for beneficiaries who attend research workshops, having also attended BGP's education sessions) the WHO's definition of menstrual health could be used to capture more extensive information.

## Deriving Social Return on Investment

From the order form feedback and from conversations with partners, volunteers and the EBE forum, we can also identify how providing period products results in a social return on investment (SROI) - e.g. money saved because of reduced physical and mental health issues, and better participation in activities.

Components that can be used to calculate SROI include...

- Fewer NHS appointments needed because infections and other health issues from using make-shift period products are prevented
- Recipients able to be more active physically, saving money on health care in the long term to the NHS
- Reduced financial strain means families are more able to access nutritious food, heating, etc. which saves the NHS money in the long run due to improved wellbeing and health
- Fewer missed days of work
- Fewer missed days of education
- Money saved because partner organisations can access period products that were bulk bought

Identification of these components paves the way for a detailed calculation of SROI

# Education Sessions and their Impacts

As well as providing period products, BGP also runs education sessions, arranged via partner organisations. Currently, sessions are arranged only with organisations serving refugees and asylum seekers. Between September 2023 and July 2024 BGP ran 24 sessions, 18 online and 6 in person, via 7 partner organisations as well as one organised with BGP's Evidence by Experience Forum. 172 people attended in total across all sessions.



**24**  
education sessions held  
from Sep 23 - July 2024.  
**18 online**  
**6 in person.**

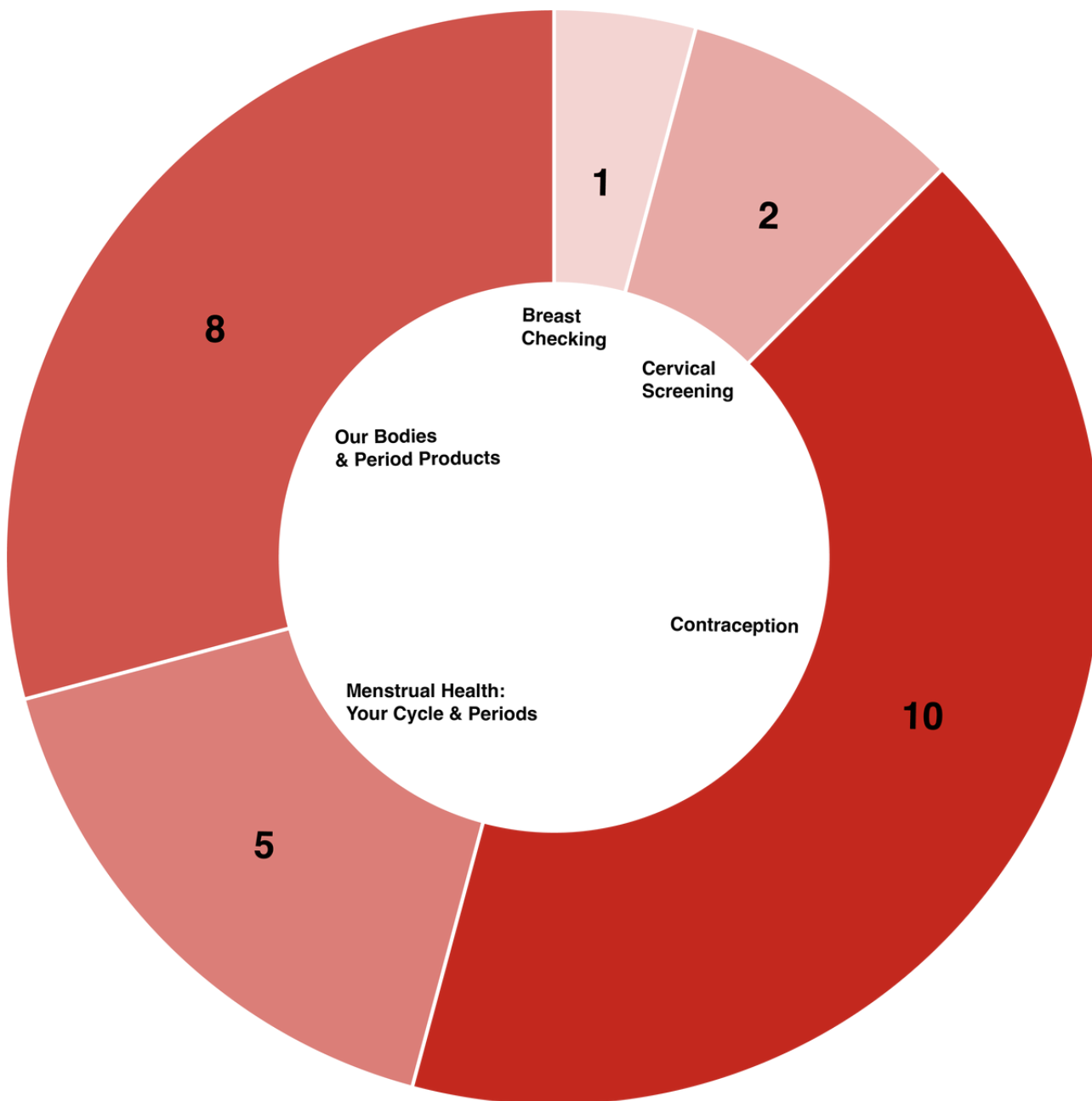
BGP offers six different sessions which partners can select from, covering different issues related to menstrual health, contraception, breast checking and cervical screening. Topics offered are as follows:

**172 session  
participants**

**via 7 partner orgs**

- Breast checking
- Menopause/Breast checking and Cervical Screening
- Cervical Screening
- Contraception
- Menstrual Health: Your Cycle & Periods
- Our Bodies & Period Products

In the period covered, at least one of each session was delivered, apart from “Breast Checking and Cervical Screening”. Numbers of each session delivered are shown in the graph below. Three sessions were also arranged but cancelled including 1 Breast Checking & Cervical Screening Session, 1 Menstrual Health: Your Cycle & Periods Session and 1 Our Bodies & Period Products Session.



# Improved Confidence From Sessions

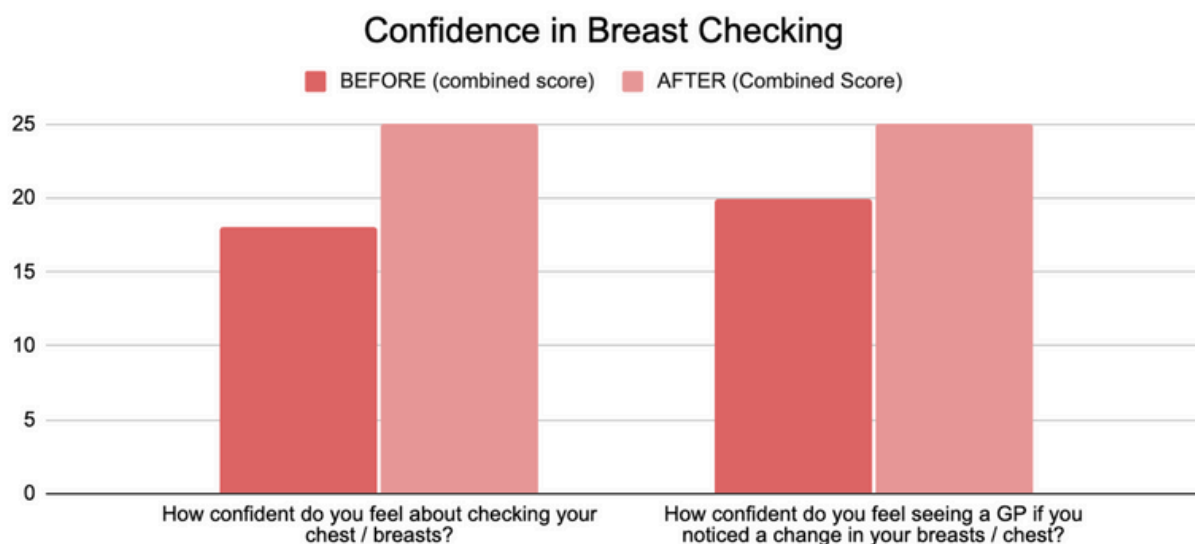


I have become bold enough to tell people about the use of period products”

EBE Forum Member

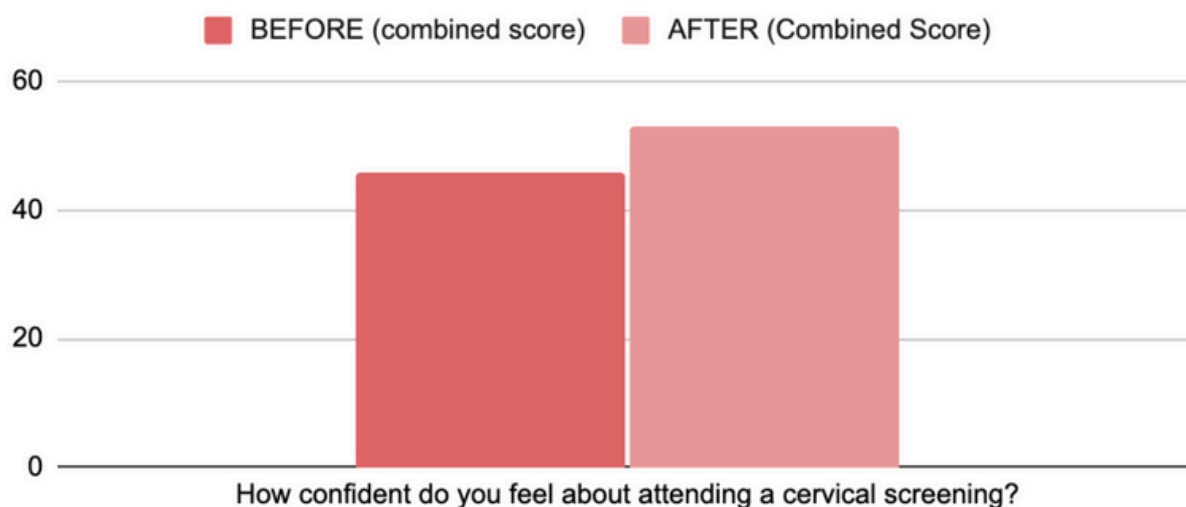
At the education sessions, facilitators use survey questions to measure self reported confidence in key aspects of the material to be covered, both before and after the sessions. Participants are asked to rank their confidence on a scale of 1-5. These survey questions are delivered verbally and in the chat for online meetings.\*

Data from these surveys shows a definitive improvement in confidence for participants. The graphs below show combined scores before and after sessions respectively (e.g. - the scores given by all participants have been added together).

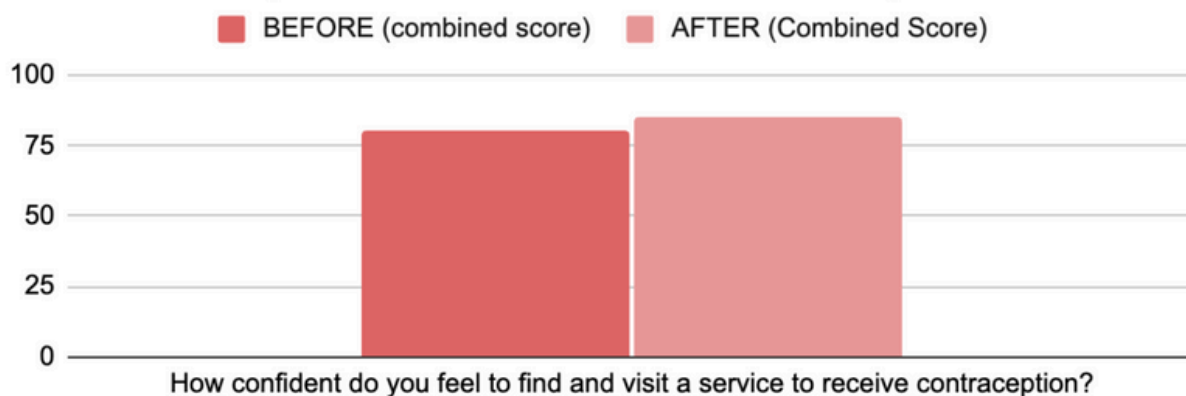


*\*In some instances, the 'after' question was either not asked or not answered, normally due to time constraints. In these instances data hasn't been included from the corresponding 'before' questions so as not to skew results.*

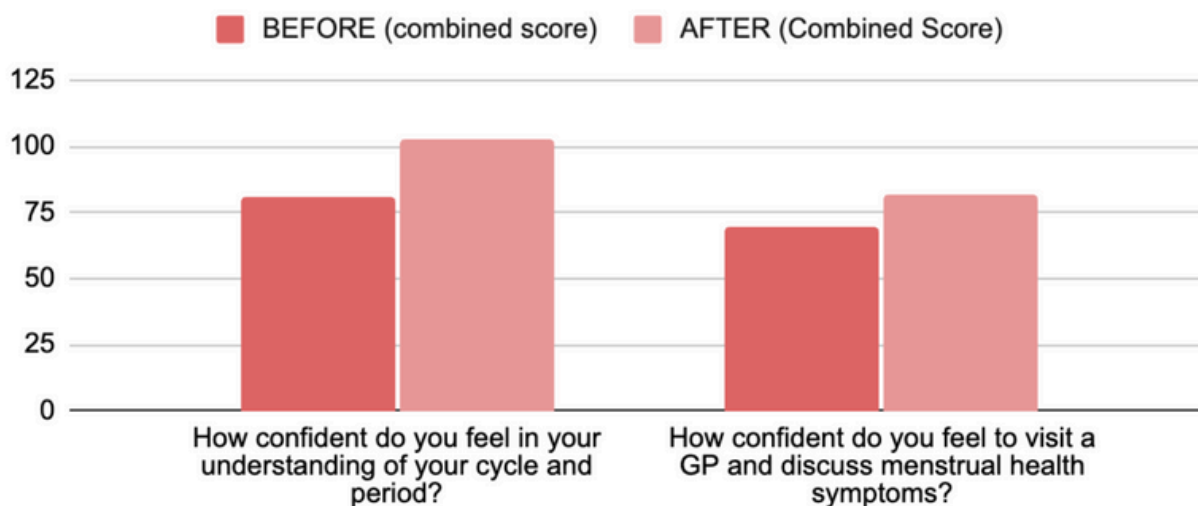
## Improved Confidence in Cervical Screening

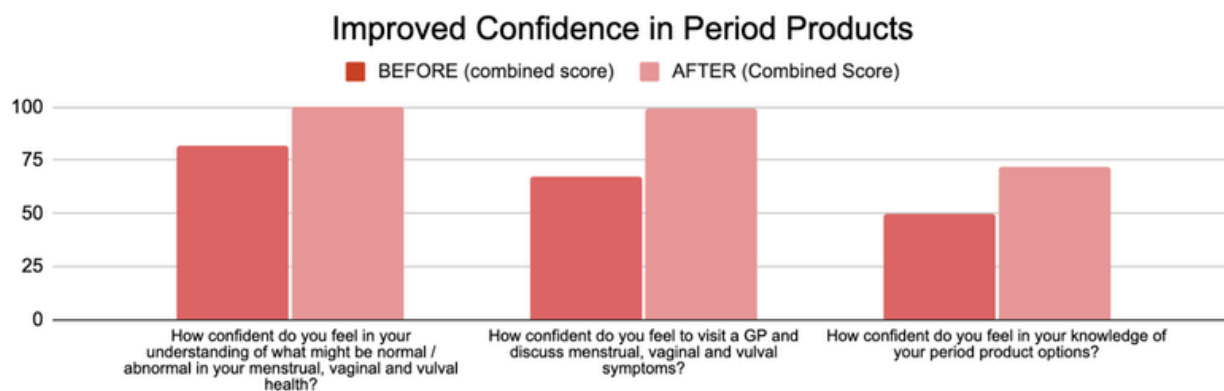


## Improved Confidence in Contraception



## Improved Confidence in Menstrual Health





These graphs show that education sessions clearly improve participants' confidence in the topics covered. The most dramatic improvements are seen in confidence to visit a GP to discuss menstrual, vaginal and vulva symptoms, in knowing options for period products, and in confidence in breast checking.

Potentially, improvement is more significant than represented as participants can often overestimate their knowledge or confidence before an intervention (Anvari et al, 2023).

There is scope to further understand how education sessions impact on participants through follow up workshops or surveys where more in depth questions can be asked and longitudinal data can be collected. It's also likely that these sessions have a ripple effect on friends and family of those who attend, as participants will pass on knowledge. Indeed, a conversation with the Evidence by Experience Forum indicated that this is the case for them. There is scope to measure this in future evaluation work by asking questions in workshops and surveys about learnings passed on.

“ It was so difficult at first to approach my daughter and tell her as it is a taboo in our African culture to talk about periods. Now she is the one to ask me questions freely” (EBE Forum Member)

“ I'm teaching so many people, who didn't know that...they can't tell anyone what they are going through, but through education they can speak” (about using pads rather than tissues) (EBE Forum Member)

“ It's helped me to educate people as well, not people around London only... like my sisters who doesn't understand what a period is...they're going out where they are in Africa educating young people as well, so..the word is spreading and the stigma is ending' (EBE Forum Member)

# Measuring Education Sessions and their Impacts Going Forward

BGP's current method for measuring the impact of Education sessions can be combined with other data collection tools that enable more in depth and long term assessment of impacts. These include follow up surveys and workshops with participants, a few weeks after the sessions, as well as ways of measuring ongoing engagement with educational resources shared. These methods are outlined in more detail in the final section of this report.

## Deriving Social Return on Investment

Like period product provision, education sessions are likely to have a significant Social Return on Investment. Through conversations with medical volunteers who co-deliver education sessions, we established impacts of the education sessions that are likely to lead to money saved for the NHS and other governing bodies and social health providers.

These include:

- Money saved by catching health issues earlier, especially through increased uptake of a) cervical screenings and b) breast screenings
- Earlier and better treatment of health issues leading to increased uptake of work, education and physical activity meaning a) less money spent long term by NHS as healthier lifestyles are maintained, b) net value to economy as more adults are active in work and c) less money lost through missed education
- Improved access to contraception reducing the amount of unplanned pregnancies, meaning less spend on pre and post natal care and greater likelihood that families have babies at times when they won't struggle to support them, reducing the workload for support services
- Participants pass knowledge on to friends and family, spreading all the above benefits more widely

This list of components paves the way for a detailed calculation of SROI.



# Shifting the Conversation

While this report focuses on the impacts of BGP's work providing period products and running education sessions, it's important to contextualise this in BGP's efforts to shift discourse around periods, reducing stigma and ensuring that open conversations take place to move policy and practice towards equity for people who menstruate. Increasingly, this is a key aim of BGP's work and, ultimately, is what will enable sustainable change.

In order to influence conversations about periods in England, BGP run communications campaigns, take part in media appearances, attend policy events and meet with key decision makers and stakeholders. BGP's Experts by Experience Forum takes part in many of these activities. The forum is made up of people with lived experience of period poverty, roughly representative of the communities BGP serves. The participation of the EBE forum in these activities is crucial, making sure that conversations are informed by the experiences of people with first hand experience. 'Epistemic Justice' (Fricker, 2007) is a concept used to describe two types of justice around knowledge, testimonial and hermeneutical justice. Testimonial justice refers to taking people seriously as knowers, regardless of their positionality. Hermeneutical justice refers to making sure that knowledge created serves all people, not just elites. The EBE forums' participation in knowledge creating and sharing activities ensures both, by taking people with lived experience seriously as experts and by ensuring that as public discourse and policy shifts, it does so in ways that genuinely meet the needs of people experiencing period poverty.

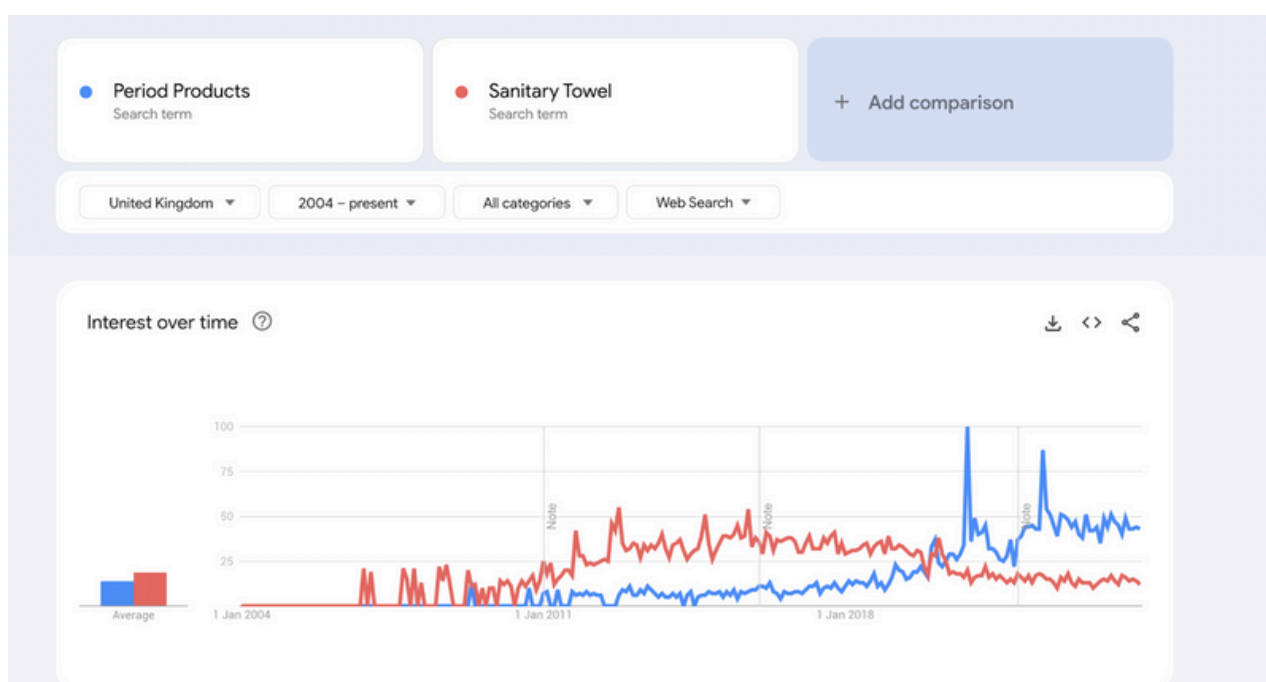
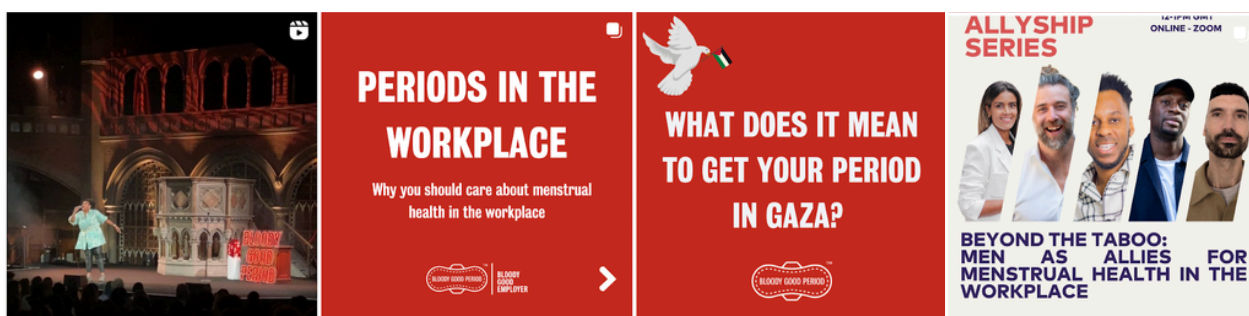
Key activities in this area have recently included:

- A roundtable event at Parliament attended by 25 MPs, attended by the EBE forum
- Publications in outlets including TIME Magazine, The Independent, GLAMOUR Magazine, BBC News, The Guardian, Stylist and many more, including an article for the Daily Mirror that the EBE forum were involved with
- Being cited in an oral intervention in the House of Lords
- A collaboration with IPPR on policy proposals for reforming period product provision in asylum accommodation, including input from the EBE forum
- A speaking opportunity at AXA Health's Launch of their calls to action to UK PLC; launched at Parliament with cross-party support in November 2024

BGP also runs frequent themed campaigns, including a recent campaign for Halloween, and maintains active social media channels to maintain the presence of conversations about periods in national news. BGP has effectively and organically grown an extensive social media following through strong brand and content, on a topic audiences evidently want and need to engage in.

Although it's difficult to quantify the impact of this work, there is scope to measure impact through 'read' and 'share' statistics for articles and social media posts, as well as to quantify policy activities resulting from engagement with BGP.

It's also possible to trace a gradual shift in discourse around periods that BGP clearly has a key part in. For example, the graph below shows instances of the terms 'period products' and 'sanitary towel' in publications over the past twenty years, according to Google analytics. A clear trend is evident towards less euphemistic language being used about periods.



# Current Monitoring and Evaluation Data and Adaptations

As well as measuring the impact of activities, monitoring and evaluation data helps BGP to track and adapt their offer in period product provision and education sessions.

Data currently collected includes;

- Numbers of each types of products requested
- Numbers of each types of products distributed
- % of products requested vs delivered can be derived from this and is currently 98% (good score)
- Number of partners and basic details (name, type of organisation)
- Potential new partners on waiting list
- Types of education requested
- Types of education session delivered
- Partners education sessions are organised with
- Number of attendees for education sessions
- Whether education sessions are online or in person
- Self reported confidence in key areas before or after the session

Adaptations have been made recently to improve this data collection, including a survey to gather more extensive knowledge of partners and, therefore, of the communities served via partners. This survey includes;

- Details on what the partner does
- Details on if products are provided within a particular project
- Address
- Legal structure
- Type of organisation
- Communities worked with
- Community primarily worked with
- Regions supported
- London boroughs supported (if relevant)
- How products are distributed

# INTERNAL: Future Directions for Enhanced Impact Evaluation and M&E

This supplementary report covers recommended adaptations to Monitoring and Evaluation data collection to improve oversight of delivery and maximise the capture and reporting of impact.

## General Recommendations

- It would be advantageous to agree set reporting periods (e.g. per calendar year), so that data can be easily grouped together to produce reports at set intervals, enabling effective comparison between data sets to evidence change over time
- As well as more targeted data collection tools, it would be beneficial to run a call for evidence, potentially annually, that allows partners, the public and decision makers (e.g. MPs) to report any changes they've made in their own practice or language as a result of their involvement with BGP. This will help to capture changes that are currently unidentified and could produce valuable impact case studies

## Recommendations for Data with and about Partners

- It would be valuable to collect accurate data on partner locations. For period product distribution, this should be the location of distribution sites. This will help to map the geographical spread of BGP's work. This work is currently being undertaken.
- Where possible, it would be useful to request data from partners on the communities they work with, including languages spoken, countries of origin, numbers of clients/members served. Some of this is currently collected on order request forms, but there is scope to separate out these forms to simplify the order process and allow a more extensive, perhaps annual, collection of data. Explorative conversations with partners have indicated that they'd be happy to share anonymised data where possible. This will allow for a clearer picture of who BGP's work impacts, assisting with funding applications and with ensuring the relevance of services.

- It would be useful to have a clear submission window (e.g. a two week timeframe) within which partners can share feedback from their clients/members. Currently this is somewhat collected on order forms, but the feedback option on order forms invites feedback from both partners and from communities, meaning partners usually respond on their own behalf. From conversations with partners we've established that a submission window would allow them to gather feedback from their communities across the year. Comments on order forms show that this feedback is already being collected but that it's not always clear to partners how to contribute it. For example, "we have collected feedback so please let me know where to send it" (comment on order form from Meeting Point CCACP Ltd). Weekly partner communications do include instructions for submitting feedback but this comment indicates it's not always picked up. One annual submission window that can be heavily promoted might be more effective.
- In partner conversations, one partner suggested that BGP might want to visit distribution sites and create a short film (or other media output) to showcase the impact of this work. This kind of output would be valuable for fundraising and should be considered with appropriate/willing partners.
- Annual workshops are carried out with partners on language around periods and a guide is given out. From partner interviews it's clear that some have changed the language they use around periods since working with BGP, while others are still using euphemistic language (e.g. 'sanitary products' and 'female hygiene') on order forms. There is scope to promote positive language around periods more intensively with partners and to measure discourse shift through a partner workshop.

### Period Product Distribution

- From conversations with partners, it seems that there is sometimes confusion on a) what products are being provided and why and b) what products are available. Some partners mentioned receiving different products than they requested and, during interviews, others asked me to pass on requests for specific items including wet wipes and maternity pads. Comments on order forms also show some disconnect between what's requested and what's provided ("fragrance free and heavy absorbency products preferred as current allocation is mostly regular/light flow" .... "Any incontinence pads or underwear available?")

Comparing numbers of products distributed and numbers of products ordered shows that 98% of orders were in fact fulfilled. However, there's clearly scope for more clarity around this. Given information is already communicated to partners, this could be as simple as making instructions bigger and bolder on order forms, or could involve technical adjustments such as ensuring email deliverability and emailing to multiple points of contact at a given partner organisation.

- It would be valuable to have more data from recipients of period products on the impact that receiving free products has for them, allowing us to derive a measure of improved menstrual wellbeing after this intervention. This could be achieved through surveys or a (paid) research workshop

### Education Sessions

- Comments on self reported confidence measures from education sessions show that the engagement of participants varies in sessions, with some people leaving before the end of sessions or not interacting. It could be useful to record a marker of engagement (for example the facilitator could allocate a mark from 1-10 for each session). Additionally, follow up surveys or workshops could be used to ask participants why they left early and/or didn't interact. This could help to track the factors that make sessions more and less engaging (e.g. topic, online vs in person, facilitation techniques, presence of translator),
- It would be valuable to follow up with participants on the longer term impacts of attending education sessions. This can be achieved by transferring the resources currently shared in PDFs to web based resources, enabling data to be captured on page views and shares. It would also be helpful to have a follow up survey and/or workshop where participants can be asked further questions about long term impacts on their behaviour and access to services, and about how they might have passed on knowledge.
- Currently there's an uneven uptake of the different education sessions offered. It would be helpful to survey partners to see which sessions they value most, check that they understand what each session covers, and ask if there are any additional topics they think it would be useful to cover. If some sessions are not widely valued it might be more advantageous to focus on refining the core offers to maximise engagement. This can be asked through surveys or workshops with partners.
- There could be a review of whether education sessions should be open to all partners or just to partners serving refugee and asylum seeker communities (as at present).
- There could be a review of how session booking takes place to explore whether all partners know how and when they can book a session.

- It would also be useful to understand from partners who do book sessions whether any of their members/clients struggle to attend and if so why. This can be reviewed through surveys or workshops with partners and would enable BGP to optimise the advertisement and delivery of sessions with partners
- It's obvious that the current strategy for collecting before and after data on self reported confidence at education workshops isn't as effective as it could be, as lots of people don't respond to questions, or 'after' questions aren't asked due to lack of time. There are understandable reasons for this including prioritising participants' comfort and ability to join as suits them (for example with cameras off or while doing other tasks) and prioritising delivery of content. However, evaluation is crucial for improving services and gaining more funding, and it would be useful to put renewed emphasis on gathering before and after data, including by adding 5-10 mins to a session if necessary and by emphasising to participants why their input is so valuable. It might be that there are other ways to collect 'after' data, for example a brief phone call to each participant directly after the session.
- It's clear from conversations with medical volunteers and with the EBE forum that knowledge gained at education sessions is shared widely by those in attendance. It would be useful to measure this, which can be done through surveys or workshops in the months following education sessions (as well as digitised resources).
- A currently unrecorded impact of education sessions is the impact on medical volunteers. From conversations with medical volunteers it's clear that, especially for more junior medical professionals, they benefit from increased knowledge of working with marginalised groups and navigating language barriers. This impact can be captured through workshops or interviews with volunteers

### **Discourse Shifting**

- Although evaluation of BGP's campaigning is being conducted separately, it would be useful to assimilate data on discourse shifting with this evaluation data for fundraising purposes. This could include sharing statistics, numbers of people in attendance at events, media and policy engagements, etc. This can help to contextualise the impact of product provision and education sessions as part of a wider and deeper shift towards menstrual equity.

### More optimal ways of recording and presenting data

- There's scope to optimise the ways that data is presented, for ease of analysis. For example, before and after data from education sessions is currently hard to compare because of the way it's laid out in the excel spreadsheet, and levels of engagement are recorded as notes rather than as a quantifiable score. Data on partner types and locations could also be standardised further, for example there is some potential overlap between the categories used for 'type' of partner (e.g. non defined difference between women's charity and VAWG charity, potential to group together social justice charity and human rights organisations, etc.) Including partner locations (by region) in spreadsheet data would also aid easy analysis. A more extensive review of this could optimise data analysis

Where possible, these recommendations have been taken forward into evaluation tools designed for BGP to use going forward. [See Evaluation Strategy.](#)



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