Access to Sanitary Products Aberdeen Pilot: Evaluation Report

EQUALITY AND WELFARE

social research

Access to Sanitary Products Aberdeen Pilot:

Evaluation Report

Communities Analysis Division

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Executive Summary

Access to sanitary products has been raised as a concern by campaigns and stakeholders. The issue has been approached from two main perspectives: concern about 'period poverty'; or an equalities or human rights informed approach that argues that free sanitary products should be considered a right. The Scottish Government funded a six month pilot in Aberdeen between September 2017 and February 2018. It aimed to explore options for providing access to free sanitary products in ways that provide choice and respect dignity, and to better understand the circumstances people are in that mean they cannot access sanitary products. The pilot explored both targeted provision for those in low income households and provision open to all in educational settings. It also considered providing products directly and providing the means for participants to buy products themselves.

The pilot was run by Community Food Initiatives North East (CFINE) using established relationships with local partners through the FareShare network. The pilot was initially rolled out in a number of third sector organisations and regeneration areas. It was later extended to educational settings – Robert Gordon University, North East Scotland College, 3 secondary schools and 1 primary school where universal provision was offered. Just over 1,000 participants received products during the pilot: 799 via the community/third sector partners, 43 at RGU, 108 at NESCol and 133 at the four schools involved.

Pilot delivery and evaluation methods

For the purpose of the pilot, participants were asked to 'sign up' to take part. To test whether participants would prefer to buy their own products, the option of offering cash to participants was introduced in October and a pre-paid card in December. The process for signing up participants and distributing products varied depending on how the organisation works with clients. Generally, sign up took place in a private room and products were picked up from the same location. Other examples included taking products out on a visit or inclusion in a food parcel.

A range of monitoring data was collected by CFINE and partners about the distribution of products. In addition, participants were surveyed at the start and end of the pilot, and qualitative interviews were conducted with a small number of participants and administrators at a sample of the partners. Data on products received was recorded for 731 participants. The 'initial survey' was completed by 630 participants. The 'end-point' survey was completed by 136 participants.

Findings – Community Partners

The majority of participants at community partners were not in employment. Almost half of those who gave information were single parents, while just over a quarter were couple households with children. Asked about why they or their family were facing financial difficulties, over half of those who provided a response mentioned that they are living on a low income: many due to living on benefits. A problem or

delay with benefits, disability or illness, paying off debts, coping as a single parent, and a change in family circumstances were also mentioned.

Previous difficulties accessing products

Accessing sanitary products had presented difficulties in the past for two thirds of participants. Asked if they had ever been unable to purchase sanitary products 58% said they had. The main reasons for difficulty accessing products related to affordability. Other reasons included irregular or heavy periods, embarrassment and local access. Ways participants managed without the products they needed included asking a friend or family member for products or money, or using an alternative – most commonly toilet roll, but also rags or nappies. Some participants noted that this made them feel anxious, embarrassed, and/or dirty.

Accessing products during the pilot

About 9 in 10 participants surveyed said they felt comfortable collecting products. Discretion and ease of access were highlighted in interviews with participants and partners as important considerations in how products were provided. Having to sign up and speak to someone to access products was identified as a barrier to taking up provision. Overall, 63% of participants were recorded as receiving products on one occasion only. Of the participants who signed up in the first 3 months of the pilot, 46% received products only once. Ease of access and having to speak to someone were also considered important in influencing whether people returned.

Products provided

Almost all community partner participants received products, and more received towels than tampons. Most participants who completed the end-point survey said they received enough products. Slightly fewer than 70% said they received a reasonable choice of products, while 30% said they received the type they wanted but not their preferred brand. In interviews most participants and partners discussed having a choice of type, absorbency and other practical aspects as most important.

Providing the means to buy products

Some participants thought a pre-paid card would provide choice, be convenient, and be less embarrassing than collecting products, although others raised concerns about the card not being used to buy products. At CFINE, where cards were offered for the longest time, pre-paid cards made up almost a fifth of their recorded provision during the time they were offered. Several partners expressed discomfort about these options, especially offering cash. They considered many of their clients to be vulnerable and were uncertain about whether the cash and, to some extent, the card would be spent on products. There was also a feeling among some that both options added unnecessary complexity.

Impact of the pilot

Slightly under two thirds of participants said they thought taking part in the pilot had, had an impact on them, 22% were unsure and 15% said it had not. When asked

what impact the pilot had, the most commonly selected responses were 'more money available to spend on other essential items' and 'less worried about having my period'. Around a quarter thought the pilot had introduced them to other services or meant they were more able to continue with day to day activities during their period. In interviews, impacts participants mentioned included freeing up money for other essentials, changing products more often, and worrying less.

Future access

While participants and partner staff had diverse views about the best way to provide products in the future, three key considerations emerged:

- Convenient – somewhere that fits into the day to day lives of those targeted and is easy to access for most.

- Discreet – accessing products in a way that does not require speaking to someone or being identified to others as needing free products.

- Preventing abuse of the scheme – concerns about people 'misusing' or 'taking advantage of' provision were raised.

The end point survey asked respondents' views on a set of options 'if a scheme to provide access to free sanitary products was introduced in the future'. 'Receive a card I can use in shops' and order online through a secure system for delivery by post' were the two most popular options for community respondents. Free products available in public toilets was one of the least popular options for this group.

Findings – schools, college and university

Previous difficulties accessing products

Accessing sanitary products had presented difficulties in the past for around a third of college and university participants, while just under a quarter had been unable to purchase products. A fifth of pupils who answered the question had both experienced difficulty accessing been unable to purchase sanitary products (N.B. just over half of pupil participants did not answer this question). Affordability was a key issue, but being 'caught out' away from home was also a concern.

Accessing products during the pilot

Raising awareness of provision in the college and university, amongst the volume of communications students receive, had been a challenge. From those surveyed, the main reason given for not taking part in the pilot was not knowing about it – either that the pilot was happening, how to sign up or who was eligible. Others said they had access to products or did not want to ask for products.

Having to speak to someone to access products was considered to be a key barrier for students. Embarrassment was highlighted as a particular issue for younger people. Other barriers identified were limited times for students to collect products and that students may have seen provision as just for those 'in need'. The schools involved were reluctant to make products freely available in toilets as they were

concerned about misuse. The school that trialled this discontinued provision for this reason, although noted they had an on-going issue with keeping the school toilets tidy and they thought this was an appropriate approach in general.

Products provided

Around three quarters of school pupils received towels whereas college and university students were more likely to receive tampons (41%) than towels (37%). Fifty nine percent of students said they received a reasonable choice of products, while 41% said partially. Awareness of reusable products was higher amongst college and university students than participants at community partners and the majority of those who had not tried reusable products were interested in trying them. However, this did not translate into greater numbers of products given out.

Impact of the pilot

Slightly under two thirds of college and university students thought the pilot had an impact on them, while 22% were unsure and 15% thought it had not. When asked what impact the pilot had, the most commonly selected response was 'less worried about having my period'.

Future access

When asked about options for future provision, free products available in school, college or university toilets was one of the two most popular options – in contrast to community respondents. Receive a card was one of the top two most popular options for school and college survey respondents, while order online was one of the top two options for university students. The least popular option was to get free products from a member of staff. Reasons given for the preferred method were similar across most of the options, and commonly highlighted that the option was easy to access or convenient, and discreet or less embarrassing.

Key learning points

To date, discussion on lack of access to sanitary products has relied predominantly on anecdotal evidence. The findings reported here provide empirical evidence confirming access to sanitary products is an issue for some people, and that different groups are affected in different ways. Two thirds of community participants had experienced difficulties, compared with one third of college and university participants, and a fifth of school participants. As provision via community partners targeted low income households, and low income was the main reason given for lack of access, this disproportionate impact is what would be expected. The findings do not, however, allow us to draw conclusions about how widespread lack of access to sanitary products is in the general population.

The findings also highlight that for some of those that who are not able to access the products they need this may impact on their wellbeing and, for a minority, their ability to continue with day to day activities during their period. While a small number of students reported that lack of access to products had an impact on their attendance at school, college or university during menstruation, the evaluation is

not able to draw conclusions about the extent to which students may be missing education because they do not have the products they need.

Key learning points – provision for low income households

- The majority of participants were already engaging with the organisations involved with the pilot. This underlines that there are likely to have been individuals who are not engaged with services that the pilot did not reach. Further consideration is needed on **how best to reach those who may be in need, but are not engaged with third sector organisations or community projects**.

- Partner staff identified raising awareness of the pilot and getting people to take part as a challenge, while a sizeable proportion of participants did not take up the offer of regular provision. The **processes imposed by requiring participants to sign up** and therefore approach a member of staff or volunteer to access products was identified as a barrier. The way that participants accessed provision was shaped by the need for the pilot to gather data; different approaches could be taken in future provision.

- The reliance of the pilot activity, in part, on good will, and volunteer time raises the issue of **sustainability** of delivery via third sector organisations and community projects. **Replicability** of the pilot activity in areas that do not have an active third sector network or where there is limited access (e.g. rural areas) is also a consideration.

- The key considerations for provision identified across the different data sources were around **ease of access or convenience, provision that is discreet and does not identify recipients as needing help, and preventing misuse or abuse of any provision**. Receiving a card and ordering online were popular options – seen as providing choice and being discreet. Although concerns were raised around whether a pre-paid card would be used to buy products, and lack of internet access was highlighted as a potential barrier. Picking up products up from a range of convenient and accessible locations such as pharmacies, doctor's surgeries or health clinics, or community centres was suggested by partners and participants.

- **Further exploration of methods for accessing products that do not require talking to someone and other settings** such as, for example, community pharmacies would help develop understanding of what a sustainable delivery system that would deliver for all those who need it would look like.

Key learning points – provision in educational institutions

- **Embarrassment about periods generally and having to ask a staff member for products were considered to be particular issues** in education settings, especially for younger pupils. Schools were reluctant to trial making products available in school toilets because of concerns about misuse and, where this was tested, problems were encountered.

- School staff noted a **need for education around menstruation and sanitary products** to reduce stigma and normalise discussion of menstruation.

- **As for low income households, provision that is easy to access and discreet was highlighted as important**. The least popular option for school, college and university students was to get free products from a member staff – underlining the preference for not having to ask someone to access products. As for community participants, receiving a card and ordering online were popular options.

- What was considered convenient varied in the different contexts. Unlike for community participants, having free products available in toilets was a popular option for school, college and university respondents. Reasons included that it was seen as a good option if you are 'caught short'. This highlights that **making products freely available in school, college and university toilets requires further exploration**, particularly in schools, to understand how the problems identified can be overcome.

1 Introduction and background

1.1 Background

Over the last couple of years, access to sanitary products has been raised as a concern by campaigns and stakeholders.[1] The issue has been approached from two main perspectives. Some have focussed on 'period poverty' – underlining that some people living on a low income cannot afford sanitary products. Others, from a gender equality or human rights perspective, argue that menstruation should be normalised and access to sanitary products considered a human right.

Campaigns and news articles report stories of people on a low income struggling to afford sanitary products as well as other essentials. Homelessness, coercive, controlling and violent relationships, and health conditions such as endometriosis, which can cause painful and heavy periods, have been highlighted as circumstances that make menstruation a particularly difficult experience. It has been suggested that lack of access to adequate sanitary protection could lead to health issues, such as toxic shock syndrome and infections.[2] Educational settings are another context in which access to products has been highlighted as difficult. There are anecdotal reports that some girls are missing education in order to manage their menstruation, which could have an impact on educational attainment.[3]

Results from a small number of recent surveys suggest that some people do struggle to afford sanitary products, and have to cope by obtaining sanitary products from friends or family, or using improvised sanitary wear. Women for Independence's *Free Period Scotland* campaign ran a survey asking about experiences accessing sanitary products. According to a report in the Guardian[4], nearly one in five of the over 1000 respondents said that they have had to go without period products because of finances, while one in 10 said they had been forced to prioritise other essential household items over buying sanitary wear. A survey of young people and students conducted by Young Scot found that around a quarter (26%) of respondents in education said they had 'struggled to access

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[1] For example a proposal for a Bill to ensure free access to sanitary products has been lodged by Monica Lennon MSP http://www.parliament.scot/parliamentarybusiness/Bills/105765.aspx; the Free Periods Scotland campaign is campaigning make access to period products free for all women http://www.womenforindependence.org/_freeperiodscotland; organisations such as the Scottish Trade Union Congress, the Education Institute of Scotland and National Union of Students have passed motions on access to sanitary products.

[2] Monica Lennon MSP, 'A Consultation on a Bill to ensure free access to sanitary products', 2017: http://www.parliament.scot/S5MembersBills/FINAL_Ending_Period_Poverty_consultation_document.pdf

[3] https://www.independent.co.uk/news/uk/home-news/girls-skipping-school-periods-cant-afford-tampons-sanitary-pads-a7629766.html; http://www.bbc.co.uk/news/uk-england-leeds-43329406

[4] https://www.theguardian.com/society/2018/feb/05/period-poverty-scotland-poll-shows-women-go-to-desperate-lengths

sanitary products' in the previous year. Of those who had experienced difficulty, 60% said that this was because they 'didn't have the product they needed', while 43% said they 'couldn't afford to buy sanitary products'.[5] A survey of a sample of 1,000 14-21 year olds in the UK commissioned by Plan international reported that: 10% of those surveyed had been unable to afford sanitary products, while 15% had struggled to afford sanitary wear.[6]

There is currently little robust data available to estimate how widespread lack of access to sanitary products is in the general population (the Plan International survey is the only one that reports it was based on a representative sample). Living on a low income may be considered a suitable proxy. Many working age adults living in relative poverty are close to the poverty threshold (around a third)[7] and are theoretically less likely to be experiencing difficulty affording basic essentials such as sanitary products. The percentage of women and girls in severe poverty (those with an equivalised income below 50% of the median income) is likely to be the best proxy for being unable to afford sanitary products. However, producing figures for the number of women in poverty is problematic because poverty is measured at the household level. Fourteen percent of working age adults were in severe poverty (after housing costs) in 2014/15-2016/17 in Scotland.[8]

Various estimates have also been made of the average yearly and lifetime costs of sanitary products specifically and periods more generally. A figure that has been widely cited is that women spend more than £18,000 over a lifetime having periods – based on a survey by vouchercodespro.co.uk.[9] However, this includes other spending e.g. pain relief and new underwear as well as sanitary products, and suggests £13 per month for sanitary products based on survey respondents' estimates of how much they spend each month. On the other hand, a BBC calculator estimates a lifetime cost of £1,600 based on starting to menstruate at age 12 and going through menopause at age 51 – this estimate of average usage works out at around £37 per year.[10] Based on an average of 300 products per year and average retail costs of 8p to12p per product, the average annual cost of

[5] Young Scot, 'Access to Sanitary Products in Scotland', 2017 https://www.youngscot.net/access-to-sanitary-products-in-scotland/

[6] https://plan-uk.org/media-centre/1-in-10-girls-have-been-unable-to-afford-sanitary-wear-survey-finds

[7] Scottish Government, Severe Poverty in Scotland, 2015: http://www.gov.scot/Publications/2015/03/4673

[8] Further breakdowns of statistics relating to poverty in Scotland, 2018: http://www.gov.scot/Topics/Statistics/Browse/Social-Welfare/IncomePoverty/povertytable

[9] https://www.huffingtonpost.co.uk/2015/09/03/women-spend-thousands-on-periods-tampon-tax_n_8082526.html

[10] http://www.bbc.co.uk/news/health-42013239, based on: 13 periods, 22 products per cycle and 13p per product:

sanitary products works out as around £24 to £36. This equates to an average lifetime cost for managing menstruation of around £1,000 to 1,500.[11]

1.2 About the pilot

The Scottish Government funded a six month pilot in Aberdeen between September 2017 and February 2018 to explore options for providing access to free sanitary products in ways that provide choice and respect dignity. The pilot aimed to test providing products directly to participants and providing the means for participants to buy products themselves. It also explored both targeted provision for those in low income households and 'universal' provision open to all students in the participating schools, college and university.

Provision for low income households was tested via the third sector. The pilot was run by Community Food Initiatives North East (CFINE) a social enterprise focused on improving health and wellbeing. CFINE provided access to a range of different types of sanitary products using established relationships with local partners through the FareShare surplus food network. The pilot was initially rolled out in a number of third sector organisations and regeneration areas in Aberdeen. It was later extended, via CFINE, to educational settings – Robert Gordon University, North East Scotland College, three secondary schools and one primary school – and some additional community/third sector partner organisations.

1.2.1 Aims and objectives

The pilot was set up to both gain insight into the issue of lack of access to sanitary products for low income households and students, and to explore options for providing access to free sanitary products for both groups with a particular focus on how this can be done in a dignified manner. The five overarching objectives of the pilot were to:

1. Test different approaches to providing dignified access to free sanitary products for people from low income households and students at school, college and university (including direct provision of products, and providing the means to purchase products where appropriate). Key to this objective is understanding the logistical/operational issues that might arise for providers from the different approaches, as well as the ease of access, choice and level of dignity offered to participants.

2. Provide indicative information on volume, type and quality of products required in the different settings, and costs (including cost of products and administrative costs).

3. Provide indicative information on the circumstances people are in that mean they cannot access sanitary products or have anxiety about being unable to

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[11] An average of 13 periods lasting 5 days and using 4-5 products per day = 300 products. Based on retail prices. Taking the average age of menarche as 12 and of menopause as 54 (42 menstruating years in total).

access products, the impacts (both practical and psychological/emotional) of lack of access to products and how people cope without the products they need.

4. Assess the impact of providing access to free sanitary products on participants in the pilot (including on access to adequate sanitary protection, ability to manage their menstruation in a dignified way, impact on attendance at school/college/university/other activities, accessing wider services being offered by service providers, the choices that people make when given the means to purchase products).

5. Assess the wider impact of providing access to free sanitary products on the organisations involved (including on their operating models and their relationships with other partners/service users).

For detailed research questions see Annex A.

On 8th March 2018 Scottish Government announced that it would fund continued provision of sanitary products to individuals who had participated in the pilot while the evaluation of the pilot is completed, and extend provision in the schools, college and university, until the end of June 2018.

2 Pilot delivery and evaluation methodology

2.1 Overview of delivery arrangements

The pilot provision was initially targeted at those on a low income via third sector and community partners. In addition to provision via CFINE's food bank, five third sector organisations initially agreed to provide access to sanitary products.

- <u>HomeStart</u> support families facing a variety of challenges, including ill health, disability, domestic violence and substance misuse.

- <u>Instant Neighbour</u> provides a range of services, including emergency food parcels through their food bank and good quality 2nd hand furniture and electrical items, sold at low cost in their shops.

- <u>Aberdeen Foyer</u> helps people build confidence and develop their skills and talents to make major and lasting changes in their lives. They deliver linked up services – education, training, mentoring, counselling, employability support and health improvement initiatives to people of all ages.

- <u>Grampian Women's Aid</u> support women, children and young people who have experienced domestic abuse. They provide a free and confidential service which includes advice and information, support and temporary refuge accommodation.

- <u>Aberdeen Cyrenians</u> provide services to meet all the varying needs of people affected by homelessness.

The pilot also operated across regeneration areas of the city, working with:

- Balnagask Community Centre
- Cummings Park Community Centre
- Fersands and Fountain Community Project
- Middlefield Community Project
- Printfield Community Project
- Seaton Community Project and the Rehab Project
- Tillydrone Community Flat

In addition, CFINE worked with North East Scotland College (NESCol) and Robert Gordon University (RGU) to provide sanitary products for students, and Aberdeen City Council to provide products for pupils in three secondary schools. Two of the secondary schools are in regeneration areas and one is not. A primary school was also added to the pilot later. The pilot provision in schools, the college and university was open to all students.

Some additional local authority, third sector and community partners were added to the pilot at a later stage. A full list of community partners is provided in Annex B. The local authority, third sector and community organisations involved in the pilot

provision for those on a low income are referred to as 'community partners' throughout the report.

CFINE and partners initially focussed on providing access to a range of products directly. As noted in the last chapter, providing access to products in ways that respect the dignity of participants and provide choice were key concerns. However, for the purpose of the pilot, participants were generally asked to 'sign up'. This was to enable data to be collected about uptake and participants. The sign up process involved participants being provided with information about the pilot, signing a statement regarding the collection and use of data, and completing a questionnaire. Partners were encouraged to use their judgement and provide products without the sign up process if participants preferred not to formally sign up.

To test options where participants were provided with the means to buy products themselves, partners were also given the option of beginning to offer cash to participants in October and a pre-paid card in December. These options either involved the partner organisation offering participants £3 in cash for that month instead of products, or a 'Love to Shop' gift card, which can be spent in a number of high street shops, with a value of £3.

2.1.1 Community partners

Delivery started in the original community partners between August and September 2017. The additional community partners started delivery between December 2017 and January 2018. Methods for signing up participants and distributing products or the means to purchase products varied depending on how the organisation works with clients. Generally, sign up took place in a private room and products were picked up from the same location or another designated location within the building. However, other examples included a worker taking products out with them on a visit or inclusion in a food parcel.

2.1.2 College and university

In the college, the Student Association led on the pilot, and delivery started in mid-September 2017. Students signed up at the Student Association's reception and collected the products they required at a designated pick-up point within the Student Association's central hub. There was a schedule of drop in sessions for signing up and collecting products that was released on a monthly basis.

In the university, the Student Union delivered provision. Delivery started in mid-September 2017. Students could sign up at the Student Union reception and access products from a designated collection area. Reception staff also emailed those who have signed up to remind them to access products each month.

2.1.3 Schools

The secondary schools started delivery between November and December 2017, while the primary school started delivery in December 2017. Delivery in the secondary schools was shared between guidance staff and school nurses.

Products were made available at designated location/s in each school (for example the school office or nurse's office) or on request from specific teachers. In relation to respecting dignity in schools, options where pupils did not have to ask for products were considered. One secondary school also agreed to trial making products available in baskets in the school toilets to test a method of accessing products that did not require pupils to speak to someone.

2.2 Number of participants taking part in the pilot

Community/third sector partners stopped formally signing up participants at the end of February. As of end February (end March for schools), just over 1,000 participants had signed up to take part in the pilot: 209 via CFINE's food bank, 590 via the other community/third sector partners, 43 at RGU, 108 at NESCol and 133 at the schools involved (see Table 1).

Table 1: Pilot sign up by month and partner (from CFINE)

Partner Organisation	Sept	Oct	Nov	Dec	Jan	Feb	Total
CFINE (food bank)	79	21	25	26	29	29	**209**
Grampian Women's Aid	4	4	4	0	0	0	**12***
Foyer	23	0	0	0	0	0	**23**
Homestart	10	2	0	0	0	0	**12**
Instant Neighbour	15	0	2	2	0	0	**19**
Deeside Family Centre	13	13	14	7	0	0	**47***
Regeneration areas							
Balnagask	6	0	0	0	0	0	**6**
Cummings Park	12	2	1	3	2	0	**20**
Fersands & Fountain	13	0	0	0	10	0	**23**
Middlefield	19	1	2	10	2	2	**36**
Printfield	8	1	0	0	0	0	**9**
Seaton	13	0	0	0	0	1	**14**
Tillydrone	5	5	5	0	0	0	**15***
Additional partners							
St George's Church	N/A	N/A	N/A	110	90	8	**208**
Other additional partners	N/A	N/A	N/A	30	94	22	**146**
College, university and schools							
Robert Gordon University	35	7	0	1	0	0	**43**
North East Scotland College	39	15	33	0	20	0	**107**
Secondary school 1	0	0	9	6	8	7	**30**
Secondary school 2 (regen. area)	0	0	33	11	11	8	**63**
Secondary school 3 (regen. area)	0	0	0	27	0	0	**27**
Primary school (regen. area)	N/A	N/A	N/A	N/A	13	0	**13**
Total	294	71	128	233	279	77	**1082**

'N/A' – indicates where organisations had not yet started signing up participants
*Approximate total – organisation did not ask participants to formally sign up

As community partners made the pilot available across a range of different services and to those who dropped in to community centres or food banks, it is not possible to provide any reasonable estimate of the target population for each organisation. Similarly, we do not consider it appropriate to provide the number of participants as a proportion of the female population of the schools, college and university. It is not clear how widely knowledge of pilot was disseminated, therefore whether not signing up is reflective of lack of awareness.

2.3 Methodology

2.3.1 Overview of methods

Ethical issues for this project were considered by the project team and a Scottish Government ethics review checklist was completed. In addition, Aberdeen City Council's Research Request form was completed and approval to conduct research in the schools was received.

A mixed methods approach was taken to evaluation of the pilot. A range of monitoring data was collected by CFINE and partners. In addition the evaluation surveyed participants at the start and end of the pilot, and qualitative interviews were conducted with a small sample of participants and administrators at a sample of the partners. The full methodology can be found in Annex C and an overview of how the methods related to the research questions can be found in Annex D.

CFINE and all partner organisations recorded information about the number of participants signing up and products, cash or cards distributed. Pilot participants were asked to complete an initial questionnaire when they signed up to take part. The questionnaire recorded general information about the participant and their past experiences accessing sanitary products. Data collection focussed on the original community partners and educational institutions that had been running the pilot in their organisation longest.

2.3.2 Community partners

- Telephone interviews were conducted with administrators at eight partners after they had set up the pilot in their organisation to find out how the pilot activity was progressing.

- Seventeen interviews were conducted with partner staff or volunteers at the end of the pilot. Three staff involved in co-ordinating the pilot at CFINE, administrators at 10 partners, and six volunteers at CFINE were interviewed. Interviews covered views on how the chosen delivery method worked, what went well and what challenges they faced.

- Towards the end of the pilot, participants were asked to complete a brief questionnaire on their experience of and the impact of the pilot. Paper and online versions of the survey were created; most community partners used the paper version.

- At the end of the pilot, we also undertook qualitative data collection with a small sample of participants to explore their feelings about, and experiences of, accessing sanitary products and the pilot in more detail. Individual or group interviews were conducted with 28 participants from seven partners.

2.3.3 Schools, college and university

- A lighter touch approach was taken to data collection in the schools, college and university as their capacity to engage with the pilot was more limited and their provision started later.

- College and university students completed the same initial questionnaire as community participants, while school pupils were asked to complete a much shorter form that asked for information on age, ethnicity and previous difficulties accessing products.

- An online version of the end-point survey was created for use in the schools, college and university. This survey open to all students, with the same set of questions for pilot participants, and different questions for those who had not signed up to the pilot, including why they did not sign up and previous difficulties accessing sanitary products. The survey was distributed at the college, university and in one school.

- Telephone interviews were conducted with the lead at RGU and two schools (one secondary and one primary). Interviews covered the same main topics as for other partners.

2.3.4 Critical discussion of methodology

A number of considerations and limitations should be borne in mind when reading the findings presented in this report. Limitations to be aware of include:

- The lack of existing data on how many people have difficulty accessing sanitary products and who is affected mean it is difficult to assess whether the pilot was reaching the right people and to understand how participants compare to non-participants.

- Due to this lack of baseline data, it was not possible to use objective measurements to assess the impact of the pilot – all impacts discussed in the report are based on participants' self-reports in questionnaires and interviews.

- As discussed in more detail later in the report, many of the partner organisations had limited capacity to dedicate to the pilot, and particularly to the data collection aspects. School staff in particular struggled with capacity to implement the pilot activities. This meant that the data collected was variable across organisations and it was not possible to conduct interviews with all of the partner administrators we had hoped. Many completed participant questionnaires also did not include answers to all questions.

- A discussed further in Section 4.4 of the Findings, a significant proportion of those who signed up to the pilot initially did not return monthly for products. This created an additional barrier to finding out about participants' views of the

pilot. The end-point survey was completed by a relatively small proportion of participants and may not be representative of all those who participated in the pilot.

- Additionally, periods, sanitary products and struggling to manage on a low income are sensitive topics to raise with participants. It is likely that, in general, the pilot did not reach those who felt most uncomfortable with speaking to someone they do not know very well about these issues. In particular, it is likely that participants who agreed to take part in a qualitative interview were those who were more comfortable speaking about these topics.

A central issue for this pilot and the evaluation is the issue of dignity and positioning people as recipients of help or research participants. In general, to maintain the dignity of those that provision is aimed at, it is preferable for them not to have to identify themselves as 'in need'. However, in order to gather information as part of the evaluation it was necessary to ask participants to sign up to take part, and then to answer questions about their experiences of being in need. The evaluation methodology therefore put constraints on the models of provision that could be tested during the pilot, particularly as regards dignified provision.

3 Findings: Community partners

3.1 About participants

The majority of participants at community partners were white (92%, 428). The average age of participants was 30.

Table 2: Community partner participants by age group (initial survey)

	%	N
Under 18	19%	86
18-24	14%	64
25-34	28%	127
35-44	28%	124
45 and over	10%	47
Total		**449**

Of those respondents who provided information (434), almost half (191) were single parents; while just over a quarter (115) were couple households with children.

3.1.1 Employment and income

Almost half of respondents did not answer this question. Of those who did, around two thirds received their income wholly from state benefits/pension.

Table 3: Income status of community partner participants (initial survey)

	%	N
Wholly from state benefits or pension	68%	187
Partly from state benefits or pension	19%	53
Wholly from earnings or private income	13%	37
Total		**277**
Don't know / Rather not say		116
Not answered		105

The majority of participants were not in employment (see Table 4 below). Four percent were in full-time paid work and 13% in part-time paid work. Almost a fifth were in full or part-time education, but accessing the pilot via community partners.

Table 4: Employment status of community partner participants (initial survey)

	%	N
Unemployed	38%	155
Long term sick/disabled	11%	44
Looking after family/home	8%	34
Full/part time education	18%	72
Full time paid work	4%	16
Part time paid work	13%	53
Temporary sick	4%	15
Maternity leave	1%	3
Government/other training scheme	1%	6
Volunteer	0%	2
Other	2%	8
Total		**408**

Participants were asked about why they or their family are facing financial difficulties – 308 provided information. Over half (178) mentioned that they are living on a low income: many due to living on benefits, others because they are a full-time student or have refugee status.

"No money left after I buy essentials such as food and electric"

"Struggle to meet day to day expenses living on benefits only"

A problem/delay with benefits (27), disability/illness (24), paying off debts (20), coping as a single parent (19), and a change in family circumstances (11) were also mentioned by some.

"I failed medical assessment and had to reapply for different benefits"

"Low income due to being signed off sick"

"Repaying debts and loans has left me with reduced money"

"Being a single parent to 3 children means I can only work part time and the income does not always allow for buying products for both myself and my daughter so I would just do without and get for her."

Other reasons included managing the needs of a large family and homelessness.

3.2 Previous difficulties accessing products

3.2.1 Participants' experiences

Accessing sanitary products had presented difficulties in the past for two thirds of community partner participants; while 58% said they had been 'unable to purchase sanitary products'.

Table 5: Community participants' experience accessing products (initial survey)

	'Has accessing sanitary products presented difficulties in the past?'	'Have you ever been unable to purchase sanitary products?'
Yes	67% (282)	58% (237)
No	33% (136)	42% (172)
Total	**418**	**409**
Don't know	2	-
Not answered	78	89

Of those who said they had experienced difficulty in the survey, 200 provided a comment on why they had experienced difficulty – the main reasons were: financial, menstrual issues, embarrassment or local access.

Similar issues were raised in the qualitative interviews as those in the survey. However, in the interviews participants more often spoke about knowing other people – friends or neighbours – who had not been able to buy products because they had been in financial difficulty rather than themselves. They discussed helping out friends by buying products. This may be because of feeling uncomfortable discussing the issue with a stranger.

> "*Have you ever had any difficulty accessing products yourself?* No, but I know people that have been in the situation with financial difficulty as well. I have had neighbours have to tap me because they've been short of money or whatever as well. That is an issue, because it can be expensive, especially having heavy periods as well, I think."
> Participant interview, regeneration area

Finance

The majority of survey respondents (88%, 176) gave a reason related to their ability to afford products (69 had been unable to afford products, 93 struggled to afford products, while others mentioned having to buy cheaper products or having to buy products for several household members).

> "Sometimes no money at the time"; "Can't afford them sometimes"

"Prioritising between food essentials and personal essentials is often a difficult choice"

"Finding the money to pay as have 4 people in household that need them"

Living on a low income, choosing between buying other essentials and sanitary products, and having no money left at the end of the month were highlighted in interviews. There was some divergence in opinions in interviews over whether sanitary products are expensive. One group noted that products are cheap in discount shops. Others underlined that they can be expensive e.g. in the local shop, especially if you find accessing a supermarket difficult, if you have heavy periods and need a lot, or you're buying for several daughters as well as yourself.

> "*[Asked why she signed up to the pilot]* …I said yes because it's not always easy to afford the sanitary products, when you're living on a budget or in need, your periods can be unpredictable. And when it comes to a pint of milk or sanitary products, then the pint of milk wins… so I signed up for it because I can't always afford the sanitary products." Participant interview, third sector

> "They're only 55p in Lidl!" Participant focus group, Regeneration area

> "I just lost my job as well so spending like, I often go through 2 boxes during 1 period, just 'cos it lasts ages. So it can be £4 to £8 depending on if they're on an offer or not. So it's difficult, it's like £8 a month or a £100 a year that you're spending that could be going on gas or electric, for someone who needs it, you know." Participant interview, regeneration area

Menstrual issues

Reasons relating to menstrual cycles including included irregular periods, heavy periods and postpartum bleeding.

> "Quite often, I'm irregular so never know when I need them and when I do I'm usually skint"

> "Very short cycles and heavy bleeding. Using a lot of products"

Access or embarrassment

Other reasons mentioned included embarrassment buying products and lack of access to products locally.

> "I have very bad anxiety and feel ashamed buying them"

> "No mobility, relies on others to take her shopping"

Managing without products

When asked how they managed without the products they needed, 156 survey respondents provided a comment. Fifty seven said they asked someone – generally a friend or family member – for products or money to buy products. While 66 reported using an alternative – most commonly toilet roll, but also rags or

nappies. Other responses included not being able to leave home or having to steal products.

"Had to ask friends"; "Had to borrow money or products"

"Using ripped up sheets"; "Used toilet paper folded up"

"Staying in but it makes you feel horrible"

Buying cheaper own brand products, asking friends/family, and using toilet roll were mentioned as ways of coping in interviews. Written feedback was provided by staff for a group of young women (age12-15) who are referred to the organisation through social workers and did not want to formally sign up to the pilot. They talked about experiences such as:

"We have had to use ripped up sheets and t-shirts in the past "

"Have used all my pocket money on products before"

"My Mum doesn't use these things, she never asks if I need or how much I use"

How participants felt about being unable to access products

Anxiety, embarrassment, or feeling dirty or degraded was mentioned by some survey respondents (15). Similarly, some of those who did talk about their own experience in interviews, mentioned embarrassment at not being able to buy products, and having to ask friends. Being anxious about leaking when having to use toilet roll was also mentioned.

"Toilet paper which was sore, uncomfortable and degrading. No protection"

3.2.2 Partners' views

Most partner staff interviewed had some awareness of the issue of inadequate access to sanitary products prior to the pilot.

"I suppose it's something that we look at kind of as part of the basic needs. And so we provide food parcels, and clothing and bedding, and we cater to basic needs of service users as well as the other range of support that people need. But we're very aware that for women sanitary products are a basic need. We have been fortunate that it is something we do get donated quite regularly, and in large quantities as well. So it's definitely something that we've seen a need for before the pilot and have been providing to people anyway – just kind of as required." Initial interview with staff member, third sector

Many of the third sector organisations, who work with vulnerable women, had already identified this as an issue and were providing products in an ad hoc manner – generally, when they had them donated or had small pots of money available to buy products.

"Normally, just through small pots of funding that that we've got, we keep stocks of sanitary products here. Not a lot, just bits and pieces. Or even the women who work here bring in sanitary products and we've got a little box. But yeah it does come up

quite a lot. …and people always say 'oh it's just come on, I didn't know'. But it's not – you do know, it's just they that they don't have the money to go and get them." Initial interview with staff member, third sector

Even some of those who did work with vulnerable groups had learned more about what some of their clients went through when they did not have access to products.

"When you see the different answers that they've given to the questions about have they struggled before, as staff members we were quite surprised at what we were reading as well. People going into just public toilets and taking loo rolls, and people using even using nappies and things. You just don't think about it if it's a not a problem for yourself." Initial interview with staff member, third sector

Some partners also reflected on the specific local context for the pilot in Aberdeen – the downturn in the oil and gas industry over the last few years and "seeing more and more people who have been made redundant, who are on low incomes, who are unable to keep up with mortgages and debt etc. so actually basic needs would be an issue for them." (End-point interview with staff member, third sector)

3.3 Accessing products during the pilot

3.3.1 Promoting the pilot

CFINE promoted the overall pilot, with partners supporting and promoting provision in their local services and community. Throughout the pilot there was a lot of media attention due to this being the first scheme of its kind, and multiple local, national and international articles were published. Promotion included: social media, posters, leaflets, information stands (e.g. ACC Health & Equalities Fair), promoting the pilot to groups within the organisation or through coffee mornings; and mentioning it to clients when they drop in or use a service. Many partner staff noted that word of mouth had been important. However, most thought that the majority of their participants were people who were already accessing their services or centre, and that they had not managed to reach out very widely.

"We find that with all our projects, people that come along, that's great, but have we really reached the hard to reach people? Or have we just reached the kind of hard to reach ones? It's not about just giving the people products, it's about the administration of it all." End point interview with staff member, regeneration area

One organisation, with a strong social media presence and very active volunteer had, had success reaching a relatively large number of people in that community.

3.3.2 How participants heard about the pilot

Participants were asked how they heard about the pilot. The majority had heard about it direct from the partner organisation they signed up with, although word of mouth and social media had also played a role (see Table 6 below).

In the interviews, most participants talked about finding out about the pilot either through contact with a staff member or volunteer at one of the partner organisations or through Facebook.

Table 6: How community participants heard about the pilot (initial survey)

How heard of pilot	%	N
From partner organisation	67%	331
Social media	7%	34
Through group activity	5%	24
Word of mouth	14%	70
News	1%	5
Poster	1%	4
Other	5%	23
Total		**491**

Participants' suggestions about how to better promote provision included: posters in cubicles in the toilets, social media for younger people, leaflets to parents from schools, posters in the doctor, chemist or health visitor.

> "I think inside the cubicles, when you're sitting on the toilet, you've got nowhere to look except the walls, do you, so you're gonna see it..." Participant interview, regeneration area

3.3.3 Accessing products

As outlined previously, the way products were made available in all partners was shaped by the need to monitor the number of people signing up and the products provided, as well as to gather data about participants.

Distribution of products varied depending on how partners work with service users and what they judged appropriate and included: via 1-to-1 support or engagement with individuals; group engagement settings; or making products available at customer service points such as reception areas. Other delivery methods included:

- volunteers taking products with them on visits to the families they work with
- support workers signing up clients and collecting products for them
- products being included in a food parcel that is being collected
- automatically handing out the same as each participant received initially.

3.3.4 Participants' views on accessing products

The majority of participants who completed the end-point survey (94%) said they felt comfortable collecting products.

Table 7: How comfortable participants felt collecting products (end-point survey)

	%	N
Very comfortable	55%	57
Quite comfortable	39%	40
Quite uncomfortable	6%	6
Very uncomfortable	-	0
Total		**103**
Prefer not to say / Missing		6

Discretion and whether products could be collected from a place that was convenient for participants to access were highlighted in interviews with participants as important factors in how products were provided. Overall, participants did not talk a great deal about how they accessed products – they generally seemed to accept the process that was used.

Discretion and privacy

Signing up for the pilot individually or in a private office and getting products in a discreet bag were mentioned as making participants feel more comfortable. While one participant felt the sign up process could have been more discreet.

"…I would say it's quite embarrassing because the girl was just a worker at the project and I had to kinda go over, it's quite personal things that you are speaking about. So I don't know if there was somewhere you can maybe do it a bit more discreetly – it's like an open plan office and you're speaking about a personal thing." Participant interview, third sector

Embarrassment

For some, talking about sanitary products and periods was uncomfortable or just not something they expected to talk about to anyone other than very close female family members. Similarly, some participants talked about feeling embarrassed buying products, especially if a man is serving them.

"*How do you feel about discussing things like this?* Strange. *Do you speak about it to your friends or family?* No, not really – if I have a bad period I tell my mum. *So you don't really feel that comfortable speaking about it?* It's not that I feel uncomfortable speaking about it, it's just not really something you talk about." Participant interview, regeneration area

"*So when it first came into this centre to get the products, how did you feel about it?* I was a little bit nervous about picking them up, but they gave them in a brown paper bag so it was not as bad. I don't like even walking about the shops with them in my basket or anything like that. I try to cover them with things, and it's even more embarrassing going to the till, especially if it is a man serving you." Participant interview, regeneration area

3.3.5 Partners' views on providing access to products

<u>Practical considerations</u>

Partners considered a range of different factors in deciding how to make products available. How this new provision would fit with the way their service/project is run and the space they had available for storing products, having conversations with participants and distributing products shaped decisions. In many partners, products were available during specific times because this is when e.g. key staff were available or the food bank is open.

<u>Dignity and stigma</u>

Along with these practical aspects, dignity and respecting people's privacy were also considerations for many partners. Partners discussed approaching people on a one to one basis to introduce them to the pilot and making sure products could be collected from a discreet location. The majority of the staff and volunteers interacting with participants as part of the pilot were female. One interviewee did reflect on the importance of having enough female staff to run the pilot as their male staff did not feel able to raise the issue with clients.

> "I suppose they wanted to make sure that things were accessible, but I didn't particularly want a stack of sanitary towels and Tampax there on the front table – I just felt that you almost want to be respectful of people's privacy. If they want it, fine, but they shouldn't have to be picking up where other people are. So we took the decision that it would be something that we could approach people on a 1-2-1 – just as part of our work that actually we can get you this, tell us what you need and we can get you it." End-point interview with staff member, regeneration area

> "I think the difficulty for me was that, when it came to the products, I was like: "are you heavy? Are you not heavy? Know what I mean – personal stuff you're asking folk. So we then developed a wee leaflet thing that [….] they could just tick what they needed, and they could come in and it's in our filing cabinet (that's where we've got the stuff, because we haven't got any space). So then we were able to just go in and get the stuff." End point interview with staff member, regeneration area

<u>Embarrassment and demand for the pilot provision</u>

Many partner staff talked about being surprised that demand for the provision had not been higher. Most reflected on the difficulties they had raising awareness of the pilot and getting people to take part, and identified stigma or embarrassment as an issue. Having to speak to someone in order to access products was commonly

discussed in interviews as a likely barrier. Several interviewees highlighted difficulty broaching the topic of sanitary products – as menstruation is still considered awkward to discuss.

> "I just can't believe the stigma around it, I just thought it would be a lot easier. I didn't realise it was going to be so hard to get people to sign up." End point interview with staff member, regeneration area

> "…I think it's probably, as well, having to go and ask. How do you make it that sanitary products are just there and you don't have to ask anybody at all? That's what we were thinking – in our toilets there's baskets with condoms. What we've been doing is just leaving sanitary products in there as well. And they've been going from there." End point interview with volunteer, third sector

Appropriateness of raising the topic

Raising the topic of sanitary products was not always considered appropriate – depending on the context of the discussion – especially where there was not an existing relationship. For some organisations, clients could be presenting in crisis and access to sanitary products was not always felt to be a priority to raise. Two organisations were not able to fully engage with pilot due to this, and concerns about asking participants for data, although both already provided sanitary products as part of their work supporting women.

> "…the people that we're trying to maintain contact with will turn up on a Friday at 4 o'clock. They'll be presenting in crisis and need support with this, that and the next thing. It's hard enough to get them to do the essential forms that we ask them to be doing, applying for crisis grants etc., so that extra level is just not even on their radar. Getting access to sanitary products is definitely important but being part of the pilot is not at the top of their agenda." End point interview with staff member, third sector

Other reasons for not signing up

For a few partners, an issue with reaching women was that the majority of their clients are male. Other feedback on why some people may not have signed up included being on a type of contraception where they do not get periods or considering themselves financially able to pay for products.

> "…there were a couple who said it's a minimal cost, it's fine. Not everyone has a low budget that we work with [...] a few people came back and said I don't need it for financial reasons. Quite a few didn't use it because of the contraception that they're using – they didn't have periods anyway." End point interview with staff member, third sector

Returning to collect products each month

The majority (63%) of participants were recorded as receiving products on one occasion only (see Table 8 below). However, participants who had signed up during January-February may not have needed to return yet. Looking at the participants

who signed up in the first three months of the pilot, the proportion receiving products only once fell to 46%.

Table 8: Number of time participants collected products (Admin data)

	All		Signed up Sep - Nov	
	%	N	%	N
Once	63%	334	46%	112
Twice	25%	134	31%	75
Three times	5%	29	11%	26
Four or more times	6%	31	12%	29
		528		242

Partners' views on why participants did not return

Some partners also reflected on why participants might not be returning in interviews. Ease of access and having to speak to someone were again considered important in influencing whether people returned monthly.

"I think probably for the re-engagement, if people don't come here that often, if it's out of their way, if I am a new or strange face to them […] because it's still a slightly taboo subject, me trying to speak to them about their periods when they didn't know who I was, probably did create a bit of a barrier. And I think that, to some extent in this area, having to fill out forms – a lot more people would have been interested if you were just giving them the products, no names, no form signing, nothing, just actually hand them the products, very little conversation." End point interview with staff member, regeneration area

"*Did a lot of people come back?* Quite a few, yes – the ones that come regularly. We had some that came in just once, because they weren't regular goers, but people who come in regularly came back. I think word of mouth sometimes works better. But I think it was a lot more to do with if they were regularly coming here then they would come in past to get their stuff." End point interview with staff member, regeneration area

3.4 Products provided

Almost all community partner participants received products, and more received towels than tampons (see Table 9 below).

Participants received between one and six packs of products (containing 10-20 towels or tampons depending on type and absorbency) – it should be noted that some participants also collected products for family members and this was not always clearly recorded. On average participants received two packs. Many of

those receiving multiple packs received a mix of type (tampons and towels or liners), absorbencies (normal and super) or day and night time products.

Table 9: Product received by participants – overall (Admin data)

	%	N
Towels	54%	287
Tampons	15%	81
Tampons & towels	19%	98
Menstrual cup	2%	13
Reusable towels	3%	14
Pre-paid card	7%	35
Total		**528**

3.4.1 Participants' views on products

The majority of participants (133) who completed the end-point survey received products directly from a partner organisation; two received a pre-paid card and one received cash.

<u>Quantity of products</u>

The majority (96%, 131) of participants who completed the end-point survey said they received enough products. In the qualitative interviews, participants generally reported receiving enough products, although a couple mentioned either being unsure how many packs it was ok to take or feeling uncomfortable about being seen to be taking too many.

<u>Choice of products</u>

Slightly fewer than 70% (94) of participants who completed the end-point survey said they received a reasonable choice of products, while 30% (41) chose 'partially – I was able to choose the type of product I wanted but not my preferred brand';, and one respondent said they had not been able to choose the product they wanted. Two survey respondents commented that they were offered supermarket own brand products which was not their preference, two said a wider range of sizes (e.g. for those with a heavier flow) would be better, one stated a preference for pads with wings and 20 participants commented that the choice was good.

In the qualitative interviews and focus groups, participants also generally reported that there was a good choice of products.

"*And what did you think about the choice of products that was available?*
F1: Really good.

F2: Yeah good.

F3: Alright, yeah

F1: I always bought the… I think the Asda ones are as good as the Tampax. I always bought just the Tesco's own version, Asda's own version. They're all the same, really. But they offer you the Tampax… so you get a good variety – night time ones, day time ones, ones with wings, ones without wings…! [laughter]" Participant focus group, third sector

Absorbency and type

Most participants discussed having a choice of type (tampon/pad), absorbency and other practical aspects (wing/no wings, type of applicator for tampons) as the most important elements of choice. One participant noted that only winged had been available and she did not like pads with wings, while another noted that 'I thought the choice was fine, but they could of done with more flow types' (Participant interview, regeneration area).

> "*So when thinking about the products how important is the choice?* I was tampons, and I prefer like the plastic applicators as opposed to the paper ones, so yeah that. Did it matter what type of product as in branded or unbranded? It doesn't bother me that... I think I went for branded tampons because I knew it would have been plastic (applicators)." Participant interview, regeneration area

Product brand

A couple of interviewees did note that the products they were offered were unbranded, but went on to say that the supermarket own ones were ok or just the same. When asked if she was getting her preferred option, one interviewee said: "Probably go for the better brand, 'cos you can afford to do that when you are more secure." (Participant focus group, third sector) This perhaps suggests that, while many participants were happy to use unbranded products, offering branded products may convey participants are valued and that it is not just the cheapest products being offered.

3.4.2 Partners' views on products

When buying products CFINE aimed to purchase a wide range of quality, mid-range products, while noting that it was not possible to provide a complete selection because of the large number of brands and ranges that are available in stores. A smaller range of products were purchased initially, and greater variety was introduced as the pilot progressed and specific requests were taken into account. Partners differed as to the variety of products they reported receiving and being able to offer participants. Some noted that they had received a limited range initially and had requested more choice.

Range of products offered

In terms of product choice, providing a sufficient range of absorbencies was generally considered most important, with a few partners noting that they requested a greater range of absorbency products, especially night-time and higher

absorbency products (e.g. 'super plus'). The importance of being able to take more than one pack of products was also noted by some in providing sufficient quantity (for those who use more than one pack per period) and choice (e.g. different absorbencies, day and night-time pads, or tampons and pads) of products. A need for incontinence pads was also raised by one partner.

<u>Product brand</u>

Partners generally reported that most participants had not expressed strong preferences regarding brand, conveying feedback that the non-branded products are just as good. However, an interviewee who worked with a group of vulnerable young women reported that: "they were glad that it was products that looked good quality; that it wasn't smart price, kind of own brand things. So they felt that at was respectful, I guess, towards them that they were getting quality products." (Initial interview with staff member, regeneration area) Different preferences in different groups were also noted by CFINE staff.

> "Right at the very beginning, we had a request from I think it was the university wanting different brands. They were saying that the branded items were much more popular with the students and also they would prefer regular and/or light rather than other organisations who would prefer heavier stuff. […] we were able to think well this is really more appropriate for this organisation or this is more appropriate based on what they were already using. I think out in the community groups night pads with wings and quite high absorbencies were seen as being the most popular." End point interview with staff member, CFINE

3.4.3 Providing the means to buy products

In considering the findings on cash and card, it is important to bear in mind that only CFINE, Foyer and Homestart offered cash to participants, while CFINE, Foyer, Homestart, the college and university offered pre-paid cards. Many partners opted out of offering cash due to their organisation's policy on handling cash.

As shown in Table 9 previously, pre-paid cards made up a small proportion (7%) of overall monthly provision. However, looking at CFINE's product data only – where cards were offered for a longer period – pre-paid cards made up almost a fifth (30/158) of their recorded provision during the time they were offered.

<u>Participants' views</u>

In the initial survey, participants were asked whether they would be interested in receiving cash and a pre-paid card (see Table 10 below).

<u>Cash</u>

Of those survey respondents who answered these questions, 80 provided comments on their response to receiving cash and 54 on a pre-paid card. Comments on cash included:

- It would provide choice (12 respondents) – "ability to choose preferred brand and type"
- It would be convenient (13) – "may be easier than coming out for products and just get it in with weekly shopping"
- Receiving cash to buy your own products would be less embarrassing than collecting products (8) – "it's embarrassing asking for this".
- Might be spent on other things (32) – "would end up being spent on the kids"

Card

Positive comments on the card also included that it would be convenient (14) and provide choice (5), and less likely to be abused than cash (11). A few also mentioned that the card could also be spent on other things (7) or felt that it would identify them as needing help or be embarrassing (7).

"I think this would deter people abusing the system"

"everyone will then know if you are on a low income or not"

Table 10: Interest in receiving cash or pre-paid card (community, initial survey)

	Interest in cash for products	Interest in pre-paid card for products
Yes	34% (79)	47% (101)
No	51% (116)	35% (74)
Don't know	15% (34)	18% (39)
Total	**229**	**214**
Not answered	269	284

In interviews participants raised some similar concerns about the cash or card not being used to buy products. Whether the shops the card could be used in were accessible for participants was also mentioned.

"If it was a pre-paid card that would depend on how many you need – you might need more that month, but you don't want people abusing it. So I don't know, as it could be used on alcohol and cigarettes. Participant interview, third sector

"…when you mentioned the prepaid card, I ignored that straight away, because I wouldn't be able to go to NISA to pick up my sanitary products, I would have to then go somewhere else. I don't drive so that means getting a bus, it's more bus fares to get your products." Participant interview, regeneration area

Partners' views

Many partners raised the issue of giving participants cash instead of products during interviews. There was a strong feeling of discomfort around this element of the pilot, linked to the fact that many of the clients community partners work with are vulnerable and uncertainty about whether the cash would be spent on products. It should be noted, therefore, that while in theory cash was offered it is not clear how widely or actively this option was promoted to participants.

The pre-paid card was more widely accepted by partner staff. Some partners still mentioned concerns that participants would not use the card to buy products. There was also a feeling among some partners that both of these options added an extra layer of unnecessary complexity – if people need products, just give them that – and that participants were coming to them to get products rather than having then to go to the shop and buy products.

3.4.4 Reusable products

Reusable products include menstrual cups, reusable towels and period pants. Menstrual cups and reusable towels were the main products discussed and made available during the pilot. It is suggested that these products can last up to five to ten years. Menstrual cups are used internally like tampons but collect menstrual flow rather than absorbing it, and can be emptied and rinsed. Reusable towels are cloth pads that can be machine washed.

CFINE were keen to promote reusable products as part of the pilot due to the financial and environmental benefits. Staff brought together a group of volunteers who had experience using reusable products as a 'Reusable Steering Group' to inform this aspect of provision. The group produced a video introducing reusable products to help promote reusable products and spread information about them. [12] The group also visited some of the partner organisations to hold small information workshop sessions or coffee mornings. This usually involved showing participants the video, volunteers with experience of reusable products talking about their experience and the opportunity to ask questions and look at examples of products.

CFINE staff and volunteers observed that engagement was initially slow, with very few participants being open to the idea of trialling reusables, but that more people became interested over time. Overall, CFINE purchased and distributed 100 reusable products to partners: 51 are recorded as having been given out to participants (32 menstrual cups and 19 reusable towels), 16 have been returned to CFINE, and 33 are still with partners (it is likely some of these have been distributed without a record being kept). Some participants received only a reusable product, some received towels or tampons then tried a reusable product and others received both reusable and disposable products.

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[12] https://www.youtube.com/watch?v=_-Rq36JH20M

<u>Participants views of reusable products</u>

Around a third of participants in community partners had heard of reusable products, while 4% had tried them. However, 59% of participants who had not used them previously said they would be interested in trying reusable products.

Table 11: Knowledge of reusable products (community, initial survey)

	Heard of reusable products	Tried reusable products	Interested in trying
Yes	32% (137)	4% (17)	59% (223)
No	68% (285)	96% (395)	41% (154)
Total	**422**	**412**	**377**
Not answered	76	86	104

In interviews, participants had very mixed views and experiences with reusable products. Many were not familiar with them before taking part in the pilot. Some participants talked about using reusable products as distasteful or raised practical issues around, for example, having to carry a used pad around with you or having to empty and wash a cup in a public toilet.

However, taking part in the pilot and learning more had made minority of participants and staff/volunteers consider trying reusable products. Although openness to reusable products did not necessarily translate into regular use, some positive feedback was received from participants who had trialled them. One example was a mother and daughter who had allergies to some brands of disposable towels, and reported that the reusable towels were 'perfect for their needs' and that they would not have known about or been able to afford the initial outlay without the pilot.

"I didn't know about the reusables until a couple of months ago. They showed me them and I was like, wow, I didn't even know they existed. *Would you think about taking them?* No, I don't know – I'm just a bit funny with the whole washing it out and putting it on, I don't know. It's psychological. I think it's just something in me that's going no, no I don't want to do that." Participant interview, third sector

Before the meeting I said to my friend, there is no way, no how, would I ever try it. However, I've got one [menstrual cup]. I haven't tried it yet. Because I got my period on Christmas day and there was no way I was faffing about trying that sort of thing. But then I got told that it… eased the pain a bit. I get really quite bad pain, and in the discussion a lot of people had said it eases the pain sometimes. Participant interview, regeneration area

Many partners reflected on interest in reusable products during interviews. In general they reported that participants had not been interested, and often described 'disgusted' or 'horrified' reactions. Their impressions were generally that people did not like the idea of reusing and having to clean products or saw them as 'unhygienic'. Some noted these reactions were due to a lack of knowledge about products, and that raising awareness, particularly allowing people to see products and hear from someone who has used them, was important in changing views.

"*What about uptake of reusables?* Nothing, apart from a couple of horrified gasps. I remember speaking to one mum, I went out to see her, we were speaking about sanitary products. And she was like yeah, yeah, I'm up for this, I'm up for that. I mentioned reusables and I thought she was going to run out of the room and be sick she was that horrified about it. So absolutely no education on the reusable products is obviously given at school or family planning or anything like that." End point interview with staff member, third sector

"They have a look at the reusables but nobody is that keen on them I'm afraid. For people it's maybe just a bit too fiddly or unhygienic. They've had a look and know that they exist. I think some people are a bit funny about using something that's reusable. Two people have ordered the Mooncups and used the Mooncups but nobody's wanted to use the pads. […] For some people it might remind them of times they have had to make do and mend. And some people, when I showed them the Mooncup, they just can't imagine where it goes and how it goes and how it fits." End point interview with staff member, regeneration area

3.5 Costs of the pilot and products

The Scottish Government provided a total of £42,000 for CFINE to run the six month pilot, broken down as follows:

- Staff and admin costs: £32,000
    - o Development worker £13,000
    - o Management, support £4,000
    - o Driver/store person £9,000
    - o Vehicle costs contribution (lease, insurance, fuel) £3,000
    - o Premises and administration (PC, telephone, fuel, etc.) £3,000
- Products costs: £10,000

Further funding of £12,000 (£3,000 per month) was provided to continue distributing products via established partners for four months after the formal end of the pilot: £10,000 for administration and £2000 for products.

Turning to CFINE's records on the actual cost of products provided during the pilot, the unit cost (e.g. cost of one tampon or towel) varied according to:

- product type (tampon or towel)
- brand (supermarket own or branded), and
- absorbency (for example, packs of sanitary towels commonly contain 14-16 regular towels, 12 super towels or 10 night time towels).

Overall, the average unit cost was around 9p per item – around 5p for supermarket own brands and 11.5p for branded products. Menstrual cups were purchased for between around £16 and £20 per cup, and reusable towel starter pack for between around £14 and £19.

Table 12: Average cost of products purchased during the pilot

Product	Price range per unit	Average price per unit
Supermarket own towel	4-8p	6p
Branded towel e.g. Always, Bodyform	9-14p	11p
Supermarket own tampon	4-5p	4p
Branded tampon e.g. Tampax, LiLets	10-14p	12p

3.6 Coordination and distribution

For CFINE the pilot required a lot of time from already very busy staff and some volunteers. In particular, a substantial part of the resource required and a key challenge was collecting and processing information from partners. Also supporting those partners who had limited capacity with signing up participants. Dealing with the media interest in the pilot also took up a considerable amount of time. Staff reflected that the time put in by some core volunteers – e.g. signing up participants at CFINE, making up deliveries, going out into the community and delivering sessions, media involvement and inputting data – was very important in making the pilot work.

Partners were very positive about their relationship with CFINE and the way the provision was coordinated. Most already worked with CFINE as part of the FareShare network, and the distribution of sanitary products fitted into existing processes. An occasional delay getting a particular delivery or specific products was mentioned, but no broader problems with coordination or distribution identified.

"We've had a long relationship with CFINE so [name of staff member] has sent us emails when they need information from us. There's meetings. They keep us up to speed with things when we needed more stock; gives us information; asks for things to be filled in – I thought they did really well." End-point staff interview, third sector

3.6.1 Challenges for partners in providing access to products

<u>The time taken by data collection</u>

The work related to the data collection element of the pilot was clearly identified as the most challenging aspect of the pilot. Completing sign up forms with participants and keeping a record of products distributed added substantially to the time required to make products available.

<u>Reliance on one person and/or volunteers</u>

In the majority of partner organisations, the pilot activity had been driven by one committed individual on top of an already busy role. In some partners, volunteers also played an important role in running the pilot. In one organisation the pilot was led by a volunteer who was very enthusiastic about the project and put a great deal of time and energy into promoting it in their community. This meant that in many partner organisations provision was very dependent on good will and somewhat precarious. During the course of the pilot there were examples of these key staff leaving organisations, and momentum promoting the pilot being lost.

<u>Prioritising the pilot within busy workloads</u>

While interviews highlighted that partner staff were very supportive of the initiative, there were issues raised around prioritising the pilot within busy workloads. Some interviewees reflected that there was probably more they could have done to reach and engage potential participants, but that there just was not time alongside everything else they were doing. Other partners indicated that they were near the maximum number of participants they are likely to be able to sign up or have the capacity to manage. A few did reflect that, if uptake had been a lot higher, this would have been difficult.

Other than the time-consuming nature of data collection and the lack of free capacity within their organisations, partners were generally very positive about the pilot and did not identify any major practical issues. Many saw providing sanitary products as fitting in to the work they already did and did not feel the actual provision was too much of a burden time-wise. Some minor issues with storage/space were mentioned but were seen as manageable. Although some partners did reflect that this could become an issue if provision continued and/or increased.

> "I suppose, for me, I don't have the time to do anything different to what I've done just now. If it had been allocated to a community worker, to say actually that could be a little bit of a project or something." End point interview with staff member, regeneration area

> "I haven't found it too bad, but I know that if all 20 of my participants did keep in touch and did re-engage continually, I would've been rushed off my feet I think, but because they didn't it was ok." End-point interview with staff member, regeneration area

3.7 Impact of the pilot

3.7.1 Impact on participants

Slightly under two thirds (63%) of participants who completed the end-point survey said they thought taking part in the pilot had, had an impact on them, around a fifth were unsure (22%) and 15% thought it had not. When asked what impact the pilot had, the most commonly selected response was 'more money available to spend on other essential items', followed by 'less worried about having my period'. Other reasons given included becoming more aware or understanding of the situation other people may be in and meeting people.

Table 13: Impact participants thought the pilot had on them (end-point survey)

	Selected
More money available to spend on other essential items	68% (55)
Less worried about having my period	49% (40)
More able to continue with day to day activities during my period	27% (22)
Introduced me to other services	25% (20)
Improved my mental health and wellbeing	21% (17)
Felt embarrassed because I couldn't afford sanitary products	20% (16)
Felt embarrassed about having to discuss sanitary products	9% (7)
Total responses	**81**

Finance and wellbeing impacts

In the interviews with participants, impacts mentioned included: freeing up money for other essentials and worrying less.

> "You've no got the financial stress, it's like you've freed up your money, you know. You've got an extra couple of quid one week your like I don't have to buy that now, I can go get something else, some shopping. You can put extra money in your gas, extra money in your electric or something, or food." Participant interview, third sector

One organisation, provided some written feedback from staff about the impact they thought the pilot had, had on the families they work with – these indicate how the pilot helped women financially in situations where they had a high requirement for products:

I provided one of my new mums with sanitary wear due to continued bleeding post birth, and at this time she no longer required to wear maternity pads. It would have been difficult for her due to the financial costs of buying pads on a more regular basis than monthly so, it was a big help to her at this time. Written feedback from staff, regeneration area

I have recently worked with a family where the woman was having issues with her menstrual cycle and this was being investigated by the hospital. She had been menstruating for approximately three months and was not in a position financially to be able to afford the high level of product she needed from day to day. Being able to provide her with these items throughout that difficult time relieved some of the stress of dealing with her condition which has now been resolved. Written feedback from staff, regeneration area

Feedback from a group of young women who are referred to the organisation through social workers, and did not want to formally sign up to the pilot, was provided by staff, with comments highlighting greater confidence:

 "Feel valued"

"Feel more confident and better about myself now"

"Feel the same as everyone else now"

"Not having to take time off school / miss out on group and activities because I don't have products"

Being able to change product more often

One interviewee talking about feeling able to change products more often. Poor menstrual hygiene has been linked to Bacterial Vaginosis and Urinary Tract Infections, while changing tampons less often than recommended has been identified as a risk for Toxic Shock Syndrome.

"…and the good thing about getting the products free as well is like, when you're having to buy them, they're not always cheap, they don't always have your kind in – the strength that you need, Is that you don't have to wear the same tampon or the same pad for a whole day, because you haven't got enough to last and you can't afford to buy another packet. Whereas with getting them for free, then they are full or whatnot, you can change them, you don't have to be uncomfortable keeping the same one on." Participant interview, third sector

Feeling more comfortable talking about products

Another outcome mentioned by some participants was feeling more comfortable talking about products.

"*Ok so thinking about the first time you came in and you had to get the products yourself, how did you feel about that?* Probably a bit embarrassed to be honest […] it's a bit embarrassing walking through, and people seeing you, and there's a lot of men here, and some men don't want to think about it or see it. *And now, how do you feel?* I

feel like it's made me a lot more confident in speaking about periods, especially at the coffee morning – everyone just talking about it so openly, I was just like it's ok to kinda talk about it, where I feel like before it's not something you would ever really discuss." Participant interview, regeneration area

Other comments on the pilot

There was space in the initial survey for any additional comments – 115 community respondents included a comment. Just over three quarters of these (77%, 89) were positive comments on the pilot. Nine stated their view that sanitary products should be available for free.

"This is a very good initiative and I will be interested to follow how it goes"

"This will make my life so much easier when on my period"

"This is a god send for me and 2 daughters. Between the 3 of us someone is always having a period"

"This should always be free as we do not choose to have a period".

3.7.2 Partner's views on broader impacts

Building and strengthening relationships

When considering what impact the pilot had, had on their organisation, building or strengthening relationships with service users was an additional benefit discussed by several partners during interviews. Some partners also talked about how the pilot had enabled discussion within the organisation and with service users about access to sanitary products and broader issues:

I was going to say in terms of the pilot here what are you most pleased about in how it's gone? From a selfish point of view that I felt that I made some connections with people because I was new here too and I think it's helped to break down some kind of barriers with people. End-point interview with staff member, regeneration area

"*So when thinking about the pilot aspects, what were you most pleased about?* I was most pleased, probably, with the conversations, dialogue that it generated, rather than actually the simple handing over of products. I think it allowed us in the office to have quite a lot of discussion about it, the staff. Issues that we all felt or didn't feel. Some of the volunteers were really interested in it – it allowed then to have quite frank conversations with families they were supporting, not just on access to sanitary products but on sexual health and contraception and all that kind of things. It gave them a reason to be discussing quite personal matters, it was a lead in." End-point interview with staff member, third sector

Making links and strengthening networks

Some partners also mentioned that taking part in the pilot has enabled them to make links with new organisations or agencies. The pilot was seen as providing an opportunity for strengthening networks between organisations with similar interests.

"For me ASP [access to sanitary products] has been great – one for meeting new agencies, like we didn't really have a connection with RGU or NESCOL, and meeting folk again, getting out there…" End-point interview with staff member, CFINE

3.8 Access to products in the future

3.8.1 Participants' views

Most popular options – survey responses

In the end-point survey, respondents were asked, if a scheme to provide access to free sanitary products in the future, which of the six options in

Table 14 below they would prefer (firstly ticking as many as they like). The option selected by the largest number of participants was to receive a card, followed by ordering online and collecting products from a designated location. Respondents were then asked to select the one option they would most prefer. The most popular option was ordering online, followed by receiving a card.

Table 14: Participants' views on ways of accessing products (end-point survey)

Option	Select all	Preferred
Receive a card I can use in shops to get free products	51% (90)	22% (38)
Order online through a secure system for delivery by post	47% (83)	25% (44)
Collect free products from a designated location	47% (82)	12% (21)
Receive a voucher I can exchange in shops to get free products	44% (77)	16% (28)
Free products available in public toilets	40% (71)	11% (19)
Free products available from a designated person	35% (62)	14% (25)
Total responses	**176**	**175**

Advantages and disadvantages of different options – interview discussions

In the interviews and focus groups with participants, there were a range of views about what would be the best way of accessing products in the future. When asked an open question, suggestions included picking products up from: pharmacies, doctors' surgeries or health clinics, local buildings such as community centres, and ordering online.

Interviewees were also shown the six suggestions in Table 13 above as prompts for further discussion. Again views were mixed on the advantages and disadvantages of these:

- **Ordering online.** Advantages: saves hassle and discreet. Disadvantages: not everyone has access to the internet or an address to deliver to.

- **Card/voucher.** Advantages: convenient if you can collect products at the same time as your weekly shop; not having to ask for products; can choose what you want. Disadvantages: might not be spent on sanitary products, whether it can be used in a local shop; possible hassle of having to exchange a voucher or use the card separately to the rest of your shop; feeling uncomfortable if the card or voucher lets others know you need products.

- **Available from local places e.g. chemist, community centre**. Advantages: convenient; easy for most people to access. Disadvantages: could be abused if freely available.

- **Available in toilets.** Advantages: useful for if you're caught out without products. Disadvantages: could be abused if freely available.

As when the possibility of accessing a pre-paid card during the pilot was discussed, interviewees expressed doubt about how a card option would be spent. Another concern raised was whether the card would mark users out as low income:

> "Like the card as well, 'cos I was saying to them is that like a specific tampon only card, like a sanitary towels only card? Cos I thought that would be a bit uncomfortable going up to a till with that. ...I don't know how comfortable I would feel, 'cos I've had to use a food token before from the council and that felt really uncomfortable handing it over and being like 'I'm skint', so I don't know how comfortable I would feel, unless obviously hundreds of people were doing it, you know." Participant interview, regeneration area

Most important aspects of how products are made available

Similarly to accessing products during the pilot, the main considerations that emerged among participants for how products should be made available were:

- **Convenience** – somewhere that fitted into their day to day life and was easy to access for most people. Some respondents discussed the lack of a large supermarket in their local area and the cost of bus fares to access it.

- **Discreet** – preference not to have people knowing you need or are collecting products.

- **Preventing abuse of the scheme** – several participants noted that people might take more than they need/'take advantage'.

3.8.2 Partners' views

Discreet and easy to access

As with considering how to make products available during the pilot, accessing products discreetly was considered important for any future provision. Ease of

access was also highlighted as important – making products available in places that people access as part of their day to day lives. Places such as food banks, community centres, schools, pharmacists, doctors' surgeries, and via midwives and health visitors were suggested. The team at CFINE had discussed the minor ailments scheme as a potential solution. Some partners did reflect on whether organisations like them would be the best location for provision.

> "…leaving sanitary products in a basket in the toilet for those that need it [would be the best way of continuing the pilot provision]. I don't mind having some products here genuinely for people coming in. If it's an on-going thing, I'm not sure – I think you would need to look at somewhere that can actually have all the products that folk want to get. So we've got NHS next door – if they could have handed out to folk… End-point staff interview, regeneration area

> "I just think people want it to be easy – almost like a central point … it needs to be somewhere maybe that's busy like a GP surgery or a pharmacy." End-point staff interview, regeneration area

> "Do you put it into community centres? Not everybody goes to a community centre. Do you put it to a social work? Not everybody goes to social work etc. For me, speaking about areas of deprivation, a lot of people that are struggling financially will go to their local chemist that's got the Small Ailments Scheme. I think would be one terrific way of getting a product to a person. There's a chemist in every area in Aberdeen." End-point staff interview, third sector

Places where women go on their own

An interviewee who worked with vulnerable women noted the importance of thinking about places women go on their own:

> "…in terms of domestic abuse, the control of not only what women do – in terms of what they wear, where they go, who they speak to – but even sanitary protection is something that's controlled, so I think it needs to be available in places where women will go to and probably on their own. So places like doctors' surgeries, health centres, community centres, those sorts of places where they go and they have a chance for their own space…" End-point interview with staff member, Grampian Women's Aid

Reservations about a pre-paid card

General concerns around giving participants a pre-paid card were reiterated.

> "Our experience is that there's an awful lot of people that come to us because their lifestyles are pretty chaotic. They don't think straight. So you and I are given a card knowing that we can go into Boots or whatever and get this. But that could be a huge challenge for some people – (a) the interaction; (b) they've probably never had a credit card or any bank card or anything. I just think giving the product for their use is helping that person. And I think making the access available to places that they're more likely to be going – which would be food banks, doctors, community centres." End-point interview with staff member, third sector

4 Findings: Schools, college and university

4.1 About participants

The initial survey collected information about pilot participants, including age, ethnicity and previous difficulties accessing products

4.1.1 College and University

In the college and university participants were aged between 17 and 48 and the average age was 26 (see Table 15 below). The majority of students identified as white (87%, 48). Just over half (29) lived in a household with children; 13 of these were single parents.

Table 15: College and university pilot participants by age group (initial survey)

	%	N
Under 18	2%	1
18-24	49%	27
25-34	35%	19
35-44	13%	7
45 and over	2%	1
Total		**55**

4.1.2 Schools

Participants at school were aged between 11 and 16 and the average age was 13.

Table 16: Age of school pilot participants (initial survey)

	%	N
11	3%	2
12	21%	16
13	44%	34
14	10%	8
15	17%	13
16	5%	4
Total		**77**

The majority of pupils identified as white (86%, 66).

4.2 Previous difficulties accessing products

4.2.1 College and University

Accessing sanitary products had presented difficulties in the past for around a third of student participants, while slightly under a quarter had ever been unable to purchase sanitary products.

Table 9: Student participants' experiences accessing products (initial survey)

	'Has accessing sanitary products presented difficulties in the past?'	'Have you ever been unable to purchase sanitary products?'
Yes	32% (17)	23% (12)
No	68% (36)	77% (40)
Total	**53**	**52**
Not answered	2	3

Of the 14 students who provided a comment on why they had experienced difficulty, the majority (11) gave a reason related to their ability to afford products, generally living on a low income.

> "No money to buy products and therefore have not been able to access. Also I have been caught out in public and not had any product."

Of those who commented on how they managed without products (7), six said they asked someone – generally a friend or family member – for products or money to buy products.

The lead at the university student union noted that being involved in the pilot had opened their eyes to the difficulties some women are going through.

> "…it kind of shocked me a little bit actually because we only had 40 signed up in fresher's […] and to think that there was three students that signed up who had said they had been unable to buy products in the past and have had to, you know, find other ways. That shocked me a little bit because out of 40 students that's quite a high number to have, I expected one maybe, but I didn't expect three out of 40 to have said "I have been unable to buy", we had quite a big number of students who have said I've struggled but I have managed, but to find that three students have had to go without." End-point interview with Student Union representative, RGU

4.2.2 Schools

Around half of pupil participants did not answer this question. Twenty percent of pupils who answered the question (10% overall) had experienced difficulty accessing sanitary products and had been unable to purchase products.

Table 10: School participants' experiences accessing products (initial survey)

	'Has accessing sanitary products presented difficulties in the past?'	'Have you ever been unable to purchase sanitary products?'
Yes	10% (8)	10% (8)
No	36% (28)	36% (28)
Not answered	53% (41)	53% (41)
Total	**77**	**77**

Of the seven pupils who provided a comment on why they had experienced difficulty, four did not have products at school when they needed them; two mentioned struggling to afford products and one did not feel comfortable getting them from a shop.

> "When I first started my period I was in school and had no access to sanitary products so had to go home"

> "I wouldn't feel comfortable going getting them from a shop"

Of the pupils who provided a comment on how they managed without products (7), six used toilet paper and one asked a friend.

School staff reported that they had previously kept a supply of products that pupils could ask for – in case pupils were caught short or started their period at school (one school mentioned that these were sent regularly by the manufacturer of Always).

4.3 Accessing products during the pilot

4.3.1 Promotion

College and university

In the college, the pilot was advertised through all student email, social media, posters in toilets, and on the Student Association's notice board and at their desk at City Campus. Lecturing and guidance staff were also informed of sign up dates and times. While in the university the pilot was promoted at Freshers Fair and via the Student Union's social media channels and in the Student Union building.

The majority of students had heard about the pilot direct from college/university, many at Freshers Fair. Getting the message out widely at the college and university seemed to have been a challenge amongst the volume of communications students received. Two volunteers at CFINE who were students at RGU had got involved with the pilot at CFINE, but had not heard anything about it via the university. The RGU students interviewed also said the pilot could have been more widely promoted. It is likely that the limited capacity of those taking the lead at the college and university restricted the level of promotion possible.

Schools

To promote the pilot to pupils, secondary schools used a mixture of assemblies, posters in the girls' toilets, discussion in Personal and Social Education classes, as well as guidance staff and school nurses mentioning the pilot to pupils. Schools also made parents aware of the pilot, for example via text message.

The primary school informed parents, and then decided to talk to the girls from primary 4 to 7 about the pilot. The lead noted learning from this about how informed their pupils were about periods:

> "We just took all the girls together and we had a very good conversation actually about the products and it was quite interesting to realise that some of our children weren't as up-to-date as they thought they would be. […] Some of them didn't seem to know very much at all whereas others had a better understanding which has highlighted to us what we have to look at as a school." End-point interview with lead, Primary School

They also opened up the offer of free products to parents, informing them about this in a letter send home with their children.

4.3.2 Accessing products

Arrangements in schools, college and university

In both the college and university, students could collect the products they required at a designated pick-up point within the Student Association or Union's central hub. NESCol Student Association had a schedule of drop in sessions for collecting products that was released on a monthly basis. RGU's Student Union reception staff also emailed those who have signed up to remind them to access products each month.

In the secondary schools delivery was a shared duty between guidance staff and school nurses. In general, the secondary schools decided that products could be requested from the school office, school nurse or guidance teachers. One secondary school also agreed to trial making products available in the school toilets in baskets, to test an option that did not involve having to ask for products. In the primary school pupils could either ask in the classroom, the head teacher or the school nurse for products. Parent could collect products from their family worker.

How comfortable participants felt collecting products

The end-point survey asked pilot participants how comfortable they felt collecting products. Seventy one percent of those at school, college and university said they felt comfortable collecting products – a smaller proportion compared to those at from community partners (94%).

Table 12: How comfortable school, college and university participants felt collecting products (end-point survey)

	%	N
Very comfortable	30%	8
Quite comfortable	41%	11
Quite uncomfortable	30%	8
Very uncomfortable	-	0
Total		**27**
Prefer not to say / Missing		3

Reasons for not signing up to the pilot – lack of knowledge

The end-point survey for college and university students, and school pupils was open to all students to complete, not just those who had taken part in the pilot. Some respondents who had heard about the pilot but had not signed up to take part (107) gave a reason why they did not sign up. Almost half said this was because they either did not know about the pilot, did not know how to sign up or did not know if they would be eligible (e.g. as they weren't on a low income or were a staff member). Some survey respondents said they did not sign up because they could afford products or had products at home. Others said they did not need products because of the contraception they were on or they no longer had periods. A small number said they had not wanted to ask for products or felt embarrassed. Other reasons mentioned were not having time to sign up or the collection of provision not being convenient.

Having to ask for products

Having to speak to someone in order to access products was considered by staff to be a key barrier for students and pupils.

> "Well, we've tried to make it a discreet process. It is quite difficult when you have to log them. When this goes forward, I like the idea of the card system, I think that would be great. I think we have struggled because you have to come and ask someone, and I know [receptionist] and she is lovely, and she has no judging people whatsoever about this, but people that are not engaged with the union don't maybe know that our

receptionist is female for example, something as simple as that, if you've not been in the office you maybe don't know that we have a female receptionist, and something like that could be putting someone off, simple things." End-point interview with Student Union representative, RGU

"Even with the girls in the classes the confident ones will come and ask but the shier ones tend to send out a friend to ask." End-point interview with lead, Primary School)

The lead at the primary school also noted that it was difficult to find an appropriate method of making products available to parents, as they did not want to come into the school office and ask. A few parents had collected products from their family worker, but they did not feel they had got their approach quite right yet.

Embarrassment was a particular issue for young people

Embarrassment was highlighted as a particular issue for younger people. The leads at the schools – and at some of the community partners who work with young people – fed back observations that many students seemed to be shy or embarrassed to talk about menstruation and ask for sanitary products.

"Pupils who were keen to sign up were not always forthcoming. Perhaps finding time to visit the relevant staff and embarrassment were factors. In my experience, sending groups of girls together during PSE was far more effective in getting larger number or reluctant pupils to commit to meeting with the nurse. […] Pupils, particularly junior pupils, were quite shy, embarrassed to sign up. We had some giggling from boys and this may have put some pupils off." Written feedback from lead at secondary school

"I think quite a lot of the younger women, so the under twenties, they still find it really embarrassing to talk about, especially with stranger, you know – like me. So quite a lot of the time they've signed the form and everything, and they've done the evaluation, but they won't come in to pick them up. It their mums, that are also on the pilot, that come and pick them up for them. *Oh that's really interesting.* Yeah, oh the young girls are really not keen to chat about that with me*.* […] I think we've got three ladies under the age of 20; only one of them has come in to pick up her own products and even then she was visibly embarrassed. And the other two haven't picked them up themselves. […] one of girls who is part of the pilot, I give her products to her youth worker." Initial partner interview, regeneration area

Provision seen as intended for those 'in need'

As highlighted in the survey responses, students may have seen provision as just for those in need rather than for everyone, despite messaging that products were available to all.

"I think with something like this which is so personal, I don't think it is something you would pick up off of an email and say yeah that is definitely what I want to do, I think a lot of students have still got this in their minds that this pilot was only for people who were in need, even though it was clearly advertised that it was for all, I do think people in their minds said "I'm not in need so I shouldn't be taking this", but when you do it face

to face you say, "no it's absolutely fine", the tone of voice comes in and then you get the sign ups." End-point interview with Student Union representative, RGU

Times provision was available

Other barriers to accessing products identified by staff were limited time during school day for young people to drop past and collect products, and staff being out of office with other aspects of their role when young people have attended.

4.3.3 Making products available in school toilets

In general the schools that took part in the pilot were reluctant to make products available in the school toilets due to concerns about misuse. The primary school lead noted that "children might play with them and they might end up making a mess with them". One secondary school did trial having products in a 'sparkly' box in the school toilets, but felt unable to keep the trial going for long. The lead for the school did note that the school have had particular problems keeping the toilets tidy, and that in schools that do not have this problem making products available in the toilet seems like an effective method and might be more successful.

"I actually delayed and waited until study leave, till the prelims, because then for 2 weeks S4 to S6 pupils were out of school. They were only in for their exams so it meant we only had S1-S3, and I thought, well, let's try it there and see if there's less vandalism so to speak. The product was shoved down the toilet and thrown around the room. So it's hard to say if anybody genuinely took the product but it's less likely. […]. I was having to find a careful balance between how long we pursued it and how long with the good will of the janitor is was going to last. […] They were really accommodating and fine about it but I just felt that we couldn't really go. It was being abused." End-point interview with lead, secondary school

4.4 Products provided

College and university students were more likely to receive tampons than participants at the community partners: 37% received towels and 41% tampons.

Table 17: Product received by students and pupils – overall (Admin data)

	College/ university	Schools
Towels	37% (46)	74% (74)
Tampons	41% (50)	14% (14)
Tampons & towels	19% (23)	12% (12)
Menstrual cup	2% (2)	N/A
Pre-paid card	2% (2)	N/A
Total	**123**	**100**

Almost three quarters of school pupils received towels.

Of the 27 college and university student pilot participants who completed the end-point survey, only one received a pre-paid card, while the rest received products directly. The majority (93%, 25) said they received enough products. Fifty nine percent (16) said they received a reasonable choice of products, while 41% (11) chose 'partially – I was able to choose the type of product I wanted but not my preferred brand'. The four school pupil participants who answered the survey said they were able to access enough and a reasonable choice of products.

4.4.1 Reusable products

Awareness of reusable products was higher amongst students than participants at community partners: 72% had heard of reusable products and 13% had tried them. The majority of students who had not tried reusable products were interested in trying them.

Table 18: Knowledge of reusable products (students, initial survey)

	Heard of reusable products	Tried reusable products	Interested in trying
Yes	72% (38)	13% (7)	91% (42)
No	28% (15)	87% (47)	9% (4)
Total	**53**	**54**	**46**
Not answered	2	1	2

However, the interest in reusable products among students did not translate into the proportion of products given out, as shown in Table 17. This may have been due to delays in reusable products being made available in the university and college, and students not being aware that these options were available. In an interview with two university students, they had discussed reusable products when they signed up to the pilot but were not aware these products were actually available.

4.5 Challenges in providing access to products

As for community partner staff, the main challenge identified in providing products was limited staff time to dedicate to the pilot. The timing of the pilot in relation to school holidays also created some delays in setting up and promoting provision. As noted above, getting students to sign up was a challenge – all the lead staff in secondary schools mentioned being surprised that the numbers signing up were not higher. One secondary school staff member noted that getting pupils to collect products in groups was more effective (e.g. during Personal and Social Education classes). In addition to embarrassment and time to access products, school staff

felt that longer was needed to get provision established and normalised. The two school staff interviewed had found CFINE easy to work with and felt that the school received a good variety of products.

4.6 Impact of the pilot

4.6.1 Impact on students

Slightly under two thirds (63%, 17) of college and university pilot participants who completed the end-point survey thought the pilot had an impact on them. Around fifth (22%, 6) were unsure and 15% (4) thought it had not. Among those who said the pilot had, had an impact, the most common impact selected was being less worried about having their period – selected by around half.

Table 19: Impact school, college and university participants thought the pilot had on them (end-point survey)

	Selected
Less worried about having my period	48% (10)
Improved my mental health and wellbeing	24% (5)
More able to continue attending school/college/university during my period	19% (4)
More able to continue with day to day activities during my period	19% (4)
Felt embarrassed because I couldn't afford sanitary products	10% (2)
Felt embarrassed about having to discuss sanitary products	10% (2)
Total	**21**

4.6.2 Impact on institutions

Impacts noted by the two lead staff members who were interviewed mainly focussed on education and opening up opportunities for discussion. The lead at the secondary school noted that the pilot had enabled wider discussion with pupils around sanitary products and gender equality (e.g. taxation of sanitary products), which they hoped would be a step towards normalising discussion of menstruation. The lead at the primary school noted the impact of the pilot on thinking about their health and wellbeing curriculum.

> "I think it had made us look at our curriculum and think what are we delivering and how were we going to create a whole school approach to involving health and wellbeing and sex education I suppose right throughout the school." (Primary)

4.7 Access to products in the future

In the end-point survey, respondents were asked, if a scheme to provide access to free sanitary products was introduced in the future, which of six options they would prefer. First ticking as many as they like then selecting their most preferred option. Students who had and had not taken part in the pilot were asked these questions.

Table 20: Participants' views on ways of accessing products (EP survey, select all)

Option	College	University	School
Free products available in the school, college or university toilets	**67%** (91)	**73%** (79)	**47% (16)**
Receive a card I can use in shops to get free products	**55%** (75)	54% (58)	**41% (14)**
Order online through a secure system for delivery by post	48% (65)	**72%** (78)	26% (9)
Receive a voucher I can exchange in shops to get free products	42% (57)	41% (44)	26% (9)
Collect free products from a designated location in school, college or university	32% (44)	38% (41)	12% (4)
Free products available from a member of school, college or university staff	13% (17)	11% (12)	15% (5)
Total responses	**136**	**108**	**34**

Table 21: Participants views on ways of accessing products (EP survey, preferred)

Option	College	University	School
Free products available in the school, college or university toilets	**31%** (42)	**26%** (28)	**15% (5)**
Order online through a secure system for delivery by post	24% (32)	**38%** (41)	12% (4)
Receive a card I can use in shops to get free products	**27%** (37)	15% (16)	**41% (14)**
Receive a voucher I can exchange in shops to get free products	7% (10)	11% (12)	12% (4)
Collect free products from a designated location in school, college or university	8% (11)	10% (11)	9% (3)
Free products available from a member of school, college or university staff	2% (3)	0	12% (4)
Total responses	**135**	**108**	**34**

Free products available in the toilets and receive a card were commonly selected across all groups. Order online was commonly selected by university students. The least commonly selected option was 'free products available from a member of staff' – the option used in the pilot.

The most popular option for university students was ordering online, for college students it was products available in the toilets and for school pupils it was to receive a card. The second most popular option for college students was to receive a card, while for university students and school pupils it was free products available in university/school toilet.

<u>Advantages and disadvantages of different options</u>

Reasons given for their preferred method were similar across most of the options, and commonly highlighted that the option was easy to access or convenient, and discreet or less embarrassing – several mentioned not wanting to have to ask someone for products. Several respondents noted that accessing products from toilets would be good for emergencies. Some mentioned that online access and receiving a card would allow access outside of campus and your own choice of product. Those who selected online access often highlighted not having to speak to anyone or that it is the most private or anonymous option. A couple noted that a card or voucher could be stigmatising.

As with considering how to make products available during the pilot, accessing products discreetly and without having to ask was also highlighted by lead staff as important for students. Although it was recognised that making products freely available can be challenging in a school context.

> "*If you could, what would you do to change the way that you could do the pilot, if you had full control?* I would have had an even more discreet service, I would try to take the human element out of it." End-point interview with Student Union representative, RGU

5 Discussion and conclusions

5.1 Summary of findings

Campaigns and news reporting have suggested that those on a low income may struggle to afford sanitary products as well as other essentials, and that this may have an impact on health and school attendance. However, there is limited evidence on the extent and impact of lack of access to sanitary products in the UK and Scotland. The pilot in Aberdeen was set up to both gain insight into the issue of lack of access to sanitary products and to explore options for providing access to free sanitary products for two groups: people from low income households and for students at school, college and university. The evaluation of the pilot set out five main areas to explore for each group:

- better understanding the context and experience of lack of access to products
- testing approaches to providing access to products
- providing some indicative information on the products required
- assessing the impact of the pilot on participants, and
- assessing the wider impact of the provision on the organisations involved.

The next sections consider what the evaluation findings can tell us on each topic.

What circumstances are people in that mean they cannot access products?

Low income households

Accessing sanitary products had presented difficulties in the past for two thirds of participants signing up with community partners. In general these organisations work with vulnerable populations – those affected by substance misuse, domestic violence, homelessness or food insecurity – or communities with high levels of deprivation, and targeted their pilot provision specifically at low income households. We would therefore expect a high proportion of those accessing the pilot to have experienced difficulties.

The majority of participants signing up through community partners were not in employment and many were reliant on benefits. A high proportion were lone parents. Asked about why they were facing financial difficulties, many respondents highlighted living on a low income – most often due to living on benefits, but also because of problems or delays with benefits, disability or illness, paying off debts and coping as a lone parent.

These findings highlight similar issues to those raised in research with individuals who are struggling to afford other essentials such as food. Available statistics suggest that use of food banks has been rising steeply over the last three years.[13]

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[13] Trussell Trust, End of Year Statistics 2017-2018: https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/

The developing evidence base on food insecurity shows that benefit delays (including sanctions) or changes and low income are the primary drivers of food bank use, as well as low wages, insecure work, and high living costs for those in work.[14] Research has also suggested that lone parents, large family households and households where someone is disabled or has a health condition are more likely to be food insecure.[15] It is likely that many of the same issues are driving difficulties accessing sanitary products.

The main reasons given for difficulty accessing products by the majority of participants related to living on a low income – not having enough money to buy sanitary products, prioritising between sanitary products and other essentials such as food and energy, and having to buy products for several household members. However, other circumstances relating to menstruation or barriers to access such as embarrassment were highlighted, such as heavy or irregular periods, post-partum bleeding, incontinence, embarrassment buying products, lack of access to products locally, and abusive or controlling relationships.

The pilot findings do not indicate how widespread lack of access to sanitary products is in the general population. The findings from community partners do, however, highlight that this is an issue faced by some of those living on low incomes – likely those who are living in severe poverty or are in income crisis and struggling to afford other essentials for themselves and their family.

Educational settings

Turning to the educational settings, as would be expected a smaller proportion of students had experienced difficulties accessing products compared to community participants; around a third of participants at college or university, and a fifth of participants in the schools. We would expect those signing up to the pilot to be more likely to have experienced difficulties than the general population. By comparison, the Young Scot survey found that around a quarter of student respondents had struggled to access products, while the Plan International survey found that 10% of young people surveyed had been unable to afford products. Students mentioned similar reasons for lack of access – being able to afford products on a low income. Not having a product with you when you need one in school or away from the home was also mentioned.

Considered alongside recent survey results, these findings suggest that being able to afford products is an issue for a minority of young people in low income households or students living on low incomes. They also point to a wider issue of access to products when students are 'caught short' in school, college or university

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[14] Loopstra, R, Lalor, D. 'Financial insecurity, food insecurity, and disability'. Trussell Trust, 2017; Citizen's Advice Scotland. 'Living at the Sharp End', 2016; MacLeod MA, Kearns A, Curl A. Briefing paper 28: 'Food bank use among residents of Glasgow's deprived neighbourhoods'. Glasgow: GoWell, 2016; Lawson, L, Kearns, A. 'Food and beyond: exploring the foodbank experience. Glasgow: GoWell, 2018.

[15] Ibid.

settings. This underlines that there are different levels of need and different issues to consider for those on low incomes compared to educational settings.

How do people cope without the products they need and what are the impacts of lack of access to products?

Participants who had experienced not being able to access products in the past generally managed by asking friends or family for products or money to buy products, or using an alternative such as toilet paper – this was comparable across community partners and students. Similarly, the Young Scot survey found that the most common way respondents who had not been able to access products coped was asking someone else for a tampon/towel or using an alternative e.g. toilet paper. The Plan International survey also reported that some young people had, had to ask to 'borrow sanitary wear from a friend', 'improvise sanitary wear' or 'change to a less suitable sanitary product' due to 'affordability issues'.

The most commonly mentioned impact of lack of access to products highlighted was experiencing anxiety or embarrassment about not being able to buy products/ having to use toilet roll, or feeling dirty or degraded about having to use alternatives. Buying cheaper own brand products was also mentioned. A minority of participants mentioned not being able to leave home because they did not have the products they needed, or being forced to steal products. Changing products less often than preferred was also raised – changing tampons less often than recommended has been identified as a risk for Toxic Shock Syndrome

The pilot findings therefore suggest that, for some of those that do not have access to the products they need, this appears to have an impact on their wellbeing and, for a minority, their ability to continue with everyday activities during their period.

What have we learned about different approaches to providing dignified access to free sanitary products?

Low income households

Many of the third sector organisations, who worked with vulnerable women, had already identified lack of access to sanitary products as an issue and were providing products. Their provision was, however, often ad hoc and dependent on donations or finding funding to purchase products.

For low income households, the pilot tested one main model of provision – accessing products via a third sector organisation or community hub in the local area, with distribution coordinated by a local distribution hub (CFINE). The pilot also explored offering the option of receiving cash or a pre-paid card to allow participants to buy their own products. Variation was also introduced in the way partners provided access to products locally. This does mean there are limitations to what can be concluded regarding different approaches to provision. The evaluation elicited additional feedback on a wider range of options during the end-point survey and interviews to add to our understanding.

As cash and the pre-paid card were offered inconsistently across the partner organisations, it is not possible to draw any firm conclusions from this provision. The limited data collected – on uptake of the card via CFINE and survey responses on interest in the card – does suggest that the pre-paid card option was of interest to some participants. The convenience of using the card to purchase products at the same time as other shopping, being able to choose your own products, and greater dignity were benefits noted.

Providing cash to participants presented ethical concerns for many partner organisations. The pre-paid card presented fewer barriers for partner organisations, although similar concerns were raised by both partner staff and participants around whether the card would be used to buy products. It should be noted that this was not always framed as 'abuse' as such; instead that other essentials (e.g. for children) may well still be prioritised above sanitary products if there was a choice in how additional funds were spent. There was also a feeling among some staff that these options added an extra layer of unnecessary complexity – if people need products, just give them products. A different type of card system, that is able to limit what can be purchased, may meet with greater approval.

While it is not possible to single out one model of providing access to products as optimal, two important considerations were identified:

- <u>Dignity and respecting participants' privacy</u> – making sure provision is discreet; not being identified as 'in need'; preferably not having to ask someone to access products

- <u>Ease of access</u> – not having to go out of your way to access provision; somewhere that is local, familiar, that you are going to anyway

Having to 'sign up' and ask for products was considered a key barrier in the pilot.

<u>Educational settings</u>

For educational institutions, schools had previously had a stock of sanitary products available for pupils in emergencies; however, monthly provision for all students who wanted it was a new initiative for the schools, college and university. Again, for students the pilot tested one main model of provision – accessing products via designated staff. The pre-paid card was also offered in the college and university, again accessed via designated staff. One school also trialled providing products in the school toilets.

Embarrassment was highlighted as a particular issue for younger people, and having to speak to someone in order to access products was considered to be a key barrier for students and pupils. Limits on the times products could be accessed was another issue raised. While making products freely available in toilets is one way to remove these barriers, there were challenges with this in a school setting due to misuse.

What challenges have arisen?

Many community and education partners were surprised that demand for provision had not been higher – similar issues emerged in both settings. Staff identified raising awareness of the pilot and getting people to take part as a challenge. While staff were clearly supportive of the initiative, prioritising the pilot within busy workloads was difficult for many. Some in community partners reflected that there was probably more they could have done to reach and engage potential participants, but that they just did not have the capacity. In some situations, during community partners' work, raising the topic of sanitary products was not considered appropriate or there were other issues that were considered priorities.

Without baseline data on the extent of lack of access to products and which groups are affected, it is not possible to fully understand whether the pilot was reaching those in need. The sign up process required for data collection seems likely to have limited demand. Other feedback from partners and from survey responses on why some people may not have accessed provision suggest a group who do not require products or did not consider themselves as in need – either because they do not currently menstruate or felt able to afford products.

The majority of participants only used the pilot provision once. Some of these participants may not have reached the point where they needed more products; however, this still leaves a sizeable proportion that did not take up the offer of regular provision. Suggested explanations for this include ease of access (e.g. whether participants regularly visited the place they accessed products – many people, for example, will not access food banks regularly) and, again, the barrier of having to speak to someone to access products. We are not able to say, however, whether or not these participants had an on-going need for free sanitary products.

Data collection was the most resource-intensive aspect of the pilot. Otherwise, partners were generally very positive about providing sanitary products and did not identify any major practical issues. Many saw providing sanitary products as fitting in to the work they already did and did not feel the provision itself was much of a burden time-wise. Some school staff reported difficulties fitting provision into their workloads, while others felt it complemented health and wellbeing teaching. Most community partners already worked with CFINE as part of the FareShare network, and the distribution of sanitary products fitted into existing processes. A few community partners did reflect that, if uptake had been a lot higher, capacity and storage could have become difficult.

In many community organisations, the pilot activity had been driven by one individual on top of an already busy role. In some community partners, volunteers also played an important role in running the pilot. This highlights the need to consider sustainability in delivery via the third sector and community projects. On the other hand, it should be noted that the demands on organisations would be substantially lower without the data collection requirements and if delivery methods that do not require signing up were adopted (e.g. making products freely available in toilets or other locations, which some community partners had started doing).

Indicative information on the products required in different settings and costs

More community participants received towels than tampons. The balance of towels to tampons was highest for school pupils and lowest for students. On average partners provided their participants with two packs of products and most participants reported receiving enough products. Being able to provide two or more packs appeared to be important in allowing enough variety in types of product and absorbencies. Flexibility is needed in order to provide enough products for those who have a higher requirement or prefer a wider variety of products.

The majority of participants surveyed said they received a reasonable choice of products. Having a choice of type, absorbency and other practical aspects were highlighted as the most important elements of choice. Generally, a specific brand was not viewed as important and many participants said they were happy to use unbranded products. However, there were a small number of negative comments on supermarket own brand products, while branded products were sometimes discussed as 'better' or 'good quality'. This suggests that offering a range of products that includes brand names may implicitly communicate that recipients are valued.

Considering the overall costs of the pilot provision, products costs made up a fairly small proportion of the total funding. As the data collection element of the pilot was particularly resource intensive it is more relevant to consider the on-going funding provided to CFINE for provision after the pilot: product costs make up a sixth of this funding, with administration the largest cost. The cost of products purchased worked out at an average of 4-6p/unit for supermarket own products and 11-12p/unit for branded products. Using these ranges, the average annual cost per person for products, based on 300 products per year, would be around £15 for supermarket own brand products and £35 for branded products (a higher requirement of around 30 products per cycle would be around £20 to £45).

What impact did providing access to free sanitary products have?

Around two thirds of community participants surveyed thought taking part in the pilot had, had an impact on them. Having more money available to spend on other essential items and feeling less worried about having their period were the most common impacts reported. Similarly, slightly under two thirds of college and university students thought the pilot had an impact on them. The most common impact selected by school, college and university students was being less worried about having their period. Being more able to continue attending school, college or university during their period was selected by a small number of students.

These findings, considered alongside the impact participants reported lack of access to sanitary products had on them, suggest that providing access to free sanitary products for low income households could free up small amounts of money in household budgets for other essentials. It may also have a small impact on wellbeing by reducing anxiety about managing menstruation and allowing those in need to change products more often. Provision could have a larger impact on a

minority whose lack of access to products presented a barrier to continuing with day to day activities during their period. For students, the findings suggest that providing products may reduce anxiety about menstruation and, for a minority, may enable their attendance during menstruation. However, only a small sample of participants provided feedback on the impact the pilot had on them so it is not possible to say whether these findings hold across all participants or across the general population.

A broader outcome mentioned by some partners and participants was opening up discussions on the topic of sanitary products and related topics, and feeling more comfortable talking about products and periods. For some schools it highlighted a need for more discussion of this issue and more education around menstruation. Building or strengthening relationships with clients was an additional benefit of taking part in the pilot provision for some partners. The pilot was also seen by some as providing an opportunity for strengthening networks with organisations with similar interests.

Providing products in the future

Participants had diverse views about the best way to provide products in the future. Some differences also emerged in the different settings. Overall, the key considerations identified across the different data sources and different contexts were around ease of access or convenience, provision that is discreet and does not identify recipients as needing help, and preventing misuse or abuse of any provision.

Receiving a card to use in shops was generally seen as a good option across all groups, as it would be convenient and allow choice. A card was least popular among school pupils – perhaps because they do not usually go to the shops to buy their own products. Limiting what a card could be spent on and ensuring the card could be used in a wide enough range of shops were raised as issues to consider by both community participants and partners. Ordering online for delivery by post was also a popular option for most groups because it would be easy and private. Although it would not be accessible for those who did not have easy access the internet.

Community respondents suggested picking up products up from a range of locations in the local area: pharmacies, doctor's surgeries or health clinics, or local buildings such as community centres. These were generally considered to places that were easily accessible to many people.

Having free products available in toilets was a popular option for school, college and university students, but one of the least popular options for community respondents. This may be because it was seen as a good option if you are 'caught short'. The least popular option for school, college and university students was to get free products from a member of school, college or university staff – comments underlined a strong preference for not having to ask someone to access products.

5.2 Key learning points and further research

Provision for low income households

- The evaluation findings develop the evidence base by confirming that **access to sanitary products is an issue** faced by some of those living on low incomes. They also add to our understanding of the drivers and impacts of this issue. They do not allow us to assess how widespread lack of access to sanitary products is in the general population.

- In addition to living on a low income some **other contexts where access to sanitary products can be difficult** were raised – e.g. menstrual bleeding issues, post-partum, abusive or controlling relationships. The pilot was not able to develop our understanding of managing menstruation and accessing sufficient products in these circumstances. Further research to explore these specific situations would be helpful, including for example with health visitors, and those who work with women experiencing domestic abuse.

- The majority of participants were already engaging with the organisations involved with the pilot. This underlines that there are likely to have been individuals who are not engaged with services or community projects that the pilot did not reach. Further consideration is needed on **how best to reach those who may be in need, but are not engaged with third sector organisations or community projects**.

- Partner staff identified raising awareness of the pilot and getting people to take part as a challenge, while a sizeable proportion of participants did not take up the offer of regular provision. The **processes imposed by requiring participants to sign up** and therefore approach a member of staff or volunteer to access products was identified as a barrier. The way that participants accessed provision was shaped by the need for the pilot to gather data; different approaches could be taken in future provision.

- The reliance of pilot activity, in part, on good will and volunteer time raises the issue of **sustainability** of delivery via third sector organisations and community projects. **Replicability** of the pilot activity in areas that do not have an active third sector network or where there is limited access (e.g. rural areas) is also a consideration.

- The key considerations for provision identified across the different data sources were around **ease of access or convenience, provision that is discreet and does not identify recipients as needing help, and preventing misuse or abuse of any provision**. Receiving a card and ordering online were popular options – seen as providing choice and being discreet. Although concerns were raised around whether a pre-paid card would be used to buy products, and lack of internet access was highlighted as a potential barrier. Picking up products up from a range of convenient and accessible locations such as pharmacies, doctor's surgeries or health clinics, or community centres was suggested by partners and participants.

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- **Further exploration of methods for accessing products that do not require talking to someone and other settings** such as, for example, community pharmacies would help develop understanding of what a sustainable delivery system that would deliver for all those who need it would look like.

Provision in educational institutions

- The findings also suggest that **access to sanitary products is an issue for some in educational settings**. Although, as would be expected, a lower proportion of students reported difficulties than community participants. Students raised similar issues related to their or their family's ability to afford products; however, not having a product when you needed one in school or away from the home was also a consideration.

- A small number of students reported that lack of access to products had an **impact on their attendance at school, college or university** during menstruation. The evaluation is not, however, able to draw any conclusions about the extent to which school pupils and students may be missing education because of challenges associated with managing their periods related to constrained access to sanitary products.

- **Embarrassment about periods generally and having to ask a staff member for products were considered to be particular issues** in education settings, especially for younger pupils. Schools were reluctant to trial making products available in school toilets because of concerns about misuse and, where this was tested, problems were encountered.

- School staff noted a **need for education around menstruation and sanitary products** to reduce stigma and normalise discussion of menstruation.

- **As for low income households, provision that is easy to access and discreet was highlighted as important**. The least popular option for school, college and university students was to get free products from a member staff – underlining the preference for not having to ask someone to access products. As for community participants, receiving a card and ordering online were popular options.

- What students considered convenient was slightly different. Unlike for community participants, having free products available in toilets was a popular option for school, college and university respondents. Reasons included that it was seen as a good option if you are 'caught short'. This highlights that **making products freely available in school, college and university toilets requires further exploration**, particularly in schools, to understand how the problems identified can be overcome.

Annex A: Detailed research questions

<u>**Objective 1**</u>

Test different approaches to providing dignified access to free sanitary products for people from low income households and young people at school, college and university (including direct provision of products, and providing the means to purchase products where appropriate).

Q1.1 What different delivery models were used to provide access to free sanitary products and what were the advantages and disadvantages, including in relation to ease of access, dignity and choice?

    1.1a What different delivery models were used and how did CFINE and partners make decisions about providing access to products?

    1.1b What were the advantages and disadvantages for CFINE and partners of different models chosen?

    1.1c Did partners provide access to sanitary products prior to the pilot and, if so, how does this compare to the pilot activity

    1.1d What were participants' views on different models for accessing products, particularly in relation to ease of access, dignity and choice (including ways of being given products directly vs. ways of providing the means to purchase products)?

    1.1e When given the means to purchase products, did participants use the money for this purpose or did they have other pressing priorities?

Q1.2 How was co-ordination and distribution of products/the means to purchase products managed and what challenges were encountered?

    1.2a How did CFINE and partners cope with demand and how burdensome was it for them to administer their distribution of products/the means to purchase products?

    1.2b What logistical/operational challenges did CFINE and partners face in distributing products?

Q1.3 How replicable are the tested models to other parts of Scotland, e.g. for areas not covered by the FareShare network or a similar operation?

<u>**Objective 2**</u>

Provide indicative information on volume, type and quality of products required in the different settings, and costs (including the cost of products and administrative costs).

Q2.1 What level of demand was there for products within the pilot?

    2.1a How many participants took part in the pilot, through which partner, and how often did they receive products?

    2.1b How did partners identify participants? Were any potential participants more difficult to reach/identified as not taking up provision?

    2.1c How demand was created? I.e. what sort of communication systems did partners use and how did they advertise the scheme?

Q2.2 What volume, type and quality of products were required and how much did they cost?

2.1a Which products and how many did participants receive each month?

2.1b Were participants able to get the products they needed, when they needed them? Was choice and quantity of products adequate?

2.1c What were participants' views on quality and was product quality an important consideration?

2.1d How many participants were interested in/tried alternative products (e.g. reusable pads/menstrual cups)? What were their views?

Q2.3 How much did the pilot cost in terms of products and resources required for administration?

Objective 3

Provide indicative information on the circumstances people are in that mean they cannot access sanitary products or have anxiety about being unable to access products, the impacts (both practical and psychological/emotional) of lack of access to products and how people cope without the products they need.

Q3.1 Why were participants experiencing need?

3.1a What issues had participants experienced accessing products for themselves/ their family in the past? At the time of the pilot, what were the circumstances they were in that meant they could not get the products they need?

Q3.2 What impact had lack of access to, or anxiety about being unable to access, products had on participants?

3.2a How did participants cope without sanitary products for themselves/their family?

3.2b Had participants missed school/college/been unable to undertake other activities in the past because they could not manage menstruation?

3.2c What other impacts had the lack of access to/affordability of products had on participants e.g. experiencing insecurity/anxiety/stress due to lack of sanitary protection, not being able to afford other items or activities because of cost of sanitary products, having to use of cheap 'alternatives'.

Objective 4

Assess the impact of providing access to free sanitary products on participants of the pilot (including on access to adequate sanitary protection, ability to manage their menstruation in a dignified way, impact on attendance at school/college/other activities, accessing wider services being offered by service providers, the choices that people make when given the means to purchase products).

Q4.1 What impact did the pilot have on participants?

4.1a What impacts did participants notice as a result of the pilot (e.g. impact on attendance at school/college/other activities, reduction in anxiety/stress, had more money for other essentials/activities, changed product more often/tried different products.)

4.1b How did participants feel about being given free products/being given the means to purchase products?

4.1c Had participants accessed wider services being offered by service providers due to participating in the pilot?

Objective 5

Assess the wider impact of providing access to free sanitary products on organisations involved.

Q5.1 Did this new activity impact on service providers' operating principles/ models? In what ways? What response was there to this?

Q5.2 Did providing this service affect the relationship between service providers and participants? In what ways?

Q5.3 Did the pilot change the way partners work together? In what ways?

Annex B: Full list of pilot community partners

Initial third sector partners

- CFINE (food bank)
- HomeStart
- Instant Neighbour
- Aberdeen Foyer
- Grampian Women's Aid
- Aberdeen Cyrenians

Regeneration areas

- Balnagask Community Centre
- Cummings Park Community Centre
- Fersands and Fountain Community Project
- Middlefield Community Project
- Printfield Community Project
- Seaton Community Project and the Rehab Project
- Tillydrone Community Flat

Additional third sector / community partners

- Deeside Family Centre
- St George's Church Tillydrone
- Aberdeen Maternity Unit
- Aberdeen City Council – Temporary Accommodation Unit
- Aberdeen City Council – Refugee Support Team
- Clinterty Gypsy Travellers Site
- Inchgarth Community Centre
- Powis Community Centre;
- Primrose Hill (Aberlour)
- Rape Crisis Grampian
- Rosemount Community Centre
- North East Scotland Credit Union (NESCU)

Annex C: Full Methodology

Data collection: community partners

Administrative data

Data was recorded by CFINE on:

- how many and what type of products were purchased;
- cost of products;
- how many products, cash or cards, and what type of products, were distributed to partners and when.

Data was recorded by partners on:

- number of participants signed up;
- how often each participant is provided with products or cash/card;
- no./type of products provided or amount of money given.

Partners were provided with a template spreadsheet on which to log this information, to help standardise the information recorded. Organisations varied as to their systems for recording this data – in smaller organisations one person typically managed the recording of information, while in others a number of staff members and volunteers were involved. There was, therefore, variation in the level of detail recorded about products: some entries included full information on the number and type of products (e.g. "Always Ultra pads with wings"), while others simply recorded "Tampons". Some information on products provided was recorded for 528 participants at community partners (see Table 22 below).

Initial data collection

Partners

Telephone interviews were conducted with a sample of the initial community partners after they had set up the pilot in their organisation. Interviews were conducted with the staff member responsible for coordinating pilot activities at eight organisations involved in the pilot (five third sector partners and three regeneration areas). Interviews took place between the end of August and beginning of October 2017, depending on how quickly the pilot had commenced in that organisation, and lasted between 15 and 30 minutes. Interviews covered issues partners had encountered around access to sanitary products prior to the pilot; decisions made about providing sanitary products and the rationale for these; and any issues arising with the coordination of the pilot thus far.

Participants

Pilot participants were asked to complete an initial questionnaire when they signed up to take part. Five partner organisations decided not to ask participants to

formally sign up to the pilot or complete questionnaires because they considered their clients to be especially vulnerable. The questionnaire was agreed between the Scottish Government, CFINE and partners. Interviewer complete and self-complete versions were produced. Most partners chose to have staff or volunteers go through the questionnaire with participants (especially where literacy might be a barrier – no specific provision was made for non-English speakers however). The questionnaire recorded general information about the participant and their past experiences accessing sanitary products, including: how they heard about the pilot; age; ethnicity; household size; economic status; financial difficulties experienced; difficulties accessing sanitary products and impact of these difficulties; and awareness of and interest in reusable sanitary products.

A completed initial survey was submitted for 498 community participants (see Table 22 below). Many completed questionnaires did not include answers to all questions. In particular, many participants chose not answer questions on their financial situation.

End-point data collection

Partners

The end-point data collection focussed on the original community partners who had been running the pilot in their organisation longest. However one additional community partner was included because they signed up a comparatively large number of participants over a short space of time and their experience was considered to be particularly interesting.

Interviews were conducted with partner staff or volunteers at the end of the pilot. Three staff involved in co-ordinating the pilot at CFINE and the lead staff member at 10 partners were interviewed (six third sector partners, three regeneration areas, and one additional community partner). Two interviews and two paired interviews were also conducted with six volunteers at CFINE who had been involved with running the pilot in CFINE's food bank, two of whom had also been helped with the coordination of the pilot.

The majority of interviews were conducted face-to-face (14) and interviews lasted between 15 and 60 minutes. Interviews covered views on the central coordination and distribution by CFINE; how the chosen delivery model worked; what went well and what challenges they faced; and their experiences discussing the issue with participants.

Participants

Towards the end of the pilot, participants were asked to complete a brief questionnaire on their experience of and the impact of the pilot. Paper and online versions of the survey were created. Most community partners used the paper version, but one distributed the online version only and two made both versions available. Topics covered in the survey included:

- whether participants received the products they required;
- impacts of the pilot on them; and
- views on a future scheme.

An 'end-point' survey was completed by 109 participants who had signed up for the pilot (see Table 2). An additional 71 respondents who were not pilot participants completed the survey.

At the end of the pilot, we undertook qualitative data collection with a small sample of participants to explore their feelings about, and experiences of, accessing sanitary products and the pilot in more detail. The sample aimed to include participants who signed up with a range of the partner organisations. Five individual interviews, one paired interview and three focus groups were conducted with 28 participants in total from seven partners (four third sector organisations and three regeneration areas). Participants were recruited via partner organisation staff and we took advice from staff on whether individual interviews or a focus group would be preferable for participants.

Topics covered included:

- previous difficulties accessing products and implications;
- experience during the pilot, particularly product choice and dignified receipt (how they felt receiving free products; how they felt about method of receiving products; attitudes toward product cost vs. quality);
- impact of the pilot (managing menstruation, anxiety, embarrassment, ability to take part in school/college/other activities);
- views on a future scheme.

Data collection: schools, college and university

The schools, college and university collected the same administrative information as other partners (see above) .On sign up, college and university students were asked to complete a similar initial questionnaire to community partners, while school pupils were asked to complete a much shorter form that asked for information on age, ethnicity and previous difficulties accessing products.

We aimed to interview the staff member responsible for coordinating pilot activities at the college, university and each of the four schools towards the end of the pilot, and for students at the college, university and each of the three secondary schools to complete an online survey. However, the capacity of staff in the college and particularly some of the schools to engage with the evaluation was limited. A face to face interview was conducted with the lead at RGU in February 2018, and telephone interviews with the lead at two of the schools (one secondary and one primary) in March 2018. Interviews covered the same main topics as for other partners.

A slightly adapted online survey was created for participants at the college, university and schools. The survey was open to all students or pupils at the participating institution. For pilot participants it included questions on the same topics as for community partners. Those who had not signed up to the pilot were asked a different set of questions, including why they did not sign up, difficulties accessing sanitary products and impact of these difficulties; and awareness of and interest in reusable sanitary products. The survey routed respondents to different questions depending on whether they had heard about the pilot and signed up to the pilot. The online survey was distributed at the university, college, but only one secondary school.

An 'end-point' survey was completed by 27 college and university students and 4 secondary school pupils (at one school) who had signed up for the pilot (see Table 22). An additional 118 college students, 99 university students, and 18 school pupils who were not participants completed the survey.

Table 22 provides an overview of the three types of quantitative data collected about participants by partner organisation: the number of participants partners recorded data about products/card distributed for, the number of participants who completed an initial survey, and the number of participants who completed an end-point survey, as well as the total number of participants signed up to the pilot for comparison.

Table 22: Administrative and survey data collected by partner type and organisation

Partner Organisation	Total N participants signed up*	N participants product data recorded for	N participants completed initial survey	N participants completed end-point survey
CFINE (food bank)	209	202	157	12
Foyer	23	23	23	21
Homestart	12	8	12	9
Instant Neighbour	19	15	16	0
Balnagask	6	3	6	4
Cummings Park	20	20	16	8
Fersand & Fountain	23	13	11	0
Middlefield	36	33	30	5
Printfield	9	8	7	7
Seaton	14	14	13	3
St George's Church	208	147	170	40
Other community partners	65	42	37	N/A
Total community partners	**644**	**528**	**498**	**109**
Robert Gordon University	43	36	41	9
North East Scotland College	107	87	14	18
Secondary schools	120	100	77	4
Total school, college, university	**270**	**223**	**132**	**31**

* Includes only participants who formally signed up

'N/A' – indicates where the organization did not take part in that aspect of data collection

Analysis

Quantitative data analysis

Administrative data and data from the initial participant survey were collated and input into separate Excel spreadsheets by CFINE staff. The paper end-point participant surveys were collated by CFINE and passed to Scottish Government analysts for inputting. The online survey data was extracted from Questback in Excel format and the data from the paper surveys was also input into this spreadsheet. The data in the three spreadsheets was checked by Scottish Government analysts, and incomplete responses were removed from the dataset.[16] The data was analysed using Excel.

Qualitative data analysis

Interviews with partner staff and pilot participants were audio recorded, with permission, and transcribed either by the researchers working on the project or a member of SG staff who provides transcription services. All the end-point interviews were fully transcribed, while extended notes were taken from the recordings of the initial partner interviews. One focus group was not audio-recorded. Instead, notes were taken by the researchers during the discussion and written up fully immediately afterwards.

Thematic analysis was undertaken using the main topics outlined in the research objectives as a starting point. Partner and participant transcripts were analysed separately. Excerpts from transcripts were organised under the main topics set out in the research objectives. Once all transcripts had been coded into broad topics, more detailed coding took place within topics to organise extracts into sub-themes and identify similarities and divergences within the data. Two researchers worked together to assign and cross-check themes and sub-themes.

Ethical considerations

Ethical issues for this project were considered by the project team and a Scottish Government ethics review checklist was completed. In addition, Aberdeen City Council's Research Request form was completed and approval to conduct research in the schools was received. The key ethical issues considered were:

- Informed consent – partner staff: partners were informed by email about the purpose of the research, topics to be discussed, use of data and that their participation is voluntary. At the beginning of the phone call or interview, the researcher outlined this information and answered any questions the interviewee had, requested consent to audio-record the interview and confirmed consent.

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[16] Incomplete responses were those where only basic information such as the partner organisation and unique participant number were included i.e. no responses to survey questions or products provided were recorded.

- Informed consent – participants: participants received general information about the pilot and data being collected as part of the evaluation on signing up to take part in the pilot. A key concern was that participants could feel obliged to take part in the research because they were benefiting from the pilot. Researchers underlined to partner staff that participation in the pilot and evaluation is voluntary and that it was absolutely fine for beneficiaries to receive products but opt out of any/all aspects of the evaluation. Interviews with participants were set up through partner staff. Pilot participants who indicated to staff they were willing to take part in an interview or focus group were provided with an information sheet informing them about the purpose of the research, topics to be discussed, use of their data and that their participation is voluntary. A researcher talked through this information at the beginning of the interview, in particular underlining the voluntary nature of participation, and answered any questions participants had. Consent was then confirmed and participants were asked to sign a consent form.

- Discussing a sensitive topic: the research topics were viewed as potentially stressful or sensitive for participants to discuss (e.g. menstruation; struggling to get by on a low income). This was a key consideration in the design of topic guides and conduct of the interviews. The topic guide focussed on the essential data required for the evaluation and took care to frame questions so participants did not feel pressured to disclose personal information if they did not want to. Interviewers were conducted by a Scottish Government researcher or a postgraduate researcher, who were trained in qualitative research methods. At the outset of interviews, researchers emphasised that participants could choose to not answer any of the questions or stop the interview at any point.

- Non-disclosure of identity and personal information: CFINE and partner organisations collected and stored some personal data about participants to manage the pilot provision. Respondents were informed about the personal data collected and what would happen to it. Personal data was stored securely and separately from research responses. The Scottish Government stored and analysed anonymised data only, and any extracts from interviews with participants are reported anonymously. It was more difficult to fully anonymise partner staff in the reporting. Partner staff were given the opportunity to check they were happy with any interview extracts included in the report and how they were attributed (e.g. 'staff member, third sector organisation').

Annex D: Research questions and data collected

Research question	Sub-questions	Data to answer question
Q1.1 What different delivery models were used to provide access to free sanitary products what were the advantages and disadvantages, including in relation to ease of access, dignity and choice?	a. What different delivery models were used and how did CFINE and partners make decisions about providing access to products? b. What were the advantages and disadvantages for CFINE and partners of different models chosen? c. Did partners provide access to sanitary products prior to the pilot and, if so, how does this compare to the pilot activity	Interviews with CFINE and partners (all)
	d. What were beneficiaries' views on different models for accessing products, particularly in relation to ease of access, dignity and choice? e. When given the means to purchase products, did beneficiaries use the money for this purpose or did they have other pressing priorities?	Beneficiary interviews and end-point questionnaires Beneficiary interviews
Q1.2 How was co-ordination and distribution of products/the means to purchase products managed and what challenges were encountered?	a. How did CFINE and partners cope with demand and how burdensome was it for them to administer their distribution of products/the means to purchase products? b. What logistical/operational challenges did CFINE and partners face in distributing products?	Interviews with CFINE and partners (end)
Q1.3 How replicable are the tested models to other parts of Scotland, e.g. for areas not covered by the FareShare network or a similar operation?		Data collected by CFINE and partners; Interviews with CFINE and partners (all)
Q2.1 What level of demand was there for products within the pilot?	a. How many beneficiaries took part in the pilot, through which organisation and how often did they receive products? b. How did partners identify beneficiaries? Were any potential beneficiaries more difficult to reach/identified as not taking up provision? c. How demand was created? i.e. what sort of communication systems did partners use and how did they advertise the scheme?	Data collected by CFINE and partners Interviews with CFINE and partners (all) Interviews with CFINE and partners (all)
Q2.2 What volume, type and quality of products were required and how much did they cost?	a. Which products and how many did beneficiaries receive each month?	Data collected by CFINE and partners
	b. Were beneficiaries able to get the products they needed, when they needed them? Was choice and quantity of products adequate?	Beneficiary questionnaires (end) and interviews

	c. What were beneficiaries' views on quality and was product quality an important consideration?	Beneficiary questionnaires (end) and interviews
	d. How many beneficiaries were interested in/tried alternative products? What were their views?	Beneficiary questionnaires (all) and interviews
Q2.3 How much did the pilots cost in terms of products and resources required for administration?		Data collected by CFINE and partners; Interviews with CFINE and partners (all)
Q3.1 Why were beneficiaries experiencing need?	a. What issues had beneficiaries experienced accessing products for themselves/ their family in the past? At the time of the pilot, what were the circumstances they were in that meant they could not get the products they need?	Beneficiary questionnaires (initial) and interviews
Q3.2 What impact had lack of access to, or anxiety about being unable to access, products had on beneficiaries?	a. How did beneficiaries cope without sanitary products for themselves/their family? b. Had beneficiaries missed school/college/been unable to undertake other activities in the past because they could not manage menstruation? c. What other impacts had the lack of access to/affordability of products had on beneficiaries?	Beneficiary questionnaires (initial) and interviews
Q4.1 What impact did the pilot have on beneficiaries?	a. What impacts did beneficiaries notice as a result of the pilot? b. How did beneficiaries feel about being given free products? c. Had beneficiaries accessed wider services being offered by service providers due to participating in the pilot?	Beneficiary questionnaires (end) and interviews Beneficiary interviews Interviews with CFINE and partners (end)
Q5.1 Did providing this service affect the relationship between service providers and beneficiaries? In what ways?		Interviews with CFINE and partners (all)
Q5.1 Did this new activity impact on service providers' operating principles/ models? In what ways? What response was there to this? **Q5.2 Did providing this service affect the relationship between service providers and beneficiaries? In what ways?** **Q5.3 Did the pilot change the way partners work together? In what ways?**		Interviews with CFINE and partners (all)

How to access background or source data

The data collected for this social research publication:

☐ are available in more detail through Scottish Neighbourhood Statistics

☐ are available via an alternative route

☒ may be made available on request, subject to consideration of legal and ethical factors. Please contact catriona.rooke@gov.scot for further information.

☐ cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

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