

Local Government and Communities Committee

Period Products (Scotland) Bill

Community meeting at PKAVS, Perth. Monday 13 January

Introduction

1. The Committee agreed that it wished its scrutiny of the Period Products (Free Provision) Scotland Bill to be informed by those who had or were facing direct experience of the issues arising from period poverty or access to period products. This included individuals, organisations who were supporting people experiencing period poverty and those who are responsible for the delivery of current Scottish Government non-legislative measures.
2. Committee members Sarah Boyack (Deputy Convener), Graham Simpson and Alexander Stewart therefore held group discussions hosted by the Perth and Kinross Association of Voluntary Services (PKAVS) at their offices in Methven Street, Perth.
3. PKAVS is a small charity working to improve lives and connect communities throughout Perth & Kinross. It helps over 5,000 local people through its five hubs - Carers, Minority Communities, Third Sector & Volunteering, and Mental Health & Wellbeing and works alongside the NHS, local council, government, and voluntary bodies.
4. The event was well attended by local individuals and organisations. Attendees included the Endometriosis Dundee Group, Perth and Kinross Foodbank, NHS Equality and Diversity in the NHS, Perth Onestop Women's Learning Service (OWLS), PKAVS Minority Communities Hub, Young Carers, Kinross High, Scottish Youth Parliament, Perth College, Perth and Kinross Council, Fareshare Dundee as well as a number of individuals.
5. Following initial introductions by PKAS and the Deputy Convener, the group split into two groups for informal discussions about their experiences of the issues. A summary of the main discussion points is noted below with a summary of key points from both discussions.

Group one

How big is the problem across Scotland?

6. Lori Hughes stated that Plan International reported that 1 in 10 women experience period poverty. It is an issue in Scotland though the problem may not be as big in Scotland as globally. It is an equalities issue, one of accessibility and dignity, not just affordability and poverty.

7. Young people at the table reported that some people do take time off every month due to their periods and not being able to access period products. Shame and embarrassment were also highlighted factors.
8. Perth Foodbank told the group how people who had already taken the step to access a foodbank were having to take a further extra step to discuss or ask about period products. They said it was hard to know how big the problem is, as people won't say/ask. Requiring sanitary products may just be for during a crisis. People might not always need help, more a short-term solution to an immediate and pressing problem. The foodbank had started to leave products out in visible places so that they were always present and tried to normalise the issue, much the same as toilet roll.
9. The group agreed that period poverty is an issue in Scotland.

Do you support the overall aim of the Bill?

10. There was support for products being freely available. The Perth Foodbank has seen the topic move from something initially not discussed and hidden from sight, to volunteers (some of whom are older men) now openly discussing the issue and promoting product ranges to foodbank customers. This was seen as a positive step in addressing stigma and shame.
11. The group believed that provision should be available for those who need it. The foodbank reported that they receive more donations of period products than they can use, and they therefore redistribute them to other areas including schools, breakfast clubs, libraries and local groups/community organisations.

Views on the effectiveness of current SG models?

12. Young people described variations in approach and availability of provision across schools and colleges. It was seen as a postcode lottery. In Kinross High School, toilets have been designed as unisex to reduce bullying but then there is less privacy. Stirling High School has introduced the 'Panda Posse'. This is a pupil wearing a panda head and handing out products, to make it visible and fun. In some schools, products still need to be asked for. Another school only provides products for S5 and S6 and a registration teacher has to be asked for them by other years. There are gender neutral toilets in Perth College where products are freely available. The group agreed that products need to be made available in schools and colleges without needing to be asked for. The young people said that they would be surprised if girls knew that they could go and ask for products. It was not spoken about in PSE and not recognised in schools, there were not posters, for example, on the back of toilet doors.

Do you support the set up of a universal scheme?

13. The current SG scheme has to go down a procurement process which results in a lot of bureaucracy. It is therefore restrictive and needs to be evaluated. The foodbank has been giving products to a café in town who were initially reluctant as they thought that people would come in and steal products. People have not

stolen the products and there has been a good response from customers. There is no bureaucracy involved in this delivery model.

14. The group felt that making products universally available was the way to address the stigma. Any kind of systemic approach would create a barrier and alienate the very people it is designed to aid. By providing universal access we can address people with experience of domestic abuse, who are homeless, who are refugees, asylum seekers and those on gig economy.
15. The group were opposed to a voucher or card scheme felt designing a one size fits all scheme would not be suitable to address need.

Will the Bill jeopardise current Scottish Government measures?

16. One participant felt that legislation would shift the culture and address the stigma. Others were concerned that it would mandate local authorities to act, when community groups or organisations may be better placed to live up to the principles and values underpinning the scheme. The Local Authority may not be the best vehicle for roll out as there may be too many bureaucratic processes to inhibit creative responses.
17. Perth Council described how they had taken a community-based approach and worked with 37 community-based locations across Perth & Kinross. They said the difficulty remains in awareness. They said that people might see a poster but not realise it is a national campaign. There is a procurement process that must be followed. Facilities get notified and then products are reordered so it was difficult to comment on the success. The challenge can be in knowing what is required.
18. Awareness raising is good but this needs to be targeted at men too. Tools and resources have been shared with teachers and community staff but there are reports of male teachers asking female teachers to go.
19. Some people in the group felt that provision should be available in public toilets and that people should be encouraged to take home what they needed. They did not feel that this would be abused,
20. PKAVS raised the issue that no NHS board has a sanitary products policy. Male patients in hospital can access a razor and shaving kit but sanitary products are not available. Although PKAVS worked with NHS partners on a working group to consult with people on Period Products, (600 people responded within a 10-day period) it was challenging to get clinical buy-in and responses. The likes of GP practices and pharmacies did not see it as their role. Public Health Scotland has GP practices and pharmacies within their remit.

Is legislation needed?

21. Participants stated that period products are a necessity and not a luxury. Most of the group felt that legislation is needed, and that universal provision should

be provided. Amendments could be made to the Bill later down the line but it would future proof provision.

22. The group agreed that cost is an issue, however they felt that not everyone will use free products and that measures could be looked at to reduce and limit cost. For example, PKAVS said that in the young Scot survey 30% of young people said they would use reusables.
23. Information could be gathered from the current scheme to see how provision should be taken forward. Communication and awareness raising need to be improved and there needs to be a national branding campaign. It is difficult for councils to manage with the four different tiers of funding (schools, college and education, Local Authority, FareShare and Sports Scotland). The Community campaign crosses over.
24. PKAVS felt strongly that the third sector is well placed to deliver, it can access groups that others can't or would find too difficult. This fits well with the 'community empowerment' agenda and would be a way to access people that do not normally engage and who are most in need. It is able to take a bottoms up approach starting at grass roots.
25. The group were concerned that the Scottish Government were not in support of the Bill.
26. They raised the issues of people with health conditions and felt that children should be targeted much younger in schools (boys and girls). They supported legislation to address inequality. The majority of the group felt that there should be universal provision. A small number felt this might create a need.
27. Some in the group felt that NHS, Education and the third sector should be working in partnership to deliver.

Group two

What barriers to access are there?

28. The representative from Endometriosis Dundee told the Committee that women with endometriosis and other similar conditions such as polycystic ovary syndrome often have heavy and irregular periods and that the cost to them for products could be up to £50 a month. They learned that these women could not be supported by their GPs in meeting those costs as these health conditions are not covered by prescription. Other products such as incontinence pads however are available on prescription. One in 10 women may be affected with the condition which can take years to diagnose. This is affecting women with these issues particularly those who fall into a low income bracket.

What more could be done to promote access?

29. Some of the participants spoke about the stigma which still exists around menstruation and that there was a need for consistent and earlier education in

this area in schools particularly in primary schools as some girls start their periods very young. There was a lack of information about where period products could be accessed. The Committee heard views that sex education and PSE in schools did not include specific teaching on periods and that increasing awareness for both girls and boys would go some way to addressing the stigma and normalising menstruation. More conversations at home would also be positive in addressing stigma.

Do you support delivery of products via a voucher scheme?

30. Participants were also asked their views on whether a voucher system should be introduced to access products and there was no support for this which was seen as stigmatising and creating barriers for those most in need. A voucher scheme would also create barriers for women for whom English is not their first language.

Views on the effectiveness of current SG models. Do you support legislation?

31. Current measures were viewed positively by participants as giving access to period products to young people if they don't have funds.
32. Most participants supported the introduction of legislation though others were concerned that it would mandate local authorities when the third sector or community groups would be better placed to roll out provision. Some people felt provision should be made in all public toilets. PKAVS raised the issue that there is no policy across NHS boards and GPs and pharmacies also did not see it as their role.
33. Some participants commented that the current SG measures are not consistent in their delivery model and more guidance would be welcomed. It is important to take on board information gathered from evaluations to see how the scheme should be taken forward. There is a lot of consistency dependent on the local authority and on the leadership of that authority. In lots of organisations individuals have taken on additional responsibility to ensure the scheme works. Legislation would help progress this and would take current work to the next step.
34. There was some support from the group to putting products in boys' toilets.
35. There was a discussion about the cost of products and why they are so expensive to buy. Could funding be made available via the NHS. Many participants welcomed the broad availability of products with suggestions of GP surgeries and pharmacies rollout. Many participants considered there was a role for the third sector in assisting delivery.
36. There was also support for promotion and availability of reusable products. If these were made available more women would try them and this would promote sustainable options over disposable ones.

Key points

- More education and promotion is needed to address stigma
- It is important that both boys and girls are involved in these conversations
- There was some support for placing products in boys' toilets to normalise menstruation for all
- There was a positive response to the current SG scheme and this is often been used as a stop gap rather than all the time.
- More consistency and guidance on delivery of the current scheme would be welcomed
- The NHS should have a period products policy
- Products should be provided in the same way as toilet paper in toilets
- A range of products should be available including reusables but these need to be promoted alongside education as they are not suitable for all
- Reusable products if dealt with correctly would make savings in the long term
- There are roles for NHS/GPs/pharmacies and third sector in delivery
- There was no support for a voucher system which was seen as stigmatising and creating barriers to access
- Refugees, homeless people and those suffering from mental health issues should be able to access but are missing out from current measures
- Health related conditions such as endometriosis are an issue for women in terms of cost and these can not be prescribed for. This needs to be addressed.
- Support for legislation in the main to future proof provision but also views that community/third sector roll out may be better than from local authorities and might ensure less bureaucracy

The Committee would like to thank PKAVS for hosting the event and for the individuals and organisations who took time out to attend this interesting and informative session. The views gathered were a useful contribution to our scrutiny of the Period Products (Free Provision) (Scotland) Bill.