

PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR



FOREWORD



Period poverty isn't just about not having period products—it's connected to bigger issues like gender equality, homelessness, and access to healthcare. Addressing period poverty by providing education and support can help break down the barriers that keep homeless people from accessing the care they need without fear of stigma or judgment. Improving period education isn't just about health—it's about fairness and ensuring that even the most vulnerable people in our communities can manage their periods with dignity.

The cost-of-living crisis has intensified period poverty increasing the need to improve access to free period products particularly amongst those from inclusion health groups. According to research by the charity Bloody Good Period, 86% of organisations working with homeless women report that period poverty is a significant issue for their clients, with many women resorting to using makeshift alternatives like toilet paper, socks, or even newspaper. Asylum-seeking women in the UK often do not have access to menstrual products due to financial constraints, with many receiving only £49.18 per week in government support. ¹

For people experiencing homelessness, not having access to proper hygiene facilities and period products makes their situation even harder. Many homeless women are forced to use unsafe methods to manage their periods, which can lead to health problems. This is why it's so important for local organisations and communities to work together to find solutions, raise awareness, and make sure that everyone can access the products and services they need.

This isn't just about providing information—it's about empowering people who face multiple challenges in life with the tools and resources to manage their periods safely and with dignity. Solving period poverty, especially for homeless women, requires a community-wide effort. We need healthcare services that are sensitive to cultural differences and past trauma, that are accessible and affordable, and that meet the unique needs of homeless women. By expanding outreach, offering better reproductive health education, and ensuring access to essential period products, we can make a real difference in the lives of those who need it most.

Councillor Nicky Brennan

Cabinet Committee, Cabinet Member for Social Justice, Community Safety and Equalities, Employment Committee.

Birmingham City Council

¹ The effects of "period poverty" among refugee and asylum-seeking women (2019), Available at: <https://www.bloodygoodperiod.com/period-poverty>

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SECTION 1: ABOUT THE TOOLKIT

"There has got to be a lot more work done around it [period poverty]. So, the first period I had [after being made homeless] I wasn't told about where to go, so not always being able to get anything. Stuffing toilet roll in, being in absolute agony, feeling so depressed. I'd have wanted to talk to someone, just find out what I could do to manage it better and deal with some of the symptoms and stuff, just someone to help, but I had no idea where would have been the place for that. No one looks like you'd be able to talk to them, really."

Billie, expert by experience



1.1. BACKGROUND

Period poverty is defined as a lack of access to menstrual products, hygiene facilities, waste management, and education. ²

The need for this project was identified following initial work that Birmingham City Council's Public Health Team and partners undertook to alleviate period poverty in marginalised communities. ³

This work included research with the homelessness sector which identified that whilst those experiencing homelessness are likely to experience period poverty, there was a need for wider support beyond provision of supplies. Education and awareness around both period poverty and periods themselves was low within the sector, and there were concerns that staff members often were not comfortable talking about periods or had not received enough information to enable them to empathise and assist service users. This work also identified that those with lived experience, and practitioners in homelessness organisations, needed to be a central part of creating a resource to address these issues.

A lack of accessible information and support can prevent homeless women from getting the help and support they need to manage their periods and menstrual health safely and with dignity. ⁴ In addition, those experiencing homelessness are already less likely to visit a primary care GP and are disproportionately more likely to access emergency healthcare. They also suffer acute health inequalities, with extremely poor health outcomes and mortality rates. ⁵

All these factors combined can mean that engaging with homeless women around their periods is vitally important. However, this can often be challenging for homelessness organisations who may not have access to the necessary tools, resources, and information to open up conversations around periods and menstrual health.

Taking all of this into account, the recommendation from Birmingham City Council and partners was to develop a toolkit around menstruation and 'period literacy' for the homeless sector.

² What is period poverty? Published September 16, 2021. <https://www.medicalnewstoday.com/articles/period-poverty> (Accessed 6th August 2024).

³ Birmingham City Council (2019) Tackling Period Poverty and Raising Period Awareness. Available at: https://www.birmingham.gov.uk/downloads/file/14394/tackling_period_poverty_and_raising_period_awareness_inquiry (Accessed 13th November 2023).

Raisbeck, T. (2021) Violence Under Quiet Conditions. Available at: <https://springhousing.org.uk/wp-content/uploads/2021/06/Women-and-Rough-Sleeping-Research-May-2021.pdf> (Accessed 13th November 2023).

⁴ ibid

⁵ Homeless Link (2022) Bridging the Gap: Understanding the health care support and training needs of frontline workers supporting people experiencing homelessness. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Bridging_the_Health_Gap_2.pdf (Accessed 04/12/23)

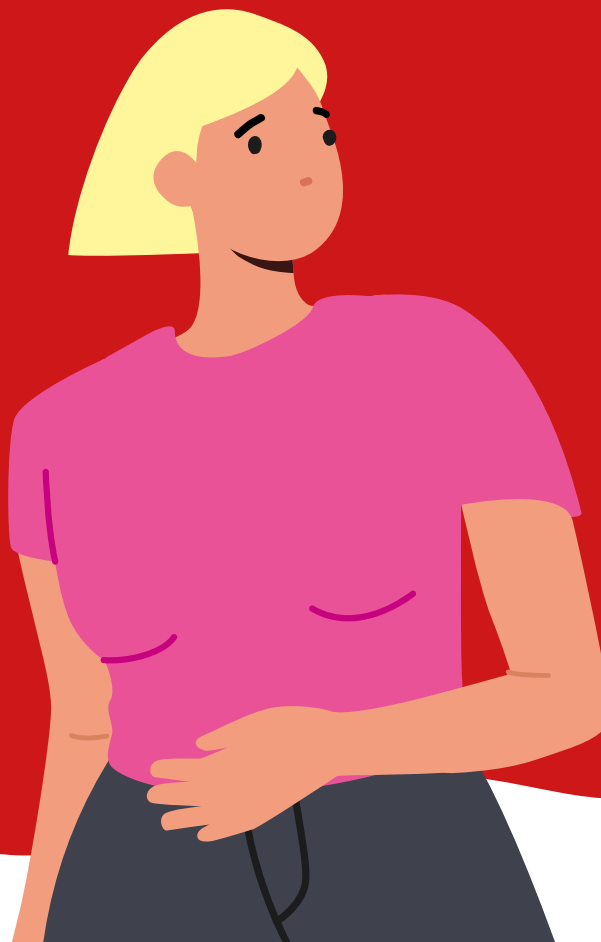
PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

1.2 PURPOSE OF THE TOOLKIT

This toolkit has been created to enable organisations to:

- ✓ **Reduce stigma surrounding periods**
- ✓ **Increase staff understanding of the physical and psychological symptoms of periods and how this might be affecting those accessing their service**
- ✓ **Increase staff ability to:**
 - talk to service users about periods
 - offer practical support
 - link service users in with external support and signpost to appropriate healthcare services where needed



1.3 HOW THE TOOLKIT WAS DEVELOPED

Co-production has been used throughout toolkit development in partnership with homeless practitioners and those with lived experience. Both groups were consulted around content and format, and helped to refine and develop the toolkit to ensure it is accessible, meaningful and useful.

In the initial phases, 13 women with lived experience of homelessness were consulted around their experiences of being homeless, periods and period poverty, and their ideas for toolkit content.

Consultation sessions were also carried out with 10 homeless organisations around their knowledge and understanding of the issues, and their ideas for toolkit content.

Following the creation of a 'prototype' of the toolkit, 3 lived experience workshop sessions with 11 women and a consultation session with over 30 homelessness practitioners was carried out to further develop and refine the toolkit.

The toolkit has also been revised with contributions from Birmingham City Council Public Health and health professionals.

1.4 TARGET AUDIENCE

This Toolkit is intended for use by homelessness and supported housing organisations in Birmingham. Some of the content will also be useful for other organisations that come into contact with the homeless community, such as food banks and advice centres.

It also contains pull-out sections and resources that can be given directly to service users.



1.5 HOW TO USE THE TOOLKIT

The Toolkit is made up of 5 main sections: Stigma, Key Facts, Opening Up Conversations, Period Issues, and Period Products. There are two sections at the end of the Toolkit which give advice on supporting service users to access appropriate healthcare, and links to further reading.

The toolkit does not have to be read sequentially, or in its entirety. Depending on what you want to find out, whether you are using it for personal/organisational knowledge, or to assist a service user, the three tables below will help you to navigate to the relevant section.

INDIVIDUAL / ORGANISATIONAL KNOWLEDGE:

What I want to know	Page
Where can I learn more about how period stigma affects the service users I work with?	23-25
How can I help combat period stigma?	26-27
How do I open up conversations about periods with service users?	40-42
How can my organisation help to make talking about periods easier?	42
How can we incorporate periods into existing health conversations?	48-49
What can affect a person's periods?	46
How can I help someone with - irregular, infrequent or no periods?	50-52
How can I help someone with - heavy periods?	53-56
How can I help someone with - period pain?	57-58
How can I help someone with - premenstrual symptoms?	59-61
How can our organisation get access to period products?	74-75
How can I support someone to get additional help for period issues?	81-83

WORKING WITH SERVICE USERS:

This table contains some common issues or queries a service user may come to you with.

Service User Query	Page
Are my periods normal?	31
What should my period blood look like?	32
How can I track my periods?	36-37
I want to collect evidence so I can go to my GP about my period symptoms	36-37
My periods are irregular / my periods have stopped	50-52
I have heavy periods / I think my periods are too heavy	23-24
I'm having period pain	57-58
I get a lot of symptoms / issues near my period	59-65
My period makes me feel angry / depressed / ill	59-65
I think I have premenstrual symptoms / I suffer with premenstrual symptoms	59-65
I need to know about types of period products	69-74
How do I deal with blood stains?	79
I need support accessing a GP for period issues	81

VISUAL RESOURCES IN THIS TOOLKIT

Resource	Purpose	Page
Poster on period myths	This resource can be used with service users on a one-to-one basis, to help dispel any misconceptions they have. It can also be pulled out as a poster and placed in an appropriate setting in your organisation / accommodation.	26
Period Principles poster	This poster can be displayed in your organisation to advertise to service users, staff, and visitors that your organisation is committed to destigmatising periods and supporting those who have periods.	43
Discussing periods: A visual tool (and completed example)	This tool (which also includes a completed example) can be used in a one-to-one setting with service users to assist with discussing periods and reproductive health, as part of wider health conversations. It can also be taken away by service users if they need to time reflect before discussing with support staff in depth.	48
Infographic on period blood colours and textures	This resource shows different colours and textures of blood across a period cycle, which can help reassure service users that their flow is 'normal' or help them to seek professional advice if they feel something might be wrong. This can be printed off and given to service users as a reference guide.	32
Infographic on types of vaginal discharge	This resource shows different types of vaginal discharge, which can help reassure service users that their discharge is 'normal' or help them to seek professional advice if they feel something might be wrong. This can be printed off and given to service users as a reference guide.	32
PMS poster and leaflet for clients	This resource gives information and advice on premenstrual symptoms. The leaflet can be given to a service user and the poster can be placed in organisational settings.	62
Cartoon on PMS	This cartoon gives two scenarios around discussing premenstrual symptoms with service users. There is an example of both good and poor practice. It should be used with staff members to promote good practice or used for staff development / training.	64

VISUAL RESOURCES IN THIS TOOLKIT

Resource	Purpose	Page
Leaflet with different period products and how to use them.	This leaflet explains the different types of period products, how to use them, and the benefits and considerations of each type. This can be given to service users to help them choose period products, or when they obtain period products from an organisation as a reference for future use. It can also be used for one-to-one settings with service users or as part of staff development / training.	69
Infographic on additional supplies service users might need alongside period products	This can help service users to identify other supplies they might need from an organisation to help manage their periods (for example tights, cleaning products, baby wipes / hygiene wipes); it can be used in a one-to-one setting with service users; used for staff knowledge and development; or used as a poster in organisations that are able to offer the supplies shown.	76
Checklist for personal products	This checklist can be used with service users at, for example, settling in meetings. It can help a service user to identify what they need to help them settle into their new accommodation. The checklist includes period products alongside a range of other personal care items as some service users will feel very uncomfortable being asked directly about period products.	77
Poster advertising the availability of period products in an organisation.	This poster can be put up in organisational and accommodation-based settings to inform service users that they can obtain period products from the organisation, and where / how to do this.	79
How to remove period stains from clothing or bed sheets – infographic and leaflet	This leaflet can be given to service users when they obtain period products from an organisation, it can also be made available for service users to take (for example in reception areas).	79

1.6 LANGUAGE USE AND TERMINOLOGY

Throughout this guide, the term 'period(s)' is preferred over 'menstruation'. This was decided following consultation with both homelessness practitioners and those with lived experience. Sometimes, however, 'menstruation' is used when talking about the biological aspects of periods.

Periods may affect any person who has female reproductive organs. We recognise that not everyone who has periods identifies as a woman and not all women have periods. 'Women, girls, and people who menstruate' is used when referring to people who have periods generally.

Although homelessness organisations may use a variety of terms to refer to the people they work with, for consistency, we have used the term 'service user'.

LANGUAGE USE: EUPHEMISMS OR SLANG TERMS

Throughout this guide we do not use euphemisms or slang terms to refer to a period.

A euphemism is an indirect word or phrase that people use to refer to something embarrassing or unpleasant. It often has a 'distancing' effect, which aims to distance the speaker from the concept they are discussing. Slang terms are very informal words and expressions that are more common in spoken language.

Euphemisms and slang terms for periods are common, because periods are still surrounded by much embarrassment and shame.

However, euphemisms or slang words are unhelpful when trying to reduce stigma and get people to be more open about periods. They reinforce the idea that talking about periods is shameful or wrong.

Some euphemisms for periods that people with lived experience and homelessness organisations identified as being commonly heard are:



1.7 WHAT IS 'PERIOD LITERACY'?

'Period literacy' is a term which refers to having the knowledge and skills needed for individuals and communities to understand, appraise, and use information and services to make decisions about period health. Period literacy involves both teaching and learning about periods.

Period literacy enables women to identify problems, seek advice and support, and access treatment. It can also help to reduce stigma, and ensure organisations are equipped to offer support and signposting.

1.8 WHAT IS 'PERIOD POVERTY'?

Period poverty affects those who are unable to afford or access safe, hygienic products to manage their periods. It is often referred to as a 'micro poverty' and is linked to wider forms of poverty and deprivation.

Period literacy enables women to identify problems, seek advice and support, and access treatment. It can also help to reduce stigma, and ensure organisations are equipped to offer support and signposting.

However, period poverty is not just about access to products.

Period poverty is also about having access to the right products and having sufficient products to manage a period safely and with dignity. It is also about having regular and unrestricted access to bathrooms or washing facilities.

Period poverty is a human rights, economic, and cultural issue. It is about ensuring people have support and are given choices about how to manage their own periods and menstrual health.

Currently, the government fund 'The Period Product Scheme' in England. This is available to all state-maintained schools and 16-19 education organisations in England. It provides free period products to those who need them in their place of study. There are no similar government-funded schemes available for the homelessness sector.

PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

PERIOD POVERTY: THE FACTS

1 in 8 women have struggled to buy menstrual products in the last six months.

46% of women who struggled to afford sanitary products kept pads or tampons in for longer or used tissues.

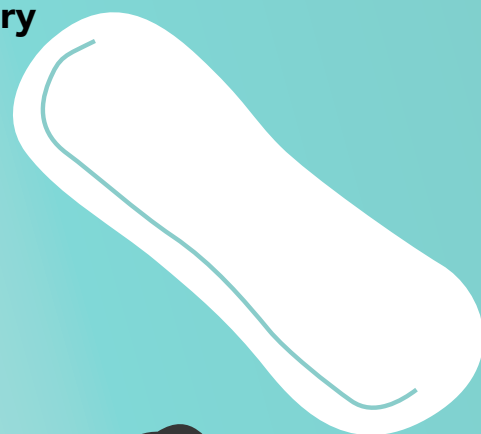
The average monthly spend on period products is £10. This doesn't consider heavier or longer flows.

75% of asylum-seeking women have struggled to obtain period pads or tampons while destitute.

1 in 5 women and girls have used **loo roll or sponges** as they could not afford period products.

In 2019 the UK government pledged to end period poverty by 2030.

The cost-of-living crisis is increasing the need for free period products.



PERIOD POVERTY AND HOMELESSNESS IN BIRMINGHAM

"I've used whatever I could get, no idea [when I was homeless] where to get period stuff from. Toilet roll, bit of paper. That was really sore, that one".

JJ, supported housing resident

"You always feel a bit, ugh, you know, dirty on your period, and when you've got nowhere to clean yourself it's like a thousand times worse. I worry I smell, yeah."

Oksana, currently 'sofa surfing'

"I mean, it's like making one [pad] last all day, two days, when I need to change it way more than that, but if you've got nowhere to get them or nowhere to change properly you don't have no choice".

Val, currently in temporary hostel accommodation

Homeless women often do not have regular access to toilets which can lead to them using the same product for a long time.

Leaving period products in for a long time can cause **infection**.

Some women had used toilet roll, newspaper, and even a household duster **instead of period products**.

Some women were unable to wash dried blood off their skin, causing **soreness**.

Access to spare underwear, tights, cleansing wipes, painkillers, and heat pads were often needed by women, **but few services provided them**.

Many women worried that people could smell them, and they **felt 'dirty' and embarrassed**.

Some women resorted to **shoplifting** period products.

1.9 ADDITIONAL CONSIDERATIONS

Homelessness is a wide-ranging issue. Service users will have experienced, and currently be in a variety of different circumstances relating to housing, ethnic, religious and cultural backgrounds, income levels, employment status, physical and mental health, education, social networks, and access to technology. Wherever possible we have tried to provide resources and suggestions that account for the wide range of experiences and situations service users may be in. However, it is not always possible to account for all situations, and we appreciate not everything will be appropriate for every service user. We would ask that you use your own professional judgement and sensitivity when applying the guidance within this toolkit.



Please note: the information contained in this toolkit is for suggestion and guidance only. It does not intend to replace professional medical advice.

Period Poverty: The Facts

Action Aid (2022) Cost of Living: 12% of British Women are Affected by Period Poverty. Available at: <https://www.actionaid.org.uk/blog/2022/05/27/cost-living-12-british-women-are-affected-period-poverty> (A survey of 2219 women carried out by YouGov – Accessed 18/12/23)

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Williams, G. (2022) How is the cost of living crisis affecting period poverty? Available at: <https://www.economicsobservatory.com/how-is-the-cost-of-living-crisis-affecting-period-poverty-in-the-uk> (Accessed 18/12/23)

Government Equalities Office (2019) Penny Mordaunt launches new funds to tackle period poverty globally. Available at: <https://www.gov.uk/government/news/penny-mordaunt-launches-new-funds-to-tackle-period-poverty-globally> (Accessed 18/2/23)

Period Poverty and Homelessness in Birmingham

All taken from Raisbeck, T. (2023) Period Literacy Toolkit Research and Consultation Phase March - June 2023 Briefing Paper. Unpublished and Raisbeck, T. (2021) Violence Under Quiet Conditions.

1.10 UNDERLYING PRINCIPLES AND MESSAGES

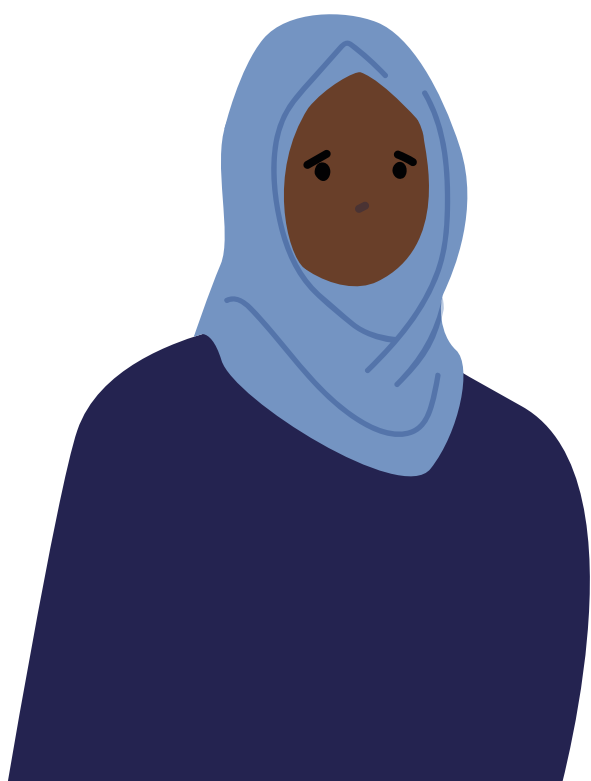
Periods are a natural, normal, healthy part of life.

Periods should never be a source of embarrassment, shame, or the cause of poor health.

Anyone who has a period has a right to dignity, choice, and equity.

It is OK to talk about periods, and to seek or provide support for periods.

It is everyone's responsibility to learn about periods.



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 2: PERIOD STIGMA

**"THERE'S SO MUCH
SHAME YOU HAVE
TO TAKE ON"**

SHARNE, 33, BIRMINGHAM



2.1 WHAT IS PERIOD STIGMA?

'Period stigma' refers to the negative perceptions people have about periods, and about people who have periods. Period stigma can affect every part of life, including health, education, employment opportunities, and public and social life.

It can reinforce sexist stereotypes and limit opportunities for women and girls.

It can create feelings of shame, embarrassment, and anxiety.

It contributes towards period poverty and can restrict feelings of dignity, autonomy, and choice.

Periods are a normal, natural part of life, yet they are still surrounded by secrecy and shame. People who menstruate are often made to feel embarrassed, dirty, or defective when they are on their period.

This can stop people getting the help they need to manage their periods and menstrual health, contributing to health inequalities.

"I think as a homeless woman, there's an additional part, isn't there? You've got the fact people think you're dirty anyway, then you have periods in with that and it makes it so much worse for us."
Gee, previously homeless for 6 years

"There's so much shame you have to take on. I have really heavy ones [periods], always have. There was this one time when it was so bad, I kept bleeding out of my night stuff and onto the sheet and it was heavy and kept happening. I didn't have any money to buy sheets or wash it every night, but I thought it's going to get on the mattress, and I don't wanna be sleeping on it, so I eventually asked this worker, and he was so snarky about it, and like he was disgusted and basically said 'turn the mattress over'. I heard him later laughing about it. I couldn't wait to get out of that place after that."
Sharne, supported housing resident

37% of women have experienced stigmatising behaviour around periods, including bullying, isolation, and jokes. ⁷

In one study, **24%** of women felt unable to seek care for health issues because they were embarrassed by their condition, and **24% were also afraid to ask for help** because they were embarrassed about their body. ⁸

15% of these women felt unable to seek care due to feeling judged. ⁹

A study published in 2021 on menstrual health in South Asian communities found that cultural beliefs around “impurity” during menstruation often lead to restrictions on participation in religious activities and how they interact with others. The stigma and silence around menstruation make it difficult for women to discuss or address their menstrual health openly. ¹⁰

This is the reality of period stigma.



PERIOD STIGMA: REFERENCES

7 Action Aid (2018) More than one in three UK women face period stigma. Available at: <https://www.actionaid.org.uk/latest-news/more-one-three-uk-women-face-period-stigma> (A survey of 2076 adults. Accessed 01/12/23)

8 Royal College of Obstetrics and Gynaecology (2019) Better Health for Women: Improving the health and wellbeing of girls and women. Available at: <https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf> (Accessed 01/12/23)

9 Royal College of Obstetrics and Gynaecology (2019) Better Health for Women: Improving the health and wellbeing of girls and women. Available at: <https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf> (Accessed 01/12/23)

10 Sahoo, P., Dash, M., and Mohapatra, I. (2021). Menstrual health and hygiene among women and adolescent girls in South Asia: A systematic review and meta-analysis. BMC Women's Health.



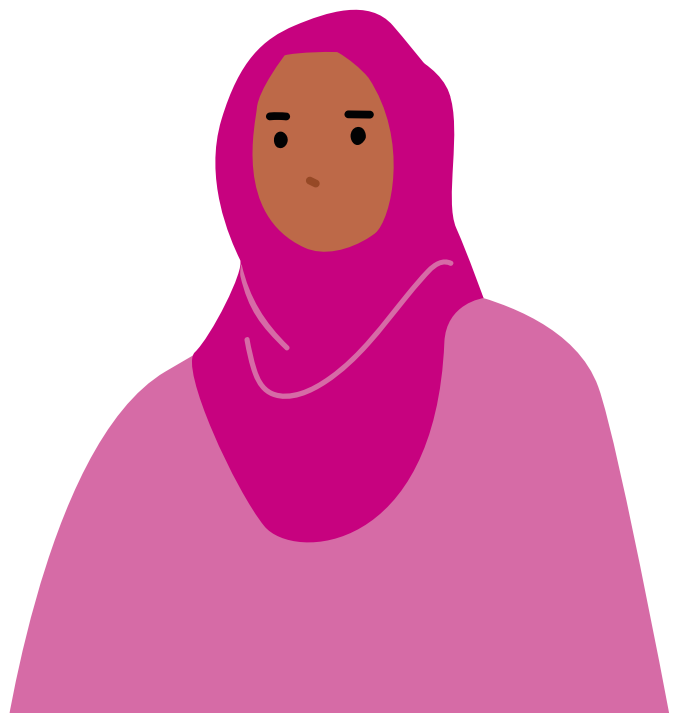
2.2 PERIOD STIGMA: IMPACT ON HOMELESS POPULATIONS

"Having your period definitely makes you more vulnerable. I try to hide my period more than I did before, especially with a lot of these places being full of men".
Denny, currently rough sleeping.

"Gosh, yeah, I'd never use tampons. I've had a lot of abuse and that in my life and just the thought of having to use them...no. But sometimes that's all you're given".
Marie, previously homeless for 7 years.

Many of those who have periods will have faced stigma and shame at some point in their lives.

However, homeless women can face additional barriers, and some can face multiple and intersecting barriers. These can deepen stigma and make it harder to access help.



'DOUBLE STIGMA'

Homeless women can suffer from the 'double stigma' of being both homeless and of having periods. Research in Birmingham ¹¹ showed that homeless women felt that being on their period often made them feel even more dirty, embarrassed, and ashamed about their homelessness. Many women also felt that being on their period whilst homeless made them more vulnerable.

RACISM

Women from ethnically marginalised communities may face institutional racism or bias in healthcare systems which can prevent diagnosis or contribute to late diagnosis. ¹²

There is evidence that women from these communities may often find it more difficult to access information and advice on reproductive health issues. ¹³

GENDER IDENTITY

Whilst the majority of people who experience periods will identify as women, it is crucial to realise that non-binary people, trans men and other identities might still have female anatomy and therefore face all of the issues around periods. As they potentially face an added stigma, their experiences and difficulties with periods might be even more unnoticed. For example, if a health service has a trans man registered as male, they might not receive the same screening options as someone registered as female and it might be even harder for the service user to voice their needs and get the correct help. ¹⁴

NEURODIVERGENCE

Neurodiversity refers to the different ways a person's brain processes information. This can include Autism Spectrum Disorder, Dyslexia, and Attention Deficit Hyperactivity Disorder (ADHD). Sensory difficulties and coping with naturally varying period lengths, symptoms, and cycles can be difficult for people to cope with. ¹⁵ A lack of accessible information can also be a challenge. ¹⁶

PAST TRAUMA

Women who have experienced trauma or assault may find talking about periods and women's health difficult. They may access healthcare less readily due to a fear of being examined and find certain products that have to be inserted into the vagina, such as tampons or menstrual cups, triggering or re-traumatising. ¹⁷

Female Genital Mutilation (FGM) is the name for all procedures that involve partial or total removal of external female genitalia for non-medical reasons. Women who have experienced this may not be able to use tampons and may also be reluctant to access healthcare due to fear and shame of the FGM they have undergone being exposed. ¹⁸

CULTURAL CONSIDERATIONS

Traditions, taboos, and beliefs about periods have existed across time and across the world. Whilst cultures around the world can hold different beliefs about periods, the majority share a stigma about them. At the same time, some cultures and societies celebrate periods and see them as positive or powerful.

You may come from a culture, religion or society which holds certain beliefs, or carries out certain practices, around periods.

You may meet people who originate from different cultures and societies where there are beliefs, taboos, and practices about periods that are different from your own.

Cultural considerations are crucial when addressing the needs of homeless women experiencing periods or period poverty. Different cultural backgrounds shape how menstruation is perceived, discussed, and managed. In some cultures, menstruation is considered a taboo subject, making it difficult for women to seek help or discuss their needs openly. For homeless women, this stigma is often compounded by limited access to hygiene products, clean water, and private spaces, leading to shame and isolation.

Cultural norms may also influence preferences for certain types of menstrual products, requiring more sensitive and inclusive support from service providers. Practitioner feedback found that tampon usage was an issue amongst refugee women and Muslim women. A culturally competent approach should therefore include education, access to a variety of menstrual products, and a non-judgmental, supportive environment that respects the diverse cultural contexts of homeless women.

It is not possible to list all the different cultural and religious beliefs and practices that exist around periods. It is important to understand, that some of these may pose an additional barrier to seeking support or medical help.

BOOK TIP: *Period. End of Sentence* by Anita Diamant. This book gives a good background on some of the cultural and religious beliefs around periods.



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2.3 PERIOD MYTHS

It is important to challenge myths around periods to increase education and awareness and help end stigma.


 **Myth:** Everyone's menstrual cycle last 28 days.


 **Fact:** Cycles can vary a lot. Typically, between 23-35 days ^{76 19}


 **Myth:** Your periods should be the same every month.


 **Fact:** Periods vary with factors like age, body weight, medications, stress, childbirth, and breastfeeding.


 **Myth:** Period blood is dirty and unclean.


 **Fact:** Period blood is the same as all other blood that flows through the body. It also includes tissue and lining from the uterus. ²⁰


 **Myth:** You can't go swimming when you are on your period.


 **Fact:** You absolutely can. Use a tampon, menstrual cup, menstrual disc or period swimwear and you will be fine!


 **Myth:** You can't have a bath or shower whilst on your period.

 **Fact:** It is the opposite: good hygiene is important and helpful.


 **Myth:** You shouldn't have sex on a period.

 **Fact:** This is a matter of personal taste and agreement between you and your partner only.

 **Myth:** You shouldn't exercise on your period.

 **Fact:** Gentle exercise can improve mood and, in some cases, ease period pains or cramps. ²¹

 **Myth:** Periods make women irrational and angry.

 **Fact:** Some women experience PMS, a range of over 150 symptoms. ²² Periods themselves do not make women irrational or angry, but some women may experience changes in emotions or mood around their period. This is perfectly normal and does not make women any less capable of going about their lives and work.

✗ Myth: All women suffer from Premenstrual Syndrome (PMS).

✓ Fact: Around 30% of women report moderate to severe PMS. ²³

✗ Myth: Women's cycles sync up when they live together.

✓ Fact: There is no real evidence to support this, and several studies have started to disprove this theory. ²⁴ When it happens, it is likely just a coincidence

✗ Myth: If you use a tampon, you will lose your virginity.

✓ Fact: This is not the case. Tampons are medical devices and are not the same as having sex.

✗ Myth: You cannot get pregnant on your period.

✓ Fact: Although it is unlikely, there is a small chance you can get pregnant if you have unprotected sex on your period. ²⁵

✗ Myth: Contraception, especially if it stops periods, makes you infertile.

✓ Fact: Other than sterilisation, all methods of contraception are reversible, and your periods will restart as before.

✗ Myth: You just have to put up with 'the curse' of having a period.

✓ Fact: If you are struggling with your period or associated symptoms, there are plenty of options, and ways to seek to help.

BOOK TIP: Be Period Positive: Reframe your thinking and reshape the future of menstruation by Chella Quint is an excellent resource for all aspects of periods and reducing stigma.



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22 <https://www.nhs.uk/conditions/pre-menstrual-syndrome/> (Accessed 14/11/23)

23 Royal College of Obstetricians and Gynaecologists (2023) Raising awareness of pre-,menstrual dysphoric disorder (PMDD). Available at: <https://www.rcog.org.uk/news/blog-raising-awareness-of-premenstrual-dysphoric-disorder-pmdd/#:~:text=About%20PMDD&text=It%20is%20estimated%20that%20as,in%20the%20UK%20have%20PMDD> (Accessed 14/11/23)

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PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 3: THE BASICS



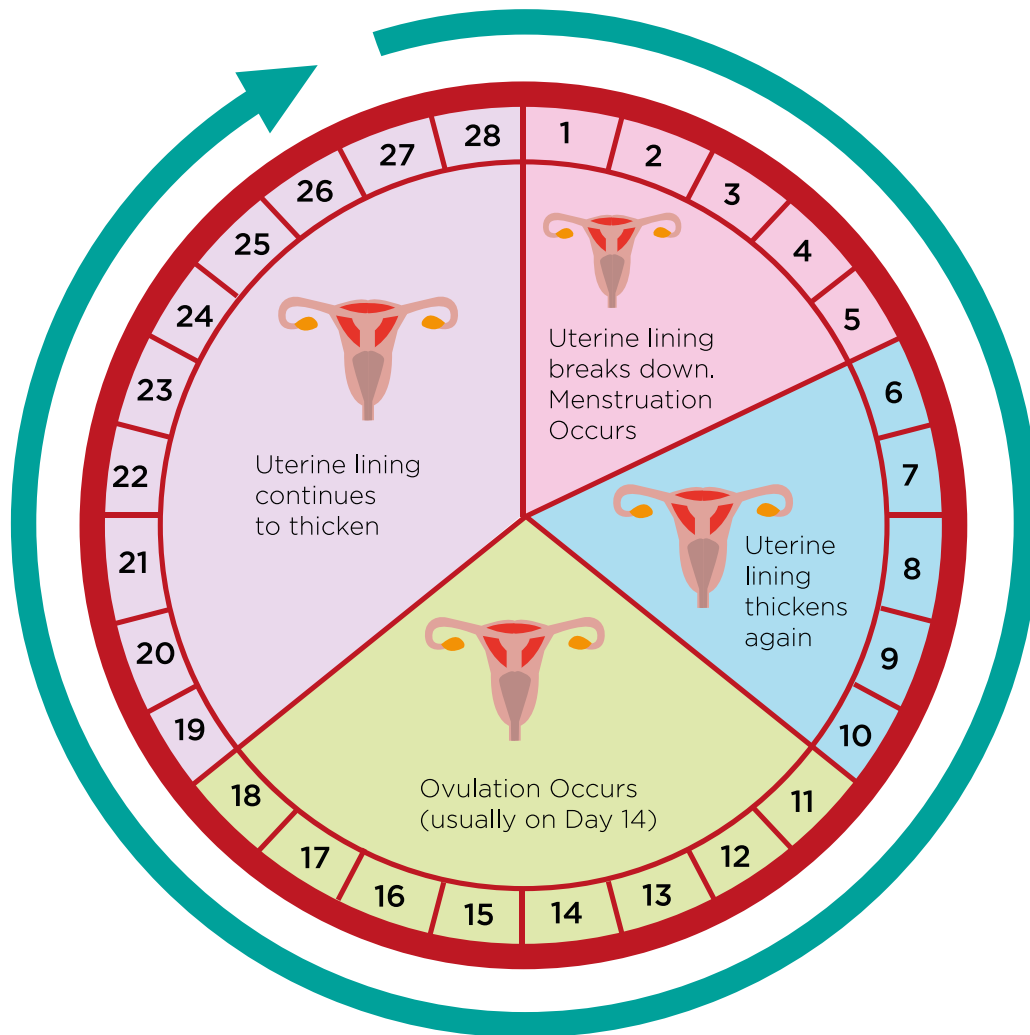
**"PERIODS ARE
AS NORMAL
AS BREATHING."**

**POPULAR CAMPAIGNING SLOGAN.
ORIGIN UNKNOWN**

3.1 WHAT IS THE MENSTRUAL CYCLE?

The menstrual cycle helps prepare the body for pregnancy. Every month, one of the two ovaries releases an egg. This is called ovulation. If this egg isn't fertilised, the lining of the womb sheds.

A period (menstruation) is this shedding of the lining of the womb. What is seen is blood, the womb lining and other secretions.



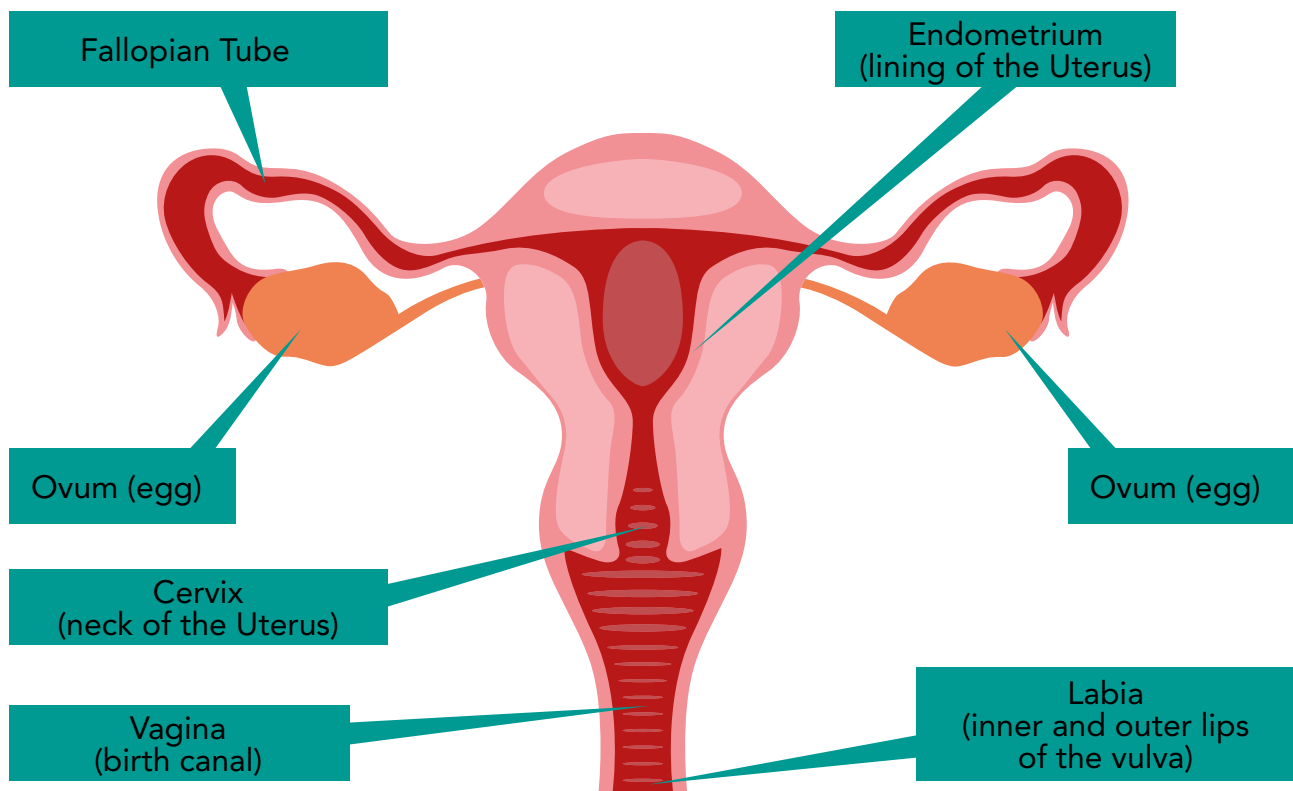
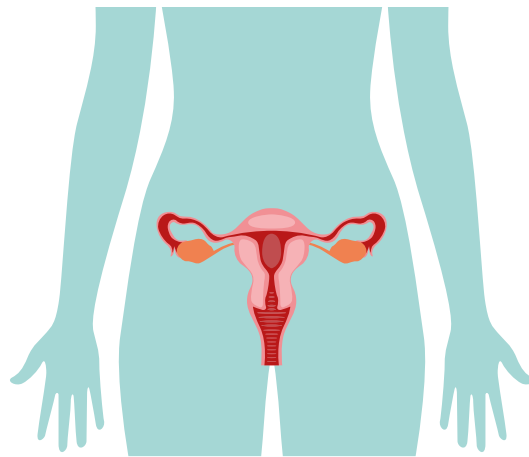
This diagram is based on a 28 days cycle with 5 days of bleeding. This is regarded as 'typical' cycle but all periods / experiences of periods are different

3.2 WHAT IS A PERIOD?

A period is the part of the menstrual cycle, where blood and tissue leave the body through the vagina.

The first day of proper bleeding is called **day 1 of the cycle**.

DIAGRAM OF THE REPRODUCTIVE SYSTEM



3.3 WHAT IS A 'NORMAL' PERIOD?

There is no 'normal' period, and no two people will have the same experience. However, there are some common features. ²⁶

- Starts around every 21-35 days. 28 days is often described as the 'typical' cycle length but anything from 21-35 days is considered healthy?
- Mostly lasts between 2 and 7 days.
- The amount of blood loss and associated symptoms can vary from day to day and month to month for the same person.
- There will often seem to be more blood loss first thing in the morning or when opening bowels.
- Small amounts of clotting and clumping might happen. This is because the body normally keeps the period blood liquid so it can flow easily. If there is a bit more blood at any point, the blood can congeal and form little jelly like clumps called clots. Small amounts of this can be normal but they can hurt more to come out, and if they are big and frequent this can be a sign of bleeding that is too heavy (**see section 5.3**).
- The blood can have a different colour over the days of a period or month to month. This usually just reflects the different rates of flow and is not concerning as such.
- Discomfort that does not prevent usual daily activities, school, or work.
- Minimal symptoms before and during a period such as headaches, spots/ acne, sore back, and sore breasts.



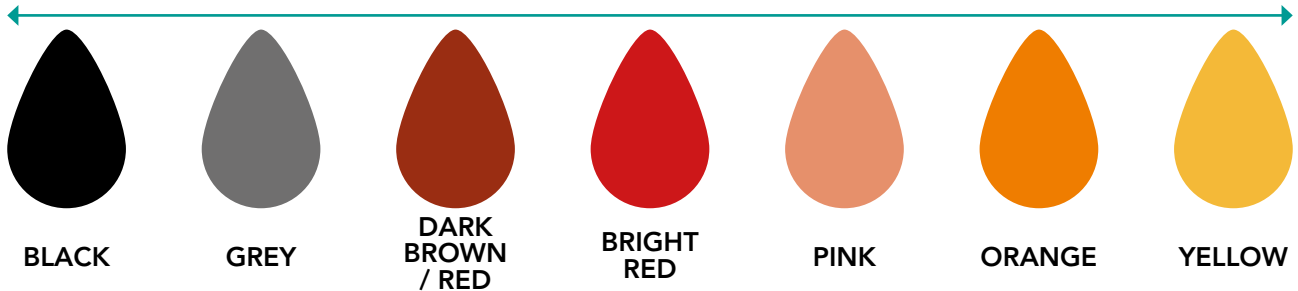
²⁶ From Baker, C. (2022) 50 Things you need to know about your Period. London: Pavilion; Quint, C. (2021) Be Period Positive London: DK; and NHS (2023) Periods and Fertility in the Menstrual Cycle. Available at: <https://www.nhs.uk/conditions/periods/fertility-in-the-menstrual-cycle/#:~:text=The%20length%20of%20the%20menstrual,day%20before%20her%20next%20period.> (Accessed 06/12/23)

PERIOD BLOOD - COLOURS & TEXTURES

OLD BLOOD

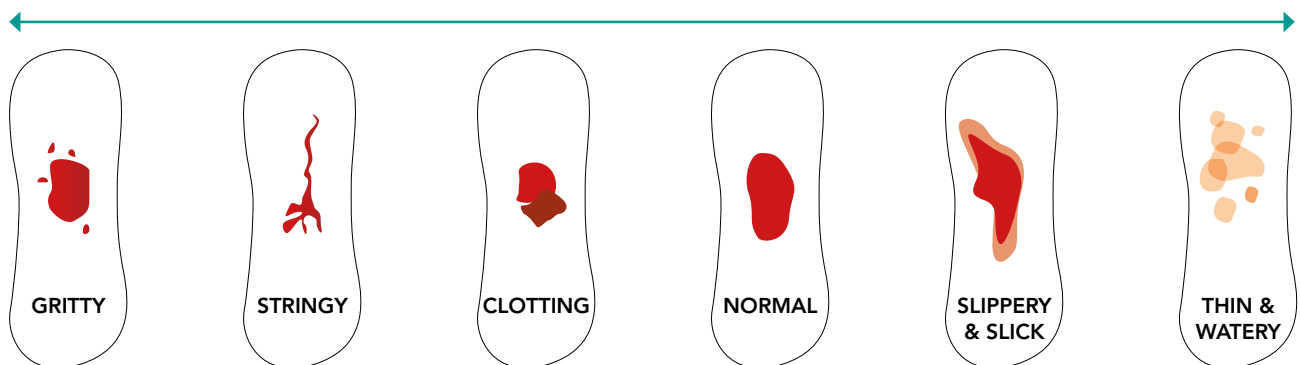
FRESH BLOOD

LIGHT BLEED



HEAVY FLOW

LIGHT FLOW



Thick, white discharge is common at the beginning and end of your cycle. If itching is present, this discharge can indicate a yeast infection.



Clear and stretchy discharge is 'fertile' mucous and means you are ovulating.



Clear and watery occurs at different times in your cycle and can be particularly heavy when exercising



Yellow or green discharge may indicate an infection, especially if it is thick and clumpy like cottage cheese or has a foul odour.



Spotting blood or brown discharge can occur when you are ovulating or mid-cycle. During early pregnancy, you may have spotting or a brownish discharge when you'd normally have your period.



Brown discharge may happen right after periods. It's just your vagina being 'cleaned out'. Old blood turns brown.

3.4 POSITIVE PERIODS

Attention to the signs and symptoms of periods tends to focus on the negative effects. However, there are some positive effects on the brain during the menstrual cycle.

Women might feel more energetic (often in the first half of their cycle) or more interested in sex (often mid cycle around ovulation).

Some people track their cycles and how they feel during certain times in the month. This can help them to plan when the best time is to do certain things.

3.5 INTERESTING FACTS

IN THE UK, AN ESTIMATED 15 MILLION PEOPLE ARE OF AN AGE WHERE THEY MAY HAVE PERIODS.

THE AVERAGE AGE A PERIOD STARTS IS 12, ALTHOUGH SOME WILL START AS EARLY AS 8 OR AS LATE AS 18.

PERIODS USUALLY STOP BETWEEN THE AGES OF 45 – 55, DURING MENOPAUSE, BUT THIS CAN HAPPEN EARLIER OR LATER.

AN 'AVERAGE' WOMAN WILL HAVE ABOUT 480 PERIODS IN THEIR LIFETIME.

A WOMAN WILL HAVE PERIODS FOR AN EQUIVALENT DURATION OF 6.5 - 7 YEARS OF THEIR LIFE.

BLOOD LOSS FROM THE 'AVERAGE' PERIOD IS BETWEEN 30 AND 40 ml (SIX TO EIGHT TEASPOONFULS) PER MONTH.

THE AVERAGE PERIOD COSTS AT LEAST £10 PER MONTH.

THE AVERAGE PERSON USES APPROXIMATELY 11,000 PERIOD PRODUCTS OVER THE LIFESPAN AT AN AVERAGE COST OF £4,800.



INTERESTING FACTS: REFERENCES

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(Accessed 06/12/23)

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Accessed (06/12/23)



3.6 TRACKING CYCLES AND SYMPTOMS

One useful way to support someone with a period is to find out what is typical for them. This will benefit them if they wish to seek professional help or advice from a GP or sexual health clinic.

It can be useful for people who menstruate to know where they are in their cycle and the potential effects this has on them. This is a form of 'body literacy' that can help empower people to be better in tune with their body and overall health.

Tracking the frequency and symptoms of a menstrual cycle has several benefits:

- **Helps to show connections between health and menstrual cycles.**
- **Reassuring and empowering.**
- **Helps prepare for a period (including obtaining product and planning activities).**
- **Shows signs of a problem.**
- **Tracks fertility.**
- **Supports managing mood and other symptoms.**
- **Helps people to make adjustments at certain times in their cycle, which can aid sleep patterns, mood, diet, and overall health.**
- **Supports diagnosis or further medical investigation if there might be a problem.**



3.7 HOW YOU CAN HELP: INDIVIDUALS

One useful way to support someone with a period is to find out what is typical for them. This will benefit them if they wish to seek professional help or advice from a GP or sexual health clinic.

- If anything the service user describes sounds different from the average description of a period (section 3.3), encourage and support them to speak to a healthcare practitioner.
- Encouraging service users to get to know their cycle better can help to identify when things change or are unusual.
- Cycles can be tracked using pen and paper in a diary, or by using a free printable calendar such as the one below:
<http://allfreeprintable.com/period-tracker>
- There are also many free apps that can track the frequency and symptoms of periods. It is worth looking at different ones with any service user that has a smartphone to find the one they like best.

Some of these include*:

Clue: <https://helloclude.com/>

Flo: <https://flo.health/>

MyFlo: <https://flliving.com/app>

*These are some of the most popular cycle tracking apps. There are many more available, both for Android and IOS, and they can be searched for through the app stores on any smart phone.

- It is always good practice to recommend the service user visits a GP or health practitioner for a check-up or investigation if they are experiencing problems.



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 4: OPENING UP CONVERSATIONS ABOUT PERIODS

"NOT TALKING TO BOYS AND MEN ABOUT PERIODS ALLOWS SEPARATE GENDERED SPHERES TO EXIST, WHICH VALIDATES THE IDEA THAT ANYTHING OUTSIDE THE MALE EXPERIENCE IS ABNORMAL."

AMIKA GEORGE ²⁷

27 George, A. (2019) 'The stigma over periods won't end until boys learn about them too'. The Guardian, 28th May. Available at: <https://www.theguardian.com/commentisfree/2019/may/28/stigma-periods-boys-young-women-bullying-menstruation> (Accessed 05/12/23)



It is hard to ignore the fact periods are largely avoided in conversation, and when they are talked about, this is often only between people who have periods.

Culturally and socially, we are not open about periods, and it is not seen as 'normal' to talk about them. This prevents us, as a society and as a sector, from combatting stigma and ensuring people get the help and support they need.

Talking about topics that are considered embarrassing, shameful, or taboo is not easy. This section has some ideas on opening up conversations with clients, and on how your organisation can create the right environment to reduce stigma and promote dignity and choice.

"Periods are WAY more natural than contraception and sexual health stuff and yet you always get loads on that, and men seem OK with that side of it. How is it any different from periods? It's still a health issue and important".

Alethea, Peer Mentor in homelessness



"It shouldn't always be left to the female staff to deal with, but I know it often is. I think it can be a culture issue within organisations. We need everyone to know from the moment they start working here that it's OK to discuss periods and it's just like any other health or life issue."

Paul, project worker



4.1 OPENING UP CONVERSATIONS ABOUT PERIODS: SOME DO'S AND DON'TS

Do Educate yourself.

Learn about periods; ask questions; be curious. Studies show that a lack of education and awareness is one of the key drivers that maintains stigma.

Do examine your own beliefs,

language and conceptions around periods. Are these contributing to stigma? How might your own beliefs be affecting your ability to engage with clients?

Do use inclusive language

and ensure you do not make assumptions about who has periods.

Do recognise your own cultural attitudes to periods and be open to the service user's being entirely different, or contrary, to your own.

Do ensure you take the time

to understand what the people you are working with and supporting know about periods and reproductive health. Use the information and links in this toolkit to support them to become more 'literate' about periods and their own bodies.

Do ask people where they learnt about periods and whether they feel comfortable discussing them. Ask what you can do to support them to feel more comfortable.

Do be curious. Ask questions if you don't understand. Learn and explore things with the people you support.

Do help people to obtain enough information and support to make their own choices.

Don't assume anything

to do with periods is 'women's business', or responsibility. Dismantling stigma and creating an environment where clients have dignity and choice requires participation from everyone.

Don't assume everyone has a certain level of knowledge about periods. Some people may know very little.

Don't joke or make dismissive remarks about periods, even if this is 'just' amongst colleagues.

Don't use slang terms.

Call it what it is: a period.

Don't assume people will hold certain beliefs or attitudes due to their age, gender, culture, religion, or country of origin.

Don't think that you must be an 'expert' or know everything.

Don't give medical advice or tell people what they should do.

At all times, remember to respect people's wishes and boundaries. Some people will not feel comfortable talking about periods, and it is not an issue that should be forced. However, by using the tips and materials throughout this toolkit, you will be working to create an environment where people feel comfortable to be open and to learn.

4.2 HOW CAN YOU HELP? INDIVIDUALS

See it as a process.

You may discuss periods on initial contact with a service user, for example, if you are giving out period products. However, it is likely that you will not discuss periods and reproductive health on first contact. It is more likely to be something that you discuss as your support relationship develops.

You may be able to introduce the topic by discussing needs around period products, and then return to the conversation later. It may be a case of 'small steps' by discussing practical needs first, and then using this as a platform to discuss any wider needs.

'Normalise' the topic.

You can reassure service users that discussing periods are a normal, usual part of your work.

Saying 'we ask all service users about their needs around periods, period hygiene, and period products. Is there anything that you could do with?' can help.

Use tools and prompts.

'Diving in' to a conversation around periods without context could be confusing or alienating for service users and could risk damaging your support relationship.

Using the resources in this toolkit can help to introduce the topic. Giving out a leaflet or remarking upon a poster may allow you to start a conversation and gauge initial responses.

Giving out and displaying materials can also allow the person you are supporting to take the initiative.

Do not feel obligated.

There is no imperative to discuss periods with every service user. The aim of this toolkit is to give you enough information, guidance, and understanding to be able to support service users, but it is not something you need to do habitually.

These are not conversations that can be forced.

You should always be willing and prepared to talk about periods with people you are supporting, and using this toolkit will help you to do that. However, it is best to use your own judgement and to be guided by both the person you are supporting and the context of the support relationship.

Use clear language.

Avoid euphemisms or potentially stigmatising language when discussing periods. Do not be afraid to be direct and clear. The only way to normalise conversations about periods is to act as if they are normal and to talk about them the same way you would any other issue or topic.

Support your colleagues.

Discussing topics that are usually kept hidden can be daunting. Talking to your colleagues about how they approach the topic can be helpful, as can supporting colleagues who are feeling uncomfortable. The more periods are discussed amongst staff teams, the more 'usual' it becomes.

Sharing success stories and good practice can help motivate teams and reassure those who feel out of their comfort zone.

'Difficult' should not mean 'impossible'.

One final thing to remember is that you are likely to be having conversations about other 'difficult' topics with the people you support on a regular basis. This includes conversations around sexual health, drug and alcohol use, and mental health. Discussing periods may feel awkward or unusual, but this is only because it has not yet become an established part of homelessness support practice. The more you do it, the more confident you become. Just signalling that you are open to discussing periods, and that you are aware this might be a difficult issue can 'leave the door open' for further conversations.

4.3 HOW CAN YOU HELP? ORGANISATIONS

Individual practitioners can only do so much. For meaningful change, organisations must work collectively. This means staff at all levels and of all genders playing a part.



- Organisational change must come from the 'top down'. It is important that CEOs, directors, and managers are aware of this toolkit and can lead staff teams to adopt its principles and embed its messages.



- Staff working in policy roles should also be aware of the toolkit and use it when developing policies and ways of working. This includes ensuring that organisational culture allows staff themselves to feel supported, and not judged, if they are on their period.



- Organising staff information or education sessions around periods or inviting guest speakers in to conduct workshops or carry out Q&A sessions, can help to consolidate knowledge and learning and ensure all staff members participate. It might also be useful to have regular slots at team meetings to discuss the topic, or to have debriefs or focus sessions on managing conversations around periods and reproductive health.



- Consider appointing a Women's Health Champion within your organisation.
- It is the responsibility of organisations themselves to ensure that work around periods is not left to women. People of all genders must be included in conversations, and in the movement to normalise periods.



- The underlying principles in Section 1 of this toolkit are a good starting point. Organisations can adopt these principles and use them to help create a culture and environment where being open about periods is accepted. You can print out the poster on **page 19** for use within your organisation.



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR



OUR PERIOD PRINCIPLES

Periods are a natural, normal, healthy part of life.

Periods should never be a source of embarrassment, shame, or the cause of poor health.

Anyone who has a period has a right to dignity, choice, and equity.

It is OK to talk about periods, and to seek or provide support on periods.

It is important that people of all genders and ethnicities learn about periods.

It is everyone's responsibility to learn about periods.

PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 5: PERIOD ISSUES

**"IF YOU DON'T
KNOW WHAT'S
'NORMAL' IT'S HARD
TO FIGHT FOR
YOURSELF.
WE NEVER GOT
TAUGHT THIS
STUFF AT SCHOOL"**

KELSEY, SUPPORTED HOUSING RESIDENT



There are several conditions and complications that can occur in the female reproductive system. Many can go undiagnosed for years, especially if they cause symptoms such as heavy bleeding and pain, which are often normalised.

Those who have not received enough information or education on periods and reproductive health may not realise their symptoms are problematic.

This chapter is designed to provide a general overview of common problems but should in no way lead to false reassurance or replace medical advice.

If in doubt, ask a healthcare professional for advice.

5.1 PERIODS AND GENERAL HEALTH

"For a long time, I just didn't even know it [issues with periods] was anything to do with the way I was living. Being homeless is SO stressful and you have so much going on, just getting through a day, it's not something you have any space for mentally to figure out. If [periods] were linked up more with other stuff like about the drugs and mental health and lifestyle and that, then, yeah, it'd actually be better as it is all linked sometimes but you'd need support to figure it all out, yeah."

Bal, supported housing resident



"Frontline homelessness workers can, and often already do, play a key role in encouraging the people they support to engage with more upstream health care". ²⁸

When we are talking about periods, we are talking about an aspect of health. Yet, periods are often overlooked when addressing the health needs of women, girls and people who menstruate experiencing homelessness. Health conversations are an established part of homelessness support systems, and homelessness workers are an important link into health and social care for their clients. ²⁹ However, our consultation with the sector revealed that periods are often missed from conversations about overall health and lifestyle.

²⁸ Homeless Link (2022) Bridging the Gap: Understanding the health care support and training needs of frontline workers supporting people experiencing homelessness. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Bridging_the_Health_Gap_2.pdf (Accessed 10/12/23)

THERE ARE SEVERAL FACTORS AROUND LIFESTYLE AND GENERAL HEALTH THAT CAN AFFECT PERIODS, SUCH AS:

- Medications – especially contraceptives but many others as well including psychiatric medications.
- Recent childbirth / breastfeeding.
- Changes in body weight.
- Being over or underweight.
- Poor nutrition.
- Overexercise.
- General illness / surgery.
- Drug / substance use, particularly cocaine, methadone, or heroin.
- Alcohol abuse.
- Stress.
- Thyroid problems.
- Chronic illnesses.

WHAT THIS MEANS FOR A HOMELESS PERSON IN BIRMINGHAM

“People assume cos you’re an adult you know about health and periods and what affects stuff. A lot of people don’t know but then I guess you’re ashamed to say you don’t know and then we never change anything!”

Aisha, formerly homeless for 2 years

“We definitely didn’t talk about periods at home. I didn’t know what was normal – probably still don’t, to be honest. It’s not something we generally talk about here [at my supported housing] either, even though we have health stuff we do together.

It’d be good to know more...that you can talk to someone if you’ve got worries and that.”

Grace, supported housing resident

Those experiencing homelessness are more likely to suffer health inequalities and poor health. They are also less likely to visit a GP. This may mean they suffer from health or lifestyle related period issues but will not receive adequate help and support to address them.

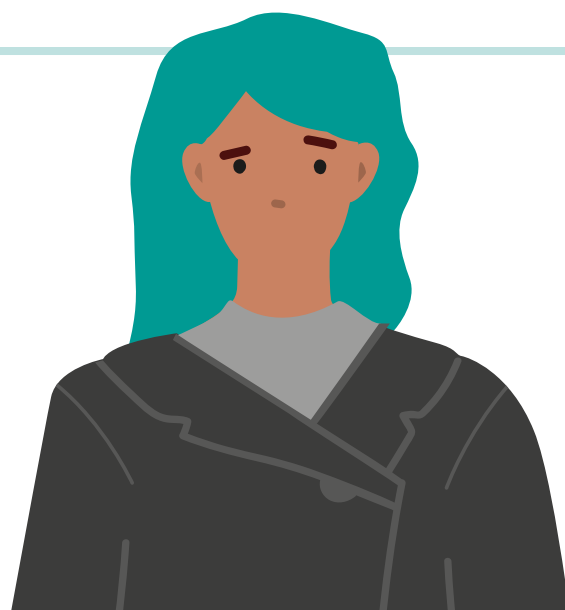
Many women with lived experience in Birmingham said they had never really been 'taught' about periods or allowed to speak about them growing up, and so didn't know whether their symptoms were usual or a sign of a problem.³⁰ This included not having the information or support to make the links between their general health and their periods. Many people experiencing homelessness will have lost previous social networks and connections, and several women in Birmingham said they felt quite isolated and alone with their problems, as they didn't have a 'circle' of people to speak with.

Others felt they had 'so much going on' whilst homeless, that any issues with their health and periods were not prioritised as they were just 'trying to survive'.

These all contribute to the possibility of making period issues worse.

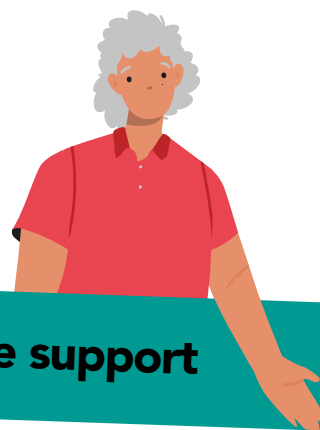
WHAT YOU CAN DO TO HELP?

- Aim for all service users to registered with a GP even before they actually need an appointment. Encourage them to attend health checks / smear tests and other screening appointments/ vaccinations when offered or due.
- Encouraging tracking of cycles and symptoms
- Signpost service users to appropriate healthcare services - see here for tips regarding access
- Refer to the resource in this toolkit on preparing your service user to visit the GP about their periods
- Peer advocacy (organising for the service user to attend an appointment with someone from the same background, or with a similar experience of homelessness) might help women when they are seeking advice or treatment from healthcare providers.
- Use the visual support tools on the following pages of this section for use when discussing periods and reproductive health with people you support.

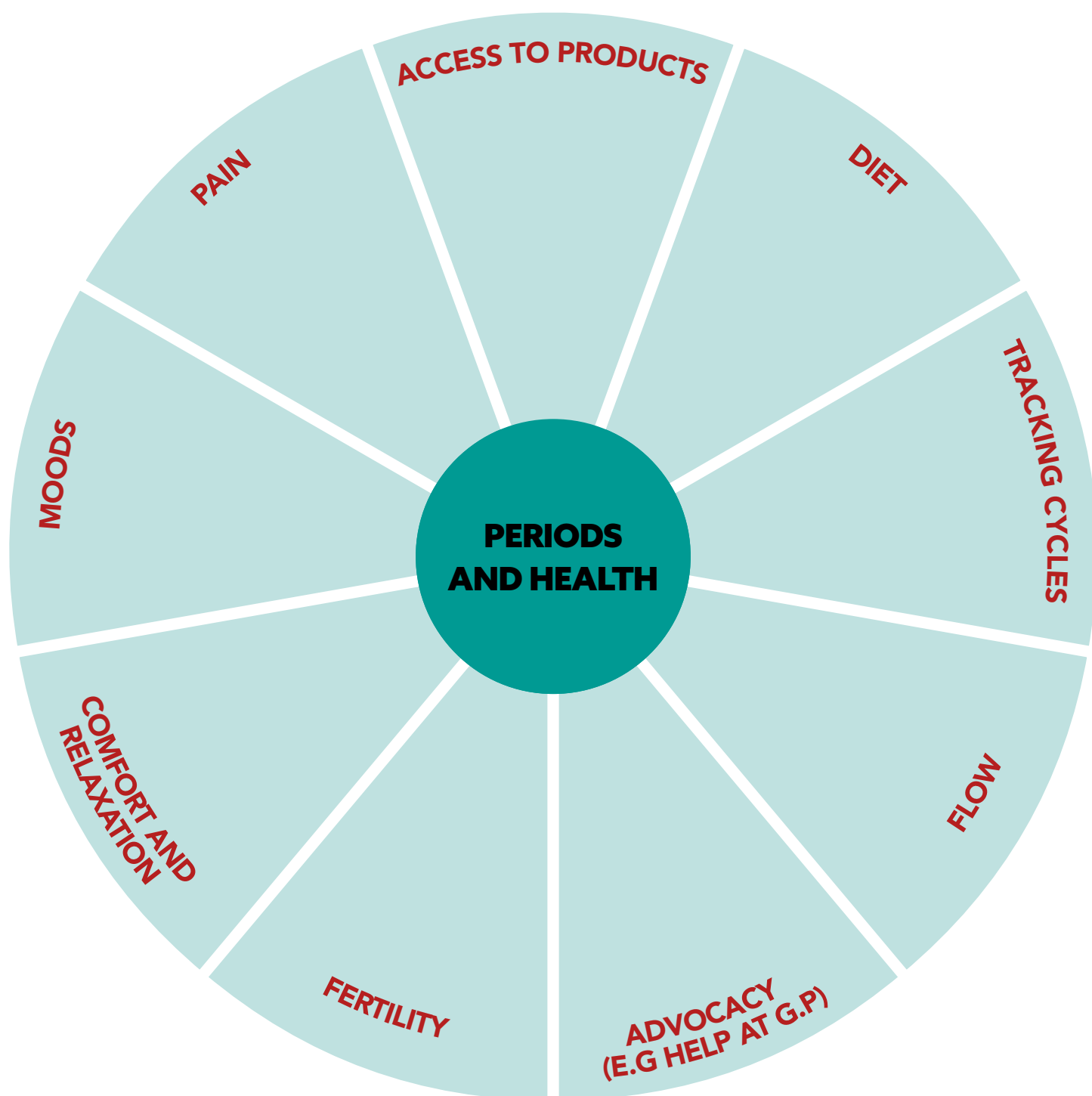


PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR



Providing one to one support

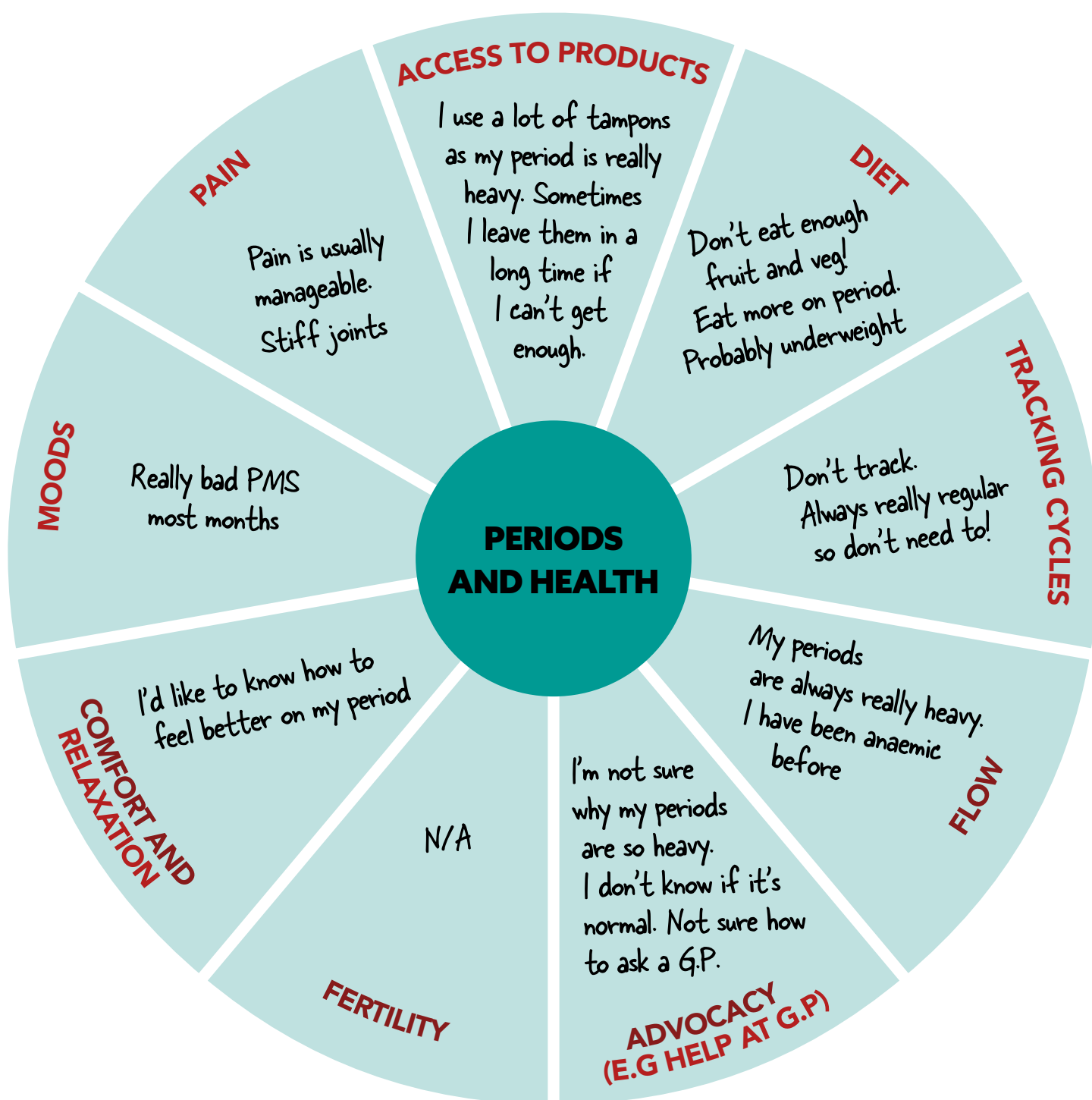


PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR



Providing one to one support - worked example



5.2 IRREGULAR / (IN)FREQUENT / NO PERIODS

"I didn't have one [a period] the whole time [I was homeless]. I didn't even consider what was going on. That stuff was the last thing on my mind, and no one ever asked about it. But yeah, when it came back, bloody hell, it was hard to deal with! Felt so embarrassed, being my age [30s] and having to figure stuff out again. Had no idea I could have talked to my support place about it."

Van, currently living in supported housing



Section 3.3 defined what is considered a 'normal' period. Therefore, anything outside a cycle length of 21-35 days might need checking out, even if is considered 'normal' for that person.

Over a reproductive lifetime, it is very common for people to have the odd 'one off' cycle irregularity which then reverts to normal. Also, this 'one off' irregular period may be different in duration and associated symptoms to the norm.

Possible causes for ongoing irregular or infrequent /missed periods include:

- Pregnancy
- Poor general health, nutrition, or chronic diseases
- Medications and drug use
- Age at either end of the reproductive years (from adolescent to over 40)
- 'Polycystic Ovarian Syndrome' (PCOS). ³¹ This is very common with 1 in 10 people in the UK affected by PCOS. Many have no symptoms, but others note acne and increased body hair. It can be diagnosed by an ultrasound and/or a blood test. Most women need no treatment but can get help with the symptoms.
- Irregular bleeding can be a sign of cancer, although this is rare.
- When the underlying cause is addressed, periods will usually start again. This might be difficult for people to manage if they have not had a period for a long time, often many years.

³¹ NHS (2022) Overview: Polycystic Ovary Syndrome. Available at: <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/> (Accessed 11/07/2024)

WHAT THIS MEANS FOR A HOMELESS PERSON IN BIRMINGHAM

"I didn't have periods for years on the gear [heroin]. Didn't bother me at the time as it was better that way, but as I got better and I started to give a cr**p about my health stuff it was in ways good when they came back but a lot to deal with, all that stuff I'd forgotten could be so hard, like the PMS and the pain and getting caught when it starts. It wasn't something my [support] worker and I talked about, and it would have been better to have someone to talk to about it, now I think on it."

Monique, formerly rough sleeping

My periods were all over the place at one point. I never even went to the doctor when I had stuff seriously wrong so it wasn't like I ever thought I should talk to doctor! No, I was never told that your periods could be linked to what was going on in your life, and your health. It was really tough, not knowing when was gonna come on. I think more places should have free sanitary stuff. It should be everywhere."

Rae, homeless for 5 years

"I don't think people realise how hard it can be for women when their periods re-start after years of not having any. It's almost, I suppose, like going through that bit of puberty again, but with the added stigma that you 'should' already know about all of this and be used to it as you're in your 30s or something. We need to get better at supporting women through this transition in their life. We do a lot of good in the substance misuse field but linking it up with reproductive health would be a huge step forward. Progressive."

Frankie, substance misuse and homelessness project worker

Some of the service users you work with may have problems with, for example, poor nutrition, substance misuse, mental health issues, chronic illness, or undiagnosed health conditions; all of which can affect – and in some cases stop – periods.

Co-production sessions revealed there were a number of service users who had not had periods for many years. This was assumed to be the result of substance misuse and / or being chronically underweight but had rarely been explored. The health implications of this were also rarely considered by service users or staff.

Some women who had not had a period in a long time said they didn't mind because it took away the hassle and stress of bleeding whilst having no washing facilities or privacy. Others felt they didn't know as much about periods as they 'should', as they hadn't had to think about them in a long time.

Women who had very irregular periods said it made it very difficult to manage whilst homeless, as they had no idea when their period was due. This sometimes meant they were 'caught by surprise' and didn't have ready access to products, clean clothes or washing facilities.

Some women and substance misuse support workers spoke about how difficult and emotional it could be when periods started again, for example after weight gain or abstaining from drugs. It was felt that this was often not recognised as a significant event, and one they needed support for that wasn't always forthcoming.

HOW YOU CAN HELP?

- Be wary of 'irregular periods' actually being bleeding between periods or after sex. This needs investigation for everyone experiencing this. It could point to an infection or even (pre) cancer. Encourage them to see a health professional and support them accessing this.
- Offer support in accessing free pregnancy tests. There is no need to repeat a positive test unless advised by a health professional. The most affordable tests are as good as the more expensive ones.
- The infographic in Section 6 may be particularly useful for those who are re-starting their periods after many years, to help understand and choose period products.

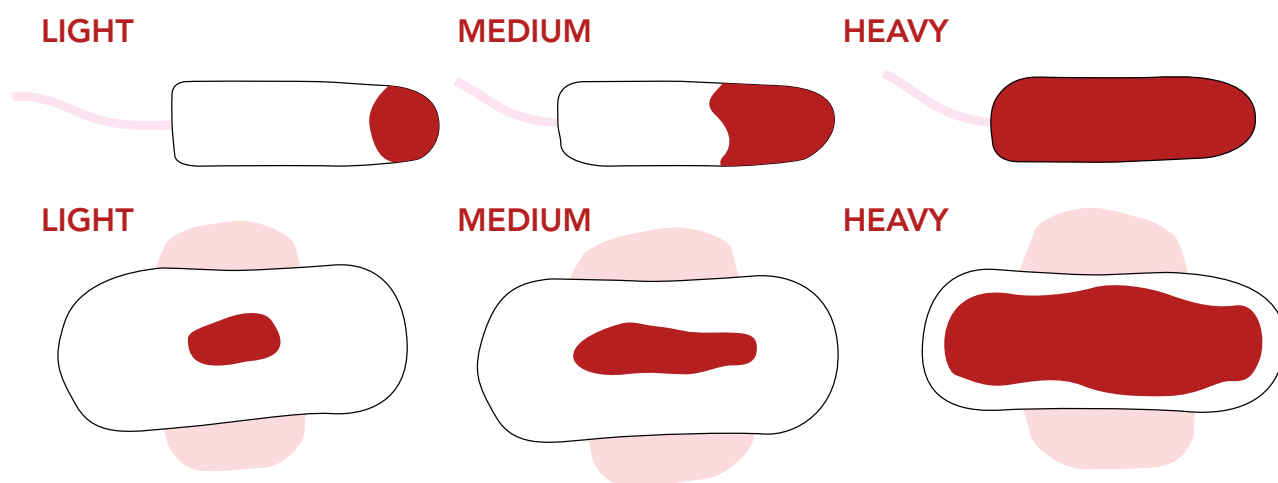
5.3 HEAVY PERIODS

The National Institute of Clinical Excellence (NICE) defines heavy periods as 'excessive menstrual blood loss which interferes with a woman's physical, social, emotional and / or material quality of life'.³²

Signs a period might be heavy include³³

- Needing to change a pad or tampon every 1 to 2 hours or empty a menstrual cup more than recommended by the manufacturer.
- The period lasting for more than 7 days
- Regularly passing clots bigger than 2.5cm (about the size of a 10p coin).
- Bleeding through clothes or bedding.
- 'Flooding' (blood soaking through period products or clothes).
- Often feeling tired, dizzy, or short of breath (which could be anaemia).
- Having to change period products in the night.
- Having to stop usual activities such as school or work.

LIGHT? HEAVY? FLOW GAUGE



"Heavy periods are SO bad when you're homeless. It really affected me mentally but there was never anyone I could talk to."
Hayley, supported housing resident



³² NICE (2023) Menorrhagia: Heavy menstrual bleeding: summary. Available at: [https://cks.nice.org.uk/topics/menorrhagia-heavy-menstrual-bleeding/#:~:text=Menorrhagia%20\(or%20heavy%20menstrual%20bleeding,all%20referrals%20to%20gynaecology%20services.](https://cks.nice.org.uk/topics/menorrhagia-heavy-menstrual-bleeding/#:~:text=Menorrhagia%20(or%20heavy%20menstrual%20bleeding,all%20referrals%20to%20gynaecology%20services.) (Accessed 10/01/23)

In around half of those who have heavy periods, no cause is found.³⁴ Still, there are many different treatments available, and it is not something that the individual 'just has to put up with'.

Possible identifiable causes include:

- Age at either end of your reproductive years – adolescents and over 40s.
- Fibroids: non-cancerous growths in the womb. These are very common – but note that they are 2-3 times more common in ethnic minorities, especially in women of African/ Afro Caribbean heritage. The cause for fibroids is not known. They often do not cause any symptoms and therefore need no treatment. However, some fibroids can cause heavy or painful periods, lower back pain, abdominal pain, and frequent urination.
- Polyps: another kind of non-cancerous growth in the womb.
- Dysfunctional bleeding - mostly due to not releasing an egg or hormone imbalances due to PCOS [see section 5.2] or other causes.
- Endometriosis (see section on period pain, below).
- Infection.
- Some medications.
- Periods might also be heavier for women who have a copper coil in place.
- Rarely, heavy periods can be a sign of cancer.

WHAT THIS MEANS FOR A HOMELESS PERSON IN BIRMINGHAM

"I needed more understanding that when I'm on, I'm REALLY bleeding, and I needed support to get black tights as they help with hiding if I bleed over. I end up staining sheets, so help with good washing powder - stuff that gets to the blood. All the stuff that you don't get to ask, and no one thinks to ask you. There needs to be a way that we get help for what we actually need in the best way for us. Like, I'm happy to chat about this stuff but not everyone is and that needs to be looked at, yeah".

Charmaine, Birmingham

34 NICE (2023) Menorrhagia: Heavy menstrual bleeding: summary. Available at: [https://cks.nice.org.uk/topics/menorrhagia-heavy-menstrual-bleeding/#:~:text=Menorrhagia%20\(or%20heavy%20menstrual%20bleeding,all%20referrals%20to%20gynaecology%20services.](https://cks.nice.org.uk/topics/menorrhagia-heavy-menstrual-bleeding/#:~:text=Menorrhagia%20(or%20heavy%20menstrual%20bleeding,all%20referrals%20to%20gynaecology%20services.) (Accessed 10/01/23)

"I have really heavy ones [periods], always have. There was this one time when it was so bad, I kept bleeding out of my night stuff and onto the sheet and it was heavy and kept happening. I didn't have any money to buy sheets or wash it every night, but I thought it's going to get on the mattress, and I don't wanna be sleeping on it, so I eventually asked this worker, and he was so snarky about it, and like he was disgusted and basically said 'turn the mattress over'. I heard him later laughing about it. I couldn't wait to get out of that place after that."

Nisha, 38, Birmingham



Heavy periods can cause a range of problems, which can be particularly problematic for those who are homeless, vulnerably housed, or living in supported accommodation

Those with lived experience of homelessness told us heavy periods could cause numerous problems. This was often due to a lack of - or a lack of regular - access to bathrooms, washing or laundry facilities; an insufficient supply of period products; no changes of clothing or underwear, and the embarrassment and shame that can come with bleeding through clothes or bedsheets, particularly in shared housing contexts and a male dominated environment.

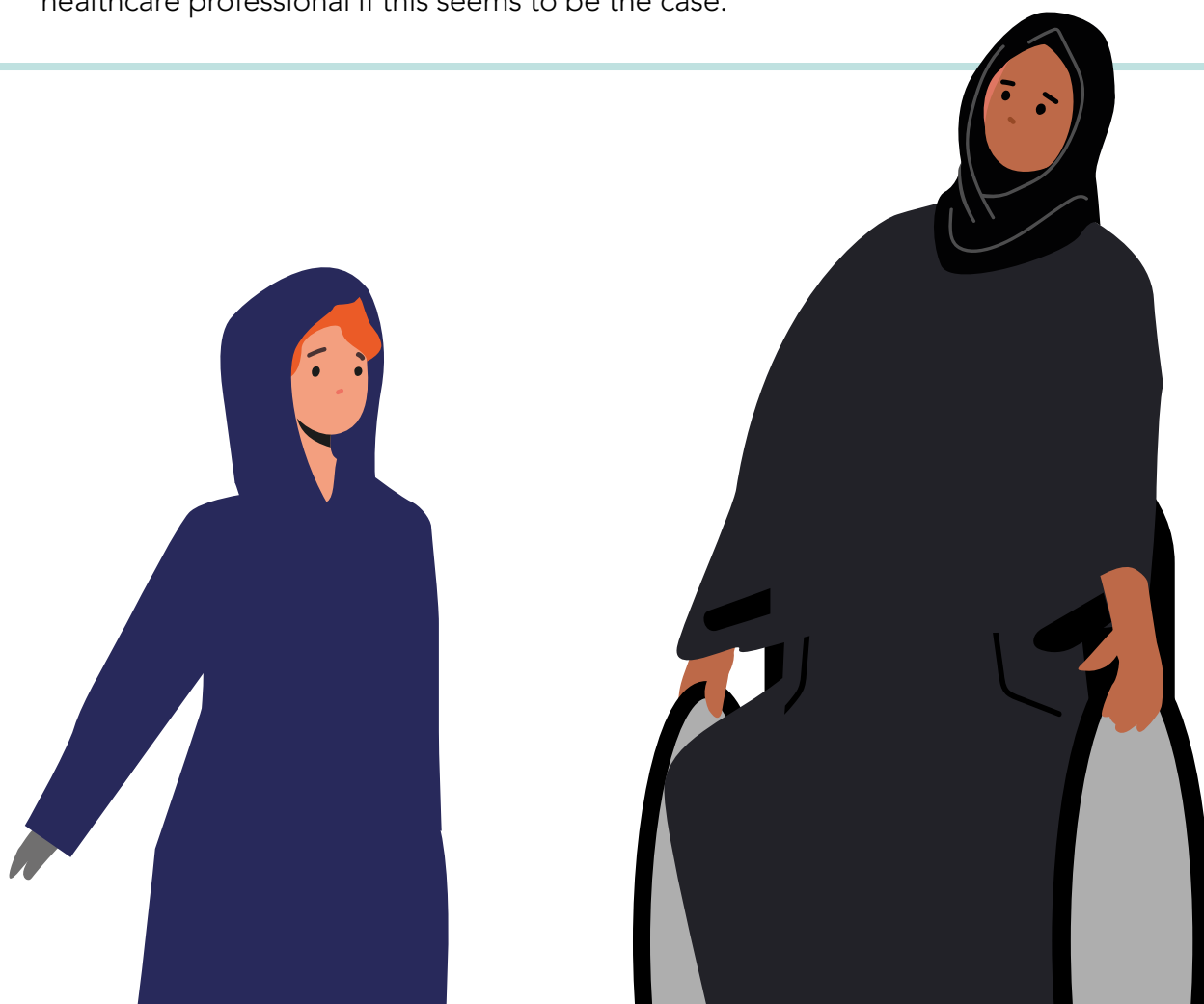
As well as feelings of discomfort and embarrassment, it can leave them open to abuse and/or ridicule, which effects mental health and self-esteem. Several women said the consequences of heavy periods affected their mental health and feelings of dignity. This is at a time when mental health and self-esteem were already affected by being homeless. Most women interviewed who said they had, or had experienced, heavy periods had not visited a GP about their problem due to having no support or not knowing who to talk to.

Those that said they had sought help for heavy periods had been supported by a homeless support worker to go, which shows the importance of conversation and support.

HOW CAN YOU HELP?

The topic of heavy periods can often come up indirectly in conversations when talking to service users about their need for period products and/or other supplies.

- Be clear to service users that 'just because [their periods] have always been that way' does not mean it is normal or can't be treated.
- Offer to help with a self-assessment of the individual's periods to check if they might need help: The NHS has a useful webpage on heavy periods, which includes a self-assessment that you can use with people you are supporting: <https://www.nhs.uk/conditions/heavy-periods/>
- Consult the infographic in Section 6 of this toolkit, which details other supplies people you support might need to help them manage heavy periods, such as spare underwear, black tights, baby wipes, and cleaning products. Offer the **request sheet** to all women.
- Routinely display or offer the **advice leaflet** on removing blood stains to anyone together with the menstrual products.
- Offer a conversation about the need for help if you note the service-user seems to need a lot of heavy flow period products.
- Offer another conversation or signpost the client to a health professional if they appear unusually pale (note that this is unreliable on darker skin), dizzy, complain of heart palpitations or shortness of breath. Note that anaemia can have many causes and they should see a healthcare professional if this seems to be the case.



5.4 PERIOD PAIN

Period pain is usually experienced as cramping pain in the lower abdomen before and/or during a period. This pain can also be felt or 'referred' into the lower back and thighs.³⁵ Pain is a common problem for anyone who has a period. With heavy periods this can be a lot worse as passing clots often causes more intense cramps.

Around 80% of women experience period pain at some point in their life.³⁶ In 5% - 10% of women, the pain is so severe it disrupts their life.³⁷

Possible causes include:

- Infections – possibly but not necessarily a sexually transmitted infection (STI)
- Fibroids
- Periods might also be more painful for women who use certain contraceptives, such as the coil
- Endometriosis/ Adenomyosis

This is a condition where lining of the womb is also found outside the womb in different places (= endometriosis) or within the wall of the womb (= adenomyosis). This causes pain and possibly also additional symptoms leading up to and during a period such as pelvic pain, pain during or after sex, or painful bowel movements. Endometriosis/ Adenomyosis is not cancerous and will not turn into cancer, is not contagious, and is not an infection. The cause is unknown.

WHAT THIS MEANS FOR A HOMELESS PERSON IN BIRMINGHAM

"I literally went to a staff member about my periods and said, 'I think I'm dying'. Sometimes I was in my room, being sick and literally rolling around on the floor. They asked me about it...and we looked at it together and they said it didn't seem right to them, so we phoned the GP together- [...] I just thought my periods were the same as other people."

Lexi, supported housing resident

"I'm in pain but still, like walking around and looking normal but you can't say 'oh, I've got period pain, just don't want anyone bothering me today', as a lot [of people] don't think it's anything that bad, and you're being a wimp. It's hard to know how to get the sympathy and that."

Gee, living in temporary accommodation

³⁵ NICE (2023) Dysmenorrhea Available at: <https://cks.nice.org.uk/topics/dysmenorrhoea/> (Accessed 10/01/23)

³⁶ Women's Health Concern and British Menopause Society (2019) Factsheet: Period Pain

³⁷ ibid

Period pain is probably one of the most recognised and 'accepted' features of periods. However, it is important not to downplay how difficult it is to manage period pain, particularly when homeless or vulnerably housed.

Several women interviewed said they had not visited a GP for severe period pain because they were too embarrassed, didn't have the time, or felt they wouldn't be listened to as they were homeless. ³⁸

Others said they thought their symptoms were 'normal' and had never spoken to anyone about whether their pain was common. ³⁹ This was often due to a lack of social connections and isolation that came from being homeless and moving around a lot. As period pain isn't openly talked about, others highlighted how hard it was to communicate with support workers when they felt too ill or in pain to concentrate on their support plan/work.

HOW CAN YOU HELP?

- Remember that everyone's periods, pain and experiences of pain are different
- If a service user experiences worsening period pain over a short time or over subsequent cycles, or if they are experiencing pain that makes them generally unwell, strongly advise them to see a health professional.
- Women experiencing worsening period pain who have a coil in place should get it checked by a healthcare professional as soon as possible, to ensure it hasn't moved. They should not rely on it for contraception until then.
- Commonly, no cause for period pain is found but treatments other than over the counter painkillers are available from a GP.
- Note that some women can experience pain on ovulation which can be quite intense and last for hours or even a day or two. This may even be accompanied with a little spotting. Especially with irregular cycles this can get confused with period pain or lead to the assumption of having endometriosis or similar. Period tracking helps health professionals with the diagnosis.
- Encourage the service user to track periods and symptoms. They can use a period diary, an app or a pain questionnaire like this
https://www.endometriosis-uk.org/sites/default/files/2022-08/pain-symptoms-diary_0.pdf
 (NB using this questionnaire does not mean they have endometriosis!)
- Advise on symptom management. Whilst you may not be able to give service users over the counter pain relief (such as ibuprofen or paracetamol), you may be able to support them to explore other ways of managing pain, dependant on their circumstances, such as hot water bottles or heat pads, massaging the stomach and back, essential oils, light exercise, or relaxation. Reducing alcohol and smoking can also help with period pain.

³⁸ Unpublished research for Birmingham City Council by Spring Housing in 2021 and 2023

³⁹ Unpublished research for Birmingham City Council by Spring Housing in 2021 and 2023

5.5 PREMENSTRUAL SYMPTOMS AND PREMENSTRUAL SYNDROME

Premenstrual symptoms and premenstrual syndrome (PMS) are often used interchangeably, but there are some subtle differences between the two:

Premenstrual Symptoms refers to any physical or emotional changes experienced in the days or weeks leading up to their period.

These symptoms can be wide-ranging, including physical changes like cramps, bloating, acne, and breast tenderness, as well as emotional changes like mood swings, irritability, and fatigue.

Everyone experiences premenstrual symptoms differently, and the severity and types of symptoms can vary from month to month. Having some premenstrual symptoms is completely normal and not a cause for concern.

Premenstrual Syndrome (PMS) is a specific medical diagnosis that refers to more severe forms of premenstrual symptoms that can significantly impact daily life. To be diagnosed with PMS, a person must experience at least one physical and one emotional symptom from a list of specific symptoms outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

It is estimated that up to 30% of women experience moderate to severe PMS and up to 90% of women experience premenstrual symptoms in some form.

There are over 150 symptoms associated with PMS.

Some of the more common premenstrual symptoms include:

- Headaches
- Bloating
- Spots or acne
- Changes in appetite
- Food cravings
- Constipation
- Breast tenderness
- Mood swings
- Irritability
- Tearfulness
- Fatigue / lethargy
- Anxiety
- Depression
- Insomnia / poor sleep

"When you're PMS-ing, you don't want to get involved in anything. I get really impulsive and when you're in shared housing, you're less and less tolerant of people. It can be hard to explain, as you're all expected to just do the same things [with your support worker] no matter how dreadful you feel, but [as] you can't see PMS, and people don't take it seriously, I think it's harder for women, like, who do you talk to? Who do you trust?"

Kate, supported housing resident

40 National Association for Premenstrual Syndromes (2023) Definitions: PMS/PMDD. Available at: <https://www.pms.org.uk/about-pms-2/what-is-pms/definitions-pms-pmdd/> (Accessed 23/01/23)

41 National Association for Premenstrual Syndromes (2023) Definitions: PMS/PMDD. Available at: <https://www.pms.org.uk/about-pms-2/what-is-pms/definitions-pms-pmdd/> (Accessed 23/01/23)

42 ibid

43 Graham, S (2023) Rebel Bodies: A Guide to the Gender Health Gap Revolution

There are a range of options to help manage PMS, and every individual will be different in what works for them. Some options include:

- Regular exercise.
- Meditation, mindfulness exercises or yoga
- Reducing caffeine, alcohol, and cigarette use
- Eating a balanced diet
- Hormonal medication, including the contraceptive pill

WHAT THIS MEANS FOR A HOMELESS PERSON IN BIRMINGHAM

"As if anyone takes PMS seriously. And, honestly, when I was bad [with my housing situation] I couldn't tell what was PMS and what was stress and yeah, it was loads worse to deal with stuff when my period was due but I think trying to separate stuff and work through it...well, who do you do that with?!"

Dionne, previously homeless for 12 years

PMS is one of the largest sources of stigma, prejudice, and misunderstanding around periods.

It is often underplayed, treated as a joke, or as a way to stereotype typical 'female behaviour'.

There is little evidence or documented experience of women experiencing PMS within homelessness settings. Our work with the homelessness sector ⁴⁴ revealed PMS was not well understood.

Others felt symptoms around periods were dismissed as, 'being moody' when they were actually experiencing a range of difficult symptoms. These included: impulsive behaviour, 'reckless' behaviour, 'causing arguments', nausea, depression, sleeplessness, and intrusive thoughts.

On the other hand, some felt that they hadn't received enough education or information about PMS, and believed it just meant being 'angry on your period', not realising there are a vast range of symptoms that might be caused by PMS, for which they can get help.

Women living in supported housing told us that in mixed sex, shared environments they sometimes felt their behaviour was dismissed as 'PMS', when they were actually suffering a great deal, but felt no one empathised. This meant they often tried to hide their symptoms for fear of feeling vulnerable around men or being judged by support staff.

Those working in homelessness settings told us it can be difficult to identify if someone is experiencing symptoms surrounding their periods. They worry women may face unfair consequences for behaviour related to a medical issues that could be addressed through a more open environment.

44 Raisbeck, T (2021) Violence under Quiet Conditions and Raisbeck, T, and Birmingham City Council (2023) Period Literacy Toolkit consultation (unpublished).

HOW CAN YOU HELP?

- It is important not to use language or act in ways which reinforce damaging stigmas or myths, gender stereotypes or dismisses a person's lived experience. This includes attributing behaviour to 'the time of the month', even if this is 'only' done amongst colleagues. Using the **myth buster tool** may help.
- Take PMS seriously. For many, it isn't just feeling a 'bit moody' or developing a few spots. It can have a significant impact on day-to-day life.
- If a service user expresses that they have concerns about PMS, encourage them to track their symptoms. (**see Section 3.5**) This can help service users to understand their cycles and symptoms better, find ways to manage their symptoms, or gather evidence for medical assessment. Healthcare professionals will require a record of symptoms for at least two cycles in a row to make a diagnosis.
- Choice, empowerment, and control can be crucial. Some service users will need to visit a GP for advice managing symptoms, others may look at lifestyle changes.
- Talking therapies can help for emotional symptoms but may be difficult to access. Simply hearing and acknowledging difficulties can be a helpful step.
- Displaying a poster in your organisation (see below) can help clients to be open about their symptoms and know that they are able to approach staff. This can also be given out as a flyer with period products or left in communal areas.
- Some service users will not want to discuss experiences of PMS with a professional, at least initially. This can be for a variety of reasons, both cultural and social. Indicate that the option to discuss is always there.

**PMS CAN HAVE A SIGNIFICANT
IMPACT ON PHYSICAL AND
MENTAL HEALTH AND
SHOULD NOT BE DISMISSED**



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

PREMENSTRUAL SYNDROME: SIGNS AND SYMPTOMS

You can experience many symptoms in the week or two weeks leading up to your period. These include:



MOOD SWINGS



TEARFULNESS



IRRITABILITY



FATIGUE



DEPRESSION



ANXIETY



INSOMNIA



HEADACHES



SPOTS OR ACNE



BLOATING

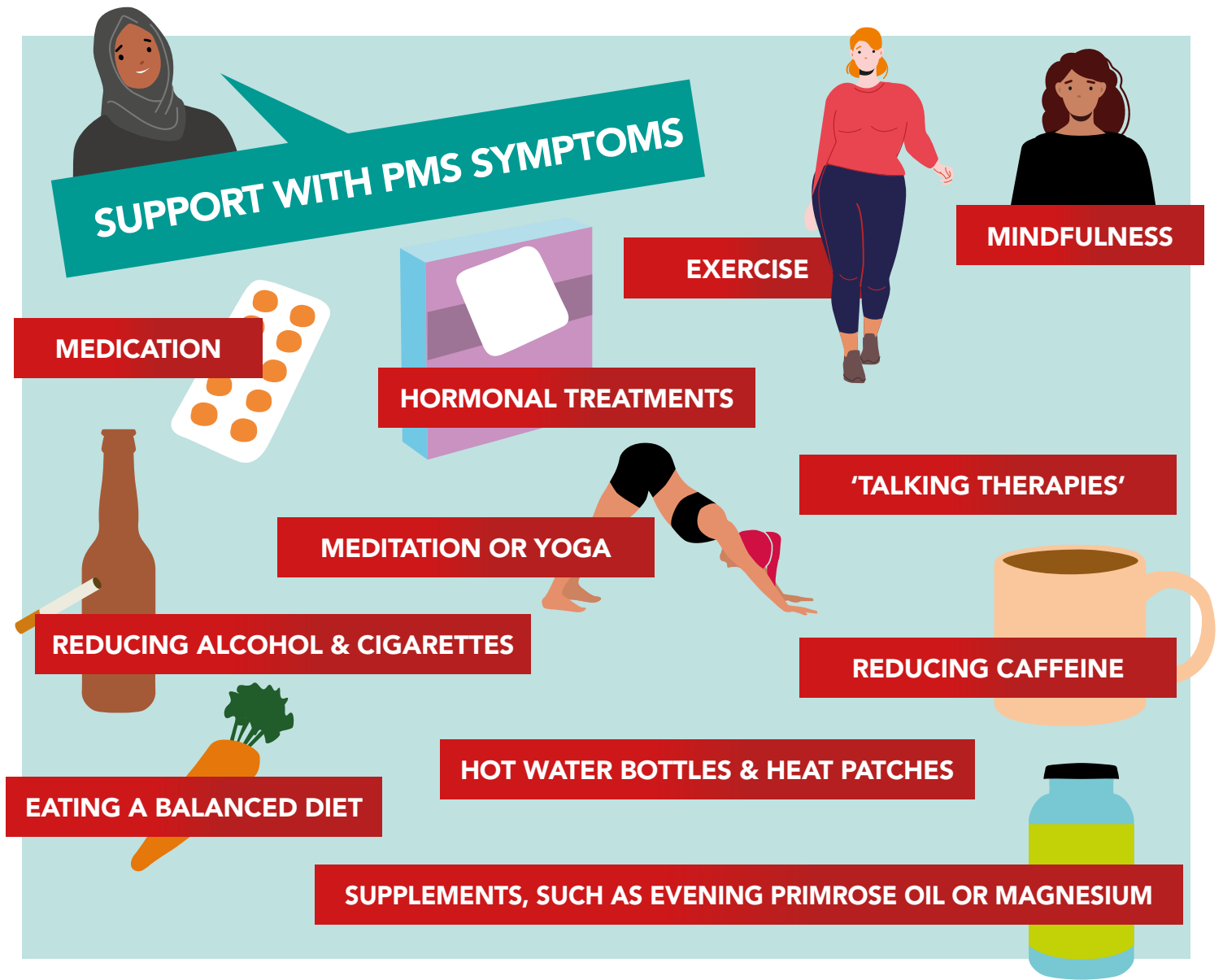


CHANGES IN APPETITE



BREAST TENDERNESS

THIS IS KNOWN AS 'PREMENSTRUAL SYNDROME' OR PMS.
PMS can have a significant impact on your life and the way you are able to interact and live with others.



PMS is often seen as a joke, or a way to stereotype typical 'female' behaviour. This can stop you from getting the right help and support.

If you think you have PMS, or are concerned about your symptoms, you can speak to a staff member who can help you access the right support. This will be done in confidence, and you will not be judged.

You can also contact the National Association for Premenstrual Syndromes:

<https://www.pms.org.uk/>



@naps_pms

PMS SHOULD NOT BE SHAMEFUL

INSERT ORGANISATION NAME

STRIVES TO PROVIDE AN OPEN, NON-JUDGEMENTAL ENVIRONMENT

NEGATIVE / POOR PRACTICE:



SLAM!!!



POSITIVE / GOOD PRACTICE:



ADDITIONAL GUIDANCE:

When to encourage the client to seek help about women's health issues

VERY HEAVY PERIODS

VERY PAINFUL PERIODS

IRREGULAR / FREQUENT / INFREQUENT / NO PERIODS

SEVERE PREMENSTRUAL SYMPTOMS

BLEEDING AFTER VAGINAL SEX

BLEEDING BETWEEN PERIODS

CHANGE IN VAGINAL DISCHARGE

ITCHING

PAINFUL SEX, ESPECIALLY IF NO PAIN PREVIOUSLY

**PAIN OR DISCOMFORT WHEN PEEING OR
OPENING BOWELS, ESPECIALLY DURING THE PERIOD**

BLISTERS, ULCERS, OR NEW LUMPS AROUND THE GENITALS

CHANGES TO PERIODS OR THEIR PATTERN

WHEN THEY THINK THEY MIGHT BE PREGNANT

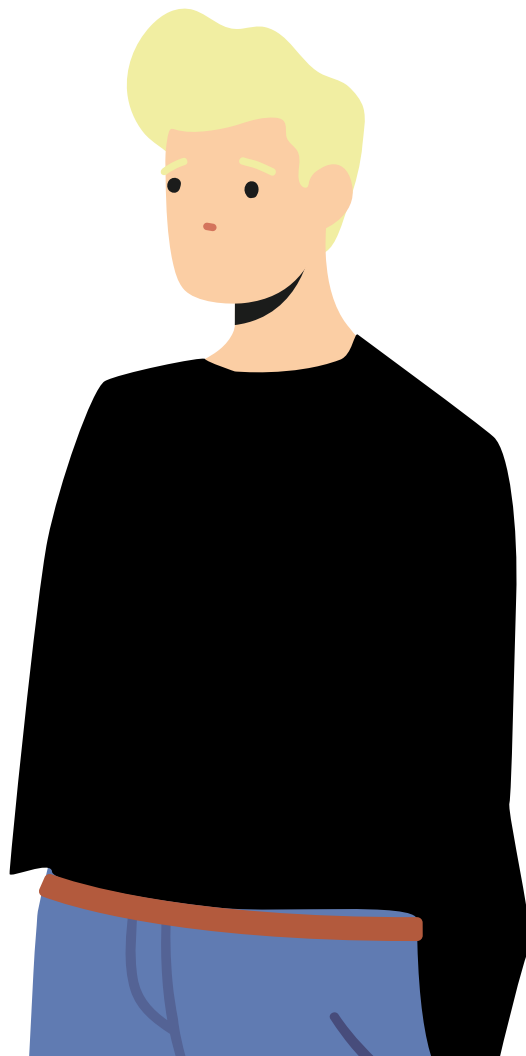
**WHENEVER THE SERVICE USER IS CONCERNED
OR FEELS THERE IS AN ISSUE**



VISITING THE GP FOR PERIOD ISSUES: HOW CAN YOU HELP?

You can help prepare the service user for what will likely happen at a GP appointment about period issues

- Ask them if they want to bring someone with them to the appointment
- Check if they need an interpreter
- Help them write down their symptoms and concerns.
- Help them write a list of questions to take with them.
- Advise them to take notes during the appointment or, if you are accompanying them, take notes yourself.
- Advise them to ask the healthcare professional to repeat what they are saying without long medical words if they have not understood.
- Advise them to ask the healthcare professional to write down tests, plans, appointments, and possible diagnoses.
- Reassure them it is best to be honest if reading is a problem - a lot of information is available in simple language or picture / audio format.



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 6: PERIOD PRODUCTS

**"PERIOD
PRODUCTS
ARE NOT
A LUXURY;
THEY ARE
A NECESSITY."**

- HEY GIRLS

WWW.HEYGIRLS.CO.UK/



DISPOSABLE SANITARY PADS



Description	Worn externally to absorb period blood. Consists of absorbent layers, usually made from a combination of rayon, cotton, and plastics.
Usage	Fixed to underwear by adhesive ('sticky') strips on the sides. Can be used at any time during a period. Pads should be changed every 4 to 6 hours.
Benefits	Easy to use. Wide range of sizes and absorbencies to suit flow.
Considerations	Wearing the same pad for long periods of time can cause irritation and increase the risk of bacterial infections. Some people find pads bulky and uncomfortable. They cannot be used whilst swimming.
Disposal	Do not flush down the toilet. Wrap the used pad in toilet paper or its original packaging. Throw in the general waste bin or a sanitary bin.

DISPOSABLE PANTY LINERS



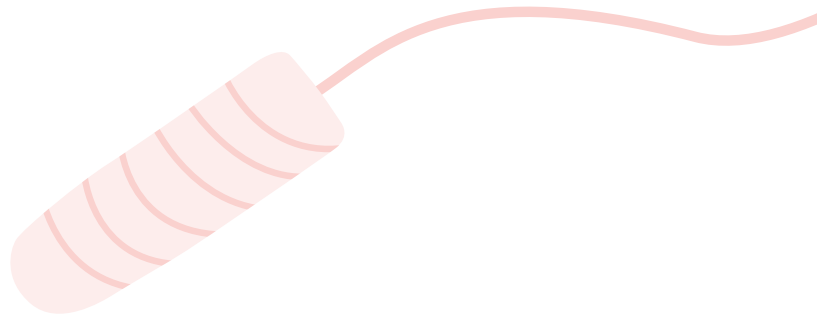
Description	Small, light pads worn externally. Usually made from a combination of rayon, cotton, and plastics.
Usage	Fixed to underwear by an adhesive strip. Often used alongside another period product, towards the end of a period, or on days when menstrual flow is very light.
Benefits	Often not felt when wearing. Can 'catch' any excess blood from another period product worn internally.
Considerations	Limited absorption. Can rub against the genitals, causing irritation and soreness. Scented pantyliners may irritate more.
Disposal	Do not flush down the toilet. Wrap the used pad in toilet paper or its original packaging. Throw in the general waste bin or a sanitary bin.

REUSABLE SANITARY PADS

Description	Have the same function as disposable pads. Made of layers of absorbent cloth or flannelled material such as cotton, hemp, or bamboo.
Usage	Can be washed and reused. The 'life' of these pads varies - from 18 months to 10 years, depending on the manufacturer. It is best to wash the pad in cold water initially to prevent stains setting, and then wash on a 40-degree cycle.
Benefits	Do not require people to source or buy pads every period. More 'environmentally friendly'.
Considerations	The initial cost is higher than disposable products. They require regular access to laundry facilities, so may not be suitable for people who do not have an on-site washing machine.
Disposal	Not recyclable. Once they have reached the end of their 'life', they can be thrown in the general waste.



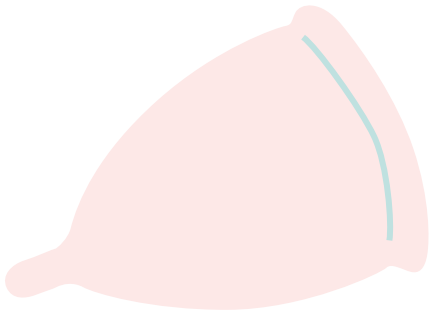
TAMPONS



Description	Shaped like cylinders and made of absorbent cotton or rayon-based materials. Inserted into the vaginal canal. Expand as they absorb blood.
Usage	Tampons can come with an applicator, which helps insertion into the vaginal canal and is removed and thrown away after insertion. For non-applicator tampons a finger is used to insert the tampon into the correct position. Both types are removed by pulling on the string attached to the bottom of the tampon. The string sits outside of the vagina and is easy to locate.
Benefits	Tampons can be used at any time during a period. They should be changed every 4 to 6 hours, and never left in for more than 8 hours.
Considerations	Wide range of absorbencies available. When inserted correctly, cannot be felt. Some women prefer them as they provide a greater level of comfort. Can be left in whilst swimming, showering, or bathing. Often more comfortable than pads when exercising.
Disposal	<p>Always use the lowest absorbency for period flow. There is a very small risk of Toxic Shock Syndrome (TSS) from using tampons. This may be more of a risk for homeless women, who have less access to period products and facilities to change products.</p> <p>Women who have experienced trauma or assault may find products that have to be inserted into the vagina, such as tampons or menstrual cups, triggering or re-traumatising.</p> <p>Women who have undergone Female Genital Mutilation (FGM) may not be able to use tampons, and some cultures may attach shame to the use of tampons, as it is seen as related to sexual activity or virginity (see section 2.3 for more information on period myths).</p> <p>If a tampon gets stuck or 'lost' inside, it is best to visit a GP practice or a sexual health clinic immediately. This is an emergency issue so might require a visit to an urgent care centre or A&E. You can also call NHS 111 for advice.</p>

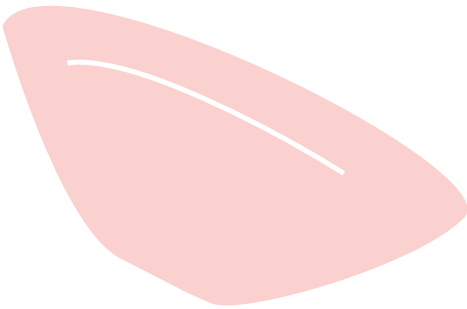


MENSTRUAL CUPS



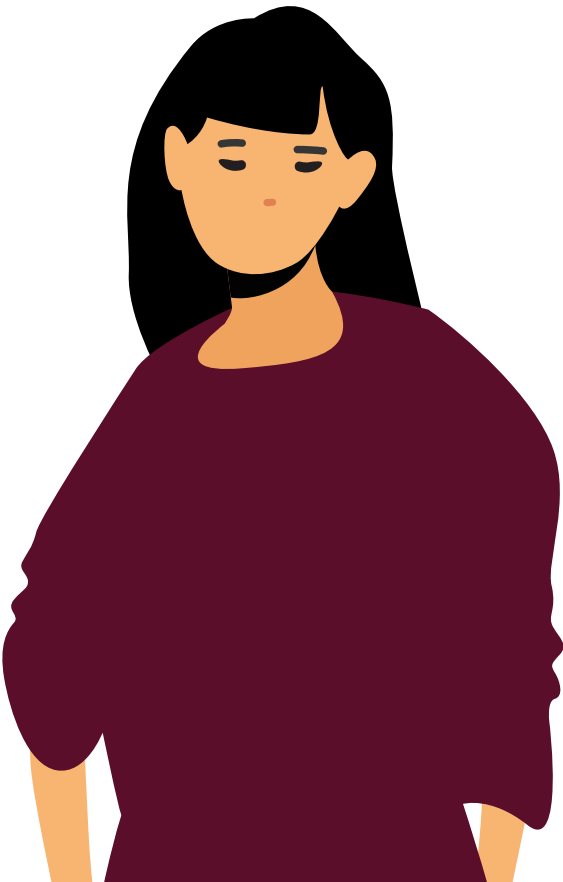
Description	A reusable period product. Small, flexible, and shaped like a funnel. Made from silicone or latex, they are folded and inserted into the vagina to catch blood and fluid from a period.
Usage	Once full, the cup is removed and washed out before re-insertion. Some manufacturers suggest they can be left in place for up to 12hours, others no longer than 8 hours.
Benefits	Can hold more blood than tampons and pads. A more environmentally friendly option. Can last from 6 months to 10 years, depending on the manufacturer and brand. Although initially more expensive, menstrual cups can save money as they can be re-used.
Considerations	Initial cost can be high. Emptying the cup can be messy. It requires time and private space. May not be a practical option for some homeless or vulnerably housed women. As with tampons, there is a very small risk of Toxic Shock Syndrome if the cup is left in place for long periods of time.
Disposal	Not recyclable. Should be disposed of in a general waste bin.

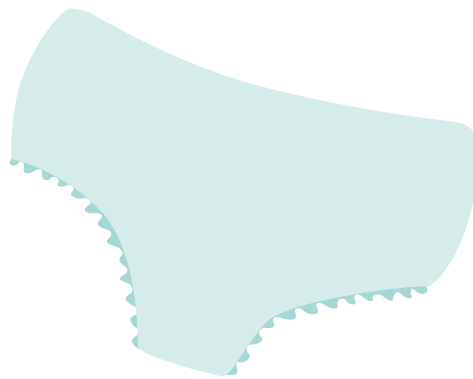




MENSTRUAL DISCS

Description	Made of flexible materials such as silicone or polyethylene. Discs are inserted into the vagina and rest on the base of the cervix.
Usage	As the disc is worn internally, it is safest to follow the same guidelines as with tampons and menstrual cups and not leave in for more than 8 hours.
Benefits	Menstrual discs may be better than period pads or tampons for dealing with heavy blood flow. Can be left in place during sex.
Considerations	They can take practice to insert and can be messier to remove than other period products. Very few discs are reusable, and they are more expensive than pads and tampons.
Disposal	After emptying the contents into the toilet, a disc can be wrapped in its original wrapper or in toilet paper and thrown into the general waste or a sanitary bin.





PERIOD PANTS

Description	A reusable product. Similar to sanitary pads but, instead, the absorbent layers are sewn into the gusset of the pants. Period pants come in different absorbencies to suit different period flows.
Usage	Worn exactly as you would wear any other underwear. Can be washed after use and reused many times. Best to wash period pants on a delicate cycle.
Benefits	The pants must be changed every 4-6 hours.
Considerations	More 'environmentally friendly'. May give greater comfort than pads.
Disposal	Period pants should be thrown in the general waste

6.2 HOW CAN YOU HELP INDIVIDUALS ACCESS PERIOD PRODUCTS?

- Use the infographic or the example tick sheet at the end of this section to ensure service users know products are available. This ensures you can introduce the topic less intrusively and service users can indicate what they want without having to ask.
- Use the infographic earlier in this Section so that service users can choose / indicate the types of products they need (subject to availability).
- Inform your service users they will often be able to obtain period products from foodbanks. Please make sure you are clear to foodbanks what products an individual requires.
- Some supermarkets have launched schemes where you can discretely ask for period products at the customer service desk such as by asking for the 'white envelope' (Tesco) or for 'Sandy' (Morrisons). These schemes are not always well-advertised and don't seem to operate well in every store. It can be difficult to establish whether a supermarket is still offering a scheme, so it is best to contact your local stores and ask.
- You can also use the advice sheet on page 79, which can help service users to manage any stains.

HOW CAN YOU HELP? ORGANISATIONS

It is important, to get a variety of period products for use within your organisation. Several organisations told us that the donations they receive aren't always appropriate, and women feel products they are offered are sometimes inappropriate to their needs.

Do not be afraid to be explicit about what you need from donors.

- Wherever possible, arrange to have a range of period products available for service users to take without asking. This could be in toilets, or in communal areas, for example.
- Have posters up in your organisation which notify service users that period products are available, and where they can get them from. (See the example later in this Section).
- Keep a range of period products in a box and have a system where service users can ask for the box and choose what they need from it. For example, many schools use the 'red box' system, where pupils can ask for the supply box without having to use language that they may feel uncomfortable with.
- You may want to put a 'call out' on social media asking for donations of period products.
- Use the further support and services section for national agencies that may be able to assist with supplies
- Contact local businesses and ask if they would be willing to regularly donate to your organisation.
- Contact corporate organisations and ask about their Corporate Social Responsibility policy, and whether this can be utilised to provide period products for your organisation.
- Ask local churches, temples, gurdwaras, mosques, and other faith-based organisations to collect donations on your behalf.
- Partner with other charities in your area and swap supplies to ensure you have an appropriate range.
- Contact larger charities in the area, who will often have an oversupply, and ask if they would be willing to donate some supplies to your organisation.
- Contact national organisations (see Section 7 further support and resources) to obtain a supply.
- Lobby your local councillors or MP for the provision of a central supply of period products in Birmingham for homelessness and charitable organisations to access.
- Partner with other organisations and lobby your MP for statutory provision of period products. Government-funded period products are available for free in schools, prisons, and NHS hospitals in England, but not in homeless organisations.

ADDITIONAL CONSIDERATIONS FOR SHARED HOUSING PROVIDERS

- Always have a decent-sized bin in a shared bathroom. This should have a lid on it. Preferably you should also have a sanitary bin. You may also want to supply paper sanitary disposal bags as some house members may prefer to take and dispose of their used period products elsewhere.
- Always provide sufficient cleaning products in shared bathrooms. You may have an employed cleaner, but it is important house members have access to supplies, so they are able to manage their own areas safely and hygienically.

ADDITIONAL SUPPLIES PEOPLE MAY NEED

Period poverty and managing periods is about more than period products. Many women will require additional products to help them manage their periods with dignity and comfort.

Suggestions for additional supplies your organisation could stock include:

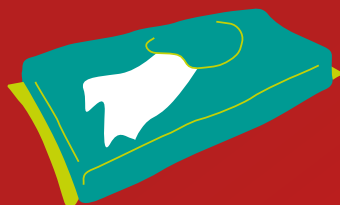
UNDERWEAR



BLACK TIGHTS



HOT WATER BOTTLES



BABY WIPES OR HYGIENE WIPES



HEAT PADS

SPARE BEDSHEETS (PREFERABLY DARK IN COLOUR)



CLEANING PRODUCTS (E.G. BLEACH, TOILET CLEANER, BATHROOM CLEANER)

Some people with lived experience who were staying in supported housing have told us that rather than being directly asked if they would like period products when they enter a service, they would like to see a 'tick list' or 'checklist' of items they may need to settle in. It may be that your organisation cannot provide all of these items immediately but may be able to source them for clients, or signpost them to organisations that can help.

On the next page you will find a sample checklist, which you can adapt for your organisation.

SAMPLE CHECKLIST FOR 'PERSONAL PRODUCTS



DEODORANT



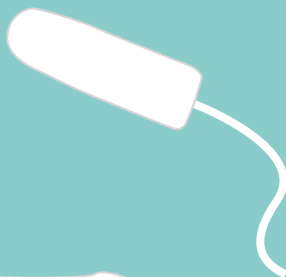
SHOWER GEL



SANITARY PADS



TAMPONS



BEDDING



CROCKERY



TOOTHPASTE AND TOOTHBRUSH



PANTYLINERS



REUSABLE PERIOD PRODUCTS (PANTS OR CUPS)



POTS AND PANS



CLEANING PRODUCTS



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR



Do you need period products?

WE ARE COMMITTED TO ENSURING EVERYONE WHO NEEDS PERIOD PRODUCTS HAS ACCESS TO THEM.

INSERT ORGANISATION NAME

BELIEVES NO ONE SHOULD BE ASHAMED ABOUT THEIR PERIOD.

PLEASE FEEL FREE TO TAKE PERIOD PRODUCTS FROM

INSERT LOCATION

PLEASE ASK FOR PERIOD PRODUCTS AT

INSERT LOCATION

IF WE DO NOT HAVE WHAT YOU NEED, WE WILL ALWAYS TRY TO DIRECT YOU TO SOMEWHERE THAT CAN HELP, OR SOURCE THE PRODUCTS FOR YOU.



Everyone has the right to manage their period with dignity



How to remove period stains from clothing or bed sheets

Everyone who has a period will have at some point had leaks and stains on their clothes, bedding, mattresses, and sometimes furniture.

This is a completely normal part of having a period, although it can be embarrassing and distressing when it happens.

Some practical tips to help remove period stains:

STAINS:

'Blot' salt into the stain to remove as much excess blood as possible.

Rinse again with cold water and repeat until as much of the blood as possible has lifted.

If required, **soak in cold water for 30 minutes** and then **put in the washing machine on your usual cycle**.

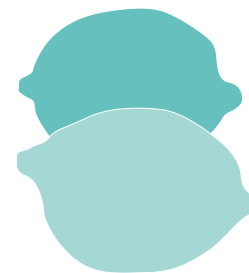
You can also use a **stain remover stick or powder**.



OLDER STAINS:

You can use **salt, vinegar, or lemon juice**. These can be more effective if the stain is older or has 'set in' - for example on **bed sheets**. Be aware that these items can change the colour of certain darker fabrics, so test a small area first if you use any of these substances.

You can use the same method as above to remove or lift the stain.

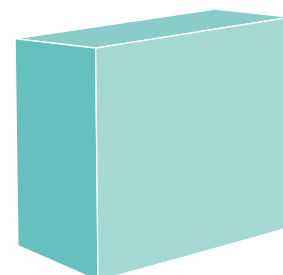


MATRESSES:

Stains often aren't noticed for a while, so an abrasive (rough) substance is often required.

Baking soda works well, as do **powdered stain removers** from the supermarket.

Make a **paste with water**, rub onto the stain, and leave for 30 minutes. Then, **dab the area with a cloth soaked in cold water** and leave to dry. Repeat as required for heavier stains.



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 7: FURTHER SUPPORT AND SERVICES



This section provides signposting to services and organisations who can help provide period products, alongside those that can assist women who are experiencing problems with their periods and/or reproductive health.

GP SURGERIES AND NON-URGENT CARE

General Practice (GP) surgeries are usually the first point of contact for health problems, including those relating to periods or reproductive health.

NHS guidance states that you can register with a GP practice if homeless. You do not have to prove identity, address, NHS number, or immigration status.

For more information see: <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

GP LOCATOR

This webpage will help you to locate GP practices in Birmingham:
<https://www.nhs.uk/service-search/find-a-gp>

GENDER OF GP

All patients have the right to request a GP of their preferred gender. However, it is important to remember this could delay an appointment and may not be possible in an emergency situation.

INTERPRETERS

The patient can request an interpreter for their appointment, but this needs to be booked in advance. The interpreter may be on the phone and the patient will not be able to choose the gender of the interpreter.

ADVOCACY

Some service users may need someone to accompany them when registering with a GP, or especially when attending appointments to discuss periods or reproductive health issues. This may be a family member or friend, or something a support worker or project worker from your organisation can assist with.

CHAPERONES

If an intimate examination needs to be carried out by a GP (such as of the breasts, genitals, or rectum), patients should be offered a formal chaperone, but the patient may have to ask for this themselves when booking an appointment. Chaperones will be fully trained and are there to protect both patients and staff. The GP can also request a chaperone independently of the patient.

It is best to check the chaperone policy of the individual GP practice for more details.

For more information on chaperones, see:
<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones>

BIRMINGHAM HOMELESSNESS HEALTH EXCHANGE

Some service users may prefer to use the services of a GP practice specifically designed to cater for the needs of homeless people. In Birmingham, the Homelessness Health Exchange offers GP services that are designed to meet the needs of people who are homeless or in unstable accommodation; those who have come to Birmingham as refugees or to seek asylum. The service is open to anyone over the age of 16. Children are not accepted at this practice, even as dependents of adult patients.

For more information, and details on how to register:

<https://birminghamhomelessexchange.co.uk/>

HEALTH NOW HOMELESS HEALTH PEER ADVOCACY (HHPA) SERVICE

This is a peer support service in Birmingham, delivered as a partnership between the charities Groundswell and Crisis. HHPA delivers one-to-one engagements to enable people experiencing homelessness to access health services.

Referrals can be made via the website: **<https://groundswell.org.uk/hhpa/birmingham/>**

URGENT TREATMENT OR URGENT CARE CENTRES

(Previously known as 'walk in centres'). These cater for people who need medical attention, but are not in a life-threatening situation.

Urgent Treatment Centres can now only be accessed via an appointment system. Patients must call **111** or visit online at **111.nhs.uk** before visiting an urgent treatment centre. NHS 111 can also advise on what service or treatment is most appropriate for a person's symptoms or condition. This might be a pharmacy or other care provider.

SEXUAL HEALTH SERVICES

Sexual health services offer a range of services, such as advice on contraception and sexually transmitted infections (STIs). Many prefer to access a specialist service for sexual health and contraception. Sexual health services allow you to register anonymously or with a pseudonym ('false name').

Umbrella provides free sexual health services in Birmingham and Solihull. This includes condoms, emergency contraception, longer-term methods of contraception, such as coils and implants, and STI testing. This includes free self-testing kits that can be done at home.

Umbrella services are available from a range of sites such as clinics, pharmacies, GP practices, walk in clinics, and online.

Please visit Umbrella's website for more information on the services available:

www.umbrellahealth.co.uk

Alternatively, some GP practices offer sexual health services, but these vary. The service user will need to check with the individual practice to see what they provide. Some offer sexual health services to those living in Birmingham who are not registered with a GP. Umbrella Health's service locator tool has details on which GP practices offer this service:

Service locator results for: GP (umbrellahealth.co.uk)

ACCESSING PERIOD PRODUCTS

Cysters is a Birmingham-based, community-led charity that works to spread awareness of reproductive health, particularly in Black and minoritised communities. They are an excellent source of information and work with organisations to provide period products.

<https://cysters.org/>

You may also find it useful to contact:

Hey Girls: <https://www.heygirls.co.uk/>

Period Poverty UK: <https://periodpoverty.uk/>

In Kind Direct: <https://www.inkinddirect.org/>

Binti Period: <https://bintiperiod.org/>

Freedom4Girls: <https://www.freedom4girls.co.uk/>

The Hygiene Bank: <https://thehygienebank.com/>

Bloody Good Period: <https://www.bloodygoodperiod.com/>



PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR

SECTION 8: FURTHER READING AND TOOLS



PERIOD STIGMA:

T.A.P Project. Black Women's Reproductive Health

Understanding disparities in reproductive health

Considerations around Gender Identity

The Period Positive Website

The Bloody Good Period: 'Mind your Bloody Language'

National Autistic Society

KEY FACTS ABOUT PERIODS

General NHS advice pages:

General women's health topics: Patient info

VAGINAL DISCHARGE

<https://patient.info/sexual-health/vaginal-discharge-female-discharge>

<https://www.nhs.uk/conditions/vaginal-discharge/>

ANATOMY / PHYSIOLOGY OF THE MENSTRUAL CYCLE

<https://www.britannica.com/science/human-reproductive-system/The-female-reproductive-system>

<https://www.informedhealth.org/how-does-the-menstrual-cycle-work.html>

OPENING UP CONVERSATIONS ABOUT PERIODS

Health conversations:

Outcomes Star

Health Now Birmingham (Homelessness Health Peer Advocacy)

Holding Conversations about Health Knowledge Hub

ORGANISATIONAL CHANGE

Bloody Good Employers (organisational change programme)

Period Positive Places (for organisations and institutions)

PERIOD ISSUES

Irregular / infrequent / missed periods:

<https://www.nhs.uk/conditions/missed-or-late-periods/>

HEAVY PERIODS

<https://www.nhs.uk/conditions/heavy-periods/>

<https://www.nice.org.uk/guidance/ng88>

<https://www.informedhealth.org/heavy-periods.html>

The website **Wear White Again** is a useful resource for heavy periods, and has very helpful and detailed information on visiting a GP about heavy periods:

Information on anaemia

PERIOD PAIN

<https://www.nhs.uk/conditions/period-pain/>

Useful video on period pain

PREMENSTRUAL SYMPTOMS / PREMENSTRUAL SYNDROME

<https://www.nhs.uk/conditions/pre-menstrual-syndrome/>

<https://patient.info/womens-health/periods-and-period-problems/premenstrual-syndrome>

National Association for Premenstrual Syndromes

OTHER REPRODUCTIVE HEALTH ISSUES

Endometriosis:

<https://www.nhs.uk/conditions/endometriosis/>

<https://cks.nice.org.uk/topics/endometriosis/>

<https://patient.info/womens-health/pelvic-pain-in-women/endometriosis>

ADENOMYOSIS

<https://patient.info/news-and-features/is-adenomyosis-the-cause-of-your-heavy-painful-periods>

FIBROIDS

<https://www.nhs.uk/conditions/fibroids/>

<https://cks.nice.org.uk/topics/fibroids/>

<http://www.britishfibroidtrust.org.uk/>

POLYCYSTIC OVARIAN SYNDROME (PCOS)

<https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/>

Verity, the PCOS Charity

PERIOD PRODUCTS

NHS Guidance

Approaching difficult topics, or topics that are usually kept hidden, is not easy.
Change doesn't happen overnight.
Everything you do is a step in the right direction and towards lasting change.





PERIOD LITERACY

TOOLKIT FOR THE HOMELESSNESS SECTOR