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- I: Right, so hopefully this is going to work. Yeah, that's recording. Okay, so just to run through the consent stuff then. So, I sent you an information sheet, ages ago. So, just to confirm that you received it, and you read the information sheet?
- R: Yeah.
- I: And that you understand that your participation is voluntary and you're free to withdraw at any time, without giving any reason?
- R: Yeah.
- I: Do you give permission for relevant sections of your data, collected during the study, to be looked at by people from Birmingham City University where relevant?
- R: I do.
- I: Great. Do you understand that any personal data about you, will be collected for the purposes of the study including your name and contact details, and they'll be processed in accordance with the information sheet?
- R: Yeah, that's cool.
- I: You had the opportunity to consider the information and discuss it with the researcher?
- R: Okay.
- I: You, well you've already said that you agree to audio recording the telephone interview.
- R: Yeah.
- I: Do you agree for your name and your organisation's name, so that would be you in your Bloody Good Period capacity, to be used with quotes from your interview, in reports, publications and at conferences?
- R: Yeah.
- I: And do you agree for your anonymised quotes to be used in the same way?
- R: Yeah.

I: And, do you understand that the transcript of this audio recording will be anonymised, and only the researchers will have information to the access with your name on it?

R: Yeah.

I: And finally, do you agree to take part in the study?

R: [inaudible 00:02:00].

I: After all of that, I hope so.

Okay, so the questions then. So, it's split into kind of pre-COVID, beginning of lockdown, current situation and then looking towards the future.

R: Yeah, cool.

I: So, can you give me a bit of blurb about what your current role at Bloody Good Period is, and like what you do?

R: I certainly can my dear. Yeah, so current role, Education Programme Manager. I know you said that this is recording, and you might have said, but are you transcribing as we go or just writing notes?

I'm just having a think.

I: No, I'm just doing notes. Just doing notes, and then it'll get transcribed by somebody else.

R: Oh, isn't that so exciting?

Okay, cool. I just love it, 'cause it's like and this'll go into the transcription, God, I hope the other person is jolly when they listen to this. Anyway, yeah, just really funny [to think of it like that 00:03:04]. Isn't it great that we talked about you doing the study and then doing it?

I: I know.

R: Isn't that fab? Well done. Okay. So, let's crack on, I'm the Education Programme Manager at Bloody Good Period. Just to give you some context on that, we provide education to asylum seekers, refugees, people that can't normally access it across the UK, more specifically in London. The education programme has been operating across London primarily, and I say it's kind of across the UK, because that's where Bloody Good Period product provision roles out, but the education programme is more London centric. We provide menstrual, sexual, reproductive health education, including information and service signposting. The programme has been running for the past year and a bit, the first year was all physical sessions, and in the past, well since

COVID, we've had to pivot online. Yeah. And I've been running it since it kicked off. We've now recruited a monitoring and evaluation consultant, to make sure that it continues to meet attendees needs. And, yeah, we've also been collaborating with the monitoring and evaluation consultant, she runs an organisation called London in your Language, to continue making resources, such as pre-recorded videos. This has been, especially since COVID-19 hit, for attendees, so they continue accessing information beyond the sessions themselves.

I: Okay, so you've already started to talk about the COVID stuff, and then what you'd normally do. So, the sessions that you would do, would normally be in person?

R: Yes, they would [REDACTED], so they'd be in person, they're kind of arranged for 50 to 20 attendees. Sometimes we do sessions, with Women for Refugee Women for example, which is a centre [inaudible 00:05:01], and it would have like 70 plus attendees. But they were not as frequent as your kind of like workshop style, like, 15 to 20 odd participants. And we would speak to the women's groups' leads before, the organisers themselves, and say like, right, you know, we provide menstrual, sexual and reproductive health information more broadly, and service signposting, but what are the needs of your attendees?

So, some of them would say, like, right, okay, well the women we work with need to learn about the medical, they always ask questions about it. So, we would then tailor content according to that group, we'd work with a medical professional, who'd be our facilitator, typically obs and gynae registrars or sexual health doctors, and then they would lead the sessions based on what the women have formerly said, like within their discussions ahead of time, and then we would allow for questions at the end, we'd kind of encourage questions throughout, and all of this would happen [first 00:06:03].

I: And is that at the drop in centres, and all of the different locations that you guys work?

R: Yes. That's right. So, we created the programme off the back of our product provision, and have been primarily with drop in service centres and foodbanks et cetera. And a couple of these centres run women's groups. So, you know, a bunch of them held, you know, our classes or maybe classes to do with wellbeing and things like that. So there'd already be, you know, a bunch of them of course, ran ESOL, bits and bobs too, English Language lessons.

So, we would collaborate with them, and work within one of their existing groups, if you will? And, like come in and do a couple of sessions on menstrual, sexual and reproductive health. So, we are very much, and this is echoed in the product provision we do as well, but we are not the, it's hard to describe, we're not like a physical, we don't have the materials

or infrastructure [to us 00:07:10], like, we go in to existing groups. Yeah, cool.

I: So, you go into the existing places. Do you know, off the top of your head, how many centres you would do these sorts of sessions at, roughly?

R: Yeah. It would be about three or four, that we establish a really close relationship with. And, like I said, I mean, the physicality of it, it was all in London. And what we would do, [inaudible 00:07:46] more about BGP and our approach, but we always thought it was more worthwhile to have that, like those sessions repeated in the same women's groups, rather than going to loads of different groups, like touching on content, and then disappearing.

We would rather continually work with Women for Refugee Women or continually work with Migrants Organise, build a rapport, and then like, more acutely meet the needs of the attendees.

I: Yeah, and you said that in one session you had up to 70 people?

R: Yeah, that was, so Women for Refugee Women are a really, really renowned refugee organisation, as well as like being a drop in centre, [REDACTED], they also do loads of advocacy work around immigration policy and bit and bobs like that. They're a fantastic organisation.

And they have a bunch of different groups. So, they've got their general meeting, where they congregate all the women that they work with, they also have a mother and toddler session, they have an [inter-sectional 00:08:53] families group. So we've done a bunch of activities with the assorted groups, including leading sessions to their general meeting, where it's just this complete sea of people, like a complete sea of women, sitting there, like, you know? And that's where they do all their notices and, you know, a bit like an AGM really, but it happens every month. And then we'd be there, talking about contraceptives. [inaudible 00:09:21] And, you know, half of them just wouldn't pay attention. Some of them would be like, [inaudible 00:09:26] raring to go, desperate to talk about their heavy bleeding issues.

So yeah, it was very entertaining. I don't know [did 00:09:33] a lot. I always tend to [inaudible 00:09:36]. So yeah, that's like a good example of, maybe they're like the higher end of the scale, but likewise, we've also done work with smaller women's groups. And it tends to be a presentation, and then, like I said, questions throughout, and stuff like that.

I: Yeah. And so I know you've said that you get healthcare people to come in and do some of the sessions, but is someone from Bloody Good Period there as well?

R: Yeah, so I attend every single session. And then we also used to have BGP volunteers, and we used to have, God [inaudible 00:10:17] depressing isn't it, so BGP volunteers, volunteers also from the group right? So, if we were doing stuff with, I don't know, West London Welcome down in Hammersmith then like, there'd also be a couple of, not only their coordinator for them, but also like maybe a couple of their volunteers. And actually, at West London Welcome, sometimes we did in-house translations and had interpreters in the room as well. And there'd be a couple of BGP volunteers, to help out with logistics, there'd be the [inaudible 00:10:46] consultant, myself, and then the facilitator. So, there was a right party.

I: And, I'm just going to, probably this is a bit of a sweeping generalisation, but are most of your volunteers, if not all of them, female, or identify as female?

R: Yes.

I: And how about the obs and gynae healthcare people?

R: Yeah, likewise.

I: And what about the translators?

R: Yeah. Everybody identifying as female. I imagine, this is an assumption, but I imagine most people who volunteer with us have experienced menstruation.

I: Yes.

Okay, right, so now we'll start shifting into March, when everything went into lockdown.

R: That brilliant time.

I: Yeah, you've already said that you started to move things online, so can you talk a bit about how lockdown affected the education side of things and what changed and how did you manage the sorts of things that you had to put in place?

R: Yeah, so lockdown hit. It was actually quite a good story, because it definitely, it wasn't just like lockdown hit, and then we suddenly had Zoom sessions. And the education side of things, we actually took a bit of a slow but steady approach, so anticipating that most of the drop in centres we worked with, would close, which inevitably, of course, they did. We then started to look at alternative ways of delivering education. We considered Zoom of course, but we also looked into [redacted], the likes of worksheets. So, this is actually something that we piloted, and it was with an organisation called the Islington Refugee Centre, [redacted]. And, they explained that what they were doing, is sending out worksheets [inaudible

00:12:56] worked with, and then have volunteers call them, and have them go through the worksheet.

I: Ahh.

R: And it was very much a language initiative, so it was part of their [ethos or repertoire 00:13:03]. So, we designed a worksheet for them, on behalf of menstrual, sexual and reproductive health. It had a visual glossary attached to it, so we worked with our creative network. It was actually a really good way of proving, I guess to ourselves, but also the people that we work with, and our partners, and our volunteers, you know, that like, we could creatively keep going. All in the same breath, as well as looking into that alternative resource, we were understandably also looking into video content.

So, this is where we started to consider, even moreso, pre-recorded videos as something we could do. And, I think we realised quite early on, that that was something we would like to collaborate on, but maybe not lead on. It's really time consuming, 'cause there's a lot of back and forth between, just like making sure that, you know, crossing all the t's and dotting all the i's and stuff? And also, you know, like being really human, and like, as much as possible we wanted it to be, a digital interaction is not a human connection...

I: No, I know.

R: ...but like, there are platforms that enable getting as close to a human connection as possible, more than others. So, I think we were quite keen to try to replicate our physical session as best as possible virtually.

So, we kicked off the pre-recorded video content, or rather London in Your Language, did, so that's one of our collaborative partners. And then, this is when we were, you know, we'd built up a really great relationship with these, you know, couple of women's groups, and then we started to talk to them about, how a couple of them had started to [do it online 00:14:45] and that, [of course there's huge issues with digital division 00:14:46], there's also huge issues with, and this kind of feeds unfortunately into that, but like, you know, when you're talking about anything, but like, especially sensitive topics, such as sexual and reproductive health, you need to create at least a safer space, right? And we did quite well in that, by going into existing asylum seeker and refugee drop in service centres. But online, it's a completely different kettle of fish, right?

I: Yeah.

R: Because if you don't feel safe in your home, which a lot of people don't, then, you know, you're not going to be able to talk about things, like, oh well, actually, I think I might have a [cyst 00:15:29], or, you know, I really need to like, go to the doctor about my fibroid issues, like, you're not going

to be able to vocalise that, even if the people in the room, or the people in the house can't hear the content, 'cause you've got your earphones in.

However, we did manage to get over a couple of those hurdles, but I'll talk about them later. So, yeah, there were loads of barriers to entry, but, and loads of women's groups were starting to do that, and they were incredible really, of like galvanising efforts around digital inclusion and trying to get the women that they work with online, making sure they have access to Wi-Fi and devices and things like this, and kind of taking them through Zoom, taking us all through Zoom, 'cause no one knew what we were doing there.

So, yeah, they started warming up like that, and I think that's when we started to kind of like, well, you know what, we've got these existing presentations, it's not going to be that hard for us to pivot online, and it's kind of what we were anticipating, if we did have to do something like that, that's what the education programme would look like. And like I said, I think deep down it was probably what we knew was coming. So yeah, then we kind of started having sessions virtually.

I: So, I want to go back and talk about all the problems around digital access, and the links, we know that there's digital poverty for example, and obviously the people that you work with, are more likely to be in a position of poverty, than probably anyone else in the country.

R: Yeah.

I: So, yeah, so the idea of having the worksheets, so were those, how did the women access those, did they get posted to them or...?

R: Yes. So we sent them to the Islington Refugee Centre, they were an online resource, and then they were posted from the Islington Refugee Centre, they printed them out, and sent them off. And I guess this is always why it's difficult not to be able to talk about the product provision that we do, because it's so interlinked with the education, and this is why we had this idea, because, you know, there seemed to be such a huge question, at first, around how to get things to people.

And we, you know, quite quickly in terms of our product provision, started sending period products directly to people's houses, which is something we'd never done before, so that was kind of new. But then, we thought, well, if we're sending them products, why can't we send them information, and I think that's what sort of generated these ideas around worksheets. This is something actually that Islington Refugee Centre are already doing.

So, they first sent them, interestingly, to the people who they knew had the better level of English within their group, which I think is understandable, because in the, and I mean, we really followed by their lead, like we worked a lot with them in terms of the difficulty, like appreciating that we

would be covering terms like clitoris and vagina, like, not only are they often taboo and silenced, but like, if your level of foreign language, isn't, you know, they're not the first thing you learn like?

I: Yeah, they're not the standard English words you learn are they?

R: [Voices overlap 00:18:40].

Pardon?

I: They're not the standard English words that you learn in the first instance, are they?

R: Yeah, you learn like the basics of grammar, you know?

I: Yeah, how do I get...where is the toilet?

R: [Voices overlap 00:18:51] conversations, and then you learn the female anatomy.

I: Yeah, exactly.

R: So, we were quite like, you know, we thought it was understandable that that's how they were going about that. And yeah, from what I gather, it was quite well received, and like I said, they got sent, and then a volunteer would call them and see how they were getting along, and work through the sheet with them. And I think what was really great about that was, that visual glossary. Anything visual, obviously, in the modern world, it's going to land well. I think as well, just anything tactile. It's all good and well, that some of us have managed to continue working online, but it's really artificial, and going back to this idea of human connection, like, I think, you know, like, pieces of paper with our logo all over it, like, it had a covering letter, and written on behalf of BGP staff, but also the staff at Islington Refugee Centre, which the women that we work with know really, really well. So, I think things like that, like they definitely have a place. And yeah, like I said, it was well received but it was not something that we thought would be our mainstay, like it was very much an additional resource, rather than a replica of the sessions that we were formerly doing.

I: Yeah, so the feedback was positive then, from the people that were doing the worksheets?

R: Yeah, positive from what I gather. It wasn't, to be honest, owing to the fact that it was unfortunately COVID [inaudible 00:20:29] stages, that we weren't able to formerly evaluate that, sort of, but from the information we did gather, which was very much conversation heavy with the women's group organisers, sorry, yes, it was well received.

I: And then, so going back to the move to doing the online stuff, so you said that the centres were working really hard to help with the more digital poverty aspects, and things like getting Wi-Fi and access to, I don't know, what mechanisms you would have used, like laptops and that kind of thing, I suppose, so can you say a bit more about how they went about doing that? Or, do you even know how they went about doing that?

R: I can tell you as much as I know. So, a lot of them worked to do a lot of outreach with the women that they work with, in terms of phone calls at first. And I think a lot of them were on the phone to the women, to make sure that everyone was doing all right, considering it's horrendous out there, and also to try and start to talk to them about being online, in terms of accessing the groups of which they were a part of. So, I don't know the granular detail here, to go into, this wasn't something that our work at BGP covered, right, like it was all the women's groups, who were just kind of staggering it, like it's really, really astounding that they managed to do this, but I think a lot of them then, once they got hold of the people that they worked with, like, bearing in mind a lot of them did have mobile phones, they then encouraged them to download Zoom on it, or talked them through how to, like, yeah, I think there were issues coming out, in terms of Wi-Fi access, like even if there was access to Wi-Fi, it wouldn't necessarily be the fibreoptic sort of like...

I: Yeah, not the fastest 5G super-duper, yeah.

R: No, quite. So, I imagine, as well, there was a lot of discussion around that. It was like, there's loads of people at home, what does that mean in terms of Wi-Fi provision? Yeah, so like I said, I can't tell you too much about it, but I think it was a lot of work, from what I could glean, just to keep check on these people, right, like, granted a lot of them were friendly with each other, so I imagine as well, it was very much like, oh, how are you, have you spoken to...? You know?

I: Yeah.

R: Things like that. 'Cause they're really good at creating networks together, from the interactions we have with attendees, they all seem to be quite pally actually, a lot of the groups. So, I imagine, but yeah, like I said, these are a lot of my assumptions, but yeah, I think, like one thing's for sure, that it was quite difficult to get everybody online.

[Can I be honest and 00:23:36] interject myself, with something that I don't think they quite nailed? It would not surprise me, in fact I know, like, obviously, the digital divide is still very present, and digital poverty, as you said, remains rife and will do. So, you know, and like it's really telling from going to 15 to 20 participants on average, you know, we've gone to 10 to 12. And that'll be for a myriad of issues, that, yeah, I think the digital barriers to entry are probably the biggest.

- I: Yeah, so you have noticed a bit of a decline in the number of people that would normally have come to the more physical stuff?
- R: Yeah, absolutely.
- I: Do you do any interactive stuff, while you're online, or is it all pre-recorded?
- R: No, sorry, I should have made that clear. So, the pre-recorded videos are very much like the worksheets, so they're signposting tool. Right? But, our virtual sessions now are all live. So, women's groups will have their sessions, and then we will come into that Zoom meeting, with our facilitator, myself, our monitoring and evaluation lead, and then sometimes another member of BGP staff if it's appropriate. And then we will do a session, as we would have done physically, so we'll go through a presentation, and it's all in real time.
- I: And are you still getting those outside healthcare professionals, as part of those sessions?
- R: Yes. So, a lot of the facilitators that we used to work with, have continued working with us, which is kind of amazing. And this is it, like, I don't know if you want me to dive into the pros and cons of all of it now?
- I: Yeah, go for it?
- R: Yeah, might as well, just reel them off. So, right, just going back to this idea of like, you might not be able to, say you're not feeling as safe in your home to talk about your menstrual experience?
- I: Aha.
- R: The great thing about Zoom, the chat function.
- I: Yeah.
- R: And this is something that not only cuts through the [sensation 00:25:53] of speaking aloud in a place that maybe you don't really want to, but it also cuts through, in terms of language. Because, you know, [it was like 00:26:03], when we learnt languages, right, like some areas are stronger than others, like, some of us will be super-confident at speaking, but then when we put pen to paper, we're shit at spelling, whereas others will be much more eloquent and feel comfortable writing things out. And, of course, that is like, wildly different for each person, but also that's when somewhere like Zoom, so let's say you don't have the issue of, I mean this could be a double issue, but it also could not be, so you could feel relatively safe in your home, be able to attend these sessions, but then you could just not feel as comfortable, if you're not like in that physical environment, which is naturally a bit warmer, you know, there's people in and about, like, it's a quite relaxed...it's a bit, like I said, like, [inaudible]

00:26:51], it's like a bloody gathering for them, you know, there's teas and coffees, you know? You've got atmosphere. So, even if you've got that slight reservation of speaking, in a foreign language, you can turn to the person next to you and ask them to ask a question on your behalf.

I: Yeah.

R: Or you might just feel a bit more up for all that, likewise, you might not. But, this is where the chat function comes in, and it's brilliant, because, of course, a lot of people were just directly asking the facilitator questions about health, and that's amazing. That's just something, it's so direct, you know, the facilitator is able to be like, oh, right, we've just had a question come through on chat, like some people remained anonymous, some people didn't, great. So, that, but, all in the same breath of course, if you're not, and this is where it's really important to like hammer on, about the language issue, because if you don't feel that confident in writing nor speaking, and you're not comfortable in your home, then like, there's just so many problems there. So, you know, [and you're Wi-Fi's shit 00:27:54], it's just like, oh great, what the hell am I doing?

But, you know, as much as [inaudible 00:27:59] so another thing, just go kind of like take a different approach, but from the facilitator's perspective, [redacted], a lot of them quite quickly commented at first, that it was so much easier to volunteer for BGP when it was virtual, 'cause these facilitators are going from hospital to hospital, they're on rotation a lot of the time. So yeah, it's great, if sometimes they're working at St Bart's, and they're able to [stay east 00:28:27] and then get to [inaudible 00:28:28]. But, if they're not, and they're like, you know, at St Thomas', or, you know, like at King's, then for them to [go out 00:28:37] and hike all the way to Hammersmith, or wherever we're running the education session is knackered right? So, they said it was really good, 'cause of course for them, they just sat down and opened their laptop, and then they were teaching asylum seekers and refugees about the menopause. So that's also a real pro, because I think the education programme at BGP, is like, I do think it's really solid, because they're medical professionals, like, we all trust it, when it's a doctor, right? You can't help but feel better, like psychologically, you feel a lot more, trust it, in terms of the information that's being shared to you, if it's a doctor. And like, yes, that can be very elitist, and there's many issues with that too, but like, we all feel a bit better, right, and so to have a doctor actually leading a session, I think is a real asset to the programme. So, to have them, like, a lot more at ease, with just looking at their laptop, and like, you know, making sure the screen's right, and then, it's like going through a [inaudible 00:29:39], it's also awesome.

I: So, it was more accessible for your healthcare people?

R: Yeah. Definitely.

I: What about for you guys at Bloody Good Period?

- R: There's a question. It was more accessible in a way, and maybe this is also true of like everybody there, I'm now going to say. It was more accessible [inaudible 00:29:59] again, if you've got like a good, like digital literacy, if you've got access like that, if you're confident using online tools then it can be really handy. However, like, and, you know, this is maybe a different conversation to have now, a bit like, still not so much [you miss the 00:30:24] nuances of like, just, yeah, people's body language and the way that they hold themselves when certain topics are being discussed and things like that.
- I: Aha.
- R: And I'm speaking on behalf of me, but also, like, just of the experiences I've had managing these sessions so far, like, as much as it's incredible, is like the access is there, and like I said, there are like, positives to using Zoom, it's also, I just think like, it's such a particular topic area of which you are elaborating on, and I think like feeling safer, and feeling comfortable to address it, is often in the air. Like, you can make a warm environment just by the facilitator smiling a lot, using their hands in the right way, and creating a circle, rather than stacks of chairs.
- I: Yeah.
- R: Like, that's a really simple way, and like, all of those sort of like human bits and pieces, are just completely out of the window, when you take things online.
- I: Yeah.
- R: Yeah, I'm not sure I've really addressed the question, but, you know? I digress. [Voices overlap 00:31:49]
- I: Yeah, no, it's exactly the same, it's the same with teaching. It's completely, yeah.
- R: [Inaudible 00:31:55].
- I: Dealing with students and, yeah, all of it, you need that contact, don't you, and that openness that you don't get from online stuff? But, I suppose it's better than not having anything at all, isn't it?
- R: Well, it is, quite.
- I: Yeah. But, anyway...
- R: [Voices overlap 00:32:17] yeah.
- I: So, can you tell me what you're doing then, like now? So you've now moved into Tier 2, haven't you, London?

R: Yeah.

Yes, so London has now moved into Tier 2. We're still going online. There is not actually that much that can change, in terms of the education programme, and how it's positioned now, in terms of entering Tier 2. Because Tier 2 doesn't allow you to mix with more than six people indoors. But, like, none of the people that we were working with were mixing indoors like that anyway, when we were running the sessions, you know, they were all doing it from the comfort of their own home.

So, actually, the new lockdown hasn't impacted it that much, so far. Yes, we have got sessions up and running. We're actually working with a couple of new groups, which is quite exciting too. Like I said, we're still keeping it quite small, just because we want to prioritise quality over quantity.

But, yeah, it's much of a muchness to be honest, like, and we're still covering some of the topics, like, introductory sessions to sexual contraceptives, going through the pros and cons, likewise, like maintaining good menstrual health and hygiene sessions and menopausal health sessions, and things like that.

So yeah, like, that's how it's rolling at the moment.

I: So, I've got two questions. First of all is, you mentioned the new groups, how did they come about? Is this from people, like the normal way that you would network and get things set up, or have you had to do that differently, or was it like word of mouth, or, how did that...?

R: Yeah, no, great question. So, we actually got an email through from an organisation called UKLGIG, and they are a lesbian and gay asylum seeker and refugee community group.

I: Oh wow.

R: I do believe it's like LGBTQ [inaudible 00:34:28] +, kind of inclusivity there.

I: Yeah.

R: And they got in touch to say, do you happen to run education sessions around menstruation? Because the people that we work with have been kind of [eyeing that up 00:34:44], if you will, like they've been asking a lot of questions about it, I imagine for a lot of people, [flow 00:34:48] has changed during lockdown, and they want that to be addressed.

So, you know, I imagine they got in touch, that's the sort of thing that we would have got with our physical sessions right?

I: Aha.

R: And particularly 'cause the programme's been around for a while, it's been like slightly publicised, I imagine they might have seen something on our, let's say, social media, and then kind of thought, oh great, hopefully they can do that thing. And like I said, that is how the physical sessions also used to materialise.

However, with the group getting in touch with us like that, it's also really indicative that they would have been operating online already, right? They're not going to get in touch with us and say, like, oh, can you provide this information, like also, how do you do that? So they've got existing groups already set up, online, which we are going to be working with.

I: Right. Are you still there?

R: Yeah.

I: It went really quiet, I thought, shit, has my phone gone dead?

R: Oh no, I thought, you said, right, and then you were writing, so I was like, okay, right, [voices overlap 00:36:00].

But no, it was just a little pause, [inaudible 00:36:05].

I: Right, yes, breathe and carry on.

R: Breathe, yeah.

I: And then, so how are you getting the feedback from, in terms of what sessions people are wanting and what information they want to find out about?

[voices overlap 00:36:21]

...you get that from the drop in centres, don't you?

R: ...that hasn't been changed that much.

I: Right.

R: Still, we're working with the women's groups organisers, and I very much doubt that will change because they're continually working with the people, you know, [inaudible 00:36:39] their clients, however they're positioned, like week on week, a lot of them, so they do know these people really well. And, we just work with them to say, like, are there any topics that have been vocalised more recently, or, you know, that need addressing and things like that?

Or they'll come to us, and be like, oh, the people that we work with loved the last session, and, you know, it was great to hear about menstrual

health, or sexual contraceptives, but they'd actually like to know more about menstrual disorders, can we do, you know, things like that?

And that, yet again, isn't that dissimilar from how things were going physically.

I: Right, yeah. So, was there anything new that came up, that people requested during, well since you went online or did the worksheets, or was it just pretty normal?

R: Not specifically.

I: Yeah, just standard stuff.

R: I think like, I guess, just like notified that it hasn't been that long since [inaudible 00:37:42] on Zoom, so like, it would not surprise me, because obviously people's cycles have changed, so and like, we may well see a pivot in that. What the doctors have been quite good at, and this comes really naturally to them, is discussing access to services and now service signposting is a really important part of our education programme. Because like, particularly if you're a new migrant or, you know, just, if you move abroad, it is a minefield, how that country's healthcare system works. So, you know, what was physically, in the pre-COVID times, like going on about how to go to your GP and things like that, that narrative's still there, but obviously signposting has changed. It's a bit more pronounced, because we're working with obs and gynae specialists, and they are telling us as well, like since going back to their original unit, and obviously at first they were deployed, and now they're going back to obs and gynae and stuff, there's so much late presentation of cancers or issues, you know, because people understandably have been stuck at home and dismissed their sexual, mental, reproductive health issues, 'cause it's not been COVID. And that's not asylum seekers and refugees who are in isolation to that, like we've all been prone to it unfortunately. I think you're seeing that across society.

So, yeah, that's been something that's been, just like, not even...how can I put this? They haven't been directed to the facility, like it's been just something that's naturally come up.

I: Yeah, so I suppose, when they're talking about changes in how you'd access stuff, they're automatically including that when they're talking to the women anyway?

R: Yes.

I: Yeah, well that's good. So, in terms of, like, looking forward to the future then, within the current situation, which is changing all the time, do you feel like the stuff that you're doing, the education stuff, do you feel like you're prepared to carry that on, or are you getting enough support in terms of being able to carry on running it?

R: Yeah. I think for now. I can't see the education programme, going anywhere over the next year or so.

I: So, you're thinking that it'll stay online, predominantly?

R: Yeah, I think it will stay online at least until about March.

I: Yeah.

R: And that's very much also [following the drop in centres' lead 00:40:39].

I: Yeah. So, the education bit then, is really reliant upon the volunteer time isn't it, really? So being able to get those healthcare professionals to attend the sessions and work with you?

R: Yeah, it's reliant on them, it's reliant on the women's groups primarily, like not only their availability and things like that, but also just like them, point blank. You know, like if they, for example, if they all shut, and stopped our online activities, then there won't be an education programme, because where would we run it, sort of thing? Like, who would attend? Whereas, [inaudible 00:41:23] are continuing and have done, then we will continue to do.

I: And, I don't know if you would know this, but are you aware that the drop in centres and the women's groups, have they had any problems with funding or volunteer time, or access to resources, during the lockdown?

R: They probably have, but I don't know. I couldn't answer that.

I: I'm hoping to talk to them, like the people, 'cause you're almost like a third party provider, aren't you? You're not a direct one necessarily?

R: Yes.

I: But yeah...

R: Yeah, I think that's, yeah, that's really important [voices overlap 00:42:07]

I: I need to speak to some of those centres that you've mentioned, I'll get in touch with and see...

R: Yeah, do, and also it would be so interesting.

I: Yeah, and it's really difficult to find them though, because it's like, you have the third sector, whatever I just referred to you as, the third people, and you're all the high profile, prominent ones, but it's like, well actually, the people that we really need to talk to aren't you.

R: I know.

No, I'm not.

I: But then, it's really difficult to find the people that you support, the drop in centres, and that, it's really difficult to find them. 'Cause they don't necessarily think, oh yeah, period poverty, that's what we do, 'cause it's just part and parcel of so many other things.

R: No, quite, yeah. Okay, yeah.

I: If you see what I mean?

R: Women for Refugee Women, definitely. West London Welcome, down in Hammersmith. And actually, West London Welcome, we haven't done online sessions with, but they're just really great, the woman Jo that runs it, I'm sure she'd be able to contribute. They're the sorts of people that you need to be talking to, I think.

I: Is Women for Refugee Women, is that the one that Gabby was on the panel with at that conference? You were there, weren't you? The Periods and Inequalities conference.

R: Yeah, she was, yeah.

I: That's it, yeah, okay. Yeah, I should be able to...

R: So they're amazing, that organisation's [inaudible 00:43:38].

I: Yes, I will definitely get in touch with them. So, the final question then [REDACTED], is, do you have any other thoughts or comments, or things that you wanted to highlight about the period poverty within the pandemic, and the current situation, that we haven't already talked about?

R: Not in terms of the conversation so far, no, 'cause I think, I feel like I've given you quite a good snapshot of how we pivoted, and like the impact on the women we work with. We can only tell you so much. So, no.

I: Fair enough.

R: And that's that, yeah. Thank you so much though, it's so interesting. [voices overlap 00:44:34].

I: Yeah, no, thank you so much for speaking to me, you're my first interview.

R: Oh wicked, okay, well hopefully it gets better.

I: No, that was a great one, great first interview.

R: [Voices overlap 00:44:45].

I: I'm going to turn off the tape recorder now, so we can carry on talking.

R: [inaudible 00:44:55].

End of transcript