



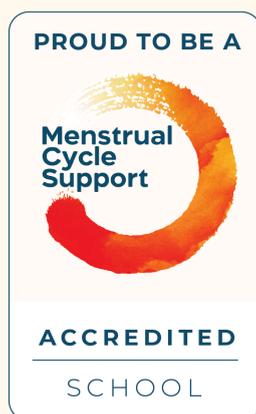
Severn Vale Pilot School Accreditation

Impact & Learning Report

January 2026



Compiled by Menstrual Cycle Support based on delivery data, staff, student & parent feedback, and engagement records from the pilot period.



“I wanted to understand the pattern of my mood fluctuations and now [having completed the MCS course] I do.”

Severn Vale Student

“Thank you so much for the information [about MCS]. I’m really pleased the school is working on this. It’s such a positive step”

Severn Vale Parent

“The MCS Accreditation moved menstrual health from informal conversations into a clear, credible attendance response, giving us confidence to support students at the point of need.”

Severn Vale Attendance Lead

“Poor menstrual health is preventable and this new approach is a crucial step towards empowering girls and young women with the information they need to advocate for their own health and wellbeing.”

Dame Lesley Regan, Women’s Health Ambassador
At the parliamentary launch of Menstrual Cycle Support Course: for teens (Mar 2023)

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Foreword

Kate Shepherd Cohen, CEO & Founder, Menstrual Cycle Support

Menstrual health is one of the most common factors affecting students' wellbeing and attendance, yet it is rarely addressed in a structured way within schools.

The Menstrual Cycle Support (MCS) School Accreditation was created to change that. It is a pioneering approach that recognises menstrual health as a legitimate attendance, safeguarding, and inclusion issue, and supports schools to respond early and consistently.

The Severn Vale School pilot shows what becomes possible when menstrual health is integrated into everyday school practice rather than managed informally. Through staff training, clear referral pathways, student and parent engagement, and in-school support, the accreditation embedded menstrual health within existing attendance and pastoral systems without increasing staff burden.

This work began to open up conversations, increase staff confidence, and help students feel more able to seek support. It also provided valuable learning that has directly informed refinements to the accreditation for 2026/27.

I am grateful to the leadership, staff, students, and families at Severn Vale School for their willingness to lead this work. My hope is that this report serves both as a record of pioneering practice and an invitation to others to take menstrual health seriously as part of attendance, inclusion, and wellbeing.

Kate Shepherd Cohen, January 2026

Foreword

Claire Bryant, Attendance Lead Severn Vale School (until July 25)

As an Attendance Lead, I see first-hand how health-related issues can affect students' attendance and engagement. Menstrual-related absence is one such issue – common, impactful, and historically difficult to address in a structured way within schools.

The Menstrual Cycle Support (MCS) School Accreditation provided a practical framework to respond. Crucially, it went beyond signposting, enabling menstrual health support to be embedded within existing attendance, pastoral, and wellbeing systems.

Through the accreditation, we were able to offer structured support at the point of need, use the MCS course as part of return-to-school planning, provide supervised access in referral and reflection rooms, and engage parents constructively. Staff confidence also increased, helping conversations take place more openly and appropriately.

From an attendance perspective, this gave us a credible, evidence-informed response when students or families contacted the school about absence. Even where uptake was modest, the availability of clear support made a difference.

The pilot also generated valuable learning around leadership, in-school completion, and staff-supported follow-up, which has informed recommendations for future delivery.

I believe this accreditation offers schools a low-burden, effective way to address a real and often hidden barrier to attendance, and I am proud to have been part of this work.

Claire Bryant, January 2026

At a Glance

Purpose

To pilot (January 2026-January 2027) a whole-school, early-intervention approach to addressing menstrual-related absenteeism (and presenteeism) by embedding menstrual health support within existing student and staff attendance, pastoral, safeguarding, health & safety and inclusion systems.

The pilot tested whether schools could:

- Offer credible first-line support at the point of need
- Reduce reliance on informal or ad hoc responses
- Increase staff confidence and consistency
- Achieve impact without increasing staff workload

What Was Done

- Embedded pastoral/attendance-led referral pathways for menstrual-related absence
- Delivered staff training (attendance, pastoral, PSHE, social care)
- Held an in-person teacher training workshop and school walk-through
- Engaged parents and students through a targeted online workshop
- Enabled supervised in-school access to the MCS course, including in referral and reflection rooms
- Used the course as part of return-to-school planning
- Promoted the initiative through posters and school communications
- Recognised student engagement through Headteacher's commendations
- Strengthened existing free period product provision, including distribution of reusable period underwear, targeted particularly at students on Pupil Premium
- Provided NHS-approved, safeguarding-aware support through brief digital surveys and responsive, evidence-informed guidance to staff and families
- Set up referral links with Children & Young People Social Prescribing Link Worker in local Primary Care Network

At a Glance (continued)... Key Numbers

35 attendance-led referrals formally recorded (Jan–early July)
33 referrals during the active implementation period (May–early July)
~14.7 attendance-led referrals per active month during the active implementation window
30 students identified with menstrual-related needs
16 students attended the student/parent workshop with their parents (53% attendance)
10 students completed the course during the active period
2 staff members completed the course as part of CPD during the pilot
~150 female staff had access to the MCS course and resources (including senior leadership, teaching, support and administrative staff)
£125 per month (£1,500 per year) accreditation cost
~£2.14 per female student per year (illustrative, based on ~700 female students), representing a low-cost preventative attendance intervention
~£10 per staff member per year (illustrative, based on ~150 female staff of reproductive age) (~83p per staff member per month)

Figures represent a conservative baseline. Referrals made by non-attendance staff were not systematically recorded.

At a Glance (continued)...

Key Learning

<ul style="list-style-type: none">• Engagement increased sharply during periods of active leadership, visibility, and promotion
<ul style="list-style-type: none">• Menstrual-related absence benefits from structured, first-line school support
<ul style="list-style-type: none">• In-school completion and staff-supported follow-up improve access for high-need students (and staff with menstrual-related additional needs)
<ul style="list-style-type: none">• Leadership continuity and role-based ownership are critical to sustaining engagement
<ul style="list-style-type: none">• Referral recording across staff roles is essential for accurate evaluation
<ul style="list-style-type: none">• Brief outcome surveys can surface safeguarding or medical concerns, reinforcing the need for staff-supported completion and follow-up
<ul style="list-style-type: none">• Significant impact occurred outside formal course completion, through responsive, evidence-informed guidance and system-level support

Menstrual Cycle Support's Approach

At Menstrual Cycle Support (MCS), we offer peer-reviewed, clinically-backed short digital courses for both students and staff, teaching that the four phases of the menstrual cycle mirror cycles in nature (such as seasons and times of day) to help participants understand and prepare for their natural cyclicity. Participants also learn practical cycle tracking methods, including creating a three-month cycle diary to support GP consultations. The courses are currently available UK wide on social prescription referral.¹

Equality, Diversity & Inclusivity Statement

MCS recognises that not all people who menstruate identify as girls or women, and our services support all those with a menstrual cycle and those who support them. We work inclusively across all genders, faiths and cultures (MCS, 2026)

¹ Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing (NHS, 2023).

EXECUTIVE SUMMARY

Overview

The Impact & Learning report summarises delivery, early impact and learning from the Menstrual Cycle Support (MCS) School Accreditation pilot. The Accreditation tested a whole-school, preventative and early-intervention approach to menstrual-related absenteeism, embedded within existing attendance, pastoral, safeguarding, health & safety and inclusion systems. It supports first-line attendance/pastoral responses without requiring medical diagnosis or staff acting beyond their professional remit.

Policy alignment

The Accreditation aligns with DfE attendance expectations and statutory safeguarding guidance, including Keeping Children Safe in Education, and supports Ofsted's emphasis on safeguarding culture, inclusion and wellbeing (DfE, 2024; Ofsted, 2024). It also aligns with NHS personalised care priorities, including social prescribing (NHS England, 2019), and workplace best practice including BSI guidance (BSI, 2023). Product provision was strengthened by situating access within a wider attendance and inclusion framework aligned with dignity, equality and access (EHRC, 2016).

Delivery

Delivery included staff training, attendance-led referral pathways, targeted student and parent engagement, trauma-informed use of referral/reflection spaces, and safeguarding integration. Brief NHS-approved digital surveys (approx. two minutes) explored participant concerns and confidence; low completion reinforced the need for staff-supported completion and safeguarding-aware follow-up.

Early impact and learning

Although course completion numbers were modest, the pilot demonstrated meaningful impact through system activation rather than scale, including first-line support at the point of absence, increased staff confidence and student help-seeking, strong parental engagement, multi-agency working (including social care) and minimal additional staff burden once embedded.

Next steps

Pilot learning highlights a clear opportunity in 2026/27 to refine and strengthen the Accreditation model - improving uptake, consistency and evidence capture - and creating a foundation for adoption by other schools and local authorities to reduce menstrual-related absenteeism.

PART ONE - CONTEXT AND PURPOSE

1. What is Menstrual Cycle Support (MCS)

Menstrual Cycle Support (MCS) is an evidence-informed organisation delivering clinically backed menstrual health literacy through education, training, and early intervention support (Menstrual Cycle Support, 2024a; Menstrual Cycle Support, 2024b).

MCS provides:

- a free, self-paced online course for students aged 11-25
- a free, self-paced online course for staff with a menstrual cycle / perimenopause
- resources and training in student referrals for school staff
- guidance and engagement resources for parents and carers
- a structured referral pathway activated by schools and healthcare professionals (Menstrual Cycle Support, 2024a).

The MCS courses are recommended by over 500 GP surgeries and endorsed by leading clinicians and national health bodies. It is designed to function as first-line school-based support, complementing existing pastoral, attendance, safeguarding, health & safety and healthcare pathways (Menstrual Cycle Support, 2024a).

The digital multimedia courses are 30-60 minutes and support participants with tools and techniques to identify, track and manage menstrual symptoms. Alongside reproductive science, the course teaches straightforward language to help increase participants' understanding of the menstrual cycle and confidence to advocate for their needs at school, at home and in healthcare appointments (Menstrual Cycle Support, 2024b). The course for young people was created thanks to sponsorship from the national charity Endometriosis UK (Endometriosis UK, 2024).

2. What is the MCS School Accreditation

The MCS School Accreditation recognises schools that take a whole-school approach to menstrual health and menstrual-related absenteeism.

The accreditation:

- Provides 12 months of structured support
- Enables unlimited student access to the MCS course: for teens (from 11yrs+)
- Enables unlimited staff access to the MCS course: for adults
- Includes staff training and stakeholder resources
- Supports parental engagement
- Produces an end-of-project Impact & Learning Report

The accreditation is not a curriculum add-on. It is a light-touch framework designed to integrate into existing school systems and policies for staff and students, including:

- Attendance
- Safeguarding and child protection
- Pastoral care and mental health
- Equality, diversity, and inclusion
- Behaviour and personal development
- Health and wellbeing
- Health & Safety
- Environmental/Sustainability
- Menstrual Health & Menopause policies (where available)

3. What the Accreditation Aimed to Achieve

The pilot accreditation aimed to:

<ul style="list-style-type: none">• Meet Department for Education (DfE) expectations around first-line school support for student absenteeism and support for pupils with ongoing medical needs (DfE, 2024a; DfE, 2015).
<ul style="list-style-type: none">• Align with the DfE Keeping Children Safe in Education framework (DfE, 2024b).
<ul style="list-style-type: none">• Support Ofsted's emphasis on safeguarding culture, attendance, inclusion, personal development and staff wellbeing (Ofsted, 2024).
<ul style="list-style-type: none">• Meet British Standards Institution (BSI) guidance on managing menstruation, menstrual health and menopause in the workplace (BSI, 2023).
<ul style="list-style-type: none">• Establish referral links with Social Prescribing Link Workers in local Primary Care Networks, in line with NHS best practice in personalised care (NHS England, 2019).
<ul style="list-style-type: none">• Provide structured early intervention before issues escalate (DfE, 2024a; NHS England, 2019).
<ul style="list-style-type: none">• Be inclusive and culturally competent - supporting all those with a menstrual cycle, across all genders, abilities, faiths and cultures (EHRC, 2016).
<ul style="list-style-type: none">• Address menstrual inequity (period poverty) so that support is inclusive of those living in socially and economically underserved communities, in line with equality and dignity guidance (EHRC, 2016; DfE, 2020).
<ul style="list-style-type: none">• Support school sustainability policies and informed choice by encouraging environmentally responsible period product provision (including reusable and fragrance-free options where appropriate), supported by clear product information and safe disposal practices. (DfE, 2023; WEN, n.d.)
<ul style="list-style-type: none">• Increase staff and student confidence and shared language around menstrual health
<ul style="list-style-type: none">• Reduce stigma and silence across the school community
<ul style="list-style-type: none">• Create clear, safe pathways for students and staff to seek support
<ul style="list-style-type: none">• Improve parental understanding and engagement
<ul style="list-style-type: none">• Support attendance decision-making with credible evidence of support
<ul style="list-style-type: none">• Achieve impact without increasing staff workload
<ul style="list-style-type: none">• Ultimately, reduce menstrual-related absenteeism (for both staff and students) and identify/ support those with additional medical needs.

4. Policy Context – Attendance and Early Intervention

The Department for Education (DfE) guidance is clear that improving attendance requires understanding and addressing barriers, including health-related and medical needs. Schools are expected to discuss, consider and evidence the support that can be provided to enable regular attendance, rather than relying solely on enforcement or informal arrangements. (DfE, 2023).

Menstrual-related absence is:

- Predictable
- Recurrent
- Often under-identified due to stigma and lack of structured support

The MCS School Accreditation provides schools with a credible, auditable first-line intervention for menstrual-related absence, without requiring diagnosis or escalation to external services. Identification of those with a medical need can be referred to primary care as well as social prescribing link worker, in line with NHS Personalised Care priorities (For further alignment with NHS England’s Universal Personalised Care model (including social prescribing, see [Appendix A1](#)).

Menstrual health as both an attendance and workforce wellbeing issue

Schools are unique settings in that they have the responsibility to support both students and staff, a population that includes those experiencing the full reproductive life course from menarche up to and including perimenopause and menopause. The MCS School Accreditation supports not only student attendance and wellbeing, but also - through unlimited access to the MCS clinically backed course for adults and staff training / ad hoc support - confidence and staff wellbeing, aligning with good practice on menstrual health in workplace settings, including the recently published BSI guidance on menstruation and menstrual health at work (BSI, 2023). (For detailed mapping to BS 30416:2023 menstrual health in the workplace, see [Appendix A2](#).)

5. Ofsted & Local Authority Relevance (Summary)

The pilot demonstrates that menstrual-related absenteeism can be addressed through an attendance-led, safeguarding-aware early intervention model that strengthens and aligns with Ofsted and Local Authority emphasis on reasonable adjustments, parental engagement, and evidence of first-line support, with minimal additional burden once embedded. (See [Appendix A3](#) for further information). (Ofsted, 2024).

6. Theory of Change

The Theory of Change clarifies how the Accreditation is expected to lead to improved attendance and wellbeing, distinguishes early system impact from long-term outcomes, and provides a framework for evaluating and refining the model. (Weiss, C.H. 1995).

Need:

High-prevalence menstrual-related symptoms affecting attendance, wellbeing, and engagement, often unrecognised or unsupported within formal systems.

Inputs:

School Accreditation, evidence-based course, staff training, parental engagement, and access via social prescribing pathways.

Activities:

Targeted attendance-led referral, supported in-school completion, staff confidence-building and support, parental engagement, and referral via social prescribing where need is identified in primary care.

Outputs:

Support offered at the point of need, increased staff confidence, improved help-seeking, and reduced stigma around menstrual health.

Outcomes:

Earlier intervention, improved attendance decision-making, strengthened safeguarding and inclusion, and joined-up support across education and health. Increased agency and informed self-management.

Impact:

Reduced menstrual-related absenteeism through early, preventative support, delivered with minimal additional staff burden and scalable across school and community settings.

PART TWO - EVIDENCE & DELIVERY

7. Evidence base - Why Menstrual Health Matters in Schools

7.1 High-prevalence issue with significant educational impact:

<ul style="list-style-type: none">• On average, people menstruate for around 40 years of life - from menarche through to menopause - meaning menstrual health can affect education, work and wellbeing across the life course (NICE, 2022).
<ul style="list-style-type: none">• 26% of the female population is menstruating at any given time.(Hennegan et al., 2019). In a school with 700 female students, 182 are menstruating every day of term.
<ul style="list-style-type: none">• Up to 90% of adolescents experience period pain. (Harel, 2006; Kives, 2021).
<ul style="list-style-type: none">• Around 10% of students experience secondary dysmenorrhea (Wellbeing of Women, 2023).
<ul style="list-style-type: none">• 34–36% of students miss school due to period-related symptoms (PHS Group, 2022; UNESCO, 2014; Plan International UK, 2017).
<ul style="list-style-type: none">• Average student absence is 3 days per term, equating to approximately 11 weeks across secondary education (PHS Group, 2022).
<ul style="list-style-type: none">• 6 in 10 teenagers do not know when to seek medical help (Wellbeing of Women, 2023; Menstrual Cycle Support and Endometriosis UK, 2023).
<ul style="list-style-type: none">• 76% young people report mental health being negatively affected (Wellbeing of Women, 2023; PHS Group, 2022).
<ul style="list-style-type: none">• 34–37% young people experience Heavy Menstrual Bleeding (Fraser et al., 2007; Pike, Reid and Kondapalli, 2021).

7.2 Schools as Workplaces

- In a UK survey, 80% of staff experienced menstrual-related presenteeism (attending work while unwell and unable to perform at full capacity). (Sang et al., 2021).
- Disruptive menstrual health symptoms are highly prevalent in adult women. **Heavy menstrual bleeding** alone affects around 14-25% of women of reproductive age, while other common and often underdiagnosed conditions include **endometriosis** (~1 in 10) and **PCOS** (~8-13%), alongside clinically significant cyclical mood conditions such as **PMDD** (~3-8%). (Whitaker and Critchley, 2016; NHS, 2023; Teede et al., 2018; American Psychiatric Association, 2013; Iacovides, Avidon and Baker, 2015).

7.3 Menstrual Inequity (Period Poverty)

- Evidence shows **inequalities by disability status, ethnicity and socioeconomic circumstance**, with some groups experiencing higher symptom burden, barriers to diagnosis/treatment, and reduced access to appropriate menstrual products and care, requiring tailored support and inclusive practice. (NICE, 2018; RCOG, 2018; PHE, 2018; EHRC, 2016).
- **Menstrual inequity** (also known as 'period poverty') remains a significant issue in the UK: over 1 in 5 women and people who menstruate report struggling to afford period products (ActionAid, 2025), while over 1 in 4 girls and young women report difficulties accessing or affording period products (Plan International UK, 2017) - with knock-on impacts for dignity, participation and wellbeing (EHRC, 2016; RCN, 2025).

7.4 Supporting dignified product access and informed choice.

- Disposable period products generate significant waste in the UK (estimated at around 200,000 tonnes per year) and emerging evidence suggests menstrual products can contain plastic additives with potential implications for human health (WEN, n.d.; Cioni, Calvo and Eljarrat, 2025).

This evidence demonstrates that menstrual-related absence is systemic rather than marginal, requiring a structured school-based response.

8. What Severn Vale School Implemented

8.1 As part of the accreditation, the school implemented the following:

1. Referral of students to the MCS course when menstrual-related absence was reported (See Appendix B.i. for standard email sent).
2. Availability of MCS course: for adults for members of staff requiring additional menstrual cycle support (See Appendix B.ii. for staff room poster)
3. Ad hoc individual support via the Attendance Lead in collaboration with MCS (for further details, see 8.2 and, for specific examples, Appendix B.iii.)
4. Display of menstrual cycle support posters across the school (To see image of poster in situ, see Appendix B.iv.)
5. Inclusion of MCS information in school newsletters to parents and stakeholders (For text, see Appendix B.v.)
6. Inclusion of MCS information on school website (Website screenshot, Appendix B.vi.)
7. MCS delivery of a staff training workshop in person (See 8.3 below for further details and, for staff guidance document, see Appendix B.vii.)
8. MCS delivery of an online student/parent interactive workshop (See 8.4 for further details and, for workshop poster and parent guidance document, see Appendix B.viii.)
9. Integration with Social Prescribing and Primary Care Pathways (For further details, see 8.6)
10. Targeted invitation of students identified with menstrual-related need
11. Inclusion of Year 6 transition students who had missed primary school due to menstrual symptoms (See Appendix B.ix.)
12. Award of Headteacher's Commendations to students completing the course (with consent)
13. Recognition of the MCS course as approved learning during phased returns
14. Close working between the Attendance Lead and the social care and medical / pastoral team
15. Use of the MCS course within referral and reflection rooms as a supervised learning and wellbeing activity
16. Supported & strengthened period product provision & facilities (For further details, see 8.5)

The baseline Accreditation contract covered points 1-9.

Points 10-16 were initiated entirely by the school, demonstrating exceptional innovation, proactive leadership and deep integration of menstrual support into wider attendance, safeguarding and pastoral systems.

8.2 Ad Hoc Evidence-Informed Support and Case Guidance

The ad hoc support for individual cases aspect of the Accreditation is significant because it demonstrates that impact was not limited to formal course engagement alone.

Instead, the pilot enabled responsive, evidence-informed support at the point of need, helping staff and families better understand symptoms, reduce anxiety, and identify when further support or medical advice may be appropriate.

(See **Appendix B.ii.**)

8.3 In-Person Staff Training and Multi-Agency Engagement

8.3.1 Staff Training Workshop

An in-person teacher training workshop was delivered as part of the Accreditation. Attendees included:

- Several Heads of Year
- Pastoral support staff
- The PSHE lead
- Members of the Attendance team

The session introduced:

- The rationale for the Accreditation
- National data on menstrual-related absenteeism
- How to identify and respond to menstrual health needs
- How and when to refer students to the MCS course
- How the course supports attendance, safeguarding, and inclusion

This ensured the initiative was understood beyond a single role and embedded across year groups and pastoral systems.

8.3.2 Multi-Agency Participation

The training was also attended by two social workers from Gloucestershire County Council, reflecting:

- Cross-agency interest in menstrual health as a wellbeing and attendance issue
- Alignment between school-based support and social care priorities
- Opportunities for joined-up early intervention

8.3.3 School Environment Review and Leadership Engagement

As part of the visit, MCS was:

- Shown around the school site
- Introduced to medical facilities
- Shown toilet provision and period product availability
- Given insight into how menstrual support operated in practice

There was also the opportunity to:

- Meet the Headteacher
- Meet members of staff involved in attendance, wellbeing, and inclusion

This enabled shared understanding of strengths, gaps, and practical considerations, and reinforced senior leadership engagement with the Accreditation.

8.4 Targeted Student & Parent Engagement

Through attendance monitoring and pastoral insight, 30 students were identified as having significant menstrual cycle-related needs. These students and their parents or carers were personally invited to attend an online student/parent interactive workshop.

Attendance and Engagement

- **16 of the 30 invited students attended**
- **This represents a 53% attendance rate**

For a voluntary, out-of-hours session on a sensitive and stigmatised topic, this represents strong engagement and indicates trust in both the school and the MCS offer.

8.5 Integration with Social Prescribing and Primary Care Pathways

A key strength of Menstrual Cycle Support is that the MCS courses are also available through social prescribing, enabling access beyond the school setting (NHS England, 2023).

As part of the Accreditation pilot, Menstrual Cycle Support engaged with the Children and Young People (CYP) Social Prescribing Link Worker within the local Primary Care Network (PCN) to explore referral pathways from primary care into the MCS course.

This established a shared understanding of:

- How menstrual-related distress and absenteeism present in primary care settings
- The role of social prescribing in providing non-clinical, preventative support
- How schools and primary care can offer joined-up pathways for children and young people

This work reinforced that menstrual-related need is not confined to education settings and that social prescribing offers a complementary route for students who may present first to healthcare services rather than school.

While formal primary care referrals were not yet embedded during the pilot period, this engagement laid important groundwork for future cross-sector referral pathways, strengthening the scalability and system relevance of the Accreditation.

8.6 Supporting and Strengthening Period Product Provision & Facilities

Building on existing provision

The Accreditation strengthened the school's existing free period product provision (see Appendix B). Staff recognised that product access alone does not address wider barriers to attendance such as pain, fatigue, anxiety, heavy bleeding, and gaps in menstrual literacy.

Equity and dignity (Modibodi donation)

The Attendance Lead secured a donation of reusable period underwear from Modibodi, distributed to students with particular focus on those eligible for Pupil Premium. This reduced financial barriers and provided a discreet option for students experiencing heavy or unpredictable bleeding.

Linking provision to wider support

The Accreditation aligned practical provision with structured support pathways, ensuring that students accessing products were also aware of referral routes to the MCS course. This legitimised conversations and increased staff confidence to respond consistently.

Facilities and best-practice guidance

MCS shared the global menstrual justice charity, iRise International's guidance to support reflective discussion around dignity and access, including toilet permissions, privacy, and product visibility, helping align facilities and policies with inclusive practice (iRise International, 2024).

PART THREE - DATA AND INTERPRETATION

9. Attendance-Led Referral Activity – Quantitative Engagement

9.1 Observed Referral Data (January–July)

Month	Referrals by Attendance Team
January 2025 (Staff Training Workshop)	1
February 2025 (Parent / Student Workshop)	0
March 2025 (Easter break)	0
April 2025 (New Term)	1
May 2025	21
June 2025	8
July 2025 (to 2nd July - Leadership Change)	4
TOTAL	35

9.2 Interpretation

Although the accreditation covered a 12-month period, the active referral and engagement phase was concentrated over approximately 8 weeks, following initial set-up, staff training, Easter holidays, and preceding a change in Attendance Lead. All engagement data should therefore be interpreted as activity generated within this short activation window.

The data shows a clear activation pattern, with sharp increases once the Accreditation was embedded and championed. This reflects system activation, not a sudden increase in need. This pattern also suggests that referral activity is highly responsive to leadership focus and system activation.

For raw data, please see [Appendix D](#).

9.3 Data Scope and Recording Limitations (Important Context)

It should be noted that the referral data presented in this report reflects referrals made and formally recorded by the Attendance team only.

While the Attendance team was the primary and most consistent referral route, it is likely that additional referrals were made informally by other staff, including:

- Medical team members
- Pastoral staff
- Teaching staff supporting individual students

These referrals were not systematically recorded as part of the pilot data capture and are therefore not included in the quantitative figures presented.

As a result, the referral data should be understood as a conservative baseline, rather than a full representation of all student signposting to the MCS course during the pilot period.

This further reinforces the conclusion that actual reach and exposure were likely higher than recorded figures suggest.

It is important to note that this pilot represents an early-stage implementation.

While referral activity increased markedly during May and June, this period reflects the point at which the Accreditation was most actively championed and embedded. The pilot timeframe, combined with changes in staffing, means it is too early to draw conclusions about sustained year-round uptake. What the data does demonstrate clearly is that engagement is highly responsive to leadership focus, visibility, and system activation.

9.4 Monthly Referral Average

Active period: May–2 July (~2.25 months)

Referrals in active period: 33

Observed active-month average: ~14.7 referrals per month

9.5. Scenario-Based Projection

Using the observed active-period average:

- **6 months:** ~88 referrals
- **9 months:** ~132 referrals
- **12 months:** ~176 referrals

These projections are illustrative and demonstrate latent demand and the importance of sustained activation.

9.6 Survey-Based Outcomes and Safeguarding Learning

As part of the pilot, participants were invited to complete pre- and post-course surveys using MyCaw®, an NHS-approved, patient-reported outcome measure. MyCaw enables participants to identify up to two personal concerns and rate these on a linear scale before and after an intervention, alongside additional questions relating to confidence, understanding, and help-seeking.

The surveys are digital and take approximately two minutes to complete, making them suitable for use within the school day when supported appropriately.

During the pilot:

- 12 participants engaged with the course
- 5 participants completed the pre-course survey
- 3 of those 5 completed the post-course survey

Given the very small sample size, findings should be interpreted as indicative rather than evaluative. However, the data provides useful insight into both participant experience and the feasibility of outcome measurement in a school setting.

Among those who completed both surveys, participants reported:

- Improved understanding of their menstrual cycle and symptoms
- Reduced concern in relation to the issues they identified at baseline
- Increased confidence in knowing when and how to seek support, including communicating with a healthcare professional

Participants' self-identified concerns commonly related to pain, heavy bleeding, mood changes, and the impact of menstrual symptoms on daily functioning. Post-course responses suggested greater clarity, reassurance, and confidence in managing or discussing these concerns.

10. Why It Worked – Even With Modest Completion

This section interprets the engagement data presented in section 9. above, situating it within the pilot context.

10.1 Interpreting the Numbers (Pilot Context)

Over an approximately eight-week active delivery period, the Accreditation enabled the school to identify 30 students with menstrual-related needs, make 35 attendance-led referrals, engage 53% of invited families in a voluntary workshop, and support 10 students to complete a structured course despite staffing changes and limited in-school delivery time.

These figures reflect early system activation, not saturation, and demonstrate both latent demand and the importance of sustained leadership and in-school delivery for future scale.

10.2 Course completion

10 students completed the course and 2 members of staff during the period (May-June 2025).

As noted by the Attendance Lead:

“Even if only 10 students per year engage with the course, that’s still 10 students we have supported.”

Given that **6 in 10 teenagers do not know when to seek medical help**, the availability of credible support at point of need represents meaningful impact regardless of completion numbers.

11. Value for Money

Cost:

£125 per month (£1,500 per year)

Equivalent to:

£11.50 per month

£2.88 per week

~41p per school day

Cost per student:

~£2.14 per female student per year (illustrative, based on ~700 female students)

Cost per staff member:

Assuming approximately **150 female staff** of reproductive age (including senior leadership, teaching, support and administrative staff):

~£10 per staff member per year

(~83p per staff member per month)

Whole-school value:

The Accreditation provides unlimited access to training, resources and first-line support for both students and staff, spanning the full reproductive life course from menarche through to perimenopause, within a single, low-cost framework.

Wider economic and system context:

Menstrual-related conditions such as severe period pain, heavy menstrual bleeding, endometriosis and cyclical mood disorders are highly prevalent and are associated with significant absence and reduced productivity across the UK workforce. National economic analyses estimate that unmanaged menstrual health needs cost the UK economy billions of pounds each year through absenteeism and presenteeism, alongside substantial and avoidable demand on NHS services for conditions that are often diagnosed late or escalate unnecessarily. (NHS Confederation, 2023; Sang et al., 2021).

Within this context, low-cost, school-based early intervention that improves menstrual literacy, confidence, and appropriate help-seeking represents a proportionate and preventative investment.

Value for money:

Preventing escalation for even one student or one member of staff - through earlier support, improved attendance decision-making, reduced absence, or avoided referral to overstretched external services - offsets the annual cost of the Accreditation.

PART FOUR - CHALLENGES, LEARNING & NEXT STEPS

12. Challenges and Learning (Pilot Implementation Learning)

12.1 Leadership continuity

The pilot showed that uptake is strongly influenced by role-based ownership and continuity. Referral activity was highest when the Accreditation was actively championed by the Attendance Lead. Following a change in post, engagement reduced and could not be re-established within the pilot period.

Learning:

The Accreditation must be embedded as a system responsibility, not dependent on an individual champion.

12.2 Timing and activation window

Although the Accreditation covered a 12-month period, the active referral phase occurred over a short activation window following initial set-up/training and around school calendar constraints (including Easter), with engagement then interrupted by leadership change.

Learning:

Future delivery must include an agreed active referral window and visibility plan, to avoid impact being limited by timing and staffing changes.

12.3 Data capture and referral recording

The Attendance Team consistently recorded referrals; however, referrals made by other staff (pastoral, medical, teaching) were not systematically logged. This limits evaluation and under-represents reach.

Learning:

Referral processes must be simple and consistently recorded across staff roles to support safeguarding oversight and credible impact reporting.

12.4 Student engagement barriers

A practical barrier was that many referred students needed to complete the course in their own time, which can be an additional burden for students already experiencing pain, fatigue, distress, or low attendance. Survey completion was also limited without staff support.

Learning:

Impact improves when course completion and surveys are supported in-school, with staff involvement to spot red flags and trigger follow-up.

12.5 Attendance as a strategic lead for menstrual support

During the pilot, menstrual health needs and period product concerns were raised in attendance-related conversations with families. This indicates that the Attendance Team is often the first point of contact for menstrual-related barriers to learning.

Learning:

Attendance teams are well placed to coordinate menstrual health support and period provision in partnership with pastoral and medical colleagues.

12.6 Staff engagement and access to support

While staff feedback on training was positive, uptake of individual staff support and course completion remained low during the pilot period. This reflects wider evidence that menstrual health support in workplace and education settings is often underutilised, despite high prevalence of symptoms, due to time pressures, concerns about visibility, professional boundaries, and a culture of self-normalisation.

Importantly, low uptake should not be interpreted as low need. Instead, it highlights the importance of offering multiple, low-threshold routes to support that feel safe, informal, and proportionate within a school workplace context.

Learning:

Future models must reduce barriers to staff engagement by complementing formal training and digital resources with relational, peer-led routes into support.

13. Next Steps and Refinements for 2026/27 (Action Plan)

Based on learning from the pilot, the MCS School Accreditation model will be strengthened for 2026/27 to support sustained engagement, improved equity of access, stronger evaluation, and greater resilience to staff turnover.

13.1 Leadership continuity and accountability

- Each school to nominate a primary Accreditation Lead and deputy
- Annual light-touch re-onboarding to confirm:
 - leadership responsibility
 - referral route
 - promotion calendar

Outcome:

Sustained uptake independent of staff changes.

13.2 Whole-staff referral ease and referral recording

- Brief training for attendance, pastoral, medical, teaching staff
- Explore how current referral systems can accommodate MCS referrals

Outcome:

Consistent referral practice + improved evidence under scrutiny.

13.3 In-school completion (equity-first delivery)

- Enable course completion within:
 - Futures/PSHE (where appropriate)
 - referral/reflection rooms
 - return-to-school planning

Outcome:

Reduced burden on unwell students + improved access.

13.4 Planned promotion points

- Half-termly visibility plan (not dependent on memory or champions):
 - start-of-year/induction
 - exam periods
 - transition points (Y6–Y7)
 - attendance communications

Outcome:

Sustained awareness and normalisation.

13.5 Staff CPD

- Encourage (or require) relevant staff to complete the course as CPD

Outcome:

Shared language, increased confidence, cultural shift.

13.6 Safeguarding and survey follow-up

- Staff-supported survey completion where possible
- Named staff oversight
- Clear escalation route if red flags arise

Outcome:

Stronger safeguarding, earlier help, higher survey completion.

13.7 Social prescribing links

- Formalise links with CYP Social Prescribing Link Workers at outset
- Clarify school/PCN referral pathways
- Provide additional training for social prescribers and care workers

Outcome:

Joined-up education/health pathway aligned with personalised care.

13.8 Evaluation improvement

- Improve recording + survey support
- Combine:
 - quantitative metrics (referrals, completion, staff/parent knowledge)
 - qualitative insight (staff, student, parent feedback)

Outcome:

More robust impact reporting for inspection, commissioning, and scaling.

13.9 Strengthening staff support through peer-led provision

Introduce a light-touch Peer Support approach for staff as part of the Accreditation framework. Trained peer champions would provide confidential, informal listening and signposting, operating within clear boundaries and escalation pathways where appropriate.

This model is intended to complement, not replace, existing safeguarding, HR, occupational health, and healthcare routes, and to reduce barriers to early help-seeking for staff experiencing menstrual or perimenopausal symptoms.

Outcome:

Increased accessibility of support for staff, alignment with personalised care principles, and improved engagement without increasing formal workload or clinical expectation.

12. Pilot Aims, Delivery and Learning Summary

Table X summarises how the pilot Accreditation performed against its original aims, alongside key learning that has directly informed refinements for 2026/27.

Table X: Pilot Aims, Delivery and Learning Summary

Pilot aim	Achieved in pilot	How this was evidenced	Learning for future delivery
Meet DfE expectations for first-line school support for medical-related absenteeism	Achieved	Attendance-led referral pathways, structured first-line support offered at point of absence, use of MCS course within return-to-school planning	Sustain referral activity through leadership continuity and agreed activation windows
Align with Keeping Children Safe in Education (KCSIE)	Achieved	Safeguarding-aware training, supervised in-school completion, escalation routes for red flags	Strengthen staff-supported survey completion to improve safeguarding oversight
Support Ofsted priorities on safeguarding, attendance, inclusion and wellbeing	Achieved	Documented early intervention, reasonable adjustments, parental engagement, evidence of first-line support	Improve consistency of referral recording across staff roles
Align with BSI guidance on menstrual health in the workplace	Achieved	Whole-school culture approach, staff access to training and support, inclusive language and adjustments	Introduce peer-led staff support to reduce barriers to engagement
Establish links with Social Prescribing Link Workers	Initiated	Engagement with CYP Social Prescribing Link Worker and shared pathway understanding	Formalise referral routes earlier in future delivery
Provide structured early intervention	Achieved	Early identification through attendance data, use of MCS as first-line non-clinical support	Increase in-school completion to reduce burden on unwell students
Deliver inclusive and culturally competent support	Achieved	Inclusive language, alignment with EHRC guidance, support across genders and cultures	Continue to test accessibility and cultural relevance
Address menstrual inequity (period poverty)	Achieved	Strengthened product provision, targeted reusable underwear distribution	Embed equity-led provision planning at outset
Support sustainability and informed product choice	Achieved	Guidance on reusable products, disposal practices, environmentally responsible options	Strengthen links between provision, education and attendance
Increase staff and student confidence and shared language	Partially-achieved	Staff training delivered; increased confidence reported; limited staff course completion	Expand staff CPD and peer-led support
Reduce stigma and silence	Achieved	Increased help-seeking, parent engagement, normalised attendance conversations	Sustain visibility through planned promotion points
Create clear, safe support pathways	Achieved	Defined referral routes, attendance-led system, safeguarding escalation	Simplify and embed referral recording across roles
Improve parental understanding and engagement	Achieved	53% attendance at targeted parent/student workshop	Repeat workshops at key transition points
Support attendance decision-making with evidence	Achieved	Documented referrals and system activation data	Improve cross-team data capture
Achieve impact without increasing staff workload	Achieved	Embedded into existing systems; low additional burden once established	Protect simplicity as model scales
Reduce menstrual-related absenteeism and identify additional medical needs	Too early to conclude	Early system activation and identification of need demonstrated	Requires sustained year-round delivery and longitudinal data

CONCLUSION

The MCS School Accreditation pilot demonstrates that:

- Menstrual-related absence is widespread but under-addressed
- Engagement increases sharply when systems are activated
- Targeted and whole-school approaches are effective
- Low uptake reflects structural interruption, not lack of need
- The model is economical, preventative, and scalable

As a pilot delivered within a constrained activation window, findings should be understood as indicative of feasibility and system impact rather than long-term outcomes.

The pilot supports the case for wider rollout, with refinements focused on leadership continuity, in-school completion, and consistent referral recording to enable sustained year-round impact.

In conclusion, the Accreditation represents a credible, whole-school, first-line intervention for a high-prevalence attendance issue.

APPENDICES

APPENDIX A: Policy and Standards Alignment

A1: NHS England Personalised Care and Social Prescribing Guidance

The MCS Pilot School Accreditation aligns with NHS England's Universal Personalised Care model, particularly its emphasis on prevention, early intervention, and social prescribing.

Key areas of alignment include:

1. Person-centred support (“What matters to me”)

- Students and staff are supported to articulate how menstrual symptoms affect their daily life, attendance, learning, and wellbeing
- Support is tailored rather than one-size-fits-all, reflecting individual experience and need

2. Prevention and early intervention

- Schools act as a first-line, non-clinical setting for early identification of menstrual-related difficulties
- Support is provided before issues escalate into crisis, absenteeism, or clinical intervention

3. Social prescribing and non-clinical pathways

- Clear referral routes to Social Prescribing Link Workers where additional support is needed
- Recognises menstrual health as a legitimate wellbeing concern suitable for community-based intervention

4. Integrated pathways and escalation

- Where red flags are identified (e.g. severe pain, heavy bleeding, safeguarding concerns), schools are supported to escalate appropriately to healthcare services
- Ensures alignment with NHS pathways without over-medicalising early support

5. Outcomes and reflective evaluation

- Use of brief outcome tools (e.g. MyCaW) supports reflective, person-centred evaluation consistent with personalised care principles

A2. Alignment with BSI Menstrual Health in the Workplace Guidance (BS 30416:2023)

The Menstrual Cycle Support (MCS) Pilot School Accreditation has been designed to support staff as well as students and therefore is aligned with the principles set out in BS 30416:2023 – Menstrual health and menopause in the workplace – Guidance.

The table below outlines how the Accreditation reflects key BSI themes.

BS 30416 Core Theme	BSI Principle	How the MCS Accreditation Aligns
Organisational culture	Foster an open, inclusive culture around menstrual health	Whole-school approach that normalises menstrual health through staff training, student education, and leadership commitment
Awareness and training	Ensure staff are informed and confident to provide support	Staff training embedded within the Accreditation framework, improving confidence, consistency, and safeguarding awareness
Reasonable adjustments	Enable flexibility and practical adjustments	Schools implement supportive policies tailored to individual needs
Facilities and resources	Provide appropriate facilities and access to products	Accreditation provides clear signposting to support
Language and inclusion	Use inclusive, non-stigmatising language	Accreditation explicitly recognises that not all who menstruate identify as girls or women, aligning with inclusive best practice
Leadership and accountability	Embed responsibility at organisational level	Senior leadership engagement and formal accreditation ensures accountability and sustainability

A3: Ofsted & Local Authority Relevance (further details)

A.3.i. Alignment with the Education Inspection Framework (Ofsted, 2024)

The pilot demonstrates:

Evidence of first-line support : Clear, documented support offered at the point of menstrual-related absence, enabling the school to evidence early intervention before escalation, in line with Department for Education guidance on attendance.

Reasonable adjustments: Practical and proportionate adjustments, including supervised in-school access to support, use of referral and reflection rooms, and inclusion of the course within return-to-school planning.

Targeted identification of need: Proactive identification of students experiencing menstrual-related barriers to attendance through attendance data, pastoral insight, and professional judgement.

Parental engagement: Constructive involvement of parents and carers, demonstrated by 53% attendance at the targeted student-parent workshop, which is strong engagement for a sensitive wellbeing topic.

Trauma-informed and inclusive practice: A supportive, non-punitive approach that recognises the impact of pain, anxiety, fatigue, and stigma on attendance and behaviour, contributing positively to students' sense of safety, dignity, and belonging.

Multi-agency collaboration: Engagement with social care colleagues alongside attendance, pastoral, and leadership teams, supporting joined-up practice and appropriate safeguarding oversight.

Efficient use of resources: A low-cost intervention embedded within existing systems, requiring minimal additional staff capacity while strengthening consistency and confidence in responses to absence.

A.3.ii. Behaviour, Personal Development, and Attendance

By addressing a common but under-recognised driver of absence, the Accreditation supports improved attendance through preventative, wellbeing-led intervention, rather than reliance on sanctions. It also contributes to students' personal development by increasing knowledge, confidence, and help-seeking behaviour

A.3.iii. Equality, Inclusion, and Practical Support

The Accreditation strengthened the school's existing free period product policy by embedding it within a wider attendance, wellbeing, and inclusion strategy. In addition, the distribution of reusable period underwear, targeted particularly at students eligible for Pupil Premium, demonstrates an equity-focused approach that addresses both immediate practical need and longer-term barriers to attendance.

A.3.iv. Leadership and Management

The pilot illustrates effective leadership through reflective practice, identification of system-level learning, and a commitment to refining delivery. It also highlights the importance of leadership continuity and role-based ownership in sustaining impact – learning that has directly informed the refined model for 2026/27.

A.3.v. Keeping Children Safe in Education (KCSIE)

The MCS School Accreditation is aligned with the principles set out in *Keeping Children Safe in Education* (KCSIE), supporting early identification, proportionate intervention, staff confidence, parental engagement, and safeguarding-aware practice, while reinforcing the school's existing safeguarding systems and responsibilities (DfE, 2024).

APPENDIX B:

Communications sent to parents, staff and stakeholders during the Accreditation period.

B.i. Email template (screenshot) sent from Attendance Team to refer student to the MCS when menstrual-related absence was reported

Dear Recipient(s) Salutation

We do not want any student missing out on her education due to menstrual cycle issues. We have marked Student(s) First Name 's recent absence as an authorised illness.

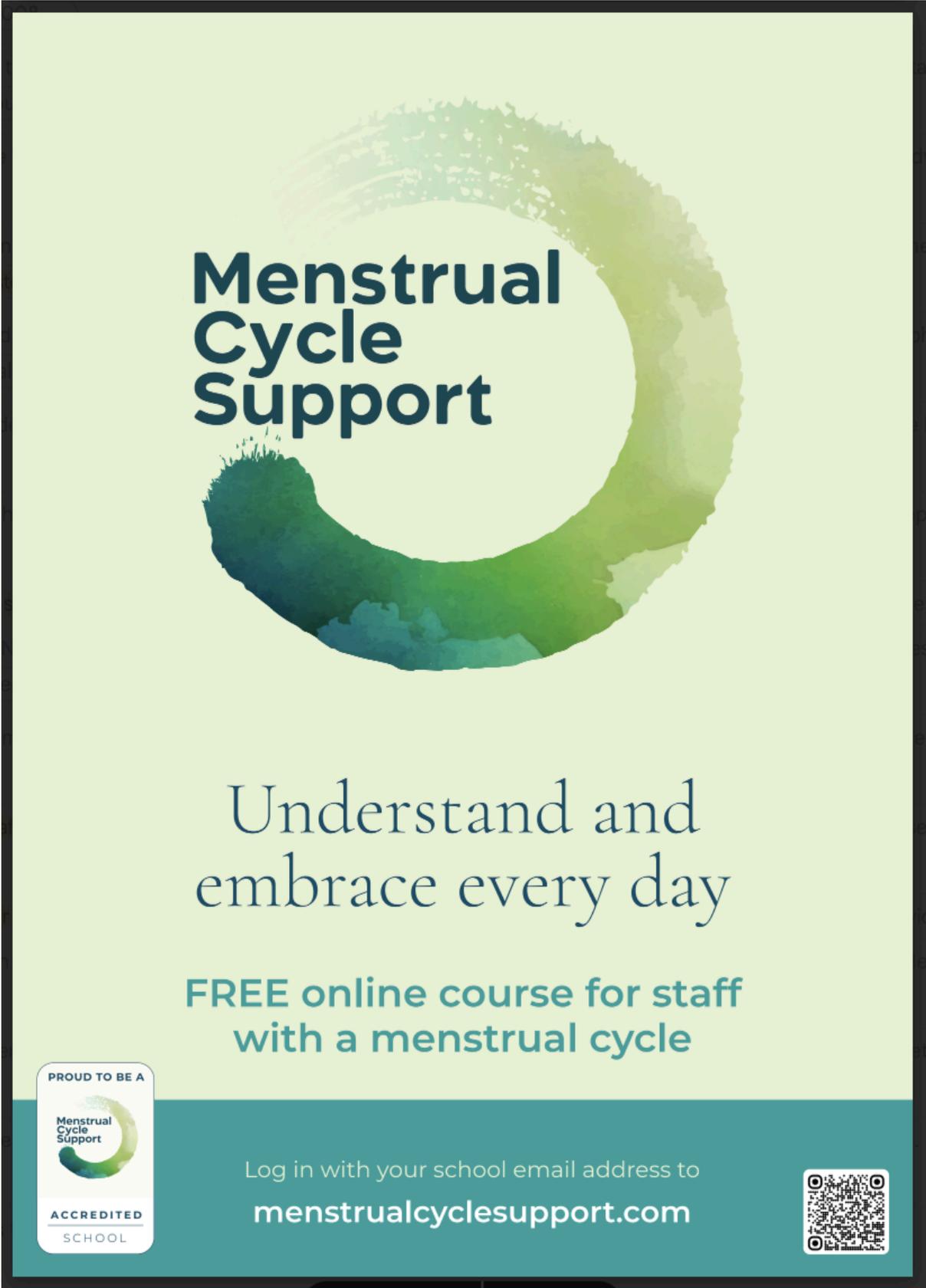
If symptoms continue, we would encourage Student(s) First Name to see her GP as routine absences can obviously be detrimental to her learning. Some students may go on to eventually get a diagnosis, however it can be incredibly hard to get medical intervention as a teenager. To support our students, Severn Vale has partnered with Menstrual Cycle Support. They provide a course which you can access by going to their website <https://menstrualcyclesupport.com/> and clicking enrol now - use Student(s) First Name 's student email to gain access. The course provides advice. It also provides evidence that can be shared with your GP. The worksheets can be used to record flow, pain, mood and impact (didn't go to school, didn't feel like going out with friends etc). Complete these for 2-3 months and then take this information to the GP. This holds real tangible information for a GP to look at in a very quick appointment and be able to discuss next steps.

We would be grateful if you could keep us updated with Student(s) First Name 's progress. If period related absence becomes a regular occurrence and there is no engagement with your GP or the course identified, then it may be that these further absences could be classed as unauthorised.

If you feel there is anything else school could offer to help your daughter remain at school during days she has her period, please do reach out.

Kind regards
Ms C Bryant
Attendance Improvement Manager

B.ii. Access for staff to MCS course:for adults, staff-room/staff toilets poster



**Menstrual
Cycle
Support**

Understand and
embrace every day

FREE online course for staff
with a menstrual cycle

PROUD TO BE A
Menstrual
Cycle
Support
ACCREDITED
SCHOOL

Log in with your school email address to
menstrualcyclesupport.com



B.iii. Example of ad hoc support. Both emails sent from MCS to Attendance Lead following telephone conversations re. individual cases

In terms of the use of Ibuprofen, I am not a medical professional so do not (can cannot) advise on the medication you offer to students at the school, which is no doubt determined by a healthcare professional following NICE guidelines, which GPs use (the guidelines actually state ibuprofen and/or paracetamol can be given for period pain <https://cks.nice.org.uk/topics/dysmenorrhoea/>). It's useful to note that hot water bottles / heat patches are also recommended.

I can, however, point to research / evidence around the effectiveness of ibuprofen for you to discuss with your school nurse: <https://hjug.org/?p=2399>.

(I suspect, paracetamol is given because it's deemed safer: ibuprofen administration, for example, should not be given to students with asthma because it can trigger an attack in 25% of asthmatics, <https://www.menstrual-matters.com/asthma/>).

I also mentioned that there is evidence that ibuprofen can help reduce heavy menstrual bleeding: <https://www.menstrual-matters.com/tips-and-tricks/heavy-bleeding/>

I mentioned in the teacher workshop Q&A that the menstrual cycle can also exacerbate underlying health conditions such as allergies/ asthma and that trauma can affect menstrual cycle experience:

Here is the evidence to support my claims:

Asthma / Allergies and the menstrual cycle - <https://www.menstrual-matters.com/asthma/>

Trauma - <https://pmc.ncbi.nlm.nih.gov/articles/PMC9189376/#:~:text=Similarly%2C%20clinicians%20should%20consider%20the,PTSD%2C%20BPD%2C%20and%20cPTSD>.

Waiting lists in UK could 'fill Wembley Stadium eight times over'

As discussed, the Royal College of Obstetricians and Gynecologists (RCOG) have said there is a 'gynecology care crisis' stating that the number of people in the UK waiting "for months and years" for non-cancer hospital gynecology appointments could 'fill Wembley Stadium eight times over'.

The waiting lists vary from region to region and I don't know what the waiting time is like in Gloucestershire (it's supposed to be no more than 18 weeks across the whole of the UK - though this is still 4.5 months of cyclical pain e.g. a significant portion of the school year).

<https://www.rcog.org.uk/news/new-rcog-report-reveals-devastating-impact-of-uk-gynaecology-care-crisis-on-women-and-nhs-staff/>

I code for secondary dysmenorrhea (period pain with underlying cause e.g. endometriosis)

The waiting list figures show the importance of Severn Vale underscoring, if possible, that being 'under medical investigation' is an I code (as opposed to needing a specific diagnosis for an I code). For example, 'suspected secondary dysmenorrhea; under medical investigation'

Debilitating pain and/or heavy bleeding can also be symptomatic or correlated to (a 'comorbidity' of) other diseases and this should be taken into account, where possible. e.g. in the case of the student with celiac disease, they would have an I code for their period-related absences as these are also related to their celiac diagnosis.

Kate

B.iv. Menstrual Cycle Support poster displayed across the school



B.v. Text included re. MCS in school newsletters to parents and stakeholders

<https://menstrualcyclesupport.com/wp-content/uploads/2026/01/Launch-letter-for-parents-4.pdf>

Dear Parents and Guardians,

Introducing a New Menstrual Health Initiative at Severn Vale School

We are delighted to announce that Severn Vale School is the first school in the UK to achieve the Menstrual Cycle Support (MCS) Schools Accreditation. This innovative program empowers students with a menstrual cycle to better understand their health, reduce stigma, and access the support they need to thrive academically and personally.

Periods & Wellbeing

We recognise the vital connection between menstrual health and wellbeing and are committed to fostering an inclusive environment where students feel supported and celebrated. By embedding menstrual cycle support into our school culture, we aim to ensure that no student's well-being or success is hindered by stigma or lack of menstrual health literacy.

Periods & Attendance

Periods can impact school attendance and educational attainment, with up to 36% of students missing school due to menstrual symptoms. This program seeks to better understand and address these barriers while promoting confidence and resilience. To measure its impact, we are conducting an anonymised before-and-after survey and will share results at the end of 2025.

What is the Menstrual Cycle Support (MCS) Program?

The MCS program offers a clinically-backed, 45-minute online course (in 10-minute modules) that provides practical, age-appropriate information. Students can access the course using their school email address at www.menstrualcyclesupport.com and will have access for three years to revisit as needed. (Students aged 11yrs and 12yrs will need you as parent/guardian to sign them in). Please note, this course is not a substitute for medical care - if you are worried about anything related to your child's menstrual cycle, please seek medical attention from the GP.

P5 Headteacher Commendation

Students who complete the course will receive an MCS certificate and a prestigious "P5" Headteacher Commendation. For A21 students, the course can also be completed online at home as a 'lesson' with guidance from their Support Worker.

Parent/Student Workshop

Kate Shepherd Cohen, founder of Menstrual Cycle Support, will host an online workshop with Q&A on XXXX

We encourage you to discuss this initiative with your child and support their participation in this transformative program.

Yours sincerely,
Richard Johnson
Headteacher

¹ See <https://www.medrxiv.org/content/10.1101/2024.04.24.24306294v1.full> and <https://www.wellbeingofwomen.org.uk/what-we-do/campaigns/just-a-period/just-a-period-survey-results/>

B.vi. Text included re. MCS in Wellbeing section of school website

Severn Vale School
An Academy

Partner Agencies

Home >> Wellbeing >> Partner Agencies

HOME SCHOOL NEWS & EVENTS TEACHING & LEARNING STUDENTS PARENTS WELLBEING CONTACT US

USEFUL LINKS

Partner Agencies
Support Guides

Menstrual Cycle Support

As part of the school's successful Wellbeing structure, the school is also privileged to access highly experienced partner agencies.

Severn Vale School is proud to partner with **Menstrual Cycle Support (MCS)**, a nationally recognized program designed to empower students with essential menstrual health knowledge. As the first school in the UK to achieve MCS Schools Accreditation, we are committed to fostering an inclusive environment where menstrual health is understood, supported, and celebrated.

MCS provides a clinically-backed, evidence-informed framework that includes a 45-minute online course, broken into accessible 10-minute modules. The course equips students with practical tools to manage their menstrual health, reduce stigma, and build confidence. Students can access the course using their school email address at www.menstrualcyclesupport.com, with three years of access to revisit materials as needed. To further encourage engagement, students who complete the course are awarded a prestigious "PS" Headteacher Commendation, reflecting our dedication to their well-being and success.

This partnership also enables us to address critical issues like menstrual-related absenteeism, which affects up to 36% of students, by providing proactive support and resources. Through this collaboration, we are helping to ensure that no student's educational journey is hindered by menstrual health challenges, while promoting overall resilience and self-confidence.

For more information about the MCS program, please visit [Menstrual Cycle Support](#).

B.vii. Internal comms re. MCS delivery of a staff training workshop in person with staff guidance resources:

<https://menstrualcyclesupport.com/wp-content/uploads/2026/01/Guidance-for-staff-3.pdf>

B.viii. Parent / Guardian Support

1. Guidance Document:

<https://menstrualcyclesupport.com/wp-content/uploads/2026/01/Guidance-for-parents.pdf>

2. Poster to promote MCS delivery of an online student/parent interactive workshop sent to cohort of identified students/parents

**MENSTRUAL
CYCLE HEALTH AND
WELLBEING**

Is your teenager struggling with their period and menstrual cycle at school? Would you like more information about how to support them and how to get them the support they might need with their GP?

Come to this relaxed information session with Kate from Menstrual Cycle Support to learn some self help techniques. Learn about how to manage each month so their enjoyment of life is not interrupted.

We believe equal access to education is for all.

WHEN
Tuesday 4th February 2025 7-8pm

WHERE
Online, teams invite will be sent to those that register

Dame Lesley Regan Women's Health Ambassador (England) says:
"Poor menstrual health is preventable and this new approach is a crucial step towards empowering girls and young women with the information they need to advocate for their own health and wellbeing."

SV
Severn Vale School

BOOKING
Please email :
sso@severnvaleschool.com

Session is aimed at any parent/s or carers participating along with their teen.
However if your teen is reluctant please attend anyway.

Information delivered by

**Menstrual
Cycle
Support**

B.ix. Example email from Attendance Lead re. Year 6 transition student who had missed primary school due to menstrual symptoms

These are my notes when chatting to primary school about a particular student. Unfortunately I may run out of time to have an actual meeting with primary and parent but I know the name of the student and will email the new Head of year and assistant head to raise their awareness. I will also see if a pastoral note can be added to their student file so we are aware so the course is promoted in sept etc.

iron meds and suffers with menstrual cycle. Goes v pale - needs access to MC course and info. Needs attendance conversation at very least.
Chased up 7/7

Claire

<https://www.severnvaeschool.com/page/?title=Partner+Agencies&pid=472>

Appendix C:

Supporting and Strengthening Period Product Provision & Facilities

C.i. Period product vending machine already in situ at Severn Vale school prior to the Accreditation:



C.ii. Example of parent feedback emails, where period products also offered:

Hi Claire , thank you for being supportive and understanding this morning and thank you so much for the ' modibodi ' that's really kind of you, and lay will be able to trial it out.

I will be supporting all information we shared this morning and I will be having another chat will lay just to make sure she understands the importance and making sure she goes to student support for signing in etc!

And issues I will copy you into an email also to keep you up to date.

Thank you again!

Good morning

Thank you so much for the information. I've printed the sheets off for [REDACTED] I'm sure they'll be really useful in helping her track everything and feel more in control

I'm really pleased to hear the school is working with a charity on this. It's such a positive step, and hopefully will mean that students who are genuinely struggling with their cycle feel heard and supported

I also really appreciate the acknowledgement that menstrual health can be a valid reason for time off when needed, especially as getting a diagnosis can often take time for teens. That shift in approach is really reassuring

Thanks as well for the offer of the period pants. I'll check with [REDACTED] and get back to you if she'd like to try a pair

Kind regards

Mrs [REDACTED]

Appendix D:

Raw referral data recorded by the Attendance Team

Date	Summary				
27 Jan 2025	Extreme menstrual issues.				
30 Apr 2025	Menstrual resource pack issued 30.04.2025.				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025.				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025.				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025.				
06 May 2025	Is completing the menstrual cycle diary. CB. 06.05.2025				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025.				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025.				
06 May 2025	Menstrual cycle support resources emailed 06.05.2025 and 22.05.2025				
07 May 2025	Menstrual resource email sent to primary guardians 07.05.2025				
07 May 2025	Menstrual resources email sent 07.05.2025. vlb. And by BTR on 25.03.2025				
12 May 2025	Menstrual cycle issues - resources sent 12.05.2025. vlb				
12 May 2025	Menstrual cycle issues - resources sent 12.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual issues - school aware.				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025 and 24.06.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
21 May 2025	Menstrual cycle resources sent 21.05.2025. vlb				
30 May 2025	Menstrual issues resources sent May 2025 CB				
10 Jun 2025	Menstrual resources sent 10.06.2025				
10 Jun 2025	Menstrual resources sent 10.06.2025				
10 Jun 2025	Menstrual resources sent 10.06.2025				
10 Jun 2025	Menstrual resources sent 10.06.2025				
10 Jun 2025	Menstrual resources sent 10.06.2025				
24 Jun 2025	Menstrual cycle resources sent 24.06.2025. vlb				
24 Jun 2025	Menstrual cycle resources sent 24.06.2025. vlb				
24 Jun 2025	Menstrual cycle resources sent 24.06.2025. OK to auth as GP involvement.				
01 Jul 2025	Menstrual cycle resources sent 01.07.2025				
01 Jul 2025	Menstrual cycle resources sent 01.07.2025				
01 Jul 2025	Menstrual cycle resources sent 01.07.2025				
01 Jul 2025	Menstrual cycle resources sent 01.07.2025				

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The logo for Menstrual Cycle Support features a large, circular brushstroke in shades of orange and red. The text "Menstrual Cycle Support" is written in a bold, dark blue font across the center of the circle.

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