



Spoons cost of living report May 2023

Background

Since the end of 2021 inflation in the UK has led to a "cost of living crisis" which, particularly in the context of already deprived areas, represents a massive concern. The squeeze on individual and household finances constitutes a public health concern, as difficulty with affording essentials, such as food, rent, heating or transport, has wide-ranging negative impacts on mental and physical health and well-being.

In September 2022, the charity Bliss released a report on the impact of the cost-of-living crisis showing that the costs associated with having a baby in neonatal care are high and prevent families from being involved as much as they need to be. The cost of living crisis is increasing this financial pressure.

This report builds on the above findings, situating the financial pressures of neonatal care in Greater Manchester's geography. This is an important lens to apply as each geography will face unique circumstances. Greater Manchester, with nearly half of LSOAs in the 30% most deprived in the country, and nearly a quarter in the 10% most deprived, must therefore be understood in its own context.

The below findings represent scoping work that Spoons carried out with families in our neonatal community network in order to attempt to better understand the effects of the cost of living crisis on families.

Spoons has been commissioned to produce this report by the North West Neonatal Operational Delivery Network.

Methodology

From March-April 2023 we delivered a survey to our families to understand their financial circumstances. Questions were based around four areas that may represent particular financial constraints for families experiencing neonatal care arising from the Bliss report:

- Transport costs
- Childcare costs
- Food costs
- Changing circumstances

In addition to the survey, as Spoons is a community-based charity, closely connected to neonatal service users and volunteers who have lived experienced of neonatal care, we have endeavoured to capture findings through informal face-to-face engagement.

The findings should be considered indicative. To truly understand the extent of this issue and develop appropriate responses, further development is required.

Findings

About respondents:

Our survey received a response from 63 families. These reported having experienced neonatal care on the following units:

Neonatal			North				
<u>unit</u>	Oldham	Bolton	Manchester	Stockport	St Mary's	Tameside	Wythenshawe
Number of							
responding							
parents	20	9	15	11	19	4	5

As the respondents all come from the Spoons community who have had babies at neonatal units above, distribution reflects where Spoons activities are most concentrated. Of these parent respondents, 11 had been admitted to neonatal care since 2023, and 48 had been admitted to neonatal care since 2021 when the cost of living crisis began.

The overwhelming majority of responding parents (94%) access the neonatal unit to be with their baby on the unit once per day or more. This is significant as it suggests that families, despite their circumstance, are in the majority of cases spending a great deal of time on the unit despite the additional costs associated. Lower income families may therefore be choosing to accept additional financial hardship in order to spend time with their baby.

Transport:

Parents report using a variety of modes of transport to visit from the unit, the breakdown is as follows:

					Lifts off family
Bus	Own car	Taxi	Walk	Tram	and friends
12	42	18	12	1	5
19.05%	66.67%	28.57%	19.05%	1.59%	7.94%

It is worth noting that a significant number of parents report using multiple modes of transport, hence the above numbers. Therefore, although respondents were asked on their transport costs to the unit, because of the variety of modes attached to these prices, it is impossible to gauge which mode of transport represents the greatest financial pressures. As

may be expected, all responding parents, with one exception, observed an increase to transport costs.

Responses suggest that transport insecurity may be a comparative problem for the ½ of parents who do not have access to their own car, as these parents seem to rely on a greater variety of modes of transport.

Only 13% of parents reported receiving support for their transport. The most common support listed came from Spoons, with additional comments on hospital trusts paying for bus, train or tram tickets and providing car parking permits. Relating to car parking permits there was some suggestion that these were not clearly signposted, and accessed until sometime later in the neonatal journey. This relates to observations from Bliss that there is no consistent point in the journey where a conversation is had with parents around their financial circumstances.

Childcare:

Of our respondents, 46% reported having additional children, and of those only ½ provided a weekly cost for childcare associated with time on the unit. It is notable that, of this number, 70% report paying £120+ a week, which could be a significant burden on families.

As one responding parent's feedback demonstrates, the burden of additional childcare can compound other pressures experienced: "Due to having another child we were having to travel in 2 separate vehicles to visit our baby on the unit, fuel was at an all-time high and we ended up emptying our savings to cover the costs of everything. Clothing, fuel, food, nappies, childcare etc. Due to my focus being on my children and the trauma we were going through we ended up in debt that is still affecting us now."

It was unfortunately not possible with the response rate for this particular question to clarify any additional costs arising from the cost of living crisis.

Food costs:

While the majority of respondents (70%) reported using hospital canteens and restaurants. Of those that did not, the overwhelming reason given was that it was not regarded as an affordable option, making it necessary for parents to pursue other options. These options could themselves be quite difficult with limited facilities available, as one parent demonstrates: "We also had to either bring food or order food in to eat while we were there as the unit didn't have a working fridge we could use."

For those who did use canteens, costs ranged widely from a weekly £15-100, with a modal average of £50.

13% of all respondents reported receiving support with the cost of food. The majority of this support was in the form of vouchers provided by hospitals in the use of their own canteens. Some respondents referred to support for food shopping vouchers received from Spoons.

Changing circumstances:

The majority of responding families reported a decrease of income in the last 18 months, with many claiming that this was a result of spending time on the unit, with the need to take

unpaid leave (particularly in the absence of paternity pay) being a strong reason for this. One parent, for example, reports: "My husband was self employed and works freelance for other companies, as he was at the hospital so much he lost his contracts and therefore didn't get paid. He also lost a job when we returned home, at 6 weeks one of the twins was admitted to hospital again. My husband had to stay home with the other twin and therefore [was] unable to work and lost a big job." The pressure for families in precarious working circumstances can sometimes come in competition with spending time on the unit, as another parent shows: "I had to return to work as I am a casual shift worker and didn't get maternity pay. My partner was also working and only had two weeks paternity leave."

Additionally parents report their finances being constrained by personal circumstances and priorities that also compete with spending time with their child on the unit. Such as difficulties with navigating rental properties with a child on the unit. One parent commented: "We were supposed to move out of rented accommodation into our house before their birth however with the babies in neonatal we could not move and were fined for overstaying while having to meet the new mortgage payments. This was an additional £200.00/week out of pocket. I also had to take time off work to look after my wife post surgery and drive between hospitals and home. This was an additional £100.00/week out of pocket due to loss of additional work time payment."

Respondents report additional emotional stress arising from the above financial circumstances.

Conclusion

The above findings demonstrate that, depending on circumstances, time on the unit can incur significant costs for some families. In the context of the cost of living crisis and growing poverty and deprivation this is concerning.

Similarly time on the unit can also constrain income. We were not able to ascertain the extent to which income constraints may limit a parent's time on the unit, however the above shows that this certainly could be the case for families with less financial means. Our findings suggest that, in many cases, low income families may be choosing additional financial hardship in order to spend time with their baby whilst in neonatal care.

It was expected that the level of support provided would be uneven due to the spread of units experienced, as different NHS trusts offer different levels of support. This also matches the Bliss report findings that there is not a consistent or specific point in a parent's journey where their financial needs are discussed and/or addressed. This clarifies points where support may have been available but missed.

These findings should be considered a starting point. Parents are best placed to communicate their own needs and should be involved in the co-production of support offers. Community-based groups, including but not limited to Spoons, are well placed to bring parents into this conversation.

About Spoons

Spoons is a Greater Manchester charity that supports families with sick and premature babies.

Our aim is to ensure families have access to timely and appropriate support at any point in the neonatal journey.

Contact

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