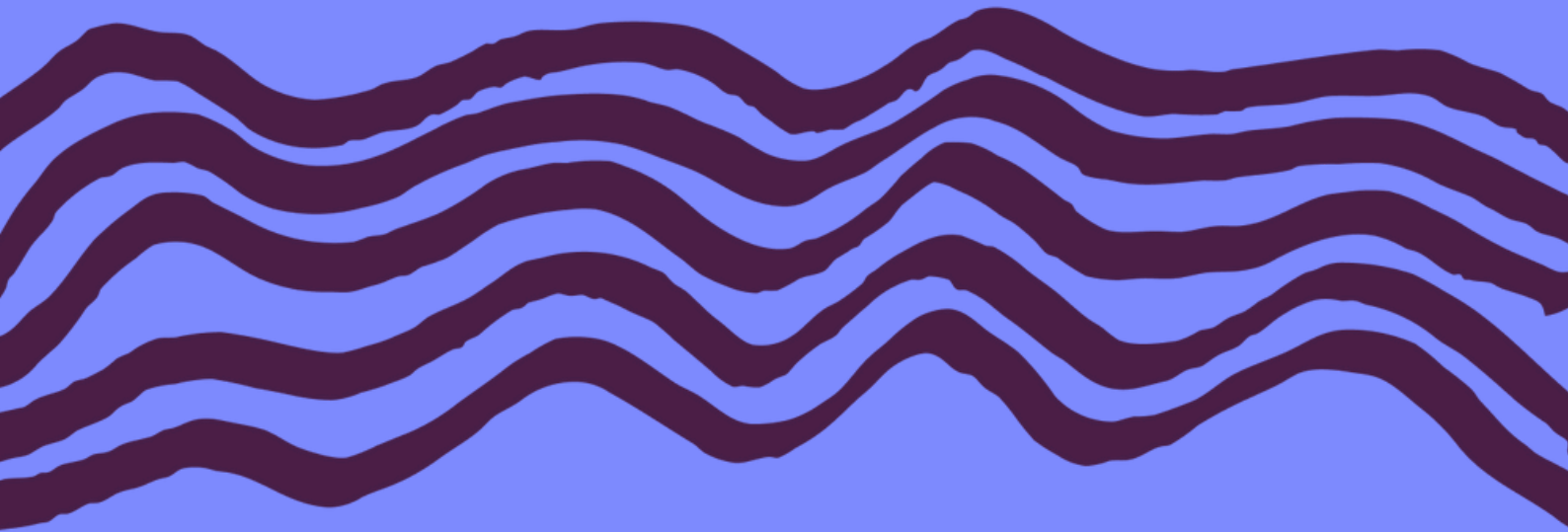


The Rape Crisis Funding Crisis: a Survey of Managers and Directors

6 monthly report: winter 24/25

March 2025



Survey context

Introduction

Rape Crisis England & Wales (RCEW) is the national membership organisation of 37 independent member Centres working across England and Wales. Rape Crisis Centres (RCCs) provide immediate and longer-term specialist support such as counselling, advocacy, peer and emotional support, helpline, and other services for victim-survivors of sexual violence and abuse (SVA), no matter when it happened. RCCs work with every form of SVA including, but not limited to, child sexual abuse, rape, sexual assault, sexual exploitation, sexual harassment, and sexual violence within domestic abuse.

Between **May-June of 2024**, RCEW surveyed managers and directors of RCCs to gauge confidence, optimism, and concerns relating to the funding and commissioning landscape. Due to significant competing demands faced by RCC managers and directors, the survey was short, comprising of 10 questions. Of the 38 RCCs at the time, 89% (34) completed the survey. The findings from this survey illuminated and underscored the funding crisis faced by the Rape Crisis network and highlighted the areas affected most - in particular the recruitment and retention of staff.

To monitor developments across the Rape Crisis membership, we ran this survey again in **December-January 2024** with the same 10 questions, plus an additional question regarding police and crime commissioner (PCC) funding. Of the now 37 member Centres, 86% (32) completed the survey. Unsurprisingly, the findings show that the funding crisis continues, exacerbated by recent developments including increases to National Insurance employer contributions, cuts to PCC core victim's funding, and existing grant funding being renewed without accounting for inflationary rises and increased costs, constituting a real terms cut. The responses show that RCC directors have more certainty around the reductions in funding and are therefore now cutting posts and scaling back services to allow for survival. This is despite consistent demand for services from survivors, with over 41,300[1] referrals to the Rape Crisis membership in 2023-24.

The current instability of the SVA sector makes it extremely challenging for directors to retain staff, and many have not been able to afford to replace key posts. Our survey shows that the biggest impact is on specialist sexual violence counselling - yet counselling services are most in demand.

[1] This data was provided by Rape Crisis Centres to the Ministry of Justice for the 2023/24 financial year, in Rape and Sexual Abuse Support Fund monitoring reports.

Key developments

Since the initial survey results were published in August 2024, the new government rolled out increases to National Insurance employer contributions, a 4.2% cut to PCC funding, and a welcomed extension to the Rape and Sexual Abuse Support Fund (RASASF), which remains the only ring-fenced government funding for SVA services. The political context these developments are situated within has changed since the previous survey, with the current Labour government pledging to halve Violence Against Women and Girls (VAWG). These notable developments have significantly impacted RCCs and are outlined below.

1. National Insurance Increases

The increase to National Insurance employer contributions was announced as part of the October 2024 budget and despite the concern expressed across the whole charity sector, the call to exempt charities from this was rejected. Efforts to raise awareness of the impacts of this policy from Rape Crisis England & Wales and the wider VAWG sector resulted in a [letter to the Prime Minister](#) in December 2024, stating that the decision to exempt the public sector put them at further competitive advantage over the voluntary sector which has proven time and again to be more cost effective.

The effects of this have been felt across the RCC membership:

“The [National Insurance] cost to our service for the coming year is an additional £30k, which is almost a post or certainly hours we could have used to provide frontline work.” - Director, North East England

On average, RCCs expect a National Insurance increase of £22,250 per Centre, ranging from £3,127 to £82,000, depending on the number of staff employed^[2]. Existing grants have not been increased to mitigate the effects of the hike.

2. PCC cuts to core victim's grants

In December 2024 the Ministry of Justice (MoJ) announced a 4.2% cut to the core PCC victim's grant. In this announcement, the MoJ ring-fenced particular funds for VAWG services, however the consequence of this has been that some PCCs concluded that the ring-fenced funding is exclusively what they should be spending on VAWG. This has resulted in some PCCs cutting funding to sexual violence services whose funding was

^[2] This is from a survey we ran in December of 2024 around National Insurance employer contributions. 22 Centres responded and the total 22 Centres expect to pay to account for the increase in National Insurance employer contributions in 2025/26 is £491,716.15 – on average £22,250 per Centre. It ranges from £3,127 to £82,000, depending on the size of the Centre (number of staff).

derived from the core victims' grant. In other words, we have seen some PCCs essentially make the 4.2% saving from un-ringfenced VAWG provision.

RCEW wrote to, and supported the Rape Crisis membership to write to, PCCs urging them to continue funding specialist third-sector SVA services, for whom a substantial proportion of funding for services comes from PCCs core victim grants. The concerns that the 4.2% cuts to PCCs would impact non-Criminal Justice related provision have now become a reality, with a number of RCCs seeing their counselling services cut by their PCCs.

In addition, communications from the MoJ to PCCs about the proposed national Independent Legal Advice (ILA) scheme have been unclear. RCEW have been assured by the MoJ that the 4.2% cut to the core victim's grant in 25/26 has **not** been made to fund the ILA scheme, but we are concerned that PCCs have not sufficiently received this message. The concern is that PCCs will look to reduce RCC funding under the misapprehension that the reduction in their budget has been used to fund additional SVA support in the form of ILA, which we know it has not.

3. Short-term extension of the Rape and Sexual Abuse Support Fund (RASASF)

At the start of December 2024, the MoJ announced they would recommission the RASASF for a further year, which was received with relief by RCEW and the membership as this remains the only ring-fenced government fund for sexual violence services and forms a crucial part of RCC core funding. However, with higher costs faced by Centre directors due to inflation, the extension of the RASASF at the same levels as the previous year is experienced as a reduction of funding in real terms. We hope to see a recommissioning of the RASASF that is multi-year, and that rises in-line with inflation.

Since 2018, over a quarter of the Rape Crisis membership have had their RASASF devolved to their PCCs. It is not yet clear whether the MoJ intends to further devolve the RASASF. PCC funding allocation is likely to favour Criminal Justice provision over counselling and emotional support, resulting in fewer services for survivors who choose not to report. To a large extent, the service offer for survivors relies significantly on the local PCCs awareness and interest in the needs of survivors and their willingness to prioritise specialist sexual violence and abuse services.

4. Political context change

Considering the broader political context, the current Government commitment to halve VAWG in the next decade is of course, a welcomed ambition. Yet the communication on realising this ambition has been heavily tempered by very limited funding commitments for the provision of specialist services, creating dissonance between rhetoric and reality, with a director sharing:

“staff feel very tentative about the current political climate and the governments financial commitment to our services.” - Director, East Midlands

RCCs are significantly impacted by the growing length of time survivors (those who choose to report) are in the criminal justice system. This not only impacts Independent Sexual Violence Advisers (ISVAs) whose caseloads increase, but all the other services that form part of the wraparound support to the survivor, whether that is pre-trial therapy, wider advocacy, or group work.

“Referrals to the service are at an all-time high, the service is massively stretched as it is, if anything, funding needs to increase to reflect the number of clients coming to, or are already in, the service. Clients are with us much longer than previously because of the back log with the courts. We have recently introduced an ISVA waiting list to deal with the number of referrals.” - Director, North East England

The need for a resourced and functioning criminal justice system must be balanced with the reality that only 1 in every 6 women reports rape to the police[3], and the large majority of survivors wanting specialist services are not looking for a criminal justice service. But in order for the government to meet its complex commitment to halve VAWG, there is concern - and risk- that criminal justice metrics alone will be used to track the progress of this pledge, which could likely result in funding being diverted to criminal justice services and agencies to better support the meeting of government targets.

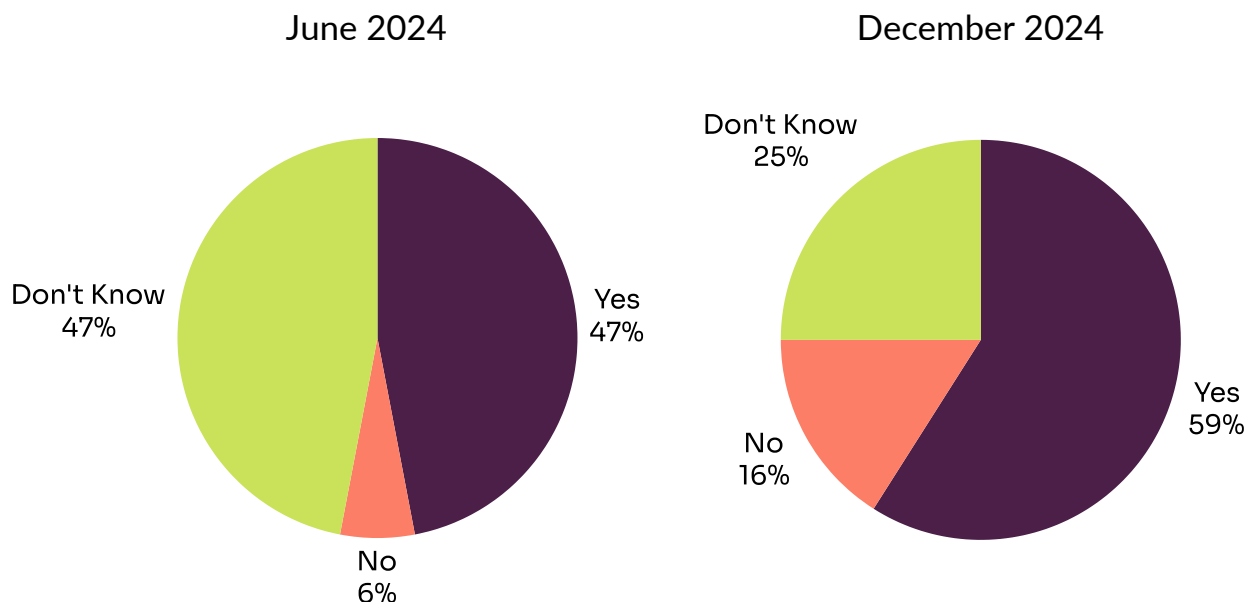
What survivors want must be at the heart of VAWG policy, and demand for specialist counselling consistently outstrips demand for other types of services. It is therefore vital that specialist sexual violence and abuse services are resourced flexibly to meet demand and provide the services that survivors need.

[3] Office for National Statistics. (2021). Sexual offences in England and Wales overview: year ending March 2020.

Survey findings

Reduction of core funding

Percentage of Centres expecting a reduction in core funding



Compared to the previous survey, a greater number of respondents were expecting, and were starting to experience, reductions in core funding. While we can see that overall, there is less uncertainty compared to June 2024, this comes with a 12% increase in Centres expecting or experiencing a reduction in core funding. At the time the survey was open, a quarter of RCCs were still in limbo, answering “don’t know”, as they were still awaiting the outcome of large tenders, PCC as well as local authority budget allocations.

“We have not had confirmation of some of our local authority budgets and this will impact core funding” - Director, East of England

“... If we are not successful with this tender then we will have lost all of our core funding for sexual violence provision and are at risk of organisational closure. If we are successful then this is not a concern.” - Director, South East England

While 16% of Centres reported not expecting a reduction in core funding, managers and directors shared the concern that in cases where funding has or is expected to remain the same, this is in fact a real terms cut due to the failure of funders and commissioners to implement uplifts to offset inflationary rises and increases to National Insurance employer contributions.

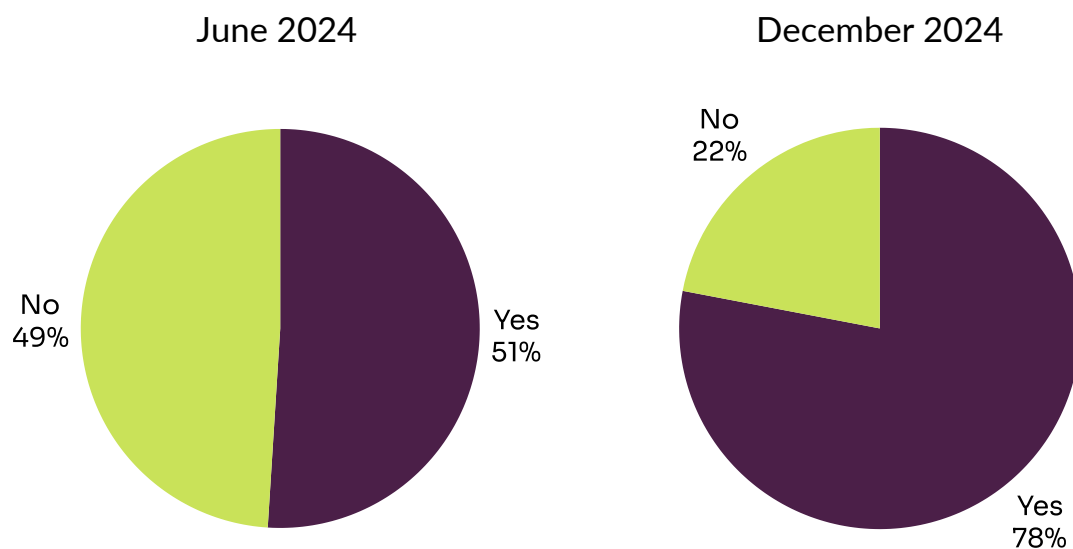
“Our PFCC contract has not increased since 2016 - so a significant reduction in real terms. Also funding from the MoJ is, at best, at the same level as last year (amount not yet confirmed). No grants/other funding have had inflationary rises.” - Director, East of England

“We expect to receive almost identical funding to the previous year which represents a real time reduction of around 10%” - Director, North West England

Reduction and loss of core services

The percentage of RCCs expecting a reduction or loss in services has sharply increased in the past 6 months from half in the summer survey (51%) to over three quarters in the winter survey (78%).

Percentage of Centres expecting a reduction or loss of services



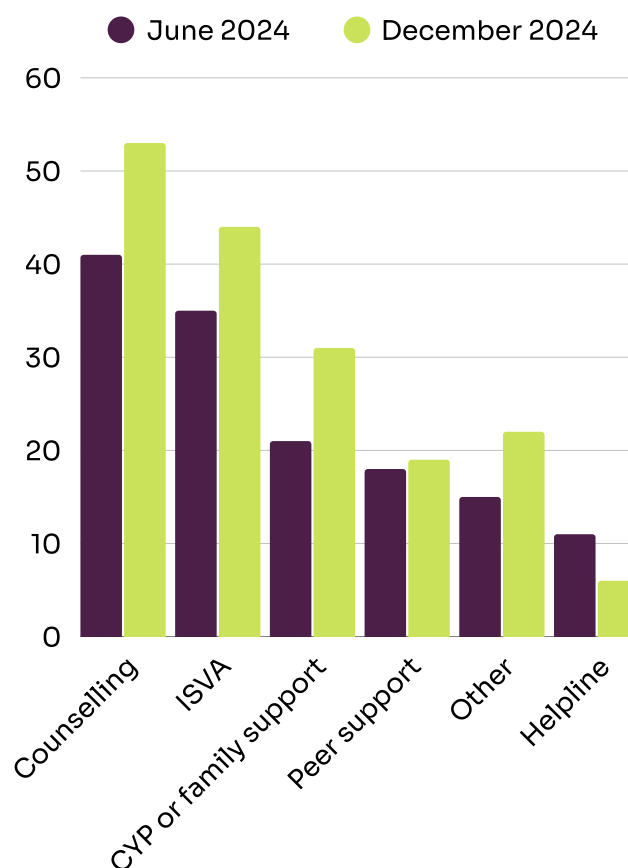
“We are hearing from the majority of funders that there is no additional funding available which will mean we have to either 'soak' up this additional cost or reduce staff hours to compensate for this.” - Director, North East England

“We currently are unsure which services will be impacted but all are possible” - Director, North West England

When we consider the breakdown by type of service, we can see that the services most at risk remain the same as the Summer '24 survey, and are as follows:

- Counselling (53%)
- ISVA (44%)
- Children and young people (CYP) or family support (31%)

Comparison of services at risk June 2024 - December 2024



Counselling

Over half of managers and directors are expecting a reduction or loss in counselling services.

This is made all the starker when we consider that of the 14,240 survivors on waiting lists for RCC services in the year ending July 2024, over 75% (not including initial assessments) were waiting for specialist counselling and therapeutic services[4]. Despite this, these services continue to be under resourced in favour of criminal justice focused interventions such as those provided by Sexual Assault Referral Centres (SARCs), or statutory mental health services.

“OPCC did not renew our £30k funding towards counselling and has advised us to refer any service users to their [generic] counselling service instead.” - Director, Southeast England

Statutory services are very often unable to meet the needs of sexual violence survivors, as outlined in a 2024 report from one of our member Centres, RASAC Kirklees, Calderdale, and Wakefield into survivor support preferences: Amplifying Survivor Voices[5], where

[4] This data was provided by Rape Crisis Centres to the Ministry of Justice for the 2023/24 financial year, in Rape and Sexual Abuse Support Fund monitoring reports.

[5] RASAC Kirklees, Calderdale, and Wakefield. (2024). Amplifying Survivor Voices.

“respondents highlighted the importance of accessing specialist therapeutic interventions, rather than generic support services or a purely medicalised approach”.

Referring survivors to statutory mental health services does not reduce the demand for RCC services. Specifically in the case of counselling, it is likely that a survivor will attempt to access statutory mental health provision only to then be referred to a RCC as detailed in a 2023 briefing from RCEW about the need for specialist SVA counselling services:

“As a result of ineffective one-size-fits-all statutory provision, Rape Crisis Centres often pick up the work that other services receive funding for. This is typically because support offered by statutory services and non-specialist services are more time-limited or they are unable to work with the complexity of the issues presented. This is ultimately a waste of funding, as survivors with a poor experience of generic or statutory mental health provision will likely ultimately seek out, or be referred into the specialist service.”[6]

Children and young people (CYP) and family work

A second point of focus is the reports that almost one third (31%) of Centre managers and directors are expecting a reduction in CYP and family work. An estimated 500,000 children experience child rape and sexual abuse (CRaSA) every year[7] in England and Wales and the vital role of RCCs in the specialist CRaSA survivor support landscape is detailed in our RCEW report from October of 2024, A Real Safe Space[8] . In 2022/2023 nearly a quarter of service users were children and young people, and RCCs provided them with 46,257 sessions of counselling and therapy alone. 1 in 4 adult survivors who access RCC services are survivors of CRaSA[9], yet these decades of experience and expertise are often overlooked by commissioners, meaning these highly specialist services are placed at risk.

Children are disproportionately likely to be victims of SVA. Children are the victims in 40% of all sexual offences yet make up only 20% of the population[10] making clear the need for specialist, long-term wraparound advocacy, therapy, and family support work. Adequate funding for referral pathways must be resourced in part by the Department for Education (DfE) and the Department of Health and Social Care (DHSC) in order for children and young people to access specialist Rape Crisis services. As it stands, the absence of any meaningful cross-governmental funding for specialist sexual violence services involving DfE and DHSC leaves children and young people trying to access statutory mental health services which are largely not equipped to work with sexual

[6] Rape Crisis England & Wales. (2023). 'Without them, I would be dead': A briefing on the necessity to locate counselling and emotional support provision within the specialist sexual violence and abuse sector

[7] Centre of expertise on child sexual abuse. (2024). Data Insights Hub

[8] Rape Crisis England & Wales. (2024). A Real Safe Space: How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA).

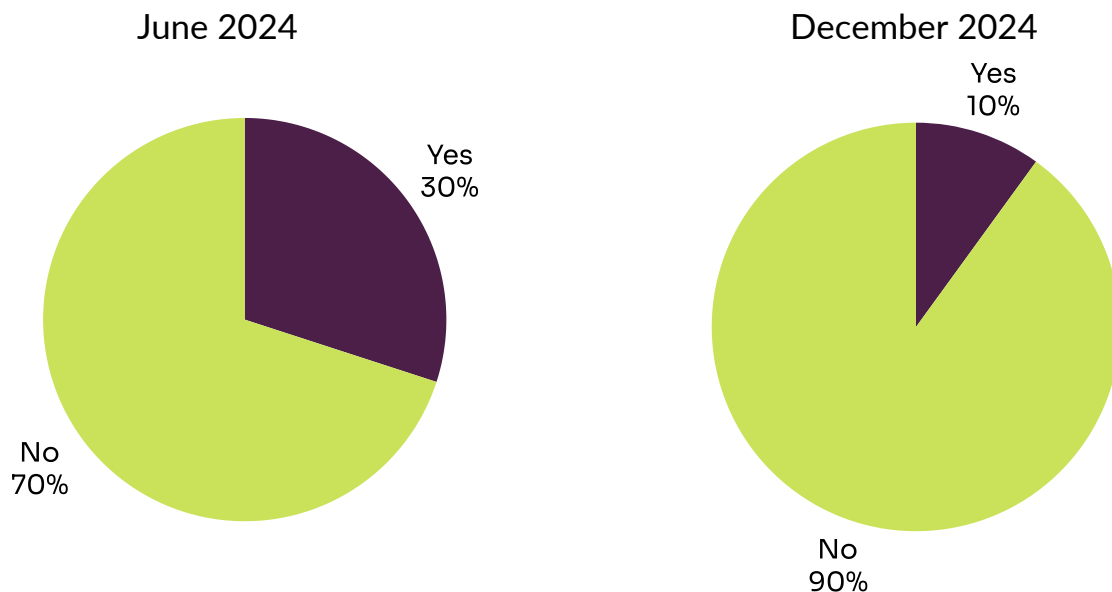
[9] Ibid.

[10] Centre of expertise on child sexual abuse. (2025). Child sexual abuse in 2023/34: Trends in official data

violence and abuse trauma[11]. The lack of centralised funding for specialist SVA provision for CYP means that this vulnerable cohort of survivors are unable to access the services they need, when arguably, they are required more than ever.

Risk of whole Centre closure

Percentage of RCC managers and directors concerned that their Centre is at risk of closure



We can see that the number of managers and directors who are concerned that their Centre is at risk of closure has decreased from 30% to 10%. While this may appear positive at the outset, we must consider this in context of managers and directors now knowing that core funding will be cut or decreased by commissioners, and/or that costs are increased. This certainty provides a clearer picture to managers and directors around which difficult decisions must be made for survival, such as recruitment freezes and redundancies.

Health commissioners and Local Authorities (LAs)

"We sit across two local authority areas. In [LA area], we have a good relationship with the local council (we receive around £250k funding per year from them) and whilst we don't have funding from the NHS, they are open to start working with us to build a partnership (work progressing in this area). [Other LA] is a different kettle of fish - it took me 18 months to get them to accept that SV should be part of their VAWG strategy - all their funding goes to DA services and support only." - Director, Southeast England

Health commissioning bodies such as Integrated Care Boards (ICBs) as well as Local

[11] Rape Crisis England & Wales. (2024). A Real Safe Space: How Rape Crisis Centres Support Children and Young People Who Have Experienced Child Rape and Sexual Abuse (CRaSA).

Authorities (LAs) came up frequently in the Summer 2024 funding crisis report, and again from respondents in this report. Managers and directors shared that a lack of engagement, particularly from health commissioners, continues.

“We have received recent notice that [our] LAs are 'decoupling' and are unsure of the impact this will have. Much speculation has been vocalised about focus being placed on DA services rather than SV. As ever there is always vagueness about the legitimacy of how the Victims and Witness Hub is commissioned and where the funding comes from. ICBs continue to refuse to engage with us the NHSE pulled £70k from the OPCC pooled budget mid contract” - Director, East of England

Centre managers shared that this lack of engagement from health commissioners is not a new development:

“While I don't think our City Council is bankrupt yet, I know they're in financial dire straits and making significant cuts - they have never funded our Centre to date and it now seems unlikely they will in the near future. Likewise, we have never received health funding.” - Director, Yorkshire

In 2023/24, 3,961 referrals to RCCs came from LAs and 4,388 referrals came from health services[12]. When LAs and health commissioners fail to engage with RCCs, the onus to absorb the demand for these specialist services is placed on RCCs themselves. Poor commissioning practices force RCC managers and directors to focus on fundraising for service survival, rather than service development, sustainability, and growth. The hinderance to service development and expansion is to the detriment of SVA survivors, who wait many months (and in some cases years) for a specialist SVA service.

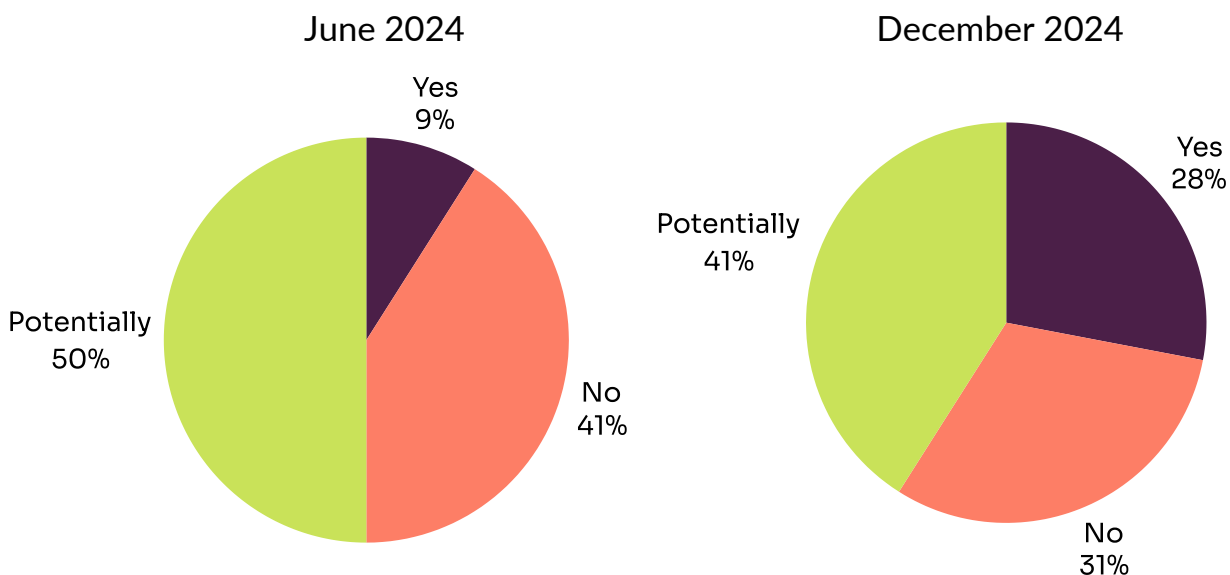
Centre managers and directors expressed concerns around how the new incoming Duty to Collaborate will impact SVA services. Rape Crisis managers and directors have voiced significant concern that the duty doesn't come into force until 2027, and some have already heard it implied by their commissioners that they will wait for the duty to be implemented before committing to more funding.

[12] This data was provided by Rape Crisis Centres to the Ministry of Justice for the 2023/24 financial year, in Rape and Sexual Abuse Support Fund monitoring reports. The number provided for referrals from health services includes referrals from mental health services (2653), GP services (304), hospitals (210), integrated health systems (24) and 'other health services' (1197)

Retention and recruitment of staff

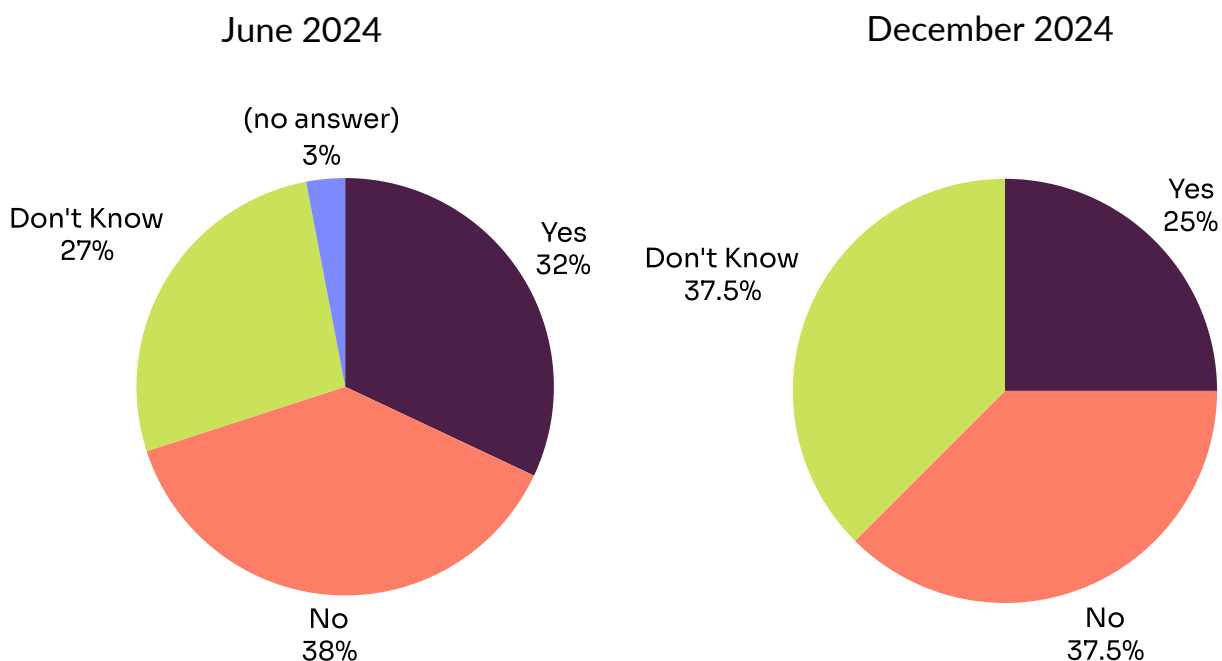
Retention and recruitment of staff continues to be a significant challenge caused by the funding crisis.

Centres losing key staff members as a result of funding uncertainty



In the past 6 months the number of Centres losing key staff team members because of funding uncertainty has increased threefold, from 9% to now 28%.

Centres expecting to issue notices of redundancy in the next 12 months due to a lack of confirmed funding



Once again, inflation and the cost-of-living crisis were cited as challenges faced by RCCs regarding retention and recruitment of staff, across different regions in England.

“Key members of staff that are experts in their field are facing another year with no inflationary rise or increase in salary. They are aware we may need to reduce hours. We are asking staff to do this voluntarily at this point” - Director, South East England

“I've been trying to shield staff from funding uncertainty until absolutely necessary but some staff e.g. members of the senior team, are unavoidably aware and there is a risk of losing them to roles / organisations that can offer more security, and better pay and conditions incl. cost of living increments etc.” - Director, North West England

These issues are highlighted in a recent report from one of our member RCCs, Survivor Space Oxfordshire:

“Women working in the public sector and charitable roles are dealing with an increased demand for their services. At the same time that these women are helping others to navigate the cost-of-living crisis, they are themselves dealing with increased costs in a sector where almost a fifth of jobs are at risk”[13]

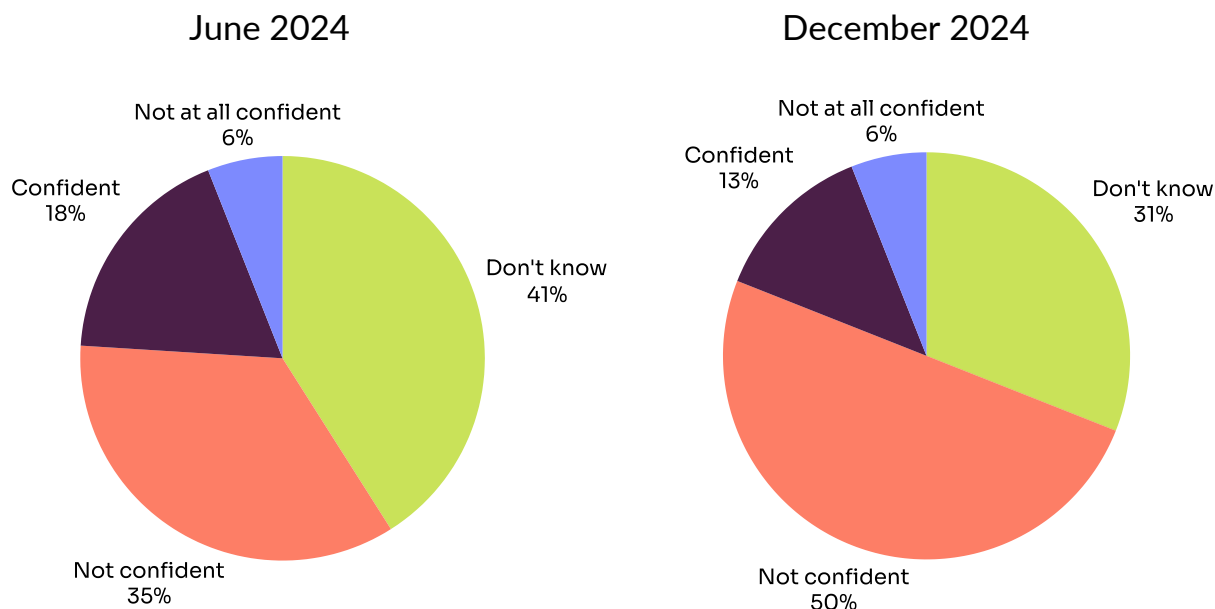
These factors culminate in the loss of a wealth of experience from the sector, expertise which is fundamental in providing essential support to SVA survivors.

“Cost of living and housing crisis has a significant impact on staffs ability to live in London on VAWG sector salaries. Many have moved out of London or the sector all together, with many taking up positions within Local Authorities and SARCs who offer better and more secure pay.”
- Director, Greater London

[13]Oxford Sexual Abuse and Rape Crisis Centre & UK Women's Budget Group. (2024). 'It's like being marooned on an island when everyone else is sailing away': The impact of the cost of living crisis on women survivors of sexual violence in Oxfordshire

Diversification of funding

How confident are you that you will be able to find new funding sources?



Responses indicate slightly reduced levels of uncertainty in the past 6 months. However, we can also see that confidence in finding new funding sources has decreased.

This, in part, relates back to the chronic under-resourcing of the VAWG sector, but also the lack of other viable funding options available. Grants from trusts and foundations are scarce, and RCCs typically require multiple additional grants to run effective counselling services. SVA provision increasingly competes with numerous other social justice issues, and where some trusts and foundations have supported the VAWG sector, the cycle of new priorities, strategies, and leadership also means they cannot be easily accessed or relied on. Despite this scarcity, RCCs are in a position where they must provide a comprehensive counselling service as it is essential to survivors of SVA. Yet the levels of resourcing are inadequate at best, and non-existent at worst. Survey respondents shared that despite efforts to explore new avenues to increase funding, grants are not being renewed, and the number of alternative routes available to fund RCCs is shrinking.

A consideration that comes with finding new funding sources is that staff team members are diverted from their day-to-day roles to focus on fundraising, although this inevitably impacts the functioning of the service. Further to this, any additional funds raised must cover the funds invested before they are effective:

"We have a staff member who delivers prevention workshops to schools and colleges. Most of those approached were happy to pay for this service. This provides additional funding to the

service and the hope is, that the post eventually pays for itself (i.e. income matches staff costs). We also have a new staff member who will deliver training to external sources, again we are looking to make this chargeable and generate an income from this.” - Director, North East England

Part of the reason this funding crisis' effects are being felt so acutely is that it has been a struggle for decades; and we can look to a 2008 joint report from RCEW and the Women's Resource Centre to see a reflection of the funding difficulties that continue to be faced by RCCs year after year:

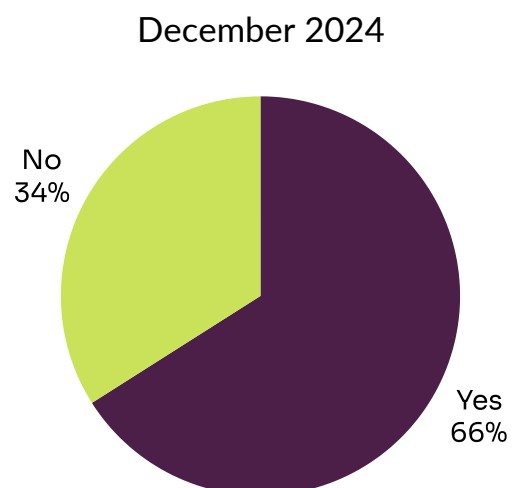
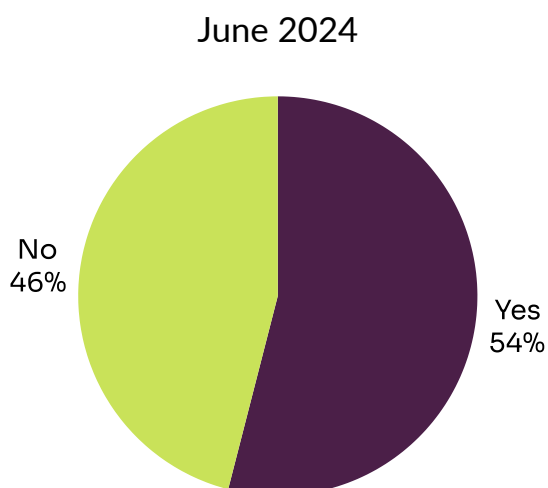
“Securing funding was a relentless and constant challenge; often resulting in low staff morale and/or, in worst case scenarios, the ‘freezing’ or closure of services (resulting in survivors not receiving the support they need)”[14]

Training was widely cited as a route that RCCs are taking to increase funding security, but managers and directors stressed that this is not a quick and easy answer to long-term under resourcing.

“Training but it is not the golden goose everyone thinks - there is very little money in it and agencies are reducing costs so training is always the first point to go.” - Director, West Midlands

“We are starting new initiatives at the non-statutory routes, ie individual, corporate etc but these are slow burns. We are also investing in our training programmes as income generators.” - Director, Greater London

We know some Rape Crisis services have begun to take different routes, where possible, to increase funding security. Do you have training/social enterprises/local fundraising initiatives that you run or are involved with?



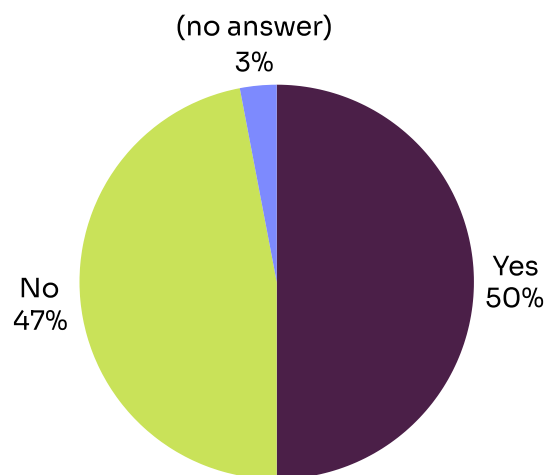
[14] Rape Crisis England & Wales & Women's Resource Centre. (2008). The Crisis in Rape Crisis.

Two thirds of RCC managers and directors are attempting alternative routes to try and access funds in order to increase funding security. This resilience deserves recognition, and the expertise of the managers and directors who are at the forefront of this crisis must be heard when they share with commissioners the need for a full cost recovery, and lack of other funding options.

PCC funding allocation

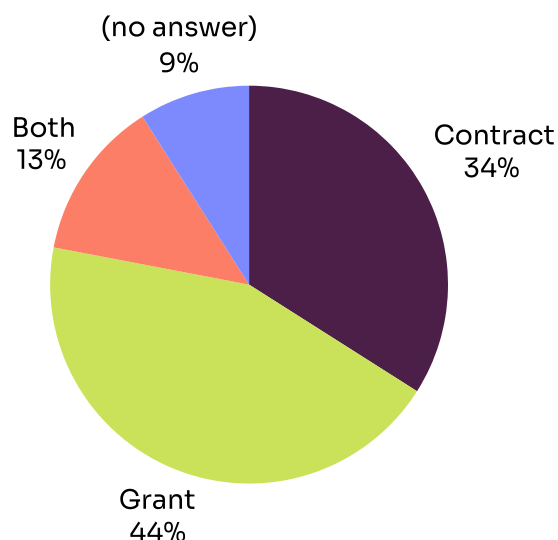
PCCs continue to be some of the most vital and consistent local commissioners for RCCs. In this survey, unlike last, we asked Rape Crisis managers and directors whether they had had their funding from their PCC allocated, and whether they receive funding in form of grants or contracts. 10 of the 32 Centres that responded explicitly stated their concerns around PCC funding coming to an end in March 2025. This funding cliff edge was identified in the previous Funding Crisis report and continues to be a point of real concern, hindering RCCs abilities to plan ahead.

Have you had your funding from your PCC allocated yet?



This 6-monthly snapshot shows that while there is more certainty around whether centres are expecting a reduction in funding, as of December 2024/January 2025 only half of RCCs have had their PCC funding confirmed, therefore a significant number remain in limbo.

Do you have a contract from your PCC or a grant?



An issue that was consistently raised was that the funds allocated from PCC budgets are inflexible and often restricted to ISVA posts.

"We've had an uplift on our ISVA post (still not full cost recovery, but brings us closer to that) and an offer of another ISVA post but no counselling. I said I'd rather have the counselling than the additional ISVA post (as our waiting time for counselling is 12 months, our waiting time for ISVA is 2 months) but there has been a blanket decision across the [area] to not fund counselling services as they offer this themselves through [generic service]." - Director, South East England

Ways forward

The severe under resourcing of RCCs continues to place specialist services at risk, with expert practitioners being forced to focus on financial survival rather than service development. Ultimately the effects of this are felt by SVA survivors who have to wait longer or have to attempt to access a generic non-specialist service that cannot meet their needs. We cannot accept this, and urge funders and commissioners to consider our recommendation below.

Recommendations from the findings of this report are as follows:

1. National Insurance emergency uplift funding

To mitigate for the National Insurance increases, RCCs and other service providers should receive commensurate uplifts in funding. Without this, commissioning will become unfairly skewed towards the public sector, and so undermining competitive neutrality by disadvantaging independent and specialist services. During the Covid-19 pandemic, meaningful emergency funding was made available through the MoJ, and also by some larger trusts and foundations. We urge the MoJ to offer a National Insurance emergency fund to offer relief for services at risk of significant service reduction and closure.

2.Rape and Sexual Abuse Support Fund

To ensure the continuation of the sexual violence and abuse sector, we recommend that the next commissioning of the RASASF due in 2026 must remain a national fund, centrally administered, and multi-year. This would provide some much-needed stability for RCCs and ensure survivors are not denied the services they need due to the postcode lottery or patchwork provision.

All other government departments should follow the MoJ's leadership and establish meaningful ring-fenced funding for sexual violence and abuse provision.

3.NHS England and Department for Health and Social Care

We recommend that NHS England and DHSC introduce a nationally administered fund for the specialist sexual violence voluntary sector to support pathways from generic/statutory mental health services into specialist SVA services, in recognition of the high number of referrals made to RCCs by SARCs, GPs, hospitals, and other health providers. As recommended above, this should be a multi-year fund, focused on outcomes that are meaningful to SVA survivors, and developed by Rape Crisis practitioners.

4.Local Authorities

Similar to the recommendation above, LAs must consider the volume of referrals made to RCCs against what they provide and ensure that their SVA services are resourced to work with survivors from the LA. Sexual violence service providers should be a central element and pathway from Young Futures Hubs, in recognition that SVA is a very significant driver of mental health issues in young people, and requires specialist trauma counselling and interventions.

5.MoJ for PCCs

We recommend that the MoJ replenish PCC Core Victim budgets (increased by 5% minimum) in line with government priorities to avoid further loss to service provision. We would like to see strengthened commissioning guidance that stipulates that smaller, independent SVA services receive adequate funding, and that this need not be limited to criminal justice provision.

6.Department for Education

Resource must be provided by the DfE for fully funded referral pathways from schools and colleges to specialist RCCs. Ideally, this should come from a ringfenced and nationally administered fund.

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