

24<sup>th</sup> October 2024

Dear Dave and Shirley,

I am writing to draw to your attention the challenges and risks we are facing at Devon Rape Crisis and Sexual Abuse Services.

Whilst we are hoping for better news for the next financial year, I am writing this in the autumn with no confirmed funding for 2025/2026. Whilst we have an indicator from the Ministry of Justice that the Rape and Sexual Abuse Fund will continue next year, this is an income of around £171k a year, which was reduced in the last round of commissioning from funding we had received pre 2023/24. We have had no further indicators of committed funding for 2025/2026, although the Police and Crime Commissioner has stated that this is on her office's agenda.

Further, we were also unsuccessful in our consortium bid to Devon County Council for the new domestic abuse service which will result in a confirmed loss of income of £35k next year. Also, the x3 partnership contracts for therapy (adult and child) and peer support with the OPCC also end on the 31<sup>st</sup> of March 2024 leaving a loss of income around £90k. Other funding we have received over several years from the University of Exeter (£45k) towards support costs for students from the University is also uncertain as a result in changes of legislative approaches to student contracts. This leaves us in a position of needing to plan for at least a quarter to a third reduction in funding for 2025/26. This is a loss to support provision of around 3 - 4 staff redundancies and will take us back to pre-pandemic levels of funding with an income around £400k.

In 2023/24, we received our highest-ever referral rate which continues to demonstrate growing demand for support. Supporting 1227 victims and survivors of sexual violence across Devon and Torbay, which is a 120% increase on the level of support we offered 5 years ago and 300% increase since we first opened 14 years ago. We also saw a record number of people waiting for services. Our impact report presents useful graphs and charts which demonstrate that the number of people needing support has risen each year and funding has not kept pace. For the first time last year we noted that we were reaching a critical situation where waiting numbers would have exceeded four hundred adults and children waiting for help and we had to put a three-month pause on referrals at the start of 2024/25 to prevent overwhelming the service and worsening wait times. Our therapy wait time is around 2.6 years.

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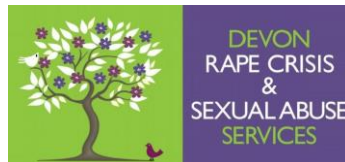
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We are working on a ratio of every three people we are currently supporting, four people are coming in behind them. This means that we will only see growth in demand and waiting times. The analytical work we have conducted also demonstrates that we have tried all methods to make possible efficiencies in the previous operating model, ending up acting more like a 'sausage factory' of pushing survivors to attend their sessions – despite their trauma, threatening closure for missed appointments, reducing number of support sessions available and implementing a criteria which was not trauma informed or survivor focused. I do not want to go back to this way of working.

Furthermore as the data will show in last years impact report, we have continued to commit salaries and service delivery well over the funding we have received and this has had the impact of reducing our capacity for fundraising, partnership working, data management, impact monitoring, I.T and other key operational elements – all of which help us to demonstrate impact and provide other key metrics to surface survivors needs in Devon and Torbay. The good news is that we have implemented a new outcome monitoring framework and theory of change, with improved tools (both clinical and not) that gather impact and data which will be useful for future needs assessments and data. You are all welcome to anything that you think will be helpful to raise awareness about the needs of rape and sexual abuse survivors in our area and to understand more about who we are helping.

I am also aware that because we have been so focused on trying new ways to be more efficient and effective with an internal focus this may have resulted in a set of attitudes towards us which have translated into a belief that we do not want to be involved in system work or partnership ways of working. This is far from the truth. We have been working with NHS(E) Pathfinder, The Women's Centre Cornwall to be a partner in the Bridge Project and working with the SARC and Children's Society to trial new ways to ensure children are recognised in the fullest and visible to the system with a trial to develop one shared waiting list over the last year. However, this work is in jeopardy considering the current challenges with funding we are facing.

Furthermore, research across a significant sample of sexual violence services shows that the funding ratios for most organisations like ours are as follows; 70 - 80% of funding comes from government grants, 15 – 20% from charitable trusts and around 2 – 4% from individual donations. This is in line with our funding.

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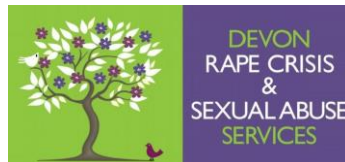
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What this means is that I am never going to be able to deliver services from small individual donations, and trusts and grants are too small, normally only project focused and available only for one year. This also means that unless we benefit from more money from existing government grants or contracts or bring in new funding from Health (ICB's), Local Authorities, or NHS England we will simply never be able to maintain our current offer, let alone ever be in a better position to explore ways to meet unmet demand. If there genuinely is no more money from any of these sources, then we must act together to note this new reality and move forward to make difficult decisions on who we can and cannot help here.

Furthermore, we also need to make brave decisions for my workforce. As Chief Executive Officer I am responsible for the welfare and safety of my staff and volunteers. A recent staff, volunteer and trustee survey demonstrated that 80% of our workforce has lived experience of rape and sexual abuse. Our workforce is therefore a traumatised workforce, and we need to address how it feels for us to hold an unmanageable number of survivors on our books who phone daily asking where they are on the list. We deal with distraught people who just cannot wait any longer every day. We also know that unfortunately from some independent evaluation data that the longer a survivor stays on our waiting list the more suicidal thoughts they have.

Our service users also told us when we conducted an extensive victim needs analysis about waiting for our support that all they want is the truth. Therefore, if we think that putting them on a waiting list solves a problem for a survivor, it simply does not. How can they find alternative ways of getting the help they need if they are waiting? Waiting lists give the message that 'you should wait' and once you are seen we will 'fix you'. This leads to unrealistic expectations for survivors too when they finally enter support. Our attrition rate on the waiting list is also the lowest it has ever been at 35%, whereas it used to be around 60%. This means that natural drop off from the waiting list cannot be used to manage demand as survivors tell us that because they wait for everything, they might as well wait for us.

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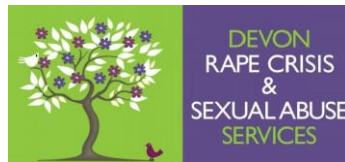
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In effect our waiting list has become a service all its own. We still try to make holding calls which have gone from every 6 weeks to every 12 weeks due to the waning capacity and availability of our volunteers. Whilst we have seen a good take up in survivor use of our new online self-help tool, a Taste of Recovery, which has seen 85 survivors access this since it launched in June, the stark reality is that if we don't see the waiting list as a service in its own right which requires administrative staff hours to manage it, and specialist support worker time to engage with individuals, we fail to see the whole shape of the efforts being made to try and hold Survivors in difficult circumstances. We also need to be sure that the resources we are putting into managing a waiting list service is the best use of our resources overall. Would you rather staff and volunteers did this, or support Survivors without them waiting?

The good news is that we spent significant time this year implementing a new operating model. Whilst we still have a team of therapists who work on trauma processing, we also have a small team of specialist support workers who offer trauma stabilisation, 1-2-1 advocacy, support planning and group work. They also deliver creative and engaging events which promote solidarity and prevent isolation such as dipping in the sea and walking together across Dartmoor. Six months into this new operating model and early data analysis is showing me that we have increased our support capacity by 33% because of these changes. I am obviously delighted with this result and thank those who have helped us achieve this. But we are also not standing still in trying everything we can to keep efforts up to support more people. We have just welcomed our first student councillor, and we are working on the infrastructure needed to enable us to increase upon this. We are also developing a new higher accredited training course to enable some volunteers to do advocacy support work to complement the specialist support team. Again, all of this is at risk because of uncertain funding.

So, what do we need going forward and how can you help?

The first thing we need is to be heard. I therefore do not apologise for the length of this letter. Bringing you a rounded picture means that I can fast track a conversation as soon as possible to help identify urgent actions. I am open to very transparent conversations and if you need more data or service user voice – I will be able to provide that. Just let me know what you need to deepen our shared understanding of the challenges we are facing.

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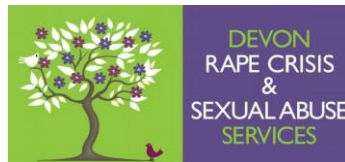
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We really need our Survivors to be heard too. We have a new co-production group, peer researchers and have survivor insight and evidence of need. Whilst we lack the resources to sing and dance about these most of the time, we have them and use them in everything we do here. You will see that we also have a new survey out for partners and survivors to help understand what matters most to them in the support they want to receive, and we will be able to share the findings of this and other reports and publications we produce to help influence local needs assessments.

The second thing we need is for it to be understood that we are an independent and autonomous charity who want to collaborate with you for the benefit of our local survivors. We want a relationship which is not built on doing things to us, but where solutions are worked through together.

The third thing is that we need realistic expectations on what can be delivered. I have a better grip on the true costs of providing specialist therapy, as well as other forms of support and a much clearer understanding of what our survivors want and need. I am therefore in a much better position to be clearer on our capacity to manage everyone's expectations.

Lastly, we do need funding. I would be happy to explore what is possible with your support locally once you have discussed this and considered next steps.

Having a rape crisis centre locally is such an asset for Survivors in our area. There is a great report which has just been produced by Rape Crisis England and Wales which I hope you will read and which I attach to my email. It is called A Safe Space. It shares more about what you get as a Survivor in other parts of the system and why centres like ours are specialist for a reason. Being a specialist service means we get better outcomes for Survivors of rape and sexual abuse. No one leaves with shame when they visit us. Nothing is taboo. No form of abuse, no matter how unbearable to hear, is unbearable for us to hear. We help Survivors recognise it is not their fault. That they can go forward with dignity and rise from the ashes of life long limiting health outcomes, trauma which has torn their lives apart and the pain and suffering they feel. We promote solidarity with us. We are your specialist by and for women and girl's organisation locally.

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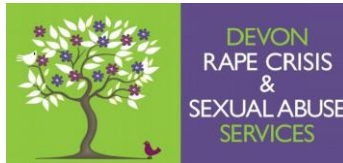
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Everyday organisations like ours are closing. Rape Crisis England and Wales understands that 30% of all centres are planning cuts. At a time when reported rapes are increasing for the police, and efforts are being made elsewhere to prevent VAWG and improve justice outcomes – a loss of the support we provide will have an impact on whether everyone else achieves their goals in this area too. We are all intrinsically linked.

An emotional end to my letter, but this perfect storm demonstrates quite strongly that we need more than ever to work together to protect and promote the incredible work we do for the benefit of those impacted by Rape and Sexual Abuse in Devon and Torbay.

Please come around the table with me to act.

In solidarity, understanding and confidence we can work through this together.

Dr Davina Cull,

Chief Executive Officer – Devon Rape Crisis and Sexual Abuse Services

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