



## RCC Sector Funding from the HSE

July 2013

# INTRODUCTION

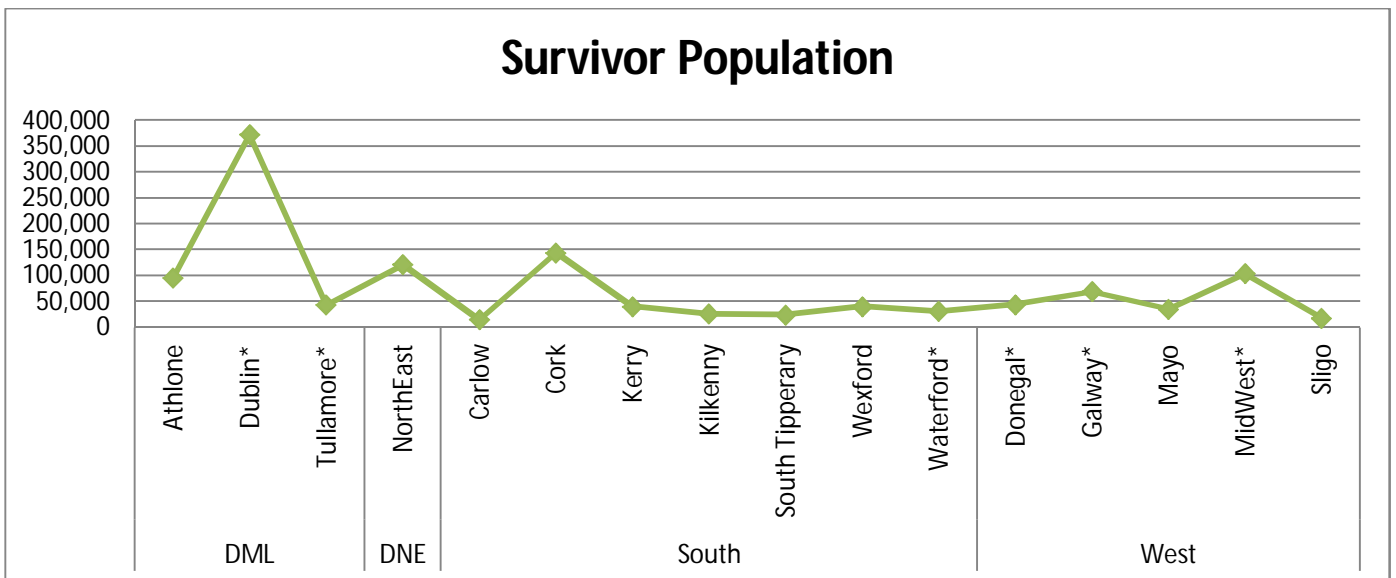
This document covers HSE funding to Rape Crisis Centres in 2012, as well as HSE funding between 2009 and 2012 for RCNI member Centres. HSE funding accounts for most of the money available to the sector and, as such, it is important to examine the levels of that funding. For ease of reference the following section are included (1) HSE Funding Levels, (2) Survivor Population and HSE Funding, and (3) HSE Funding Decreases.

## 1. HSE Funding Levels

In 2012, HSE funding to Rape Crisis Centres totalled €4,164,454 or 79% of the total funding. One centre received a large amount of once-off funding for the year from a philanthropist. Without that, the HSE funding to the sector would have accounted for 85% of the total funding. Other government departments and agencies only account for slightly less than 7% of the funding. In 2012 these other departments and agencies included the Commission for the Support of Victims of Crime (CSVC), Cosc, the Department of Justice and Equality other than Cosc and CSVC, Electric Ireland, the National Lottery, POBAL and VECs. CSVC funding is included in these calculations as, although it is allocated to and administered by the RCNI rather than directly to RCCs, it is utilised by RCCs, both RCNI member and not, to provide direct services and to train frontline staff and volunteers.

## 2. Survivor Population and Hse Funding

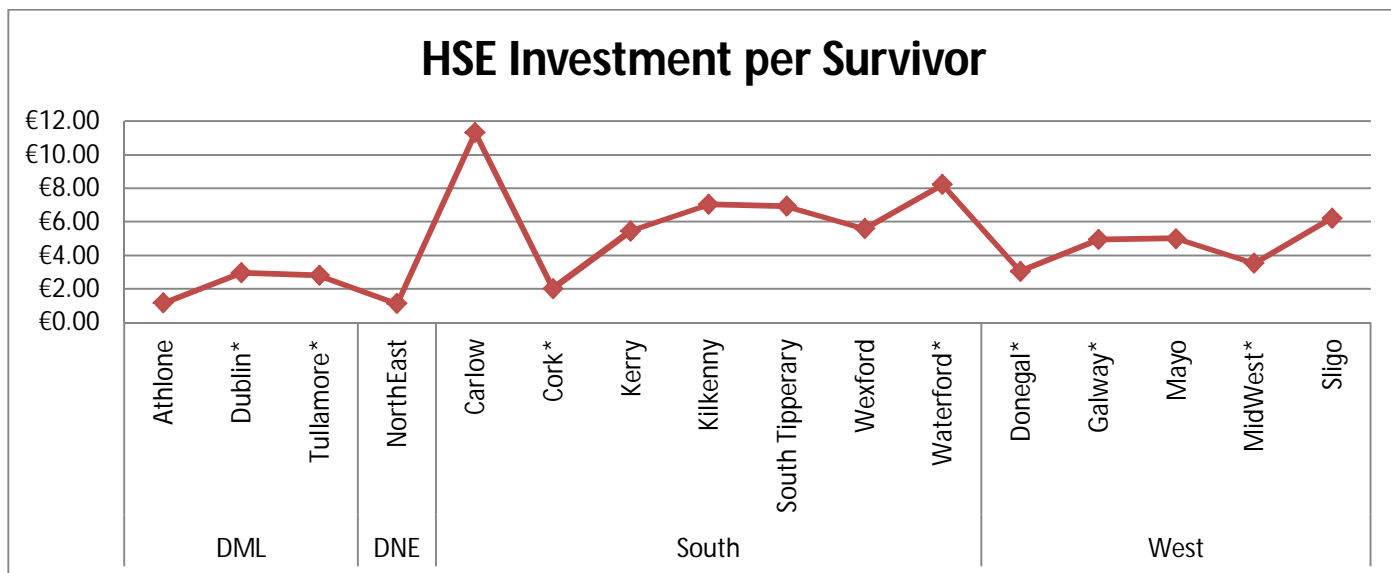
Obviously, the population is not equally distributed around HSE regions or counties. Therefore, neither is the population of people who have experienced sexual violence. Utilising 2011 Census figures of females and males aged 15 and up, and making calculations on the basis of prevalence rates discovered through SAVI research<sup>1</sup>, the following chart shows the numbers of sexual violence survivors within the catchment area of each Rape Crisis Centre.



The centres with an \* after their name provide SATU (Sexual Assault Treatment Unit) services, so are providing some services to survivors living outside their catchment area.

<sup>1</sup> McGee et al (2002) The SAVI Report: Sexual Abuse and Violence in Ireland.

Equally obviously, there should be more HSE funding to areas with larger numbers of survivors. Merely looking at the gross level of funding by area does not indicate whether the funding is proportionate to the number of survivors living in the area. In order to make appropriate comparisons, it is useful to examine the levels of HSE funding per survivor.<sup>2</sup> As can be seen from the graph below, the levels of funding per survivor are not similar across the country. What is important is not the specific amount of the funding, but the disparity between the levels. This information is vital when making future funding decisions.



It is clear from this simple graph that there are very significant differences in the HSE investment in services for survivors of sexual violence. The greatest regional disparity is between the NorthEast and the South. This means that survivors living in one area of the country are significantly disadvantaged in comparison with survivors living in other areas of the country. It is also important to note that the RCCs with higher levels of HSE investment have significant and ongoing demands for their services.

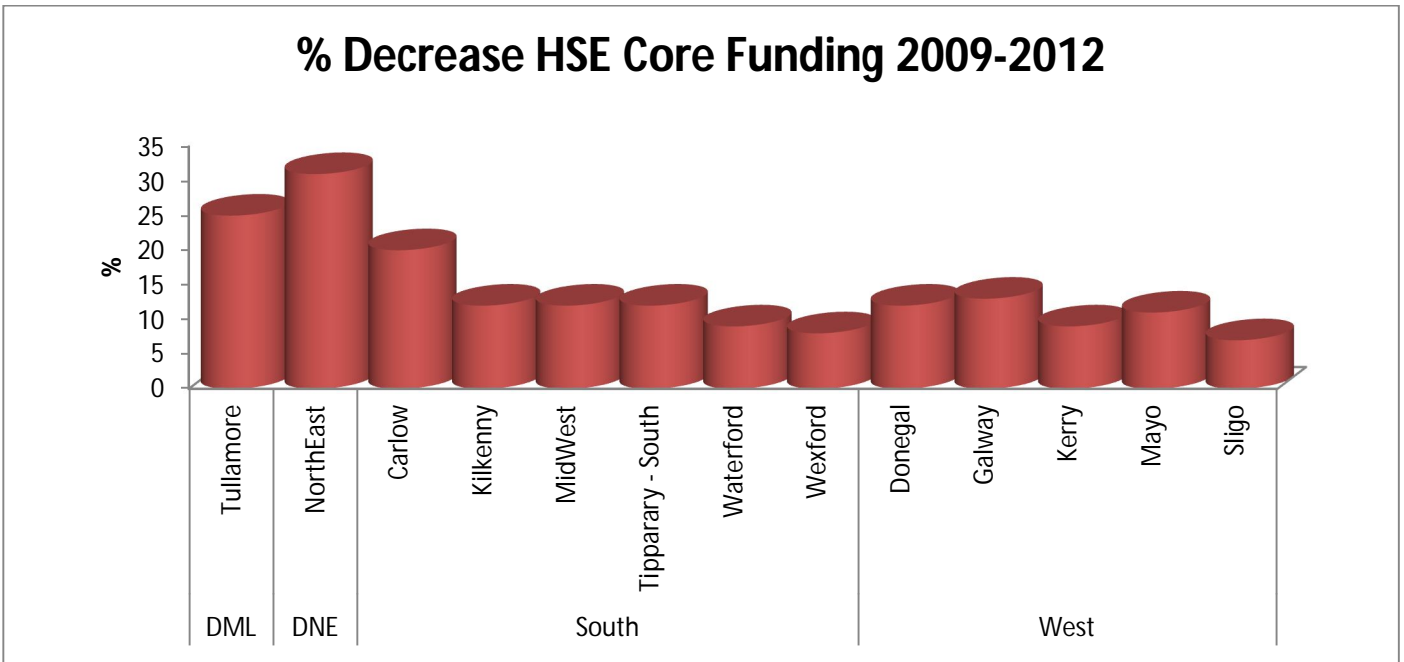
### 3. HSE Funding Decreases

The following section contains only the specifics of funding for RCNI member RCCs as the RCNI does not have all of the funding information for non-member services for the last four years. Overall, the amount of HSE 'core' funding to RCNI member RCCs has decreased by 15% between 2009 and 2012<sup>3</sup>. HSE Funding cuts have not been distributed equitably or equally between centres. As indicated in the graph below, funding reductions have ranged between 7% and 31%.

<sup>2</sup> This calculation is based on the level of funding divided by the number of survivors.

<sup>3</sup> Core funding is the amount for which RCCs sign Service Level Agreements. When reductions are being calculated, it is core funding on which the percentages are being calculated. It is as close to on-going funding as is available. By contrast, 'once-off' funding has consisted of smaller amounts of funding available through the local HSE office after all funding has been dispersed. It has become increasingly less available. As an example, if a Centre receives a 4.5% funding cut, it is 4.5% of core funding. If a Centre received €4,000 in once-off funding for one year that automatically becomes €0 the next year.

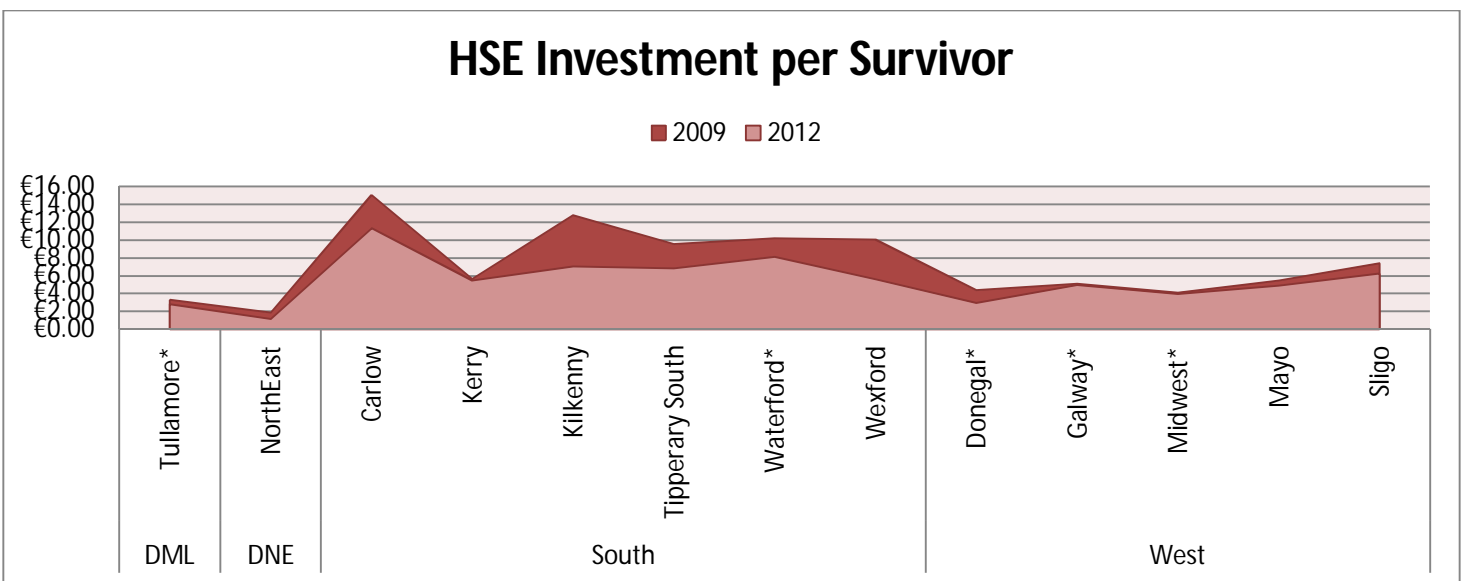
## % Decrease HSE Core Funding 2009-2012



HSE funding cuts were enacted without utilising any national evidence-based comparison of centre capacity, range of services, size of catchment area or other objective criteria. Centres with minimal capacity and larger population areas have experienced very significant cuts. In fact, the Centre experiencing the largest cut (NorthEast) was already not in a position to provide outreach services in two of the counties in its four county catchment area. This means that the RCC with the least ability to deliver to a large population has in fact been allocated the highest level of cuts.

Overall, the net result of these reductions has been to, reinforce and, in some instances, even worsen the disparity in services availability throughout the country. In some areas survivors of sexual violence continue to have much less access to services.

## HSE Investment per Survivor



Funding cuts have maintained funding inequities and thereby perpetuated the differences in access for survivors living in different regions of the country. There is no reason to believe that the inclusion of specific funding information from Athlone, Cork and Dublin would change this overall picture of unequal service accessibility. The region of the country (DNE) which already had the least access to rape crisis centre expertise has been subjected to the largest percentage funding reduction. Even the proportionately lesser cuts have had an enormous impact on RCC's ability to provide all of the services demanded. While RCCs have been very creative in their fundraising efforts and accessing other funding to cover basic running costs and service provision, that is increasingly difficult in this economic climate. RCCs also regularly utilise qualified volunteers to deliver a variety of services from answering the helpline to counselling to fundraising. They have reached the limit of what can be accomplished in this way. Volunteers cost money to recruit, train and supervise. Anecdotal evidence from RCCs indicates that the next impact of funding cuts will be on the level of counselling services available.

The entire budget for Rape Crisis Centres across the country must not fall below current levels. RCCs are already stretched to the limit to provide needed services. The under-funding and neglect of HSE investment in rape crisis services in the entire north-east region must be addressed in any future national consideration of funding allocations.