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research article

Donations or statutory funding? Exploring the funding of historical childhood sexual abuse support services in England and Wales

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The voluntary sector provides specialist services to survivors of childhood sexual abuse (CSA) though little research exists on how these organisations are funded. This research using a multi-method design explores the funding landscape of the CSA sector. Analysis of the financial returns of 48 charities supporting survivors was undertaken to ascertain income breakdown and to identify whether this has changed over time. Semi-structured interviews with ten organisations explore the attributes of the funding approaches taken. Findings highlight that funding has increased, and the sector, while providing a vital service, is dependent on the state to do so. Commissioning is inconsistent and is a relational process depending on the skills of and relationships between those involved, resulting in varying provision across the country. Findings contribute towards the growing knowledge base around funding of CSA charities and point towards the need for the state to improve its commissioning of such organisations.

Key words commissioning • childhood sexual abuse • funding • voluntary sector • support services

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Introduction

Sexual violence is one of the most pervasive forms of violence in the UK. While it is impossible to derive an exact figure for the number of adult survivors of CSA, it is widely accepted that 1 in 4 women and 1 in 6 men have been sexually abused before the age of 18 (Radford et al, 2011). Survivors of childhood sexual abuse carry the experience and trauma of their abuse into adulthood. Many survivors remain silent about their abuse for years and often wait until adulthood to disclose (Bond et al, 2018). The effect of the abuse on a survivor's life can be extensive and long-lasting (Gekoski et al, 2020), and to cope with the impact many survivors seek the help of statutory and voluntary services. There are over 90 charities in England and Wales

providing support services to adult survivors of CSA, identified from the membership lists published on websites of three umbrella organisations: Male Survivors Partnership, Survivors Trust and Rape Crisis England and Wales. Typically, these organisations were established in response to meet a local need to support survivors who did not have access to specialist services or were not being supported. Initially, funding for these specialist organisations was provided by voluntary donations, however in recent years the state has recognised the need to support survivors, accepting that one way to do this is to commission specialist voluntary sector organisations. Currently organisations are funded from charitable trusts as well as local and national statutory sources. Research conducted by Isham et al, (2021) found that ‘the funding and commissioning of services for adult and child victim-survivors of sexual violence and abuse is complex, historically under-funded and highly fragmented’. Additionally, there are significant differences across England and Wales in terms of service provision and availability.

The funding and commissioning of CSA organisations is not properly understood, making it difficult to assess whether ongoing demands can be met. This paper aims to analyse sector income for two financial years augmented by interviews with senior managers from CSA charities.

The first section overviews the research context drawing on the current sparse sector-specific literature organised against three themes: public services and the need for voluntary sector provision, commissioning, and funding the work. The second section outlines the multi-method and data analysis techniques applied. The third and fourth sections highlight specific findings from the research and discuss these in context of the literature review. The final section aims to offer an overall conclusion to the paper and the broader contribution to knowledge.

Research context

Public services and the need for voluntary sector provision

Since the 1980s, there has been a move by UK governments to outsource public services to ‘non-state organisations on a contractual basis’ (Davies, 2015:78). Recent governments have continued to encourage the role of the sector in delivering public mental health services (Rees et al, 2016), including survivors of childhood sexual abuse.

Nonetheless little academic research exists on how the sector, vital for survivors of CSA, is funded or how services are delivered (Combes et al, 2019). Seeking to rectify this, the Prosper Study, a multi-year, mixed methods study, suggests that clients prefer voluntary organisations’ services to statutory services (Isham et al, 2021), echoing the conclusions from Gekoski et al (2020). Furthermore, they found that voluntary services are facing clients with more complex needs – who in the past would have received statutory support – without a corresponding rise in statutory funding (Isham et al, 2021). Newbigging et al (2020) suggest that services provided by NHS mental health trusts are not specialist enough to meet the needs of survivors of sexual violence with mental health issues, and Clinical Commissioning Groups (CCGs) insufficiently recognise the role specialist charities could play in meeting the needs of survivors.

Commissioning

Access to CSA support services is influenced by the level of funding, commissioning, and the referral pathways. Commissioning dominates the financial relationships between the

state and third sector (Body, 2019), nonetheless little literature exists on the impact on the CSA sector. However, the commissioning of mental health services from voluntary sector organisations has been studied (Miller and Rees, 2014; Rees et al, 2016; Newbigging et al, 2020). In this study 'voluntary sector' refers to the diverse range of organisations that are independent from the state and distinct from the private sector and includes registered charities, community groups and social enterprises. It is reasonable to draw on this literature as CSA organisations provide a response to a contextual crisis such as sexual violence and they are likely to support people who experience a mental health crisis brought on from their trauma (Newbigging et al, 2020).

The commissioning of specialist services is complex; organisations are funded from both central and local government bodies. Although successive governments have encouraged the involvement of charities in mental health provision, the literature points to a lack of trust in the commissioning process. Organisations feel that their service is not fully understood by commissioners who are unable to distinguish between the different needs of the differing groups of service users (Newbigging et al, 2020).

Often voluntary organisations describe their role in the commissioning process as passive, with commissioning 'being done to them' (Rees et al, 2016). Inconsistent approaches are taken by the different commissioning bodies; this is worse for smaller organisations who find it difficult to keep up to date with opportunities (Rees et al, 2016). Commissioning is seen as flawed, even hindering or harming the quality of services (Newbigging et al, 2020). Others point to the fact that it is a 'highly relational activity' (Rees et al, 2016) determined by individual practices and personal relationships. Body (2019) argues that commissioners themselves are disparaging of inflexible processes and often use their discretion when commissioning services.

There is a need for commissioners to involve charities and their service users in the 'co-commissioning and co-production' (Newbigging et al, 2020) of mental care services. It is also argued that there is a need for central government to support commissioners by giving them the resources and stability to fully master their brief (Miller and Rees, 2014).

The relationship between charities and welfare provision is complicated, with public sector bodies such as CCGs commissioning voluntary organisations to deliver services that previously were provided by governmental departments. However, this dependency on government calls into question the independence of the sector and its ability to be political. It is crucial for charities to be both independent and to advocate on behalf of vulnerable people. These arguments are explored by several authors (Milbourne, 2013; Milbourne and Cushman, 2015) who raise concerns about the impact public service commissioning has on the ability of charities to advocate on behalf of service users, the resulting loss of flexibility and potential mission drift.

In their study of mental health organisations Newbigging et al (2020) found that the closeness of the relationship with statutory bodies varies between charities, from those closely aligned to the National Health Service (NHS) to those who are determined to maintain their independence. Such organisations do not seek or accept statutory funding for fear of undermining their ethos. However, as authors point out, being a critic of the public sector could have a negative impact on the likelihood of their winning a future competitive tender.

A significant body of work has considered how charities' independence is affected by the Lobbying Act of 2014 and the increasing use of 'no advocacy' clauses in grant

and contractual agreements (Body, 2020). The consensus of the literature is that organisations' ability to speak out on behalf of their beneficiaries and to influence social policy has been curtailed.

The impact of government commissioning varies considerably between organisations. To provide a framework to analyse and explain such responses, the literature includes empirical studies conducted with charities from different sectors (Buckingham, 2012; Body and Kendall, 2020). Buckingham's mixed-methods study of homelessness charities in Hampshire identified four organisational responses to commissioning: comfortable contractors, compliant contractors, cautious contractors, and community-based non-contractors; with each type displaying different key attributes regarding volunteer involvement, business practices and dependency on government contracts. Buckingham proposes that this typology can be applied across the voluntary sector and used for 'theoretical and policy-related reflection'. Drawing on Fligstein and McAdam's (2012) theory of strategic action fields, Body and Kendall's (2020) qualitative study of 23 charities working in children's preventative services found that organisations developed different strategies to survive or in response to commissioning, and could be classified by the way they interact with statutory bodies, namely: outliers, intermediaries, and conformers.

A review of the literature highlights that few studies have been conducted on the commissioning of CSA services; this study aims to help close this knowledge gap. Additionally, this study draws on the literature in the framing of the questions asked of the charity CEOs regarding commissioning relationships.

Funding the work

While charities must submit annual report and accounts to the Charity Commission which are publicly available for scrutiny, the literature contains few studies on the composition of charities' income. Clifford and Mohan (2016), recognising the need for more evidence regarding the funding base of individual organisations, analysed the financial data for a sample of 7,000 charities in England and Wales. They found that for 27% of the charities profiled, mainly in social service delivery (income >£500k pa), the government was the only important source of income. A study by McDonnell et al (2019) of the annual returns for charities from Great Britain, found that over half receive at least 90% of their funding from a single income stream. Research by Mohan and Breeze (2016) also reported that statutory funding is particularly important to two thirds of charities operating in mental health.

As argued by Seddon (2007) there is a relationship between mixed funding and sustainability, with more diverse income streams making charities more resilient. If an organisation is dependent on a single source of funding the withdrawal of those monies could be potentially disastrous, resulting in closure and leaving vulnerable individuals without support. However, McDonnell et al's (2019) findings counter this view, arguing that a high level of income dependency does not indicate that these charities are more vulnerable than those with more diversified income streams. Instead, they claim that charities pursue certain missions, which in turn attract particular types of funding, implying that charities that provide a public service will continue to receive funding from the state, although to what level remains to be seen. Moreover, two separate meta-analysis studies (Hung and Hager, 2019; Lu, et al, 2019), exploring the influence of revenue diversification on nonprofit financial health, found

that the benefits of diversification are small and not likely of practical significance to organisations. This suggests that further research and discussions on the effectiveness of income diversification among voluntary sector organisations is required.

It is argued that many charities have become ‘hybrid’ organisations since they receive income from several different sources (Billis, 2010): income from public sector commissioning and private income from commercial activity. Buckingham (2012) and McKay et al (2015) contend that this ‘hybridisation’ has led to organisations assuming ‘practices and values’ of both the state and the market (Clifford and Mohan, 2016). Charities can find themselves acting either in a commercial manner or in a charitable way depending on the service being delivered and its associated funding stream (Mohan and Breeze, 2016: 20).

Charities supporting survivors of CSA could be considered ‘unpopular’ and consequently they fail in attracting significant donations. Body and Breeze (2016) in their multi-methods study identified ten UK causes that they defined as ‘unpopular’; these included charities working in the areas of mental health and prostitution. They concluded that being an ‘unpopular cause’ should not be a barrier to fundraising, and that to succeed in attracting donations ‘unpopular causes’ must foster an organisational culture of philanthropy, where fundraising is invested and promoted internally. Additionally, charities should take care in how they position their work and beneficiaries to the wider public. However, this research has weaknesses. Firstly, it fails to define unpopular causes, though they are not alone in this: Bennett and Vijaygopa (2019) in their later quantitative study of donor behaviours relating to mental health charities, also ignored the issue of definition. Secondly, the authors assume that the aim of a charity is to maximise fundraising from its communications efforts, however, many CSA organisations see their role as also one of awareness raising, prevention and advocacy. Such charities often conduct campaigns to educate and further their charitable mission rather than maximise fundraising. Consequently, the recommendations for fundraising outlined in Body and Breeze’s (2016) research do not fully meet the needs of the CSA sector which are wider than the authors’ definition of fundraising.

There is a view that being in receipt of grants or commissioned by statutory bodies will result in reduced levels of other donations to an organisation; statutory funding ‘crowds out’ income from other sources. However, studies by Andreoni and Payne (2011) and De Wit and Bekkers (2017) suggest that the impact of ‘crowding out’ is limited. Andreoni and Payne (2011) argue that the ‘crowding out’ effect is mostly driven by reduced fundraising efforts by organisations as a response to statutory funding. Therefore, it was the actions of the organisations themselves that led to a reduction in giving, fundraisers put less effort into fundraising causing ‘internal crowding out’.

A counterargument to ‘crowding out’ proposes that statutory funding of an organisation can lead to ‘crowding in’ (Heutel, 2014), acting as a signal to donors that the charity is financially stable and trustworthy. Therefore, if a charity that is in receipt of public money continues to fundraise, there is a ‘leadership effect’ resulting in increased private donations. This underlines the importance of continuing to fundraise independently.

Several studies have investigated the concept of mission drift (Bennett and Savani, 2011; Cornforth, 2014). This occurs when an organisation raises a significant part of its income either from commercial activities or more commonly from government

contracts. This can lead to priorities being set by external factors rather than by the charity itself (Bennett, 2019). A consequence of this is where an organisation's operations diverge from their original charitable objects. Mission drift has become common over the last 40 years as the government has sought to outsource the delivery of public services to the voluntary sector (Ebrahim et al, 2014). Cornforth (2014) argued that the contracting out of public services has led to a growing reliance on government funding and loss of independence. There are examples of funders sitting on charity boards and influencing strategy thus undermining charities' autonomy (Bennett, 2019: 16). Some organisations may feel unable to make decisions without their funder, while other charities were able to avoid mission drift by deploying strategies to 'cope' with funders' requirements (Henderson and Lambert, 2017).

Bennett and Savani (2011) propose mission drift, if managed properly, can have 'positive consequences for a charity' as successful organisations evolve and adapt to changing market forces and opportunities when they occur. Cornforth (2014) asserts that an organisation can avoid the negative impacts of mission drift through good governance. Mission drift is not necessarily a negative outcome of accepting government contracts but instead is an opportunity for organisations to change and to achieve financial sustainability.

The literature reviewed above informs the research methods that explore the funding breakdown and the funding approaches of charities supporting survivors of CSA. Conclusions drawn from literature regarding funding composition are used to assess the data gathered in the quantitative stage. This research explores whether the experiences reported in the literature are reflected in the funding of CSA organisations through analysis of their financial accounts and interviews with senior managers. From an analysis of the income streams of the charities sampled it is possible to ascertain whether the sector is overly dependent on one funding source or has a more 'mixed' income profile. The challenges of fundraising, and the impact this has on charities, is used to inform and develop my discussion surrounding the strengths and weaknesses of the different fundraising approaches taken by CSA charities.

Research questions

The process of reviewing the literature and the wish to derive a picture of the funding landscape for organisations supporting survivors of historical sexual abuse generated two research questions: (1) what is the income breakdown of charities providing support services to adult survivors of childhood sexual abuse in England and Wales? And (2) what are the strengths and weaknesses of the funding approaches taken by the different organisations?

Methodology

This research project was conducted in two stages using the multi-method approach which enables the use of different methods for each question to explore one topic, that is, the funding of CSA charities. By linking quantitative data with qualitative data, a fuller understanding of the research topic is obtained, rather than solely from each form of dataset (Creswell, 2015). The multi-method approach provides a more comprehensive overview of the income sources of the charities studied rather than just a qualitative or quantitative approach. The research underwent university ethical

clearance. Results from stage 1 influenced the targeting of organisations to participate in stage 2 and shaped the qualitative research questions. Stage 2 of the study included in-depth semi-structured interviews with 11 senior managers with responsibility for income generation from 10 organisations.

Stage 1

Stage 1 included analysis of publicly available financial accounts for 48 CSA charities investigating the income levels for two separate years over a five-year period. A non-probability purposive sampling approach was taken where selection is based on known characteristics (May, 2011: 100). An initial list of charities was compiled from the membership lists published on the websites of the three umbrella organisations. An initial sample of over 90 organisations was obtained, which by scrutinising individual charities' websites was reduced to include only those that support all adult survivors of CSA. To enable an analysis of funding trends, this list was checked against the charity register to ensure only organisations that are currently registered as active and operating for five years were included in the study. This resulted in a sample of 48 organisations based across England and Wales with incomes ranging from under £100k pa to those of over £1m pa.

Financial reports for the years 2016 and 2020 for each sampled organisation were downloaded from the Charity Commission for England and Wales' website. This desk-based data collection resulted in the quantification of the financial size of the 48 CSA charities. Using Microsoft Excel to analyse the data gathered, organisations were classified by financial size based on the National Council for Voluntary Organisations (NCVO) definition of Micro <£10,000; Small £10,000 to £100,000; Medium £100,000 to £1m; Large £1m to £10m; Major £10m to £100m; Super-major >£100m). One of the key limitations concerns at this stage was the quality and granularity of financial data gathered from the charities' report and accounts. While only charities with an annual gross income >£250k, or charitable companies with an annual gross income > £25k, are required to follow the SORP, how individual organisations interpret the rules differs. To overcome these variations income profiles for each charity were derived using seven income categories streams based on those identified by Mohan and Breeze (2016): (a) fundraising from individuals; (b) income from voluntary sector grants; (c) government sources; (d) income from investments; (e) membership fees; (f) trading and commercial activity; and (g) income from miscellaneous sources. Additionally, information on geographical coverage, services provided, registered charity number, website address and business details for each organisation was captured in the spreadsheet.

Stage 2

Results from stage 1 influenced the targeting of organisations to participate in stage 2 and shaped the qualitative research questions. Stage 2 of the study included in-depth semi-structured interviews with 11 senior managers with responsibility for income generation from 10 organisations. Charities were selected based on their income profile, in that it differed widely from other organisations, had changed significantly over time, and/or they were overly reliant on one funding stream. Participants were selected for interview through their job titles and most interviews were carried out

with chief executives, but in some cases, they involved finance managers or fundraisers. Of the 15 charities approached via email 10 agreed to be interviewed. The final participants therefore included the following charities, listed by financial size and service delivery region (Table 1).

All the interviews were conducted online during working hours and lasted between thirty minutes and an hour. A thematic analysis approach was taken reflecting the 'method of identifying and reporting patterns (or themes) within data' (Braun and Clarke, 2006). All interviews were recorded and transcribed, read and re-read to identify an initial list of themes and categories. This process revealed repeated themes and categories which were then coded. The initial codes were pulled into potential themes which were checked against each transcript and the entire dataset, to ensure that they adhered to the theme's salient characteristics. Additionally, these emerging themes were checked against themes and theoretical concepts identified in the literature review. The whole process was iterative, resulting in key concepts which were used to corroborate and explain the findings from the qualitative stage. The merging of the data from the two stages resulted in a more complete explanation of the funding of charities. As there are a relatively small number of organisations supporting survivors of CSA all interview quotations are fully anonymised and only attributed by an alphabetic ID.

Findings

In response to the research questions, four themes for discussion were derived from the methods employed: (1) sector funding; (2) the role of philanthropic funding; (3) inconsistent state funding and finally; (4) the search for diverse income streams.

Table 1: Charities represented by interviewees in the study

Charity ID	% Government funding 2020	% Individual funding 2020	% Voluntary sector grants funding 2020	% Trading and other funding 2020	Income category 2020	Region
A	87	2	11	0	Large	West Midlands
B	35	19	11	35	Medium	London
C	33	3	64	0	Small	North West
D	85	1	13	1	Large	West Midlands
E	45	5	42	8	Medium	South East
F	46	3	48	3	Medium	South East
G	21	8	70	1	Medium	South West
H	56	8	25	11	Medium	National
I	21	0	79	0	Medium	East Midlands
J	71	0	26	3	Medium	North East

Notes: Based on NCVO definitions calculated by annual income; Small = £10,000 to £100,000; Medium = £100,000 to £1 million; Large = £1 million to £10 million

Funding landscape

1. Sector income: the total income of the 48 sample organisations amounted to £23.6 million in 2020, an increase of 56% from 2016. This significant growth could be attributed to several related factors, such as the growing awareness of CSA and its impact on mental health, findings from the Independent Inquiry into Childhood Sexual Abuse, and the recognition by the state of its responsibilities towards survivors. The split between restricted and unrestricted total sector income for the two data points remained constant, with one third allocated as unrestricted and two thirds restricted.

2. Income breakdown: of the seven sources of income identified, one source, government funding, accounted for over 60% of the total. This finding supports Mohan and Breeze's (2016) study, which found that statutory funding is particularly important to two thirds of charities in England and Wales operating in mental health. The second largest component is funding from voluntary sector grants and the Big Lottery at just under a third of total incomes. Surprisingly income from individuals, that is fundraising, legacies and donations, accounted for only 4% of the total. These findings suggest that CSA charities are highly reliant on government funding and currently could not rely on donations from individuals or businesses to fund service provision. Income from commercial activities is negligible at 2.5% of total income, suggesting that CSA charities' income streams are not diverse. However, without further research into the business practises of these charities it is not possible to say whether they are 'hybrid' organisations or not (Billis, 2010).

3. Income classification: using the NCVO income categories to classify the charities included in the study, most organisations are medium in size with an income of between £100k and £1m per annum. Only three of the organisations sampled fall into the large category, with an annual income of over £1m. These organisations' financial accounts reveal that their growth from a medium to a large organisation is due to taking on more government contracts, such as providing Independent Sexual Violence Adviser (ISVA) services funded by Police and Crime Commissioners (PCCs), or providing talking therapies that are funded by local Clinical Commissioning Groups (CCGs). These figures clearly demonstrate that the state is the major funder of CSA charities, with over half (28) receiving over 50% of their funding from government sources.

4. Non-statutory funding: philanthropic funding is defined here as income from voluntary sector grants, donations, fundraising and legacies. The sector experienced a 68% percentage growth in philanthropic funding between 2016 and 2020; however this growth was the result of an increase in voluntary sector grants rather any surge in individual donations, as the data shows that the sector attracts little funding from this source (4%). These figures support Mohan and Breeze's conclusions (2016: 30) that mental health charities receive a small proportion of their income from donations. The growth in voluntary sector grants could be attributed to growing public awareness of CSA and mental health issues, resulting in grant-awarding bodies such as Lloyds Foundation deciding to fund charities working to help people overcome the impact of childhood sexual abuse.

To summarise, the financial data suggests that the typical CSA charity is medium sized, receiving more than half its funding from statutory sources, and the remainder from voluntary sector grants. It receives little or no income from fundraising or other commercial activities.

Role of philanthropy

Overall, the income generated from philanthropic sources grew by 60% over five years due to a significant increase in funding from voluntary sector grants. Philanthropy, specifically voluntary sector grants, has been instrumental in helping charities to establish themselves. Many organisations benefited from small grants from local trusts and community foundations in their early days. Grant funding remains a major source of income for many of the charities, with 10 receiving over 50% of their funding from philanthropic sources.

Key voluntary sector grant funders are the Big Lottery, Lloyds Bank Foundation, and Henry Smith Charity. Often funding from these organisations is vital to the continuation of service delivery: one charity reported that since losing CCG funding, the only reason they can keep open is because of a Big Lottery grant. However, the Lottery will not fund an organisation indefinitely, and interviewees spoke about the hunt to replace Lottery funding. The Lottery is also seen as a prestigious and influential funder that often results in additional funding from other sources. Lloyds Bank Foundation is considered an exceptional funder, offering business development support as well as funding for delivery. Their grant managers are described as supportive and encouraging of open and honest relationships with grant holders.

Fundraising is not seen as a major activity – only one organisation employs a professional fundraiser, and another has a relationship with an external fundraiser who works on commission. Income from donations is derived mainly from ex clients on an ad hoc basis. Given the lack of focus on fundraising the issue of being perceived as an ‘unpopular cause’ was not raised by most interviewees. However, Charity H had recently brought in a professional fundraiser to diversify their income and they had considered this issue in detail. While they agreed that the cause of childhood sexual abuse is a “tough sell”, they spoke about the importance of avoiding negative language. They purposively do not conduct any public fundraising campaigns, conscious that survivors may perceive that the organisation is seeking urgent funding because they are at risk of closing. Their approach to fundraising is about supporting survivors and not just chasing the money: “The mission, you know, the people we do this for it’s more important than some random target I’ve made up because it looks good on my CV” (Charity H). Interestingly they are the only charity that mentioned ongoing support from wealthy individuals, however many of these individuals prefer to remain anonymous fearing that a donation implies a disclosure.

Inconsistent state funding

As mentioned previously, the government is the main funder of the sector in England and Wales, accounting for two thirds of the total sample income in 2020 (£15m), either through grants or contracts. Of the different agencies local Police and Crime Commissioners are the biggest funders, followed by the Ministry of Justice (MOJ) and CCGs. However, this data hides the problematic and fragmented nature of state funding. Firstly, many participants spoke about the issue of short-term funding: not only are funds allocated for only a year or two at a time, but charities are also not given enough time to bid, and contracts are often withdrawn at short notice. Consequently, it is difficult to plan, and CEOs have become very flexible, shrinking or expanding their services depending on the given funding situation. Several organisations reported having to close their waiting lists due to lack of sufficient funds: “If we had secure funding, life would be a lot easier” (Charity D).

There are geographic inconsistencies; in some areas CCGs fund talking therapies, whereas in another county they refuse to support the charity but are happy to signpost clients to them, recognising that they are the experts in CSA. Local authority support is rare, apart from one organisation whose city council provides unrestricted multi-year core funding. Different political and personal preferences drive inconsistencies, for instance, one PCC refused to fund their local charity believing this was the role of the NHS. Overall though PCCs are seen as supportive commissioners.

Participants spoke at length about their relationships and experiences with commissioners. If a commissioner understands the issue and is supportive of what an organisation is trying to achieve, then the commissioning process is less problematic. However, some commissioners do not have knowledge of the services they are commissioning and do not understand the dynamics behind sexual violence. This can result in inadequately specified and underfunded services. Moreover, interviewees spoke about imbalance of power between them and commissioners who hold the “purse strings” and can easily decide whether to fund them or not and who are often dismissive of the voluntary sector.

The MOJ is the principal central government funder, distributing grants and contracts either directly or via local PCCs to organisations. Most charities are in receipt of income from the National Rape and Sexual Abuse Support Fund. During the pandemic the ministry made additional funding available, however some participants were critical of how this was administered, citing onerous monitoring requirements and the unrealistic short bid submission deadlines.

It became clear during the interviews that many participants are frustrated by the muddled commissioning. In many cases commissioning agreements do not reflect demand for therapy sessions which exceed funding assumptions. Full cost recovery seems to be an ideal rather than the reality, with organisations left juggling funding streams and, as one CEO succinctly put it, “robbing Peter to pay Paul”.

No single clear sexual violence strategy exists that compels local government and health authorities to meet the obligations set for helping survivors of CSA. Some interviewees believe that without a central government strategy, policy and performance indicators, the funding situation will not change, and survivors’ needs will remain under-served.

The search for diverse income streams

There is an acceptance by many of the participants of the need to secure sustainable funding from diverse income streams. Charities are aware that if they are over-reliant on one funding stream, in most cases the government, they are in a vulnerable position if there are widescale public sector cuts. Yet the goal of diversification is challenging as only 4% of the total income for 2020 was from other sources and to grow this materially may not be realistic.

A few organisations are exploring new income streams such as consultancy, training, and corporate fundraising, however, the idea of introducing a major donors programme or increasing community fundraising was not raised. To develop new income streams requires resources, both people and money, which most organisations do not have to spare. The board of one larger organisation though, has taken a farsighted, if not a risky approach, by using reserves to fund a business development team for one year;

the hope being that after a year the team will pay for itself through the additional income it generates for the charity.

Discussion

Drawing on the literature review, theoretical approaches, and the findings, four issues identified during the research which have implications for the sector are discussed: (1) state funding; (2) unrealistic expectations of achieving income diversity; (3) why there are inconsistencies of provision; and (4) the need for a centrally-set strategy.

State funding

The sector as a whole and several individual charities are dependent on the government as the primary source of funding. Potentially this puts an organisation in a precarious position, as the sudden withdrawal of funding can result in the collapse of services and vulnerable people being left without support, as experienced by one charity interviewed. This is compounded by the fact, as raised by participants, that many government grants/contracts are short-term and often driven by commissioners' preferences rather than identified need. Academics such as Seddon (2007) argue that to become more resilient charities need income diversity, however I argue that the problem is not one of too much reliance on one funder as such but rather how and by what amount does that funder commission services from an individual organisation.

Charities supporting survivors of historical CSA are delivering a frontline mental health service, that the state is either unable or unwilling to provide. The fact that the state is a major funder of the sector implies that CSA charities are providing an important public service and display a comparative advantage (Billis and Glennerster, 1998), and thus will continue to attract some level of state funding. The question is what level of funding? As with other mental health charities (Newbigging et al, 2020), the role of CSA organisations in many parts of the country is unrecognised by local CCGs and they are consequently underfunded. Paradoxically charities in these areas continue to receive referrals from health agencies suggesting that the state wants a CSA support service on the cheap. Unfortunately, charities are often left having to 'scramble around for funding' and use other sources of funding to deliver service. Given that CSA charities are providing a vital public service this is unreasonable, the state should pay the 'going rate' and not expect charities to pick up the shortfall. "So, providing a front-line mental health service like we do now relies on the effectiveness of our fundraising team, not the quality of our counsellors. Now how can that be right that's I mean that's insane" (Charity G).

Unrealistic expectations of achieving income diversity

Most participants spoke about the quest to achieve income diversity and sustainability. There is a pervading view that charities should be more entrepreneurial and diversify their income sources, however stability of funding sources is critical to the running of CSA organisations and therefore, as argued by McDonnell et al (2019), it is not credible or helpful to expect charities to pursue this goal.

Those organisations questioned are pursuing the same alternative sources, training, consulting, and research. But it is unlikely that income from these funding streams

will grow from the current low level of 4% in 2020 to become a significant income source any time soon. To pursue a strategy of diversification requires resources which CSA charities may not have or would have to divert from other activities. Instead of charities having to expend energy on pursuing the goal of sustainability, the state should meet its commitment to survivors and adequately fund CSA organisations.

Another alternative income strategy would be to increase fundraising efforts. However, fundraising is not seen as an important source of income, and it is unlikely to become one, supporting McDonnell et al's (2019) contention that reliance on donations is lowest when reliance on government funding is highest. The low level of donations could be attributable to internal 'crowding out', with organisations reducing their fundraising efforts in response to statutory funding (Andreoni and Payne, 2011), rather than due to CSA being considered an 'unpopular cause' (Body and Breeze, 2016).

Why inconsistencies of provision?

Provision of historical CSA support services across England and Wales is fragmented (Isham et al, 2021). This is a consequence of several interplaying factors. Firstly, as verified by the participants, these organisations were often established by individuals or groups of individuals as a reaction to an unmet need for support in their areas, rather than because of a central top-down decision. Organisations have grown organically and have sought funding from many different sources including statutory and voluntary sector grants.

Secondly, commissioning is variable; there is not a national approach to the commissioning of CSA support services and in consequence service provision is patchy, both by geography and by the level of support offered (Isham et al, 2021). Participants describe commissioning as something done to them (Rees et al, 2016), with funders telling them what to do rather than the specialist organisation advising what should be done. Inconsistencies exist in approach across the different funding agencies. Commissioning in the sector is a relational process (Body, 2020) and participants spoke about the quality of the relationship with a commissioner depending on the individual (Rees et al, 2016). It is unacceptable that availability of an essential service depends on the personal views and preferences of an individual. Commissioning has resulted in an uncertain and uneven landscape with charities unable to plan and no clear national standard to achieve.

Need for a centrally set strategy

As referrals continue to grow and charities struggle to meet this demand it is evident that the government's commitment that 'no victim will be turned away' (APPG, 2018) will not be met without a significant change in how organisations are funded. The findings and arguments presented above point towards the need for a clear single historical CSA strategy setting out the obligations each statutory body has to the survivors. This would reduce the inconsistency of provision across the regions and promote collaboration between the sector and commissioners.

From April 2021, Integrated Care Systems (ICS) which are place-based partnerships focusing on the coordination of organisations meeting health and care needs across a geography, replaced CCGs in England. This new approach brings providers and

commissioners together with the aim of joining up hospital and community-based services, physical and mental health, and health and social care (Kings Fund, 2021). What this means for CSA charities is yet to be seen; none of the participants mentioned ICSs and whether they were involved in their development. However, they should be good news for the sector as each ICS is obliged to collaborate with local partners, including those in the voluntary sector, to promote ‘better health, better care and lower cost’ (Kings Fund, 2021). It is unclear, though, whether ICSs will take responsibility to ensure that a service exists and no one is turned away.

A potential negative consequence of a central CSA strategy could be the loss of independence and the ability to advocate on the behalf of a marginalised group by organisations. The ability to advocate is an important objective of many of the participants, so much so that to date they have resisted the pressure of mission drift that can arise from public sector commissioning (Milbourne, 2013); however, whether they could maintain this position with increased state influence would have to be seen.

Conclusion

This study sought to respond to two research questions raised by the literature. In summary, employing a multi-method approach this research found that the CSA sector in England and Wales is vibrant and innovative and was created by social entrepreneurs funded by philanthropy. It has grown rapidly with the help of organisations like the Big Lottery and Lloyds Bank Foundation; creating services that the state in turn can support and buy in volume. The sector is a vital part of the health service and is dependent on the state for its ongoing funding. Unfortunately, this funding is inconsistent, which is not helping to set or improve service standards or the terms and conditions for practitioners working in the field. The sector could accelerate its service offerings if the state better organised its funding to ensure a level playing field of coverage over the country and consistent service standards. More than anything, making longer-term commitments would provide organisations with the confidence to invest, supporting more survivors with higher-quality services.

While these findings do not attempt to quantify or explain the funding streams for the entire CSA sector, they do offer some important insights. Nevertheless, this research is not without its limitations. One of the key limitations concerns the quality and granularity of financial data gathered from the charities’ report and accounts. While charities must comply with Charity Commission guidance, how individual organisations interpret the rules differs. There are inconsistencies in how charities classify income, which makes it difficult to directly lift and compare data from individual report and accounts. Furthermore, the analysis did not disaggregate by specific type of income, for instance government grants vs contracts, making it impossible to state what type of government funding the sector is dependent on. Drawing only on participants from CSA organisations limits these findings, and a fuller picture of the funding landscape would have been obtained through the inclusion of commissioners and voluntary grant funders. Interviews with such groups would provide more in-depth understanding behind the rationale for their funding decisions. This study adds value to the under-researched area of the income composition of the CSA sector and contributes to the debate among providers, statutory commissioners, and grant funders regarding the funding of such specialist services in England and Wales. Further research is needed to establish how income

is spent and how many survivors it supports; this would establish where the sector is providing 'value for money'.

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Conflict of interest

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