

# Invitation to Tender (ITT)

## Evaluation services for the Hope and Healing project

**Funded by:**



**In Partnership with:**



## **Summary**

**Deadline for applications:** 5pm, Friday 30<sup>th</sup> January 2026

**Budget:** £60k

**Project timeframe:** 1st March 2026 – 31st December 2029.

We're looking for an experienced evaluation partner to provide evaluation services for our Hope and Healing project.

The main purpose of this evaluation is to grow the evidence base for holistic, trauma-informed approaches to community healing as a key part of mental health support.

This will include evaluating different aspects of the Hope and Healing project to help us understand what activities are working, how and why.

This includes change in communities, in services and systems and in our own ways of working.

We're particularly interested in hearing from potential partners who bring experience of relational evaluation approaches that align with our project's principles of sharing power, sharing stories and creating change.

### **Key deliverables:**

- An evaluation framework for the Hope and Healing project (c.15%)
- 2-3 evaluation reports that contribute to the evidence base for holistic, trauma-informed approaches to community healing as a key part of mental health support, drawing on work done in the Hope and Healing project (c.70%)
- Advising, coaching and supporting the Hope and Healing partnership with evaluation and learning (c.15%)

## **1. About the Hope and Healing project**

Hope and Healing is a new, five-year project that started in April 2025. It is funded by the UK National Lottery Community Fund. It's a community-led social action and system change project building on decades of work and extensive learning from communities, organisations, and practitioners about what it means to make long-term, sustainable differences to people's lives.

It is now widely established that our mental health is largely determined by our circumstances (WHO, 2014). Poor mental health is therefore equally created by political, social and cultural processes when, for example, people and communities can't get their basic emotional and physical needs met, are unable to live in safety, and are disconnected from each other (WHO, 2014; Compton et al., 2020).

Addressing the issue of mental health will require a focus on how intervention at a community and population level will not only prevent but also support the healing of mental ill health by creating healthy and healing communities/neighbourhoods. The UN has called for a move to prioritising policy intervention at a population level by targeting the social determinants and abandoning the predominant medical model that seeks to cure individuals by targeting disorders (UN, 2017). Communities within areas of deep-rooted deprivation will be impacted by significant levels of transgenerational trauma: third generation unemployment; limited access to services; inadequate housing; levels of violence and crime. There is little point providing support to individuals from these communities and then sending them back without addressing the root causes of their mental distress and ill health.

Multiple studies have found that levels of violence, crime, education, mental distress, and various health problems are associated with place-based characteristics, particularly poverty (Eyerman et al., 2004; Thesnaar et al., 2013; Veerman & Ganzevoort, 2001). There are specific ways in which individual and community trauma impact on mental health: prolonged exposure to humiliation, shame, fear, distrust, instability, insecurity, isolation, loneliness and being trapped and powerless (Psychologists for Social Change, 2015).

Mental health services are typically provided as a 'one at a time' approach, which may reduce opportunities for working comprehensively at a systems level and keeps clinical focus reductionist and individualistic. A clinic based approach can also exclude those most vulnerable from accessing support: without the emotional resilience, social support, childcare or financial means to attend appointments, there are many barriers which may prevent a transformational break in the cycle of transgenerational poor mental health. A focus solely on the treatment of individuals can only ever be one part of the solution to supporting people to flourish, overcome, and prevent poor mental health. To prevent and support people to heal from these problems we need

interventions that both operate at and are embedded in the community, embracing complexity to coproduce core relational health outcomes. Without healthy, safe and supportive communities for people to live in, clinic-based interventions that do not simultaneously address the root causes of poor mental health will never be a prudent use of finite health resource.

The United Nations (2017) and the Mind over Matter report (2018) move away from a focus solely on clinic-based interventions and towards community embedded intervention as necessary for creating sustainable conditions for prevention, healing and recovery. A move away from a ‘fortresses mentality’ and towards place-based and integrated systems of care are essential if we are serious about addressing poverty and health inequality (Kings Fund, 2016). A number of psychosocial ecological approaches or place-based strategies are emerging. The most effective of these respect the complex nature of the task at hand, co-producing hyper-localised solutions. Relational partnerships are the key operating principle to work of this nature, underpinned by a unified psychosocial ecological approach.

Research has found that it is current connectedness (followed by history of connectedness) and not history of adversity per se that is the best indicator of current emotional functioning (Perry, 2022). ACEs therefore aren't everything: relational health is the determining factor. By focusing intervention on the creation of safe, stable, and nurturing relationships that buffer adversity and build resilience, mental health intervention provided to adults also have the potential to positively impact on children within the family (Garner & Yogman, 2021).

We know that being seen and heard is a mental health intervention (Herman, 2023). We will work with communities to hear their experiences, to make sense of them and have their voices heard by people with power about what needs to change to improve our collective mental health. We will create learning networks for professionals and activists to build trust and mutual support – reducing feelings of isolation, shame and hopelessness that working to create change can bring. We will listen deeply to stories across all layers of the system, sharing the learning via national campaigns to start a conversation about how we create and sustain hope that things can be different, and enable communities to heal from trauma and thrive.

Our project aims to deepen and scale existing work, bring together a network of organisations and build meaningful collaboration with communities to create long-lasting, transformational change in how people understand and respond to mental ill health and mental distress.

Platform will be working alongside our core project partners: Save the Children Wales, Groundswell and Homeless Network Scotland. We want to have a sustainable impact

within communities in Wales, England and Scotland, focussing on housing, homelessness and family linked systems and services.

Hope and Healing is built around three core elements:

- **Communities of Hope:** self-sustaining community groups across three areas, using an evidence-based trauma-informed community development approach. We will develop peer-to-peer support networks, exploring how to provide interventions that are trauma-informed, community-led and culturally sensitive – using storytelling for systems change through a place-based approach to improving community wellbeing.
- **Hope Academy:** learning networks, tools and support for people and professionals seeking to make change via place-based communities of practice, national events and resources about how to create change through a relational and trauma-informed approach – drawing on learning from the community groups and professionals, co-created for authenticity of voice.
- **Campaign for Hope:** national hope and healing conversations – a series of listening exercises and campaigns for change using our Truth Project approach, to hear direct experiences of working / living in traumatised systems and communities so we can advocate with people, policy-makers and leaders across the UK for change.

## 2. Evaluation and Learning in the Hope and Healing project

### a) Our learning goals

Over the course of the project, through our learning and evaluation, our hopes are to:

- Understand what conditions best enable connection, hope and healing in communities
- Understand the connection between community intervention and improved mental health, especially for people experiencing social injustice and economic disadvantage
- Develop and test the principles of ‘trauma informed community development’
- Identify ways to bridge the gap between professionals and community members to create healing and support people’s mental health
- Identify ways to change attitudes and approaches in professionals, services and systems to create integrated community based relational and trauma-informed way of working

- Understand and test ways in which community-based action can lead to mental health recovery and prevention, alongside and as part of community development
- Identify and implement communications and campaigning approaches that lead to change within systems, at policy level and/ or with the public
- Test and develop ways of implementing and making the case for relational evaluation methodologies, including using storytelling for change
- Expand the evidence base that supports the vision of the Hope and Healing project

## **b) Evaluation and learning across the project**

Hope and Healing is both a delivery and a learning project. We want to make change for people, communities, services and systems, by providing tested examples of integrated and place based mental health intervention and support. Learning as we go about how to do this is key given the complex nature of the problem and systems involved.

Learning is built into our project partnership, and our delivery. This includes:

- Regular review and reflection sessions within projects and across our partnership to review progress, reflect on successes and blocks and identify what we want to build on and what we want to change
- Using approaches such as Human Learning Systems to create learning cycles and feedback loops
- Embedding mental health knowledge and reflective practice
- Exploring tools and approaches that help generate rapid learning e.g. ripple effect mapping, community storytelling
- Generating, collecting and making sense of insights and stories that come from our work, including adopting structured story gathering approaches
- Developing training, webinars, communities of practice and other learning exchange and connection activities to share and explore what we and others are learning
- Identifying ways of mobilising what we're learning to explore wider implications and create real world change

These approaches and activities will be underpinned by psychosocial and relational theory and practice.

The ongoing reflection and learning activities will be led by the Platform project team.

We would like our evaluation partner to support this activity e.g. through offering advice, coaching, introducing different methodologies, and anticipate that this will take

up approximately 15% of the project time. We hope that this will also mean there is coherence across our learning and evaluation activities.

Data generated in our ongoing learning activities and project development work may be useful to the commissioned evaluation e.g. collecting stories that can be used as part of qualitative analysis.

NB The project's original theory of change can be found in the appendices. The project team are updating this theory of change as part of our first implementation phase, including in collaboration with our communities. This will be available to the commissioned evaluator.

### **3. About the commissioned evaluation**

#### **a) Core purpose of the commissioned evaluation**

The main purpose of this evaluation is to grow the evidence base for holistic, trauma-informed approaches to community healing as a key part of sustainable and prudent mental health support.

This will include evaluating different aspects of the Hope and Healing project to help us understand what activities are working, how and why. This includes change in communities, in services and systems and in our own ways of working.

We know that demonstrating that something 'is working' is not straightforward. That's why the first part of this work will be to produce an evaluation framework for this project. This framework will itself be tested and evaluated as the project develops, and a refined framework will be one output of the evaluation

#### **b) Key deliverables**

The key deliverables will be:

- **An evaluation framework for the Hope and Healing project (approx. 15% of time)**
  - This will be developed in collaboration with the Platform team and input from the Hope and Healing partnership.
  - This will include identifying appropriate methodologies, measures and data collection approaches that will be used across the project.

- This will include the range of learning undertaken as part of the project i.e. by the evaluator and by the partnership.
- **2-3 evaluation reports that contribute to the evidence base for holistic, trauma-informed approaches to community healing as a key part of mental health support, exploring work done in the Hope and Healing project (approx. 70% of time)**
  - The detail of these reports will be agreed as part of Year 2 activity.
  - Potential topics include evaluating our community-based activity in Wales or London, evaluating our activity with services/ systems/ professionals, evaluating key outcome areas in our theory of change.
  - Reports may be location-focused or thematic.
  - We'll work with the evaluation partner to agree evaluation questions.
  - We anticipate that the reports will include a combination of data collected by the evaluator, and data collected through the work of the partnership.
  - We want the evaluation approach to reflect the relational principles of the project and to use methodologies that support this e.g. Most Significant Change.
  - *NB We are giving flexibility about the number of reports given the precise topics are to be determined. Please indicate within your proposal what you think will be feasible within the budget at this stage. This will be finalised at agreed points in the project (see timetable).*
- **Advising, coaching and supporting the Hope and Healing partnership with evaluation and learning (approx. 15% of time)**
  - We'll ask the contracted evaluator to advise, coach and support our ongoing and continuous learning.

Note: We are open to discussing a range of approaches that fulfil the purpose of the evaluation, and we are keen to draw on the expertise of our evaluation partner in terms of project design and methodology. We're particularly interested in approaches that match our relational values and which use stories and lived experience.

As part of these deliverables, we anticipate regular communication with the Platform team. We welcome communication that is responsive to project needs, rather than limited to formal update points, but we also recognise that structured contact can be helpful, so we request:

- Brief written monthly updates to the Platform Head of Hope and Healing;

- Quarterly progress meetings with the core Platform team, and with other partnership members;
- Attendance at a Hope and Healing Partnership meeting at least once a year to update on progress, share learning, invite suggestions and challenge.

### **c) What we're looking for in an evaluation partner**

This is an important project for Platform and the Hope and Healing partnership. Through this work, we're exploring new ways of working with communities, with services, with systems and each other.

The nature of our project means that, whilst it has a sound evidence, experience and partnership base, we are learning and evolving as we go along. For us, this is central to being relational, collaborative and sharing power: we cannot be led by communities and by our learning if we think we have everything worked out before we start.

We're looking for an experienced evaluator who will bring deep knowledge and experience of different evaluation techniques. But we're also looking for someone who shares our values, is aligned to our ways of working and is excited about working with curiosity, flexibility and challenge.

We want to learn from you and to work together to develop the project's evaluation and learning. We hope that you'll want to learn from us, too, and be excited by this prospect.

### **d) Our criteria**

- You'll be an experienced evaluator with deep knowledge and experience of different qualitative and quantitative evaluation techniques.
- In particular, you'll have an understanding of methodologies focused on lived experience, ideally including storytelling for change (e.g. Most Significant Change), as well as of outcome measures relevant to the themes of our project.
- You'll have experience of developing evaluation frameworks as well as delivering evaluation activities.
- You'll have experience of evaluating projects in the mental health and/ or communities field.
- You'll be experienced in sharing evaluation knowledge and methods with other stakeholders, and in working collaboratively.
- You'll have a strong understanding of and commitment to relational and trauma-informed ways of working, and will bring this understanding to all areas of this work.

- You'll be rigorous and willing to challenge, but you'll also be curious, flexible and open to exploring different ways of doing things.
- You'll have an understanding of the approaches that contribute to positive system change.
- You'll be committed to sharing power, to enabling people to be seen and heard, and evaluation that is generative rather than extractive.
- You'll be able to produce clear, succinct and accessible reports that avoid jargon.

In addition

- You'll have strong safeguarding, data management, risk management and financial management policies and processes in place.
- This project involves working with vulnerable adults and may involve working with children and young people. All project staff must have the appropriate DBS clearance and your policies, procedures and ways of working must reflect best practice in this area.
- You will hold suitable public liability and professional indemnity insurance appropriate to this work and risk profile.
- You'll be able to demonstrate financial resilience and organisational/ provider sustainability to match the timeframe of the project.

#### **e) Evaluation timeframe and deliverables**

The project will run from 1<sup>st</sup> March 2026 – 31<sup>st</sup> December 2029.

The dates and core deliverables will broadly follow the timeframe below, noting the points made above about flexibility regarding reports.

<b>Year</b>	<b>Timeframe</b>	<b>Anticipated activity</b>	<b>Anticipated deliverables</b>
1	1/3/26 – 31/3/26	Kick-off meeting	Reviewed activity plan
2	1/4/26 – 31/3/27	Development of evaluation framework  Identification of potential report themes and evaluation methods  Advising, coaching and supporting the H&H partnership with evaluation and learning	Evaluation framework, with agreed measures and activities (ideally by 30/9/26)  Report themes and methods agreed with project team  Revised activity plan based on learning to date

			Agreement of research questions for Report 1
3	1/4/27 – 31/3/28	Evaluation Report 1  Advising, coaching and supporting the H&H partnership with evaluation and learning	Evaluation Report 1  Agreement of research questions for Report 2
4	1/4/28 – 31/3/29	Evaluation Report 2  Advising, coaching and supporting the H&H partnership with evaluation and learning	Evaluation Report 2  Agreement of research questions for Report 3
5	1/4/29 – 31/12/29	Evaluation Report 3  Refining evaluation framework for future use.  Advising, coaching and supporting the H&H partnership with evaluation and learning	Evaluation Report 3  Updated evaluation framework.

#### **f) Budget**

The overall budget for this project is £60,000.

This should include all costs, including VAT.

In designing your budget, please consider the approximate time allocations noted in the 'Key deliverables' section.

A payment plan will be agreed as part of contract agreement, with payments in instalments aligned with agreed milestones and outputs.

The final payment will be made once all deliverables are approved and signed off in the final year.

Our expert communications staff will also be able to design and adapt reports so there's no need to allocate resource for this in your budget.

Given the length of this contract, changes may be needed to meet evolving evaluation needs. Provision for this will be agreed at the contracting stage.

#### **g) How we'll score applications**

We'll score applications based on the criteria set out in this document, with the following weighting.

1. Quality of project proposal and how you demonstrate that you understand and meet the requirements and values set out in this document (45%).
2. Skills, experience and qualities of the project team (25%).
3. Strength of safeguarding, data management, risk management and financial management policies and procedures (15%).
4. Strength of project budget and demonstration of effective use of available resources (15%).

### **4. How to apply**

#### **a) What to include in your application**

Please include:

- A draft project plan that demonstrates how you would meet the requirements set out in this document, including any narrative that will support your proposal.
- A short proposal for one possible report, sharing your proposed methodology (this is to give us an understanding of your approach and ideas, and we realise these plans may evolve prior to delivery).
- A CV for your organisation and/ or those who will be delivering the project to demonstrate how you have the skills, experience and qualities that we're looking for.
- A project budget.
- Evidence of suitable public liability and professional indemnity insurance (£5 million public liability, £5 million employer's liability, and £1m professional liability).
- 3 years of prior trading information (statutory accounts) to evidence trading resilience.

#### **b) Applying as a collaboration or partnership**

We will consider collaboration or partnership applications. Please include full details for each organisation, including evidence of suitable insurances and financial resilience.

### **c) Application timetable**

#### **Deadline for applications: 5pm, Friday 30<sup>th</sup> January 2026**

We will offer up to twelve 20 minute Teams appointments for potential bidders to meet with the Head of Hope and Healing to discuss the project.

These will be available on the following days and bookable via the links below.

- Wednesday 7<sup>th</sup> January – 1.30 - 3.30pm [Book time with Helen Wales: Hope and Healing Evaluation Conversations 1](#)
- Thursday 15<sup>th</sup> January – 2.00 – 4.00pm [Book time with Helen Wales: Hope and Healing Conversations 2](#)

Only one appointment will be available per bidding organisation or partnership.

We anticipate working to the following timetable post-application deadline:

- Deadline for applications: 5pm, Friday 30<sup>th</sup> January 2026
- Invitations to interview sent out: Monday 9<sup>th</sup> February 2026
- Interviews (via Teams): w/c 16<sup>th</sup> February 2026
- Evaluation partner appointed and contract signed: Friday 27<sup>th</sup> February 2026
- Anticipated project start date: 1<sup>st</sup> March 2026

## **Appendix 1: About Platform**

At Platform we have a vision of ‘sustainable wellbeing for all’. It’s a big vision in a big and complicated world, but one that we are passionate about.

We work alongside people experiencing challenges with their mental health, and with communities who want to create a greater sense of connection, ownership and wellbeing in the places that they live.

We are part of a growing movement of people and organisations who do not believe society’s current ‘helping’ systems are fit for purpose. We know that these systems require radical change in order to really contribute to our shared vision of ‘sustainable wellbeing for all.’

We are testing and developing an asset based, trauma informed and healing focused approach to our work, as a response to the deficit based, traumatising and often damaging approaches experienced by many people when seeking help.

We have two core purpose statements:

- To change the narrative around mental health, offering up an alternative to the dominant paradigm of psychiatric diagnosis. This alternative focuses on the role that trauma, life experiences and socio-economic circumstances have on our mental health and our ability to recover. We pursue this change to help broaden public perceptions, and to transform how people experiencing mental distress can ask for and receive help.
- To make society’s ‘helping systems’ work better for people having the toughest times. In the first stages of our strategy, we will focus on systems around mental health, housing, homelessness, and young people.

## **Appendix 2: More information about the Hope and Healing project**

### **Our approach in the Hope and Healing project**

Central to our Hope and Healing work is a recognition of the impact of trauma, interpersonal relationships and the social contexts surrounding people on their mental health. This includes the role organisations and wider systems have in creating the conditions for everyone to thrive. Being trauma-informed in Platform is about creating psychosocially healthy environments for staff, people we support and the wider systems we are part of.

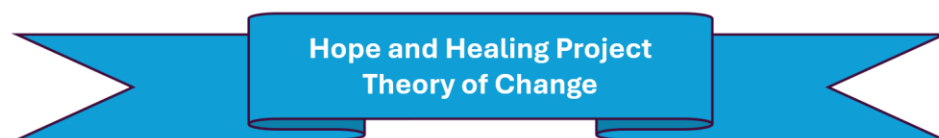
We have a deep understanding of the impact of adverse childhood and community experiences in shaping how people view and experience the world, and that this is different for everyone based on our unique circumstances, as evidenced in the ACEs Report and research. We understand people and communities who have experienced trauma and adversity often lack agency and feel stuck where they are – not feeling seen or heard.

There is often mistrust in services and poor relational health across the community. Our approach is about more than acknowledging what has happened to people; it is about equipping them with the skills, knowledge and belief that they can make sense of their experience and live fulfilled lives.

Using the principles of clinical community psychology, we help people and communities realise their strengths, overcome distressing feelings and shift from hopelessness to hopefulness. Coproduction and sharing power is at the heart of this work and we prioritise taking the time to understand people's unique context and what matters to them across all layers of the system; from the individual to community, to organisations and the wider public/political system.

## Original Hope and Healing Theory of Change

NB This theory of change is being updated as part of our development and early implementation year. The updated theory of change will be shared with the appointed evaluation partner.



### Our context

- Communities are trapped in intergenerational cycles of poverty and poor mental health, further excluding them from being part of the conversation for change.
- Research shows that people who have experienced trauma don't have psychosocially healthy circumstances to be able to engage with support, connect with others, or share their voice.
- Drawing on trauma-informed evidence and best practice, we know people and families with chronic exposure to trauma need more scaffolding to heal and speak up.
- Being seen and heard is also core to trauma healing and prevention.

### Our Vision

- A world where all voices are of equal value and are heard. Where we understand the importance of connection, community, and psychosocially healthy circumstances for people, professionals, and activists to heal from trauma and live well.
- To create sustainable healthy communities, share power and give voice to those often unheard, connecting people's stories with politicians and decision-makers to create hope and deliver change.

### Our Values and Guiding Principles

- Brave, Curious, Connected, Compassionate
- To be community led and co-productive
- To work in a strengths-based way with respect and seek collaboration
- To embody and role model relationally healthy and trauma-informed ways of working

### Our Assumptions

- All voices are of equal value and valid
- All communities have strengths, and all citizens have power
- Systems are the sum of the relationships between the people within them.
- Change is a relational process
- Platform and all partners live by its values and aspire to be authentic by being relationally healthy and trauma-informed in our approach.

### Our Impact

- People have the knowledge and experience to understand our mental health is largely about our circumstances. Therefore, communities understand the importance of injustice and inequality on our mental health.
- Policy, and decision-makers are not overwhelmed or scared of engaging with disenfranchised communities because they understand how to work with distress and sit with discomfort. They have the tools to come alongside people and be in connection rather than disconnection, to restore the social contract and come to solutions together.
- Our services, governments, and the wider public understand that being seen, heard and feeling you belong is a mental health intervention of its own right.

### Our Outcomes

- Improvement in community mental health
- Improved community cohesion
- Improved relational health across public services and systems.
- People are better able to advocate for things that will improve their health and belong and connection to community.
- We have policies and systems that understand the importance of a holistic and human rights approach to mental health.
- Humanised systems and services that prioritise the importance of connection, community, and psychosocially healthy circumstances for people, professionals, and activists to heal from trauma, live well and thrive.
- We will have examples of public services that operate with a just culture, leadership and values.

### Our Outputs

- 1. Communities of Hope**  
Three place-based community projects using trauma-informed community development approach, exploring community-led and culturally sensitive ways to build – using storytelling for systems change.
- 2. Hope and Healing Academy**  
Wrapping learning and support around communities and professionals via a series of learning networks, courses, online events and resources to build reflective capacity and sustain change.
- 3. Campaign for Hope**  
Campaigns that share direct experiences of working/living in traumatised systems and communities so we can advocate with people across the UK for change.

## Hope and Healing Project Map

