

Funding Bid: Empowering Young Care Leavers through Trauma-Informed Mental Health Support Services.

The transition from care to independent adulthood is one of the most critical and vulnerable periods in a young person's life. In the United Kingdom, young people leaving care face a series of intersecting challenges, including poverty, housing insecurity, mental health difficulties, and social exclusion. These challenges are compounded by fragmented support systems, inconsistent access to mental health services, and the absence of stable relationships. According to the NSPCC (2020), care leavers are disproportionately affected by mental health issues, with nearly half of them experiencing symptoms of anxiety, depression, or post-traumatic stress. For many, the lack of effective transitional support exacerbates these issues, resulting in long-term disadvantages such as unemployment, homelessness, and ongoing cycles of trauma.

This funding bid proposes the establishment of a Trauma-Informed Community Wellbeing Hub designed specifically to meet the needs of young care leavers aged 16 to 25. The hub will serve as a safe, inclusive, and support centre that combines mental health therapy, advocacy, peer mentoring, crisis intervention, and employment skills training. By adopting a trauma informed and independent approach, the service aims to address mental health issues in care service users. In accordance with UK national policy priorities, including the Care Act 2014, which emphasised the promotion of independence and the safeguarding of vulnerable groups.

The funding for this service is sought after from the National Advocacy Development Fund (NADF). The NADF is a grant funding body in the UK that are dedicated to enhancing the quality, accessibility, and sustainability of advocacy services for people facing structural disadvantages. The fund prioritises independence, professionalisation, and user empowerment. NADF typically invests in initiatives that strengthen advocacy for individuals with complex needs, particularly those navigating mental health systems, social care, and housing challenges. This funding bid responds directly to these priorities by presenting a detailed, trauma informed support plan that seeks to reduce harm, promote the voices of young care leavers, and improve mental health outcomes alongside decision making capabilities.

Research by Coram Voice (2020) highlights that many young people leaving care feel "lost within services designed for others," with mental health services often failing to address the unique challenges and trauma associated with care experience. The transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) is frequently described as disjointed and inadequate, with long waiting lists, high eligibility thresholds, and a lack of tailored support (Paul et al., 2021). The result is that many care leavers fall through the gaps in service provision during this vulnerable period, increasing their risk of crisis situations, homelessness, or involvement in the criminal justice system.

The proposed Community Wellbeing Hub will operate as a trauma informed service that strives to prevent expected negative outcomes. The service will provide safe spaces for counselling, individual and group therapy, that promotes resilience, social inclusion, and recovery. Alongside interventions, the hub will offer practical support with housing applications, welfare entitlements, and crisis management. Young people will be supported by a team of experienced social workers, counsellors, support workers and mentors, including care experienced staff who can build trust through rapport building (Davis et al., 2010).

The theoretical framework underpinning this project combines trauma-informed practice, empowerment theory, and ecological systems theory. Trauma informed practice (SAMHSA, 2014) acknowledges the pervasive and lasting impact of trauma on individuals' behaviour, mental health, and ability to engage with services. It emphasises creating environments of safety, trust, and empowerment where service users can rebuild a sense of control over their lives. This approach will guide every aspect of the hub, from the physical design of the space

to the training of staff and the structure of service delivery. Empowerment theory, as described by Solomon (1976), reinforces the importance of enabling individuals to gain control over their circumstances, build self-efficacy, and actively participate in decision-making. Care leavers often feel disempowered by systems that have historically made decisions on their behalf; therefore, this project aims to give them a central voice in their care and recovery. Bronfenbrenner's ecological systems theory (1979) further supports this model by recognising that young people are influenced by multiple interconnected systems such as education, health services, and housing and that effective support must consider these interactions holistically.

The project also aligns with national legislation and policy. The Care Act 2014 sets out the duty of local authorities to promote well-being and prevent the escalation of care needs, while ensuring that individuals are safeguarded from abuse and neglect. The Domestic Abuse Act 2021 highlights the importance of trauma-informed approaches and multi-agency collaboration in supporting vulnerable individuals. Additionally, local authority strategies advocate for co-located, community-based services and early intervention, both of which form the foundation of this proposal. By providing a single, integrated hub for mental health and social support, this project will reduce reliance on emergency services, improve outcomes for care leavers, and lower long-term costs for local authorities.

The implementation plan for this project will unfold over an initial 18-month period. The first three months will focus on planning, partnership-building, and recruitment of skilled staff. The following two months will be dedicated to comprehensive training on trauma-informed approaches, peer mentoring techniques, and advocacy strategies. Full service delivery will commence in month six, running for a 12-month period during which the hub will operate as a fully integrated support centre. The final month will involve a detailed evaluation process, capturing both qualitative and quantitative outcomes, and a sustainability review to secure ongoing funding through partnerships, commissioning, and social investment.

The expected outcomes of the project are multifaceted. The primary goal is to improve the mental health and emotional resilience of care leavers by providing timely, evidence-based support. Secondary outcomes include improved access to stable housing, increased participation in education or employment, and stronger social networks through peer support initiatives. The hub will also contribute to reducing anti-social behaviour and the burden on emergency health and social services by addressing problems before they escalate into crises. These outcomes will be measured through a combination of monitoring data, case studies, and user feedback. Quantitative data will include the number of care leavers engaged, sessions delivered, and measurable improvements in housing or employment status. Qualitative data will capture individual success stories, providing a deeper understanding of the impact on service users' lives.

The funding requested from NADF will be allocated across key areas, including staff salaries, training, operational costs, and evaluation. A team of skilled professionals is essential for the successful delivery of trauma-informed care, and approximately £120,000 is required to cover the salaries of counsellors, social workers, peer mentors, and coordinators for the first year. An additional £15,000 will fund specialist training in trauma-informed care and therapeutic approaches, ensuring that staff are fully equipped to meet the needs of care leavers. Operational costs, including facility rental, utilities, and materials for workshops and group activities, are estimated at £30,000. A further £10,000 will be allocated for independent evaluation and data collection, ensuring that the project's impact can be rigorously assessed and communicated to stakeholders. The total funding request amounts to £175,000, which will sustain the service during its critical first year of operation and create a foundation for long-term success.

The National Advocacy Development Fund is the ideal partner for this initiative because its core priorities align with the aims of the Community Wellbeing Hub. NADF is committed to supporting projects that enhance advocacy, professionalisation, and independence for individuals facing structural disadvantage. By funding this project, NADF will be directly investing in a model of trauma-informed, evidence-based support that not only addresses the immediate mental health needs of care leavers but also empowers them to build stable,

independent lives. This project exemplifies the values of NADF by combining innovative practice with a strong theoretical and policy foundation, and by prioritising the voices and rights of vulnerable young people.

In conclusion, this funding bid presents an argument for investment in Trauma Informed Community Wellbeing Hubs for young care leavers. The project responds to an urgent need within the system with evidence-based support that addresses both mental health challenges and broader social issues regarding well being such as housing, education, and employment. Through a combination of counselling, mentoring, advocacy, and training, the hub would act as a safe space for care leavers to encourage stability and independence. Whilst in compliance with national policy, this initiative has the potential to inform the outcomes of an issue that reflected one of the UK's most vulnerable groups. The funding sought from NADF will enable the creation of a service that not only mitigates risks but set ups for longer term, positive change.

References:

- Bronfenbrenner, U. (1979) The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.
- Coram Voice (2020) The voices of care leavers: A review of care leavers' experiences and outcomes. Available at: <https://coramvoice.org.uk/> (Accessed: 24 July 2025).
- Davis, J., Day, C. and Bidmead, C. (2010) Working in partnership with parents: The parent adviser model. London: Routledge.
- NSPCC (2020) Looked after children: Mental health statistics. Available at: <https://learning.nspcc.org.uk/statistics/> (Accessed: 24 July 2025).
- Paul, M., Ford, T. and Kramer, T. (2021) 'Transitions from child and adolescent mental health services to adult mental health services: A systematic review', Child and Adolescent Mental Health, 26(3), pp. 192–203.
- SAMHSA (Substance Abuse and Mental Health Services Administration) (2014) SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: SAMHSA.
- Solomon, B.B. (1976) Black empowerment: Social work in oppressed communities. New York: Columbia University Press.

Appendix 1 - Funding bid description:

Funding Application Template:

(Applicant to complete sections in Blue/Green)

Project Name: Empowering Vulnerable groups such as young care leaves through, Trauma Informed Support Services.

Project Summary:

This project proposes a community wellbeing hub providing wraparound support to vulnerable individuals experiencing trauma, housing insecurity, or poverty. The service will offer crisis intervention, therapy, advocacy, peer support, and skills training, all under one trauma-informed system. The project aligns with national policy and will be delivered in collaboration with local agencies.

Amount Requested: £135,000

Start Date: 01/10/2025

End Date: 30/09/2026

Target Groups: Young care leavers, Survivors of domestic abuse, homeless individuals, vulnerable families, and those with complex needs.

Expected Outcomes:

- 75+ individuals accessing trauma-informed services
- 50% improvement in mental health scores (pre/post intervention)
- 30 individuals supported into employment or training
- Reduced repeat referrals to crisis services.

Appendix 2 - SWOT analysis:

Strengths	Weaknesses	Opportunities	Threats
Experienced, trauma-informed staff with certifications in counselling and social work	Initial dependency on grant funding with no immediate sustainable income model	Increased government and public interest in trauma-informed care post-COVID-19	Uncertain economic climate impacting donor and government funding streams
Established relationships with local GPs, mental health services, and housing agencies	Limited in-house capacity for advanced data collection and evaluation	Scope for partnership with local universities for student placements and research support	Recruitment and retention challenges for experienced professionals in the sector
Co-production approach involving service users in programme design	Physical space constraints may limit group work sessions and client privacy	Digital expansion: possibility to offer hybrid/online services and broaden access	Competing services from larger, national charities may overshadow local efforts
Clear alignment with current national policy directives (e.g., Care Act 2014, Domestic Abuse Act 2021)	Potential gaps in digital infrastructure for remote service delivery	Room for scaling up or replication across multiple boroughs based on pilot success	Potential political shifts altering policy and funding priorities

Appendix 3 - Cost Analysis:

	Item	Estimated Cost (£)
0	Project Coordinator (1 FTE @ £30,000/year)	30000
1	Social Workers (2 FTE @ £25,000 each)	50000
2	Trauma Therapists (0.5 FTE)	20000
3	Volunteer Training & DBS Checks	2500
4	Volunteer Supervision & Support	2500
5	Rent for Community Hub Space	7200
6	Utilities (Electricity, Water, Internet)	2800
7	Office Supplies and Consumables	1200
8	IT Equipment (laptops, phones)	5000
9	Software licenses (case management, GDPR compliance)	3000
10	Monitoring & Evaluation Consultant	5000
11	Printed Materials and Marketing	1500

12	Digital Outreach and Website Updates	2500
13	Travel and Transport (home visits, outreach)	1500
14	Contingency Fund (unexpected costs)	3000
Total	Total	137700

Appendix 4 - Gantt Chart:

