



CarerConnect 360: Check In Early, Connect Quickly, Care Sustainably



INTRODUCTION/OVERVIEW

CarerConnect 360 is a multi-lingual, co-produced service for wellbeing and early-support to unpaid carers aged 18 years and over. It is a combination of a secure web & mobile platform with SMS and phone access. It is innovative because it has a closed pathway; a brief check-in by carers; obvious rules to recognise pressure; a trained coordinator to review potentially high-risk responses; services provided and follow up to confirm whether or not support was received. It links ID, referral and accountability with flexibility of professional judgement, unlike a static directory.

PROBLEM STATEMENT

Unpaid care is vital to health and social care in the UK and many carers are not seen until they are stressed. There is an evidence base for the number of people providing unpaid care, including from the Census, which indicates that the largest numbers of people who do provide unpaid care are set by age, sex and deprivation (Office for National Statistics, 2023). It is estimated that the economic value of unpaid care is worth £162 billion each year, highlighting the importance of the carers' labour for public services (Petrillo et al., 2024). However, caring is correlated with exhaustion, negative mental health, isolation, financial strains and not maintaining employment; Carers UK identified that many of the people they spoke to indicate their physical or mental health had suffered as a result of caring (Carers UK, 2023). There is already a disjointed approach to support, in general practice, councils and charities. Carers may not recognise the label 'carer' and may not understand the rights of assessment or be able to overcome language, travel, time and digital barriers. Referrals often provide information without checking whether help was accessed. Support comes as a response to burnout, family conflict or crisis.

£162bn

annual value

300

pilot carers

8

months

£95k

budget

TARGET AUDIENCE AND IMPACT

The main audience is unpaid adults who provide support to their relatives, partners or friends with disability, dementia, long-term illness, mental ill health or age-related needs. Priority groups include newly identified carers, older carers, ethnic minority communities, low-income households, rural communities and those with low digital confidence. Older carers are a specific group that needs to be sensitized as caring patterns, health risks and access to resources are socially unequal (Davies et al., 2024). CarerConnect 360 is anticipated to enhance early identification, offer timely emotional assistance and more awareness of rights, improve access to statutory carer assessments and minimise isolation through moderated peer connection. Practical, common good contribution: equal telephone and digital routes to access, translation to support dignity, carer control over consent and referral, early intervention to stabilise carer/care recipient. There will be indicators of success as to reach, completed referrals, wellbeing change, satisfaction and safeguarding outcomes.

IMPLEMENTATION

The pilot will be sponsored by an NHS Integrated Care Board, together with local authority, GP practices and carers' organisations. This will be delivered via GP surgeries, social prescribing teams, adult social care, community centres and the platform. Carers may join through professional referral, QR code, charity partner or self-registration. NHS coding guidance facilitates a consistent way of identifying unpaid carers in clinical systems and where this is identified, practices are encouraged to record unpaid carer status and provide the service systemically (NHS England, 2022). Some 300 carers will be recruited for the pilot period of eight months. It will be delivered by a project manager, two trained carer coordinators, a digital supplier, safeguarding lead and evaluation officer. Indicative budget: £95k for co-production, platform configuration, translation, accessibility testing, training, coordination, communications and evaluation. Prior to launch staff will be trained in consent, safeguarding, cultural competence and escalation. There will be weekly dashboard checks for enrolment; response time; completion of referrals; adverse events and inequal participation



“
Early support changes everything.
Let's connect, care and keep caring.”



HOW CARERCONNECT 360 WORKS



1. CHECK IN

Carers complete a brief, multi-lingual check-in by web, mobile, SMS or phone.



2. REVIEW

A trained coordinator reviews responses and identifies potentially high risk.



3. REFER

Services are provided or referrals made based on need and professional judgement.



4. FOLLOW UP

Follow up confirms whether support was received and outcomes are recorded.

A

Accessible

Web, mobile, SMS & phone

I

Inclusive

Multi-lingual & culturally sensitive

S

Secure

Consent & role-based access

C

Accountable

Tracking & follow-up

R

Responsive

Early intervention

SUPPORTING UNPAID CARERS ACROSS THE UK

65+

Older Carers



People with Disabilities

EM

Ethnic Minority Communities

£

Low-Income Households



Rural Communities

?

Low Digital Confidence

TIMELINE

Timeframe	Key Activities
Month 1	Conduct paid co-production workshops, complete the needs assessment and map existing local services and referral pathways.
Months 2-3	Configure the platform, translate key content, conduct accessibility testing, complete the data-protection impact assessment and obtain governance approval.
Month 4	Train staff, simulate referral and safeguarding scenarios, brief partner organisations and recruit pilot participants.
Months 5-7	Deliver the pilot, undertake weekly safety reviews, run monthly improvement cycles and conduct targeted outreach where participation is unequal.
Month 8	Analyse outcomes, collect carer feedback, review costs and make the decision regarding wider implementation and scale-up.

Plan-Do-Study-Act approach: This phased sequence allows operational, accessibility and safeguarding problems to be identified and corrected before wider commissioning.

REGULATIONS

CarerConnect 360 will comply with UK GDPR and the Data Protection Act 2018 through explicit consent, data minimisation, defined retention periods, encryption and role-based access. The Care Act 2014 provides a framework that influences the process of referral to carer assessment and the Equality Act 2010 calls for reasonable adjustments, accessible communication and for non-discriminatory delivery. Prior to recruitment, a data-protection impact assessment, safeguarding protocol and named accountability route will be in place. All participants receive an option for using digital, SMS and telephone contact where they are able to cancel services without incurring any penalties. The platform will not provide diagnosis, prescriptions or crisis services. Automated flags are advisory flags, higher risk responses will be examined by trained staff and decisions recorded, plus trigger escalation. Human oversight is crucial in digital social-care systems, as the design is based on assumptions of confidence, connectivity or standardised needs, which can lead to the reproduction of exclusion (Rousaki et al., 2024).

TECHNOLOGY INTEGRATION

The service will provide secure registration, two-minute weekly check-ins, multilingual information, a local referral directory, callback requests, appointment prompts and an outcomes dashboard. Screen-reader compatibility, large text, plain language and telephone access will support accessibility. Information will be protected by encryption, multi-factor authentication and audit logs, plus consent controls and separate professional permissions. Digital interventions can provide education, monitoring, communication, and psychosocial assistance to the family carers; however, there needs to be usability and human support to ensure effectiveness (Zhai et al., 2023). CarerConnect serves as a tool for organising pathways, not replacing relationships. While commercial repurchase, modelling is not transferable to clinical risk decisions and will not determine referrals, an example of predictive personalisation in other areas of the industry highlights the potential for content to be configured to behaviour. All analytics will be made transparent, proportionate, bias-tested and professionally reviewed in the future..

DISSEMINATION

GP briefing, social-worker networks, hospital discharge, community nurses and social prescribing meetings will be professional promotion tools deployed. Carers' charities, community centres and centres of faith are used for public communication as are translated leaflets, social media and local events. The trusted carers and practitioners will be champions. Relative advantage, compatibility of existing referrals and a limited trial, with noticeable outcomes, will be used to support diffusion. Messages will not make the platform appear to be a means of surveillance or crisis care. Outreach data will be monitored on a monthly basis to ensure underrepresented communities are engaged in outreach efforts across a variety of communities without exacerbating existing inequities

CONCLUSION

A fragmented and reactive service system places a strain on carers' provision of essential care. CareerConnect 360 provides a holistic, responsible process from the outset of check-in to human review, referral and follow up. The pilot model can be evaluated and demonstrate if this scalable model can detect pressure in advance of a crisis and lead to measurable benefits for carers, families and services.

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Part Two: The Pitch

Introduction

CarerConnect 360 addresses a failure: carers are often recognised only when their wellbeing is unstable. The service offers multilingual digital access, SMS and telephone support. It brings together the voluntary expertise, local authority activities and primary care, on a single consent basis. The beneficiaries are people who are disadvantaged linguistically, socially, economically, rurally, aged, or less confident in the digital world, as a result of unpaid carers. The earlier the child is identified and follow-up delivered, the more likely health and dignity are to be maintained, and the less likely the situation is to escalate to the detriment of the child or service user, and the more likely the commissioners will have evidence about unmet need and performance of the services (MacLochlainn et al., 2026).

Background

Being a carer can impact someone's mental and physical wellbeing and is a public health issue affecting those not in paid care roles, but still caring for someone else, which may have significant consequences beyond coping (Lacey et al., 2024). An increasing number of unpaid carers are living with chronic stress, emotional fatigue, anxiety and depression and are trying to care for others, work and have a family and financial life. In the UK, unpaid carers are also at risk of experiencing psychological distress, with particularly high rates of psychological distress among those providing long-term care for older adults with complex health problems (Redican et al., 2025). While the risks are increasingly acknowledged, the delivery of support is not consistent across organisations, and it can be difficult for carers to identify what support is available and if they qualify.

Giebel et al., (2024) identified a variety of barriers to accessing timely mental health support for carers, including practical, information-based and service level barriers. The barriers are that people are not aware of resources that are available to them, there are inconsistent referral pathways, waiting times and not knowing where to get help. It is therefore not a lack of websites or information, but the lack of a proactive system of care-ergonomics which will identify stress in carers at an early stage, offer support services,

take responsibility for follow up and track whether or not carers are successful in accessing services. Technology can only provide a material impact when it is complemented by trusted professionals, good referral systems and available support services (Bond et al., 2023).

Innovation Description

The innovation will help unpaid carers to sign up through trusted pathways, such as their GP, social worker, hospital team or a recognised charity. Following registration, carers take a brief weekly online check-in, which includes a few simple questions about how they are feeling, whether they feel isolated, the quality of their sleep, emotional wellbeing and confidence in their ability to continue to care. Responses are evaluated based on clear, non-diagnostic standards and criteria to determine who might need extra assistance. Higher risk carers are automatically sent to a coordinator queue where they are offered personalised recommendations and timely follow up. Carers may ask for a telephone session, a formal carer's assessment, a referral to a peer support group, welfare advice and signposting to relevant community services as per preference and needs. The system also captures whether referrals are met with successful access to support, which allows for ongoing monitoring and improvement of services. The innovation is co-produced using Design Thinking principles to include carers in the problem definition, prototyping and testing of language. A staged pilot approach enables entrepreneurial learning, evaluation and scaling low risk of implementation (Azizi et al., 2023).

Impact on Health and Social Care

Online carer programmes can be associated with positive wellbeing and connection, provided they are supported and outcomes are not presumed (Coe et al., 2023). CarerConnect is therefore likely, not certain, to help to limit isolation and increase awareness of rights and speed up access to assessment or emotional support. The benefits of the service can be about the identification of unseen carers, minimising repeat signposting, clarifying roles and referral completion statistics being generated. Based on the evidence mapping, it is clear that carer interventions are not uniform in design and outcomes, meaning that the pilot will require to test what works, for whom and under which conditions (Spiers et al., 2024).

Its contribution to the common good is preventive and distributive: it means that it focuses on those who work without remuneration to support families and public systems while safeguarding autonomy through consent and choice. Caring is also a social determinant of health because there are inequalities in exposure, resources and consequences (Stowell et al., 2024). Exclusion, privacy anxiety, false flag and staff demand are all risks. Mitigation is provided by telephone access, minimal data, human review and funded coordination.

Public and Stakeholder Involvement

A paid Carer Advisory Group will have an impact on the needs assessment, wellbeing questions, translation questions, consent questions, accessibility testing, evaluation and scale-up. Payment acknowledges skills and squashes symbolic co-production. Workshops will be with GPs, social workers, nurses, occupational therapists, link workers, charities, community organisations, data-protection officers and safeguarding leads. They will define the mapping of referral capacity, define response times and establish duplication of effort and test scenarios for escalation. Feedback and pilot changes will be reviewed monthly and documented for participants to show how their contributions influenced delivery.

Policies, Services, and Professional Links

The national digital-health policy prioritises connected and accessible services, but needs inclusion and interoperability along with public trust (Department of Health and Social Care and NHS England, 2022). Assessments are affected by the Care Act; adjustments are necessary in the context of equality law and data law constrains the data that can be collected and accessed. CarerConnect supports GP care, social prescribing, council assessments, and NHS Talking Therapies and charities/crisis services. The carers are identified by GPs and nurses, assessed by social workers, linked with community support by link workers and managed by a safeguarding professional who tracks referrals.

Conclusion

CarerConnect 360 is an innovative and new system that supersedes traditional, disjointed signposting with a co-produced pathway of identification, human review, referral and

follow-up. Before commissioning is extended, effectiveness, equity and affordability and workload should be established, with an eight-month pilot. It is based on technology that is accessible, professional accountability, measurable outcomes, and participation of carers.

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