

Student Name: Blessing Ogieriakhi

Student ID Number: 2416087

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Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

SERVICE INNOVATION: MINDCONNECT CARE

An integrated mental health and digital wellbeing service for young people living in residential care

Prevention • Early Identification • Co-production • Digital Support • Common Good

1. INNOVATION OVERVIEW

MindConnect is a proposed service innovation for young people aged approximately 11–18 living in residential care. It combines weekly digital wellbeing check-ins, trusted care worker support, structured wellbeing activities and rapid referral pathways to GPs, CAMHS or other appropriate services. It shifts support from a mainly reactive model towards prevention, early identification and relationship-based care. It complements, and not replaces, specialist mental-health services (NICE, 2021).



Stressed young adult:
(Workforce, 2024).

2. GAPS IN HEALTH & SOCIAL CARE

- NICE reports mental health disorders affecting approximately 45% of looked-after children aged 11–18, compared with 10% of children generally, rising to 72% among children in residential care (NICE, 2021).
- Key gaps include early identification, accessibility, continuity, communication and coordination. Placement changes can disrupt relationships and continuity of support.
- MindConnect pathway places a simple wellbeing check inside the residential setting so concerns can be identified earlier and connected to appropriate support. (NICE, 2021) NG205; Meltzer et al. (2003).

General
Population
10%

Looked after
11-13 45%*

Residential
care 11-18
72% *

(NICE, 2021)

3. TARGET AUDIENCE & IMPACT

PRIMARY: Young people aged approximately 11–18 living in residential care.

SECONDARY: Care workers, social workers, GPs, mental-health professionals, local authorities, commissioners and voluntary-sector partners.

Expected Impact:

- Earlier recognition of distress
- Greater confidence to seek help
- Stronger trusted-adult relationships
- Better communication and continuity
- Timelier referral
- Reduced health inequalities

The service contributes to the common good by improving access, participation and health equity (NICE, 2021).



EARLY HELP:
INNOVATION AND IMPACT

(CYP Now, 2019)

4. HOW MINDCONNECT WORKS

YOUNG PERSON
↓
WEEKLY DIGITAL WELLBEING CHECK-IN
↓
GREEN / AMBER / RED PATHWAY
↓
TRUSTED ADULT + PROFESSIONAL RESPONSE
↓
IMPROVED WELLBEING
GREEN: wellbeing activities and trusted-adult support.
AMBER: enhanced support, review and monitoring.
RED: safeguarding/clinical escalation and referral.
The platform does not diagnose or make autonomous clinical decisions.

MINDCONNECT SERVICE PATHWAY

- 1 Check-In Weekly wellbeing check
- 2 IDENTIFY Green / Amber / Red
- 3 SUPPORT Trusted adult response
- 4 REFER GP, CAMHS or appropriate service
- 5 REVIEW Monitor outcomes



Partnership working in health and social care
(IHV Online and Morgan, 2025).



(TemplateRoller, 2023)

5. IMPLEMENTATION

Location: Selected residential children's homes.
Partners: Local authority • NHS/ICB • residential-care provider
• GP/CAMHS • voluntary sector.
Delivery team:
• Care workers – daily support and observation
• Mental-health practitioner – advice/supervision
• Social worker – care-plan integration
• GP/CAMHS – assessment/referral
• Manager – governance/evaluation
• Young-person representatives – co-design
Training: mental-health awareness, trauma-informed practice, safeguarding, confidentiality and digital-alert response.

6. DEVELOPMENT & REGULATIONS

- UK GDPR + DATA PROTECTION ACT 2018: lawful processing, data minimisation, secure storage and controlled access.
- SAFEGUARDING: clear escalation procedures where significant-harm concerns arise.
- NICE NG205: align with guidance on health, wellbeing, safeguarding and collaborative support for looked-after children and young people (NICE, 2021).
- DPIA: Complete a Data Protection Impact Assessment before large-scale processing.
Young people should understand what is collected, why, who can access it and when confidentiality may need to be broken for safeguarding.

7. TECHNOLOGY INTEGRATION

A secure platform provides:

- Weekly wellbeing check-ins: Simple digital wellbeing questions.
- Secure Data: Encryption, access controls and appropriate retention.
- Trend Monitoring: Authorised professionals identify changes over time.
- Alerts: Predefined indicators trigger human review and escalation.
- Support links: Routes to relevant health and social-care services.
- AI should not independently diagnose, assess suicide risk or make safeguarding decisions. A human-in-the-loop approach keeps trained professionals responsible for interpretation and action (Guo et al., 2024).



(Institute of Health Visiting, 2019).

8. TIMELINE/INFOGRAPHIC

MONTHS 1–2: Needs assessment + co-design
MONTHS 3–4: Platform development + governance
MONTH 5: Staff training
MONTHS 6–8: Small-scale pilot
MONTHS 9–10: Evaluation + young-person feedback
MONTHS 11–12: Improvement + rollout decision
MEASURES: participation • wellbeing • referrals • response times • satisfaction • staff feedback

9. DISSEMINATION

Promote through:

- care-home staff training
- local authority and NHS/ICB networks
- professional conferences
- social media and digital resources
- young-person participation groups
- public-health and voluntary-sector partnerships

Share pilot findings—including limitations—so stakeholders can make evidence-informed decisions about adoption

10. CONCLUSION: VALUE TO THE COMMON GOOD

MindConnect Care is a preventive, relationship-based and digitally supported service innovation responding to the disproportionate mental-health needs of young people in residential care. Its originality is the combination of early identification, trusted relationships, professional coordination, and secure digital support. Adoption should depend on rigorous evaluation, safeguarding, data protection and evidence of meaningful benefit to young people.

KEY MESSAGE: "Listen earlier. Support sooner. Connect better."

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Good morning, everyone.

Many young adults in residential care homes have been victims of neglect and abuse. Some have internalised trauma and family turbulence, occasioning different placements before being settled at care homes (NICE, 2021; NSPCC, 2024). These experiences can have lasting effects on their mental health, education, relationships and future opportunities (WHO, 2022).

Although residential care staff provide valuable day-to-day support, mental health needs are often recognised only when a young person reaches a crisis point. MindConnect Care has been developed to address this challenge by promoting early identification, prevention and timely intervention through a secure digital wellbeing platform integrated into everyday residential care practice.

The need for this innovation is supported by evidence. Despite the merits of the Child and Adolescent Mental Health Services (CAMHS), in addressing early intervention and support, opportunities are still frequently missed (NICE, 2022) due to excessive demand, staff shortages, and confusing communication (Royal College of Psychiatrist, 2023). Consequently, about 45% of looked-after young persons with mental health disorder diagnoses are more compared to about 10% in the general population, while prevalence among those living in residential care is estimated to be 72% (Ford et al., 2007; NICE, 2021).

MindConnect Care is not intended to replace existing mental health services but to strengthen them. It supports residential care staff, social workers, GPs and CAMHS by improving communication, monitoring emotional wellbeing and identifying concerns before they develop into safeguarding incidents or mental health crises. Unlike many existing digital mental health apps that focus on self-help or online

therapy, MindConnect Care is specifically designed for residential children's homes and integrates digital monitoring with professional decision-making, safeguarding procedures and multi-agency working.

The service uses weekly digital wellbeing check-ins completed through a secure application. These responses are classified into three categories: Green, Amber and Red pathways. Green means that the child is doing well, Amber shows there are concerns about the child that require additional support, while Red indicates a trigger requiring immediate review by health professionals. Artificial Intelligence (AI), though is able to analyse occurrences, it does not diagnose or make decisions on its own.

All safeguarding and clinical decisions remain the responsibility of trained professionals, ensuring technology supports rather than replaces professional judgement. While digital monitoring offers significant benefits, it also has limitations. Some young people may not answer questions honestly because of fear, stigma or concerns about confidentiality. Others may under-report or exaggerate their feelings. For this reason, digital responses are always considered alongside face-to-face conversations, behavioural observations and professional judgement.

There is a danger of false-positive or false-negative alerts, as unnecessary interventions may be created or genuine concerns overlooked. To mitigate these risks, MindConnect Care is aimed at reducing these risks by analysing gradual patterns instead of taking actions based on a single response after being reviewed by competent staff.

The innovation focuses on creating value for multiple stakeholders while contributing to the common good. Its primary beneficiaries are young people aged 11–18 living in residential care, many of whom have experienced trauma, disrupted attachment and instability (NICE, 2015; McLaughlin, 2016). Adverse childhood experiences significantly increase the risk of anxiety, depression, self-harm, substance misuse and poor educational outcomes (Hughes et al., 2017). By encouraging regular emotional check-ins, MindConnect Care promotes emotional literacy, strengthens

relationships with trusted adults and enables earlier intervention (Public Health England, 2021). Residential care professionals benefit through system information, support observation, and documentation. It also benefits social workers and CAMHS staff through gaining clear evidence for planning and referrals. Commissioners and local authorities may benefit from improved service coordination, more efficient use of resources and reduced crisis interventions, helping to address health inequalities and improve outcomes.

Creativity and innovation are demonstrated by integrating digital technology into an existing care pathway rather than creating a separate service. The innovation adopts an enterprising approach by addressing an unmet need through collaboration between health, social care and digital technology. Young people are actively involved in co-designing the platform, ensuring that the service reflects their experiences and remains person-centred.

Implementation would begin with a pilot programme in selected residential children's homes in partnership with local authorities, CAMHS providers and NHS Integrated Care Boards. Staff would receive training in trauma-informed care, safeguarding, digital confidentiality and responding appropriately to wellbeing alerts. The platform has also been designed to promote digital inclusion by using accessible language, visual prompts and compatibility with assistive technologies. Young people who require additional support can complete wellbeing check-ins with a trusted adult, ensuring that digital innovation complements rather than replaces personalised care.

Ethical practice is central to the innovation. The platform uses encrypted data storage, secure authentication and role-based access controls to protect confidential information. It complies with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, ensuring lawful processing of personal information and appropriate information sharing (UK Government, 2021). The Children's Act 1989 and 2004 ensure that children's welfare is a priority through effective Working Together to Safeguard Children. This is supported by NSPCC Safeguarding guidance (Department for Education, 2023; NSPCC, 2024).

The service acknowledges difficulties like overbearing alerts can cause fatigue which reduces staff responsiveness. Therefore, MindConnect is designed to address the

situation by prioritising alerts using the Green, Amber, and Red indicators, which help to review alert thresholds.

Some young people may also feel anxious about digital monitoring; therefore, the platform is introduced transparently through co-production, emphasising that it is a supportive wellbeing tool rather than a surveillance system.

Following a successful evaluation, MindConnect Care would be jointly commissioned by NHS Integrated Care Boards, local authorities and residential care providers. A digital health provider would maintain the platform, while the governance will be managed by health professionals, social care leaders, and those young persons who have experienced mental health. To maximise its impact, MindConnect Care would be promoted through partnerships with NHS organisations, residential care providers, local authorities, universities and voluntary organisations.

Additionally, awareness among professionals, young persons' ability to shape and promote services through co-production and continuous evaluation will be enhanced through conferences, safeguarding networks, digital campaign and social media (Children's Commissioner, 2022; WHO, 2022).

In conclusion, MindConnect Care offers an innovative, evidence-informed and sustainable solution for improving mental health support for young people living in residential care. Although digital innovation has limitations, combining technology with professional judgement, trauma-informed practice and strong multi-agency collaboration enables these challenges to be effectively managed.

By promoting earlier intervention, reducing health inequalities and strengthening ongoing services, through MindConnect, together we can ensure that vulnerable young persons are attended to promptly and connected to the right people before reaching a crisis point.

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