

Digital and technology



Overview of actions

Immersive tools like 360° rooms, VR simulations and AI demonstrations replicated real care environments, reducing placement shock and improving retention. Digital channels – WhatsApp, QR codes, hybrid forums – lowered engagement barriers, while structured routines and data tracking sustained collaboration beyond initial funding.

Immersive technology

Immersive technology was designed to achieve clear learning outcomes, not gimmicks. These tools replicate the sensory and practical realities of care, reducing the shock of first placements and improving retention.

- **Immersive technology adoption** – Purpose-built 360° rooms and VR simulations recreate real care environments, helping learners build confidence before going on placement. Care providers can join live learner sessions through connected immersive suites, which removes the need to travel and allows them to explain real job roles and career pathways directly to learners.
- **VR ‘body swap’ experiences** – Head-mounted VR enables learners to practise empathy, communication and risk assessment in lifelike scenarios, addressing provider concerns about interpersonal readiness.
- **Integrated clinical and interpersonal training** – Provider-led sessions in these spaces combine manual handling, hygiene routines and bedside manner, creating one seamless experience that mirrors workplace expectations.
- **AI and digital fluency** – Demonstrations of real tools such as diagnostic decision support systems reinforce digital skills for documentation, hand overs and system navigation, aligning with LSIP priorities and building shared understanding between providers and curriculum teams.



“The college’s digital programmes have made flexible training accessible, especially for part-time staff, and we’ve integrated them with our own wellbeing initiatives.”

Falguni Sanghvi, Operational Care Manager, Swan Care Group Ltd

Digital tools for initial provider engagement

Early engagement succeeded by using familiar digital channels that were quick and easy for social care providers to use, making it simple for them to respond promptly.

- **Network messaging via WhatsApp** – Calls to action and short surveys were shared through registered managers’ WhatsApp groups across boroughs. This route also captured interest and live workforce data such as vacancies.
- **Scan to connect’ QR codes** – At registered managers’ meetings, QR codes linked directly to contact forms and facility-use expressions of interest. This eliminated email follow-ups, reduced response time to seconds and enabled managers to act while the value proposition was fresh.
- **Prioritise easy to use channels** – WhatsApp and QR codes should be primary engagement routes, reducing response time and operational barriers.
- **Pair digital convenience with tangible benefits** – Digital tools open doors, but sustained engagement depends on offers like facility access and curriculum influence.

Hybrid participation

Digital formats sustained engagement by making participation easier, more frequent and inclusive for busy care providers.

- **Hybrid ‘inform and explore’ sessions** – Short online briefings co-hosted by HRUC, Skills for Care, and the North West London Health and Social Care Skills Academy explained boot camp models, provider contributions and time lines. Virtual access reduced drop-off caused by travel or rota conflicts.
- **Immersive suites linking campuses** – Live cross-site broadcasts enabled provider talks and demonstrations to reach Harrow, Uxbridge and Richmond simultaneously. Guest presenters could join from one location or online, multiplying reach without multiplying effort.
- **Hybrid, rotational forums** – Face-to-face events were complemented by digital joining options, while rotating venues broadened reach and kept care voices present alongside input from health care professionals.



Key decisions

- Demonstrating 360° rooms, VR simulations and digital care tools during events gave providers a reason to engage – they could see how learners were being prepared for real-world challenges.
- Instead of creating new channels, the team leveraged existing WhatsApp groups used by registered managers. This simple decision meant messages landed in real time, in a format managers trusted and checked daily.
- Recognising operational pressures, forums and briefings were designed for both in-person and online attendance. This flexibility removed a major barrier for smaller providers.



Key learning

Digital tools opened doors, but lasting impact came from pairing convenience with trust, inclusivity and clear value for providers.

- **Digital lowers barriers to access** – WhatsApp messages and QR codes created quick entry points, but sustained engagement relied on tangible benefits such as access to advanced facilities and influence over curriculum design.
- **Hybrid ensures equity** – Online participation allowed managers who could not leave their sites to contribute meaningfully, strengthening relationships and widening reach.
- **Data for credibility** – Tracking engagement digitally – guest talks, placement feedback, boot camp outcomes – helped evidence progress and maintain momentum after funding ended.

“Technology lowers barriers, but it doesn’t replace trust. WhatsApp messages and QR codes opened doors, but sustained engagement came from pairing convenience with clear value.”

Kelly Ocloo, Assistant Principal and Sector Subject Area Lead for Health and Social Care, HRUC

“Screening providers into immersive suites across campuses will remove travel barriers and let learners hear directly from care professionals about real roles and expectations. It’s about making engagement easy and meaningful for everyone.”

Selena Docherty, Locality Manager, Skills for Care