

Involving key stakeholders



Overview of actions

Engagement was secured through multi-stakeholder forums, borough networks and Skills for Care partnerships. Providers influenced curriculum, accessed facilities for training and co-delivered sessions. Trust grew through repeated contact, practical benefits and transparency, shifting relationships from transactional to strategic alliances that strengthen workforce pipelines.

First steps – building a core network of strategic partners

Building a strong foundation required identifying and connecting key stakeholders to bridge strategic ambition and operational reality.

- **Establishing the Health and Social Care Forum** – HRUC initiated and drove the creation of a multi-stakeholder forum, using LSIF revenue funding to convene providers, local authorities, Skills for Care, universities and NHS trusts. This platform enabled face-to-face collaboration and shared workforce planning.
- **Creating multiple ways to get involved** – Forums, local network meetings, student placements, guest talks and training sessions at the college were designed to give everyone clear roles and ensure that both providers and the college benefited.
- **Defining stakeholder roles** – Colleges managed facilities and curriculum; Skills for Care acted as a conduit; providers co-designed specifications and hosted placements; universities provided benchmarks; regional bodies shaped LSIP priorities, which were high level, setting the direction of travel.
- **Leveraging borough networks** – Registered managers' meetings were used to reach smaller, time-pressed providers who rarely attend strategic forums.
- **Embedding collaboration early** – One-to-one relationships and structured forums ensured providers moved from transactional requests to deeper partnerships.
- **Leveraging sector intermediaries** – Formalised partnerships with Skills for Care and borough networks helped to reach smaller providers.
- **Addressing cultural barriers** – Mutual benefits and practical support were emphasised, as care providers often distrust 'tick-box' engagement.

How Skills for Care helps to connect with providers

“Care providers rarely attend broad strategic meetings. The solution? Go where they already gather – registered managers’ networks – and make engagement easy and valuable.”

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

Skills for Care acted as a critical connector, enabling providers to access LSIP opportunities and influence curriculum development.

- **Map who actually engages social care providers locally** – Where care associations were not actively engaged, HRUC relied on Skills for Care and college leads to reach residential, domiciliary, supported living and other non-care-home segments.
- **Regular and ad-hoc engagement** – Fortnightly check ins (short calls/emails) between the HRUC lead and Skills for Care kept actions moving between formal reporting cycles.
- **Facilitating introductions and networks** – Monthly or bi-monthly registered managers’ meetings created trusted spaces for updates and collaboration.
- **Providing ongoing support** – Newsletters, training resources and advocacy will ensure sector priorities are reflected in the next LSIP.
- **Championing inclusive dialogue** – Forums and leadership events brought together providers, educators and regulators to co-design training initiatives.
- **Reducing isolation for smaller providers** – Skills for Care’s role as a catalyst helped organisations like Hand on Heart Care and Swan Care engage meaningfully with realising the LSIP’s ambitions.

“We’ve learned that constant forums don’t work – providers are busy. One or two high-value events a year, combined with bold, direct calls to action through WhatsApp and email, keep engagement practical and effective.”

Selena Docherty, Locality Manager, Skills for Care

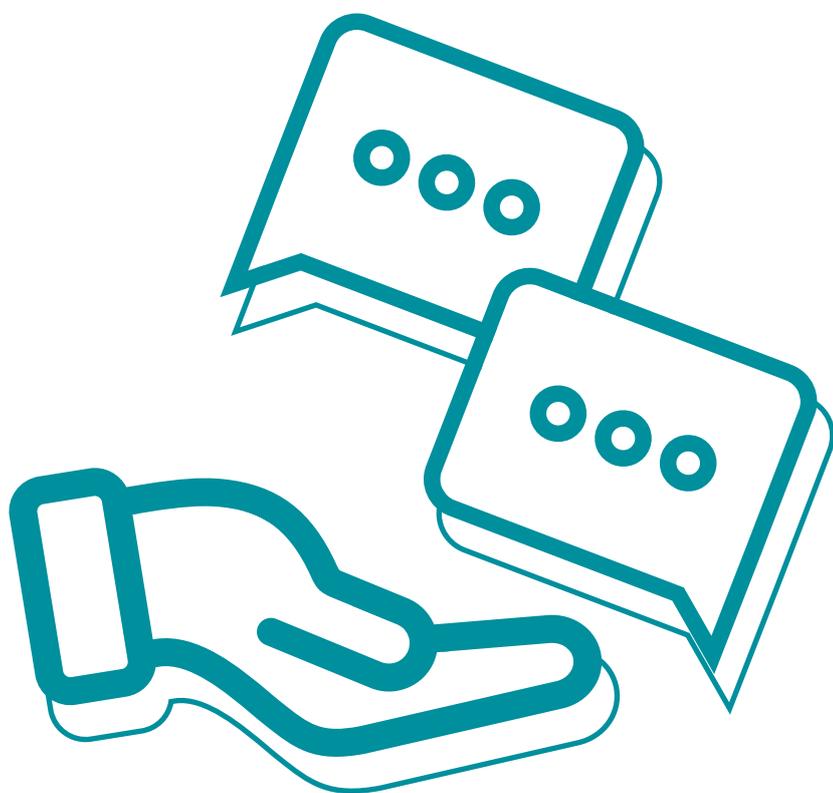
Securing engagement through a mutually beneficial offer

“Training is expensive for us because we don’t get much funding from local authorities. Any free training or resources available, we love to use them – and these partnerships make that possible.”

Pushpo Deb, Registered Manager, Hand on Heart Care

Engagement was sustained by creating tangible value for providers and colleges through shared benefits and practical collaboration.

- **Reciprocal facility use** – Providers accessed college spaces for staff training while college staff and learners participated, creating joint CPD opportunities.
- **Clear pathways to workforce outcomes** – Providers helped shape the course content, checked the assessment briefs (the written tasks learners must complete) and offered guaranteed interviews to learners finishing the boot camps.



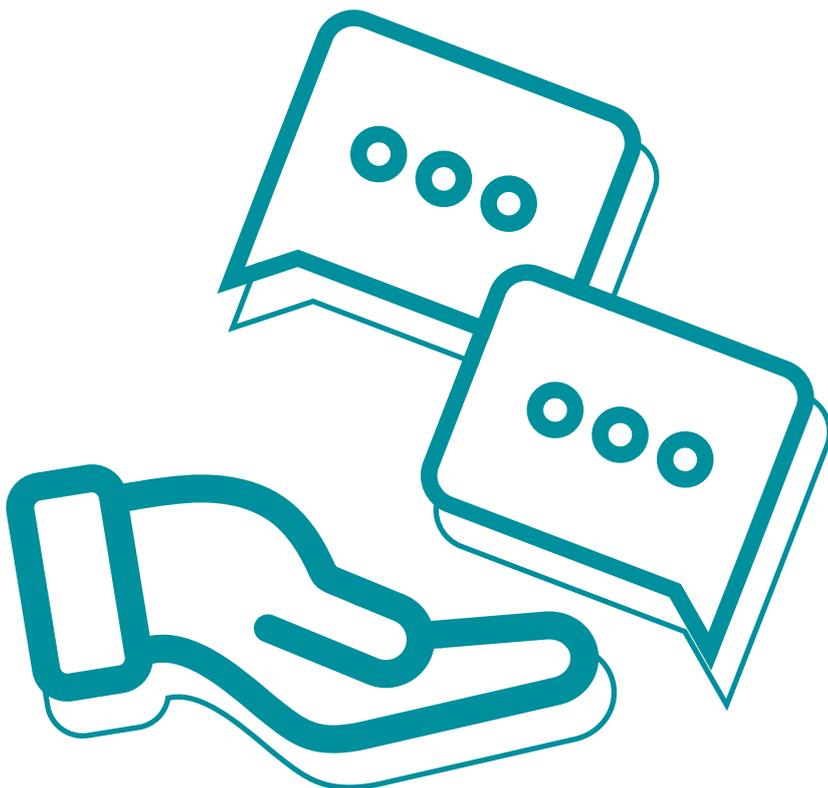
Building trust for long-term engagement

“You can’t build trust with one email or a tick-box consultation. It takes repeated, meaningful contact – meeting providers where they are and showing genuine intent to meet their needs.”

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

Trust was cultivated through transparency, incremental progress and alignment with sector realities.

- **Avoiding over-promising** – Communication acknowledged constraints like funding time lines and focused on shared goals rather than compliance narratives.
- **Respecting operational rhythms** – Frequency of engagement was consistent but flexible, with flexibility through forums, network meetings and ad-hoc co-ordination.
- **Meeting providers where they are** – Hosting sessions in familiar settings and using borough networks reduced barriers and built confidence.
- **Demonstrating authenticity** – Practical, hands-on experiences in college facilities reinforced that engagement delivered real benefits, not only theory.





Key decisions

- Established a structured platform for collaboration, curriculum co-design, and workforce planning to ensure care providers had equal representation.
- Offered facility access in exchange for provider expertise and placements, turning one-off sessions into ongoing co-development opportunities.
- The colleges set up the same high-quality simulation rooms and equipment across all sites so that learners have a similar experience wherever they study, helping to build provider confidence in the training offered.

Key learning

Sustained engagement depends on embedding collaboration into everyday practice and prioritising depth over attendance.

- **Embedding for sustainability** – Long-term success depends on practices, not short-term funding cycles; integrating provider partnerships into daily delivery prevents regression when grants end.
- **Depth over headcount** – Success is measured by repeated collaboration, curriculum endorsement, and co-delivery rather than event attendance.
- **Barrier reduction strategies** – Using easy entry points like borough networks and QR codes converts one-off contact into partnership.
- **Authentic engagement** – Moving from transactional interactions to strategic alliances ensures every engagement contributes to building a skilled, resilient workforce.

“We’ve built trust over years. Providers now see collaboration as beneficial, not extra work. Showing real impact – placements taken, training delivered – convinces them this is worth their time. It’s about proving value, not just talking about it.”

Selena Docherty, Locality Manager, Skills for Care