

Building engagement with adult social care providers

How to tailor skills development to provider needs
and secure their longer-term engagement



A practical approach toolkit

Based on Harrow, Richmond and Uxbridge Colleges' approach



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Introduction



Building engagement between education and adult social care providers is critical for closing skills gaps and improving workforce readiness.

This toolkit outlines Harrow, Richmond and Uxbridge Colleges' (HRUC's) approach to transforming engagement through immersive facilities, hybrid participation and reciprocal partnerships. By combining LSIF-funded infrastructure with digital tools and structured forums, HRUC worked with partners to create a sustainable model that aligns curriculum with provider priorities and strengthens local talent pipelines. This leveraged the North West London Health and Social Care Skills Academy.

The practical insights into planning, governance and stakeholder involvement included in this toolkit are designed for any organisation working to strengthen collaboration between skills providers and adult social care. This includes colleges, training organisations, local authorities, workforce partnerships, employer representative bodies, care associations and convenors who bring providers into local or regional workforce and skills planning discussions.

The framework offers adaptable approaches that can be replicated across different areas and delivery models. It shows how realism, trust and shared value can convert short term projects into lasting partnerships that elevate provider voice, improve service quality, and build a more resilient, future ready adult social care workforce.





Building a sustainable adult social care workforce is a complex challenge – one that sits at the heart of LSIPs. These plans aim to ensure education and training provision reflects the real needs of providers. Yet, for adult social care, success depends on something deceptively simple but notoriously difficult: meaningful engagement with adult social care providers.

Thousands of independent adult social care providers operate across West London, each managing its own priorities, pressures and capacity constraints. This diversity makes consistent engagement challenging and slows the adoption of workforce development initiatives. For LSIPs and their delivery partners, this means that even the most well-intentioned strategies risk falling short if providers are not actively involved from the outset.

Education providers cannot invest in the right capital infrastructure or design relevant qualifications or practical pathways without input from those delivering care on the ground. Providers are best placed to identify gaps, validate curriculum content and support placements that prepare learners for real-world practice. Without this collaboration, LSIP priorities risk becoming theoretical rather than transformative.

Why engagement is difficult

- **Fragmentation of the sector** – Unlike the NHS, adult social care lacks centralised structures. Providers are often small, independent organisations with limited capacity to attend planning sessions or respond to consultations.
- **Operational pressures** – Day-to-day demands and administrative burdens push engagement down the priority list, even when initiatives could benefit providers.
- **Short-term funding cycles** – Funding streams such as the LSIF are invaluable for kick-starting engagement, enabling investment in facilities and events. However, once funding ends, there is a real risk of disengagement unless alternative mechanisms sustain collaboration.
- **Perceived burden of student engagement** – Some providers believe hosting students is too time-consuming or administratively complex, creating reluctance to participate in placements or collaborative projects.
- **Isolation and lack of resource-sharing** – Providers often work in silos rather than pooling knowledge and resources, making it harder to build the partnerships that LSIPs are designed to support.





Why engagement matters for LSIP success

- **Curriculum relevance depends on provider input** – Without provider insight, qualifications risk being misaligned with real-world needs.
- **Placements and practical learning require collaboration** – Providers enable learners to gain hands-on experience, bridging the gap between theory and practice.
- **Care providers have influence** – Deeply engaging even a small core (e.g., chairs of registered managers' networks) can catalyse wider take-up as those leaders advocate to peers across boroughs.

The risk of short-term thinking

Regional initiatives have experimented with collaborative models, including workforce development forums and training academies. These have created valuable spaces for dialogue, but attendance is often uneven. Without sustained engagement strategies, even well-funded projects risk becoming short-lived rather than transformative.

This toolkit showcases how one delivery partner leveraged an initial investment opportunity to attract adult social care providers, securing their longer-term engagement.



About the organisation

HRUC is one of London's largest further education groups. Operating across six campuses – including Harrow-on-the-Hill, Harrow Weald, Richmond, Uxbridge, Hayes and Barra Hall – the group serves approximately 12,000 learners annually, spanning 16-18 education, adult learning, apprenticeships and higher technical qualifications.

HRUC's mission is to deliver inclusive, high-quality education that equips learners with the skills, knowledge and behaviours required for successful careers. Its strategic priorities emphasise innovation, employer engagement and community impact, aligning closely with the West London LSIP.

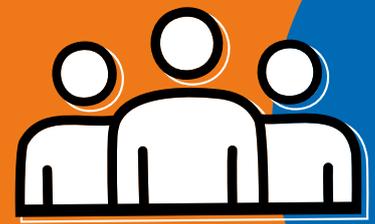
Curriculum and specialisms

Health and social care is one of HRUC's fastest-growing curriculum areas, enrolling around 1,000 learners each year. Provision includes:

- Vocational pathways from Level 1 to Level 3 (historically BTEC-based but now incorporating reformed qualifications with exam components).
- T Levels at Level 3, combining rigorous academic content with substantial industry placements and English/maths requirements.
- Apprenticeships in care, early years and related sectors, delivered flexibly to meet employer needs.



The approach



Align education with real care needs, securing long-term adult social care provider engagement to meet local skill needs.

“We re-framed everything: stop designing courses in isolation and start listening first. That shift changed how we plan, how we invest, and how we deliver.”

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

To address workforce challenges in adult social care, HRUC developed a collaborative model that moved beyond traditional course delivery.

By creating a regional forum, leveraging strategic partners and offering realistic training environments, the HRUC built strong links with providers. This approach ensured curriculum relevance, improved learner readiness and established sustainable engagement. Through shared facilities, structured enrichment and reciprocal benefits, HRUC transformed occasional contact into long-term partnerships that strengthen recruitment pipelines and future-proof skills development.

This Health and Social Care LSIF project was led by HRUC who worked collectively with United Colleges Group (UCG), West London College (WLC) and West Thames College, West London Business, West London Alliance, North West London Health and Social Care Skills Academy, Skills for Care and higher education institutes.



What were the challenges faced by educators and adult social care providers?

For colleges to meet the needs of adult social care providers in North West London, they needed strong, ongoing relationships that shaped course content and produced a workforce ready for real-world care. However, limited engagement between education and providers created a disconnect between classroom learning and practical requirements. This risked:

- **Gaps in learner readiness and provider concerns** – Providers highlighted concerns about student work-readiness, while colleges faced perceptions that hosting students was administratively burdensome and disruptive to operations, discouraging engagement and slowing progress toward shared workforce goals.
- **Fragmented sector representation** – While there were efforts to involve both health and care in shaping course content, forum discussions were largely dominated by health organisations focused on strategic priorities. Adult social care was often under-represented because operational pressures limited providers' ability to engage in regional planning and long-term workforce initiatives.
- **Disconnect between curriculum and practice** – Students didn't get enough real-world care experience before placements, leaving them unprepared and less confident. Courses often didn't match everyday care needs, and providers doubted whether working with colleges improved recruitment or care quality.
- **Operational constraints within providers** – Limited space, outdated equipment, and time pressures made it difficult for providers to deliver induction or refresher training at the level of realism required for safe and dignified care delivery.

What was the route to engagement?

HRUC built a structured engagement model by creating a regional forum and, through strategic partners, reached borough networks to secure provider involvement.

- **Established the Health and Social Care Forum** – A multi-stakeholder platform bringing together the existing local Health and Social Care Skills Hub, providers, local authorities, Skills for Care, universities and colleges to co-design pathways, share resources and align priorities for workforce development.
- **Leveraged strategic partners to access networks** – Skills for Care acted as a vital connector, using registered managers' networks and borough-level meetings to reach smaller, time-pressed providers who rarely attend regional forums.
- **Secured provider engagement through reciprocal benefits** – Providers were offered access to various benefits (summarised below) to create trust and long-term collaboration.
- **Trusted convenors** – Registered managers' network chairs acted as co-hosts and helped validate the offer and encourage practical participation (e.g., placements, use of facilities).



What was the offer that secured engagement?

The LSIF provided significant investment in four North West London colleges to upgrade facilities, equipment and teaching in health and social care. This enabled them to procure and develop hospital simulation suites, immersive learning environments, occupational, allied health and specialist care facilities. These were co-designed with providers and industry to embed industry-relevant skills development in curriculums and facilities that reflect real working environments and professional practices.

- **Realistic training spaces** – Informed by the latest research and observation, the colleges commissioned rooms that look like hospital wards, care homes and community living areas, complete with equipment and technology. These spaces let social care providers train staff without paying for the hire of expensive facilities.
- **Shared use and joint learning** – The colleges offered adult social care providers the opportunity to bring their own trainers into these spaces, while college staff and students joined in. This made training more relevant and allowed providers to influence what students learn.
- **Insight into future trends** – Through provider connections and a realistic insight into the needs of the sector, students were introduced to new technology like digital care tools and the use of AI, helping them reflect on the importance of such tools in the sector.



Embedding long-term engagement

By providing a mutually beneficial offer, HRUC is transforming occasional engagement into a structured, long-term partnership. This approach creates predictable opportunities for collaboration, ensures training reflects real care needs, and builds trust between education and providers.

- **Partnership-based facility access** – College spaces were offered as collaborative environments, not simple bookings. Training providers were encouraged to involve staff and learners, turning each session into joint CPD. This approach kept practices up-to-date, strengthened trust, and reinforced the principle that engagement should deliver mutual benefit rather than mere convenience.
- **Structured collaboration replaces ad-hoc contact** – Regular use of shared facilities and scheduled activities ensures engagement is consistent, not sporadic, creating a dependable framework for joint planning, curriculum updates and shared workforce priorities.
- **Direct influence on training content** – Providers shape assessment briefs (the written instructions that set out what learners must do to demonstrate their skills, such as tasks, scenarios or evidence they need to produce). They also validate the realism of scenarios, and confirm emphasis on workplace priorities such as infection control, documentation and digital skills, ensuring learners are genuinely prepared for front line care.
- **Teaching aligned with real practice** – Colleges keep courses practical and current, reducing ‘re-learning shocks’ when students enter employment or higher education. This alignment improves learner confidence, retention and provider trust.
- **Stronger local talent pipelines** – Repeated cycles of enrichment and placements allow providers to meet potential recruits earlier, reducing reliance on overseas staff and supporting long-term workforce stability.
- **Mutual benefits for financial sustainability** – Providers gain work-ready recruits and reduced induction costs, while colleges strengthen reputation and learner outcomes. This shared value makes collaboration a standing capability rather than a short-term project.
- **Providers shape future skills** – Their involvement ensures training reflects real care needs, supports innovation and highlights career progression opportunities, improving the sector’s image and attracting new talent.
- **Benefits for educators** – Engaging providers gives colleges direct insight into front line realities, helping them embed enrichment, adapt to emerging trends and create sustainable engagement that benefits learners, providers and communities.



“We are happy to speak to students. Sharing real-world experience helps them understand what care work involves and prepares them for employment.”

Pushpo Deb, Registered Manager, Hand on Heart Care

Key decisions that secured success

- HRUC established a multi-stakeholder Health and Social Care Forum to align priorities and share resources.
- It partnered with Skills for Care and borough networks to reach smaller, hard-to-engage providers.
- Instead of running lots of forums throughout the year, there was a focus on making these meetings less frequent but high-value.
- The colleges introduced a reciprocal engagement model offering facility access and curriculum influence to secure ongoing provider involvement.



Key learnings

Investing in cutting-edge facilities is only the starting point. Long-term success depends on how these spaces are used, how confident staff feel using them and how collaboration becomes routine. Without a clear plan, even advanced environments risk becoming underused and disconnected from real workforce needs.

- **Prevent under use through structured routines** – Schedule regular activities and multi-stakeholder forums to keep dialogue active, priorities aligned and facilities integrated into everyday teaching and training.
- **Build educators' confidence and capability** – Continuous CPD and provider-led sessions help educators master new technology and immersive environments, avoiding a return to traditional methods.
- **Embed collaboration into daily practice** – Maintain borough network participation and reciprocal training with providers to strengthen curriculum relevance and keep spaces active.
- **Shift from qualifications to career pathways** – Co-design programmes with providers to focus on practical skills like documentation, hand overs, infection control and digital literacy, ensuring learners are work-ready.
- **Close the feedback loop** – Share assessment briefs for provider endorsement, and verify the realism of facilities and equipment, aligning teaching with current industry standards.
- **Strengthen recruitment and retention** – Engagement creates local talent pipelines, reducing reliance on overseas staff and improving long-term workforce stability.
- **Deliver mutual benefits** – Providers gain skilled recruits and reduced induction costs; colleges improve learner confidence, retention and reputation as trusted workforce partners.
- **Support sector resilience** – Collaboration enables rapid adaptation to new technologies, care standards and demographic pressures, ensuring adult social care remains responsive and sustainable.

“Historically, education has felt like we must sell a pre-designed product to employers. My message is collaborate to get the product right: we’re all working toward the same goal – skilled, effective people who can do the job well.”

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



Recommendations

The recommendations provide practical, evidence-based steps for planning, implementing and sustaining HRUC's employer engagement model for adult social care. It covers everything from securing leadership buy-in and involving key stakeholders to leveraging digital tools, embedding governance and monitoring impact on workforce readiness.

Each recommendation is supported by actionable ideas drawn from HRUC's experience. Use the checklist to adopt and adapt this approach to strengthen employer partnerships, improve learner work-readiness, and build a sustainable, values-led model that supports sector resilience and care quality.



Timeline

Year	Key activity
2022	<ul style="list-style-type: none">■ LSIP priorities set; early roundtable with colleges, Skills for Care, and North West London Health and Social Care Skills Academy.■ HRUC begins LSIF bid planning for immersive facilities and provider engagement.
2023	<ul style="list-style-type: none">■ LSIF funding awarded; HRUC led health and social care delivery across four colleges.■ Care suites and immersive rooms installed; first multi-stakeholder forum held.
2024	<ul style="list-style-type: none">■ Facilities completed, provider input shaped curriculum and placement models.■ Carousel event showcased immersive tech and curriculum co-design to providers.
2025	<ul style="list-style-type: none">■ Workforce development event held for adult social care providers (including registered managers, deputy managers, team leaders and trainers), alongside college curriculum staff and sector partners, featuring immersive demonstrations and practical skills workshops.
2026	<ul style="list-style-type: none">■ Launched cross-campus 'screen-in' provider sessions using immersive digital technology suites.■ Integrated hub at Harrow operational; forums continue for sustained collaboration.

“We host students for placements, offering shadowing opportunities to help them connect theory with practice. We’re helping students understand the difference between academic knowledge and practical care. Even if students don’t stay with Swan Care, we want them to leave as resilient, compassionate leaders who can support their communities and families.”

Falguni Sanghvi, Operational Care Manager, Swan Care Group Ltd

