

Feedback from Provider engagement event: Workshop 4: Workforce Development Provider 2 July 2026

Document structure:

- Summary tables for each question are presented first.
- The detailed verbatim notes then follow in three approaches: Independent Fostering Agency (IFA), Residential, and cross-cutting/supporting notes.
- The tables below provide the main themes, strategic issues, operational impacts and calls to action for each workshop question.

Workshop Feedback Thematic Analysis

This section summarises the key themes from the workshop feedback.

Q1. What regional training would build and sustain a skilled workforce and support your children?

IFA feedback

IFA theme	Strategic or system issue	Operational impact	Call to action for local authorities	Call to action for IFAs
Foster carers need to be valued as professionals	Foster carers are not always treated as equal professional partners, despite often holding the deepest day-to-day knowledge of the child.	Carers feel dismissed or disrespected, contributing to frustration, reduced trust and potential exits from fostering.	Embed foster carer voice, respect and professional recognition within social work development, review processes and placement support expectations.	Continue to evidence carers' insight, impact and contribution clearly, and provide examples of where professional recognition improves stability.
Joint training to improve understanding of fostering	There is inconsistent understanding among local authority social workers of the IFA role, fostering realities and the pressures faced by carers.	Misunderstanding can weaken relationships, delay support and undermine placement stability.	Commission and attend joint regional training with IFAs, including children's social care teams and not only ASYE cohorts.	Co-design and help deliver training grounded in foster carer experience, placement pressures and practical case examples.
Responsive support to	Support packages and	Delayed support and short review	Create quicker and more	Provide clear evidence of

prevent placement breakdown	approval routes can be too slow, rigid or unrealistic for children with complex needs.	windows increase stress for carers and reduce the chance of stabilising placements early.	flexible routes for enhanced support, with realistic timescales for reviewing progress and outcomes.	need, impact and the support likely to prevent escalation or breakdown.
Shared regional training offer	Training is fragmented across local authorities and agencies, with missed opportunities for shared learning and consistent practice.	Duplication, variable quality and inconsistent access reduce the impact of training investment.	Use regional convening power to coordinate a shared training calendar or platform, including specialist joint sessions.	Share available training places where possible and identify specialist topics that would benefit from regional delivery.
Referral quality and shared expectations	Referral information does not always accurately reflect children's needs, risks or support requirements.	Poor-quality referrals make matching harder and can contribute to avoidable placement instability.	Review referral training and involve providers in improving referral content, standards and expectations.	Provide constructive feedback on referral quality and identify where missing or inaccurate information affects decision-making.
Consistent national, regional and local responses	Some issues are best addressed nationally, regionally or locally, but this distinction is not always clear.	Providers can receive inconsistent messages and support on emerging issues, such as online safety or new standards.	Clarify which issues should be coordinated regionally and where local flexibility is needed.	Flag emerging practice issues early and contribute to shared regional solutions where consistency would help.

Residential feedback

Residential theme	Strategic or system issue	Operational impact	Call to action for local authorities	Call to action for residential providers
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Workforce recruitment, retention and career pathways	Residential care faces high turnover, limited progression routes and a weak career narrative, despite workforce being central to outcomes.	Staff instability affects continuity, relationships, morale and placement stability for children.	Work with providers to develop regional workforce development, induction, progression and retention approaches.	Share workforce challenges, retention data and examples of what supports staff to stay and progress.
Leadership and management development	There is a shortage of experienced deputy and registered managers, with leadership skills often developed too late.	Staff can be promoted without sufficient preparation, affecting confidence, culture and staff retention.	Support a joined-up leadership development offer across the framework, including early professional skills for support workers.	Identify leadership gaps and contribute to practical, role-based development routes.
Specialist and child-specific training	Providers need access to training that reflects children's complex needs, including trauma, autism, mental health, safeguarding and therapeutic care.	Training costs can be high, access is inconsistent and releasing staff is difficult, especially for smaller homes.	Develop regional routes for specialist training and explore shared access to reduce duplication and cost.	Share training needs, spare places and evidence of what training improves practice and stability.
Referral quality, matching and transition planning	Incomplete or inaccurate referral information undermines effective matching and planned transitions.	Homes may accept placements without full understanding of risks, triggers or support needs, increasing breakdown risk.	Improve referral writing, create stronger matching conversations and build in transition planning wherever possible.	Be clear about home profiles, therapeutic models, staffing strengths and what support is needed for each child.
Placement stability and crisis support	Providers need quicker, clearer support when placements become unstable or during periods of dysregulation.	Without timely support, homes may rely on agency cover or face escalating risk of placement breakdown.	Clarify escalation routes, consider sessional or crisis support options and share models such as weekly	Engage early when risks emerge and collaborate on stability planning, including provider-to-provider

			stability meetings.	support where appropriate.
Sector identity, value and perception	Residential care is often framed negatively, with limited recognition of its essential role and contribution to children's outcomes.	Staff can feel undervalued and providers can experience scrutiny without equivalent recognition of positive impact.	Promote good news stories, challenge deficit narratives and use regional leadership to recognise the contribution of children's homes.	Share evidence of positive outcomes, practice strengths and the role homes play in supporting the most vulnerable children.
Ofsted RI and improvement support	Blanket responses to Requires Improvement judgements can weaken partnership working and fail to recognise context.	Providers may feel penalised during improvement journeys, reducing openness and trust.	Develop a contextual support process for RI periods, including action plan review and regular quality assurance check-ins.	Share improvement plans transparently and engage proactively with local authority quality assurance support.

Q2. Regional structures and mechanisms for continuous improvement

IFA feedback

IFA theme	Strategic or system issue	Operational impact	Call to action for local authorities	Call to action for IFAs
Framework implementation clarity	Providers need clarity on which local authorities will join the fostering framework, when they will join and how phased implementation will work.	Uncertainty affects planning, pricing, resourcing and confidence in the framework.	Provide clear implementation updates, including phased timelines and implications of local governance or LGR.	Use updates to plan capacity, pricing and operational readiness for mobilisation.
Provider engagement and participation	Not all providers are yet engaged, creating a risk that the framework does not achieve sufficient	Limited participation could reduce consistency and maintain reliance on spot purchasing.	Identify barriers to participation and actively follow up with non-engaged providers.	Be clear about what would make framework participation attractive, workable and sustainable.

	coverage or shared terms.			
Relational commissioning and power dynamics	Power imbalances between local authorities and IFAs can limit open dialogue and early problem-solving.	Issues may escalate where providers do not feel safe or able to raise concerns honestly.	Model relational commissioning through timely responses, respectful challenge and shared problem-solving.	Raise concerns early and constructively, with clear examples and proposed solutions.
Post-implementation feedback loops	Continuous improvement needs structured mechanisms after go-live, not just during procurement.	Without regular feedback, issues may become embedded and operational learning may be missed.	Schedule regular online and face-to-face provider events, with operational managers present.	Help co-produce agendas and bring practical feedback from carers, staff and placements.
Regional stewardship and guardianship	The framework needs to function as a system stewardship mechanism, not simply a contract.	If ownership is too procurement-led, opportunities to improve outcomes, sufficiency and stability may be missed.	Clarify local and regional governance for ongoing improvement, escalation and decision-making.	Engage as system partners and contribute intelligence about recruitment, retention and placement demand.
Practical conditions for engagement	Providers are more likely to engage where meetings are planned, purposeful and shaped around provider priorities.	Poorly planned engagement risks low attendance and reinforces perceptions of transactional commissioning.	Give good notice, schedule meetings for the year ahead, co-produce agendas and create space for provider discussion.	Suggest agenda items in advance and support practical, solution-focused discussion.

Residential feedback

Residential theme	Strategic or system issue	Operational impact	Call to action for local authorities	Call to action for residential providers
Clear communication and escalation routes	Providers lack consistent routes for raising issues across social work, brokerage, commissioning and quality	Issues can become stuck, duplicated or delayed, particularly where individual	Create clear escalation pathways, organisational charts and team contact routes	Use agreed escalation routes consistently and provide evidence of where issues

	assurance teams.	contacts are unavailable.	for each authority.	are becoming blocked.
Regional and local forums for shared learning	There is a need for both local provider engagement and regional forums that address cross-authority or national issues.	Without structure, learning is duplicated locally or does not travel across the region.	Develop a regional provider forum aligned to local forums, avoiding duplication and focusing on shared priorities.	Participate actively and use forums to share practical learning, risks and examples of effective practice.
Feedback mechanisms and learning loops	Feedback is often informal, inconsistent or only triggered when problems arise.	Opportunities for prevention, improvement and recognition of good practice are missed.	Establish regular feedback loops, including contract management, mid-placement and end-placement feedback.	Provide balanced feedback on what is working, what is not and what support would improve outcomes.
Information sharing and referral standardisation	Referral information and supporting documents vary across local authorities, creating inconsistency and administrative burden.	Providers may lack the holistic picture needed to assess suitability, plan support and protect stability.	Standardise referral forms, referral-writing expectations and the timing of information sharing.	Be clear about information needed to make safe matching decisions and highlight gaps early.
Psychological safety and honest dialogue	Power imbalances and fear of consequences can prevent providers from giving honest feedback.	Concerns may be withheld until they escalate, limiting shared learning and improvement.	Create psychologically safe feedback routes, including options for anonymous provider feedback where appropriate.	Use feedback routes constructively and focus on shared problem-solving rather than blame.
Wider workforce inclusion	Residential support workers, key workers and wider professionals are often left out of strategic conversations despite their direct role with children.	Frontline insight is missed and staff may feel unseen or undervalued.	Design forums, training and feedback routes that include different workforce levels, not only managers.	Identify appropriate staff to contribute and support them to share operational insight safely and confidently.

Outcome-focused continuous improvement	Framework monitoring risks focusing too heavily on compliance and KPIs rather than children's experiences, progress and outcomes.	Improvement activity may not fully capture the difference services make to children's lives.	Define outcome measures alongside KPIs, including child voice, progress and placement experience.	Contribute evidence of outcomes, learning and children's experience in a consistent format.
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Workshop Feedback Thematic Analysis - Cross Cutting, IFA and Residential comparison

Cross-cutting theme	Same across IFA and Residential	Stronger or more specific in IFA feedback	Stronger or more specific in Residential feedback	Implication for Commission East / local authorities / providers
Relational commissioning and trust	Both groups want relationships based on respect, openness, early problem-solving and shared responsibility for children's outcomes.	IFAs emphasised valuing foster carers, addressing power imbalance and maintaining relationships after procurement.	Residential providers emphasised trust, psychological safety, honest feedback and overcoming blame culture.	Build relational commissioning into the framework through regular engagement, shared problem-solving, escalation routes and visible follow-up.
Referral quality, matching and information sharing	Both markets identified poor, incomplete or inconsistent referrals as a key barrier to stability.	IFA feedback focused on referrals accurately reflecting children's needs and improving referral training with provider input.	Residential feedback placed stronger emphasis on standardised referral forms, holistic family/context information and timing of information sharing.	Develop a regional referral improvement workstream covering standards, training, provider feedback and consistent documentation.
Training and workforce development	Both groups support joint learning between providers and local authorities, with regional	IFA feedback focused on social worker understanding of fostering and respect for foster carers	Residential feedback focused on leadership pathways, specialist training, professional skills	Create a regional training model that separates shared cross-market learning from market-specific

	coordination where it adds value.	as professionals.	and workforce retention.	workforce development priorities.
Placement stability and early support	Both groups highlighted the need to intervene earlier before placements reach crisis.	IFAs focused on flexible support packages, realistic review timescales and preventing foster carer burnout.	Residential providers focused on crisis support, transition planning, weekly stability meetings, sessional support and therapeutic breaks.	Develop a regional stability offer or toolkit that includes early escalation, stability meetings, support options and transition planning principles.
Feedback loops and continuous improvement	Both groups want feedback to be regular, structured and acted upon, not only gathered during procurement.	IFAs emphasised post-award provider meetings, co-produced agendas and operational attendance from local authorities.	Residential providers emphasised contract management, repositories, anonymous feedback and mid/end-placement feedback.	Design a single continuous improvement cycle with market-specific routes for feedback, learning and action tracking.
Provider engagement and participation	Both groups want engagement that is purposeful, well-planned and focused on practical change.	IFAs placed more emphasis on framework participation, phased implementation and clarity on which authorities will join.	Residential providers placed more emphasis on regional forums, provider networks and involving Ofsted where appropriate.	Publish a forward engagement plan showing purpose, audience, frequency, escalation routes and how feedback will influence decisions.
Recognition of provider contribution	Both groups want local authorities to recognise the expertise and contribution of providers and frontline staff.	IFA feedback centred on foster carers feeling undervalued by social workers and the wider system.	Residential feedback centred on the negative narrative around children's homes and the need to promote positive impact.	Use regional leadership to celebrate practice, share good news stories and reinforce the shared goal of improving children's outcomes.

Market-specific distinction	Both markets need stability, trust, timely support and better communication.	IFA themes are more strongly linked to foster carer respect, IFA-LA relationships, framework clarity and carer retention.	Residential themes are more strongly linked to workforce professionalisation, leadership, Ofsted context, crisis support and standardised referral/information systems.	Maintain separate IFA and Residential improvement plans under one Commission East framework, with a shared governance route for cross-cutting issues.
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Summary:

The IFA calls to action are strongest around relational commissioning, foster carer respect, framework clarity, joint training and flexible support for carers.

The Residential calls to action are strongest around workforce development, leadership, referral standardisation, escalation routes, crisis support, outcome measures and psychologically safe feedback mechanisms.