



## **Oliver McGowan Mandatory Training: Members Conversation**

### **Summary August 2023**

In the last few months, we have had several conversations with members discussing their experiences of the Oliver McGowan Mandatory Training. This is a summary of what people shared with us. We want to know if they resonate with other members or if you have things you would add.

We hope Learning Disability England can voice shared concerns and celebrate successes.

Many of our members have taken part in the Reference Group and Pilot for the training. Several will be delivering tier one training and others have now stepped back from delivery.

Many members have told us how important mandatory training is as part of stopping people with learning disabilities dying too young and reducing inequalities. They want the training to be the best it can, with the most impact possible.

People can see that value of having such high-profile training, with an important reputation in ensuring health and social care staff receive comprehensive training around working with people with learning disabilities and autistic people.

Members are really pleased to see the investment in training health and social care staff.

To ensure the Oliver McGowan Mandatory Training can achieve its best impact, members have shared several issues and concerns to us that they think need addressing in the implementation of mandatory training. That fit into 5 main themes.

## **Training Content**

Members have expressed several concerns around the content of the training.

Firstly, members are concerned that the training is too basic and does not offer as in depth or rounded training as many of the already existing learning disabilities training packages that have previously been commissioned. Members have told us that people with experience of working with people with learning disabilities will get very little from the training – although it is more helpful for people with little to no experience.

Secondly, despite the significant and specific health inequalities people with learning disabilities from minority ethnic backgrounds face, they are not included in the training.

Thirdly, members think the training content is very medicalised, which they think is difficult in that it does not help professionals understand people with learning disabilities outside of their label of learning disability and reduces the relevance of the training for social care professionals.

Additionally, members have found the training content, particularly the train the trainer and the scripting to be very ridged and full of jargon. This has made it difficult for trainers with learning disabilities to engage in and learn the training.

## **Inclusion of people with learning disabilities**

Members have expressed concerns around the meaningful inclusion of people with learning disabilities. There are concerns that the programme has not been truly coproduced and people with learning disabilities have not been included in a meaningful way.

For the organisations who have been running training there is a concern that OMMT does not value people with learning disabilities as co-trainers. They worry the training design treats experts by experience as an ‘add on’ rather than an integral part of the training and misunderstands the co-trainer model. Good co-trainer relationships take a long time to develop and are built on equal partnerships. It is

important that both partners have supervisions, opportunities to upskill, and are valued for their contribution. Good quality training requires this, it is not just a case of throwing 'agency' training staff together.

Some groups have had issues recruiting experts by experience to deliver the training. Members have identified two potential reasons for this. Firstly, prescriptive training requirements do not necessarily build on the existing capacity and skills but are asking for new training relationships or organisation partnership to be developed very rapidly.

Secondly, delivering training around inequalities, discriminatory treatment and people dying preventable deaths, talking about the frequency of those things happening to a community you are part of, can be scary and traumatic. Members worry there is not anything in place to support people to navigate this.

### **Impact on Self-Advocacy and User Led Groups**

Small organisations, particularly self-advocacy and user led groups, are concerned about the impact this training will have on them. Many organisations have been commissioned for years to deliver local training and are worried that will be withdrawn to commission the Oliver McGowan Mandatory Training instead. Self-advocacy groups could be doubly hit here in that they may lose their contract but also cannot fit in with the Oliver McGowan Mandatory Training structure due to their small local nature struggling to meet delivery expectations. This will have significant financial implications for self-advocacy groups.

Members worry the use of 'mandatory' in 'Oliver McGowan Mandatory Training' implies to commissioners that they must commission OMMT over other training that they might have been using or be more locally suited. They are concerned commissioners will be criticised for not choosing OMMT and that will influence their commissioning decisions rather than how to best meet local need.

We know some ICB's have been working with local organisations around their commissioning and funding for training, but we this has not been the approach nationally.

## **Concerns about funding**

Some ICBs have been in conversation with local groups about funding for building capacity with their expert by experience trainers to enable organisations to deliver the training. We are pleased to hear there is investment in upskilling trainers, but we know this has not been offered across the country. This additional funding plays a significant role in organisations decisions to get involved.

Members also worry that consideration has not been given to the practicalities of training all staff, especially in smaller support provider organisations. While members want all their staff to be trained there does not appear to be any additional resource to ensure staff are paid for participating or cover the costs of training in addition to normal training programmes.

## **Delivery**

Members are concerned about the expected volume of delivery and how realistic it is. Members agree that it is important that all health and social care staff receive training on working with and supporting people with learning disabilities but worry about the impact of the current pace of roll out and the lack of infrastructure on delivery. Some members have decided not to be part of the delivery as commissioning approaches appear to be 'all or nothing' and delivery targets feel well beyond their organisational capacity. Some raised concern that the tight timescales will mean that seeking to deliver 'numbers' will take precedence over quality.

Members working in large organisations have told us they do not think they can ensure all staff are appropriately trained within the timescales and are concerned that there is a not an honest conversation about what is possible working at pace and maintaining quality.

We have heard from members delivering training that so far, they have only trained health professionals and that most social care professionals have not been offered training.