

## **Oliver McGowan Mandatory Training: Practical Implementation Challenges Identified by Care England’s Working Age Adult Policy Board**

This document accompanies Care England’s letter to the Care Quality Commission. It sets out areas within the *Oliver McGowan Mandatory Training on Learning Disability and Autism Code of Practice (2024)* that members of Care England’s Working Age Adult Policy Board consider difficult to deliver effectively at national scale.

The sector fully supports the purpose of the Oliver McGowan Mandatory Training (OMMT), built to ensure all staff have the skills, knowledge, and confidence to provide high-quality support to autistic people and people with a learning disability. However, the delivery model currently outlined in the Code presents significant logistical, financial, and ethical challenges that, without adjustment, risk undermining the training’s intended impact.

### **1. Tier 1 Training**

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#### **Quoted from Code (pp. 22–23):**

*“For staff who require a general awareness of learning disability and autism, this is a minimum of one hour of live and interactive training with a person with a learning disability and an autistic person... The Tier 1 package includes a 90-minute e-learning module which covers Tier 1 capabilities.”*

This element appears deliverable but stretching for large organisations. It builds on existing awareness training but prescribes fixed durations and delivery methods, which may limit flexibility. The specified timings (90 minutes of e-learning and one hour of live delivery) risk overlooking differences between workforce groups. Providers in working-age adult services already work daily with people with learning disabilities and autism, whereas the NHS model was designed to address general awareness gaps. Fixed timings could therefore risk repetition, disengagement, or even diminishing the perceived value of the content. Allowing flexibility in duration and format, while maintaining learning outcomes, would make implementation more meaningful and proportionate.

### **2. Tier 2 Training**

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#### **Quoted from Code (pp. 22–23):**

*“For staff with responsibility for providing care and support for a person or people with a learning disability or autistic people... this is a minimum of one day of in-person training... co-delivered by at least one person with a learning disability and one autistic person.”*

This requirement applies to the majority of the social care workforce and, as currently written, is undeliverable at scale. The Code clearly defines that both a person with a learning disability and an autistic person must co-deliver every Tier 2 session, meaning two separate people are required even if one individual has both diagnoses.

In practice, many people with lived experience may require support to participate safely, meaning up to four people could be involved in each session (two co-trainers and two support staff). This is a practical consequence of delivering training at scale in large organisations. For many providers, suitable co-trainers would need to be drawn from among the people they support or employed directly, which raises additional safeguarding, training, and employment considerations. This is especially significant for co-trainers with learning disabilities, for whom participation in unfamiliar or large-group environments could be distressing.

The Code's prescribed full-day duration may also not align with the needs of all settings. Staff in social care often work intensively with autistic people and those with learning disabilities as part of their core roles. Requiring a uniform, day-long session for all risks covering what staff already know, potentially diluting the training's impact. A proportionate model should allow providers to adapt content length and focus to the learner's role and experience while retaining the required standards.

### **3. Group Size and Delivery Practicalities**

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#### **Quoted from Code (pp. 22–23):**

*“Training should include small group discussions and opportunities for self-reflection and further learning.”*

The reference to “small group discussions” within the Code is open to interpretation. Delivering training solely through small groups is not feasible for large organisations that must train thousands of staff. However, delivering training to large groups (often 30 participants or more) presents accessibility challenges and may be inappropriate or overwhelming for some co-trainers with lived experience.

This tension between efficiency and inclusivity is a significant operational barrier. To make implementation viable, national guidance should specify that while interactive discussion is important, large-group training formats can be acceptable where supplemented by smaller reflective components. Guidance should also include clear safeguards to ensure co-trainers are not placed in intimidating or triggering situations, for example by using pre-recorded or virtual contributions where live delivery would be unsuitable.

### **4. Remuneration and Employment of Co-Trainers**

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**Context:** The Code sets out expectations for fair pay, appropriate support, and reasonable adjustments for people with lived experience involved in training design and delivery.

While these principles are fully supported, the financial and practical implications for social care providers are considerable. Indicative NHS Band 5 pay rates have been used in NHS delivery models. If applied in adult social care, co-trainers could be paid more than professional trainers or the support staff assisting them, creating potential workforce tensions.

There is also a lack of clarity regarding employment status (whether co-trainers should be contracted, self-employed, or sessional) each of which raises complex questions around benefits, taxation, and parity. Without a defined funding mechanism, this presents a major barrier to implementation. Providers cannot absorb these additional costs without dedicated financial support. This is a practical issue that must be recognised and funded if the model is to be sustainable.

## **5. Sector Context and Applicability**

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The Oliver McGowan training was developed primarily to address gaps in NHS understanding and practice. In adult social care, where supporting autistic people and those with learning disabilities is core business, the current model does not always translate effectively. The training as written risks duplication of existing high-quality programmes that already incorporate lived-experience learning, reflective practice, and person-led approaches.

Recognising this difference is essential. The framework should acknowledge that adult social care providers may already meet the Code's standards through alternative, well-established programmes. Allowing these to be recognised as equivalent would ensure focus on outcomes rather than process and promote efficient use of resources.

## **6. Ethical and Safeguarding Considerations for Co-Trainers**

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Care England and its members strongly support the principle of involving people with lived experience in training and employment opportunities. However, there is a fine line between genuine inclusion and participation that becomes tokenistic or performative. Without clear standards for preparation, support, and debriefing, there is a real risk that involvement could occur in ways that offer little personal value, and in some cases, may unintentionally expose individuals to distressing or infantilising experiences.

While many people with a learning disability or autism will wish to and can contribute meaningfully as co-trainers, the current model does not sufficiently account for the safeguards, structure, and supervision required to make this safe and sustainable at scale. The focus should be on quality of participation rather than quantity, ensuring every contribution is empowering, purposeful, and genuinely co-productive.

## **Conclusion**

Care England and its Working Age Adult Policy Board are united in supporting the aims of the Oliver McGowan Mandatory Training. The concerns outlined above are not raised in opposition to the intent of the programme but to ensure that it can be implemented safely, sustainably, and with lasting impact.

Providers stand ready to deliver training that meets the Code's objectives. However, flexibility, funding, and proportionality are essential if the programme is to be achievable across a workforce of this scale while preserving the integrity and intent of the reform.