

The Oliver McGowan Code of Practice Impact Assessment

1. Introduction

The implementation of the **Oliver McGowan Code of Practice** marks an important step towards ensuring that all health and social care staff have the skills and confidence to support autistic people and people with a learning disability. However, the speed and scale of its introduction pose significant operational and financial challenges for providers.

Providers are being asked to comply rapidly with new statutory conditions that require comprehensive workforce training across large staff groups. Delivering this training is both **costly and time-intensive**, and uncertainty around which roles require **Tier 1 or Tier 2** has led many to assume that the more expensive **full-day Tier 2 training** will apply to most staff, fearing potential CQC challenge if training is deemed insufficient.

To recover any costs, providers must use the **Oliver McGowan Mandatory Training (OMMT)** package. Those with existing internal expertise, or equivalent training programmes, are currently unable to claim reimbursement. This impact assessment therefore focuses specifically on the cost of delivering **Oliver's Training**, as this is the **only programme eligible for funding** under the government's **Learning and Development Support Scheme (LDSS)**.

As confirmed by the **Department of Health and Social Care (DHSC)**:

“Funding is only being provided for Oliver's Training as it is the government's recommended training package for CQC-registered providers to meet the statutory training requirement under the Health and Care Act 2022.”

This restriction prevents providers from claiming reimbursement for alternative or equivalent training, even when it meets or exceeds the standards set out in the Code of Practice. Consequently, the financial analysis presented here applies solely to **Oliver's Training**, the **only government-funded route** for meeting the statutory training requirement. Without additional clarity and investment, the Code risks imposing a significant and unfunded burden on adult social care providers, diverting already limited resources away from frontline care.

2. OMMT Requirements

The Oliver McGowan Mandatory Training (OMMT) on Learning Disability and Autism is the national, standardised programme recommended by DHSC/NHS England to help providers meet the **statutory training requirement set out in section 181 of the Health and Care Act 2022**. It ensures that all health and social care staff have the appropriate skills, knowledge, and confidence to support autistic people and people with a learning disability.

To complete the training, individuals must:

1. **Complete the eLearning package**, and then
2. **Undertake either:**
 - **Tier 1:** A 1-hour online interactive session co-delivered by experts with lived experience and a facilitating co-trainer.

- **Tier 2:** A 1-day (8-hour) face-to-face training session, also co-delivered by experts with lived experience and a facilitating co-trainer.

Tier 1 is designed for staff who require a general awareness of people with a learning disability and autistic people, and the support they may need.

Tier 2 is required for health and social care staff responsible for providing care or support directly to autistic people or people with a learning disability. This applies even if such support is infrequent. As such, **many** adult social care roles will require **Tier 2** where staff provide, or may at any time be required to provide, direct care and support to autistic people or people with a learning disability

Cost of Delivery

The estimated cost of delivering the **Oliver McGowan Mandatory Training (OMMT)** varies between the two tiers, reflecting differences in duration, format, and staffing requirements. These estimates are based on the **current National Living Wage (NLW) of £12.21**, alongside data from *Skills for Care (2025)* which found that, in March 2025, the **median hourly pay for care and support workers (£12.00)** was approximately **£0.56 higher than the NLW at the time**. Applying the same differential to the 2025/26 NLW gives a **projected median hourly rate of £12.77**.

To reflect the full economic cost to providers, employer on-costs have been applied to this rate, comprising holiday, National Insurance, pension, and sickness etc. Together, these represent over **33%** of the hourly rate, producing a **loaded hourly rate of £17.05**.

NHS England's *OMMT Delivery Model and Trainer Guidance (2024)* indicates that training must be co-delivered by an accredited facilitator and a person with lived experience. Pilot data show typical cohort costs of **£100–£200 for 20 delegates** for Tier 1 and **£500–£800 for 20 delegates** for Tier 2, equivalent to **£5–£10** and **£25–£40** per participant respectively. Using the midpoint of these ranges provides a representative national estimate for each tier.

Cost component	Tier 1	Tier 2	Explanation
Staff release / backfill	£43	£136	Based on a loaded hourly rate of £17.05. Tier 1 = 2.5 hours (1 hour live + 1.5 hours eLearning); Tier 2 = 8 hours face-to-face.
Training delivery / facilitators	£8	£30	Derived from NHS England pilot cohort costs: Tier 1 ≈ £5–£10 pp; Tier 2 ≈ £25–£40 pp (mid-points used).
Total estimated per person	£50	£166	Rounded to the nearest £1 for consistency.

These figures include **staff release/backfill** and **trainer delivery costs** only. They **exclude** additional overheads such as administrative coordination, record-keeping, venue hire, and travel expenses. Including these factors would increase overall costs.

3. Workforce Modelling – Understanding the Scope

According to *Skills for Care (2025)*, there are approximately **1.60 million filled posts** in adult social care in England, employing around **1.50 million individual workers** across **42,000 establishments** and **19,000 organisations** (pp.17–19). Approximately **84.3%** of filled posts are in the **independent sector** (p.23).

Workforce by Service Type (2024/25)

Service Type	Approx. Filled Posts	Main Client Group	Source
Care homes with nursing	≈ 290,000	Older people	Skills for Care 2025, p.24
Care homes without nursing	≈ 320,000	Mostly older people	Skills for Care 2025, p.24
Domiciliary care (home care)	≈ 740,000	Mixed (older & working-age adults)	Skills for Care 2025, pp.24–25
Community-based & supported living	≈ 123,000	Working-age adults (LD, autism, MH)	Skills for Care 2025, p.24
Day & outreach services	≈ 27,000	Predominantly working-age adults	Skills for Care 2025, p.24

Figures rounded. Totals reflect filled posts across CQC-registered independent, local authority, and direct payment recipient services.

From this distribution, approximately **1.0–1.1 million posts (65%)** support **older people’s services**, and **0.5–0.6 million posts (35%)** support **working-age adult services**.

4. Sector Cost Modelling – Delivery of Tier 2 Training

Scenario	Eligible Staff	Cost per Person	Total Estimated Cost	Notes
A. Whole adult social care workforce completes Tier 2	1,600,000	£166	£266 million	Equivalent to full national coverage of Tier 2.
• Independent sector share (84.3 %)	1,349,000	£166	£224 million	Reflects share of workforce in independent provision.
B. Working-age adult (WAA) services only complete Tier 2	550,000 (approx.)	£166	£91 million	Based on ≈ 35 % of workforce supporting working-age adults.
• Independent sector share (84.3 %)	464,000	£166	£77 million	Reflects independent WAA provision only.
C. Whole adult social care workforce completes Tier 1	1,600,000	£50	£80 million	Equivalent to national coverage of Tier 1 general awareness training.
• Independent sector share (84.3 %)	1,349,000	£50	£67 million	Reflects share of workforce in independent provision.

These figures exclude ongoing costs associated with workforce turnover (c.~23–25% in 2024/25), which would require recurrent funding to maintain compliance as new staff join the sector.

5. Government Funding Available

The **Department of Health and Social Care (DHSC)** has announced **£11.98 million** to support delivery of the OMMT. This funding is available through the **Learning and Development Support Scheme (LDSS)** and applies to **CQC-registered providers** for training completed between **1 April 2025 and 31 March 2026**.

This funding is **ring-fenced** specifically for Oliver's Training and is **separate from the wider LDSS budget**. Providers must submit reimbursement claims via the LDSS digital platform, supported by evidence of payment and completion.

Claims are only payable where providers are **CQC-registered, onboarded to LDSS**, hold an **up-to-date ASC-WDS** account, and submit **evidence of payment and completion**.

At present, only around **3,500 of approximately 19,000** CQC-registered adult social care providers are onboarded to the **Learning and Development Support Scheme (LDSS)**. Increasing registration is essential to ensure providers can access reimbursement and to evidence the scale of sector demand to DHSC.

6. Conclusion

If implemented universally, the one-off cost of delivering Tier 2 OMMT across the adult social care sector would total around **£266 million**, compared with just **£11.98 million** in available government funding. Even if limited to working-age adult services, delivery would still cost **£91 million** overall, or **£77 million** for the independent sector alone. Delivering **Tier 1 training** to the whole adult social care workforce would add a further **£80 million**, or **£67 million** within the independent sector, bringing the **combined total cost of full national implementation to approximately £346 million across the adult social care sector**.

This means that the current allocation meets only a small fraction of the investment required to achieve national compliance. The government's £11.98 million fund covers only the direct cost of training delivery and does not reflect the substantial **backfill and staff release costs** that providers must absorb to release employees for training. Given the size of the workforce, this is likely to result in increased use of **agency, overtime, or bank staff** to maintain safe staffing levels. The sector's **23–25 per cent annual attrition rate** compounds these pressures, as an estimated **350,000 staff** who leave or change roles each year will require their replacements to be retrained. Furthermore, training is not currently **portable between employers**, meaning providers must fund repeat training even when staff have previously completed it elsewhere.

This funding gap leaves providers facing a significant and unfunded statutory burden. While the sector fully supports the intent and importance of the training, sustainable delivery will require a funding model that recognises the scale of the workforce and the annual retraining required as new staff join the sector. Without this, implementation risks being inconsistent, financially unviable, and ultimately detrimental to the policy's objectives.

Care England recommends that:

1. **DHSC increases total funding allocations** to ensure the statutory training can be delivered sustainably across the adult social care sector, including adequate support for backfill and staff release.

2. **DHSC establishes a dedicated multi-year fund** for the delivery and ongoing refresh of OMMT across adult social care, reflecting true workforce size, attrition rates, and the need for regular re-training.
3. **Reimbursement rates under the LDSS** are uplifted to reflect full training costs, including backfill and staff release time.
4. **The reimbursement policy is expanded beyond Oliver’s Training** to include equivalent or higher-quality programmes that meet the four standards set out in the Code of Practice.
5. **Training completed under the OMMT should be portable between employers**, ensuring that staff who change roles or providers do not need to repeat the same training unnecessarily.
6. **Every adult social care provider should register with LDSS** to access available reimbursement and collectively evidence that current funding is insufficient to meet statutory requirements.

Together, these measures would ensure that the statutory intent of the OMMT is matched by the financial means to deliver it, strengthening workforce capability, improving quality of care, and securing public confidence in implementation.

Appendix 1 – Glossary and Explainer

Term	Explanation
The Oliver McGowan Code of Practice	The <i>Oliver McGowan Code of Practice on statutory learning disability and autism training</i> is the statutory guidance under section 181 of the <i>Health and Care Act 2022</i> . It sets out the legal requirements that CQC-registered service providers must meet to ensure their staff receive training on learning disability and autism appropriate to their role. The Code specifies four standards covering: (1) learning outcomes; (2) training delivery; (3) trainer competence and lived experience; and (4) monitoring and evaluation. All CQC-registered providers must evidence compliance with these standards.
The Oliver McGowan Mandatory Training (OMMT)	Commonly referred to as <i>Oliver’s Training</i> , this is the government-recommended training package developed by Health Education England (now NHS England) to help providers meet the requirements of the Code of Practice. It is the only nationally standardised programme endorsed by DHSC and NHS England. Although the Code of Practice does not mandate this specific package , OMMT is the only training currently eligible for reimbursement via the Learning and Development Support Scheme (LDSS). The training is delivered at two levels: Tier 1 (general awareness) and Tier 2 (for those providing direct support). Some staff may also require Tier 3 or more specialist training, depending on their role and service context. Guidance on which tiers apply to which roles is provided in Annex A of the Code of Practice.
Accredited Trainers and Delivery Model	OMMT is a standardised programme that must be delivered in accordance with the official delivery model and by approved trainers who have completed the Train-the-Trainer pathway. It is co-delivered by a facilitator and a person with lived experience of autism and/or a learning disability. Employers may train their own accredited facilitators or commission external approved training organisations. Other training packages may be used, but they must meet the four standards in the Code and be evidenced as equivalent.
Funding Available	The Department of Health and Social Care (DHSC) has made £11.98 million available through the Learning and Development Support Scheme (LDSS) to support delivery of OMMT in adult social care. The funding is available to CQC-registered providers for training completed between 1 April 2025 and 31 March 2026 , and claims can be made via the LDSS digital platform. This allocation is ring-fenced for OMMT and is separate from the

	broader LDSS funding available for other qualifications and training. Providers must evidence payment and completion to claim reimbursement.
The Care Quality Commission's (CQC) Role	<p>Since July 2022, the CQC's statutory guidance on <i>Regulation 18(2)(a) (staffing)</i> of the <i>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</i> has required that: "Providers must ensure that all staff receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role." Staff must also receive appropriate supervision to demonstrate and maintain competence in understanding the needs of people with a learning disability and autistic people. The CQC assesses whether providers are meeting the requirements of the Code of Practice, rather than simply checking completion of Oliver's Training. Compliance will therefore be judged on whether the provider's chosen training meets the standards and intent of the Code.</p>