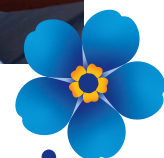


The Training Gap: A Hidden Injustice in Dementia Care and How to Fix it (England)



**Alzheimer's
Society**

It will take a society to beat dementia

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1. Summary

No one living with dementia should be cared for by someone without sufficient training to deliver high-quality care. Equally, no care worker should be expected to support someone with dementia without the right skills to do so. Yet this is the reality for too many people in England today. Addressing this injustice is the focus of our new report: **The Training Gap: A Hidden Injustice in Dementia Care and How to Fix It**. The report sets out a bold, achievable, and costed ambition: to shift the social care workforce from basic awareness to a deeper understanding of dementia, so care staff are equipped not just to recognise dementia, but to respond with confidence, skill and compassion.

Commissioned by Alzheimer's Society and delivered by the Centre of Dementia Research at Leeds Beckett University in partnership with IFF Research, this new report provides the most detailed picture to date of the level, quality and impact of dementia training across adult social care. It assesses how current provision aligns with the [Dementia Training Standards Framework](#), and how it shapes staff knowledge, attitudes and confidence. The findings are clear: **the training most staff receive today is unlikely to equip them to deliver consistent, high-quality person-centred care**. Urgent improvement is needed. We therefore recommend a new legal requirement for all social care providers to ensure all direct care staff working in older adults' care - and direct care staff working with people living with dementia in other settings - undertake best practice dementia training. This should include both homecare and care home staff. A summary of our methodology is included at Annex 1.

Our new report comes at a pivotal time for adult social care in England, with: the development of the Modern Service Framework for Frailty and Dementia; the first ever Fair Pay Agreement; rollout of the Care Workforce Pathway; the Casey Commission's independent inquiry into social care reform; and pending Care Quality Commission statutory guidance on dementia. These reforms represent a significant opportunity to transform dementia care. But this opportunity will only be realised if the care workforce is equipped to deliver high-quality care. Implementing the recommendations in this report will be a critical step towards ensuring England has a social care workforce that truly meets the needs of people living with dementia, now and in the future.

The findings are clear: **the training most staff receive today is unlikely to equip them to deliver consistent, high-quality person-centred care.**



2. Context

Dementia and social care

Dementia is one of the biggest social care challenges of our time. Best available modelling suggests around 70% of people in care homes aged 65+ in England have dementia¹ and this is set to rise sharply. By 2040, the number of people living with dementia in England is set to increase to 1.2million, up from 826,000 people today.² In the UK an estimated additional 106,000 people will be living in a residential or nursing home,³ while the demand for domiciliary care is also expected to rise by 43%.⁴

Dementia is a complex condition that needs more than basic awareness training – and the sharp rise in prevalence and social care utilisation makes it even more essential that the workforce is equipped with the necessary skills. Care staff need the skills to respond to behaviours that challenge (including distress and agitation, often caused by unmet needs); deliver cognitively stimulating activities that benefit health and wellbeing; and understand how different types of dementia present.⁵

Current state of dementia social care in England

The current social care system does not consistently meet the needs of people with dementia and their families. Both a 2022 [APPG inquiry](#) and our 2025 [‘Lived Experiences of Dementia’](#) survey found that too many people with dementia and their carers receive social care that is inconsistent and fails to meet their needs. These experiences are echoed in two recent CQC reports, both of which highlighted significant concerns with the quality and consistency of care for people living with dementia.⁶ CQC inspectors were finding that: “staff have a poor understanding of the specific needs of people with dementia, and that providers and staff do not always have the knowledge of person-centred approaches and dementia-friendly environments, which could affect people’s safety.”⁷ Research has also suggested that over a third of health and social care professionals reported lacking knowledge about young onset dementia.⁸ Unsurprisingly, over half of respondents (56%) in our lived experience survey highlighted the importance of having more skilled professional carers to improve the quality of care.⁹

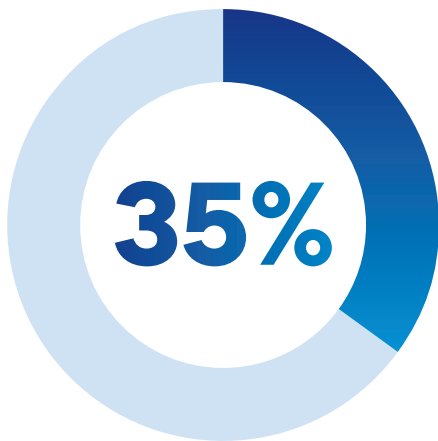


Too many people with dementia and their carers receive social care that is inconsistent and fails to meet their needs.



Half of all training packages offer just one to two hours of training.

Just over a third



of staff do not have the basic knowledge required to care for someone with dementia.

Benefits of dementia training

When dementia training is done well, evidence shows the impact is significant: Our 2024 report, [**Because We're Human Too: why dementia training for care workers matters, and how to deliver it'**](#), identified what high-quality training looks like in practice, and its benefits. For people living with dementia and their families high-quality training can: improve quality of life; strengthen relationships; enable culturally competent care; provide a more ethical means of managing agitation; and reduce inappropriate use of antipsychotic medication.¹⁰ Additionally, it boosts staff knowledge, confidence and job satisfaction, and crucially, can reduce staff turnover.¹¹ Benefits also go beyond social care, and include potential reductions to healthcare utilisation, because of fewer GP appointments and emergency hospital admissions.¹²

3. Key findings

Summary

The dementia training that staff currently receive is unlikely to be sufficient to equip the dementia care workforce to deliver high-quality person-centred care. The current dementia training offer is dominated by:

- **Awareness level training** – the most basic, introductory topic and level of training.
- **E-learning**¹³ – despite evidence showing that when used in isolation it delivers limited practical skills, is less valued by staff, and does not reliably equip them to provide safe, high-quality-dementia care.¹⁴
- **Standalone sessions** – which offer insufficient opportunity for reflection or skill-building that makes for impactful implementation of dementia training.¹⁵
- **Short duration** – around half of training lasts only 1-2 hours, well below the evidence based eight hours for impactful dementia training.¹⁶
- **Very limited coaching, mentoring or supervision** – which are key elements of good practice.¹⁷

This is negatively impacting on staff knowledge and understanding of dementia – with just over a third (35%) of staff not having the basic knowledge of dementia required to care for someone with dementia.

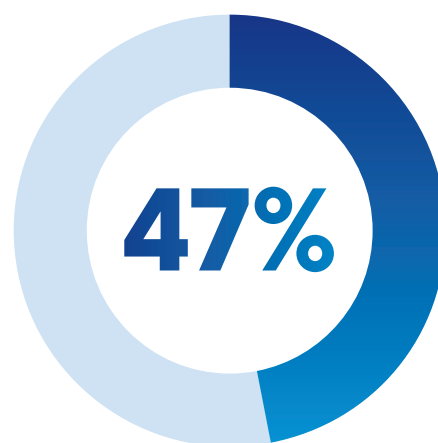
What dementia training are staff currently undertaking?

- Despite 95% of care workers accessing some kind of dementia training, only around half (55%) received dementia specific training.¹⁸
- Less than half (47%) of care workers said that dementia training had been included as part of their induction – meaning over half are likely to start caring for people with dementia with no dementia training at all.
- 51% of training packages were completed through e-learning.
- 72% of audited training packages were standalone sessions – only 28% of providers reported delivering training across more than one session.
- In contrast to the evidence-based minimum of eight hours¹⁹ of dementia-specific training²⁰, half of all training packages offer just one to two hours. Only 15% of training packages met the evidence-based eight hours or more for impactful dementia training.²¹
- 57% of training was reported as being underpinned by evidence, however, providers often struggled to articulate what this meant in practice: only 8% of training packages reported were based on the [Dementia Training Standards Framework](#) (the benchmark for staff who have regular contact with people living with dementia).
- Just 20% reported offering mentoring or ongoing support.
- Only 37% included any assessment of impact, meaning most providers do not know whether the training has improved practice.

Impact on staff knowledge and understanding of dementia

- Around one third (35%) do not have the basic knowledge of dementia required to equip them to care for people with dementia (measured on the Dementia Knowledge Assessment Scale).²²
- Only 52% of the care staff we surveyed reported feeling very competent in the care they are providing.
- But this is not due to a lack of willingness from the workforce – around 80% want more dementia specific training, which demonstrates a clear appetite to build on existing awareness training.

Less than half



of care workers said that dementia training had been included as part of their induction.



4. Conclusion

It is clear that the current dementia training offer is falling short – and that this shortfall is driving a hidden injustice at the heart of dementia care. Urgent action is needed to improve dementia training – without this, we risk a workforce that is not only under-equipped to meet the needs of people living with dementia today, but also the rising demand and complexity of the future.

Investing in best practice dementia training can be a direct enabler of the government’s ambition to move from hospital to community, and from sickness to prevention. Raising the standard of dementia training will help achieve a system that: consistently delivers improved outcomes for people living with dementia; eases pressure on healthcare services; and ensures a skilled, stable, and compassionate workforce fit for the future.

Investing in best practice dementia training can be a direct enabler of the government’s ambition to move from hospital to community, and from sickness to prevention.

5. Recommendation

- To close the dementia training gap and address a key injustice at the heart of dementia care, we need a new legal requirement for all social care providers to ensure all direct care staff working in older adults’ care – and direct care staff working with people living with dementia in other settings – undertake best practice dementia training. This should include both homecare and care home staff.
- This should be given effect through new CQC statutory guidance on dementia.

Best practice dementia training is defined in Annex 1 on page 10. Further recommendations and detail, including the cost of closing the dementia training gap, can be found in [our full report](#).

Annex 1 – Methodology

To understand the quality and uptake of dementia training in England, we undertook:

- a provider audit, where care providers shared information on the training packages they currently use
- best practice case studies, where we visited two provider sites to observe training and interview staff
- a staff survey, where we asked staff about their experiences of dementia care and used an objective assessment tool to assess staff attitudes towards and knowledge of dementia (the Dementia Knowledge Assessment Scale).²³

We assessed the quality of training against our evidence-based definition of best practice dementia training for direct care staff:

- **Content:** Meeting Tier 2 of the [Dementia Training Standards Framework](#)
 - **Duration:** At least eight hours²³
 - **Delivery:** Meets the five key components for best practice training as outlined in the report [Because We're Human Too:](#) evidence informed training design and evaluation tools used; digital inclusivity; support and accessibility; strong leadership to ensure training impact is sustained; and includes an interactive element with a facilitator (rather than being self-directed e-learning only).²⁵
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References

- ¹ CFAS II; Matthews FE, Arthur A, Barnes LE, et al, [A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the cognitive function and ageing study I and II](#). The Lancet. 2013; 382 (9902): 1405-1412.
 - ² Alzheimer's Society and Carnall Farrar (2024), [The economic impact of dementia: module 1 – annual costs of dementia](#).
 - ³ Ibid.
 - ⁴ Ibid.
 - ⁵ All Party Parliamentary Group on Dementia (2022), [Workforce Matters: Putting People Affected by Dementia at the Heart of Care](#).
 - ⁶ CQC (October 2025), [State of Care](#); CQC (May 2025), [Health and social care support for people with dementia](#).
 - ⁷ CQC (May 2025), [Health and social care support for people with dementia](#). P:128.
 - ⁸ Catherine Quinn et al (2025), [Professionals' Views on Social Care Planning and Provision for People With Young-Onset Dementia and Their Families in England: Findings From the DYNAMIC Study](#).
 - ⁹ Alzheimer's Society and Walnut Unlimited (2025), [The Lived Experiences of Dementia](#).
 - ¹⁰ Alzheimer's Society (2024), [Because we're human too: why dementia training for care workers matters, and how to deliver it](#).
 - ¹¹ Ibid.
 - ¹² Ibid.
 - ¹³ E-learning here is defined as standalone e-learning completed individually, without live interaction or support.
 - ¹⁴ Surr, C. A., et al (2017), [Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature](#). Review of Educational Research.
 - ¹⁵ Ibid.
 - ¹⁶ Ibid.
 - ¹⁷ Alzheimer's Society (2024), [Because we're human too: why dementia training for care workers matters, and how to deliver it](#).
 - ¹⁸ Training targeted to the condition of dementia specifically, to promote knowledge and understanding of dementia and how to support people living with dementia, including family members and relatives. Dementia specific training is training that is primarily dementia focused and is not training that is more generalised with dementia content as one component (e.g. induction, Mental Capacity Act, general communication skills, etc).
 - ¹⁹ Surr, C. A., et al (2017), [Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature](#). Review of Educational Research.
 - ²⁰ Dementia specific training is defined as in-depth training which focuses only on dementia and isn't more general training which includes a part on dementia.
 - ²¹ Surr, C. A., et al (2017), [Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature](#). Review of Educational Research.
 - ²² Annear MJ, Toye C, Elliott KJ, McInerney F, Eccleston C, Robinson A. [Dementia knowledge assessment scale \(DKAS\): confirmatory factor analysis and comparative subscale scores among an international cohort \(1471-2318\)](#).
 - ²³ Annear MJ, Toye C, Elliott KJ, McInerney F, Eccleston C, Robinson A. [Dementia knowledge assessment scale \(DKAS\): confirmatory factor analysis and comparative subscale scores among an international cohort. \(1471-2318 \(Electronic\)\)](#)
 - ²⁴ Surr, C. A., et al. (2017), [Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature](#). Review of Educational Research. This systematic review found that a common feature of the most efficacious training was that it lasted at least 8 hours, with training lasting more than 8 hours being more likely to lead to positive outcomes for staff (job satisfaction and accomplishment, reduced stress or reduced exhaustion, burnout or health complaints).
 - ²⁵ Alzheimer's Society (2024), [Because we're human too: why dementia training matters and how to deliver it](#).
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At Alzheimer's Society, we bring people together to end the devastation of dementia. We give vital support to those who need it, fund groundbreaking research and campaign to make dementia the priority it should be. It will take a society to beat dementia.



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