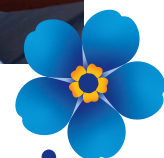


The Training Gap: A Hidden Injustice in Dementia Care and How to Fix it (Northern Ireland)



**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. It is this vision which is behind 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 move 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 Learning and Development 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.

There is potential in Northern Ireland for transformative change in dementia training with clear momentum building: the Regional Dementia Project Board's Education and Training Workstream is progressing plans for mandatory dementia training; the Social Care Workforce Implementation Board is providing the strategic governance needed to deliver the [2024 workforce strategy](#) – including ensuring staff can access training and qualifications tailored to individual circumstances, such as supporting people living with dementia; and the All Party Group on Skills¹ has urged the Executive to consider a statutory dementia training requirement within the Programme for Government where appropriate.

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

Our report provides new evidence that reinforces the importance of these opportunities and makes clear why high-quality dementia training is fundamental to delivering consistently better care. Implementing our recommendations will help equip Northern Ireland with a workforce capable of meeting the needs of people living with dementia now and into the future.



2. Context

Dementia and social care

Dementia is one of the biggest social care challenges of our time – and its impact on Northern Ireland is profound. Today, 12,176 residential and nursing home care packages are delivered, around 80% of which are for elderly care (including all dementia except cases involving Down’s syndrome and dementia), alongside a further 23,449 people receiving care in their own homes.² But the trajectory ahead is even more striking. By 2040, the number of people living with dementia in Northern Ireland will rise to 37,400³ – one of the largest increases (51%) across the UK. Across the UK this means an additional 106,000 people will be living in a residential or nursing home by 2040⁴, while the demand for domiciliary care is also expected to rise by 43%.⁵

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 to deliver best-practice dementia care. 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.⁶

Current state of dementia social care in Northern Ireland

Northern Ireland’s dementia care workforce is not consistently equipped to deliver the care that people living with dementia and their families deserve. While guidance exists to encourage providers to ensure staff have appropriate knowledge and skills⁷, it remains voluntary, meaning there is no requirement to follow it, no mechanism to ensure consistent uptake, and no guarantee that staff receive training at the level needed to support people living with dementia.

In response to broader workforce challenges, the Department of Health tasked the Northern Ireland Social Care Council (NISCC) in 2022 with developing a continuous professional learning framework, a career pathway, and a qualification based register. This led to the new [practice framework](#) and the [Safe and Effective Care Practice Certificate](#) – mandatory for all new social care workers from September 2024. Although the qualification covers essential training, dementia is not included.



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37,400

In this context, it is perhaps unsurprising that, 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.⁸

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.⁹ Additionally, it boosts staff knowledge, confidence and job satisfaction, and crucially, can reduce staff turnover.¹⁰ Benefits also go beyond social care, and include potential reductions to healthcare utilisation, because of fewer GP appointments and emergency hospital admissions.¹¹



Around half of all training packages offer just one to two hours of training.



Much of the training comprises short, standalone sessions, in addition to large volumes of e learning delivery.

3. Key findings

Summary

While most training available is dementia specific, the level and depth of training frequently fall short of what care staff need. Much of the training comprises short, standalone sessions, in addition to large volumes of e learning delivery. The current dementia training offer is dominated by:

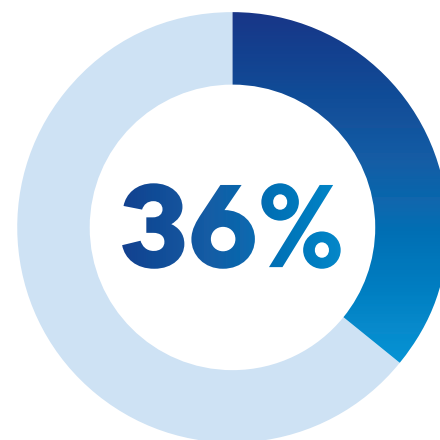
- **Awareness level training** – the most basic, introductory topic and level of training.
- **Standalone sessions** – which offer insufficient opportunity for reflection or skill-building that makes for impactful implementation of dementia training.¹²
- **Short duration** – around half of training lasts only 1-2 hours, well below the evidence based eight hours for impactful dementia training.¹³
- **Very limited coaching, mentoring or supervision** – which are key elements of good practice.¹⁴

There are also high levels of e-learning¹⁵ – 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.¹⁶

What dementia training are staff currently undertaking?

- 93% of packages our audit looked at were dementia specific training¹⁷ and 7% were more general training.
- Only 36% of care workers said dementia training had been included as part of their induction, **meaning over half are likely to start caring for people with dementia with no training at all.**
- Only 24% of training packages were delivered at the ‘foundation’ level, which is the recommended level for direct care staff in the [Dementia Learning and Development framework](#). Over half of the packages (52%) are at introductory level which is not sufficient for direct care staff.
- Around half (45%) of the 29 packages were completed using e-learning¹⁸ – and of this 45%, 28% used e-learning as the only method of delivery.
- 52% of packages were in person, face-to-face, small group training¹⁹ – aligning with a recommended delivery approach.
- 72% were standalone sessions, and 28% included more than one session.
- In contrast to the evidence-based minimum of eight hours²⁰ of dementia-specific training²¹, only 28% clearly met the best practice threshold, with **around half of all training packages offering just one to two hours.**
- A larger proportion of the e-learning only training was of shorter length, with 88% of training delivered by e-learning lasting only 1-2 hours.
- 45% of training was reported as being underpinned by evidence, but most providers struggled to articulate what this evidence was – only two packages (7%) cited the [Dementia Learning and Development Framework](#) as evidence.
- Only 10% offered mentoring or coaching and 3% peer support.
- Although 72% of packages reported having an assessed component, 95% relied on simple quiz style knowledge checks, with only 14% using observed practice and 18% using case study discussions.

Only



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

Impact on staff knowledge and understanding of dementia

- Although the majority of survey respondents had completed some kind of dementia training, levels of basic dementia knowledge are still moderate to low for up to 42% of social care staff (measured on the Dementia Knowledge Assessment Scale).²²
- Only 37% 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 – 74% want more dementia specific training, which demonstrates a clear appetite to build on existing awareness training.



4. Conclusion

It is clear that the current dementia training offer is falling short – and this shortfall is driving a hidden injustice at the heart of dementia care. Without urgent action 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.

There is a timely opportunity to drive real change by embedding best practice dementia training across the health and social care system. By leveraging the momentum already underway, Northern Ireland can raise the standard of dementia training, helping to create a system that consistently delivers better outcomes, eases pressure on the NHS and social care, and supports a skilled, stable and compassionate workforce for the long-term.

There is a timely opportunity to drive real change by embedding best practice dementia training across the health and social care system.

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 by the Department of Health through amendments to the [minimum standards](#)²³ for nursing care, residential care homes and domiciliary care.

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 Northern Ireland, 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).²⁴

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

- **Content:** Meeting Tiers 2–3 (as appropriate) of the **Dementia Learning and Development Framework**.
 - **Duration:** At least eight hours²⁴
 - **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 include an interactive element with a facilitator (rather than being self-directed e-learning only).²⁶
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References

- ¹ All-Party Group on Skills (2025), [Skills for Social Care Investigation Report: A People-First Approach to Skills for Social Care](#).
 - ² Information Analysis Directorate. Statistics on Community Care for Adults in Northern Ireland (2023 – 2024), [Northern Ireland: Department of Health and Northern Ireland Statistics & Research Agency; 2025](#). Nb: this figure is not broken down, so we cannot identify how many of these packages are specifically for elderly care.
 - ³ Alzheimer’s Society and Carnall Farrar (2024), [The economic impact of dementia: module 1 – annual costs of dementia](#).
 - ⁴ Ibid.
 - ⁵ Ibid.
 - ⁶ All Party Parliamentary Group on Dementia (2022), [Workforce Matters: Putting People Affected by Dementia at the Heart of Care](#).
 - ⁷ The Regional Dementia Care Pathway, a model for supporting a best practice approach to dementia care across all services, is underpinned by workforce training and education. Dementia training for all staff is also recommended in the [NICE Guideline on dementia](#), which is also endorsed as applicable in Northern Ireland by the Northern Ireland Department of Health.
 - ⁸ Alzheimer’s Society and Walnut Unlimited (2025), [The Lived Experiences of Dementia](#).
 - ⁹ Alzheimer’s Society (2024), [Because we’re human too: why dementia training for care workers matters, and how to deliver it](#).
 - ¹⁰ Ibid.
 - ¹¹ Ibid.
 - ¹² 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*.
 - ¹³ Ibid.
 - ¹⁴ Alzheimer’s Society (2024), [Because we’re human too: why dementia training for care workers matters, and how to deliver it](#).
 - ¹⁵ E-learning here is defined as standalone e-learning completed individually, without live interaction or support.
 - ¹⁶ 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*.
 - ¹⁷ 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).
 - ¹⁸ Delivery that is computer-based without the input of “live” interaction with facilitators or other learners.
 - ¹⁹ Small groups were defined as fewer than 20 people.
 - ²⁰ 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*.
 - ²¹ 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.
 - 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 Care Standards for Nursing Homes (December 2022), Residential Care Homes Minimum Standards (December 2022), Domiciliary Care Agencies Minimum Standards (August 2021).
 - ²⁴ 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 \(Electronic\)](#)
 - ²⁵ 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).
 - ²⁶ 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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