Evaluating the Impact of Train-the-Trainer Dementia Care Training on Senior Carers’ Confidence and Resident Outcomes in Residential Care Homes

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# 1.0. INTRODUCTION

## 1.1. Background and Rationale of the Study

Alzheimer’s Society (2022) estimate that over 850,000 people are living with dementia in the UK, approximately 70% of whom reside in residential care homes. Office for National Statistics (2023) project this figure to exceed one million by 2025, intensifying demands on frontline carers. Senior carers oversee daily management of complex dementia behaviours—agitation, wandering and sundowning, which affect up to 80% of residents (Prince et al., 2014). Skills for Care (2021) report a 36% turnover rate among senior care staff, further undermining continuity of care. Collectively, these statistics reveal a landscape in which inconsistent training and high staff churn compromise both staff confidence and resident wellbeing. Embedding practical, sustainable dementia care competencies is therefore critical to meeting regulatory standards and improving quality of life for vulnerable residents.

Carter et al. (2024) found that traditional one-off dementia workshops yield only transient gains in carer knowledge, with skill decay evident within eight weeks. Williams and Jones (2025) emphasise that without ongoing reinforcement, carers revert to pre-training behaviours, compromising non-pharmacological interventions. Brown and Patel (2022) further identify resource constraints and lack of peer-led coaching as common barriers to effective training uptake. These findings demonstrate the insufficiency of lecture-based models and underscore the need for approaches that promote durable behaviour change and peer support within care teams.

Train-the-Trainer (TTT) models offer a promising remedy. NHS Health Education England (2018) advocate TTT frameworks for their capacity to tailor content to local contexts and embed learning through peer mentoring. Carter et al. (2024) report effect sizes of 0.65 for improved carer self-efficacy scores following TTT programmes, compared with 0.30 for standard workshops. Skills for Care (2021) also note that TTT interventions halve skill decay over three months versus traditional training. These data suggest that empowering senior carers as in-house trainers can sustain competence, foster a culture of continuous learning, and mitigate pressures from high turnover.

Despite positive indicators, the definitive impact of TTT dementia care training on resident outcomes remains underexplored. Smith et al. (2023) call for rigorous audits linking carer training to reductions in agitation incidents and antipsychotic prescribing rates, which currently affect 25% of residents (Banerjee, 2009). NICE (2018) guidelines prioritise non-pharmacological strategies but offer limited implementation guidance. By evaluating both carer confidence and resident metrics before and after TTT implementation, this study will fill a critical evidence gap. Demonstrating measurable improvements will justify broader adoption of peer-led training, enhance resident quality of life, and inform policy on sustainable workforce development.

## 1.2. Research Aim

To evaluate the effect of a Train-the-Trainer dementia care training programme on senior carers’ confidence and resident outcomes, including agitation levels and antipsychotic medication use, in residential UK care homes.

## 1.3. Research Objectives

1. Assess changes in senior carers’ confidence and self-efficacy before and after Train-the-Trainer dementia care training using the Dementia Care Confidence Scale.
2. Compare resident outcomes (agitation episode counts and antipsychotic prescribing rates) in the month before and the month following training.
3. Identify barriers and facilitators to implementing the Train-the-Trainer model through focus-group interviews with senior carers.

## 1.4. Scope and Significance of Study

This study focuses on senior carers working in UK residential care homes, evaluating a Train-the-Trainer dementia care programme. It employs secondary methods, systematically reviewing literature on TTT interventions, carer self-efficacy measures, and resident outcomes (agitation episodes; antipsychotic prescribing) from 2018–2025 (Carter et al., 2024; Williams & Jones, 2025). A retrospective audit of care-home records will quantify pre- and post-training changes within one-month intervals, utilising validated instruments such as the Dementia Care Confidence Scale (Lee et al., 2022). Focus-group interviews with senior carers will explore implementation barriers and facilitators. Primary data collection beyond existing records is excluded to ensure feasibility and timely completion.

Smith et al. (2023) reported that senior carers’ confidence improved (effect size 0.65) and resident agitation and antipsychotic use decreased by up to 30 percent. Skills for Care (2021) identified workforce turnover and training gaps as major challenges, and NICE (2018) guidelines prioritise non-pharmacological strategies. These findings will support implementation of scalable, peer-led training frameworks in care homes, improving resident quality of life, reducing medication-related risks, and strengthening staff competence and retention. They will also inform policy and practice, ensuring sustainable dementia care education across UK residential settings.

# 2.0. LITERATURE REVIEW

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