The dementia social care workforce in England: secondary analysis of a national workforce data set

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Background
Little detail is known about the social care workforce supporting people with dementia in England. Their work is regarded as important but we don’t know if they are similar to the rest of the social care workforce. This means that we talk about care home staff in general and then draw out implications for dementia care. Policy makers may need to be better attuned to the dementia workforce. Care home employers may benefit from deeper understanding of this staff group’s profile.

What did we do?
We investigated a huge workforce dataset, the National Minimum Data Set for Social Care (NMDS-SC) set up by Skills for Care
It provided detailed information on 457,031 individuals working in the English care sector
We investigated the profile of workers providing social care services to people with dementia
We employed regression models to examine how and in which ways the profile of the ‘dementia workforce’ differs from the rest of adult social care workforce

What did we find?
Nearly half the workforce (42%) works in organisations that provide services to people with dementia
The dementia workforce includes significantly more women and workers from black and minority ethnic (BME) groups
Dementia care workers’ qualifications are concentrated around NVQ level 2 with fewer having relevant qualifications or working towards any qualifications
More of the dementia workforce are agency workers and more likely to work part time
Dementia workers are significantly more likely to be employed in the private sector
More of the dementia care workforce are migrants than others.


Policy and practice implications
• To address gaps in training we need to respond to the composition of this workforce – many work part-time, have no formal qualifications and may not relate to specific employers (agency or casual working)
• If we agree that induction, continuous training, supervision and mentoring are necessary - then how can these meet staff circumstances?
• Who has good experiences of and outcomes from staff development for migrant workers?
• We know that BME people encounter racism - are we supporting BME staff in their work?

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