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Social Care Wales

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WRES Social Care Report 2025

Safon Cydraddoldeb Hil y Gweithlu (SCHG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)
An inclusive workforce provides the best care

Contents

Foreword

The second annual Workforce Race Equality Standard (WRES) report for social care marks another important step in strengthening our understanding of race inequality across the sector. As we continue to work towards the ambitions of the Anti racist Wales Action Plan (ArWAP), this report provides clearer insight into where progress is beginning to take shape, and where further intentional action is needed.

Social care remains one of Wales's largest and most essential workforces. Yet too many Black, Asian and Minority Ethnic workers continue to report experiences of discrimination, poor treatment and barriers that limit their ability to thrive. These experiences harm not only those directly affected, but the quality and consistency of care across our services. Becoming an anti racist sector requires us to confront these realities with honesty, and a willingness to change the systems and processes that are not yet serving everyone fairly.

This year's data shows a sector becoming more diverse but not yet more equitable in terms of management representation. The challenge ahead is to convert increased representation into fair progression, inclusive organisational cultures, and consistent protective systems that support the wellbeing and career development of all staff.

ADSS Cymru has been working with local authorities to review and improve complaints and disciplinary procedures, informed by lived experience evidence and WRES findings, with a focus on addressing microaggressions, discrimination and policy gaps, and embedding a clearer zero tolerance approach alongside strengthened reporting mechanisms. At the same time, work under the Anti racist Wales Action Plan has progressed the creation of a dedicated online hub to support leaders and employers with accessible anti racism resources, training materials and best practice guidance, helping to drive consistent implementation and sector wide alignment.

This year, we have established the role of the National Advisory Service (NAS) to assist overseas workers who have been displaced or are seeking alternative employment. NAS facilitates connections between these workers and Welsh care providers with current vacancies and sponsorship licenses. Additionally, NAS directs individuals to pertinent support services, including assistance with CV preparation, interview training, and wellbeing resources.

As the data develops in depth and quality, it will enable us to better understand lived experience across different parts of the sector and support more effective, locally driven change. Our collective commitment across employers, leaders, partners and the workforce remains essential.

Thank you to everyone who has contributed to this report, and to all those across social care who continue to challenge racism and champion equity.

Albert Heaney
Chief Social Care Officer for Wales

Key Findings

Workforce size and roles:
66,454 registered staff:
94.4% workers/social workers,
4.4% managers,
1.2% other.

Ethnicity (all staff):
72.8% White, 22.8% Black, Asian and Mixed/Other, 4.4% undeclared.
Both minority share (+1.6pp vs 2025) and declaration rates have improved.

Managerial diversity:
Only 7.2% of managers are Black, Asian or Minority ethnic, unchanged since 2025. While almost 1 in 4 staff have an ethnic minority background, only 1 in 14 are managers.

Geography:
The Black Asian and Minority Ethnic workforce share exceeds local population **in every Local Authority**. However, **managerial under-representation is present in all regions**.

Granular inequity:
Compared with social worker levels, every ethnic minority group is under-represented among managers: Black (69% under-represented), Asian (72% under-represented), Mixed/Other (52% under-represented).

Intersectionality (gender × ethnicity):
ethnic minority women form 5.0% of managers vs 14.3% of workforce (under-representation 65%). Ethnic minority men are 2.6% of managers vs 9.4% of workforce (under-representation 73%).

Fitness to practice (FTP):
Referral proportions are broadly aligned with workforce composition; investigation closure times are similar across ethnicities; cases not meeting threshold were resolved faster for ethnic minority staff (5 versus 24 days).

Survey:

Training: There is a low, but improving, response rate. Ethnic minority staff are **twice as likely to seek progression** (44% vs 22.5%) and are **far more likely to say they need more training to progress** (86.3% vs 35.6%).

Bullying/Harrasment: Experiences of **bullying/discrimination/harassment from the public and people who use care/support** are higher for ethnic minorities (16.5% vs 10.7%); **Black staff report the highest discrimination** across all sources (managers, colleagues, public).

Introduction

This second Workforce Race Equality Standard (WRES) report for the social care workforce in Wales builds on the baseline established in the inaugural publication and marks an important step forward in Wales' commitment to transparency, accountability and systemic change. While the first report set out the scale and nature of racial inequality within the workforce, this year's report enables trend analysis, deeper insight, and a clearer identification of where sustained action is required.

With improved declaration rates, stronger data completeness, and two years of comparable data, this report offers a more robust and reliable picture of workforce patterns across Wales. The strengthening of data quality is itself a sign of organisational engagement and maturity in equality monitoring, allowing findings to move beyond description toward clearer diagnosis.

This report examines key indicators including leadership and workforce representation, Fitness to Practise (FTP) referrals and outcomes, access to training and Continued Professional Development (CPD) and exposure to bullying discrimination or harassment, from people who use care and support or the public. The ability to compare two consecutive years of data provides insight not only into where inequality persists, but where improvement has occurred – and therefore where learning can be drawn to inform future action.

Importantly, the purpose of this report is not simply to present data. The WRES is intended as a mechanism for continuous improvement. Where disparities remain, they require explanation and intervention. Where progress has been achieved, it should be understood, embedded, and replicated. The emphasis of this second report therefore shifts more decisively toward identifying structural drivers of inequality and outlining the practical actions needed to achieve measurable change.

As Wales continues to develop a diverse and skilled social care workforce, ensuring equitable opportunity, progression and experience is both a moral and strategic imperative. This report aims to support leaders, local authorities, regional partnership boards (RPB) and providers in translating evidence into sustained, system-level reform – so that equity is not aspirational but embedded and monitored year on year.

Methodology

Data collection and analysis

The WRES comprises a number of indicators (Annex A) covering the domains of leadership and representation, training, application of disciplinary process, and bullying, harassment and discrimination.

The data that makes up this report comes from two Social Care Wales sources: The Register of Social Care Workers and the annual workforce survey (Have Your Say survey). The data presented is the most recent complete dataset available:

- January 2026 for the indicators derived from the registration database.
- March 2025 for the survey-derived indicators.
- The dataset was analysed in February 2026.

Registration and survey data were presented for analysis in completely anonymised form.

We describe the demographics of the registered social care workforce as a whole, and in addition we report the variation across the country according to the different local authority. In addition, we compared this with the information from census of Wales, in order to identify the relationship between social care workforce and the population of the country.

In order to ensure the data is representative of the workforce, and thus permit effective transformative action to be taken, we have presented the data in as granular a way as possible. We have disaggregated the data by gender and by ethnicity. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”, or represented as percentages of the overall group.

Terminology

For the purpose of brevity and visualisation, Black, Asian and Minority Ethnic is written as ethnic minority in long-form in the text throughout this report and abbreviated to ‘BME’ in figures and tables. Where possible we have followed guidance to disaggregate into more specific categories, but to avoid the information governance risks associated with small numbers we have kept to categorisations of ‘Black’, ‘Asian’, and ‘Mixed/Other’. This is largely driven by the data collection process. The definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the social care data model and dictionary. Where the report says "social care workers" that means all registered social workers (including social workers).

Data Caveats

The reliability of the survey-derived indicators depends on the size of sample surveyed and the response rates. The number of responses this year is greater than in the last report, but there is still a way to go in order to improve confidence.

Throughout data collections, the ‘unknown/null’ ethnicity category represents a data gap. Although the rates of ethnicity self-reporting are very high, this gap may be amplified in categories where smaller numbers are collected.

Findings

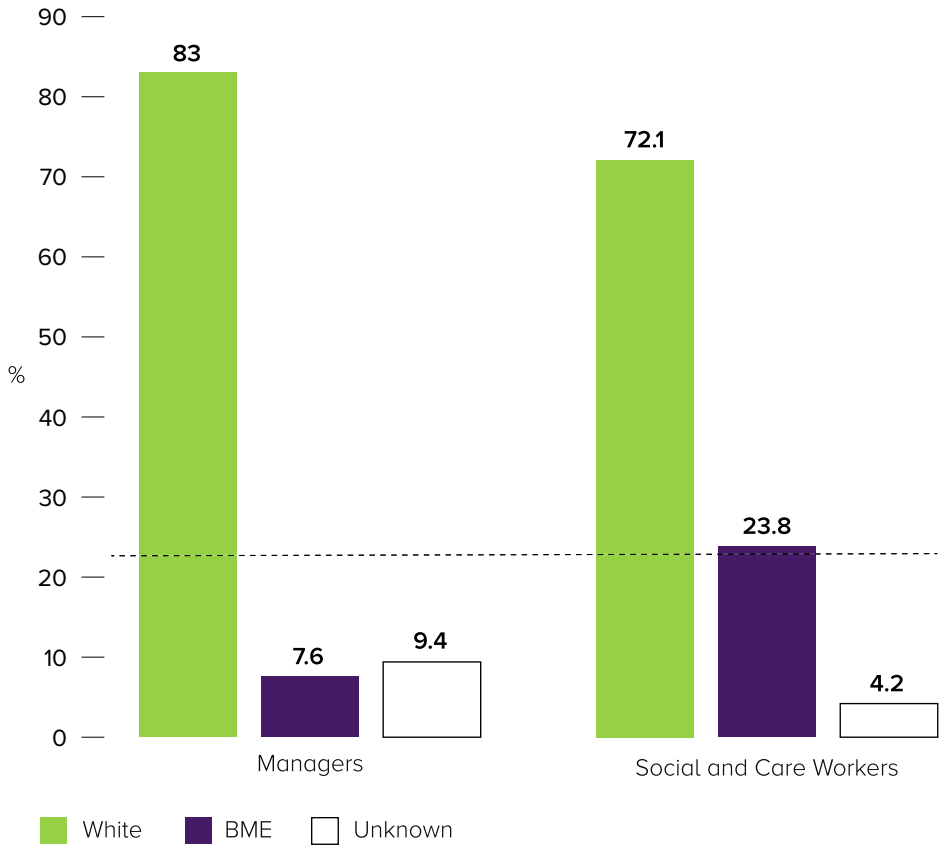
Registration records indicated that 66,454 people were part of the registered social care workforce

Of these 62,734 (94.4%) were social care workers or social workers (adult care home workers, children's residential care home workers, domiciliary care workers or qualified social workers), 2,891 (4.4%) were social care managers (adult care home managers, residential childcare managers or domiciliary care managers), and 829 (1.2%) were in 'other' roles.

Ethnicity

The registered workforce comprises 48,378 (72.8%) White staff, 15,183 (22.8%) Black, Asian and Mixed or Other Ethnic staff, an increase from 21.2% in 2025. In addition, 2893 (4.4%) staff did not, or chose not to declare their ethnicity (Figure 2), improved from 5.6% in 2025.

Figure 1: Social Care workforce stratified by ethnicity and comparing social care workers with managers (and other staff); dotted line indicates 22.8% representation of Black, Asian and Mixed/Other staff.



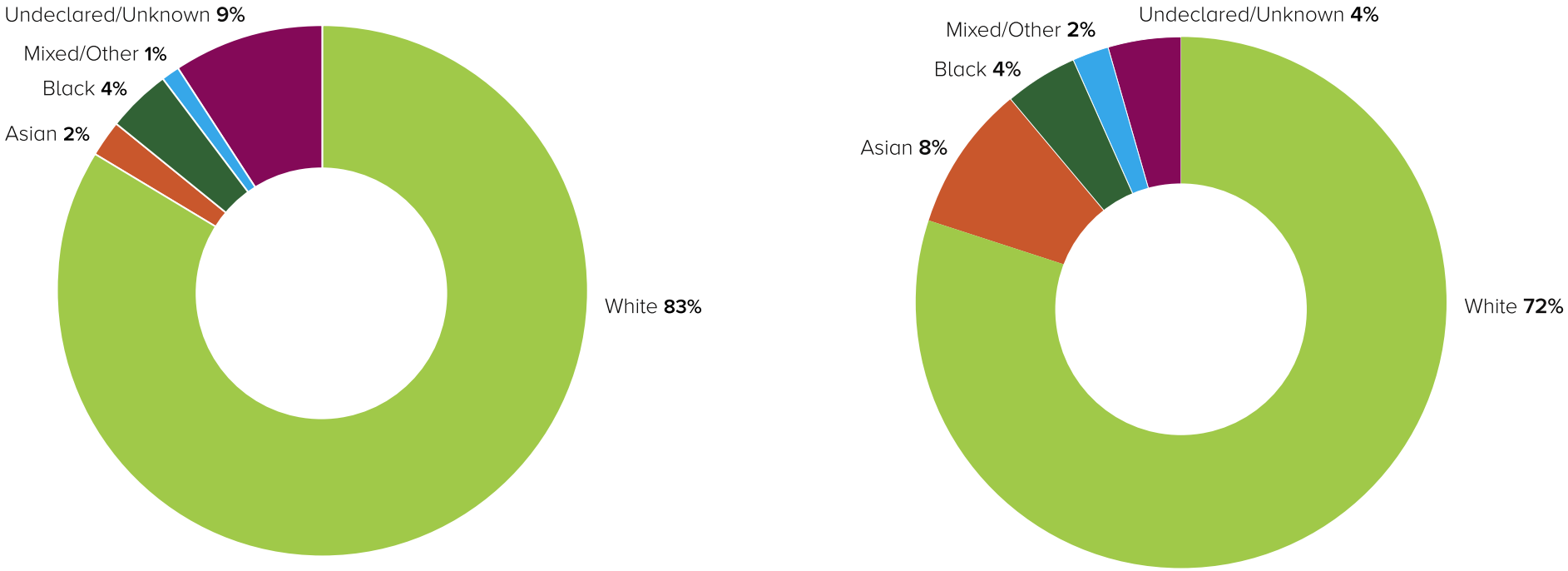
There is a significant inequity of ethnic minority staff in managerial positions with only 7.2% of managers being of Black, Asian and Mixed/Other ethnicity. This percentage is unchanged from the 2025 report. This reflects a representation ratio of 0.32 (7.2 ÷ 22.8), indicating 68% under-representation of ethnic minority staff in management at an all-Wales level in other words we need 3 times as many ethnic minority managers as we currently have to achieve equality.

Analysing the data in a granular way (Figure 2) it is clear there is an under-representation at managerial level compared to social worker level for all ethnic minorities:

- for Black staff 4.1% vs 13.2% (under-representation 69%),
- for Asian staff 2.3% vs 8.1% (under-representation 72%) and for
- Mixed/Other staff 1.2% vs 2.5% (under-representation 52%).

By contrast, for White staff there is parity 77.7% vs 72.1%.
Looking at intersectionality (gender × ethnicity): ethnic minority women represent 5.0% of managers vs 14.3% of workforce (under-representation 65%). Minoritised men are 2.6% of managers vs 9.4% of workforce (under-representation 73%).

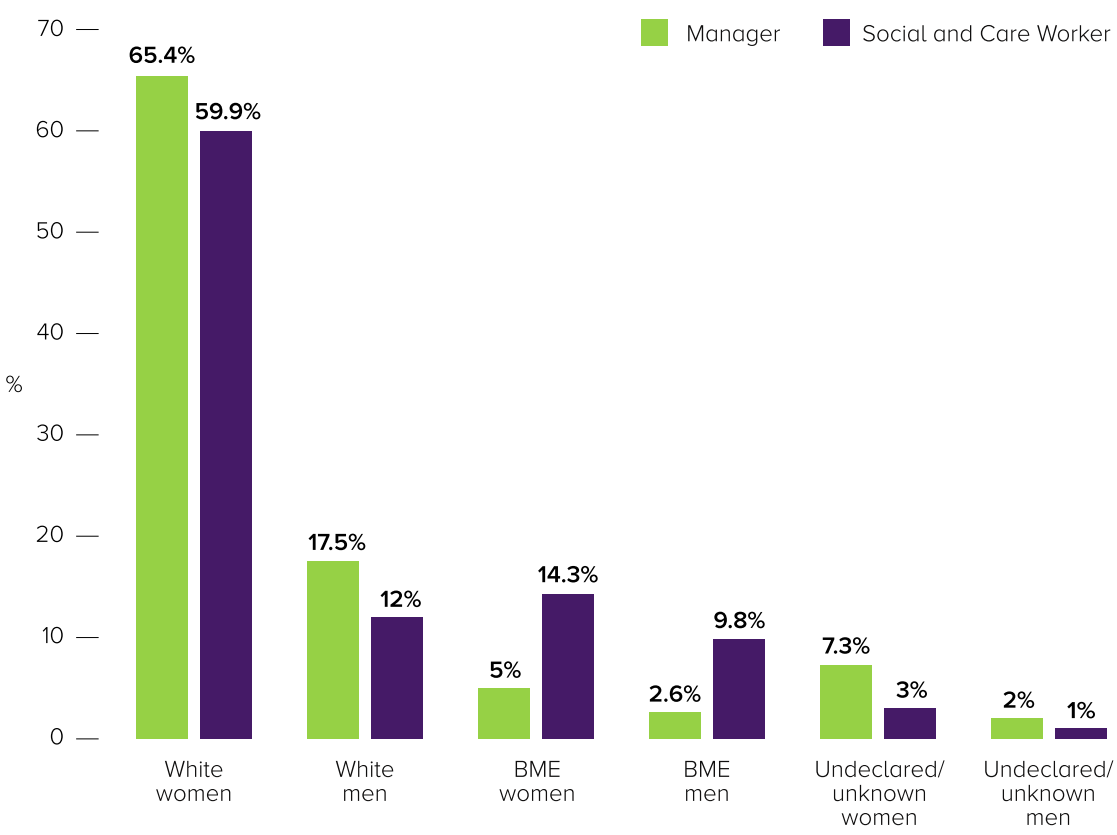
Figure 2: Social care workforce stratified by ethnicity, and comparing managers (left) with social and care workforce. It shows under representation of ethnic minorities at managerial level.



Gender

Women account for 77.4% of the social care workforce, with 22.3% men, 0.06% non-binary or gender fluid and 0.3% undeclared. It is notable that the non-declaration rate has significantly reduced from 2.4% in 2025 to 0.3% now.

Figure 3: Comparison by ethnicity and gender of composition of managerial versus social and care workforce. While White and Undeclared/unknown ethnicity staff have a percentage over-representation at managerial level, the reverse is seen in ethnic minority staff who are under-represented at managerial level.



Among managerial staff, there were 77.7% women and 22.1% men, a ratio of 3.5:1. Among White managers the women to men ratio is 3.7:1, but among Black, Asian and Mixed/Other ethnicity the ratio is 2:1. This identifies the intersectional disadvantage faced by ethnic minority women, who are less likely to be in managerial positions. The percentage of managers who are Black, Asian and Mixed/Other women is 5.0% and men 2.6% – these are slightly improved from 2025 (4.8% and 2.3%, respectively).

Of the social care workforce, 59.9% are White women and 12.0% are White men. Black, Asian or Mixed/Other ethnicity women are 14.3% and men are 9.4% of the workforce (increased from 12.8% and 8.3%, respectively in 2025). Additionally, 3.0% of the workforce are women with no declared ethnicity and 1.0% men (an improvement in declaration compared to 2025).

Geographical variation

When considering the social care workforce across the country, there are significant geographic variations as shown in Table 1. The proportion of ethnic minority individuals in the social care workforce exceeds the local population in all areas. The under-representation of managers is also seen in all areas.

Table 1: Percentage representation of Ethnic Minority individuals within regional social care footprints aligned in line with regional partnership board areas. Up arrows indicate >10% increase in Black and Minority Ethnic managers since 2025, and down arrows >10% decrease since 2025.

Regional Social Care Footprint	% BME population	% BME social care workers	% BME social care managers
Cardiff & Vale	16.6%	44.7%	15.2% ⇧
Cwm Taf Morgannwg	3.2%	11.8%	5.8% ⇧
Gwent	5.9%	21.7%	6.8% ⇩
North Wales	3.2%	16.8%	5.8%
Powys Teaching	2.3%	17.8%	1.1% ⇩
West Glamorgan	6.6%	25.1%	6.6% ⇩
West Wales	2.9%	13.4%	4.6%

Table 1 shows the data for ethnic minority managers at the level of the social care footprint in each region. Under-representation of ethnic minority staff at managerial level is seen across all regions, but the inequality has improved in some areas and worsened in others since 2025.

In summary, in the regions, mean Black, Asian and Mixed/Other manager representation ratio is 0.31 (median 0.28), implying that the proportion of minoritised managers is 28-31% of the minoritised workforce share. The best regional parity among these is Cwm Taf Morgannwg (51% under-represented) and the lowest is Powys (94% under-represented).

Fitness to Practice

FTP is categorised in two levels this year: firstly, reports where the threshold for referral were not met, and secondly, events where there was an investigation.

There were a total of 34 referrals received where the threshold for further investigation was not met, 26 (76.5%) affecting White staff, 5 (14.7%) Black, Asian and Ethnic Minority staff, and 3 (8.8%) without ethnicity data. This is broadly reflective of the ethnic composition of the workforce. These referrals were rapidly dealt with (average 23 days), with the time for minoritised staff being less than for White staff (5 days vs 24 days).

There were 246 cases opened for investigation. Of these 181 (73.6%) involved White staff, 53 (21.5%) Ethnic Minority staff, and 12 (4.9%) without ethnicity data. This is again reflective of the ethnic composition of the workforce. In total 91 of these cases were open at the time of reporting, and 155 were closed. The average decision time to close these cases was 205 days, similar for White and ethnic minority staff (198 and 210 days, respectively).

Comparing FTP referrals with the ethnic composition of the overall workforce ethnic minority staff were no more likely to be referred into the process than White colleagues (likelihood ratio of 1.1). This is an improvement from 2025 when the likelihood ratio was 1.3.

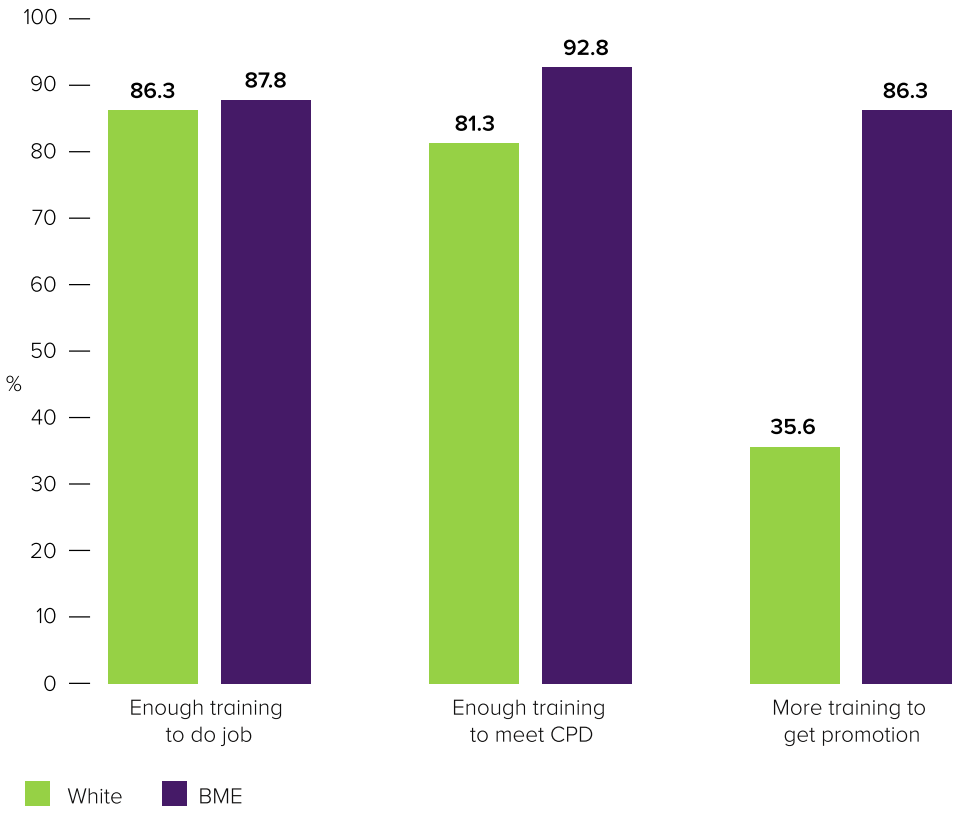
Staff Survey data

The rest of the data in this report is derived from the 'Have Your Say' annual workforce survey of social care workers. There were responses from 5664 staff around Wales, a 39% increase in response rate over the previous year. However, this still only represents an overall response rate of 8.5% of the registered workforce (increased from 7.2% last year). The ethnicity composition of the respondents was 71.6% White staff, 20.3% Black, Asian and mixed/other ethnicity staff and 8.1% staff of undeclared or unknown ethnicity. Survey respondents were 76.8% women and 21.2% men, with 2.0% undeclared or unknown gender. This identifies that the survey completers are reflective of the workforce in terms of ethnicity (72.8% White and 22.8% minoritised) and gender (77.4% women and 22.3% men).

Of the respondents, 58.3% were employed by private companies, 27.1% by local authority, 5.3% by agency and 3.8% by voluntary organisation.

Training

Figure 4: Percentage of White and ethnic minority staff survey respondents who feel they have enough training to do their job, to fulfil their CPD requirements and who feel they need more training to gain promotion.



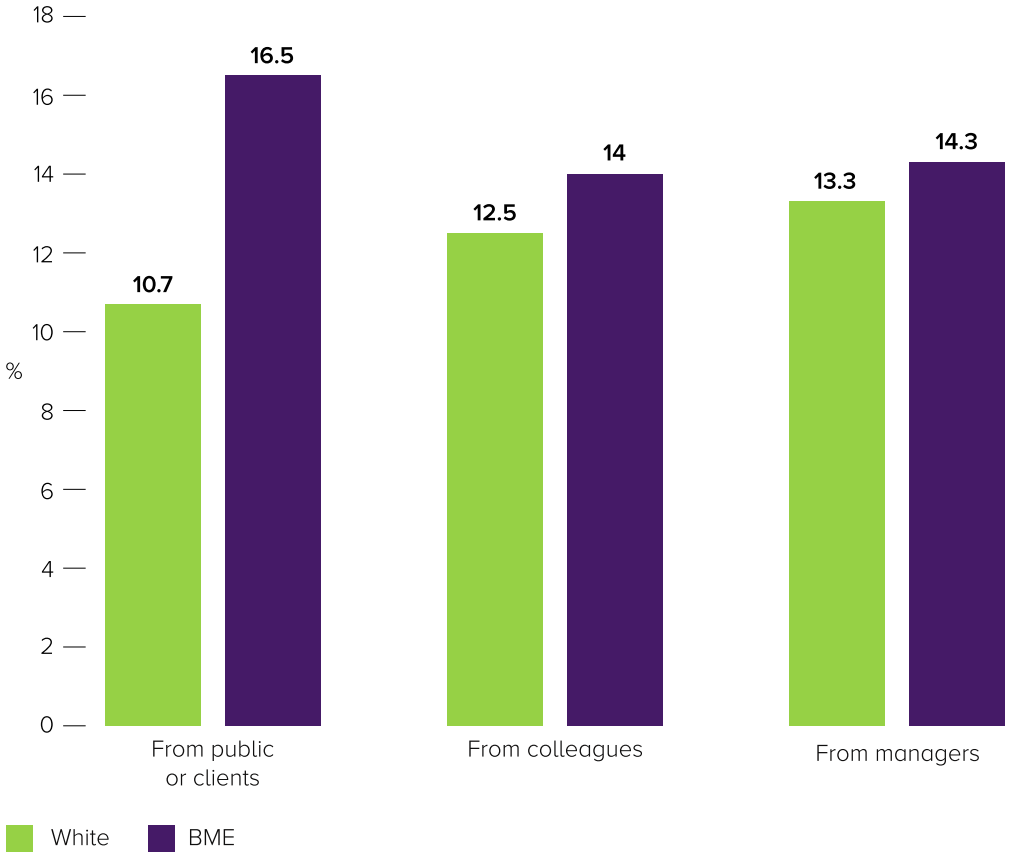
Overall, 86.5% of respondents felt they received adequate training to do their jobs similar for White and Black, Asian and mixed/other ethnicity staff (86.3% and 87.8% respectively). A higher proportion of ethnic minority staff (92.8%) compared to White staff (81.3%) agreed that they had enough training to fulfil their continuous professional development requirements (Figure 4). However ethnicity minority staff were less likely to report that they had sufficient training to be promoted: 86.3% of ethnic minority staff agreed they needed more training compared to only 35.6% of White colleagues. An explanation for this would be that ethnic minority staff were able to access sufficient training to complete their job but not to be able to seek promotion – these trends were identical to those seen in the previous year's survey data. Men of all ethnicities were also more likely to report needing more access to training to gain promotion compared to women of all ethnicities (56.7% vs 43.9%).

Employment

From the survey, a substantially higher proportion of ethnic minority staff sought progression: 22.5% White staff reported having sought a progression opportunity compared to 44% of ethnicity minority staff. Similar proportions of survey respondents felt their organisation acted fairly with regard to career progression (69.6% of White and 70.1% of ethnic minority staff).

Bullying, Discrimination and Harassment

Figure 5: Percentage of White and ethnic minority staff survey respondents who report experiencing either, bullying, harassment or discrimination from different groups while doing their job.



From the survey, a greater proportion of ethnic minority staff compared to White staff experienced either bullying, discrimination or harassment from the public or people who use care and support they worked with (16.5% vs 10.7% respectively). Experiencing any of this from colleagues or managers was similar for all ethnicities.

The experience of discrimination specifically was especially reported by Black survey respondents. A greater proportion of Black (11.3%) compared to Asian (7.3%) and White (6.2%) staff reported experiencing discrimination from managers. This is similar to last year's survey findings. Also similar to last year, experiencing discrimination from colleagues is reported more often by Black (9.2%) compared to Asian (5.6%) and White (4.1%) staff. Black staff (12.3%) reported discrimination from people who use care/support and public more often than Asian (5.6%) and White staff (2.3%).

Conclusions and Next Steps

The data in this second WRES report for the social care workforce in Wales makes for uncomfortable reading. But it is insufficient to just hold discomfort – the data needs to point to the actions needed to rectify this inequity. Over one in five social care staff, 22.8%, are from an ethnic minority background, and this has increased by 7.5 percentage points since last year. But the chances of these individuals becoming managers of a service remain significantly reduced. There is an under-representation of ethnic minority managers by 68% across the whole country, with some regional partnership areas being especially more unequal.

In Wales as a whole there is no inequality in FTP referrals or timings, from this years data. This improvement to parity of the referrals and management of the FTP process is a notable improvement from the previous report, and it is important to understand and learn from how this was achieved. Future work will focus on which regions have persisting FTP inequality, and proposing process changes there.

Evidence in this report concludes that racial inequality within the social care sector in Wales is most prevelant in progression into management, and from exposure to discrimination from people who seek care or the public. There is supply and aspiration among minoritised staff; the barriers are structural (progression pathways, developmental access, sponsorship) and client-facing discrimination.

It is a positive sign that the levels of declaration, survey completion and quality of registered staff data has improved. These data quality improvements allow more meaningful conclusions to be drawn, especially coupled with looking at the trends of two years' worth of data. The conclusion of this report will therefore focus on the recommendations for action to begin to drive embedded change which can be monitored in the annual workforce equality report.

Recommendations

1. Explore using the national commissioning framework to set goals for leadership parity. Part of this process should involve upskilling leaders on inclusive recruitment and promotion as well as tying executive objectives to measurable improvements (client and workforce metrics).
2. Promote organisations having transparent promotion pathways with standardised criteria; provision of ethnicity-neutral competency frameworks; auditing for criteria that embed systemic bias; ensuring diverse shortlists and panels, structured scoring, and calibration meetings.
3. Target development with leadership programmes and sponsorship (not just mentoring); ensuring equitable access to stretch and acting up opportunities.
4. Convert high CPD completion into promotion ready portfolios (e.g., leadership competencies, management simulations, 360 feedback).
5. Explore opportunities to broker talent across providers at either RPB or local authority level to minimise the constraints of small providers and teams.
6. Systematise and coordinate work to address people who use care and support/public discrimination. Define and then implement meaningful 'zero tolerance' procedures, ensuring safety protocols are in place, improving reporting pathways.

In summary, this second Workforce Race Equality Standard report for the social care workforce in Wales reveals continued persistent and systemic racial inequality, despite some encouraging improvements. While ethnic minority representation in the workforce has risen to 22.8%, there is inequality in progression to management and exposure to people who use care and support/public discrimination. Minoritised staff remain significantly under-represented in leadership roles by 68%, pointing to structural barriers in promotion pathways, access to development, and sponsorship rather than a lack of aspiration or capability. Encouragingly, parity in FTP referrals and improved data quality signal that targeted action can drive change.

This report calls for clear, measurable leadership parity targets; transparent and bias-audited promotion processes; equitable access to leadership development and sponsorship; better translation of CPD into promotion readiness; cross-organisational talent brokering; and coordinated, zero-tolerance approaches to discrimination from people who use care and support – embedding accountability and sustained monitoring to achieve meaningful, lasting equity across Wales' social care workforce.

Appendix

The Social Care WRES Indicators

Domain		Indicator
Leadership and representation	1	Percentage difference by ethnicity between social care managers and social care workers.
	2	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion (staff survey).
	3	Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black, Asian and minority ethnic staff compared to White colleagues (staff survey).
	4	Relative likelihood of staff being appointed from shortlisting across all posts.
Professional development and training	5	Relative likelihood of Black, Asian or Minority Ethnic staff accessing non-mandatory training and CPD compared to White colleagues.
	6	Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal.
Disciplinary and capability	7	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the Fitness to Practice process, as measured by entry into a formal disciplinary investigation compared to White colleagues.
Discrimination, bullying and harassment	8	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from people who use care and support, relatives or the public in last 12 months compared to white colleagues (staff survey).
	9	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues (staff survey).
	10	Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues (staff survey).