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Social Care Wales

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Welsh Government

WRES Social Care Report 2024

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

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Foreword

The Anti-racist Wales Action Plan (ArWAP) (2022) is vital in helping Wales realise the ambition of becoming an anti-racist nation by 2030. We remain committed in tackling the causes of racism, wherever they may be. We need to consider the way we lead, manage and work with others as we know the systems, polices, processes and the ways of working we have, are not currently delivering the fair and equal Wales we are striving for.

Social Care is the second largest employer of people in the country, only behind the NHS in size. We estimate in 2023, 85,000 people were working in social care. Sadly, despite their commitment and devotion to helping people, many of our workers in social care tell us they are not being treated fairly. Black, Asian and Minority Ethnic staff are having to face discrimination, poor treatment and abuse from the people around them. Staff tell us this may be from their coworkers, their managers and even the people they are caring for.

Racism is not only felt by the person being the target, but it affects all of us. It results in poorer quality care, a workforce who is undervalued and employers who fail to meet the basic needs of their staff. The Workforce Race Equality Standard (WRES) will help us understand the scale of the changes we must make and provide evidence to make and measure targeted change.

This is the first WRES report for social care. The data within the report relates to social care roles which are registered with Social Care Wales. The data requires further maturing to provide the local level information needed to better effectively target change. Despite this, it is an important step which we need to take to drive improvements.

I would like to thank everyone who has been involved in bringing this report together; in particular the social care workforce, and importantly all the people who are working to fight racism and make sure that social care is anti-racist.

Albert Heaney
Chief Social Care Officer for Wales

Key Findings

We have utilised data on the **56,475** registered social care staff in Wales. These staff are employed across local authorities, the NHS and independent social care providers.

Black, Asian and mixed/other Minority Ethnic staff make up more than **1 in 5** of those staff, which is proportionately greater than represented in the local population.

Despite a high proportion seeking progression, minoritised social care staff are significantly under-represented in managerial positions: 1 in 5 Minority Ethnic social care workers falls to **1 in 15** at managerial level.

Minoritised staff were more than **twice as likely** as their White counterparts to report a lack of the additional training needed to progress their careers.

Men are **1.3 times** more likely to be referred through Fitness to Practice processes irrespective of ethnicity, but additionally Black, Asian and mixed/other Minority Ethnic social care workers are even more likely to be referred into the FTP process.

Black, Asian and mixed/other Minority Ethnic social workers were **more likely** than their White peers to report experiencing discrimination, either from the people they support, work colleagues or managers.

Introduction

There are an estimated 88,000 workers in social care in Wales, according to Social Care Wales Workforce 2023 report. In Wales almost 30% of our workforce is in the public sector (compared to a UK average of approximately 20%), and alongside the NHS, social care accounts for a large component of that public sector workforce. The public sector equality duty requires all public authorities and organisations to ensure that in their day-to-day business they promote equality in every aspect of their day-to-day business.

The Antiracist Wales Action Plan (ArWAP) requires that actions are put to those equality ambitions, specifically with regard to race discrimination. One of the five key priority actions in the Health and Social Care section of the ArWAP was to create a Workforce Race Equality Standard (WRES). This dataset allows identification of the targets for transformation of our systems and processes, and so reverse injustice.

The structure of social care provision is a complex one.
The Welsh Government sets national policy on health and social care. The 22 local authorities in Wales have a statutory responsibility for planning and providing social care in Wales, as well as a duty to safeguard individuals. The local authorities vary in how they deliver this statutory responsibility, with differing models of direct care versus services commissioned from the private or voluntary sector. This inaugural WRES report for social care in Wales reflects data on staff who are registered to provide care with Social Care Wales, irrespective of employer.

This first WRES data report identifies how social care staff experience inequality through a number of indicators. Each indicator covers an aspect of the three core domains which experience and the literature show are responsible for differential attainment.

It is intended that in future iterations of this Social Care WRES report, indicators reflecting a fourth domain of 'professional development and training' will be included. The full list of indicators is shown in the Appendix, and the intention is that in future years we will have a full dataset reflecting all these indicators in order to progress to a fully granular view of the social care workforce in Wales.

The data in this report is a reflection of the systematised and complex picture that applies to racial discrimination. It is intended both as a tool for improvement and a stimulus to transformational action. This first dataset will be a baseline, and the success of the WRES will be demonstrated by how improvement is achieved and maintained over time, from this starting point. The intention is to gradually develop a more complete dataset and be able to report back to each local authority with their own data, as well a more complete national report such as this one.

Ultimately, the intention of workforce equity is not just to improve the conditions for the minoritised sections of the workforce who experience discrimination. Our aim is to end the cycle of inequality that harms patients and public. The goals are too great for this not to be an ambition for all organisations to focus on the approach they will adopt to tackle discrimination.

Methodology

Data collection and analysis

The data that makes up this report comes from several sources. Data collection was as of January to February 2024 for the staff survey derived indicators and 1 September 2024 for the other indicators.

This was the first year of data collection, and as such the dataset is not complete. However, it is derived from registered staff throughout Wales, and our philosophy is that it is reflective of the social care staff in Wales. In publishing this report we are expressly stating our ambition to produce a comprehensive mapping of the social care workforce in Wales and the conditions they experience. Rather than waiting for that point, we are beginning the process with this dataset in an attempt to identify and understand key themes. This will help drive the collection of future more detailed analysis. We have compared the data to the wider census of Wales to identify the relationship between social care workforce and the population of the country.

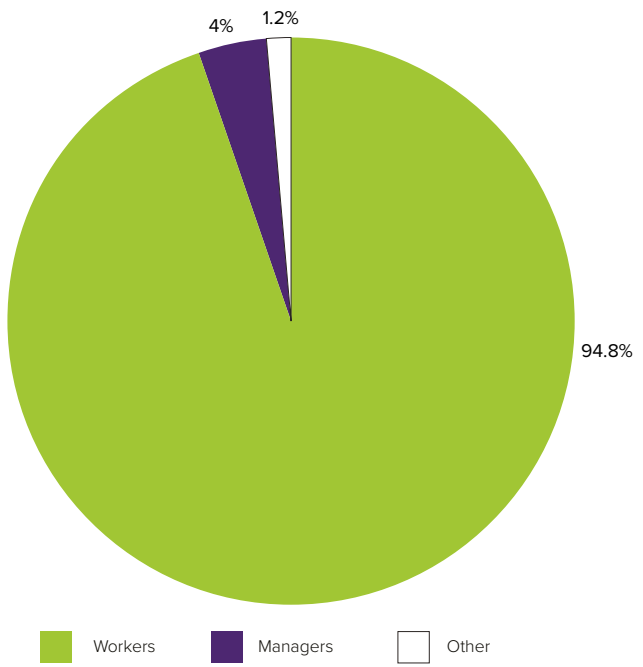
We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Minority Ethnic). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Terminology

Throughout this report, we use the term ‘Black, Asian and Minority Ethnic’. For the purpose of brevity and visualisation, this is abbreviated to ‘BME’ in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories. To avoid the information governance risks associated with small numbers we have kept to categorisations of ‘Black’, ‘Asian’, and ‘Mixed/other’ to refer to those members of the social care workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, 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.

Findings

Figure 1: Registration data identified 56,475 members of the social care workforce

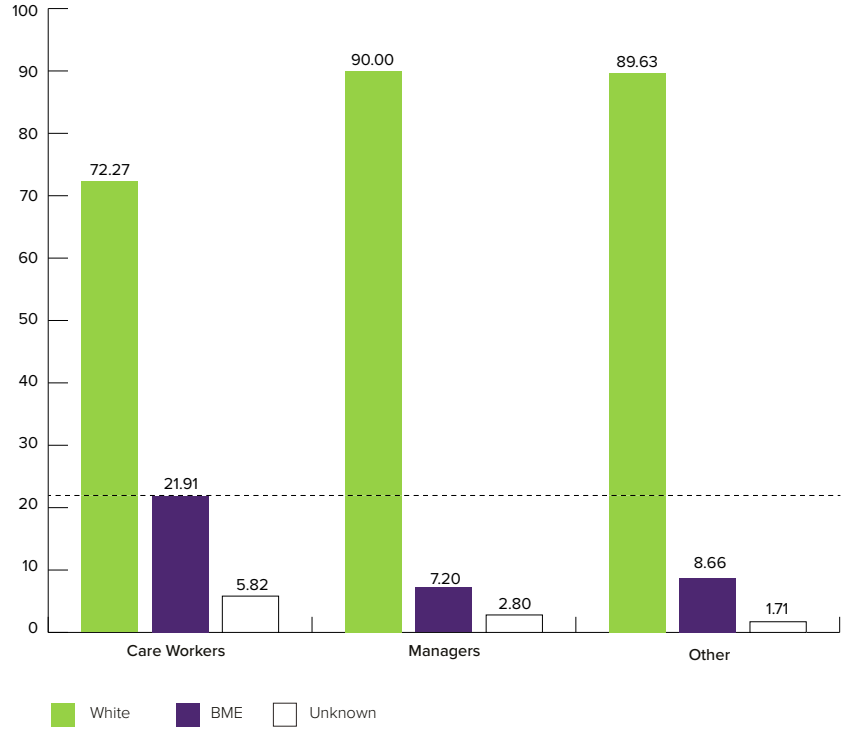


Of these, 53,522 (94.8%) were social care workers (in the adult care home workers, children's residential care home workers, domiciliary care workers or qualified social workers), 2,249 (4.0%) were social care managers (as adult care home managers, residential child care managers or domiciliary care managers), and 704 (1.2%) were in 'other' roles.

Ethnicity

The workforce comprises 41,337 (73.2%) White staff, 11,952 (21.2%) Black, Asian and Minority Ethnic staff and 3,186 (5.6%) staff who did not or chose not to declare their ethnicity.

Figure 2: Social Care workforce stratified by ethnicity and comparing social care workers with managers (and other staff); dotted line indicates 21.2% representation of Black, Asian and Minority Ethnic staff

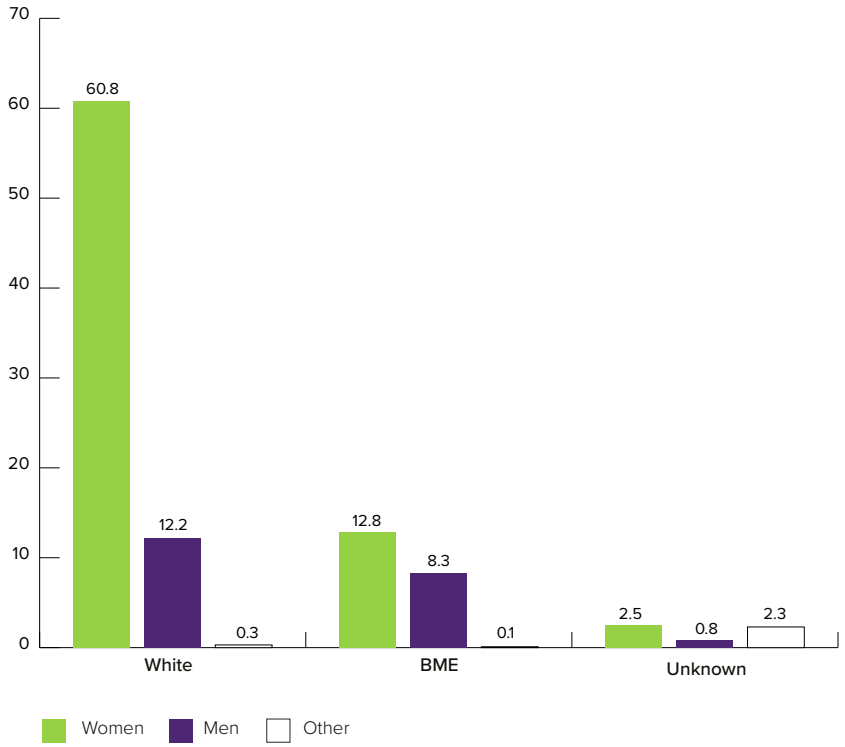


As can be seen there is a significant inequity of minoritised staff in managerial positions with only 7.2% of managers being of Black, Asian and Minority Ethnic staff.

Gender

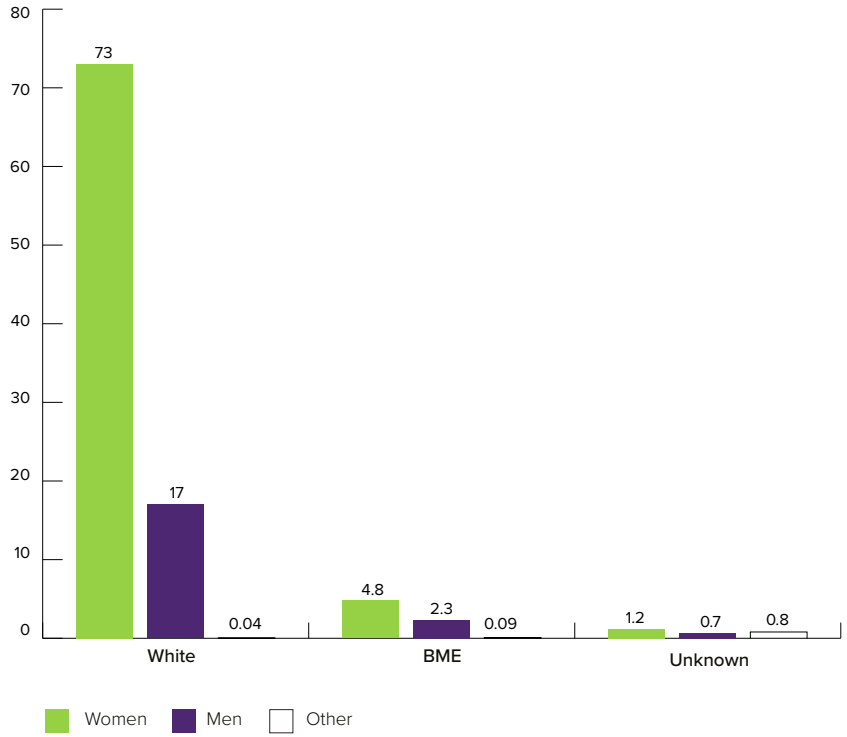
Looking at gender, women account for 76.1% of the social care workforce, with 21.4% men, 0.07% non-binary and 2.4% undeclared.

Figure 3: Composition of the social care workforce grouped by race and gender. Over 60% of staff are White women. There is an undeclared ethnicity rate of 5.6%.



Of the social care workforce, 34,336 (60.8%) are White women, 6,893 (12.2%) are White men and 164 (0.3%) are White other or undeclared. Of the Black, Asian and Minority Ethnic staff 7,223 (12.8%) are women, 4,695 (8.3%) are men and 34 (0.1%) are other or undeclared. There was non-declaration of ethnicity in 3,186 (5.6%) of the 56,475 staff (Figure 3).

Figure 4: Composition of the social care managerial workforce grouped by race and gender. Managerial staff are 90% White. Among managers there is an undeclared ethnicity rate of 2.7%.



Among managerial staff (Figure 4), there were 1,778 (79.1%) women and 449 (20.0%) men (a ratio of four to one). Non binary data cannot be presented due to small numbers. Among White managers the women to men ratio is 4.3 to one, but among Black, Asian and Minority Ethnic the ratio is nearer two to one. This identifies the intersectional disadvantage faced by minoritised women.

Geographical variation

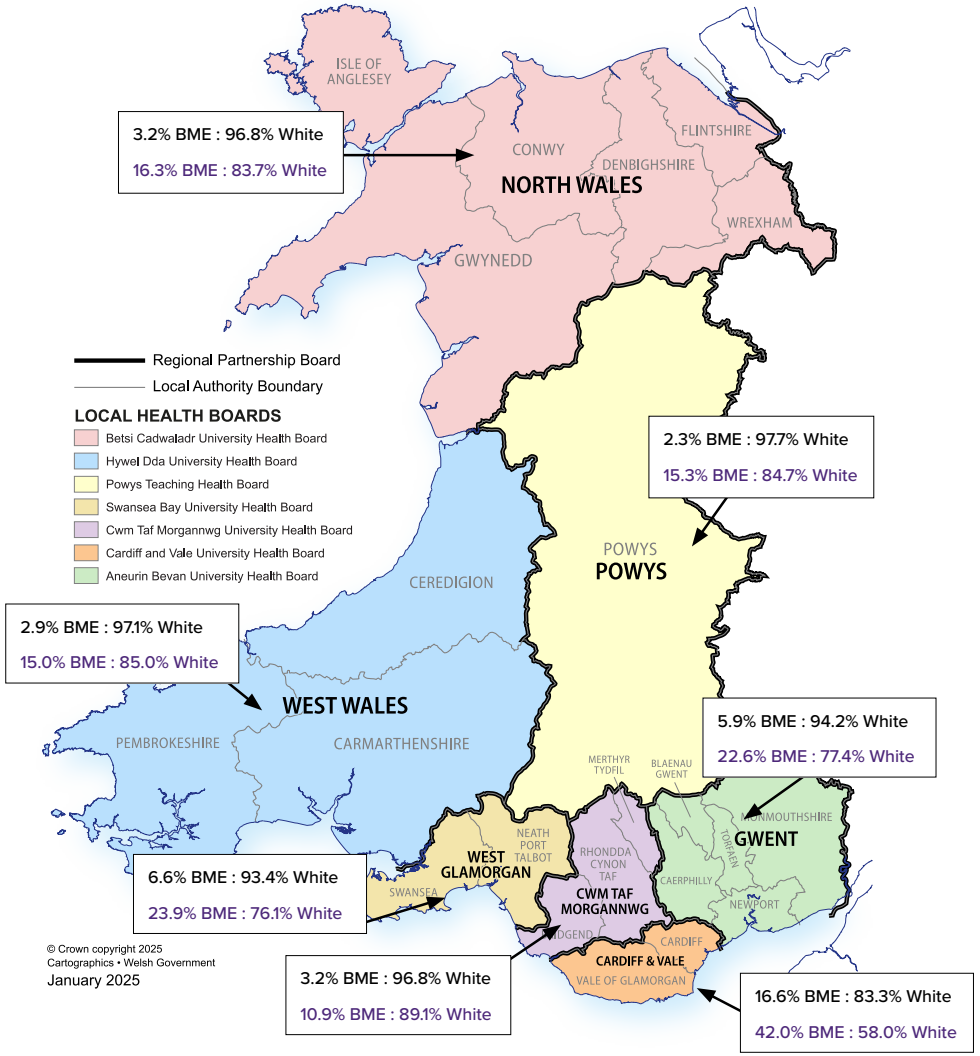
When considering the social care workforce across the country, there are significant geographic variations as shown in Figure 5. The percentage range of Black, Asian and Minority Ethnic workforce ranges almost four-fold from 10.9% in Cwm Taf Morgannwg to 42% in Cardiff and Vale. What is equally stark is how these percentages of minoritised staff are significantly greater than seen in their corresponding populations. In North and West Wales there is a 5-to-6.5-fold higher representation of Black, Asian and Minority Ethnic staff compared to population compared to a 2.5 to 4 fold increased representation in South Wales.

Table 1 shows the data for minoritised social care workers and managers by Regional Partnership Board (RPB).

	% BME population	% BME social care workers	% BME social care managers
Cardiff & Vale RPB	16.6%	42.0%	13.4%
Cwm Taf Morgannwg RPB	3.2%	10.9%	4.1%
Gwent RPB	5.9%	22.6%	7.6%
North Wales RPB	3.2%	16.3%	5.6%
Powys Teaching RPB	2.3%	15.3%	1.4%
West Glamorgan RPB	6.6%	23.9%	9.3%
West Wales RPB	2.9%	15.0%	4.2%

Table 1 shows the data for Black, Asian and Minority Ethnic managers by region. The under-representation of minoritised staff at managerial level is seen across all Regional Partnership Boards, ranging from a 10-fold reduction in managerial compared to worker representation in Powys RPB to a 2.5-fold reduction in West Glamorgan RPB.

Figure 5: Social Care workforce mapped across the seven Health Boards of Wales. In purple are the social care percentages of staff by ethnicity (unknown excluded) compared to census data of ethnicity by region in black.



Fitness to practice

Fitness to practice (FTP) data reveals that in the last 12 months there were 503 cases raised. Ethnicity data was available for 387 of them. Of these cases, 108 (27.9%) were from Black, Asian and Minority Ethnic colleagues. If this is compared to the overall workforce where ethnicity data is available Black, Asian and Minority Ethnic were 1.3 times more likely to be referred into FTP than White colleagues. Additionally, the number of days the case was in process were lower for minoritised (187 days) compared to White (224 days) colleagues.

There is available gender data on 404 cases. Of these 241 (59.7%) were women and 163 (40.3%) were men.

Figure 6: Data for social care staff going through FTP compared to social care workforce as a whole. Staff with no declared ethnicity and other or undeclared gender are excluded due to small numbers.

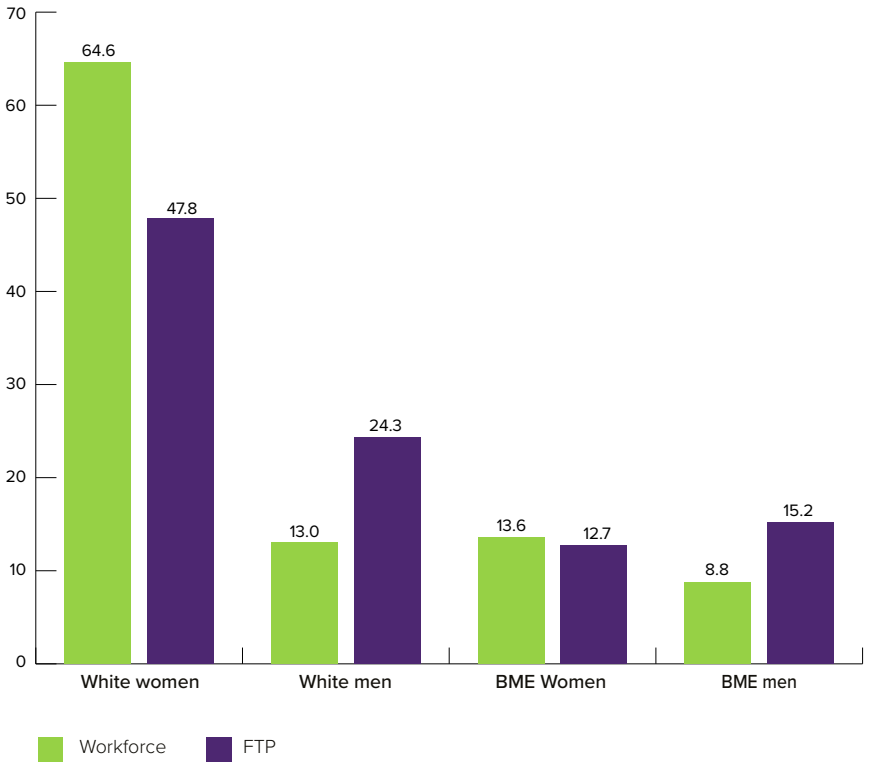


Figure 6 shows the demographic data for the whole social care workforce compared to the demographics for those staff going through the FTP process. It is evident that men working in social care are disproportionately more likely to be referred in to FTP processes, irrespective of ethnicity.

The rest of the data in this report is taken from the social care workforce survey. The data reported here is based on responses from 4,074 social care workers around Wales, representing 7.2% of the registered workforce. This was made up of 3258 (80%) White staff and 816 (20%) Black, Asian and Minority Ethnic staff; and 3,210 (78.8%) survey completers were women and 864 (21.2%) were men. This identifies that the survey completers are reflective of the workforce in terms of ethnicity (73.2% White and 21.2% minoritised) and gender (79.1% women and 20% men).

Age makeup of the workforce

Looking at age and ethnicity is revealing, the average age of Black, Asian and Minority Ethnic social care workers is lower than that of their White counterparts – 37.3 compared 43.6 years. However, at managerial level, the ages are more matched (48.7 compared to 47.8 years, respectively). One explanation for this would be that minoritised staff are being employed in larger numbers than the population in each region, but only few stay on to progress to managerial positions or take longer to get into managerial levels. The rest of this report looks at some of the factors that may contribute to that phenomenon.

Training

A higher proportion of Black, Asian and Minority Ethnic staff (96.2%) agreed that they had the right training to do their job compared to their White colleagues (84.7%). Similarly a higher proportion of Black, Asian and Minority Ethnic staff (87.6%) agreed that they had enough training to fulfil their CPD requirements.

However Black, Asian and Minority Ethnic staff were less likely to report that they had sufficient training to be promoted: 83.5% of Black, Asian and Minority Ethnic staff staff agreed they needed more training compared to only 35.9% of White colleagues. An explanation for this would be that Black, Asian and Minority Ethnic staff were able to access sufficient training to complete their job but not to be able to seek promotion.

Employment

From the survey, a substantially higher proportion of Black, Asian and Minority Ethnic staff sought progression: 30.5% White staff reported having sought a progression opportunity compared to 59.2% of Black, Asian and Minority Ethnic staff. By contrast, 9.2% of minoritised staff and 11.8% of White staff felt that their organisation did not act fairly with regard to career progression.

Bullying, discrimination and harassment

Also from the survey, a greater proportion of White staff compared to minoritised staff experienced bullying from managers (9.0% vs 4.9%). Similarly, experiencing bullying from colleagues is reported more often by White than Black, Asian and Minority Ethnic staff (7.9% compared to 5.0%, respectively).

In terms of discrimination from managers, a greater proportion of Black, Asian and Minority Ethnic staff reported this compared to White colleagues (11.9% vs 6.1%). Similarly, experiencing discrimination from colleagues is reported more often by Black, Asian and Minority Ethnic staff compared to White colleagues (9.6% compared to 3.1%, respectively). And four times greater proportion of minoritised staff compared to White staff reported discrimination from clients and families (11.5% vs 2.9%).

Conclusions and Next Steps

The data in this report documents inequity in the experience of Black, Asian and mixed/other ethnicity social care staff.

This report points to some of the reasons behind this inequity, and with it signals to every social care leader in Wales the opportunity to support a collective journey to an anti-racist Wales. This includes the proportion of staff being referred to fitness to practices, a lack of training for promotion, and higher levels of discrimination from managers, other staff, the people being cared for and members of the public.

Over one in five social care staff, 21.2%, are from an ethnic minority background but only 7.1% of managers. 90% of manager level staff are white. This inequity of progression is seen for both women and men from a Black, Asian and mixed/other ethnicity background.

Black, Asian and mixed/other ethnicity social care staff are more likely to be referred to fitness to practice processes than White peers. This inequality needs to be explored in greater detail to understand the causes for referral, whether there is appropriate and equal access to training, and what is learned by the organisation on its responsibilities for staff who are referred. Fitness to practice proceedings are critical for public protection and maintaining the integrity of the profession, but it can impact on individuals' wellbeing.

An additional data finding is a striking variation between the proportion of Black, Asian and mixed/other ethnicity people social care workers in each region in Wales compared to the wider population. Individuals from black, Asian and mixed/ other population are employed in larger numbers than the population in each region, but only few are in managerial positions. This is most noticeable in areas of lower ethnic diversity in North and West Wales but is also noticeable in South Wales which has a more diverse population. This may contribute to explaining some of the discrimination that social care staff experience from the people and families they support, and points to the importance of community education about inclusion.

A key area for future work is the need to build upon this data set and make the WRES process in social care an iterative and increasingly productive one. In part this means greater engagement with the staff survey, which in turn requires there to be visible action based on the findings of WRES reports to increase staff confidence in the value of engagement, not just be another reflection of race inequality.

More comprehensive datasets about job applications into the social care sector, about recruitment from shortlisting, about promotion and about equality of training opportunity should be collected. As we collect better data, it will allow disaggregation down to local authority level, which in turn will allow local solutions to be identified and adopted.

Alongside healthcare, social care is the largest employer of people in Wales, and the chance to be a beacon employer is one that needs to be embraced for the benefit of our whole population.

The goal of the Workforce Race Equality Standard is to improve the health and wellbeing of the population of Wales. For this to happen, co-ordinated action across all those organisations involved in delivering health and social care needs to be undertaken. This requires local, regional and national leadership to prioritise race and gender equality.

The landscape for the delivery of social care is fragmented, with over 1,200 separate organisations of all shapes and sizes involved in the delivery of care and support in Wales. Developing clear and demonstrable actions from the findings of WRES should be a collective endeavour, but there are further parts to play for key organisations involved in the social care sector in Wales to ensure that actions are being implemented and monitored. These organisations are:

- **Welsh Government**, to ensure that policies and legislation support the corrective actions necessary to promote quality and opportunity for all those people who live or work in Wales.

- **Social Care Wales**, to continue to improve data on the workforce, ensuring that data on WRES is of the highest quality and available on all aspects of social care in Wales. Social Care Wales also has specific actions around better understanding fitness to practice processes as well as developing specific anti-racist training for care workers across Wales.
- The **Directors of Social Services in Wales (ADSS Cymru)** have a responsibility to ensure that anti-racist policies, practice and training is integrated into their own local authorities and that actions relating to WRES are continually monitored for success. As organisations who commission a significant amount of social care provision from third parties, they must ensure that the organisations they commission services from share our values and ambitions for an anti-racist Wales and it is made clear that any unacceptable behaviour will not be tolerated.
- **Care Inspectorate Wales** have a key role in making sure that all regulated social care providers in Wales have anti-racist policies and practice and that robust processes are in place to deal with any unacceptable behaviour.

We now need to translate the insight gathered through the first collection of Workforce Race Equality Standards in Wales into demonstrable action across social care. Everyone working in social care in Wales has a part to play, but leaders particularly so. We want to create a workplace where people are respected, regardless of their ethnic background or any other protected characteristic. Where career progression is equitable, and everyone has a fair and equal opportunity to further their career.

It is not just structural and procedural changes that need to be changed. We need to change from a culture that is demonstrably unfair to people with certain characteristics, whatever they may be. We must always challenge inappropriate and unacceptable behaviour, no matter how trivial it may seem and we must ensure that everyone who works in social care receives anti-racist training routinely and regularly.

It is by understanding what systems, processes and policies are perpetuating inequity and to then use our levers of influence to disrupt those. With this determination, we will begin to break the cycle of inequality and be successful in our vision for a healthier and more inclusive Wales.

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 patients, 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, personally experiencing discrimination at work from either manager/team leader or other colleagues (staff survey).