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Social Care Wales

Social Care Wales: Have Your Say 2025
Final Report

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Executive summary: Have Your Say 2025

This report details the results of the 2025 Social Care Wales: Have Your Say survey. The survey was led by Professor Jermaine Ravalier at Buckinghamshire New University (BNU), with colleagues from the British Association of Social Workers (BASW) and Bath Spa University (BSU). The project comprised of a multi-phase, mixed-methods study to explore what it is like to work in the social care sector in Wales.

We received a total of **5,707** survey responses from people working in social care in Wales, equating to around 7% of the overall workforce of approximately 82,000. We conducted 21 individual semi-structured interviews and completed two focus-group discussions. We collected data from respondents representing over 15 different job roles, from more than 17 different service areas, and combined those into one of three job groupings for ease of reporting. However, as none of the questions in the survey were mandatory, not all respondents answered all questions, including questions relating to job roles. Of the 5,707 respondents across the whole survey, 5,191 specified which role they were employed in and 97 said they had left the sector. The remaining respondents did not state what their job role was.

Why people work in social care

We asked several questions across different types of data collection about why people work in social care in Wales, and how they found out about working in social care. The most common reasons individuals gave for working in social care were because of a passion for helping others and a desire to make a difference in the lives of people who access care; but also because of having previous experience of care in their personal lives. Most survey respondents found out about working in the sector through personal experience of social care through family and friends, or through online adverts.

Recruitment and retention

We were keen to understand factors affecting recruitment and retention in social care in Wales. We found that one in five respondents (19.89%) across all roles and groupings were aiming to leave their role. The average length of time that these respondents saw themselves staying in the sector was 14 months. Reasons for aiming to leave included low pay, a lack of recognition, poor working conditions, and a lack of career development opportunities. Similar themes emerged from respondents' ideas around why organisations were struggling to recruit and retain social care staff, and for how social care roles could be made more attractive. Ideas included enhancing pay and benefits for staff, improving the image and recognition of the role and sector amongst the general public, strengthening the prospects for career development within the sector, and extending the length of sponsorship schemes for international care workers.

Leadership, training, and development

We found varied leadership aspirations and perceptions of career progression across different job groups in social care. Overall, 43.37% of respondents expressed a desire for a leadership role, with managers showing the strongest interest. Interest in leadership roles has decreased slightly among care workers and managers since 2024, and significantly

among social workers (from 53% in 2024 to 45.37% in 2025). Confidence in the possibility of becoming a leader was also highest among managers, 80.17% of whom agreed it was possible. This was significantly higher than care workers (54.42%) and social workers (64.72%). Social workers were also notably less confident in their ability to become leaders in 2025 than in 2024 (67%), suggesting reduced optimism about career development.

The proportion of respondents actively pursuing a career move fell across all groups, from 37% in 2024 to 27.49% in 2025. Overall, a strong majority of respondents (86.45%) agreed that they had the right training to do their job well, with consistently high agreement across job roles. Similarly, 82.98% of respondents felt they received enough training to meet continuing professional development (CPD) requirements, with managers reporting the highest levels of satisfaction (89.96%). However, views on training for career progression were more mixed: nearly half (46.71%) of respondents said they needed more training to progress or gain promotion. This was more true for care workers (47.58%) and social workers (51.41%), than managers (32.02%). These findings suggest that while basic and CPD-related training is well supported, there may be a gap in training provision related to career advancement, especially for frontline staff.

Well-being

We asked a series of questions about the health and well-being of respondents. Specifically, we used a measure called the 'ONS4', which measures personal well-being and allows comparison to UK-wide average scoring. We found that, irrespective of job role and/or job grouping, social care professionals in Wales reported well-being levels that generally exceeded UK national averages in most areas. This is a positive change from 2024, where well-being levels were lower than the UK national average. Well-being levels also increased in 2025 compared to 2024 across all job groups, including overall life satisfaction, feelings of life being worthwhile, and reported happiness. However, we did find that anxiety levels were well above the national average, with social workers reporting the highest anxiety (with a score of 5.38, up from 4.84 in 2024). We also found that over three in ten respondents had, between two and five times in the last 12 months, attended work despite being so ill they should have stayed at home. This finding was the same across all job groupings, and is consistent with the 2024 survey, where 34% of respondents reported they had attended work despite being too ill to do so.

We also asked respondents to outline what causes of stress they experienced at work. As in 2024, the most chosen response, across all respondents and job groupings, was workload, followed by administrative load. Encouragingly, 62.47% of respondents suggested that they felt safe in their role, and just 12.67% responded that they did not. Where threats to safety were identified, these related to factors such as inadequate training and resources, and experiencing violence and/or derogatory or discriminatory behaviour from people accessing care and support. Overall, respondents identified that the biggest change that could be made to enhance their sense of well-being at work related to improving their general working conditions.

Fairness in progression and issues of bullying, harassment and discrimination
We asked respondents a question about the fairness of progression and promotion opportunities, and whether they thought their employer acted fairly in making these decisions, regardless of protected characteristics. Over two thirds of respondents (69.01%) believed that their employer acted fairly in these areas, while 10.15% disagreed and 14.10% were unsure. A breakdown by job grouping shows that managers were the most likely to perceive fairness, with 90.10% agreeing, compared to 69.35% of social workers and 65.58% of care workers. These results are broadly in line with the 2024 findings, where 70% of respondents reported positive perceptions of fairness, and managers were most likely to agree that their organisation acted fairly in promotion decisions (89% compared to 67% for care workers and 69% for social workers).

Reports of mistreatment — including bullying, discrimination, and harassment — were present across all respondent groups. Bullying from managers was reported by 7.70% of all respondents, with social workers experiencing the highest rate (11.06%). Discrimination from managers affected 7.36% overall, again peaking among social workers (10.13%). These findings were similar in 2024, when 8% of all respondents reported bullying and 8% reported discrimination from managers. Colleague-related bullying (7.40%) and discrimination (5.35%) also followed similar trends to 2024. Notably, 6.93% of social workers reported bullying from individuals or families — above the 4.31% overall average. While overall harassment rates were slightly lower in 2025 than 2024, they remained a concern, particularly from external sources such as individuals or families (5.75%). We found that incidents of bullying, discrimination, or harassment from individuals accessing care and support or their families were more likely to be reported than those involving colleagues or managers.

Working conditions
We asked about respondents' experiences of workplace culture and support, focusing on perceptions of managerial and peer support, morale, and workforce sufficiency. Overall, most respondents reported positively across these areas. 72.64% of respondents expressed satisfaction with managerial support and 80.72% expressed satisfaction with peer support. Managers were the most likely to agree that the right staff were in place to deliver services effectively (73.42%), whereas social workers were more likely than other groups to express concerns about staffing levels, with 56.97% agreeing that the right staff were in place. These findings highlight the importance of role-specific dynamics in shaping workplace satisfaction and perceived capacity to provide quality care.

We also asked respondents the extent to which they felt they were valued by groups within and outside their professional environment. Overall, most respondents reported feeling valued by their manager (67.78%), colleagues (78.08%), and the people and families they support (80.54%). Social workers, while generally positive, reported slightly lower levels of feeling valued by the public (36.51%), with one in three social workers (31.81%) expressing negative perceptions of public appreciation. Perceptions of being valued remained relatively stable across most groups between 2024 and 2025, with slight declines in the proportion of respondents who felt valued by managers and colleagues. Managers felt more appreciated by the people they support (86.09%, up from 79%), while there was a notable drop in the

percentage of care workers who reported feeling valued by the public (52.97%, down from 56% in 2024). These patterns suggest that internal workplace relationships are a significant source of affirmation, while external recognition — particularly from the general public — remains more limited and uneven across job roles.

While 58.50% of all respondents felt they had enough time to do their job well, this sentiment was slightly less common among managers (47.86%) and social workers (43.49%), suggesting greater time pressures in these roles. These findings echo those from 2024, showing a slight increase across all respondents (up from 55%). More than half (54.40%) reported difficulty switching off after work, with this figure rising sharply among managers (71.98%) — perhaps reflecting the emotional demands of leadership positions. Support for managing stress appears limited, with fewer than half (43.52%) of all respondents feeling adequately supported — which was lowest among social workers (40.35%). Nevertheless, most respondents (77.77%) reported confidence in their ability to meet the needs of people accessing care. This too was lower for social workers (62.47%), although a significant improvement from 2024 (55%). These results suggest that while staff remain committed to providing high-quality care, many are doing so under considerable strain.

Pay, terms and conditions

Several of our questions sought to gain an understanding of respondents' perspectives on their employment terms and conditions, as well as how they are coping financially and what benefits they had access to through their work. Overall satisfaction with terms and conditions was 68.86%, and broadly in line with 2024 figures (68%). However, this was most pronounced among managers (80.16%, up from 77% in 2024). Awareness of employment rights was also strong, with 82.00% feeling informed about their rights, showing a slight increase from 2024 (80%). However, financial strain remained a concern. For example, fewer than half (45.86%) said they were managing financially, and 47.80% found their current financial situation more difficult than in the previous year, though this marks a notable decrease from 2024 (59%). Satisfaction with pay was notably low across all groups, with only 37.88% of respondents reporting satisfaction (up from 35%) and 41.96% expressing dissatisfaction (down from 46%). This underscores persistent economic pressures within the workforce.

We also wanted to know more about people who were on zero-hours contracts and the impact this has on their working and personal lives. Just over one in ten (11.74%) respondents said they had a zero-hours contract, with the majority of these being in the care workers grouping. Of those who did have a zero-hours contract, 35.89% said they wanted to stay on the zero-hour arrangement and 64.11% said they wanted a change. These figures remain largely unchanged from 2024, when 11% of respondents had a zero-hours contract, 35% of whom wanted this contractual condition. Interview participants who were asked how being on a zero-hours contract impacted their life highlighted a number of negative consequences pertaining to unstable and uncertain income and an absence of guaranteed hours. However, some participants also suggested that the flexibility to choose their hours (offered by a zero-hours contract) sometimes had a positive impact on their sense of work-life balance.

Conclusion

Overall, we found that social care workers in Wales have a passion for helping others and a desire to make a difference in the lives of people who access care and support. Many feel positively about their role and reported a good sense of well-being in terms of overall life satisfaction, feelings of life being worthwhile, and happiness. The majority feel safe in their role and reported positive perceptions of managerial and peer support, morale, and workforce sufficiency. However, anxiety levels across the cohort of respondents were significantly higher than the national average. Moreover, respondents expressed concern about low rates of pay, a lack of public recognition and support, poor working conditions, and a lack of career development opportunities, which may be contributing to people wanting to leave the social care sector.

Introduction

Following on from the 2023 and 2024 surveys, this report outlines the findings from the 2025 Social Care Wales: Have Your Say survey. The survey was led by Professor Jermaine Ravalier at Buckinghamshire New University (BNU), with colleagues from the British Association of Social Workers (BASW) and Bath Spa University (BSU). The 2025 survey mirrors that of 2024, with a sector-wide survey and a series of individual interviews and focus-group discussions. Social Care Wales and BASW Cymru led sector engagement and respondent recruitment.

In the following report, you will find an overview of how we conducted the study followed by the findings. The results of the survey are then presented, followed by findings from the interviews and focus groups.

As well as highlighting findings for all respondents, our analysis of the survey findings is also broken down by specific job roles. These include:

- **3,546 care workers** (e.g., adult care home worker, domiciliary care worker, residential child care worker, other care worker).
- **492 managers** (e.g., adult care home manager, residential care manager, residential child care manager, other social care manager).
- **750 social workers** (e.g., children and families social worker, adult social worker, children and adult social worker, social work student, other social worker, other social work manager).

Other roles selected included 'other' (n=293) and 'responsible individual' (n=49), as well as 'personal assistant', 'registered nurse in social care', 'occupational therapist in social care', and 'unpaid carer', which were each selected by small numbers of respondents. The remaining survey respondents chose not to disclose their job role. It is unclear why they decided not to do so.

Methodology: What we did

The aim of this project was to gain a broad and deep understanding of what working in the social care sector in Wales is like in 2025. Ethical approval for the 2024 survey was gained from the Bath Spa University research ethics committee in January 2024, and amended in December 2024 for the 2025 survey.

Research design: survey

We conducted a sector-wide survey to understand what it is like to work in social care in Wales. The engagement and communication plan, led by Social Care Wales and BASW, targeted individual employers, employer organisations, social workers, care managers, and care workers. Marketing methods such as social media, e-newsletters, and direct messaging via email were used to recruit participants. Social Care Wales also sent five mailouts to the registered workforce while the survey was live. In addition, BASW used Facebook adverts and in-mail messaging on LinkedIn that included tailored messaging for the social work workforce, with an approximate reach of 6,000 individuals.

The survey was open between 22 January and 7 March 2025, with respondents who agreed to share their contact details randomly chosen to receive one of twenty £20 shopping vouchers as an incentive for participation.

The survey included seven main sections:

1. Demographic questions
2. Those who are no longer working in social care
3. What it's like working in social care
4. Leadership, training and development
5. Well-being
6. Working conditions
7. Terms and conditions

Alongside closed questions, we also asked several open-ended questions to which respondents could add their own perspective on given topics. Open-ended questions were asked about recruitment and retention, well-being, and barriers to training and development in the sector.

Survey analysis

Most quantitative survey questions were analysed using frequencies: the number of respondents to each question and the percentage of those who answered in a given way. The Office for National Statistics 4 (ONS4) well-being questions were analysed using means and standard deviations and could be compared to national averages. Open-ended questions were analysed using conventional content analysis (Hsieh and Shannon, 2005), which counts the frequency (i.e. number of times) certain themes are discussed within the open-ended data.

To ensure anonymity and confidentiality of responses, we only report on statistics which have had at least 25 responses. Relatedly, while we present direct quotes from these open-ended questions as evidence of the data, we edited these in several places for spelling and grammar purposes. During this research, we received responses in both English and Welsh. In the reports, all quotes are presented in the main language of the report. A Welsh version of this report is also available.

Research design: interviews and focus groups

Interviews were conducted to gain a more in-depth understanding of the concepts covered in the survey. As such, questions were asked about:

- the experience of working on a zero-hours contract (where applicable)
- role within the sector
- experience of progression
- working conditions
- safety at work
- pay and benefits
- satisfaction and intentions to leave
- how to make improvements to working in social care in Wales.

Interviews were undertaken with 21 individuals, with an average length of 52 minutes. All interviewees were given a £20 shopping voucher. To recruit these 21 interviewees, approximately 2,000 recruitment emails were sent, and all who responded to say they were interested were invited to interview.

Focus groups were also undertaken to gain greater depth of understanding of key concepts covered across the project. These included: what it's like working in social care; pay and benefits; bullying, harassment and discrimination; and improvements to working in social care. Two focus groups consisting of a total of six participants (three per focus group) were conducted, with each one lasting approximately one hour and twenty minutes.

We asked for a limited amount of demographic information in the interviews and focus groups, including job roles, which are outlined in Table 2 and Table 3.

Table 2: Interview participants' descriptions of their job roles

Job role	Number of participants	Pseudonyms
Support worker	10	George, Lyla, Jody, Frank, Carys, Yemi, Rhian, Katrina, Celia, Simon
Care worker (older people)	2	Gloria, Aaron
Healthcare assistant	1	Anna
Domiciliary care worker	4	Liam, Thomas, Emily, Catrin
Care worker (children's residential)	1	Harry
Principal social worker	1	Mark
Special guardianship worker (foster care)	1	Jim
Senior support worker	1	Dani

Table 3: Focus group participants' descriptions of their job roles

Job role	Number of participants	Pseudonyms
Adult care home worker	2	Daisy, Stacey
Domiciliary care worker	2	Lisa, Tanya
Principal social worker	1	Mark
Senior lecturer in social work	1	Nigel

Interview and focus group analysis

Qualitative data from interviews and focus groups was all analysed using Thematic Analysis (Braun and Clarke, 2006, 2019). This method enabled the researchers to generate themes (i.e., patterns of shared meaning within the data set) that related to the participants' views and experience. The analytical process was theory-driven, reflexive, and guided by Braun and Clarke's (2006) six-phase approach. The six phases involved:

1. Familiarisation with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report.

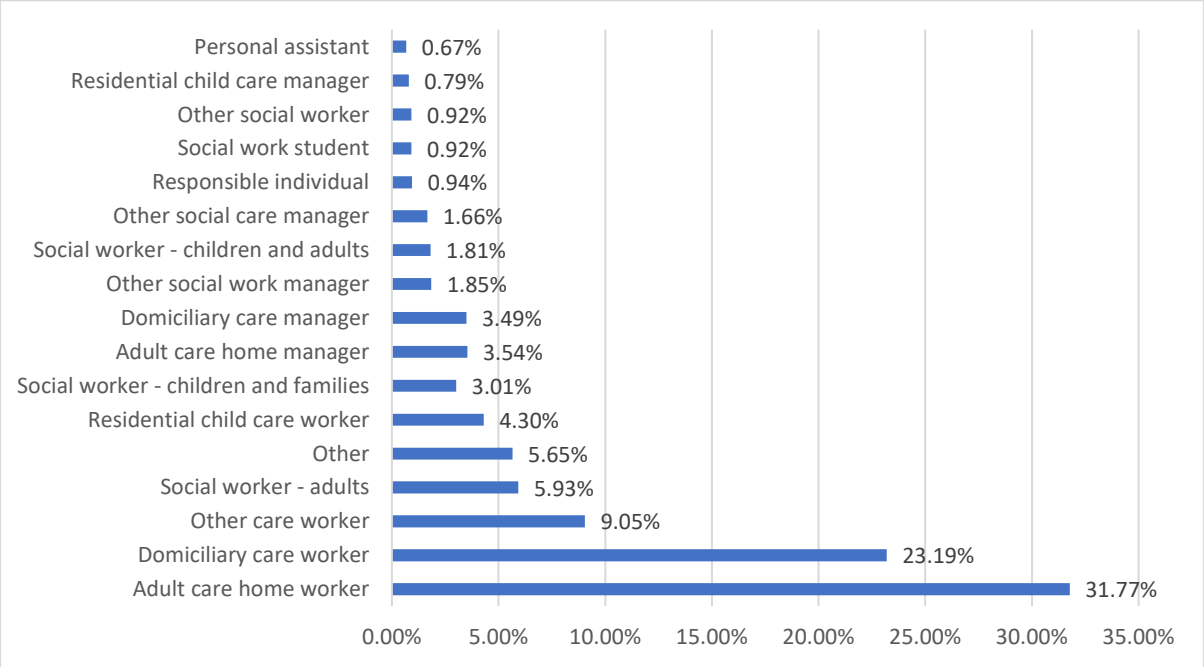
These steps were conducted collaboratively by members of the research team. The interviewing process was iterative (i.e., with the findings from initial interviews informing the subsequent ones) and the research team considered saturation (when no new themes were being generated by the analysis) in addition to a reflexive approach to assess the sample size for the semi-structured interviews. To ensure credibility and relevance of the findings, a form of 'sense checking' (i.e. member checking) was carried out. Ten social care workers who

participated in the interviews were asked to reflect on whether the emerging themes captured their experiences accurately. Participants were given £20 shopping vouchers for their time. Pseudonyms are used when illustrative quotes are presented in this report to protect participant anonymity.

Who took part? Demographics

This set of questions asked respondents about themselves and their work, providing information about who they are and what they do. Graph 1 shows the number of respondents in each job role. The most frequent job role of respondents (1649, 31.77%) was adult care home worker, followed by domiciliary care worker (1204, 23.19%) and other care worker (470, 9.05%).

Graph 1: Job role of respondents.



Most respondents (66.69%) worked full time, and 17.37% worked part time, for a single employer. Managers were more likely to be full time (90.87%) than both care workers (60.44%) and social workers (78.87%). Respondents were asked what service area they worked in and were able to respond to more than one area if necessary. Graph 2 shows that nearly half of respondents worked with older people (48.41%), 41.75% worked with people who have dementia, 39.91% worked with people who have a learning disability, and 35.88% worked in mental health.

Graph 2: Service area that respondents worked in.

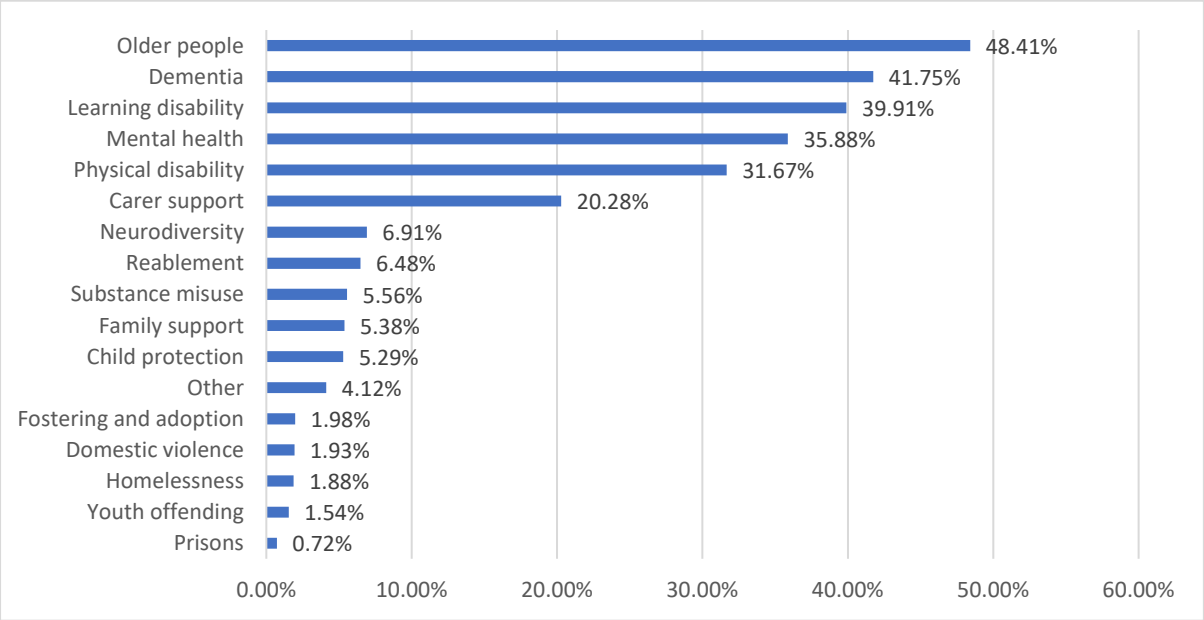


Table 4 shows the age, gender, ethnicity, and sexual orientation of respondents. As is consistent with the sector, most respondents across all job roles were female (77.49%), and most were White (72.93%), with Black (15.90%) and Asian (6.37%) the second and third most selected ethnicities. Of those respondents who were grouped in the social worker category, 127 described their ethnicity as 'Black', representing over one third of the total number of Black social workers in Wales. While this representation in the survey is to be applauded, it is high in comparison to other ethnicities. The most frequent length of time working in the sector was nine years or more, across all job groups. A total of 80.45% of managers had been working in social care for this long, which is more than double the percentage of care workers who had worked in social care for this length of time. Around nine in ten respondents (89.12%) also described themselves as heterosexual. Respondents were most likely to be aged 55-59 years, although social workers were most likely to be younger (40-44). We also asked whether respondents 'identify as the gender you were assigned at birth'. Of all respondents, 96.93% suggested they did, 1.56% said they did not, and 1.51% preferred not to say.

Table 4: Age, gender, ethnicity, and sexual orientation of respondents.

	All respondents	Care worker	Manager	Social worker
Most common age group	55-59 14.44%	55-59 14.48%	55-59 18.89%	40-44 14.75%
Gender: Female	77.49% (4349)	77.61% (2714)	82.00% (401)	76.18% (563)
Gender: Male	21.44% (1203)	21.39% (748)	17.38% (85)	22.19% (164)
Ethnicity: White	72.93% (4077)	70.68% (2466)	93.39% (452)	71.64% (523)
Ethnicity: Asian	6.37% (356)	7.71% (269)	NA	NA
Ethnicity: Black	15.90% (889)	17.66% (616)	NA	17.40% (127)
Sexual orientation: Straight (heterosexual)	89.12% (5006)	90.47% (3170)	90.20% (442)	85.77% (633)
Sexual orientation: Gay or lesbian	2.47% (139)	2.20% (77)	NA	NA
Sexual orientation: Bisexual	1.78% (100)	1.54% (54)	NA	NA
Worked in social care for 9 years or more?	47.16% (2671)	39.44% (1393)	80.45% (395)	56.91% (424)

Table 5 outlines the percentage of respondents who described themselves as being neurodivergent, having a disability, and/or being a carer outside of work. Around one in ten care workers and managers described themselves as being neurodivergent, with 17.48% of social workers doing the same. Nearly one quarter of respondents, irrespective of job grouping, suggested that they had a 'physical or mental health condition or illness lasting or expected to last 12 months or more'. Those who answered 'yes' to this question were asked whether this condition or illness reduced their ability to carry out day-to-day activities. Around 60% suggested it did.

Table 5: Whether respondents described themselves as neurodivergent, having a disability, or if they were a carer outside of work.

	All respondents	Care worker	Manager	Social worker
Neurodivergent	11.23% 631	9.73% (341)	10.25% (50)	17.48% (129)
Has a disability	23.94% (1341)	23.83% (831)	23.71% (115)	24.16% (179)
Disability affects day-to-day activities	61.07% (819)	59.80% (497)	55.65% (64)	65.37% (117)
Carer outside of work	31.98% (1795)	30.72% (1075)	36.49% (177)	34.95% (259)

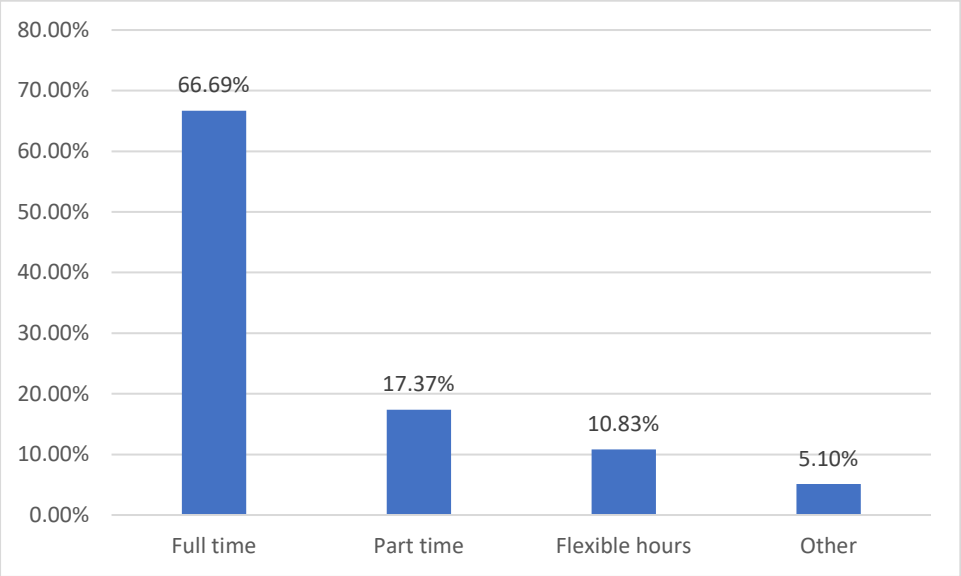
We also asked whether respondents were born in the UK and about the languages they speak (see Table 6). Over seven in ten respondents were UK-born, although managers were much more likely (91.65%) to be born in the UK than either care workers (68.82%) or social workers (72.51%). Most respondents spoke English fluently, with 11.01% also being fluent in Welsh. Managers and social workers (approximately 12%) were more likely to speak Welsh fluently than care workers. Over half of all respondents couldn't speak any Welsh, although this was 43.00% for managers. Nearly one third (30.81%) had entry or foundation level abilities, and 6.55% had higher or proficient abilities. Lastly, 19.61% of all respondents used Welsh at work either all or most of the time, and between 45.95% (care workers) and 56.17% (social workers) rarely or never spoke Welsh at work.

Table 6: Percentage of respondents who were UK born, and their language abilities.

	All respondents	**Care worker**	**Manager**	**Social worker**
UK born	71.60% (4033)	68.82% (2412)	91.65% (450)	72.51% (538)
Language spoken fluently: English	95.95% (5474)	96.05% (3406)	98.37% (484)	95.60% (717)
Language spoken fluently: Welsh	11.01% (628)	10.18% (361)	12.60% (62)	11.87% (89)
Language spoken fluently: Other	8.17% (466)	8.60% (305)	NA	7.87% (59)
Ability to speak Welsh: Not at all	55.12% (3067)	58.50% (2023)	43.00% (209)	48.17% (355)
Ability to speak Welsh: Entry/foundation level	30.81% (1714)	28.43% (983)	43.82% (213)	36.50% (269)
Ability to speak Welsh: Higher/proficient	6.55% (364)	5.44% (188)	7.82% (38)	8.55% (63)
Use of Welsh at work: All/most of the time	19.61% (421)	20.70% (250)	17.94% (47)	12.35% (42)
Use of Welsh at work: Rarely/never	47.74% (1025)	45.95% (555)	48.86% (128)	56.17% (191)

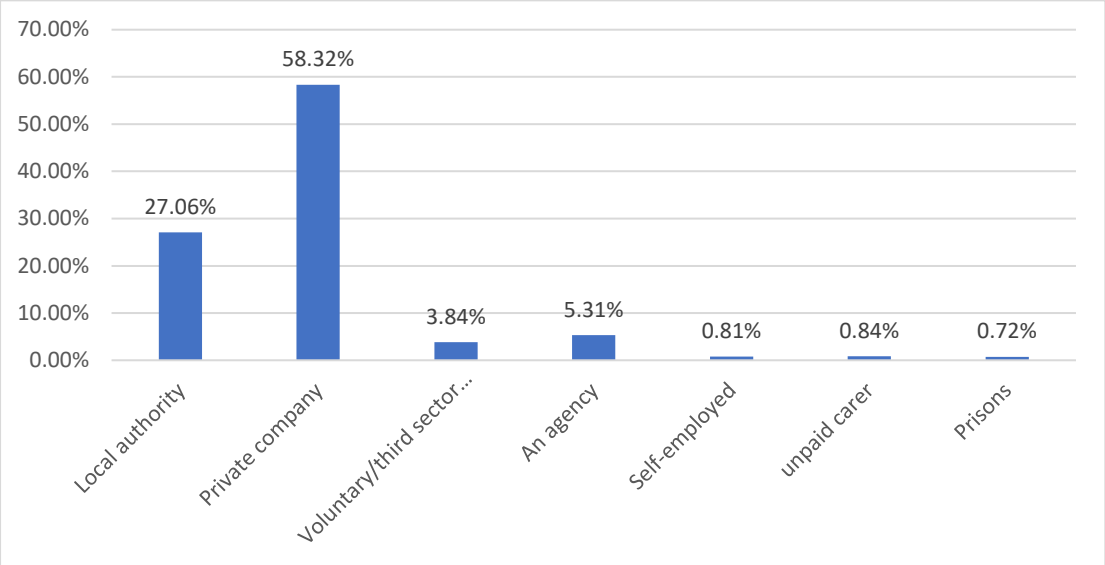
Those who responded that they were not born in the UK were asked a follow-up question as to the main reason that they came to live in the UK. The most common reason (29.37%) was to have a long-term or permanent place to live. The second was for education or training (27.51%), and the third was family reasons: marriage, family reunification or family formation (14.88%).

Graph 3: Contractual status of respondents



Graph 3 shows that two thirds of respondents (66.69%) were employed full time, 17.37% part time, and 10.83% on flexible hour contracts. Graph 4 shows that nearly six in ten respondents (58.32%) were employed by a private company and 27.06% by a local authority. Just over one third of all respondents (35.22%) were members of a trade union, with nearly one quarter (23.17%) of all respondents suggesting they were a member of UNISON and 5.57% of the GMB.

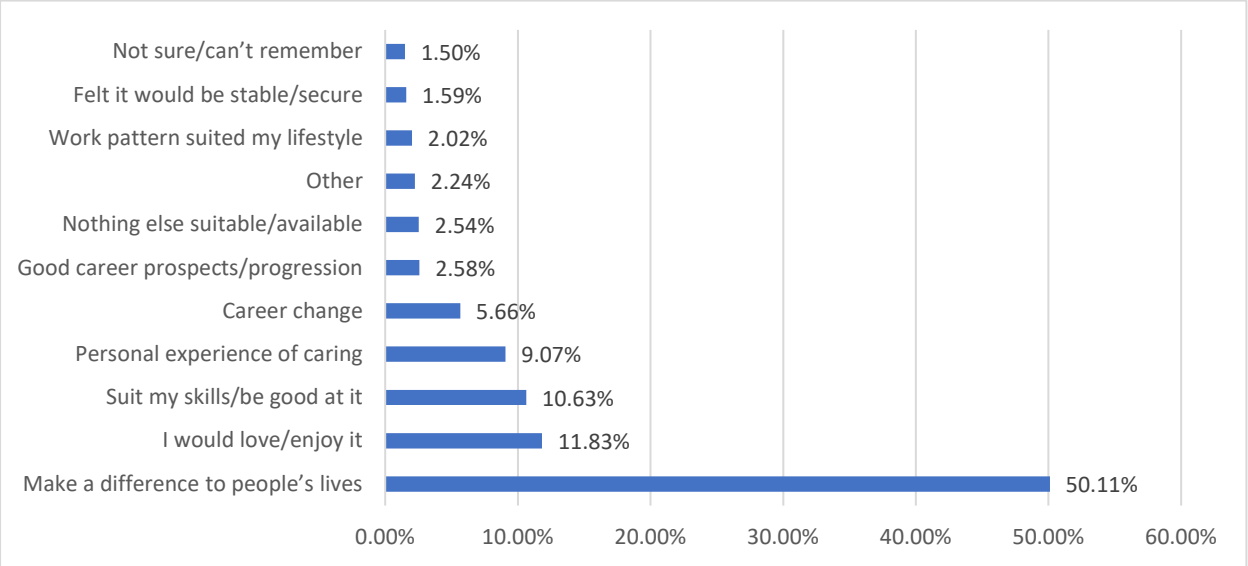
Graph 4: Who respondents are employed by



Working in social care

This section relates to the findings related to questions about what it's like to work in social care. Respondents were asked why they decided to work in social care initially (see Graph 5) and were given a range of options to answer from. As in 2024, by far the most popular response was that respondents wanted a role in which they would make a difference – 50.11% of respondents responded this way (69% in 2024). Also mirroring the 2024 findings, the next two most popular responses were because respondents felt they would enjoy the role (11.83%) and because it would fit their skills or because they felt they would be good at it (10.63%).

Graph 5: What initially led respondents to work in social care



We then asked respondents how they found out about working in social care. Respondents were able to select as many options as they liked from a range of responses. However, two responses were most frequently stated: through friends and family in the sector (49.22%) and through a job advertised online (27.05%).

Recruitment and retention

We also asked a question about respondents' intention to leave the social care sector. Across all respondents, almost one in five (19.89%) suggested they were looking to leave social care work. When these respondents were asked how long they expected to stay working in social care, the average response was 14 months. This overall number is slightly lower than in 2024, when 25% of respondents were looking to leave social care, and they expected to do this within an average of 13 months. In 2025, these trends are broadly similar across all job groupings, with 18.93% of managers aiming to leave the sector, and 18.95% of social workers.

In the survey, two open-ended questions were also asked about recruitment and retention of staff in the sector. The first question asked about the challenges that employing organisations were facing in terms of staff recruitment and retention. Overall, four main challenges for employers were discussed by respondents. These included retaining staff, low pay, working conditions and a lack of respect or recognition of the role.

The first challenge, retaining staff, was also associated with difficulties around workloads and the quality of staffing:

> "Retention [is] more of a challenge. Long hours, poor pay, supporting people with very complex health care needs, more of a nursing role, huge responsibilities and accountability with little support from health or experienced people in a supervisory [position]"

Low pay or a lack of remuneration was the second most frequently discussed challenge in recruiting and retaining staff. Respondents considered that low rates of pay meant that people working outside social care who had the potential to work within the sector were choosing not to do so, and moreover, those within the sector were choosing to leave in pursuit of better rates of pay:

> "Low pay for what's required of you. I used to work in Starbucks and was paid more per hour for less responsibility. I do this job for the love of it, the financial side is difficult."

The third challenge was poor working conditions – particularly high workloads – which made employees more likely to leave the role, and less likely to take another role in the sector:

> "They often struggle to keep staff due to the workload. Staffing levels have dropped significantly over the last three years. What used to be three people on shift is now one, but the workload has increased. People leave because it is too much."

The fourth challenge related to recruitment and retention was a perceived lack of respect and recognition for the role. Respondents repeatedly mentioned the way that social care is depicted in the public media – with assertions that the sector is perceived to be a 'Cinderella

service' (i.e. seen as being less valuable) compared to the NHS. Respondents described how this leads to a sense that social care workers are undervalued in comparison to health colleagues. This was a source of frustration for respondents:

> "Care is an open door as generally it is seen as an unskilled sector."

The second open-ended question was related to the first, and sought to explore what respondents thought could be done to make the sector 'a more attractive and rewarding place to work'. Three main themes emerged from the analysis of their responses. The first of these pertained to pay. Respondents again suggested that in order to attract more people to work in the sector, there was a need to offer higher rates of remuneration:

> "Increase pay. I could earn more money working on a checkout in the local supermarket."

The second theme pertained to how the image and recognition of the sector could be improved, to entice more people to work within it:

"Unfortunately, social care providers are the poor relative of the care sector and carers are not valued and respected in the same way as nurses, for example."

The third theme pertained to enhancing the prospects for career development within the sector. Indeed, respondents suggested that many roles in social care were not marketed or seen as a long-term career. Rather, they are seen as a job, or something that could be easily picked up when supplementary income was needed:

> "Sell it as a career with prospects, not just a job or stop gap."

Leadership, training and development

This series of questions was asked to understand about the leadership, training, and development opportunities available while working in social care in Wales. We asked about respondents' leadership and progression ambitions, and the training and development needs of those in the sector.

Table 7A: Desire for leadership position in the future

	All respondents	**Care workers**	**Managers**	**Social workers**
Would like a leadership position in the future: Either strongly agree or agree	43.37% (2439)	41.13% (1445)	60.29% (290)	45.37% (338)
2024 data	*47%*	*44%*	*65%*	*53%*
2023 data	*36%*	*35%*	*60%*	*39%*
Would like a leadership position in the future: Either strongly disagree or disagree	29.46% (1657)	32.45% (1140)	11.23% (54)	23.89% (178)
2024 data	*29%*	*32%*	*10%*	*24%*
2023 data	*35%*	*35%*	*13%*	*37%*

Table 7B: Belief in ability to become a leader

	All respondents	**Care workers**	**Managers**	**Social Workers**
Believes it's possible for them to become a leader: Either strongly agree or agree	57.86% (3220)	54.42% (1894)	80.17% (380)	64.72% (477)
2024 data	*60%*	*57%*	*80%*	*67%*
2023 data	*50%*	*48%*	*68%*	*57%*
Believes it's possible to become a leader: Either strongly disagree or disagree	16.93% (942)	18.76% (653)	NA NA	12.62% (93)
2024 data	*16%*	*17%*	*3%*	*13%*
2023 data	*22%*	*23%*	*6%*	*21%*

Table 7C: Progression opportunities in the last 12 months

	All respondents	**Care workers**	**Managers**	**Social workers**
Sought a progression opportunity in the last 12 months: Yes	27.49% (1537)	25.97% (907)	38.96% (187)	29.77% (220)
2024 data	*37%*	*34%*	*46%*	*43%*
2023 data	*NA*	*NA*	*NA*	*NA*
Sought a progression opportunity in the last 12 months: No	61.80% (3455)	62.04% (2167)	55.83% (268)	63.87% (472)
2024 data	*57%*	*58%*	*52%*	*53%*
2023 data	*NA*	*NA*	*NA*	*NA*

The data in Tables 7A, 7B, and 7C reveals varied leadership aspirations and perceptions of career progression across different job groups in social care. Overall, 43.37% of all

respondents expressed a desire for a leadership role —slightly lower than in 2024 (47%), although still significantly higher than in 2023 (36%). Interest in leadership was highest among managers, with 60.29% indicating a desire to move into leadership roles in 2025 (compared with 65% in 2024 and 60% in 2023), and 80.17% of managers believing it was possible to become a leader. This remains consistent with the 2024 figure of 80% (68% in 2023). This does not, however, take away from the fact that managers may already see themselves as being in a leadership role, which may influence these findings.

Care workers were slightly less likely to want a leadership role in 2025 (41.13%) compared to 2024 (44%), and were less confident in the possibility of becoming a leader (54.42% in 2025 vs. 57% in 2024), although these figures still represent a considerable increase from 2023 (when 35% reported interest in a leadership position and 48% believed it was possible to do so). Social workers in 2025 were significantly less likely to want a leadership position (45.37%) compared to 2024 (53%), and less confident in their ability to progress: 64.72% said they believed it was possible to become a leader in 2025, compared with 67% in 2024. This suggests a considerable drop in optimism around career progression within this group since 2024, with desire and confidence in becoming a leader decreasing to similar proportions as in 2023.

Despite ongoing leadership ambitions, only 27.49% of all respondents in 2025 had actively sought a career progression opportunity in the past year—down from 37% in 2024. Managers were still the most likely to pursue progression (38.96% in 2025 vs. 46% in 2024), followed by social workers (29.77% in 2025 vs. 43% in 2024) and care workers (25.97% in 2025 vs. 34% in 2024). This considerable decline across all groups may indicate growing barriers to progression or reduced motivation to pursue leadership roles over time.

Table 8A: Right training to do the job well

	All respondents	**Care workers**	**Managers**	**Social workers**
Right training to do job well: Either strongly agree or agree *2024 data* *2023 data*	86.45% (4894) *87%* *79%*	86.91% (3066) *87%* *80%*	88.98% (436) *92%* *83%*	82.75% (614) *83%* *70%*
Right training to do job well: Either strongly disagree or disagree *2024 data* *2023 data*	4.67% (265) *5%* *10%*	4.19% (148) *5%* *9%*	NA NA *4%* *6%*	7.55% (56) 7% 16%

Table 8B: Enough training to fulfil CPD requirements

	All respondents	Care workers	Managers	Social workers
Enough training to fulfil CPD requirements: Either strongly agree or agree	82.98% (4685)	82.23% (2896)	89.96% (439)	83.34% (615)
2024 data	*80%*	*81%*	*88%*	*84%*
2023 data	*77%*	*75%*	*87%*	*79%*
Enough training to fulfil CPD requirements: Either strongly disagree or disagree	5.47% (309)	5.22% (184)	NA NA	6.64% (49)
2024 data	*5%*	*5%*	*4%*	*5%*
2023 data	*7%*	*7%*	*6%*	*9%*

Table 8C: Need more training to progress career/get promoted

	All respondents	Care workers	Managers	Social workers
Need more training to progress career/get promoted: Either strongly agree or agree	46.71% (2631)	47.58% (1670)	32.02% (155)	51.41% (382)
2024 data	*47%*	*48%*	*32%*	*53%*
2023 data	*47%*	*47%*	*46%*	*47%*
Need more training to progress career/get promoted: Either strongly disagree or disagree	22.12% (1246)	20.42% (717)	34.80% (169)	20.73% (154)
2024 data	*23%*	*22%*	*35%*	*23%*
2023 data	*16%*	*16%*	*13%*	*17%*

Tables 8A, 8B, and 8C outline staff perceptions of training and development opportunities, both in relation to current job performance and future career progression. Overall, a strong majority of respondents (86.45%) agreed that they had the right training to do their job well, with consistently high agreement across job roles. This is broadly in line with findings from 2024, which also showed high levels of agreement across the workforce (87%), and indicating improvements from 2023 across all respondents (79%) and for each job group. Similarly, 82.98% of respondents in 2025 felt they received enough training to meet continuing professional development (CPD) requirements, which is slightly higher than in 2024 (80%).

Managers reported the highest levels of satisfaction (89.96%), consistent with the findings in 2024 (88%) and again representing improvements since 2023 (77%). However, views on training for career progression were more mixed: nearly half (46.71%) of respondents said they needed more training to progress or gain promotion. This was particularly true for care workers (47.58%) and social workers (51.41%), compared to just 32.02% of managers. These findings suggest that while basic and CPD-related training is well supported, there may be a gap in training provision related to career advancement, especially for frontline staff. There has been a slight improvement since 2024, when 47% of all respondents (47% in 2023), 48% of care workers (47% in 2023), and 53% of social workers (up from 47% in 2023) said they needed more training to progress. Views among managers remained relatively consistent,

with 32% saying they needed more training in 2024, which again indicates improvements since 2023 (46%).

We also asked survey respondents if they felt there were any barriers to accessing work-related training in their place of work. Two thirds (66.17%) of respondents suggested there were not, with 17.16% answering 'yes'. For those who answered 'yes', they were asked an additional follow-up question as to what those barriers were. Three themes emerged from their responses, the first being 'time', and specifically a lack of time to complete training, mainly due to excessive workloads:

> "Just having the time to fit it in as well as work and family life."

Secondly, respondents suggested that the 'costs' associated with training and development could be prohibitive:

> "Managers saying there is no budget for training."

Finally, several respondents highlighted issues with accessing online training events:

> "Not everyone has the access to a laptop/computer. Time is not allocated on my rota to complete online training."

Well-being

Several questions included in the survey focused on assessing respondents' well-being. The primary well-being indicator measured individual well-being levels, which can be benchmarked against UK averages using the ONS4 metric (Office for National Statistics, 2018). We also asked about causes of stress at work and which services respondents would use to support their mental health and well-being.

Table 9: Well-being scoring across the sector and UK national average scoring.

	All respondents	**Care workers**	**Managers**	**Social workers**
Well-being 1 (satisfied with life)	7.78	7.88	7.58	7.51
(UK national average – 7.45)				
2024 data	*6.54*	*6.50*	*6.48*	*6.75*
Well-being 2 (life is worthwhile)	8.25	8.39	7.97	7.93
(UK national average – 7.73)				
2024 data	*7.11*	*7.10*	*7.00*	*7.40*
Well-being 3 (happiness yesterday)	7.75	7.88	7.41	7.46
(UK national average – 7.39)				
2024 data	*6.58*	*6.54*	*6.76*	*6.53*
Well-being 4 (anxiety)*	5.30	5.32	5.11	5.38
(UK national average – 3.23)				
2024 data	*4.35*	*4.24*	*4.64*	*4.84*

*Lower scores on anxiety indicate lower levels of anxiety, which is a positive outcome

Table 9 outlines the findings of the well-being scoring across the sector, with scores separated by job grouping. Social care professionals reported well-being levels that generally exceeded UK national averages in most areas. Overall life satisfaction among survey respondents was 7.78, with care workers reporting the highest satisfaction (7.88). This is above the national average of 7.45. Average life satisfaction was also higher for 2025 survey respondents than those in 2024 (6.54), with consistent improvements for each worker group. Feelings of life being worthwhile also scored strongly across all groups (average 8.25 vs national average 7.73), particularly among care workers (8.39). Again, this marks an increase from 2024, when scores were lower across the board.

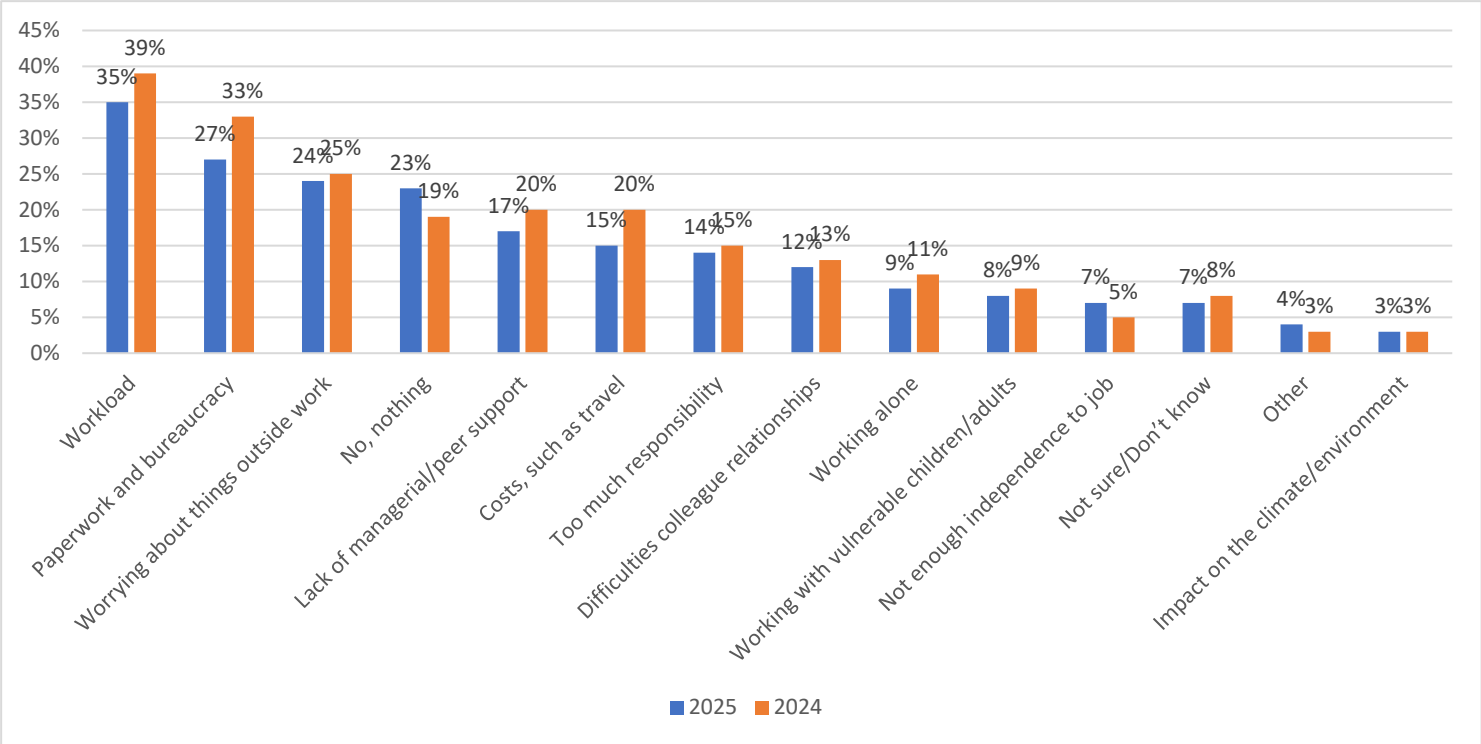
Reported happiness on the previous day was 7.75 overall, again higher than the UK average of 7.39 and again demonstrating an increase from 2024 (6.58), with similar improvements for each job group. However, anxiety levels were elevated, averaging 5.30 This is well above the national average of 3.23, with social workers reporting the highest anxiety (5.38). These findings represent an increase from 2024 in anxiety levels both among all respondents (4.35) and for each job group.

Presenteeism is defined as an individual going into work when they are ill enough that they should take time away from work. It is a concept which has been shown to be very closely related to mental health and well-being outcomes, as well as productivity. One question therefore asked whether, and how frequently, respondents had gone into work despite

being so ill they should stay at home. Overall, 26.64% of respondents had attended work despite being so ill they should stay at home once in the last 12 months, 31.44% had done so between two and five times and 14.48% had done so five or more times. Whilst 45.92% of 2025 respondents had attended work at least twice in the last 12 months when they were so ill they should have stayed at home, this represents some improvement from 2024, when 52% of survey respondents did this.

We also asked whether respondents agreed or disagreed that they felt safe in their role. 62.47% of respondents suggested that they either strongly agreed or agreed that they felt safe in their role, and just 12.67% disagreed or strongly disagreed. Managers were the job grouping most likely to agree or strongly agree that they feel safe in their role (69.72%), followed by care workers (62.27%) and social workers (56.83%).

Graph 6: Causes of stress at work



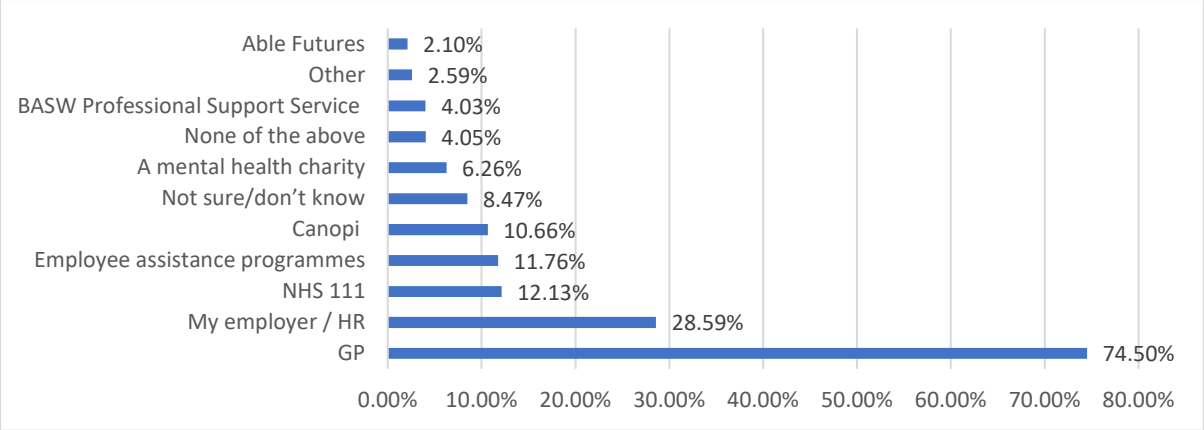
We asked respondents if a number of factors were causing them stress while carrying out their job, giving them a range of potential responses, from which they could select more than one (see Graph 6). The most selected response, across all respondents and job groupings, was workload (i.e. having too much work to do or not enough time to do work allocated). More than one third of all respondents (35.37%), and three in ten care workers (31.07%), suggested that workload was a cause of stress. This was also the case for 49.52% of social workers and half of managers (50.41%). Administrative load (i.e. paperwork and bureaucracy) was the second most selected response (27.19%), this was selected by a higher percentage of managers (40.83%) and social workers (47.21%) than social care workers (21.27%). The second most popular response across all respondents was worrying about

things outside of work, such as responsibilities and stresses at home. 23.76% of care workers, 25.98% of managers, and 27.35% of social workers said that worrying about things outside of work causes them stress while carrying out their job, thereby demonstrating the importance of recognising work-life balance. The pattern of stress reported by respondents in 2025 was very similar to 2024. In both years, workload was the most commonly selected cause of stress, followed by administrative burden and personal responsibilities outside of work. This consistency suggests that the pressures facing the social care workforce have remained largely unchanged over time.

Well-being support

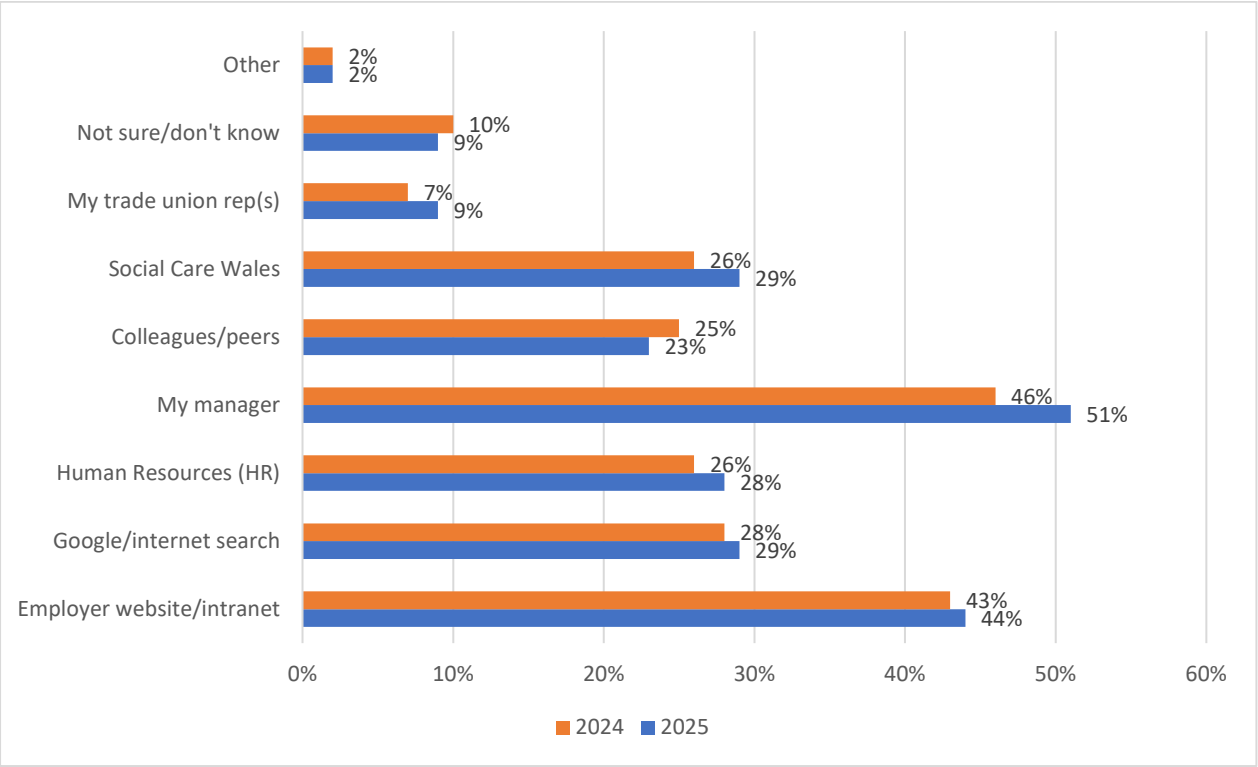
Respondents were asked about the services they would reach out to in the event that they wanted additional support for their mental health or well-being and were able to select multiple answers. Of all respondents, 28.59% said that they would reach out to their employer for support, and 74.50% said they would go to their GP.

Graph 7: What services respondents would reach out to for support for their mental health or well-being (respondents can select more than one answer).



Furthermore, respondents were asked where they would go if they wanted to find out additional information about health and well-being at work and were able to select multiple answers (see Graph 8). The two most common answers to this question were the individual's manager (selected by 50.85% of all respondents) and an employer website or intranet (selected by 43.96% of all respondents). Notably, 29.17% of all respondents suggested that they would go to Social Care Wales to find out more information about health and well-being at work and 29.27% selected a general Google/internet search. Patterns were broadly consistent with 2024 findings, where the most commonly selected sources of health and well-being information were also line managers (46%) and employer websites or intranet (43%). Similarly, 26% of respondents in 2024 said they would look to Social Care Wales and 28% selected general internet search.

Graph 8: Where respondents would go to find out more information about health and well-being at work (respondents can select more than one answer).



One open-ended question in the survey asked respondents what changes could be made to their role in order to support their health and well-being. Three main themes emerged from the responses to this question. The first and most frequently discussed was staffing – and in particular that there was sufficient staffing for workers to perform their duties.

> "Having enough staff on duty will help me relax as there will not be too much work or pressure on me."

> "We are all overworked, too many calls."

The second theme was pay. Respondents suggested that their pay is sometimes too low to even cover their basic costs, and that it is not reflective of their roles and responsibilities:

> "Pay needs to be raised… it's not covering costs."

> "Better pay to reflect the responsibilities we undertake."

The final theme was for better support from management. Specifically, respondents wanted to feel that they were listened to by their managers, and that their opinions were respected and supported. This they considered particularly important in the context of the stressful nature of the role – with a lack of managerial support being identified as negatively impacting upon a worker's sense of well-being.

> "To be listened to by my manager and my opinion valued."

> "Social care workers need double looking after… it drains out emotionally and physically."

Canopi is a service which offers "free and confidential mental health support for NHS and social care staff across Wales" (Canopi, no date). As such, respondents were asked whether or not they had heard of Canopi and, if so, whether they have used it (see Table 10). We found that awareness of Canopi appears to be limited across the social care workforce in Wales, with 81.34% of all respondents reporting they had not heard of the service. Managers were the most aware of the service, with 18.58% stating they had heard of Canopi but had not used it, compared to 6.61% of care workers and 9.84% of social workers. Actual usage was low across all groups: just 1.21% of all respondents had used the service. Among those aware of Canopi, 11.19% had used it.

Table 10: Whether – and how – respondents have used Canopi (NA signifies where a value is below 35)

	All respondents	**Care workers**	**Managers**	**Social workers**
Have heard of Canopi and used it	1.21% (61)	1.10% (35)	NA	NA
Have heard of Canopi but haven't used it	8.62% (433)	6.61% (210)	18.58% (76)	9.84% (63)
Have not heard of Canopi	81.34% (4088)	83.38% (2649)	75.79% (310)	80.31% (534)

Respondents who had heard of Canopi but not used it were asked one additional question: 'Is there a reason why you haven't used Canopi?'. The most common responses were that they did not need it, that respondents preferred to use other sources of support (such as their line manager or organisational Employee Assistance Programme or GP services), and that they did not have the time. One survey respondent said: "Work and home life … where does self-care fit in?"

Workplace fairness and experiences of bullying and discrimination in social care

This section looks at respondents' perceptions of fairness in career progression and promotion opportunities, specifically concerning whether their employer makes decisions impartially, regardless of protected characteristics such as age, race, disability, sex, religion, or sexual orientation. It also considers the prevalence of experiences of bullying, harassment and discrimination.

We first asked respondents a question about whether they thought their employer acted fairly in making decisions about progression and promotion regardless of protected characteristics. The overall data reveals that over two thirds of respondents (69.01%) believed that their employer acted fairly in these areas, while 10.15% disagreed, and 14.10% were unsure. A breakdown by job grouping shows that managers were the most likely to perceive fairness, with 90.10% agreeing, compared to around two thirds of social workers (69.35%) and care workers (65.58%). Smaller proportions of respondents across all groups either disagreed, were unsure, or preferred not to answer, highlighting some variation in perceptions of fairness depending on job function.

Tables 11A to 11C outline reported bullying, discrimination and/or harassment from different sources within our sample in the 12 months before the survey was completed. Reports of mistreatment — including bullying, discrimination, and harassment — were present across all respondent groups. Bullying from managers or senior staff was reported by 7.70% of all respondents, with social workers experiencing the highest rate (11.06%). Discrimination from managers or senior staff affected 7.36% overall, again peaking among social workers (10.13%). These findings were similar in 2024, when 8% of all respondents and care workers reported bullying and harassment from managers or senior staff.

Colleague-related bullying was experienced by 7.40% and colleague-related discrimination was experienced by 5.35% of all respondents. This is similar to 2024, where 8% of all respondents experienced bullying from colleagues and 5% experienced discrimination from colleagues. Notably, 6.93% of social workers reported bullying from individuals or families in the 2025 survey — this is above the 4.31% overall average in 2025 but represents a decrease from 2024, when 8% of social workers reported bullying from individuals or families.

Table 11A: Reported bullying in the last 12 months

	All respondents	Care workers	Managers	Social workers
Bullying from managers or senior staff	7.70% (439)	7.16% (254)	NA	11.06% (83)
2024 data	*8%*	*8%*	*7%*	*11%*
Bullying from colleagues	7.40% (422)	7.25% (257)	7.11% (35)	8.00% (60)
2024 data	*8%*	*8%*	*7%*	*6%*
Bullying from individuals or families	4.31% (246)	3.67% (130)	NA	6.93% (52)
2024 data	*5%*	*4%*	*6%*	*8%*

Table 11B: Reported discrimination in the last 12 months

	All respondents	Care workers	Managers	Social workers
Discrimination from managers or senior staff	7.36% (420)	7.25% (257)	NA	10.13% (76)
2024 data	*8%*	*8%*	*2%*	*11%*
Discrimination from colleagues	5.35% (305)	5.67% (201)	NA NA	5.47% (41)
2024 data	*5%*	*5%*	*2%*	*4%*
Discrimination from individuals or families	4.26% (243)	4.37% (155)	NA	NA
2024 data	*5%*	*4%*	*6%*	*8%*

Table 11C: Reported harassment in the last 12 months

	All respondents	Care workers	Managers	Social workers
Harassment from managers	4.07% (232)	4.15% (147)	NA NA	NA NA
2024 data	*4%*	*4%*	*4%*	*4%*
Harassment from colleagues	3.54% (202)	3.36% (119)	NA NA	NA NA
2024 data	*4%*	*4%*	*4%*	*2%*
Harassment from individuals or families	5.75% (328)	5.27% (187)	7.32% (36)	7.47% (56)
2024 data	*7%*	*5%*	*8%*	*12%*

Among those who experienced bullying, discrimination, or harassment from managers or senior staff, less than half (45.25%) reported the incident themselves, with 5.54% saying a colleague reported it. Notably, about half (49.21%) of respondents did not report the incident at all. When reports were made, only 24.16% felt the issue was handled satisfactorily, 34.29% felt it wasn't handled satisfactorily, and 35.58% felt their concern was ignored.

When bullying, discrimination, or harassment came from a colleague, over half (55.36%) of affected respondents reported the incident themselves, while 8.26% said a colleague reported it. This indicated a slightly higher reporting rate than that for incidents involving managers or senior staff. However, outcomes remained mixed: only 37.10% felt the issue was handled satisfactorily, 29.72% said the matter was dealt with unsatisfactorily, and 27.42% believed it was ignored altogether.

We found that incidents of bullying, discrimination, or harassment from individuals accessing services or their families were more likely to be reported than those involving colleagues or managers. Indeed, a substantial 72.94% of respondents reported the incident themselves, and an additional 8.42% said a colleague reported it. However, only 46.06% felt the issue was handled satisfactorily, whereas 21.16% felt the response was unsatisfactory and a quarter (25.10%) said that their concern was ignored.

Workplace culture and capacity in care roles

This section presents an overview of staff experiences relating to working conditions, including workplace support, morale, and professional capacity within the social care sector. Drawing on a range of indicators — including perceptions of managerial and peer support, feelings of being valued by colleagues and the wider community, and the ability to manage workloads and stress — the findings offer insight into the current working climate across different roles.

Support, morale and feeling valued

Table 12A outlines staff experiences of workplace culture and support, focusing on perceptions of managerial and peer support. Overall, and similarly to in 2024, most respondents reported positively across these areas, with 72.64% saying they felt helped and supported by their manager (70% in 2024) and 80.72% saying they felt helped and supported by their colleagues (79% in 2024). These findings show improved managerial support since 2023, when 66% of all respondents, 65% of care workers, and 69% of social workers said they felt helped and supported by their manager.

Table 12A: Perceptions of support (managerial and peer)

	All respondents	**Care workers**	**Managers**	**Social workers**
Managerial support: Positive	72.64% (4104)	70.54% (2482)	83.67% (405)	72.96% (545)
2024 data	*70%*	*68%*	*83%*	*72%*
2023 data	*66%*	*65%*	*83%*	*69%*
Managerial support: Negative	9.34% (528)	10.57% (372)	NA NA	8.57% (64)
2024 data	*12%*	*12%*	*5%*	*11%*
2023 data	*13%*	*14%*	*6%*	*11%*
Peer support: Positive	80.72% (4556)	78.79% (2771)	85.91% (421)	83.53% (624)
2024 data	*79%*	*78%*	*86%*	*81%*
2023 data	*78%*	*76%*	*87%*	*86%*
Peer support: Negative	3.88% (219)	4.38% (154)	NA NA	NA *NA*
2024 data	*5%*	*5%*	*1%*	*3%*
2023 data	*5%*	*5%*	*1%*	*3%*

Notably, morale across all respondents has dramatically increased from being reported positively by 65% of respondents in 2023 to 82.77% of respondents in 2025 (see Table 12B). This is particularly the case for care workers, whose positive reporting of morale has risen from 67% in 2023 to 83.96% in 2025. Managers were the most likely to report positive experiences, particularly regarding managerial support (83.67%) and morale (82.49%). Care workers and social workers reported high levels of peer support and morale.

Table 12B: Morale perceptions

	All respondents	Care workers	Managers	Social workers
My morale is good: Positive	82.77% (4643)	83.96% (2926)	82.49% (359)	75.70% (564)
2024 data	*77%*	*78%*	*78%*	*70%*
2023 data	*65%*	*67%*	*62%*	*38%*
My morale is good: Negative	3.85% (216)	3.65% (127)	NA NA	6.17% (46)
2024 data	*7%*	*5%*	*5%*	*8%*
2023 data	*10%*	*10%*	*5%*	*16%*

However, social workers were more likely than other groups to express concerns about staffing levels (see Table 12C), with only 56.97% agreeing that the right staff were in place to deliver services effectively. These figures do, however, indicate consistent improvements over time (having risen from 34% in 2023 and 48% in 2024). These findings highlight the importance of role-specific dynamics in shaping workplace satisfaction and perceived capacity to provide quality care.

Table 12C: Staffing perceptions

	All respondents	Care workers	Managers	Social workers
Right staff in place to deliver services: Positive	66.15% (3724)	66.44% (2328)	73.42% (359)	56.97% (425)
2024 data	*57%*	*58%*	*65%*	*48%*
2023 data	*54%*	*57%*	*72%*	*34%*
Right staff in place to deliver services: Negative	8.18% (466)	7.91% (277)	NA NA	13.54% (101)
2024 data	*13%*	*13%*	*8%*	*20%*
2023 data	*16%*	*14%*	*6%*	*29%*

We also asked respondents the extent to which they felt they were valued by groups within and outside their professional environment (see Tables 13A to 13E). Overall, and similarly to previous years, most respondents reported feeling valued by their manager (67.78% compared to 70% in 2024 and 61% in 2023), colleagues (78.08% compared to 80% in 2024 and 71% in 2023), and the people and families they support (80.54% compared to 80% in 2024 and 76% in 2023).

Table 13A: Outlining how valued respondents feel they are by their managers

	All respondents	Care workers	Managers	Social workers
You feel valued by your manager: *Either strongly agree or agree* *2024 data* *2023 data*	67.78% (3834) *70%* *61%*	64.36% (2267) *67%* *59%*	78.98% (387) *83%* *79%*	73.65% (548) *74%* *58%*
You feel valued by your manager: *Either strongly disagree or disagree* *2024 data* *2023 data*	14.71% (832) *15%* *19%*	16.44% (579) *17%* *21%*	8.98% (44) *12%* *10%*	12.77% (95) *6%* *17%*

Table 13B: Outlining how valued respondents feel they are by their colleagues

	All respondents	Care workers	Managers	Social workers
You feel valued by your colleagues: *Either strongly agree or agree* *2024 data* *2023 data*	78.08% (4408) *80%* *71%*	75.86% (2668) *79%* *69%*	82.96% (404) *84%* *84%*	83.17% (618) *85%* *78%*
You feel valued by your colleagues: Either s*trongly disagree or disagree* *2024 data* *2023 data*	4.92% (278) *4%* *8%*	5.41% (190) *5%* *9%*	NA NA *5%* *4%*	NA NA *3%* *5%*

Table 13C: Outlining how valued respondents feel they are by the people they support and their families

	All respondents	Care workers	Managers	Social workers
You feel valued by people/families you support: *Either strongly agree or agree* *2024 data* *2023 data*	80.54% (4550) *80%* *76%*	80.97% (2846) *82%* *78%*	86.09% (421) *79%* *83%*	76.24% (568) *74%* *64%*
You feel valued by people/families you support: *Either strongly disagree or disagree* *2024 data* *2023 data*	4.29% (242) *5%* *6%*	4.26% (150) *5%* *6%*	NA NA *4%* *3%*	4.96% (37) *6%* *12%*

Table 13D: Outlining how valued respondents feel they are by partner agencies

	All respondents	Care workers	Managers	Social workers
You feel valued by partner agencies: *Either strongly agree or agree* *2024 data* *2023 data*	56.27% (3173) *57%* *48%*	54.85% (1922) *56%* *47%*	62.99% (308) *58%* *62%*	55.36% (413) *55%* *44%*
You feel valued by partner agencies: *Either strongly disagree or disagree* *2024 data* *2023 data*	10.85% (612) *12%* *18%*	9.19% (322) *10%* *16%*	14.72% (72) *15%* *13%*	17.02% (127) *19%* *28%*

Table 13E: Outlining how valued respondents feel they are by the general public

	All respondents	Care workers	Managers	Social workers
You feel valued by the general public: *Either strongly agree or agree* *2024 data* *2023 data*	50.32% (2839) *51%* *44%*	52.97% (1857) *56%* *48%*	43.77% (214) *41%* *48%*	36.51% (272) *35%* *20%*
You feel valued by the general public: *Either strongly disagree or disagree* *2024 data* *2023 data*	13.42% (757) *17%* *23%*	9.81% (344) *12%* *17%*	16.98% (83) *18%* *20%*	31.81% (237) *36%* *52%*

Managers reported higher levels of feeling valued by their own managers (78.98%, down from 83% in 2024 and 79% in 2023) and by the people they support (86.09%, up from 79% in 2024 and 83% in 2023) than other groups. Social workers, while generally positive, reported lower levels of feeling valued by the public (36.51%) . Overall positive responses for feeling valued by the public were 50.32% in 2025, which compared to 51% in 2024 and 44% in 2023. The percentage of social workers responding positively as to whether they felt valued by the general public (36.51%) was slightly higher in this year's survey than in previous years (35% in 2024 and 20% in 2023). Managers also answered more positively in 2025 (43.77%) than in 2024 (41%), but less positively than in 2023 (48%). For care workers, these figures were lower in 2025 (52.97%) than in 2024 (56%), but higher than in 2023 (48%). These patterns suggest that internal workplace relationships are a significant source of affirmation, while external recognition — particularly from the public — remains more limited and uneven across job roles.

Workload

Tables 14A to 14D outline respondents' perspectives of their capacity to manage workloads, recover from work-related stress, and deliver quality care. While 58.50% of all respondents felt they had enough time to do their job well, this sentiment was less common among

managers (47.86%) and social workers (43.49%), suggesting greater time pressures in these roles (see Table 14A). These findings echo those from 2024, showing a slight increase across all respondents (up from 55%) and an increase for social workers (up from 40%). There are also notable improvements across all respondents since 2023, particularly social workers (up from 23%).

Table 14A: Whether respondents feel they have time to do their jobs

	All respondents	**Care workers**	**Managers**	**Social workers**
I have enough time to do my job well: Either strongly agree or agree	58.50% (3306)	61.75% (2170)	47.86% (234)	43.49% (324)
2024 data	*55%*	*60%*	*47%*	*40%*
2023 data	*49%*	*54%*	*46%*	*23%*
I have enough time to do my job well: Either strongly disagree or disagree	26.08% (1474)	22.31% (784)	34.97% (171)	43.22% (322)
2024 data	*30%*	*25%*	*50%*	*40%*
2023 data	*36%*	*29%*	*40%*	*69%*

More than half of all respondents (54.40%) reported difficulty switching off after work (see Table 14B). This compared to 57% in 2024 and 63% in 2023. The proportion of respondents who reported difficulty switching off after work was highest among managers (71.98%, down slightly from 74% in 2024 and 77% in 2023), reflecting the emotional demands of leadership positions. Support for managing stress appears limited (see Table 14C), with fewer than half (43.52%) of respondents feeling adequately supported, and this figure is lowest among social workers (40.35%). These statistics are similar to those reported in 2024 and show improvements across all respondents since 2023, although a notable improvement can be seen for social workers (up from 34% in 2024 and 24% in 2023).

Table 14B: Impacts of stress

	All respondents	**Care workers**	**Managers**	**Social workers**
I find it difficult to switch off when I leave work: Either strongly agree or agree	54.40% (3066)	51.46% (1804)	71.98% (352)	54.44% (405)
2024 data	*57%*	*54%*	*74%*	*59%*
2023 data	*63%*	*61%*	*77%*	*69%*
I find it difficult to switch off when I leave work: Either strongly disagree or disagree	23.51% (1325)	24.64% (864)	16.36% (80)	25.67% (191)
2024 data	*32%*	*24%*	*25%*	*16%*
2023 data	*20%*	*20%*	*16%*	*20%*

Table 14C: Whether respondents feel they have enough support for dealing with stress

	All respondents	Care workers	Managers	Social workers
I have enough support for dealing with stress: Either strongly agree or agree	43.52% (2458)	41.60% (1463)	49.90% (243)	40.35% (301)
2024 data	*41%*	*42%*	*50%*	*34%*
2023 data	*31%*	*31%*	*45%*	*24%*
I have enough support for dealing with stress: Either strongly disagree or disagree	29.83% (1685)	30.71% (1080)	25.88% (126)	36.20% (270)
2024 data	*34%*	*33%*	*43%*	*26%*
2023 data	*44%*	*43%*	*29%*	*54%*

Nevertheless, most staff (77.77%) reported confidence in their ability to meet the needs of the people they cared for (see Table 14D), a small improvement from 2024 (75%) and 2023 (70%). This too was lower among social workers (62.47%), although a significant improvement over time can also be seen here (up from 55% in 2024 and 40% in 2023). These results suggest that while staff remain committed to providing high-quality care, many are doing so under considerable strain, although there is evidence of improvement across the surveys.

Table 14D: Whether respondents can meet the needs of the people they care for.

	All respondents	Care workers	Managers	Social workers
I can meet the needs of the people I care for: Either strongly agree or agree	77.77% (4390)	80.13% (2815)	83.61% (408)	62.47% (466)
2024 data	*75%*	*78%*	*81%*	*55%*
2023 data	*70%*	*74%*	*84%*	*40%*
I can meet the needs of the people I care for: Either strongly disagree or disagree	10.06% (568)	8.74% (307)	NA NA	21.18% (158)
2024 data	*13%*	*10%*	*10%*	*26%*
2023 data	*17%*	*12%*	*7%*	*42%*

Financial security, pay satisfaction, and employment conditions

Several of our questions sought to gain an understanding of the respondents' perspectives on their employment terms and conditions, as well as how they were coping financially and what benefits they had access to through their work.

Table 15A presents staff experiences related to terms and conditions and awareness of employment rights. While overall satisfaction with terms and conditions was relatively high (68.86%, consistent with 68% in 2024), this was most pronounced among managers (80.16%, up from 77% in 2024). Similarly to in 2024, awareness of employment rights was also strong, with 82.00% (up from 80% in 2024) of respondents feeling informed about their rights — peaking at 94.83% (94% in 2024) among managers.

Table 15A: Perspectives on terms and conditions

	All respondents	**Care workers**	**Managers**	**Social workers**
Satisfaction with terms and conditions: Either very satisfied or fairly satisfied *2024 data*	68.86% (3863) *68%*	66.30% (2314) *66%*	80.16% (392) *77%*	71.22% (527) *72%*
Satisfaction with terms and conditions: Either very dissatisfied or fairly dissatisfied *2024 data*	10.82% (607) *13%*	11.97% (418) *14%*	NA NA *8%*	10.94% (81) *12%*
How aware are you of your employment rights? Either very aware or somewhat aware *2024 data*	82.00% (4575) *80%*	79.82% (2773) *78%*	94.83% (459) *94%*	82.22% (606) *78%*
How aware are you of your employment rights? Either not very aware or not at all aware *2024 data*	5.20% (290) *17%*	5.67% (197) *20%*	NA NA *4%*	5.56% (41) *19%*

However, financial strain remained a concern (see Table 15B). For example, fewer than half (45.86%) said they were 'living comfortably' or 'doing alright' when asked if they were managing financially, a slight increase since 2024 (42%) and considerable increase since 2023 (29%). Nearly half (47.80%) found their current financial situation more difficult than in the previous year, although this figure represents improvements over time (59% in 2024 and 82% in 2023). Satisfaction with pay was notably low across all groups, with similar patterns as in 2024. Only 37.88% (up from 35%) were satisfied and 41.96% (down from 46%) expressed dissatisfaction, underscoring persistent economic pressures within the workforce. These findings also indicate considerable improvements in satisfaction with pay since 2023, when just 26% of all respondents reported satisfaction, although a decrease can be seen for managers (47.43%, down from 54%).

Table 15B: Financial well-being

	All respondents	Care workers	Managers	Social workers
Managing financially these days: Either living comfortably or doing alright *2024 data* *2023 data*	45.86% (2554) *42%* *29%*	41.99% (1456) *38%* *24%*	55.65% (271) *54%* *57%*	51.36% (378) *49%* *47%*
Managing financially these days: Either finding it quite or very difficult *2024 data* *2023 data*	22.02% (1226) *23%* *33%*	24.10% (836) *25%* *37%*	13.76% (67) *13%* *12%*	21.60% (159) *23%* *20%*
More or less difficult financially than last year: More difficult *2024 data* *2023 data*	47.80% (2639) *59%* *82%*	46.79% (1602) *57%* *81%*	54.73% (266) *67%* *83%*	48.64% (357) *62%* *82%*
More or less difficult financially than last year: Easier *2024 data* *2023 data*	13.22% (730) *11%* *3%*	13.99% (479) *12%* *3%*	9.26% (45) *7%* *3%*	13.49% (99) *13%* *4%*
Satisfaction with level of pay: Either very satisfied or fairly satisfied *2024 data* *2023 data*	37.88% (2107) *35%* *26%*	34.59% (1198) *31%* *23%*	47.43% (231) *45%* *54%*	42.07% (308) *43%* *36%*
Satisfaction with level of pay: Either very dissatisfied or fairly dissatisfied *2024 data* *2023 data*	41.96% (2334) *46%* *57%*	45.45% (1574) *50%* *61%*	31.62% (154) *35%* *28%*	38.93% (285) *37%* *47%*

We also asked respondents whether they were employed on a zero-hours contract. A total of 11.74% of all respondents said that they were on a zero-hours contract, with care workers much more likely to have a zero-hours contract (14.71%) than other groups. These findings were similar to those in 2024, when 11% of all respondents were on a zero-hours contract, including 14% of care workers. For those who responded 'yes' to being employed on a zero-hours contract, we also asked whether they preferred this contractual arrangement, or whether they would like a fixed or regular-hours contract. Also echoing the 2024 findings, 35.89% of respondents said they wanted to stay on the zero-hours arrangement, with 64.11% saying they wanted a change.

We also asked a question about how being on a zero-hours contract impacted their life. The most common response about the impact of zero-hours contracts was related to income instability and financial unpredictability. Respondents outlined that these contracts meant that they couldn't be sure what income they would have on a weekly or monthly basis:

> "Don't know what wage you're bringing home."

"Unreliable work schedule."

Secondly, respondents suggested that the lack of job security and no guaranteed hours was difficult to manage – particularly because of the unpredictable nature of the hours offered and an inability to safeguard a fixed amount of working hours:

"Could lose shifts any time."

"Forced to take whatever hours."

However, the third most frequent response was a positive one. Respondents suggested that the flexibility to choose their hours could have a positive impact on their work-life balance. Moreover, others suggested this flexibility enabled them to better support their family and address related responsibilities:

"Can work around children."

"Pick shifts that suit me."

Lastly, respondents suggested that zero-hours contracts (and in particular the financial unpredictability and lack of job security) caused them stress, worry, and anxiety:

"Constantly worried about income."

"Hard to plan personal life."

Graph 9 shows the results of a question which asked about the benefits respondents received in their main job in social care. Over three-quarters (76.32%) said they received 28 or more days' paid holiday, and 63.72% had employer pension contributions. However, fewer reported receiving paid sick leave beyond statutory minimums (38.11%) or family-friendly policies (23.58%). Only 18.46% felt they were reimbursed adequately for work-related travel expenses, and 6.63% had access to a company car. Alarmingly, 5.47% of respondents received none of these.

Graph 9: Benefits received in main job in social care

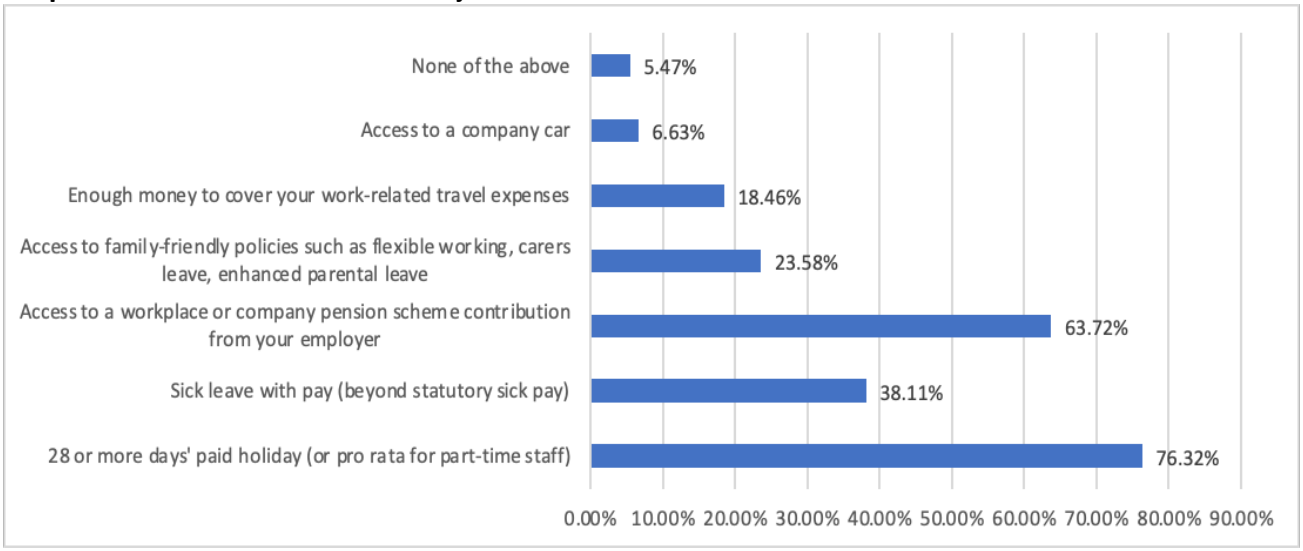


Table 16 outlines the benefits received by those working in social care. While 76.32% of all respondents reported receiving 28 or more days of paid holiday (pro rata), this figure was highest among managers (92.48%) and lower among care workers (74.93%) and social workers (76.40%). Access to enhanced sick pay beyond statutory entitlement was available to only 38.11% overall, with care workers (30.66%) lagging behind managers (52.24%) and social workers (60.67%).

Table 16: benefits received in main social care job broken down by job role

	All respondents	**Care workers**	**Managers**	**Social workers**
28 or more days' paid holiday (or pro rata for part-time staff)	76.32% (4354)	74.93% (2657)	92.48% (455)	76.40% (573)
Sick leave with pay (beyond statutory sick pay)	38.11% (2174)	30.60% (1085)	52.24% (257)	60.67% (455)
Access to a workplace or company pension scheme contribution from your employer	63.72% (3635)	60.27% (2137)	81.50% (401)	72.13% (541)
Access to family-friendly policies such as flexible working, carers leave, enhanced parental leave	23.58% (1345)	14.07% (499)	48.17% (237)	48.40% (363)
Enough money to cover your work-related travel expenses	18.46% (1053)	11.59% (411)	37.60% (185)	33.60% (252)
Access to a company car	6.63% (378)	5.75% (204)	8.54% (42)	8.53% (64)
None of the above	5.47% (312)	5.89% (209)	NA	5.87% (44)

Pension contributions from employers were reported by 63.72% of respondents, with higher access among managers (81.50%) compared to care workers (60.27%). Family-friendly policies were less commonly available (23.58% overall), again skewed toward managers

(48.17%) and social workers (48.40%), compared to only 14.07% of care workers. Just 18.46% of respondents reported receiving enough money to cover work-related travel expenses, with care workers again the least supported (11.59%). Access to a company car was rare across all groups (6.63%).

Finally, we asked whether respondents were aware of the Code of Professional Practice for Social Care. The majority of respondents (88.78%) reported being aware of the Code, with awareness being highest among managers (96.92%) and social workers (93.05%). Awareness among care workers was slightly lower at 86.94%. Overall, only 11.22% of all respondents were not aware of the Code, indicating strong general familiarity across job groupings.

Interview and focus group findings

Working in social care

In the interviews and focus groups we asked about motivation to work in social care. Two main themes were clear: that participants had a passion for helping others and felt they could add value to society, and because they had prior experience of social care and the public sector.

Theme 1: Making a difference – personal values and emotional fulfilment

The most popular reason interview and focus group participants gave for working in social care was to make a difference in the lives of those who are vulnerable:

> "It's my passion to touch lives, to assist people. They're vulnerable people, and that's what I love doing. So the best way I can reach out to community is to join social care." (Yemi, support worker)

Many described feeling suited to care work because they felt they had a caring nature and passion for helping others:

> "I like making a difference. Yeah. And I, I just like looking after other people, just my nature." (Celia, support worker)

Participants also expressed a sense of satisfaction from knowing their work had a positive impact on the lives of the people they support:

> "I find it rewarding working with vulnerable people. I just feel happy when I see them, that they are receiving services and making sure they are safe in their homes." (Emily, domiciliary care worker)

Theme 2: Natural progression – lived experience and previous roles

Another theme highlighted by the analysis of interview and focus group data was that participants often came into social care owing to their own experiences of care. For example, several participants noted their experience of caring for family members, and that this had encouraged them to look for work in social care:

> "I've got a grandmother. She's over 100 years old. So I usually go around […] and spend my spare time with her […] I think I got used to the pattern of being there for the elderly. I love to be around them. I love to spend time with them. I listen to them […] it gives me joy." (Anna, healthcare assistant)

Others progressed into social care work after working in related roles:

> "I've worked with people with learning disabilities. I've also worked with people with mental health conditions; I've worked with the elderly people with dementia, with people with physical difficulties, and I've worked with care leavers […] So, I've had a lot of experience over the years […] which naturally led me to care work." (Lyla, support worker)

Recruitment and retention

Throughout the interviews and focus groups we also asked about improvements that could be made within the sector to support recruitment and retention. Six themes emerged:

Theme 1: Wages, sick pay, and flexibility – calls for practical and moral support
As with the survey findings, most interview participants felt that increasing rates of pay was an essential step in making social care roles more attractive and sustainable:

> "The only way you're gonna get more staff, and more staff staying, is the pay. We're on minimum wage. We see doctors, nurses, complaining about their rates of pay and what they have to do, and while we are sympathetic to that, we also see that we're doing far more than them." (Rhian, support worker)

Improving other benefits such as leave and flexible working were also identified as positive changes that would support recruitment and retention in social care:

> "I wish we did get paid more [...] but if the wages stayed the same, but we had sick pay, I think it would make it a little bit better." (Katrina, support worker)

Theme 2: Consistency and realism in training, preparing social care staff for complex frontline work
This theme was prevalent across the qualitative findings, with participants identifying a lack of good and practical training being something that should be addressed to improve recruitment and retention outcomes:

> "If they [other workers] had the comprehensive training that we had, they would feel so much more supported in their roles. And I feel like staff retention would be so much better because of the information." (Liam, domiciliary care worker)

Specifically, participants felt that training in social care should be more practical, engaging, and reflective of real-life situations. Many felt that current e-learning options were too passive and did not prepare them for the complexities of the job. Instead, they expressed a strong preference for hands-on learning through in-person sessions, scenario-based training, and structured supervision on the job:

> “I think that Social Care Wales should implement Wales-wide face-to-face training. Everybody being trained in a room, in wherever it be. But everybody needs the same training within Wales. We all work to the five principles. We should be taught them. Medication: we should be taught it. You know, the right route, the right person, the right dose, the right time. People aren't being taught face-to-face training. It's all online. And to me, that is where massive errors can occur. Anyone can watch a video, tick it, ‘Yeah, I watched that’.” (Lisa, domiciliary care worker)

Theme 3: Cultivating safer workplaces through openness and mutual accountability

Several interview and focus group participants expressed the need for safer, more transparent spaces where frontline staff can share their experiences without fear of repercussions. There was a strong sense that speaking up could put workers at risk of being penalised, and some participants felt that leaders were able to pass judgement on care workers without any mechanism for staff to provide upward feedback:

> “I just think that Social Care Wales as a body should try to […] find a way of reaching out to carers and let them give […] a report about their managers, about their leadership. Not just them giving a report about the carers. Let them assess them. Let them be assessed by people they are leading. To make them, to know if this person is a good leader or a bad leader […] It happens in organisations in Nigeria, if you assess workers under you, they will assess you too. If you're saying a bad thing concerning an employee […] definitely you as the leader, you're doing something wrong.” (Frank, support worker)

Theme 4: Restoring trust in assessment – addressing gaps in competency checks and regulatory action

The emotional burden of witnessing poor practice without adequate recourse contributed to feelings of powerlessness and frustration for some interview and focus group participants. This could potentially erode job satisfaction and mental well-being. Several participants called for a more hands-on and current understanding of frontline work among those responsible for setting and enforcing standards. There was a strong desire for assessment systems to engage more meaningfully with the realities of today’s care roles. Without this, participants reported feeling undervalued and disconnected from the organisations meant to regulate and support them.

> “I find like, like the Social Care Wales system of being competent to do your job. So, you either have to have a qualification or you have to have your competency assessed by your employer. [...] I think there's a massive failing there where employers are allowed to assess people as competent and a lot of the time these people [...] are not competent [...] I think it's a lot to do with attitudes, values like, I

> think that training needs to be absolutely paramount to anybody working in care. [...] I think that there needs to be some responsibility where if we're told that it's a legal requirement to be registered with Social Care Wales, who enforces that? I think there's no enforcement of these things that are said. [...] I can tell you over half the employees in my place of work are not registered. So how do they get away with that? Who, on these things, who do you go to? And even when you do go to people, it's like passed down. 'Yep, someone will deal with it'. Nobody ever deals with it." (Carys, support worker)

While some participants may have misunderstood aspects of Social Care Wales's role — particularly around assessing services and enforcing standards — their comments reflect broader concerns about how these things are implemented and experienced in practice. Given Social Care Wales's role in regulating and developing the social care workforce, this may point to a need for clearer communication and more visible engagement.

Interview and focus group participants also emphasised that well-being in social care work is tied to both safety and support, and this includes being observed, guided, and recognised fairly. Some suggested regular in-person check-ins or observational visits could improve care quality, give workers greater clarity on expectations, and ensure feedback from people accessing care is not overlooked. These all contribute to a more supportive and health-promoting work environment.

> "I was thinking it would help if they [Social Care Wales] carried out regular check-ups, just to see how the carers are working. Even visiting the places where we're actually providing care would make a difference. And they should also listen to what the clients are saying." (Tanya, domiciliary care worker)

Ultimately, robust and transparent assessment frameworks were seen as essential not just for quality assurance, but for enabling workers to feel respected, prepared, and emotionally supported in their roles – core components of a healthy and sustainable workforce.

Theme 5: Fixing the foundations – addressing burnout, staffing shortages, and ineffective management

Some interview and focus group participants highlighted the need for more sustainable working patterns. They said that long shifts and extended hours — often caused by understaffing — left workers feeling burnt out and unable to maintain a healthy work-life balance:

> "I mean the problem at the minute is staff are overworked and underpaid. There's not enough support workers out there. There's high levels of sickness. Yeah, I

> don't know how that can be improved. Without ploughing money [in].” (Celia, support worker)

Participants also reported the need for improved workforce conditions, such as better management of employees, equal pay for zero-hours contract workers, and more well-trained and experienced staff members.

> In most care homes, there is a lot of staff, but people are not working effectively, or let's just say, not working well together. I don't know how to put it, but I think it's a management issue, yeah.” (Gloria, care worker)

Among domiciliary care workers, the imposed restrictions on time allocations for each visit were a common source of frustration and stress, particularly when they conflicted with the level of care and attention individuals required:

> “The difficulty I find is sticking to time restrictions. They tell me I've got half an hour to go in, shower somebody, wash them, give them the breakfast, give them the medication. I can't do it and I won't do it. [...] Somebody might be really quick, jump in the shower and be fine. Somebody else, it's going to take me a lot longer. So be it. But that is the main difficulty, I find, is time restrictions. And then I'll get five minutes to do a 15-mile journey.” (Lisa, domiciliary care worker)

Theme 6: Retaining global talent – the case for long-term, ethical sponsorship in social care

Some interview and focus group respondents were international workers, and they spoke about uncertainty around sponsorship. They described how a lack of stability and timely visa support created stress and left employers at risk of losing skilled and passionate staff. One interviewee suggested that longer-term sponsorship schemes could help improve retention and provide more security for both workers and the people they support:

> “Most of us may need a sponsor to keep the job going. […] Some that are on probation in a particular place […] have to go and look to get another source of extending the visa for a while before the expiration date for their probation. […] I just think if Social Care Wales can implement a rule that if you can give five years, that they’re going to maintain, to keep stability of staff. You know, when you say you give one year to a staff, after one year the staff can go […] which will affect the organisation, also affect the service users.” (Yemi, support worker)

However, some reported that their sponsorship status made them vulnerable to unfair treatment, including threats of visa cancellation if they questioned working conditions or challenged poor practices:

> "Then the other challenges I faced: they give me like 15 minutes for a client with Parkinsons. [...] I had to call the 999 to come and pick up the client. So, sometimes the ambulance will come maybe later, approximately one hour and more. Then we'll be facing a challenge whereby they will be cancelling the following calls. Then you not gonna be paid. But we used to get paid for that. If you ask them, just because we are sponsored workers from abroad, they will [be] threatening us of cancelling the sponsorship." (Tanya, domiciliary care worker)

As such, the uncertainty and instability that can come with working in the sector can potentially have significant knock-on impacts on the working lives of social care staff. While this is a more isolated experience, it still highlights how insecure and unpredictable work in the sector can be.

Leadership, training and development

The interviews and focus groups also asked about progression opportunities, whether and why participants wanted to progress, and their training and development needs. Several themes and subthemes emerged from the analysis of this data.

Theme 1: Choosing stability over stress

Most participants in the focus groups and interviews had not sought a progression opportunity in the last year. Many of these participants explained that higher-level roles came with significantly more responsibility and pressure – particularly around availability, leadership, and paperwork:

> "Could I get a manager's job? Probably. With six children, would it work for me? No. So, I'm at the level now where I can be. […] purely because my children will always come first, and I think to be a good manager or deputy manager, your job needs to come first. And I could never take on a role where I'm like, if you're on call, you need to be available. Like if you're a good manager, I think you need to be ready to support the staff at any time of day, any day of the week, and your job's not just nine 'til five and it never will be in social care. So, for me, career progression, I'm where I want to be." (Carys, support worker)

Some participants also suggested that the pay increase that came with progression would be inadequate for the level of additional responsibilities assumed within the role:

> “I just feel like the pay doesn't reflect what we do.” (Harry, care worker)

Other participants hadn’t sought progression opportunities because they were new to social care work and hadn’t considered progression yet, or were focused on family commitments and settling into their current role:

> “My daughter is only three and we have a lot going on at home. It’s not that I don't feel sort of qualified to step into a senior role, but I just want to prioritise my kids for now, you know, so yeah.” (Jim, special guardianship worker)

Theme 2: Beyond the paycheque – complex motivations for seeking progression

For some participants, the motivation to progress in their careers was driven by the opportunity to increase their income and take on new responsibilities. These individuals viewed qualifications and promotions as a pathway to greater financial stability and personal growth:

> “Yeah, I would like to. I would love to be a manager here. Definitely you want to progress. And maybe in the future I will have my own care home or agency.” (Gloria, care worker)

In some cases, progression was less about personal ambition and more about being encouraged — or even pressured — by others to ascend. Participants described being asked to take on senior roles due to their level of experience and/or organisational need:

> “I was kind of begged to go senior. It's not something I really wanted to do. […] They did need a senior and I knew what I was doing. I've been in a long time, but I was like, ‘Oh, no, I don't want to. I just don't want to do that’. He was like, ‘Oh, please go for the interview, please. [...] Even if it's just experience’. So, I was kind of, like, tricked into it. Anyway, went for it, and in the room that day, then he was like, I got the job. […] Like even prior to me being a senior, like, I was even helping my manager then with stuff that staff probably wouldn't know. But I was doing it with them, so I was [doing] rotas, helping to do rotas and I weren't even like a senior at this point.” (Dani, senior support worker)

Carys, who had not sought progression, expressed that they would have if not for family commitments and saw progression as an opportunity to make the positive changes they would like to see in social care:

> “I, if my children were older, like of secondary school age, and they were more independent and able to get to and from school, absolutely I'd want the progression.

> […] Yes, to do things properly and make sure things were being done properly. To actually be a manager and lead by example and act with integrity and do all the things that you should do." (Carys, support worker)

Theme 3: Progression pathways – perceptions of fairness and the reality of on-the-job support

Interview participants who sought progression opportunities reported that these opportunities were fairly distributed and accessible in their workplace. They felt supported in applying for roles and described the process positively:

> "Oh, definitely, yeah. Well, everybody's given fair opportunity within the authority." (Liam, domiciliary care worker)

Theme 4: Gaps and barriers in training and professional development

Sub-theme 4.1: Lack of training and knowledge gaps

Some interview and focus group participants reported feeling underprepared when faced with complex client needs and unfamiliar situations due to a lack of proper training:

> "I face challenges when working with clients who have complex illnesses, and I sometimes feel out of my depth because I haven't received the proper training to manage those conditions. For example, a few years ago, I visited a lady with a condition I had never heard of before. I remember thinking, 'What do I do? How can I help her?'. Even though we now have more information available digitally and can see detailed client records, there are still cases where I encounter conditions I know very little about." (Jody, support worker)

Conversely, others described positive experiences. Some felt well-prepared thanks to clear, practical training and access to the right equipment and support in their settings, which helped them feel confident and capable in their roles:

> "And I've gotten several trainings and that is why I know that I have been provided with everything I need." (Aaron, care worker)

Sub-theme 4.2: Need for better quality training

In contrast to the survey results, several interview and focus group participants said that the quality of training opportunities was a cause for concern. Participants consistently expressed a desire for more up-to-date mandatory training for increasing one's knowledge base, skills, and confidence for delivering effective care to people accessing care services:

> “Yeah, it needs to be hands-on training, manual handling training. You know, you're sending people in the domiciliary care world now. You're sending them into a home with a gantry hoist. Somebody might never have used that before. ‘Oh, yeah, but you watched a video.’ [...] We're sending an 18-year-old girl to change a stoma bag. She's never seen a stoma before, and it's like mad, “What do I do?” (Lisa, domiciliary care worker)

The inadequacy of online training, the only training many participants had access to through their organisation, was a source of frustration throughout much of the qualitative accounts:

> “So, we’ve had a lot of e-learning to do. I personally don't consider the e-learning very good […] We do have some in-class learning which is again good. I like that, but it's very black and white. There's not very much ‘Well if, you know, it is this, but if this happens, you could go do this’. There's not a lot, not many others have that thinking outside the box way of thinking.” (Rhian, support worker)

Sub-theme 4.3: Barriers to accessing training

As with the survey findings, interview and focus group participants highlighted being under immense time pressure for completing their tasks, along with challenges in meeting training deadlines within limited working hours:

> “Even though they encourage us to complete the training during work hours, there’s just no time because I have my regular duties to focus on. The training comes with deadlines, but realistically, I can't do it during work. There's just no time. So, we're expected to do it at home in my own time, and I don't get paid for that, but I'm doing work, so it's quite frustrating.” (Harry, care worker)

Sub-theme 4.4: Easy access to training

Although less common, some participants were content with the level and type of training available to them. These individuals described flexible systems that allowed for both mandatory and optional learning, with support from managers to explore external courses where relevant:

> “Our managers are always sending us training courses we can go on. And equally, if we find a course that is external, we can sort of request maybe for our training department to pay for us to go on those as well if we feel it's pertinent to our jobs. So, we've got quite a lot of freedom and stuff with training courses, and a lot of them are online, or some are in person.” (Lyla, support worker)

Well-being

We also asked interview and focus group participants about their well-being, with emerging themes highlighting threats to physical and psychological well-being.

Theme 1: Navigating physical safety threats in care work

When asked whether they felt physically safe at work, most interview and focus group participants reported that they did. However, a number of threats to safety were highlighted in their accounts. Many participants outlined that inadequate training and resources impacted upon the physical risk to both carers and the individuals they support:

> "So, it was about two years ago, so I was supporting a gentleman. He's very complex, very complex man […] And as I was supporting, he fell back on me. So, his whole weight was on me, and I had the impact then of hitting my back on a shelf. […] I didn't feel that we had the right training to care for this gentleman. […] I didn't feel that we had the tools to care for him correctly. (Dani, senior support worker)

These kinds of concerns were particularly applicable in the context of online, as opposed to in-person, training:

> "In my place, right, like you rightly said: training, training, training, training. Because I, for one, have benefited from all the training. I mean, physical training. […] Trust me: physical training, not online or YouTube training. No, it doesn't work. You may [...] get it wrong and just give up and fracture someone." (Daisy, adult care home worker)

Separately, some participants described experiences of physical aggression or threatening behaviour from individuals they support, particularly those with needs requiring complex support. These incidents were often made more difficult by a lack of available resources or support:

> "I've been assaulted a couple of times. I've got scars on my arms from one of the assaults. No, it wasn't safe. And to be brutally honest, the company didn't really care." (Simon, support worker)

However, those who felt adequately trained reported feeling better equipped to manage such situations:

> "Only through like client behaviour, threatening behaviour. I think sometimes that can be unnerving. However, if you've had the relevant training to know how to deal with that, then it's not so much of a problem." (Liam, Domiciliary care)

Theme 2: Care workers' psychological well-being under pressure

Sub-theme 2.1: Discriminatory behaviour from people accessing care

Some participants described experiencing discriminatory or inappropriate behaviour from the individuals they supported. These incidents included racist remarks, sexualised comments, and a general sense of being disrespected due to their background or identity:

> "There's been a little bit of racism, mostly from clients. It doesn't happen often, just occasionally. But there was one time when it got quite bad. That incident was reported, and it was dealt with." (Gloria, care worker)

Participants spoke of the emotional impact of these kinds of interactions, particularly when support from colleagues or management was absent:

> "Some of the residents, there are times, they don't really like Black people to take care of them. We have people like that, you always find them everywhere, they don't want the Black people to take care of them, you know. […] Something happened two weeks ago at work and I felt pained. I was pained and, you know, one of my colleagues was trying to tell me to take a resident up for personal care and to put him to bed. So, and this resident doesn't like Black people to take care of him. […] I went to him and he was like, "F*** off". He sent me away. […] So definitely [the manager is] trying to push me to the man intentionally. […] I was, since then, I'm not happy going to work. Anytime I'm going to work, I feel sad." (Frank, support worker)

While this participant's experiences might not reflect those of the wider workforce, their account shows how racism and failures to respond to it can have a big impact on workers' well-being.

Sub-theme 2.2 Working conditions

Interview and focus group participants described how poor working conditions had a direct and damaging effect on their mental health. Long hours, lack of recognition, inflexible scheduling, and being made to feel replaceable left many feeling drained, unsupported, and emotionally low:

> "You're also under pressure to overdo things. […] So when you're, when you do all of this, you get too, you're stressed out. So, and you might not at some point in time, you might not be at your best." (Stacey, adult care home worker)

Sub-theme 2.3: Impact on people accessing care

Some participants highlighted the impact of workers' well-being on the services they provide. For example, those happy in their role were motivated to go 'above and beyond':

> "My management understands that I will take as long as it takes. All my service users know me and they know if I'm more than 15 minutes late, I always ring them, out of respect and courtesy, 'I'm going to be a bit late, I've been held back'. And they just laughed, 'You've done your job, haven't you Lisa?'. And I say, 'Well, yes'. And then they go, 'No, you haven't, you've gone above and beyond'. I said 'No, I'm not rushing anybody'." (Lisa, domiciliary care worker)

For some, the negative impact of working conditions on their mental well-being affected their willingness and propensity to remain in the job:

> "I am now not working in complex. […] I'm not, my mental health isn't strong enough for that now. So, there have been times when I've struggled. The people we support have needed help that I couldn't give them." (Rhian, support worker)

Participants felt that poor working conditions also negatively impacted people's experiences of accessing care by creating instability within the workforce. This was particularly impactful when individuals with complex needs had formed a meaningful connection with a social care worker:

> "To give them, you know, when they've developed trust in you. You don't, you have to maintain the trust so that they won't be disappointed. So that's one thing about the service users is when they trust you, don't disappoint. Don't disappoint them. So that is just it. I'm happy with my role and I'm so happy and I want to do more." (Yemi, support worker)

Feeling valued and supported

Theme 1: Factors contributing to feeling valued

Sub-theme 1.1: Feeling valued in their organisation

Interview and focus group findings indicate that many of the issues discussed so far contribute to feeling valued by an organisation, such as supportive management and access to good quality training:

> "[A good manager] They listened to you. They take what you've said on board, and if I've had a really bad day, I can phone my manager and scream my head off. [...] And they go, 'Are you alright, Lisa?' And after 10 minutes of screaming, they say, 'Are you

> OK now?'. I say, 'Yeah, I think I've calmed down'. 'Right, put your concerns in an e-mail, fill in your incident reports, send them to me. If you want to phone me later to scream, please do so'." (Lisa, domiciliary care worker)

However, being the recipient of gratitude from people accessing care and their families was often the main source of feeling valued for many of the participants:

> "The roles that people play, it needs to be recognised. I think the biggest recognition we ever get is through the families. […] Not through this, the company we work in. It's definitely through the families." (Dani, senior support worker)

Sub-theme 1.2: Feeling valued by the public

Almost all interview and focus group participants felt they were undervalued by the general public:

> "I'll say it again, we're frowned upon and we're looked upon as, 'Oh, no, they're just the carer'." (Thomas, domiciliary care worker)

However, and as highlighted in the last account, participants felt that the public's perception of social care work was inaccurate and dismissive of the level of skill and responsibility required of its various roles:

> "I suppose many people in the public don't have a very accurate view of what we do. Sometimes they just see us as helping with washing, cleaning, tidying up — as if we're just doing menial tasks. I wish more people understood the real challenges we face. Of course, I'm not saying this about everyone, because most people are lovely and do appreciate what we do." (Jody, support worker)

In particular, the idea that care work was 'unskilled work' which only paid minimum wage — despite the skill and responsibility required — left many participants feeling undervalued and underappreciated:

> "And going back to COVID again, we were really respected. We were really, 'Yes, you're frontline workers, blah blah blah'. We've gone back to, 'Well, you're just' [...] I think, so one of the trainers said, 'You're never going to get more pay in this role because you're classed as unskilled workers'. And yet we have to give medication. […] we're physiotherapists, we're pharmacists, we're almost nurses. We're care, we're auxiliary workers, whatever they call them in hospitals these days. We're everything. And yet, we're not professional, we're not professional enough or — the word's gone

— skilled enough to be considered as professional or whatever, you know." (Rhian, support worker)

Theme 2: Perceived organisational and team support

Sub-theme 2.1: Support for continuous professional development

Access to training was frequently described by interviewees and focus group participants as a way in which social care workers felt valued and supported by their organisations. When training was provided, participants spoke positively about feeling supported and encouraged to grow professionally:

> "I'm really lucky. I can't fault the support that I have from my organisation. There are lots of opportunities for progression, for training." (Liam, Domiciliary care)

Conversely, where there was a lack of adequate training, or where it had to be self-funded, this was experienced as a lack of organisational support for the worker's professional development:

> "We don't feel supported by anyone. I source my own training, and I pay for my own training, because I've got a legal responsibility to make sure that I am trained, as much as my employer has got that legal responsibility. […] If there's something that I think that I need to do, I'll go and find it and I'll do it. My training all stays up to date all of the time. [...] Support, support from anyone, I don't feel that I get any." (Carys, support worker)

Sub-theme 2.2: Team culture

Interview and focus group participants emphasised the importance of strong team dynamics in shaping their overall experience of work, and the importance of having a supportive manager and team around them. A positive and supportive team was described as a key protective factor against the emotional pressures of the role. Workers who felt that they were part of a close-knit team said they were more likely to feel valued, understood, and able to cope with challenges:

> "I think my team, teammates [make me feel supported], people I work with are excellent people. We are always there for each other. We are there like to support one another. I think basically it's the team that I work with; the team manager, she's very supportive, like always looking out for you." (George, support worker)

A strong team culture also contributed to feelings of positive well-being in the workplace:

> “I suppose I'm fortunate that I've never kind of had to access [mental health support]. I mean, I'm not to say there might not have been a time where I would. But I mean maybe, maybe that's the proof in the pudding as well, that, you know, because of the support I have, I don't need to access those things.” (Mark, principal social worker)

Sub-theme 2.3: Top-down culture

Many participants described a top-down culture as contributing to feelings of being unsupported. A recurring theme was the fear of speaking up due to the potential for negative repercussions. Some participants described organisational cultures where raising concerns could lead to being ignored or even targeted, such as being forced to leave their role for speaking out:

> “I think a lot of people are afraid to speak up as well, just in case, like because of their job. I do think there's a lot of people like that, because it is, you know, if you speak up you might be put on the ‘let's move [them] along’ line, you know?” (Dani, senior support worker)

Some participants felt that the care sector was becoming increasingly business-oriented, where financial concerns outweighed the needs of workers and those they support. They described feeling that their voices were not heard or valued — especially as concerns were passed up the management chain:

> “I feel like within that [care] service, it's very much a financial gain. […] I don't feel like anywhere really cares. I think it's all a business-orientated money-making thing where budgets are more important than the person.” (Carys, support worker)

Some interview and focus group participants also described a blame culture in social care – asserting that their workplace environment was a place where there was no room for mistakes. Moreover, some participants felt that individuals were quick to blame social care workers rather than offering constructive support:

> "Yeah, I've heard stories of people being suspended over incidents, receiving warning letters and being questioned. I don't get it. From my point of view, I'm not there to harm students [i.e. young people aged 15-25] — I'm there to do my job, and I know what that involves. Of course, mistakes can happen, but often it's not about negligence. For example, if a student kicks off, we're expected to maintain safety — not just for the student, but for everyone else too. But at the same time, we're told not to distress the student. So, while trying to prevent them from harming themselves or damaging property, we're also expected to 'just let them be'. It’s

> confusing. If I try to step in, I might be blamed for escalating things. If I don't, I'm blamed for not acting. It feels like you're always at risk of being blamed, no matter what you do." (George, support worker)

Sub-theme 2.4: Managerial relations

Relationships with managers were a significant factor in how supported interview and focus group participants said they felt at work. For some, managers were approachable, responsive, and offered meaningful backing in difficult situations:

> "Yes, I think so, because I haven't complained to them that much. But yeah, the time I reported about the issue of discrimination, yeah, they were really there for me." (Gloria, care worker)

Others described positive experiences where managers actively fostered a sense of teamwork, empathy, and shared values — contributing to a more supportive and connected working environment:

> "Everything still depends on, boils down to having a good leader. Because I think if you have a good manager, you should, he or she should, be able to like speak to everyone, that, 'Okay, yeah, we are working as a team'. And you should be able to understand that everyone has their own feelings." (Frank, support worker)

However, other interview and focus group participants described a lack of emotional awareness or approachability among managers, which contributed to feeling unsupported in the workplace:

> "One of the challenges we face is the limited time we're given to travel between clients, since we do domiciliary care work. Sometimes we're given only five minutes to travel a distance that actually takes 10 to 15 minutes. That pressure can lead us to speed, just to stay on time — because management will be calling, saying we're late for our calls. Another challenge I've faced is mistreatment from management. For example, when I raised a concern about a team leader following me during my visits, there was an incident where they started searching through my bag while I was with a client. I went to the kitchen to grab something, and when I came back, that was happening. I reported it to the top manager and referenced the workers' guide. But her response was, 'Oh, I trust my management downstairs', which made me feel like I wasn't really part of the company." (Tanya, domiciliary care worker)

There were calls for better training to help managers understand the human side of leadership and build stronger, more compassionate relationships with their teams:

> “If there's anything Social Care Wales would do to just make life of employees better […] they should let them know that their employees, they have feelings. […] I see people getting scared. ‘The manager’s around, the manager’s around’. And that means the manager is doing something that is not, that is not right enough. So, they should try to let them know that: ‘Try to be friendly to them. [...] You are superior to them but be friendly, call them, speak to them’, ‘How do you find the job? Hope you are not having any challenges? [...] What do you think I can do to make you enjoy the job?’. You know? How sincerely I'll feel important and feel loved.” (Frank, support worker)

Pay and benefits

We asked interview and focus group participants whether they felt they were paid appropriately for their role, and about any other benefits they received as part of their role. Several themes emerged from their responses.

Theme 1: Mismatch between pay and responsibilities
Most interview and focus group participants felt they were not paid appropriately, reporting a sense of dissatisfaction with their pay. The main reason for this was that the pay wasn’t believed to be reflective of the amount of work required of their role:

> “Oh, definitely not [paid appropriately]. There's more and more pressure put on us these days to learn more, to do more. And the rate of pay just don't reflect what we do.” (Harry, care worker)

Most participants also felt that pay aligned to the minimum wage was not adequate remuneration as it didn’t reflect the varied responsibilities of their job — often comparing this to other professions:

> “How do you put a price on allowing somebody to live independently? We're responsible for medication. So, what does the pharmacy get paid? Responsible for cleaning. What does the cleaner get paid? We're responsible for maintaining hygiene. What does the nurse get paid? We do all of these things. Yeah. I mean, in some cases, we're going shopping and doing financial transactions. So, what does an accountant get paid?” (Catrin, domiciliary care corker)

Theme 2: Benefits
Sub-theme 2.1: Need for flexible and hybrid work
Interview and focus group participants shared different accounts of their experiences of flexible working arrangements. For those in roles or organisations where flexibility was supported, through actions such as compressed hours for frontline staff or hybrid working for those who are office-based, it was reported to make a positive difference — enabling a

better balance between work and home life, reducing stress, and improving overall job satisfaction:

> "So, I work sort of compressed hours across three weeks and then I get every other Wednesday off for my daughter, which is nice. So yeah, and obviously as I say, if you want, if you'd work from home and stuff like that, there's quite a flexible policy around that as well." (Jim, special guardianship worker)

However, others noted that access to flexibility was not consistent. Some described a lack of understanding from management when it came to personal responsibilities away from work. There was a sense that flexibility was offered unevenly — or not at all — in some settings, leading to frustration and perceptions of unfairness:

> "So, we used to have the incentive that if you worked beyond your contracted hours, you could accrue holiday through extra hours, but they've taken that away now. So, they'll no longer give you extra holiday for accruing hours. They have said that they'll pay the extra that you accrue instead of holiday, but they won't allow the holiday anymore. So, taking breaks and, like, that used to be quite nice: throughout the year, that you might have built up a couple of extra day's holiday. They don't do that no more, so. I think incentives are being reduced and costs are being reduced and whether we'll ever see the extra money or even be aware of how much we were entitled to, I don't think it'll ever happen. I think it's just something that's just said." (Carys, support worker)

Sub-theme 2.2: Additional organisational benefits and perks

Other miscellaneous perks of working in social care, as reported by several interview and focus group participants, included a pension, holiday vouchers, access to mental health support groups, private medical care, fuel compensation, and discounted rates for leasing cars:

> "There's a card, social care card. […That] can also be as an encouragement for social care workers that, 'Oh, these are the benefits that you can get as a social care worker'. Like discounts where you buy from shops. […] When a social care worker is so proud to walk into a shop and it's recognised that, 'Oh, you're social care workers, please come in'. It's, 'we are selling this for £10, but we are giving you for £7', 'We are giving you for £8', a discount, this other. So it's a good thing, we're happy to see that working." (Yemi, support worker)

Conclusions

Following on from the 2023 and 2024 surveys, this research set out to better understand the experiences of social care workers across Wales in 2025, focusing on issues of recruitment, retention, well-being, training, and progression. The findings of this study highlight both the challenges and the sources of support that shape the experiences of the social care workforce. Looking across the three years of data collection, there is evidence of both encouraging progress and ongoing challenges in the social care sector in Wales.

As in previous years, people are attracted to the role because of their passion for helping others and a desire to make a difference in the lives of people who access care. Many felt suited to care because of their compassionate and caring nature, and because of the skills they have gained from previous experience of caring for others. Many care workers are deeply committed to their roles and to those they support. They often go above and beyond, despite difficult circumstances, because of the sense of satisfaction from knowing their work has a positive impact on the lives of the people they support. However, one in five survey respondents reported an intention to leave the social care sector as a whole, citing reasons including low pay, a lack of recognition, poor working conditions, and a lack of career development opportunities. The number of respondents intending to leave the sector has decreased since 2024, when one in four reported that they intended to leave and the same reasons were cited.

However, recruitment and retention remain ongoing challenges in social care. We were therefore keen to understand respondents' perspectives on these issues, and what changes could help make social care work a more attractive and rewarding career. The findings highlight a range of factors affecting recruitment and retention, including pay and benefits, working conditions, recognition, and support for training and career development.

Low pay was widely cited as not reflecting the complexity and responsibility of the role. Although there have been positive shifts in financial well-being — with a substantial increase in the proportion of respondents managing financially between 2023 and 2024, and a smaller improvement from 2024 to 2025 — fewer than half still report being able to manage financially. Similar trends are evident in satisfaction with pay, which has risen modestly over the three years but remains low overall, particularly for care workers. Qualitative findings reinforce these results, with many care workers stating that the minimum wage is simply not sufficient for the level of skill, responsibility, and emotional labour their roles demand. Respondents also raised concerns about limited sick pay, inflexible holiday arrangements, and poor access to flexible working. These were factors that were seen to discourage potential recruits and lead existing staff to consider leaving the sector. Challenging working conditions, particularly around high workloads and time pressures, make care roles difficult to sustain. A lack of public and organisational recognition for the value of care work left many feeling undervalued.

Some interview participants expressed concern about the quality of training available and, in particular, felt that that e-learning was too passive and inadequate for preparing workers for the realities of the job. Most interview and focus group participants repeatedly emphasised

the need for more practical, hands-on training delivered in person, suggesting standardised training should be available across Wales to ensure consistency and quality of care. This contrasts the 2024 findings, where the reported preference for in-person and online training was more mixed. This shift suggests growing dissatisfaction with online-only training approaches and a renewed emphasis on the value of face-to-face learning within the sector, particularly for physically and emotionally demanding areas of work.

We also explored the well-being of social care workers in Wales, encompassing both physical and mental health. Encouragingly, overall well-being scores have improved year on year, and in 2025 they exceeded UK national averages in key areas such as life satisfaction, happiness, and sense of life being worthwhile. However, a notable increase can also be seen for experiences of anxiety across all respondents and job roles. The four most prevalent causes of stress (workload, admin, home stresses and lack of managerial support) remain consistent with previous years. While some respondents described feeling supported by compassionate managers and strong team relationships, others cited sources of poor well-being linked to their working conditions. Long hours and unpredictable rotas were reported as factors contributing to stress and burnout. Though many organisations had well-being support in place, few respondents reported accessing it. Physical safety was also a concern, with reports of violence or aggression from people accessing care services and inadequate training in handling these risks. Overall, the findings indicate that while some support exists, more consistent, accessible, and responsive systems are needed to support the well-being of social care workers across Wales.

Taken together, these findings provide a clear picture of the pressures facing the social care workforce in Wales — and the changes that workers believe could make a real difference. Social care workers want to feel valued, supported, and equipped to do their jobs well. Their passion for the role is evident, but many are being pushed to their limits by low pay, inadequate training, difficult working conditions, and limited recognition. At the same time, this research highlights the importance of strong team cultures, compassionate management, and meaningful opportunities for helping workers feel supported and able to stay in the sector. As in previous years, suggestions for improving recruitment and retention included increasing pay, offering more predictable and flexible working schedules, raising the public profile and status of care work, and creating clearer career development pathways. Additionally, this year's findings highlighted ways in which retention could be further improved. This included implementing standardised practical training across Wales and extending sponsorship schemes to provide greater stability for international workers. Addressing these issues will likely not only improve the experience of the workforce but also ensure that people accessing care get the consistency and quality of care that they deserve.

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