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National Registration for Social Workers: Getting our Act(s) Together

Kate Seymour ^a, Sarah Wendt ^{b,c}, and Louise Butler^c

^aCollege of Humanities, Arts & Social Sciences, Flinders University, Adelaide, South Australia, Australia;

^bDepartment of Social Work, University of Melbourne, Parkville, Victoria, Australia; ^cSocial Workers Registration Board, Adelaide, South Australia, Australia

ABSTRACT

With the passage of legislation establishing registration for social workers, South Australia has the opportunity to lead in the regulation of high-risk work with vulnerable people. National registration has been—and remains—a central goal for many across the social work community in Australia, arguing that this is needed to ensure consistency and coherence of focus. This article explores the case for national registration, focusing in particular on the strategic positioning of social work as an allied health profession, thereby aligning it with the Australian Health Practitioners Regulatory Authority (AHPRA) administered National Registration and Accreditation Scheme (NRAS). We considered the implications of such a move through reference to England's experience of social work regulation—specifically the shift from social work-specific to external regulation (and back again). We argue that adopting an allied health identity presents significant risks for the social work profession. Hence, we propose that appeals to AHPRA as the only “real” option for national social worker registration should be examined thoroughly and with caution.

IMPLICATIONS

- The registration of social workers, currently in South Australia, presents important opportunities and challenges for the profession.
- How to regulate and who should be responsible for regulation are significant questions for the profession.
- Decisions about registration have significant implications for social work identity, most notably in relation to its distinction as a profession grounded in “the social”.

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Professional regulation focuses on the safety and well-being of the public by ensuring only suitably qualified and experienced people can register as social workers, encouraging high standards of competence and conduct. In South Australia, the Social Workers Registration Act 2021 (the Act) legislated the establishment of the Social Workers Registration

CONTACT Kate Seymour  kate.seymour@flinders.edu.au

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Board (SWRB) to regulate social workers, to commence at a date to be determined.¹ The Act enables South Australia to lead in the regulation of high-risk work with the most vulnerable in our community, sending a message to the people receiving this work, and the public more broadly, that they are entitled to a high-quality service, delivered by appropriately qualified, capable and accountable professionals.

The establishment of the South Australian scheme has made the prospect of national registration more tangible, providing an important example—or test-case—of a model and its implementation for the other Australian states and territories. This article explores these questions, focusing in particular on the strategic positioning of social work as an allied health profession, paving the way for its inclusion in the well-established regulatory infrastructure overseen by the Australian Health Practitioners Regulatory Authority (AHPRA). In contemplating the implications for social work of such a merging of identity, we considered the relative merits of AHPRA as one possible answer to the question of how to register social workers in Australia.

The Case for National Registration

The Australian Association of Social Workers (AASW, 2025a) has led the call for national registration in Australia, citing multiple grounds including concern for public protection, professional quality and accountability, and workforce mobility. Acknowledging the limitations of self-regulation, most notably due to their relatively low membership rates, the AASW has specifically advocated for the inclusion of social work in the National Registration and Accreditation Scheme (NRAS) administered by AHPRA. Responsible for the regulation of 16 health professions across Australia, AHPRA's work is guided by the Health Practitioner Regulation National Law, as passed by each Australian state and territory.

The Australian Council of Heads of Social Work Education (ACHSWE) has long advocated for national registration. Interestingly though, its stance on the appropriateness of AHPRA as a social work regulator has shifted over time. For example, ACHSWE wrote to the Health Ministers of Australia in May 2011, urging them to consider including social work in the National Registration and Accreditation Scheme.² They argued that social workers practise in a range of health services across private, public and community health settings and are—and should be—recognised for their knowledge, skills and significant contribution to health care services.

Proposed changes to Australian higher education funding in 2020, with particular implications for social work education, prompted debate centring on the framing of social work. The Tehan Proposal—in reference to Dan Tehan, then Federal Minister for Education—focused on “incentivis[ing] students to make more job-relevant choices that lead to more job-ready graduates by reducing the student contribution in areas of expected employment growth and demand” (Tehan, 2020, p. 3). In the public consultation that followed, stakeholders emphasised both that social work graduates are inherently “job-ready” and that social work should be aligned with allied health for funding purposes (see Papadopoulos, 2022).

In a piece for *Australian Social Work*, Papadopoulos (2022) was critical of the ACHSWE response to the proposed changes in renewing “its long-term effort to reframe social work practice as ‘allied health’” (p. 516). This framing of social work,

Papadopoulos (2022, p. 516) argued, risked undermining its “broader alliances with other human and community services, and its foundational knowledge base in the social sciences and humanities”. In a response to Papadopoulos, in the same issue, Beth Crisp, then Chair of the ACHSWE, refuted many of these claims, noting the “ethical imperative” to ensure that vulnerable people have access to qualified social workers (Crisp, 2022, p. 528). Crisp (2022, p. 528) argued that pursuing a “closer alignment with [...] the humanities and social sciences” would likely leave social work education facing “a far more precarious future”.

In a December 2024 letter to the AASW, however, the current ACHSWE Chair, Wendy Foote, asserted that the Council does not support the regulation of social workers by AHPRA as the national allied health regulator. Foote wrote that the Council considers social work to be a “profession with much broader scope than allied health” (ACHSWE, 2024) and emphasised the necessity for any regulatory system to capture this breadth and depth. Thus, while advocacy for national registration is longstanding, questions about how this should be achieved and how social work is positioned are far from settled. With the establishment of registration in South Australia, the prospect of national registration has become more tangible, providing an opportunity to revisit, reconsider—and perhaps reinvigorate—these important debates.

Social Work: An Allied Health Profession?

The AASW’s call for national registration of social workers through the NRAS rests on the positioning of social work within allied health. In describing social work as “one of the largest allied health professions in Australia” (AASW, 2021, p. 8), the AASW argued that social workers “should be held to the same high standards as other healthcare professionals” (AASW, 2025a, 2025b). To this end, in its submission to the Senate Community Affairs References Committee’s inquiry into the “Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law”, the AASW argued that excluding social workers from the NRAS has resulted in fragmented regulation of practitioners across Australia. Emphasising the parallels between social work and other allied health professions, they point out that, in addition to serving a similar client group, social workers are “among the few designated allied health groups eligible to provide private mental health services to people [...] under the Commonwealth Medicare initiative” (AASW, 2021, p. 5).

While no “universally accepted” definition of allied health professions exists—nor consensus on the professions that this encompasses—allied health professionals are identified by the relevant peak body as “health professionals that are not part of the medical, dental or nursing professions” but have “specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses” (Allied Health Professions Australia, n.d.). As illustrated in the previous section, however, the alignment of social work with allied health is highly contested. Social workers are employed in many different roles, fields and settings. Moreover, the practice of social work extends well beyond direct service provision—or the “direct patient care role” (Allied Health Professions Australia, n.d.)—to include work with “individuals, families, partnerships, communities and groups” in a range of capacities including “research, social policy development, administration, management, consultancy, education, training, supervision and evaluation” (AASW, 2020, p. 6).

Social work in Australia adheres to the International Federation of Social Workers' (IFSW) global definition of social work, describing social work (in part) as a “practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people” (IFSW, 2025). Belying a more narrowly conceptualised emphasis on health, illness, diagnosis and treatment, the IFSW explicitly references structural oppression and “interconnected historical, socio-economic, cultural, spatial, political and personal factors” as central concerns for social work. This highlights longstanding tensions between the identity and value-base of social work and the “individualised, medicalised and depoliticised” (Kamali & Jonsson, 2018, p. 10) focus of many health care professionals and settings. Individualistic constructions of service-user needs, for instance, “distract attention from the [their] social context [and] undermine social responses to address the unjust social conditions” (Healy, 2022, p. 61). This is not to downplay the important role that many social workers play in health care, nor their efforts to challenge dominant biomedical discourses. Rather, it is to rebut the idea that health (or allied health) provides a natural home for the social work profession; social workers may choose to work in allied health settings, as allied health professionals, but the relationship between the two is neither inevitable nor, indeed, comfortable (see Baines et al., 2024; Beddoe, 2011).

What, Then, is Social Work?

Social workers work in a broad range of contexts, in a variety of roles, with diverse areas of responsibility. This is perhaps social work's most defining characteristic and its greatest strength. Social work is, in a sense, impossible to pin down—defined not by what it does but what it aspires to—and profoundly shaped by its contexts. Healy (2022), for instance, argued that social work's purpose is dynamic, rather than static, constructed in institutional contexts and in relation to the “socio-economic, cultural and historical contexts of practice” (p. 15) and service-user needs and expectations, as well as prevailing “philosophical perspectives, theories about and for practice, values and beliefs” (p. 19). Social work thus lacks the “common knowledge base” and “primary institutional base” (Healy, 2022, pp. 21–22) associated with other professions which, alongside its wide-ranging activities, further complicates efforts to neatly define it.

Payne's (2014) framing of social work as socially constructed is important too, highlighting the iterative nature of social work in practice—that it is what social workers do that “is or becomes social work” (p. 20). What social workers *do*, then, shapes conceptualisations of what social work *is*; as Payne (2014, p. 18) puts it, “the social work that people see and experience influences their understanding of what it is”. This underscores both the limitation of context-free accounts of social work and the significance of a coherent value base and identity for drawing together the multiple strands of social work in practice. Olson et al. (2013, p. 24), for example, point to the principle of social justice, long “embraced as a central mission of social work”, that constitutes the “profession's organizing value and moral responsibility”. As one of three core principles identified by the AASW (2020, p. 9), social justice represents a key obligation for social workers, to “promote and uphold for society in general and for the people with whom they work”.

A commitment to social justice, however, is not unique to social work—as Whelan (2022, p. 1176) observed, social work is one of a range of social justice-oriented

professions—nor to social work in Australia, as reflected in the IFSW global definition. Moreover, a considerable lack of “conceptual clarity” (Olson et al., 2013, p. 38) exists within social work regarding what constitutes social justice—and, in particular, what this means in practice—and this remains a significant obstacle to the articulation of a common social work identity. Long et al. (2025) pointed to the ways in which social work’s “internal narrative” (p. 12)—based, in part, on the perception that it is “misunderstood, misrepresented in the media, and undervalued” (p. 4)—limits its potential for social action and influence. As a profession that has long “struggled with its professional identity” (p. 1), Long et al. (2025) argued that such perceptions undermine the agency that social workers bring to their practice while constraining social work’s “ability to assert its broader role in society” (p. 13).

The name itself (social work) represents a fundamental starting point for thinking about social work—what it is and how it can be differentiated from other professions. As argued by Ife et al. (2024, p. 14), its “work with the social” and emphasis on the “social aspects of humanity” not only distinguishes social work but is its greatest strength. Scholars such as Whelan (2022) highlighted the critical value of social work’s “expansive theoretical foundation” and “broad corpus of social scientific resources” (p. 1177) in a constantly evolving world. Importantly, the “social” in social work acknowledges its grounding in the sociopolitical as well as the importance of relationships and the need to “stand against the individualism of the neoliberal narrative” (Ife et al., 2024, p. 15). It is in this context that the subsuming of social work into allied health presents real risks for the social work profession; its identity, its integrity and its future.

Why Regulate Social Workers?

The question of whether social work should become a registered profession in Australia has been debated for decades with publications presenting arguments in favour and against (Baines et al., 2022; Chester et al., 2025; Fotheringham, 2017; McCurdy et al., 2020; Tangney & Mendes, 2023). Conflicting views on registration for social workers in Australia are perhaps not surprising given that it has, until now, largely only existed in the abstract. Advocates for the registration of professions, however, emphasise the importance of a shared and clearly articulated foundation of principles and values, enabling the transparency, and accountability necessary for public protection:

[This is] important for users, and for the public, and for other professionals who can see and know what should be expected, and what to do if things go wrong. It provides predictability and consistency, because of that transparency, and enables sanctions to be taken against people who break those codes. (Manthorpe & Purcell, 2023, p. 8)

It is argued that this is especially crucial for a profession such as social work, both because “we work in areas of such contested values” (Jones, 2023, p. 33) and to ensure that social work is put “on an equal footing with many other professional groups” (Manthorpe & Purcell, 2023, p. 3). Thus, rather than the regulation of services, systems and organisations, registration concerns the regulation of individual social workers, their practice and their behaviour. Other—perhaps secondary—functions served by regulation include the potential for service improvement, protection of professional status and, in turn, enhanced recruitment and retention of social workers (see BASW, 2018).

Building the Foundations in South Australia

The establishment of social worker registration in South Australia can be attributed largely to the efforts of individual parliamentarians—including Ministers Rachel Sanderson, Katrine Hildyard and Nat Cook—who championed the Bill through parliament. Importantly, the primary impetus for registration in South Australia arose in the practices of child protection and human services, not health. The Joint Committee on the Social Workers Registration Bill, for example, emphasised the crucial role that registration could play in enhancing professional practice and standards as well as safeguarding the public. Acknowledging coronial findings (Johns, 2015; Schapel, 2015), referenced in the Child Protection Systems Royal Commission (Nyland, 2016), the Committee noted critical shortcomings in the past practices of social workers including the ability to name problems, engage in difficult conversations, and recognise patterns and/of cumulative harm. Specific failings in social workers' judgement, understanding and use of legislation, and case recording and documentation were further identified.

The findings of a government initiated external review conducted by Alexander (2022) were significant. Citing research linking social work training with “higher levels of skill, confidence and sensitivity when working with families” (pp. 71-72), Alexander (2022) emphasised the importance of a “workforce with a common vocation” (p. 71). Notably, however, neither Alexander's review nor other key reports referred to social work's grounding in social justice and equity, instead focusing more narrowly on professional skills and competence.

In the regulation space, a “scope of practice” represents a sketching out of the parameters of a profession that aims to capture its distinct roles and activities. This provides a way to recognise social work's heterogeneity, embracing its diversity and breadth, while distilling its unique contribution to the social and human services sector. In South Australia, the scope of practice³—developed through extensive consultation and multiple iterations—is grounded in, but expands on, the IFSW global definition. It explicitly acknowledges the range of roles and settings in which social workers work, including both direct practice/services and non-direct contexts, as well as the diverse theories and perspectives drawn on by social workers. It maintains consistency with the AASW and the IFSW in its emphasis on social justice as foundational to social work, (arguably) distinguishing it from other professions.

In South Australia, the registration of social workers has required further clarification in relation to the meaning of “social work services”⁴; the work—including assessment and intervention, and identifying and responding to risk, violence, trauma, and/or harm—that can *only* be undertaken by a registered social worker. While social work services sit within the scope of practice, the articulation of a specific definition is necessary to ensure that those performing high-risk work with vulnerable people are held accountable for their practice. Together, the scope of practice and definition of social work services, legally protect both the title *and* the work of social workers.

Thinking about National Registration

The passage of the South Australian Social Workers Registration Act 2021 has brought closer the prospect of national registration while raising questions about how this

might work. The South Australian experience will undoubtedly provide an important foundation for thinking about national registration, just as its model and processes will inform future arrangements and possibilities. The idea of national registration is, nonetheless, challenging for a profession that has been self-regulated for so long, likely generating reflection and debate about what it means to be a social worker in the current environment, both globally and locally. Contemplating a shift from self-regulation further raises questions regarding the relationship between the social work profession and the AASW as its professional body. Indeed, “conflict between the regulator and the professional body about their respective roles in defining the profession and its standards” has been observed in England and other countries (BASW, 2018, p. 8). While there is clearly a place for both—professional associations and regulators have distinct functions and can, and do, work alongside each other—this transition will require the building of a new, renegotiated, relationship in line with shifting roles, responsibilities and expectations.

Questions regarding the management and administration of national registration—the who and the how—require some thought. The multi-professional NRAS has operated effectively in Australia since 2010 and regulates 920,535 health practitioners (AHPRA & National Boards, 2024, p. 4). For many, including the AASW, the NRAS, administered by AHPRA, is a ready fit—the “most practical and cost-effective solution” (AASW, 2025a)—for social worker regulation in Australia. Regulation of health practitioners is, however, the primary object of the relevant legislation (the National Law), hence, social workers would need to be recognised as health practitioners by the Council of Australian Governments Health Council to be included in the NRAS. Leaving aside the practicalities of inclusion in the NRAS, the prospect of aligning social work with health and health care raises important concerns. England’s experience of social work regulation, as discussed in the following section, illustrates the implications of such decisions in practice.

Learning from Others: Social Work Registration in England

Much can be learnt from the regulatory history of social workers in England. Whereas registration schemes in New Zealand and Canada, for example, have remained relatively stable over time, the English experience is notable for its transition from social work-specific regulation to external, health aligned, regulation—and back again. The registration of social workers in England followed the passage of the Care Standards Act 2000, with the General Social Care Council (GSCC) operating as the body responsible for the regulation of social workers between 2001 and 2012. Regulatory responsibility for social workers subsequently shifted to the Health and Care Professionals Council (HCPC) following the abolition of the GSCC in 2012. As a “generic sector” (Worsley et al., 2020) or “umbrella” (McLaughlin et al., 2016, p. 830) regulator, the HCPC—like AHPRA—covered a range of health and allied health professions and was considered a “new form of regulation [...] not affiliated with or experienced in any of the professions’ specific areas of practice” (McLaughlin et al., 2016, p. 830). This reflected a shift towards the “economies of scale” of regulators covering “larger numbers of professionals”, justified on the basis that “combining the regulators of differing professional groups [was] seen as potentially encouraging multi-professional working to benefit service users whilst weakening the arguably

negative consequences of narrow professional identifications which restrict flexible working” (BASW, 2018, p. 6).

Criticisms of the HCPC external regulatory model centred on its “tick box doxology” (Postle, 2012, cited in McLaughlin et al., 2016, p. 830) and the decontextualization associated with its distance from the profession (see Worsley et al., 2017). Haney (2012, p. 9) argued that in “split[ting] off and hand[ing authority] to people who are asked to know nothing of the practice”, external regulation created a “lacuna” without grounding in social work knowledge, value or philosophy. As a preexisting regulator for the health professions, critics pointed to HCPC’s focus on individuals rather than systems and structures, evident, for example, in its inclusion of practitioner resilience within the Standards of Proficiency for Social Work. As observed by Galpin et al. (2018), positioning resilience as “both an indispensable professional trait and a method of working” prevents “deeper analysis of the organisational and political context of practice” while perpetuating the emphasis on individual responsibility.

HCPC’s role in the regulation of social work proved to be short lived. In response to concerns regarding both “poor quality” social workers and education providers, and the performance of the regulator (BASW, 2018, p. 6), calls for a social work-specific regulator emerged, citing the need for “an in-depth understanding of the profession” (Department for Education, 2018; cited in Hanley, 2022, p. 49). The government subsequently announced a new regulator for social workers in 2016 and Social Work England was launched in 2019. While Social Work England has been subject to various criticisms (see, for example, Hanley, 2022; BASW England & SWU, n.d.), the shift from generic to social work specific regulation has been welcomed. The British Association of Social Workers (2018, p. 18), for instance, emphasised the imperative that social workers have a “direct role in shaping and influencing the regulatory framework”, arguing that this “promotes professional ownership of regulation and recognition of its importance, and enables the regulator to respond effectively to experience from the field”.

This brief overview of social worker registration in England illustrates its highly contested nature as well as the implications—both symbolic and practical—of regulatory models and approaches. Moreover, the practice of social work regulation in England remains contentious (see, for example, Hanley, 2022; Jones, 2023) and there is little to suggest that this will less so in Australia. We can learn from England’s experience though, not least in the statement by the British Association of Social Workers (BASW) and Social Workers’ Union (n.d.), in their response to Social Work England’s consultation on their Corporate Strategy 2023–2026:

We need Social Work England to incorporate a greater social work ethos into their approach, rather than a purely regulatory lens. Social Work England must acknowledge the deteriorating context in which social workers are doing their work and focus on support rather than control. (BASW England & SWU, n.d., p. 12)

The Politics of Social Work Registration

The evolving nature of registration in England, as outlined here, well illustrates the politics of social worker regulation. As observed by Rennie (2013, p. 9), reflecting on the New Zealand experience, social worker registration is far from apolitical; rather the “current socio-political context” will fundamentally shape the future of social work. The advent of

social worker registration in South Australia represents a critical moment in the story of social work in Australia, an opportunity for deep reflection on its role, purpose and practice.

Canadian scholars, Baines et al. (2022) have argued that questions of professional registration represent, at heart, “struggles around how we as a profession are willing to be governed, how power will be practiced and distributed, and who is marginalized and discounted” (p. 104). In particular, they draw attention to the “consistent eclipsing of Indigenous and other non-dominant perspectives” (p. 112). In the New Zealand context, for instance, Eketone (2021, p. 44) has discussed the deeply embedded colonialism of registration systems, evident in the distinction drawn between “what is personal and what is professional” that belies the intermeshing of “expectation, responsibility, obligation and reciprocity” for many Māori social workers. In South Australia, the establishment of an Aboriginal and Torres Strait Islander Peoples Committee to work alongside the Social Workers Registration Board (SWRB) acknowledges the implications of registration for Aboriginal and Torres Strait Islander practitioners and service users, embedding culturally responsive processes and practices from the outset (see Chester et al., 2025).

Regulation allows the profession to reflect on its scope of practice and the conduct and competencies required, presenting, in turn, possibilities for reinvigorated education standards. Grasping this opportunity requires a commitment to exploration, discussion, respectful debate and collegiality while acknowledging the challenges associated with shifting relationships between the AASW, ACHSWE, and now the Social Workers Registration Board in South Australia. Furthermore, it requires a strategic and coordinated approach to engaging with politicians and parliamentary process, which will require unity.

Conclusion

The registration of social workers in South Australia presents opportunities and challenges that will be important for thinking nationally. National registration of social workers would represent a significant milestone in the history of the social work profession in Australia. As a foundational shift to what has gone before, it would demand substantial reorientation and rethinking, across government, the broader profession—including employers, higher education providers and practitioners—and the general public. There is much appeal in the “ready-made” solution that AHPRA may seem to present. Leaving aside the (federal) hoops that would need to be jumped through to achieve this, we have argued that registration at the national level need not rely on AHPRA. Instead, the advent of registration in South Australia presents an exciting opportunity to explore the possibilities; to start afresh, to design a regulatory approach that is fit for purpose, from the ground up. This is, important, and in many ways groundbreaking, work. All will not run smoothly, nor should we expect it to, but there are significant opportunities for learning and building on the experiences of other jurisdictions.

While each social worker registration scheme is unique in its legislative basis, over time a body of collective learning is developing, contributing to regulatory practices as well as—and alongside—the evolving nature and purpose of social work in an increasingly unequal and conflict-ridden world. Just as South Australia is drawing from the work of other countries—most notably New Zealand but England and Canada also, so

too will other Australian jurisdictions, in time, draw from the South Australian experience. Ultimately, then, thinking about registration opens questions that are both bigger than South Australia and concern the profession as a whole, demanding a national conversation about social work, its past, present and future.

Notes

1. While the Scheme was scheduled to begin on 1 July 2025, on 6 June 2025 both houses of Parliament voted to amend the start date to further refine the “specifics of the scheme [...], particularly around the need for diverse pathways for registration, how best to recognise experience and how best to ensure the work of Aboriginal people who provide social work services” (Parliament of SA, 2025). Commencement of the scheme will be subject to proclamation, on a date yet to be determined.
2. <https://achswe.org.au/national-registration-and-accreditation-scheme-nras/>
3. Refer to “What is the SWRB SA scope of practice?”, <https://www.swrb.sa.gov.au/registration/registration/scope-of-practice-and-social-work-services#:~:text=What%20is%20the%20SWRB%20SA%20scope%20of%20practice%3F>
4. Refer to “What is the SWRB SA definition of social work services?” <https://www.swrb.sa.gov.au/registration/registration/scope-of-practice-and-social-work-services#:~:text=What%20is%20the%20SWRB%20SA%20definition%20of%20social%20work%20services%3F>

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ORCID

Kate Seymour  <http://orcid.org/0000-0003-4902-7776>

Sarah Wendt  <http://orcid.org/0000-0002-1006-0299>

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