



**Developmental
Educators
Australia**

Scope of Practice in Developmental Education

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Acknowledgement of People with Disability

Developmental Educators recognise that people with disability are at the heart of our profession. We acknowledge the past and continuing injustices that people with disability experience. We recognise the rights of people with disability and endeavour to collaboratively ensure those rights are upheld. We acknowledge people with disability who work in our profession and those who collaborate with us in practice and research.

Acknowledgement of First Peoples

Developmental Educators recognise the Aboriginal and Torres Strait Islander Peoples as the First Peoples of the land now known as Australia. We recognise that sovereignty was never ceded. We acknowledge the many Nations on which we live, work and enjoy life. We acknowledge and respect the First Nations Peoples who work within and alongside our profession. We value the Australian First Peoples ways of being, knowing and connecting to Country. We endeavour to work alongside cultural custodians and knowledge holders to improve our practice. We stand in solidarity with Australia's First Peoples in the continuing effort for social justice and autonomy.

Disclaimer: While care has been taken in the preparation of the Scope of Practice, it is not intended to deal with all circumstances. This document is made available on the terms and understanding that its authors are not responsible to any person, in respect of anything, and of the consequence of anything, done or omitted to be done by any person in relying, whether wholly or partially, upon the whole or any part of this document. DEA expressly disclaims any and all liability (including liability for negligence) in respect of use of the information provided.

1. Purpose

The purpose of this document is to describe the guiding frameworks, roles, activities, and practice settings covered by the profession of Developmental Education in Australia. It outlines the knowledge, capabilities and values expected of Developmental Educators and highlights their distinct contribution to the disability and allied health sector.

This document is designed to be a resource for members of Developmental Educators Australia (DEA), the community, employers, service providers, education departments, regulating bodies, government agencies and funding bodies. It aims to describe the scope of Developmental Education practice in relation to roles and contemporary practice settings in Australia.

This Scope of Practice aligns with other key DEA documents and should be considered in conjunction with the *Code of Ethics and Practice for Developmental Educators* and the *Standards and Core Competencies for Developmental Educators*. Together these documents describe the expected skills, knowledge and behaviour of DEA practising members in Australia.

Whilst the DEA Scope of Practice aims to provide a description of the breadth of the roles, functions, responsibilities, activities and decision-making capacity that Developmental Education professionals are qualified, competent and authorised to perform, it is not intended to be an exhaustive list of areas of practice.

Developmental Educators may extend their scope of practice via additional qualifications, experience, or training. Extended skills are not covered by this Scope of Practice however, this should not limit or prohibit Developmental Educators working in these areas subject to appropriate training, credentialing and/or endorsement by an employing body.

DEA performs the role of credentialing Developmental Educators at the point of graduate entry into the profession. However, credentialing of extended skills is not undertaken by DEA.

This Scope of Practice will be regularly reviewed to ensure it remains compliant with relevant legislation and is aligned with current knowledge, practice and research standards in Australia.

Developmental Educators practicing within the Scope of Practice must meet the DEA Core Competencies via formal qualifications at an AQF7 (4-year bachelor) or AQF9 (master's degree) level in a Developmental Education or disability studies discipline.

This document applies to all registered practising and provisional members of DEA.

2. Developmental Education

2.1 The Developmental Educator

Developmental Educators are degree-qualified disability and allied health professionals. They specialise in working with people with disability across the life course using a human rights framework to achieve full and effective inclusion and participation in society.

The term 'Developmental Educator' reflects a profession focused on supporting the development, inclusion, and participation of people with disability, while promoting and upholding their rights within society. It involves educating both individuals and communities, enabling access, equity, inclusion and justice for people with disability across the life course.

2.2 Developmental Educator Practice

For the purposes of this document 'Scope of Practice' is defined as the areas where a qualified professional has the knowledge, skills, and experience to practice legally, safely, and effectively, meeting standards and avoiding risks to oneself and the public (National Alliance of Self-Regulating Health Professions [NASRHP], 2016).

In this document, 'practice' refers to the application of professional knowledge, skills, and ethical judgment to deliver safe, legal, and effective evidence-based services (NASRHP, 2016). This includes all activities performed in one's role, not just direct service to individuals.

Developmental Educators are autonomous professionals who exercise their own judgement and focus on facilitating the rights of people with disability and eliminating barriers that may restrict those rights. Practice is evidence-based; informed by professional judgement, research and community development, together with individual contextual and cultural factors.

Developmental Education is a dynamic profession with diverse roles that rarely occur in isolation. An individual Developmental Educators scope of practice will be directly influenced by their work context, personal competencies and ongoing professional development.

Developmental Educators do not diagnose or treat health conditions. However, as professionals who are adept at conducting and interpreting holistic developmental, functional, behavioural and adaptive assessments, they may contribute to diagnostic processes and therapeutic planning as part of a multidisciplinary team. They are suitably qualified to make recommendations regarding the use of adaptive resources.

2.3 Framework for Practice

The Developmental Educators Framework for Practice demonstrates the underpinning perspectives, theoretical models, and practice pillars and principles that shape the Developmental Educator profession in Australia (see Figure 1).

At its foundation, the framework is underpinned by the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). The purpose of the CRPD is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” (United Nations, 2006, Article 1).

Critical perspectives

Developmental Educators are philosophically based within the discipline of disability studies, an interdisciplinary approach to understanding the lived experiences of people with disability, drawing on historical perspectives regarding systems and structures of oppression, and the responding rights and liberation movements.

Disability studies centres on the rights of people with disability, the impact of intersectionality, and employs people with disability in designing supports and structures for equitable participation in society.

Models of Disability

Developmental Educator practice is informed by the social model of disability, the human rights model, and the biopsychosocial model underpinning the *International Classification of Functioning, Disability and Health* (WHO, 2001).

Pillars of Practice*

Four pillars of practice guide the Developmental Educators human-rights approach to practice: justice, equity, access and inclusion.

Principles of Practice

Developmental Educator practice is strength-based, holistic, person-centred, neuroaffirming and culturally responsive. It utilises and promotes co-design approaches and is informed by the best available evidence to meet the needs of and centre people with disability as agents in their own.

*DEA acknowledges the Pillars of Practice developed by Dr Ellen Fraser-Barbour, Dr Tova Rozengarten, Dr Darryl Sellwood, Disability and Community Inclusion, Flinders University.

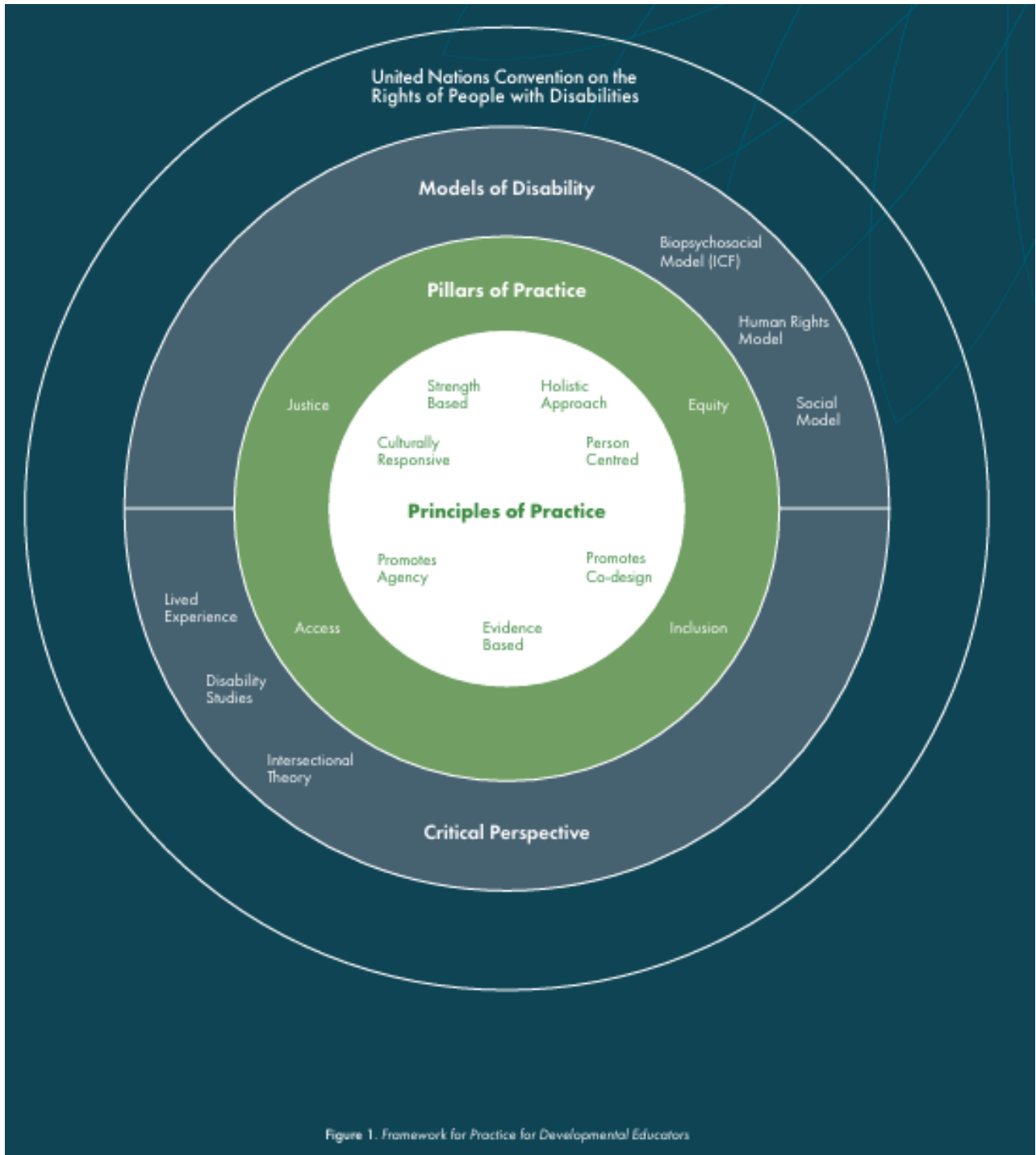


Figure 1. Framework for Practice for Developmental Educators

3. Scope of Practice

3.1 Scope of Practice Relationship

The DEA Scope of Practice is a foundational document for Developmental Educators practicing in Australia. Figure 2 illustrates how the Scope of Practice fits within existing legal, ethical, and professional frameworks.

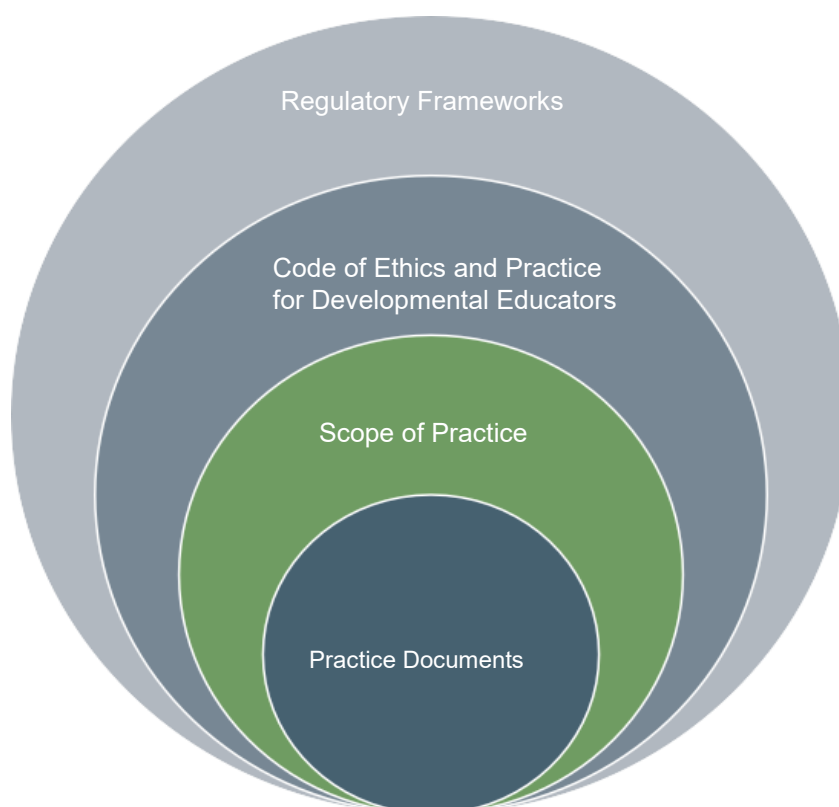


Figure 2. Scope of Practice Relationship

3.2 What Developmental Educator Practice Includes

Developmental Educators provide a diverse range of services and support across multiple contexts and roles. Their practice may include but is not necessarily limited to the below elements.

Undertaking collaborative, holistic, and person-centred assessments to evaluate strengths and needs across multiple domains considering the whole person, their preferences, and unique contexts.

<p>Assessment</p>	<ul style="list-style-type: none"> • Biopsychosocial and neuro-affirming assessment approaches to development, functional capacity, adaptive skills, sensory processing and behaviour. • Assessment of environmental and systemic facilitators and barriers. • Analysis of the interaction between personal, societal, developmental and disability-related health needs on functional capacity and participation. • Utilisation of standardised and informal assessments to understand a person’s abilities, support needs and environment.
<p>Interpretation and communication of assessments</p>	<ul style="list-style-type: none"> • Ethical, person-centred, and strength-based interpretation and analysis of assessments. • Synthesising and communicating results using strength-based, neuro-affirming and accessible language and communication.
<p>Promotion and advocacy of disability-rights, inclusive practice, and equitable access.</p>	
<p>Promotion</p>	<ul style="list-style-type: none"> • Promote the rights of people with disability. • Promote autonomy for people with disability. • Promote co-design processes. • Promote disability awareness, understanding and inclusion.
<p>Advocacy</p>	<ul style="list-style-type: none"> • Support the development of self-advocacy skills for people with disability. • Advocate for systemic, organisational and institutional change. • Recognise and respond to ableism.

	<ul style="list-style-type: none"> • Advocate for the development and implementation of inclusive policies and practices. • Advocate for recognition and understanding of intersectionality.
Education and capacity-building for individuals, family members, community, organisations, and wider support networks	
Enhance knowledge and understanding of disability and diversity	<ul style="list-style-type: none"> • Design and deliver training or education programs. • Develop and provide accessible information and resources. • Challenge expectations. • Provide education regarding disability rights and legislative obligations. • Provide education regarding the diversity of disability including sensory, motor, cognitive, developmental and invisible disabilities. • Contribute to research and consultation with government, communities and wider systems.
Improve access and participation	<ul style="list-style-type: none"> • Undertake environmental assessments to identify and recommend reasonable adjustments within the community, workplace and/or education setting. • Identify and address environmental and attitudinal barriers. • Work to challenge and address structural and systemic barriers. • Provide case management and/or coordination of supports.
Build capacity	<ul style="list-style-type: none"> • Build the skills and knowledge of families, educators, health providers and the wider community regarding the impact of disability across the lifespan. • Support workplaces, education settings, healthcare providers and the wider community to identify and implement inclusive practices. • Facilitate change across systems and organisational structures. • Codesign educational and employment pathways for people with disability.

Skill development for individuals with disability throughout the lifespan

Evidence-based strategies	<ul style="list-style-type: none"> • Combine clinical knowledge and research evidence with participant values and preferences. • Utilise evidence-based instructional strategies including: <ul style="list-style-type: none"> - task analyses - prompt hierarchies - chaining - visual schedules - social narratives - natural environment teaching - modelling - relational approaches - interest and activity-based learning - child-led - play-based - parent-mediated interventions
Planning and evaluating therapeutic interventions and programs	<ul style="list-style-type: none"> • Take a rights-based approach that focuses on the person with disability as an expert in their own life, ensuring dignity and self-determination. • Develop therapeutic supports and programs based upon comprehensive and biopsychosocial understandings of individual need and context. • Participate in collaborative goal-setting. • Facilitate interagency and interdisciplinary planning processes. • Use evidence-based practice to support and enhance inclusion, independence, and quality of life across functional, developmental, and behavioural domains. • Evaluate the efficacy of practices, strategies and programs to ensure contextual fit and fidelity. • Use outcome-based indicators to monitor and evaluate progress and program effectiveness. • Produce comprehensive reports using strength-based and neuro-affirming language.

Work to improve the quality of life, health and wellbeing of people with disability

<p>Behavioural support</p>	<ul style="list-style-type: none"> • Utilise contemporary and human-rights based approaches to behaviour support. • Embed these approaches into everyday practice. • Developmental Educators may pursue a career as a Behaviour Support Practitioner*. • Behaviour Support Practitioners provide specialised services, including: <ul style="list-style-type: none"> - functional behavioural assessment and formulation - functional analysis - development and implementation of person-centred and multi-component PBS intervention plans - reduction and elimination of restrictive practices - coaching and supporting stakeholders - skill development - PBS supervision, training, and education <p><i>* The Behaviour Support Practitioner role is defined and regulated by the National Disability Insurance Scheme (NDIS) Restrictive Practices and Behaviour Support Rules 2018 (NDIS, 2018). A Behaviour Support Practitioner working within the NDIS must register with the NDIS Quality and Safeguards Commission and practice in accordance with the Positive Behaviour Support Capability Framework (NDIS QSC, 2019).</i></p>
<p>Enhance physical and mental health wellbeing</p>	<ul style="list-style-type: none"> • Provide emotional support and guidance. • Utilise counselling skills such as motivational interviewing to enact positive change. • Assess and support quality of life indicators. • Facilitate referrals to specialised services as required.
<p>Communication</p>	<ul style="list-style-type: none"> • Facilitate the use of preferred communication methods. • Understand and respond to diverse communication methods and needs.

	<ul style="list-style-type: none"> • Identify and implement accessible ways for people to communicate their wants and needs. • Educate others on the diverse communication methods and preferences of people with disability.
Relationships	<ul style="list-style-type: none"> • Assess and support caregiver wellbeing and capacity. • Utilise best-practice strategies to support the development of meaningful and respectful relationships. • Identify and minimise barriers to social and community participation.

3.3 Who Developmental Educators Work With

Developmental Educators work with and alongside:

- people with disability across the life-course
- parents, families and caregivers,
- communication partners, friends, and colleagues
- employers
- advocates
- other professionals including health and allied health professionals, educators, case managers, interpreters and cultural custodians
- allied health assistants
- support workers
- government and policy makers
- community
- volunteers

3.4 Roles

Developmental Educators may be engaged in a variety of roles such as:

- new graduate Developmental Educators
- senior Developmental Educators
- clinical lead
- clinical supervisor
- program lead
- team leader
- researcher
- policy adviser/ analyst
- employment services professional

- disability advisor/consultant
- equity and inclusion consultant
- education officer

3.5 Where Developmental Educators Practice

Developmental Educators may work in private or public settings across various contexts such as:

- community organisations
- disability services
- early childhood early intervention
- education settings (childcare; preschool; primary and secondary schools; specialist education settings; adult and tertiary
- accommodation settings
- school-leaver programs
- employment services
- correctional institutions and the justice system
- health care and rehabilitation
- mental health services
- aged care
- local, state or federal government
- not for profit organisations
- private practice
- universities
- advocacy

Note 1: It is noted that some areas may necessitate specialised education, training, and supervision.

Note 2: While some examples are provided, lists are not intended to be exhaustive nor exclusive.

Note 3: A Developmental Educator does not typically work with all people or practice in all contexts listed in this document.

Note 4: It is recognised that some activities may also be undertaken by other professionals and/or in consultation with other professionals.

Glossary of Terms

Biopsychosocial model	Recognises that disability results from the interaction between a person's health or physical condition, psychological factors, and social and environmental influences, all of which affect functioning and participation.
Cultural responsiveness	Providing support that is respectful of and relevant to the cultural identity and lived experiences of the person.
Credentialling	The process of validating an individual's qualifications, skills, experience, training and/or competency to perform certain procedures or service activities against a set of recognised standards.
Disability	Defined in the CRPD (United Nations, 2007) as "including those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others."
Evidence-based	Using the best available, high-quality research and data—combined with professional expertise and real-world context—to guide decisions, practice, or policy.
Extended skills	Emerging practice areas from new developments, innovations, technology or research and are important for the development and growth of the profession.
Functional capacity	Refers to a person's ability to perform everyday activities and participate in daily life, including self-care, communication, mobility, learning, social interaction, and community engagement.
Human rights model of disability	Based on human rights principles, and "recognises that disability is a natural part of human diversity that must be respected and supported in all its forms. People with disability have the same rights as everyone else in society," and disability "must not be used as an excuse to deny or restrict people's rights." (DARU).
Intersectionality	Recognition that disability does not exist in isolation but intersects with other factors such as race, gender, sexuality, socioeconomic status.
Medical model of disability	Views disability as resulting primarily from an individual's impairment or health condition, with a focus on diagnosis, treatment, and management of symptoms.

Neuroaffirming	Practices that affirm the different ways that people think, learn and interact, and empowers them to do so.
Person-centred	Placing a person's needs, goals and preferences at the centre of planning and support.
Practice	The use of relevant professional knowledge and skills in the course of an individual's work to contribute to safe and effective delivery of services within one's profession.
Self-determination	The capacity of people to make choices and act as the primary agent in their own life without undue influence of others.
Social model of disability	Views disability as arising from barriers within society and the environment, rather than solely from a person's impairment, highlighting the need for accessible and inclusive communities.
Strengths-based	Focusing on the strengths and abilities of a person.

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