

Developmental Educators: Articulating Identity and Expertise in an Evolving Allied Health Field

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Abstract

Developmental Education is an emerging allied health profession in Australia. Developmental Educators (DEs) are disability specialists whose practice is informed by human-rights-based, holistic, and person-centred frameworks. This qualitative descriptive study explores how DEs perceive and articulate their professional identity and scope of practice within the broader allied health sector. Building on prior survey research, two focus groups involving 15 practising DEs were conducted to examine their reflections on previously published findings. Thematic analysis revealed three key themes: professional identity, the breadth and distinctiveness of DEs' scope of practice, and the perceived need for greater visibility and recognition. Participants described their work as multidisciplinary yet distinct from established professions, emphasising their role in disability practice and interdisciplinary collaboration. This study contributes to the literature on emerging professions by analysing how DEs construct and defend professional boundaries within a historically under-defined domain of disability practice.

Keywords

Developmental Educator (DE), National Disability Insurance Scheme (NDIS), disability professional, professional identity, professional boundaries, allied health landscape, social determinants of health

The emergence of Developmental Educators in Australia: A historical and educational perspective

Medical to social model

Developmental Education emerged in Australia amid significant societal and policy shifts in disability service delivery during the late twentieth century (Bottroff et al., 2000). Central to this period was the emergence of the social model of disability, which challenged the dominant medical model that framed disability primarily as an individual impairment to be treated by health professionals (People with Disability Australia, 2023). Instead, the social model conceptualises disability as arising from environmental barriers, societal attitudes, and low expectations (Shakespeare, 2017). This paradigmatic shift created demand for a workforce equipped to support self-determination, community participation, and autonomy, contributing to the emergence of Disability Studies as a formal academic field (Johnstone, 2012).

Historical and educational development of Developmental Educators

Developmental Education developed in response to these shifts, alongside broader deinstitutionalisation and community-based reform efforts. Reviews of disability services in the late 1970s and early 1980s highlighted the inadequacies of custodial, institution-based models and called for person-centred, community-oriented approaches (Wiesel & Bigby, 2015). These reforms contributed to the decline of legacy roles such as “mental deficiency nursing” and supported the emergence of new professional roles focused on social training, developmental support, and inclusion (Bottroff et al., 2000; Mafuba et al., 2026).

Educationally, Developmental Education evolved through purpose-designed tertiary qualifications responding to these changing service paradigms. The profession’s educational pathway commenced with diploma-level qualifications in the early 1980s, which enabled the transition of legacy disability workers into community-oriented roles. These programs subsequently progressed to degree-level qualifications during the 1990s and 2000s, integrating perspectives from psychology, education, sociology, and disability studies. This trajectory culminated in the Bachelor of Disability and Developmental Education, an interdisciplinary program emphasising rights-based, person-centred practice (Flinders University, 2025). The curriculum has continued to evolve in response to sector reforms, including the introduction of the National Disability Insurance Scheme (NDIA, 2021; Rillotta & Alexander, 2020).

Tertiary Disability Studies programs are offered in Australia, Canada, the United States, and Iceland (Rillotta & Alexander, 2020), contexts characterised by strong disability rights movements, welfare systems extending beyond strictly medical models, and policy frameworks that recognise disability as a social and structural issue rather than solely an individual impairment. However, Flinders University remains the only institution offering both the Bachelor of Disability and Developmental Education and the Masters of Disability Practice and Leadership (Developmental Education). Graduates of these accredited programs are eligible for full

membership with the national self-regulating professional association, Developmental Educators Australia, and must meet ongoing professional development requirements and adhere to the Developmental Educators Australia Incorporated Code of Ethics and Practice (DEAI, 2026a). In Australia, graduates of accredited Developmental Education programs can work across advocacy, policy, service coordination, and leadership roles within the disability sector. Positioned as disability specialists who work *with* rather than *on* people with disability, Developmental Educators (DEs) challenge conventional clinical hierarchies and provide an analytically useful case for examining how emerging professions establish professional recognition among established service systems.

Achieving professional recognition

Despite alignment with progressive disability frameworks, Developmental Education has faced challenges in achieving professional recognition. Professions that work with stigmatised groups, including people with disabilities, often face greater challenges in achieving professional recognition despite the complexity and significance of their work (Doyle et al., 2022; Leicht & Fennell, 2001). Limited understanding of Developmental Education and perceived overlap with established allied health disciplines have contributed to slow professional recognition and ongoing ambiguity regarding scope of practice (Ellison & Matthews, 2012; Rillotta & Alexander, 2020). In response, Developmental Educators Australia Incorporated (DEAI) was established in 2009 to support professional development and advance recognition. DEs were formally recognised as Allied Health Professionals in South Australia in 2011, affirming their place within multidisciplinary disability services (DEAI, 2026b). While this recognition marked a significant milestone, continued efforts remain necessary to consolidate professional identity and clarify professional scope of practice, reflecting broader international patterns in which emerging disability professions pursue ongoing recognition through rights-based frameworks, interdisciplinary training, and formalised scopes of practice.

Developmental Educators

Today in Australia, DEs work across a wide range of settings, engaging in planning, advocacy, service coordination, and policy development. They hold roles in state and federal government as well as non-government sectors, supporting people with diverse disabilities and neurodivergence across the life course (Rillotta & Alexander, 2020). Their holistic, developmental approach reinforces professional values of inclusion, autonomy, and community participation (DEAI, 2026c). At the core of DEs' practice is a commitment to self-determination and the recognition of people with disabilities as experts in their own lives.

As qualified allied health professionals, DEs specialise in working with people with disabilities through a social justice and human rights framework that promotes full and effective inclusion in society (DEAI, 2026c). Their practice is informed by the human rights, social, neurodiversity, and biopsychosocial models of disability, and they work in partnership with individuals, families, and support networks to deliver specialist services. These include skill development, behaviour support, advocacy, education, and capacity building (DEAI, 2026c).

DEs operate both independently and collaboratively within interdisciplinary teams, working alongside other allied health professionals such as Occupational Therapists, Physiotherapists, Speech Pathologists, Psychologists, Exercise Physiologists, Dietitians, and Social Workers, as well as medical and nursing professionals (DEAI, 2026a).

The National Disability Insurance Scheme is a government-funded program that provides individualised funding and support services to Australians with permanent and significant disabilities (National Disability Insurance Agency, 2021). Supporting approximately 500,000 Australians, the National Disability Insurance Scheme has increased demand for professionals with disability specific expertise, including DEs (National Disability Insurance Agency, 2021).

DEs are formally recognised by the National Disability Insurance Agency (NDIA) as qualified providers of therapeutic supports (DEAI, 2026c). Under the National Disability Insurance Scheme Pricing Schedule (2026-2027), they are authorised to deliver Therapy, Employment and Early Childhood Supports at the same rate of pay as other allied health professionals including Occupational Therapy, Speech Pathology, Social Work and Rehabilitation Counselling. This includes conducting functional capacity assessments, skill development, developing behavioural supports, and individualised training. While some specialised support items remain restricted to other professions, DEs are sought after for their ability to work within multidisciplinary, interdisciplinary, and transdisciplinary teams (Ellison & Lante, 2016; Rillotta & Alexander, 2020).

Challenging clinical language in disability practice

The work of DEs aligns closely with contemporary understandings of social determinants of health, which refer to the non-medical factors that influence health outcomes, such as the conditions in which people live, learn, work, and interact. These factors often shape the lived experience of disability. As new collaborations emerge between healthcare, public health, and social services, each sector brings different perspectives on social determinants, and these differing perspectives can lead to misunderstandings (Alderwick & Gottlieb, 2019). As such DEs find their broad, person-centred scope of practice is frequently misunderstood or conflated with other professional roles. Rather than medicalising social issues, DEs focus on addressing environmental and attitudinal barriers to inclusion. Consequently, clinical terminology such as “patient”, “treatment”, or “medical”, is misaligned with their practice. This disconnect contributes to some DEs’ discomfort with identifying as allied health professionals, despite formal professional recognition within that category. By tackling structural and attitudinal obstacles to inclusion, DEs enhance health and wellbeing in ways that extend beyond clinical intervention, offering a holistic and socially responsive approach to disability support.

Claiming space in allied health: Study rationale

This study examines how DEs negotiate professional identity and scope of practice within the allied health landscape. DEs assert professional claims over disability provision, a domain that

has historically lacked cohesive ownership and is intersected by multiple established professions, including psychology, occupational therapy, and social work (Scotch, 1989). By examining how DEs define their scope of practice in this space, the study contributes to scholarship on how emerging professions negotiate and maintain professional boundaries when scope of practice intersects with that of long-established professions.

Findings from a previous self-assessment survey indicated that many DEs experience ongoing challenges in achieving full professional recognition by professionals from more well-established allied health professions (Rillotta & Alexander, 2020). DEs reported limited understanding of their scope of practice among other allied health professionals, colleagues, people with disabilities, caregivers/families, and the public. These ongoing challenges highlight the need for continued efforts to clarify and communicate the distinct contributions of Developmental Education to the allied health sector. While the survey identified patterns of limited professional recognition and understanding of DE as a profession, it could not capture how DEs interpret these experiences, negotiate professional boundaries in practice, or articulate their scope within the allied health field. This limitation pointed to the need for qualitative exploration.

The current study aimed to address the research question: “How do Developmental Educators perceive and articulate their professional identity and scope of practice within the broader allied health landscape in Australia?”

Theoretical framework

This study is informed by several sociological theories of professions that define how Developmental Educators establish, negotiate, and sustain the status of Developmental Education as a profession, and how they experience their professional identities. This study draws most prominently on theories of professional recognition, jurisdiction and legitimacy (Abbott 1988; Gieryn, 1983; Kyratsis & Meda, 2026; Rubin, 2024) and of collective professional identity (Abbott, 1988; Kyratsis & Meda, 2026).

Professional recognition, jurisdiction and legitimacy

The “professional recognition” of any profession as distinct depends on others (e.g., other health professions, members of the public) accepting its right to claim authority within a certain professional jurisdiction (Abbott, 1988). “Professional jurisdiction” refers to the professional practices, functions, scope of practice, and expertise that distinguish one profession from another; it is “what constitutes a profession...what is done and by whom” (Rubin, 2024, p. 5). Successfully establishing a distinct professional jurisdiction contributes to “professional legitimacy”. Put simply, a profession must first demonstrate that it is distinct from other professions to be recognised as legitimate.

Professions may establish and maintain legitimacy by continually competing for and defending professional jurisdiction (Abbott, 1988; Rubin, 2024). This competition and defence,

known as “boundary-work” (Gieryn, 1983), comprises “purposeful efforts of professional groups and their members to influence the boundaries between professions” (Weber et al., 2022, p. 2). Maintaining such boundaries is important because professional boundary “encroachment” (Kyratsis & Meda, 2026) by a similar profession may undermine a profession’s distinctiveness and, consequently, its legitimacy and recognition (Abbott, 1988). Some also suggest that professional legitimacy rests primarily on a profession’s “core character” rather than its distinct “functions or boundaries” (Abbott, 1995; Rubin, 2024, pp. 4-6).

Collective professional identity

Professional identity is “an individual’s self-definition as a member of a profession and is associated with the enactment of a professional role” (Chreim et al., 2007, p. 1515). Professional identities are not fixed. They are constructions requiring ongoing, active “identity work”: “activities to create and sustain identities congruent with self-concept” (Kyratsis & Meda, 2026, p. 2). Relevant to this study, the development of emerging professions can involve *collective* identity work: *shared* activities to define the values and norms of the profession and to maintain the boundaries of its distinctive professional jurisdiction (Abbott, 1988). Collective identity work can be done, for example, through “professional associations, socialization rituals, jurisdictional mandates, routines, identity prototypes, and distinctive professional logic” (Kyratsis & Meda, 2026, p. 2). For members of emerging professions in the early stages, demanding collective identity work is required to ensure a congruent collective professional identity (Kyratsis & Meda, 2026).

Together, these theories supported our examination of the complexities of Developmental Education establishing and maintaining professional recognition, and of DEs negotiating their professional identities.

Materials and methods

A qualitative study was conducted by utilising two focus groups conducted by researchers from the discipline of Disability and Community Inclusion, Flinders University. Focus group research is based on the idea that group interaction encourages participants to explore and clarify their individual and shared perspectives. This interaction can lead to a deeper understanding of the issues being discussed, as participants build on each other’s responses, challenge viewpoints, and generate new ideas collectively (Acocella, 2012; Tong, et al., 2007). The advantage of focus group interactions is that they can assist participants to explore their experiences and clarify their views in ways that a one-to-one interview may not provide (Kitzinger, 1995).

To be included in the study, participants needed to hold current full membership with DEAI. Focus group participants were recruited via a flyer sent to DEAI who then distributed it to all Australian members via email and social media. Fifteen South Australian DEs participated in the study, with group sizes of 7 and 8 respectively, consistent with recommended focus group

parameters of 4-12 participants (Tong et al., 2007). Participants represented a range of professional roles, including DE, Team Leader, Senior Practitioner, Manager, Activity Coordinator, and Lecturer. They had graduated between 1988 and 2016 and reported an average of 12 years of experience in the field (range: 1-29 years).

The scope of the study was intentionally limited to the perspectives of practising DEs. While the inclusion of other allied health professionals or service users may have provided valuable additional perspectives and comparative insight, the study was designed to focus specifically on the ways DEs themselves experience their professional identity. This scoping decision aligns with the study's aim to contribute to the literature on emerging professions by examining how DEs as a collective understand and articulate their own professional identity and define their scope of practice within the allied health landscape.

Participants were invited to one of two focus groups to discuss their professional roles as DEs currently working in the disability field. Building on the earlier survey of 121 DEs, participants in this study were presented with survey findings and invited to reflect on whether these results reflected their own experiences and challenges. Both focus groups were conducted in Adelaide, South Australia, and each session ran for 60 minutes. Focus groups were conducted by authors one and two, the first also holding full membership with Developmental Educators Australia Incorporated. Focus group participants were provided with an information sheet and gave both verbal and written consent to participate in this study and agreed to uphold the confidentiality of the interview discussions. The focus group interviews were recorded and then transcribed verbatim. Ethical approval for this study was obtained from the Flinders University Social and Behaviour Research Ethics Committee (No. 6576).

This study is informed by a critical disability studies perspective and undertaken by researchers who are both scholars of disability and participants in the educational and professional field under examination. Three authors are lecturers in the Bachelor of Disability and Developmental Education, and two authors hold full membership with Developmental Educators Australia. We therefore occupy a dual position as observers of, and contributors to, the professionalisation of Developmental Education. Rather than attempting to bracket out this positioning, we adopt a reflexive stance that recognises how our proximity to the field shapes the framing, interpretation, and aims of the research (Finlay, 2002). This insider perspective enabled a nuanced understanding of potential professional tensions and lived experience of professional identities pertinent to this study, while analytic rigour was supported through collaborative coding, transparency in analytic decisions, and engagement with the theoretical framework of established theories articulated above.

Data analysis

Data were analysed using thematic analysis, following the approach outlined by Braun and Clarke (2006). This process included transcription of group interviews, identifying and labelling codes, developing initial themes to capture significant patterns, and defining what each theme represented and which aspects of the data it captured.

The first author and a postgraduate research assistant independently reviewed the transcripts, and generated open codes based on words and phrases used by participants. These open codes were then grouped into categories and subsequently developed into broader themes through an iterative process involving multiple rounds of coding and discussion to ensure consistency and rigour. Discrepancies were discussed and resolved through consensus at the open coding stage (Cascio et al., 2019).

Although the focus group questions were designed to prompt discussion around professional identity, scope of practice, and professional recognition, themes were not predetermined by the interview guide. Rather, themes were generated inductively through analysis of patterns in how participants interpreted, prioritised, and made sense of these issues across the dataset. Themes were constructed based on shared perspectives and recurring interpretive patterns rather than a direct mapping onto interview questions (O’Cathain & Thomas, 2004; Palmer et al., 2010). Three overarching themes were identified: professional identity as a disability specialist, the breadth of the Developmental Educator scope of practice, and the perceived need for greater promotion of Developmental Education as a profession.

Results

The three themes presented below capture recurring patterns in how participants articulated and interpreted their professional identity, scope of practice, and professional recognition within the allied health sector. Each are expanded upon below, including direct quotes to illustrate each theme.

Professional identity as a disability specialist

The DE role was described as highly diverse, covering a range of areas including youth justice, government departments, school settings, brain injury, massage therapy, mental health, and recreation sectors. Additionally, participants acknowledged that each individual DE often develops specific areas of focus based on their interests and professional experiences. Working diversely across existing disciplines made it difficult for DEs to communicate the Disability Education role succinctly, for example:

[...] it is not easy to, in a very small statement, say what a DE does. It really depends on where you work and what you do. There are obviously some commonalities, but it is not easy because it is so multidisciplinary. (participant #5)

It is like you've got this big list of skillsets, and you can do it all...And, I guess each DE has probably got their own passion and their own set of skills where they want to work within. (participant #13)

Some of the difficulty in explaining what a DE does was because the DEs' scope of practice was seen as similar to other allied health professions. However, participants reported the DEs' scope was also distinct:

We also overlap with other disciplines and that's a strength and that's sometimes also a challenge at the same time. (participant #5)

[...] it's a partnership with the OTs, the physios, the speechies and everyone getting together. But I'm the disability professional. So, when people in those other allied health roles don't have a strong background in physical or intellectual or neurological disabilities, you know, their discipline is narrowed. I see it as the partner and I'm the disability partner. (participant #1)

Despite this ambiguity, participants consistently identified disability expertise as the defining feature of their professional identity:

I often encourage people to say that we are disability specialists because that is where our strength is. (participant #5)

[...] I'm a disability specialist and I feel good when I say that. So, I feel like other disciplines can't say that. So, that is often the term that I will use when I talk about my profession. (participant #1)

[...] we are trained in disability and really we're the only [profession] that is. (participant #14)

Participant #1 further accented the value of DEs' disability expertise by stating that many health service providers still held "misconceptions about people with disability" and did not recognise co-occurring condition, such as dual disability of intellectual and psychosocial disability. Affirming DEs are "really good facilitators in supporting people that have those other complexities."

Participants reported that their academic training provided a strong foundation in disability-specific knowledge and practical application, which they perceived as contributing to current demand for DEs in the sector:

[...] from where I am, everybody wants DEs. They can't get enough of them at the moment with all these new agencies. (participant #13)

[...] people would go: “Oh, wow I want one of them [DEs]. Why can’t we find them? Where are they?”. (participant #7)

The breadth of the Developmental Education scope of practice

Participants were clear about the values that underpinned Developmental Education as a profession. They identified that person-centeredness, a holistic perspective, empowerment, self-advocacy, and a human rights-based approach were fundamental to their work. Person-centred practice was considered in part to be “[...] really honing (sic) in on people and who they are and what their interests are” [participant #11]. Some participants observed that other professionals may focus primarily on specific areas of need, whereas DEs aim to consider the broader context of a person’s life: “... the whole person and what effects they have in all parts of their life...” [participant #1]. Focus group participants considered DEs took a holistic approach, citing that other professionals may concentrate on only one aspect of the person’s life (the professional’s area of speciality). Empowerment and self-advocacy were also seen as professional values that “fundamentally underpins everything” a DE does [participant #7]. Another core element of the DE profession was said to be having a human rights approach, that is, one that respected and listened to the person with disability [participant #1].

Participants asserted DEs fulfill a variety of roles. For example, support co-ordination [participant #2], completing standardised assessments [participants #9 & #10], positive behaviour support [participant #9] and providing skill development for people with disability, their family members and disability support staff [participants #15 & #11].

Participants reflected on the importance of DEs to balance clinical practice with providing practical supports in the natural environments where people live, work and engage in leisure activities. This was contrasted with more traditional models of service delivery that may rely on office-based or clinical settings:

Well, actually, a DE will practically help...Instead of coming in and out in that kind of more clinical way. Whereas, I feel like families feel like some of those other professions, like they might write a plan and go: “Here you go”. But they’re not teaching those supporters how to use it. I think that’s a huge strength of DEs, which families are really finding. (participant #11)

We [DEs] understand some of those situations that your family is in and we can come up with some practical strategies that might make your day-to-day lives a bit easier. (participant #12)

Furthermore, participants #11 and #15 provided examples of how working alongside people with disabilities in their environments adds value to the clinical role. One example was pro-

vided by participant #15, who recalled visiting a person with disability in their home; the visitation revealed that the client's inability to cook meals was because of the lack of facilities in the home, not because of the person's lack of skill. Conferring, participant #11 shared an instance of her visiting a child with disability at school, where she spent time speaking with the teacher and with the child. Through this interaction in the school environment, the DE was able to understand why a current emotional regulation program devised by another professional was not working. The DE adjusted the program to include items of interest to the child, which provided motivation for the child's engagement, leading to a successful outcome. While participants emphasised the value of this practical, hands-on approach, one participant cautioned that it is important to distinguish DE practice from that of support workers: "I think as long as we're clear that it [DE] isn't a support worker role. I don't mean that as a negative thing either. Support workers are very important" [participant #10].

Promotion of the profession of Developmental Education

Most participants agreed the DE profession needed further promotion, providing a range of strategies that may improve the professional profile of DEs. Suggestions included "[...] engaging our current [DEAI] members or trying to get more [DEAI] membership" [participant #11]. However, another participant suggested to "[...] profile people that just have a DE degree that have gone on to big things. You know, they're holding high up positions" [participant #12]. Another participant acknowledged the need for extra funds: "[...] if we have a bit more money, we can promote the profession more" [participant #9].

Views were mixed regarding whether a change in professional title might enhance recognition. One participant suggested that renaming the role could help align it more closely with contemporary disability discourse: "[...] maybe we need to rename ourselves in order to be moving forward...so that we are more disability friendly in a way rather than education" [participant #6]. Others expressed concern that a title change could undermine existing progress and require restarting promotional efforts:

[...] a title change now [would] be quite difficult and we would start promoting our discipline all over again. And, I think like many other disciplines, some disciplines are not very descriptive in what their role title is. "OT" for example is also pretty broad and vague. I know it has taken them a long time as well to be recognised as professionals for what their role is. And, I think now we have achieved recognition by National Disability Insurance Agency, now that's really important and I think we just need to keep working away. I think also as DEs we need to take responsibility ourselves as well for promoting our profession. (participant #5)

Another participant reflected on the broader responsibility for professional promotion, noting that universities and training institutions also have a role to play:

So, I feel like we have come a really long way as a profession...it has taken quite some time, I think, to build our profile...I think it's deeper than that. I think it's about promotion of who we are...the university has a role. (participant #3)

Discussion

This discussion is not offered as a neutral account of an emergent profession, but as a critical examination grounded in close engagement with the field. Drawing on participants' accounts of their experiences as a DE and on several sociological theories of professions (Abbott 1988; Gieryn, 1983; Kyratsis & Meda, 2026; Rubin, 2024), the analysis examines how organisational, professional, and contextual dynamics shape the scope of practice and professional identity of DEs. The findings indicate that DEs possess a broad scope of practice underpinned by professional values associated with disability rights, person-centredness, and empowerment, contributing to growing demand for their expertise across diverse disability contexts. Consistent with earlier research (Rillotta and Alexander, 2020), DEs in this study continue to report that their professional contributions to disability service systems remain poorly understood and under-recognised by others.

Rather than framing this challenge as one of overt jurisdictional conflict, the findings suggest that professional recognition for DEs is better understood as an outcome of interacting structural foundations, professional dynamics, and contextual conditions, which together perpetuate ambiguity regarding DEs' scope of practice within an otherwise collaborative allied health landscape.

Multidisciplinary practice, role ambiguity, and professional dynamics

Participants consistently emphasised the breadth of scope and multidisciplinary orientation of DEs as key strengths of the profession. This reflects the profession's educational foundations, which integrate content from education, psychology, sociology, philosophy, and health (Flinders University, 2025). Such integrative training supports flexible and responsive practice, but it can also complicate professional identity when roles are expansive or poorly delineated (Colyer, 2004; Jackson, et al., 2019).

In the present study, participants described working across diverse employment contexts and responsibilities; including collaborative work support workers, speech pathologists, occupational therapists, psychologists, and teachers, to name a few. While DEs' scope of practice was reported to overlap with those of other allied health professions, particularly in activities such as selected assessments and support co-ordination, behaviour support, and supporting skill development, this overlap was not characterised as competitive or exclusionary. Instead, participants consistently emphasised collaborative and complementary relationships, aligning with research suggesting that overlap is common in multidisciplinary environments and does not in itself signal a threat to establishing professional jurisdiction (Klein, 1996).

Role ambiguity emerged as the dominant feature shaping professional identity of DEs and their professional recognition. Participants expressed uncertainty about how their role was understood within an allied health landscape characterised by overlapping professional jurisdiction. Importantly, this ambiguity was experienced as an internal and relational challenge rather than as active “boundary encroachment” (Kyratsis & Meda, 2026) by other professions.

Practice in everyday contexts, lived experience, and defining characteristics

Participants defined their professional identity as “disability specialists”. They emphasised that disability-specific expertise and person-centred values distinguished Developmental Education from other professions. A defining feature of DE practice highlighted by participants was work undertaken in everyday, non-clinical contexts such as homes, schools, and community settings. Participants emphasised delivering practical, context-responsive support alongside people with disabilities and their families. This orientation reflects some “core characteristics” that define Developmental Education as a profession, encompassing values-driven, person-centred, and rights-based professional practice shaped by lived experience. Having a clear understanding of these core characteristics may serve to bolster professional legitimacy (Rubin, 2024).

These core characteristics align with principles long advocated by the disability rights movement and with evidence that support delivered in non-clinical environments enhances outcomes and is highly valued by people with disabilities and their families (Mavromaras et al., 2018; Nancarrow & Borthwick, 2021; Singh, 2018). At the same time, participants reported that working outside conventional clinical settings contributed to confusion about the DE role, particularly in distinguishing their scope of practice from that of disability support workers.

Despite clearly defining the distinguishing characteristics of Developmental Education, participants reported ongoing challenges gaining professional recognition as the result of the defining characteristics of the DE role itself (i.e., broad, overlapping scope of practice; contextual responsiveness; and relational work) inherently intersecting with the work of numerous other disability professions and support roles, rather than as a failure to successfully claim and defend unique professional jurisdiction (Abbott, 1988; Gieryn, 1983).

This illustrates how the core characteristics of Developmental Education itself could hinder its perceived professional distinctiveness in systems designed according to narrowly defined, clinically delimited professions (Hindhede & Larsen, 2020).

Defining collective professional identity for greater recognition

Given the challenges participants identified around establishing unique, distinct professional jurisdiction, outlined above, efforts to establish professional legitimacy may benefit from greater attention to how DEs’ collective professional *identity* may be distinct from that of

other professions more-readily recognised within the medical model. DEs consistently described a shared values-driven professional identity, which may provide a stronger basis for establishing professional legitimacy in the face of an overlapping scope of practice (Rubin, 2024).

Specifically, DEs consistently described a deeply relational approach grounded in values of empowerment, person-centredness, and collaboration as a core characteristic of their collective professional identity, in which DEs *are led by* people with disability. These values may distinguish the professional identity of DEs from that of allied professions operating within a medical model grounded in values of paternalism (characterised by clinical distance, diagnosis, and treatment), in which professionals act *for* or *to* clients (Hindhede & Larsen, 2020; Shortell, 1974). Understanding and articulating this coherent, distinctive, values-based professional identity of DEs may therefore strengthen the professional legitimacy of Developmental Education and, in turn, support its professional recognition.

Advancing public professional recognition

Participants' accounts suggest that advancing professional recognition for DEs depends on strategic efforts to increase public and broader allied health sector and collective professional identity of DEs. Participants described several strategies for such professional recognition, including:

- increasing professional membership in Developmental Educators Australia Incorporated,
- profiling qualified DEs as positive examples of the profession,
- increasing funding for promoting the profession,
- being cautious about suggestions to change professional title, and
- seeking assistance from university and training institutions to support professional recognition.

The publication of the Developmental Educators Australia Incorporated Scope of Practice (DEAI, 2026a) represents an important mechanism for increasing clarity around scope of practice and professional jurisdiction. Alongside inclusion in public sector classifications and National Disability Insurance Scheme pricing arrangements, these developments represent significant advancements in professional recognition of Developmental Education.

While strategic and structural efforts such as defining scope of practice and inclusion in peak bodies are essential for strengthening the collective professional identity of DEs, intrapersonal and interpersonal strategies also play a vital role in fostering a sense of professional identity and pride (Academy of Medical Royal Colleges, 2020). DEs can affirm their collective professional identity by recognising that scope ambiguity is a natural part of emerging professions (Kyratsis & Meda, 2026). Mentoring, both receiving guidance from experienced professionals and offering support to newer practitioners, can also be especially

powerful in transferring knowledge and cultivating a coherent professional identity and culture (Copnell, 2010). As practical approaches to collective identity work (Abbott, 1988), mentoring and research engagement are commonly reported mechanisms for fostering professional recognition in more consolidated professions. Their relative absence in participants' accounts may therefore be understood as evidence of a profession in an ongoing process of developing a coherent collective professional identity and associated professional legitimacy, rather than as evidence of deficiency as a valuable and worthwhile profession.

Finally, the findings highlight the significance of broader context, particularly disability policy reforms such as the National Disability Insurance Scheme and the development of Foundational Supports (Commonwealth of Australia, 2026), in shaping the demand for DEs and the professional recognition of Developmental Education. While the National Disability Insurance Scheme has expanded demand for disability-specific expertise, it has also intensified expectations for role clarity and demonstrable value within competitive service environments.

Taken together, this analysis illuminates how greater professional recognition for Developmental Education may emerge through collective efforts to refine and perpetuate a coherent professional identity characterised by shared values and active efforts to advance public understanding of DE scope of practice. Understanding these interactions may help:

- explain why DEs may experience ongoing professional recognition and identity challenges despite current strong integration within multidisciplinary disability service systems, and
- inform active efforts to bolster the professional recognition of Developmental Education in the future.

Limitations

This study has several limitations that should be considered when interpreting the findings. Firstly, neither people with disabilities nor their families were interviewed to ascertain their perspectives of DEs and their roles. This represents an important area for further research. Additionally, while there are 373 registered DEs in Australia and New Zealand (DEAI, 2023), a small group of practising DEs participated in the focus groups. The small sample may not be representative of the larger DE population. Furthermore, while focus groups can be a valuable tool for generating insights into people's attitudes, perceptions and experiences, disadvantages include participants expressing socially desirable opinions to conform with the opinion of the group (Acocella, 2012).

It is also acknowledged that the first three authors teach into the Bachelor of Disability and Developmental Education course, with authors one and three holding full membership with Developmental Educators Australia. This may have introduced bias to the planning, data col-

lection, analysis, or writing phases of research. However, the research team continuously reflected on their own biases and engaged in ongoing self-assessment, reflecting on their own beliefs and values and adhered to ethical research guidelines. Nevertheless, researcher involvement with the Bachelor of Disability and Developmental Education course makes it difficult to completely eliminate the potential for researcher bias. Hence the findings should be considered in relation to the researchers' positions (Clark & Vealé, 2018). Future research seeking the perspectives of people with disability and other allied health professions on the DE role would be valuable to 1) inform efforts to promote professional recognition, and 2) better inform how DEs can work in alliance with people with disability as experts in their own lives. Further opportunities for future research include investigating how the publication of the Developmental Educators Australia Scope of Practice (DEAI, 2026a) affects the collective professional identity of Developmental Educators.

Contribution to knowledge

This study contributes to the sociology of professions by examining Developmental Education as a profession emerging in response to needs that have historically been overlooked or underserved by established professions in the disability sector. As such, DEs represent an emerging professional group that negotiates professional boundaries and jurisdiction, and that continues to define their scope of practice, and assert their professional identity within a well-established allied health field. This makes Developmental Education a compelling case study for understanding how newly emerging professions gain professional recognition and how professionals in emerging professions develop their professional identities.

Conclusion

Developmental Education represents an emerging profession within the disability sector, characterised by a person-centred and multidisciplinary approach to support. Building on previous survey research (Rillotta and Alexander, 2020), this study provides deeper insight into how DEs perceive and articulate their professional identity and scope of practice, with participants describing roles that extend beyond direct client support to include collaboration with families, disability support workers, and interdisciplinary teams. These accounts reflect both the breadth and depth of DE expertise and the growing demand for their skills across diverse disability contexts.

Despite this demand, DEs continue to face challenges in establishing unique professional jurisdiction and legitimacy. Paradoxically, many of these challenges stem from the very strengths that define Developmental Education as a profession with a broad scope of practice and a relational approach grounded in values of empowerment, person-centredness, and collaboration. While these attributes align closely with contemporary disability support frameworks, they also contribute to scope-of-practice ambiguity and complicate efforts to define and maintain professional jurisdiction within the allied health landscape.

This paradox reflects broader dynamics in the emergence of new professions, where establishing professional boundaries, negotiating collective professional identities, and the pursuit of professional recognition are ongoing processes. Rather than advocating for Developmental Education as a profession, this paper contributes a sociological analysis of how DEs navigate professional identity, negotiate professional legitimacy, and claim professional jurisdiction within a contested allied health field. The recent adoption of a formal Scope of Practice (DEAI, 2026a) represents an important step toward clarifying professional scope and advancing professional recognition. Continued efforts to articulate the distinct value of DE practice will be essential to securing its place within the evolving allied health system. By examining these processes, the study also offers insights relevant to other emerging professions working in complex, interdisciplinary, and rights-based domains.

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Author Contributions

JA & FR conceived the study and were responsible for the design and focus groups. The initial draft of the manuscript was prepared by JA and MB and FR.

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Conflict of Interest

JA & MB hold full membership with Developmental Educators Australia. Three authors are lecturers in the Bachelor of Disability and Developmental Education at Flinders University, South Australia.

Ethics Statements

This research project has been approved by the Flinders University Social and Behaviour Research Ethics Committee (Project No. 6576).

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