



INTEGRATIVE THERAPY NQ

Mara Gomes | Accredited Mental Health Social Worker | Play Therapist

Child Safety and Wellbeing Policy

How this practice keeps children safe, heard and respected

Child Safe Organisations Act 2024 (Qld)

Compliance obligation commenced 1 January 2026

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Document control

Document owner	Mara Gomes, Principal Practitioner and Child Safety Officer
Effective date	29 August 2026
Next review date	29 August 2027
Version	2.0
Applies to	Me, and any employee, contractor, student, supervisor, volunteer or administrative support person engaged by Integrative Therapy NQ

1. Statement of commitment

At Integrative Therapy NQ, the safety and wellbeing of every child and young person comes first, always, and without exception.

Every child has the right to feel safe, to be listened to, and to be treated with dignity. That means their culture, their identity, their disability, their gender, their sexuality and their family are respected exactly as they are. Children are not passive participants in their own care here — their voices shape it.

There is no tolerance for abuse, harm, neglect or exploitation of any kind. None.

Children are at the heart of my practice. Through play therapy, individual therapy and family work, I am trusted with children at their most vulnerable, often by families who have found trust hard-won. That carries a serious and ongoing responsibility: to build a practice that prevents harm, notices it early, and responds without hesitation when it occurs.

2. Purpose

This policy sets out how I implement and comply with:

- the 10 Child Safe Standards and the Universal Principle under the ***Child Safe Organisations Act 2024*** (Qld)
- my child protection obligations under the ***Child Protection Act 1999*** (Qld) and the *Criminal Code* (Qld)
- my screening obligations under the ***Working with Children (Risk Management and Screening) Act 2000*** (Qld)
- the AASW Code of Ethics and AASW Practice Standards
- NDIS Practice Standards and NDIS Code of Conduct, where I deliver NDIS-funded supports

3. Scope and legal position

Child Safe Standards. Integrative Therapy NQ is a child safe entity under Schedule 1 of the ***Child Safe Organisations Act 2024*** (Qld) as a health service — specifically as an organisation providing mental health treatment and assessment, and counselling and support services. A sole trader is a child safe entity in their own right. **My obligation to implement the 10 Child Safe Standards and the Universal Principle commenced on 1 January 2026.**

Reportable Conduct Scheme. The Reportable Conduct Scheme commenced for all in-scope reporting entities on 1 July 2026. Within the health services category, the scheme applies to hospital and health services, the Queensland Ambulance Service, private health facilities, and mental health or alcohol and other drug services that include **inpatient** treatment for children. As a community-based outpatient practice, I am not captured by the health services limb.

Where I deliver NDIS-funded supports, I may fall within the scheme as an NDIS service provider. I have not yet confirmed this with the QFCC. I will seek confirmation directly from the QFCC and record the outcome at section 14. Until that confirmation is received, I apply the scheme's requirements as though they may apply to me. Regardless of scope, I apply the reporting and investigation procedures in the *Child Safety Incident and Reporting Procedure* to every allegation involving a person engaged by my practice.

Definition of a child. A person under 18 years of age.

Definition of harm. Under the *Child Protection Act 1999* (Qld), harm is any detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing, regardless of how it is caused. It includes physical abuse, sexual abuse and exploitation, emotional and psychological abuse, neglect, exposure to domestic and family violence, coercion and manipulation.

4. Roles and responsibilities

Child Safety Officer: Mara Gomes. Contact: 0435 901 601 · integrativetherapynq@gmail.com

As Principal Practitioner I am accountable for child safety in this practice. I cannot delegate that accountability. My responsibilities are to:

- lead a culture where child safety is spoken about openly and concerns are welcomed, not managed away
- ensure this policy and all supporting procedures are current, followed and evidenced
- maintain the Blue Card register, training register, Child Safety Risk Register and Complaints and Safeguarding Register
- receive, record, act on and report every child safety concern
- seek supervision and consultation on child safety matters
- review this policy annually and after any incident

Everyone engaged by my practice must read this policy and the Code of Conduct, sign an acknowledgement, hold a current Blue Card where required, complete child safety training, report concerns immediately, and never handle a concern privately.

5. How I implement the 10 Child Safe Standards

Standard 1 — Child safety and wellbeing is embedded in leadership, governance and culture

- This policy is approved, dated and version-controlled, and I review it annually.
- My public statement Child Safety and Speaking Up is published on www.integrativetherapynq.com.au and displayed in my practice rooms.
- Child safety is a standing item in my clinical supervision.
- I keep a single Complaints and Safeguarding Register recording every concern, complaint, incident, near miss and action taken.
- Child safety expectations are written into every contract, position description and student placement agreement.

Standard 2 — Children are informed about their rights, participate in decisions affecting them, and are taken seriously

Supporting Children's Voice, Choice and Participation

- At the beginning of therapy, I explain the therapeutic process to each child in a way that is appropriate to their age, developmental level and communication needs. This includes explaining that they have choices in therapy, what information is kept private, the limits of confidentiality, and who they can speak with if they ever feel worried, uncomfortable or unsafe.
- Children are provided with clear, age-appropriate information about how they can give feedback, raise a concern or make a complaint. Child-friendly complaints information is also available within the therapy environment.

- Throughout therapy, I actively seek and respect each child's assent and preferences. In play therapy, I follow the child's lead and recognise verbal and non-verbal communication, including hesitation, withdrawal, refusal or distress, as important information about their experience, comfort and boundaries.
- Children are encouraged to share their views about the therapy environment, their sessions and whether they feel comfortable and safe. Feedback is invited throughout the therapeutic process, including at appropriate review points and when therapy is concluding.
- Where appropriate, I document the child's views, preferences and feedback and consider these when making decisions about their therapeutic support.
- Children are supported to participate in decisions that affect them in ways that reflect their age, developmental capacity, communication style and individual needs.

Standard 3 — Families and communities are informed and involved

- Parents, carers and guardians receive this policy, the Code of Conduct and the complaints process at intake.
- I explain the limits of confidentiality clearly, in writing and verbally, before therapy begins.
- Parents and carers are told what to expect in play therapy, including what happens in the room and why parents are not always present.
- Families are told how to raise a concern and are supported to do so without fear of losing the service.

Standard 4 — Equity is upheld and diverse needs are respected

- I actively consider the increased vulnerability of children with disability, children in out-of-home care, Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse backgrounds, LGBTQIA+ young people, and children who do not use speech to communicate.
- I may use interpreters, communication aids and augmentative communication where needed, with the family consent.
- My physical space, resources, toys and materials reflect diverse families, bodies, cultures and abilities.
- Accessibility needs are recorded at intake and reviewed.

Standard 5 — People working with children are suitable and supported

- Blue Card verification before any engagement begins, with ongoing monitoring and a maintained register — see the *Recruitment, Screening, Induction and Supervision Procedure*.
- Reference checks, qualification and registration verification, and child-safety-focused interview questions for every role.
- Signed Code of Conduct before commencement and annually thereafter.
- Structured induction covering this policy, reporting obligations, boundaries and the complaints process.
- Regular supervision with documented discussion of child safety practice.

Standard 6 — Complaints and concerns processes are child focused

- Children, families and staff can raise concerns in multiple ways — verbally, in writing, through a drawing or a note, through a support person, or anonymously.
- The *Child-Friendly Complaints Process* is written in plain language and available in the therapy room, in the waiting area and on my website. General service feedback and complaints are handled under the Feedback and Complaints Policy, which applies the same acknowledgement and response timeframes.
- Every complaint is recorded, acknowledged, taken seriously and responded to, and the child is told what happened as a result.
- No child or family will be disadvantaged or treated adversely because they have made a complaint. A complaint will not, by itself, result in a child being discharged from the service or receiving a lesser standard of care. Where a service must change, pause or end, that decision is based on legitimate clinical, safety, legal or professional grounds, never on the fact that a complaint was made.

Standard 7 — Staff and volunteers are equipped with knowledge, skills and awareness through ongoing education and training

- Everyone engaged by my practice completes child safety and child protection training at induction and refresher training at least annually. Other training requirements are proportionate to the person's role and are set out in the Recruitment, Screening, Induction and Supervision Procedure.
- Training covers recognising indicators of harm, grooming behaviour, reporting obligations, professional boundaries, online safety, trauma-informed practice and cultural safety. Cultural safety, trauma-informed practice and disability inclusion training are refreshed periodically according to role and identified need.
- I maintain a training register with dates, topics and evidence of completion.
- I complete the QFCC child safe organisations training and keep current with QFCC guidance at qfcc.qld.gov.au. I have also completed the Australian Human Rights Commission National Child Safe Principles training at <https://learning.humanrights.gov.au/login>

Standard 8 — Physical and online environments promote safety and minimise the opportunity for harm

- Doors are never locked in a way that prevents a child leaving. The waiting area is within earshot of the therapy room, and a parent or carer remains on site for the duration of a child's session.
- Toileting, physical contact and personal care boundaries are set out in the Code of Conduct.
- No unsupervised access to children by any person who is not the treating practitioner.
- Telehealth sessions with children follow the specific safeguards in the Code of Conduct. A parent, carer or known adult must be present at the premises and contactable for the duration of the session, and the child's location and an emergency contact are confirmed at the start of every session.
- Photographs, videos and images of children are only taken with the written consent of a parent or guardian and the child's own assent, stored securely, never on a personal device, and never published without separate, specific written consent.
- All electronic communication with children goes through practice systems, never personal accounts. For children under 16, a parent or carer is included in written communication unless there is a documented clinical or safety reason otherwise, reviewed in supervision.
- Physical and online risks are assessed and controlled under the *Child Safety Risk Management Procedure*.

Standard 9 — Implementation of the Child Safe Standards is regularly reviewed and improved

- Annual self-assessment against all 10 Standards and the Universal Principle using the QFCC self-assessment tool, with findings documented and actioned.
- Review after every incident, complaint or near miss, with lessons recorded in the Complaints and Safeguarding Register.
- Feedback sought from children, families and supervisors at least annually and used to change practice.
- Continuous improvement actions tracked to completion with named due dates.

Standard 10 — Policies and procedures document how the practice is safe for children

The following documents form my child safe system and are reviewed annually:

- Child Safety and Wellbeing Policy (this document)
- Code of Conduct and Professional Boundaries
- Child Safety Incident and Reporting Procedure
- Child-Friendly Complaints Process
- Child Safety Risk Management Procedure
- Recruitment, Screening, Induction and Supervision Procedure
- Child Safety and Speaking Up (public statement)
- Privacy Policy
- Feedback and Complaints Policy
- Blue Card register, training register, Child Safety Risk Register and Complaints and Safeguarding Register

6. The Universal Principle — cultural safety for Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander children have the right to a culturally safe environment. In practice this means:

- I acknowledge the Wulgurukaba and Bindal peoples as the Traditional Owners of the land on which I practise.
- I ask about, record and respect a child's mob, Country, kinship and community connections, and I understand that identity and connection are protective factors, not background detail.
- I support connection to family, kin and community rather than working with the child in isolation.
- I recognise the ongoing impacts of colonisation, forced removal and intergenerational trauma, and I understand why families may be fearful of services that report to statutory systems. I name this openly rather than leaving it unspoken.
- I do not require a child or family to educate me. I undertake my own cultural safety training and seek cultural consultation and supervision.
- I build relationships with local Aboriginal and Torres Strait Islander organisations and health services in the Townsville region and refer or work alongside them where the family prefers.
- Culturally unsafe practice — including racist comments, stereotyping and dismissal of cultural obligations — is a breach of the Code of Conduct and is treated as a child safety matter.

7. Reporting obligations — summary

Full detail is in the *Child Safety Incident and Reporting Procedure*. In summary:

Situation	Action
A child is in immediate danger	Call 000
Reasonable suspicion a child has been, is being, or is at risk of being harmed	Report to Child Safety — North Queensland Regional Intake Service 1300 706 147 (business hours) or Child Safety After Hours 1800 177 135 (24/7)
Belief that a child sexual offence has been or is being committed against a child by an adult. The s 229BC obligation applies where the child is under 16 years of age or is a person with an impairment of the mind	Report to Queensland Police — 000 or Policelink 131 444. This is a criminal obligation on every adult under s 229BC of the <i>Criminal Code</i> (Qld)
Concern about the conduct of a person engaged by my practice	Immediate risk assessment, with interim measures proportionate to the identified risk — which may include removing the person from contact with children. Report under the incident procedure, and to the QFCC if the Reportable Conduct Scheme applies
Concern about an NDIS-funded support	NDIS Commission — 1800 035 544
Concern about another health practitioner	Ahpra / Office of the Health Ombudsman — 133 646

I do not investigate, gather evidence, or interview a child to determine whether harm has occurred. I report reasonable suspicion. That is the threshold, and it is deliberately low.

8. Confidentiality and information sharing

Child safety overrides confidentiality. Where I hold a reasonable suspicion that a child has been harmed or is at risk, I will share information with Child Safety, police or another prescribed entity without consent, as authorised under Chapter 5A of the *Child Protection Act 1999* (Qld) and APP 6 of the *Privacy Act 1988* (Cth).

I tell children and families about this limit before therapy begins, not at the moment I need to use it. Where it is safe to do so, I tell the family that I am making a report and why.

Reports made in good faith are protected by law, and the identity of a notifier is protected.

9. Records

Every child safety concern, report, decision and action is documented contemporaneously in the Complaints and Safeguarding Register and the child's clinical file, including what I was told, what I observed, what I decided, why, and what I did. Records are held securely in accordance with my Privacy Policy and retained until the child turns 25, or longer where required.

10. Breaches of this policy

Any breach by a person engaged by my practice triggers an immediate risk assessment. Interim measures are applied where necessary and proportionate to the identified risk, and may include removal from contact with children while the matter is assessed. Interim action is protective and precautionary and is not a finding that an allegation has been substantiated. Depending on the circumstances and any findings, outcomes may include additional supervision or training, changes to duties, termination of engagement, notification to Blue Card Services, notification to the person's professional body, and referral to Queensland Police or Child Safety.

11. Consultation, review and approval

This policy was developed with reference to QFCC guidance and the *Child Safe Organisations Act 2024* (Qld), and in consultation with my clinical supervisor. Consultation with children, families and a cultural consultant is scheduled as part of the next annual review.

It is reviewed annually and after any child safety incident, legislative change or QFCC guidance update.

Version	Date	Author	Summary of change
1.0	24/08/2026	Mara Gomes	Initial policy
2.0	29 August 2026	Mara Gomes	Suite-wide consistency review. Aligned interim risk-management wording with the Incident and Reporting Procedure and the Recruitment Procedure; aligned telehealth, room observability, under-16 communication and training wording with the Code of Conduct; corrected Reportable Conduct Scheme status to outstanding; single Complaints and Safeguarding Register; corrected document names and external contacts.

12. Key contacts

Service	Contact
Emergency	000
Child Safety — North Queensland Regional Intake Service	1300 706 147
Child Safety After Hours Service Centre	1800 177 135
Queensland Police — Policelink	131 444

Service	Contact
Queensland Family and Child Commission	enquiries@qfcc.qld.gov.au
Blue Card Services	1800 113 611
NDIS Quality and Safeguards Commission	1800 035 544
Office of the Health Ombudsman (Qld)	133 646
Australian Association of Social Workers — Ethics Complaints	03 9320 1000 · aasw.asn.au
Kids Helpline	1800 55 1800
13YARN	13 92 76
Lifeline	13 11 14

13. Acknowledgement

I have read and understood the Child Safety and Wellbeing Policy of Integrative Therapy NQ and agree to comply with it.

Name: Mara Gomes Role: Accredited Mental Health Social Worker

Signature:

Date: 12/09/2026

14. Reportable Conduct Scheme status — confirmation outstanding

Outcome	[to be completed — whether Integrative Therapy NQ is a reporting entity]
Reviewed	[to be completed]