



INTEGRATIVE THERAPY NQ

Mara Gomes | Accredited Mental Health Social Worker | Play Therapist

Code of Conduct

The shared standard for everyone who works with children here

Child Safe Organisations Act 2024 (Qld)

Compliance obligation commenced 1 January 2026

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Effective date	29 August 2026
Next review	29 August 2027
Version	2.0
Applies to	Every person engaged by or associated with the practice, including the practice owner, employees, contractors, students on placement, supervisors, volunteers and administrative support

Supports Child Safe Standards 1, 5, 7 and 8.

1. Purpose and how this Code is written

This Code sets the shared behavioural standard for every adult who has contact with a child through this practice. It is signed by everyone engaged by the practice, including the practice owner, before commencement and annually thereafter.

A note on the level of detail. Later sections of this Code name specific behaviours that are not acceptable, in plain terms. This is deliberate, and it reflects the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse. Codes that relied on general language "act professionally", "maintain appropriate boundaries" repeatedly failed, because concerning behaviour could not be named against a clear standard and so went unchallenged.

Naming behaviours plainly serves three purposes. It gives every worker a clear line to work within. It gives colleagues, children and families the language to raise a concern early. And it protects practitioners: where the standard is explicit and documented, conduct that meets it is demonstrably appropriate.

This Code is a professional standard, not a statement about any individual. It describes what this practice commits to, and what it expects of everyone who works here.

2. Our commitments to children

Everyone engaged by this practice will:

- Treat every child with respect, dignity and patience, regardless of their behaviour, presentation, culture, disability or background.
- Listen to children, take what they say seriously, and let their views shape decisions about their care.
- Support each child's identity — their culture, family, kinship, gender, sexuality, disability and communication style.
- Work within the limits of their role, training and competence, and seek supervision when uncertain.
- Maintain accurate, contemporaneous records.
- Follow this Code, the Child Safety and Wellbeing Policy and the Child Safety Incident and Reporting Procedure.
- Hold a current Blue Card or exemption card, or otherwise meet an applicable statutory exception, and disclose any change to that status without delay.
- Raise any child safety concern promptly, including a concern about a colleague, a supervisor or the practice owner.

Raising a concern in good faith is welcomed and expected. No person will be disadvantaged for doing so.

3. Physical contact

Physical contact with a child is minimal, purposeful, brief, non-sexual, and appropriate to the child's age, culture, disability and history.

Appropriate contact includes: a high five, a handshake, a brief side hug initiated by the child in an observable space, guiding a young child's hand to demonstrate a task, and physical assistance necessary for safety or disability support.

Contact that is not appropriate includes: a child sitting on an adult's lap, tickling, wrestling, prolonged or full-frontal hugging, kissing, contact with a child's chest, buttocks, genitals or thighs, and any contact that meets an adult's need rather than the child's.

Contact is always initiated or consented to by the child, never imposed. A child's withdrawal, stiffening or avoidance is a refusal and is respected immediately.

Where a child's therapy involves regulation through movement or sensory work, the approach is documented in the treatment plan and explained to the parent or carer in advance.

4. Play therapy

Play therapy involves a child alone in a room with an adult, following the child's lead, with content that may be symbolic, intense or sexualised in nature. These are ordinary features of the modality, and they are managed openly rather than left unspoken.

- Sessions with children are held in a room where 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.
- Parents and carers are told at intake what happens in the room, what materials are used, and why they are not present.
- Session content — including anything unusual, distressing or sexualised — is documented on the day it occurs.
- If a child's play discloses or indicates possible harm, the child is not questioned to obtain detail. What occurred is recorded in the child's own words or actions and the *Child Safety Incident and Reporting Procedure* is followed.
- Touch within play is limited to what is set out in section 3. Wrestling, tickling and physical games involving body contact are not used.
- Toileting: a child who requires assistance is supported by a parent or carer wherever possible. If assistance must be provided by the practitioner, another adult is informed beforehand and it is documented.
- Toys, materials and the room are checked for safety, cleanliness and damage every week.

5. Communication

- All communication with a child or family occurs through practice systems — the practice phone, practice email and the practice management platform.
- 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.
- Friend and follow requests from current or former child clients and their families are not accepted on personal social media.
- Text and email with young people is limited to appointment logistics and brief safety check-ins. Therapeutic content occurs in session.
- The tone of communication with children remains warm and professional — never flirtatious, secretive or emotionally dependent.

6. Telehealth with children and young people

- A parent, carer or known adult must be present at the premises and contactable for the duration of any telehealth session with a child.
- The child's physical location and an emergency contact are confirmed at the start of every session.
- The child must be in a private, safe space. If a session cannot be conducted safely or privately, it is rescheduled.
- Sessions are not recorded unless there is separate written consent.
- The practitioner uses a professional, neutral background and dresses professionally.
- If contact is lost and cannot be re-established, the supervising adult is contacted.

7. Images, recordings and social media

- No photograph or video of a child is taken without written consent from the parent or guardian, and the child's own assent.
- Images are captured only on practice devices, stored in the practice system, and deleted from the device once uploaded.
- Images are never published on the website or social media without separate, specific written consent identifying the intended use.
- Children are not identified by full name, school or location in any published material.
- Consent may be withdrawn at any time, and the image is removed.

8. AI-assisted documentation

The approved AI clinical documentation tool is used only in accordance with section 18 of the *Privacy Policy*. It is not used in play therapy or in sessions with children, and it is not used without current, confirmed consent from every person present. Client information is never entered into a general-purpose AI tool. Use on a personal device is not permitted.

9. Conflicts of interest and dual relationships

- Any pre-existing personal, family or social relationship with a child or family is disclosed before service commences.
- Therapy is not provided to a child with whom a personal relationship exists, other than in exceptional documented circumstances with supervision oversight.
- Post-therapy personal relationships with former child clients and their families are not appropriate.
- Gifts of more than token value are declined, and any offer is documented.

10. Conduct that is never acceptable

The boundaries below are absolute. They apply to every person engaged by this practice, in every setting, whether or not they are at work at the time. They are stated plainly so that there can be no ambiguity about the standard, and so that anyone — a child, a parent, a colleague — can recognise and name conduct that falls outside it.

No person engaged by this practice will:

- Engage in sexual, romantic or intimate behaviour with a child, or any conduct of a sexual nature in a child's presence.
- Show a child sexual or otherwise inappropriate material, or discuss their own sexual life or interests with a child.
- Use language that is sexual, demeaning, discriminatory, racist, threatening or humiliating.
- Use physical discipline, force, restraint or any form of corporal punishment.
- Develop a "special" or exclusive relationship with a child, or treat a child as a confidant.
- Give a child gifts, money, favours or privileges outside the therapeutic frame.

- Keep secrets with a child, or ask a child to withhold something from their parent, carer or another adult. This does not include the ordinary confidentiality of therapy, which is explained openly to the child and family at intake.
- Contact a child through personal phone, personal email, personal social media or gaming platforms.
- Meet a child outside scheduled sessions, or provide transport to a child.
- Attend a child's home other than for an agreed, documented and supervised clinical purpose.
- Work while under the influence of alcohol or non-prescribed drugs.
- Work with children while unwell in a way that impairs judgement or safety.
- Photograph or record a child without written consent, or on a personal device.
- Ignore, minimise or delay reporting a child safety concern.

Culturally unsafe conduct — including racist remarks, stereotyping, and dismissal of a family's cultural obligations — is a breach of this Code and is treated as a child safety matter.

11. Raising a concern about conduct

Any person who becomes aware of conduct that may breach this Code raises it promptly with the Child Safety Officer, Mara Gomes, at integrativetherapynq@gmail.com or 0435 901 601, and the *Child Safety Incident and Reporting Procedure* is followed.

Where the concern relates to the practice owner, it can be raised directly with any of the following. There is no requirement to raise it internally first.

Body	Contact
Queensland Family and Child Commission	enquiries@qfcc.qld.gov.au
Child Safety — North Queensland Regional Intake (business hours)	1300 706 147
Child Safety After Hours Service Centre (24/7)	1800 177 135
Queensland Police	000 or 131 444
Australian Association of Social Workers — Ethics Complaints	03 9320 1000 · aasw.asn.au
Office of the Health Ombudsman	133 646
Kids Helpline (for children and young people)	1800 55 1800

Retaliation against a person who raises a concern in good faith is itself a serious breach of this Code.

12. Response to a breach

Where a concern about conduct is raised, the child's safety is the primary consideration. Interim measures — including removal from contact with children while the matter is assessed — are protective and precautionary, and do not constitute 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, suspension or termination of engagement, notification to Blue Card Services, notification to a professional association or regulator, and referral to Queensland Police or Child Safety.

13. Acknowledgement

I have read and understood the Code of Conduct and Professional Boundaries of Integrative Therapy NQ. I agree to work in accordance with it, and I understand the process that follows if a concern about conduct is raised.

Name: Mara Gomes

Role: Mental Health Accredited Social worker / Play Therapist

Blue Card number:1570107 / 4 **Expiry:** 10/02/2027

Signature: **Date:** 12/09/2026

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