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Out-of-Home Care Therapeutic Support Practitioner
Movement Therapeutic Support Services

MOVEMENT
THERAPEUTIC SUPPORT SERVICES

Code of Conduct

Movement Therapeutic Support Services

Non-Clinical Therapeutic Support for children living in Out-of-Home Care, Queensland

Document Information	
Policy Title	Code of Conduct
Organisation	*Movement* Therapeutic Support Services (sole trader)
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Approved By	Principal Practitioner
Applicable Legislation	Child Safe Organisations Act 2024 (Qld); Child Protection Act 1999 (Qld); Working with Children Check Act 2000 (Qld)

1. Purpose

This Code of Conduct sets out the standards of behaviour expected of anyone providing services on behalf of Movement Therapeutic Support Services ("the Practice"). It exists to keep children and young people safe, to support ethical and professional therapeutic practice, and to give clarity about acceptable conduct when working with children and young people in out-of-home care (OOHC), their carers, and other professionals.

This Code gives effect to the Practice's obligations as a child safe entity under the Child Safe Organisations Act 2024 (Qld), and should be read together with the Practice's Child Safety & Wellbeing Policy, Child-Focused Complaints & Reporting Procedure, and Privacy Policy.

2. Scope

This Code applies to the Principal Practitioner and to any subcontractor, locum, student on placement, or other person engaged to deliver services on behalf of the Practice (together, "personnel"). It applies to all interactions with children and young people, their carers and families, and other professionals, whether in person, by phone, in writing, or online, and whether during or outside scheduled sessions.

3. Our Commitment to Child Safety

The Practice is committed to the safety, wellbeing and best interests of all children and young people it works with, including their right to feel and be safe. The Practice has zero tolerance for child abuse and will act on every reasonable suspicion or disclosure of harm. This commitment extends to providing a culturally safe environment for Aboriginal and

Torres Strait Islander children and young people and their families, consistent with the Universal Principle under the Child Safe Organisations Act 2024 (Qld).

4. Standards of Professional Conduct

4.1 General Conduct

Personnel must:

- Treat every child, young person, carer and colleague with dignity, respect and courtesy, regardless of age, gender, sexuality, culture, disability or background.
- Act within their scope of practice, training and professional competence at all times.
- Model appropriate, respectful and professional behaviour at all times when engaged in Practice-related work.
- Comply with all relevant legislation, including the Child Protection Act 1999 (Qld), the Working with Children Check Act 2000 (Qld), and the Child Safe Organisations Act 2024 (Qld).
- Hold and maintain a valid Blue Card (Working with Children Check) at all times while providing services, and notify the Practice immediately of any change to that status.

4.2 Professional Boundaries

Personnel must maintain clear, professional boundaries with children and young people at all times. This means:

- Not developing personal or exclusive relationships with a child or young person outside the therapeutic relationship.
- Not engaging in favouritism, or the appearance of favouritism, towards a particular child or young person.
- Not being alone with a child or young person in circumstances that are not open to observation or accountable to others, other than where the model of therapeutic support explicitly requires 1:1 sessions and appropriate safeguards (see clause 4.6) are in place.
- Not disclosing personal contact details (personal mobile number, personal social media, home address) to a child or young person, and directing all contact through Practice-approved channels.
- Not accepting or extending invitations to a child or young person's home, or attending non-work-related social occasions with them, without the knowledge and approval of the child's carer and case manager.

4.3 Physical Contact

Any physical contact with a child or young person must be appropriate to the therapeutic modality being delivered, necessary, and consistent with the child's expressed comfort and consent wherever possible. Personnel must:

- Explain the purpose of any physical contact involved in a therapeutic activity before it occurs, and seek the child or young person's assent.
- Never use physical contact as a form of punishment, discipline, or restraint under any circumstances — the Practice does not hold a restraint authorisation. In an emergency involving immediate risk to safety, personnel must remove children from danger where safe to do so and contact emergency services (000); this does not include physically restraining a child.
- Avoid physical contact that could reasonably be perceived as inappropriate, and remain alert to a child's own comfort and cultural norms around touch.
- Document and report to the child's carer or case manager any physical contact that falls outside the ordinary bounds of the planned therapeutic activity.

4.4 Communication & Social Media

- Personnel must not contact, or accept contact from, a child or young person via personal social media, personal messaging apps, or personal email.
- All written and electronic communication with or about a child or young person must occur through Practice-approved channels and be documented in the client file.
- Personnel must not post, or allow to be posted, any content on social media that identifies a child or young person in care, discloses details of their circumstances, or could otherwise compromise their privacy or safety.
- Personnel must not accept 'friend' or 'follow' requests from a current or former client who is a child or young person on personal social media accounts.

4.5 Photography, Video & Recording

- Photographs, video or audio recordings of a child or young person must only be taken with the written consent of the child's guardian (which may be the Department, a delegated carer, or another authorised person) and, where age and developmentally appropriate, the assent of the child or young person themselves.
- Any images or recordings must be stored securely in accordance with the Practice's Record Management & Retention Policy and used only for the purpose for which consent was given (for example, clinical documentation).
- Images or recordings of a child or young person must never be shared on personal devices, personal social media, or with any person or organisation not authorised to receive them.

4.6 One-on-One Contact & Transport

- Where a therapeutic model requires 1:1 sessions, this must be disclosed in the Practice's Risk Assessment Policy & Procedure and communicated to the child's carer and case manager in advance.
- Sessions should, wherever practicable, occur in a location that allows for reasonable observability (for example, a room with a window or open door) or that has been specifically risk-assessed for 1:1 use.
- Personnel must not transport a child or young person in a personal vehicle unless this has been explicitly agreed with the carer or case manager and is consistent with the Practice's Vehicle & Transport Safety Procedure, including appropriate restraints and a documented reason for the journey.
- Personnel must not make unplanned or undisclosed changes to session location, timing, or the presence of other adults.

4.7 Gifts, Money & Favours

- Personnel must not give or receive personal gifts, money, or other favours to or from a child or young person, their carer, or family, beyond token items (such as low-cost session resources) that are consistent with normal therapeutic practice and disclosed to the case manager.
- Personnel must not lend money to, or borrow money from, a child, young person, carer or family.
- Personnel must declare any gift offered to them in the course of their work, even if declined, in the Practice's records.

4.8 Confidentiality & Privacy

- Personnel must handle all information about a child or young person in accordance with the Practice's Privacy Policy and applicable privacy legislation.

- Information about a child or young person must only be shared with those who have a legitimate need to know (for example, the case manager, treating team, or as required by law), and never with unauthorised third parties, including on social media or in casual conversation.
- Case notes and clinical records must be stored securely and only accessed for a legitimate purpose.

4.9 Cultural Safety

- Personnel must provide a culturally safe environment for all children and young people, with particular regard to the rights of Aboriginal and Torres Strait Islander children and young people under the Universal Principle.
- Personnel must engage respectfully with a child's culture, identity, and connection to family and community, and seek guidance from the child's case manager, family, or a cultural support person where appropriate.

5. Recognising and Responding to Harm

All personnel have a personal and non-delegable obligation to act on any reasonable suspicion or disclosure that a child or young person has been, or is at risk of being, harmed. This includes:

- Complying with the mandatory reporting standard set out in the Child Safety & Wellbeing Policy. Any person may report a concern about a child to Child Safety under section 13A of the Child Protection Act 1999 (Qld); the Practice requires this to occur whenever the threshold in that policy is met. A person who gives information in good faith is protected from liability by section 197A of that Act, and the identity of a notifier is protected by section 186A.
- Never investigate an allegation or disclosure personally — reporting it promptly to the relevant authority (Child Safety, Queensland Police Service, or the Queensland Family and Child Commission, as applicable) and to the child's case manager.
- Recording any concern, disclosure, or incident in the Practice's Incident / Safeguarding Register as soon as practicable.
- Never asking a child or young person to keep a secret, or agreeing to keep information about their safety confidential from their carer or case manager.
- Reporting to the Queensland Police Service, as soon as reasonably practicable, any belief that a child sexual offence is being or has been committed against a child by another adult (Criminal Code (Qld) s229BC), and not wilfully or negligently failing to reduce or remove a known significant risk of a child sexual offence where personnel have the power or responsibility to do so (Criminal Code (Qld) s229BB). These are personal criminal obligations carrying penalties of imprisonment.

6. Breaches of this Code

Any suspected breach of this Code by the Principal Practitioner or engaged personnel will be treated seriously. Depending on the nature of the breach, this may involve:

- A review of the conduct against this Code and relevant Practice policies.
- Notification to the contracting agency, the Department of Families, Seniors, Disability Services and Child Safety, Blue Card Services, and/or the Queensland Family and Child Commission, where required by law.
- Referral to the Queensland Police Service where the conduct may constitute a criminal offence.
- Suspension or termination of the engagement, contract, or service agreement.

Personnel who reasonably raise a concern about the conduct of another person in good faith will not be penalised for doing so.

7. Related Documents

- Child Safety & Wellbeing Policy
- Child-Focused Complaints & Reporting Procedure
- Risk Assessment Policy & Procedure
- Cultural Safety Strategy
- Positive Behaviour Support Policy & Procedure
- Privacy Policy
- Record Management & Retention Policy
- Vehicle & Transport Safety Procedure

8. Acknowledgement

I have read, understood and agree to comply with this Code of Conduct

Practitioner Signature

Heather Russell | Out-of-Home Care Therapeutic Support Practitioner | Movement Therapeutic Support Services

Signature: HMRussell Date: 03/09/2026