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*October 13, 2025*

**George H. Phillips**
Director of Operations for Resources
[redacted]

**Urgent Request for Senior-Level Intervention — Systemic and Statutory Breaches in the Case of Bennett James Thomas (DOB Dec 19 2018)**

*Dear Mr. Phillips,*

On August 19, 2025, you were directly involved in the multidisciplinary meeting between CYSN, Protection, Resources, and myself regarding my son, Bennett James Thomas. During those discussions, I made it absolutely clear that I did not consent to any form of government care. I had already secured a comprehensive, family-led discharge plan for Bennett supported by his treating clinicians and professional care team.

Despite that established plan—and the repeated assurances that Bennett's transition would remain family-centered—the Ministry of Children and Family Development (MCFD) apprehended my six-year-old son on August 28, 2025, while he was still admitted at BC Children's Hospital. This action was taken without credible evidence of risk, without consultation with his medical or therapeutic providers, and in direct violation of both the *Child, Family and Community Service Act (CFCSA)* and MCFD's own operational standards.

Since his removal, Bennett's medical stability, emotional wellbeing, and basic rights have been consistently undermined under Ministry care. This outcome was both preventable and contrary to every principle of child welfare and family preservation.

I am now formally requesting your direct intervention to correct this situation and facilitate Bennett's return to his home and primary caregiver. There has never been substantiated evidence of neglect, mental illness, or parental incapacity on my part. The ongoing separation constitutes a clear breach of statutory duty, ethical obligation, and the Ministry's stated commitment to the least intrusive measures of intervention.

## 1 — Statutory Breaches under the CFCSA

***Section 2 — Guiding Principles: Least Intrusive Measures***

*Section 2 of the Child, Family and Community Service Act* requires that the Director use the least intrusive measure consistent with a child's safety and well-being. Before any removal, all safe family and community options must be fully explored.

In Bennett's case, a lawful, less-intrusive option existed. On September 2, 2025**,** the Supreme Court of British Columbia granted interim guardianship to my brother, Dylan [redacted] to maintain Bennett's stability until I was discharged from the hospital. Dylan was an established caregiver and was already arranging G-tube training through BC Children's Hospital**.**

Upon removal, however, MCFD escorted Bennett's familiar care team out of the hospital and barred their return, isolating him from every person who made him feel safe and regulated. This deliberate separation from his trusted support network compounded his trauma and directly contradicted the Ministry's stated commitment to trauma-informed, child-centered practice.

Despite the valid court order—and clear medical and professional support for a family-led discharge plan—MCFD placed Bennett in an institutional group resource lacking both proper nursing oversight and trained staff for a child as young and complex as mine, as later verified by the Patient Care Quality Office**.**

By disregarding a standing court order and a safe, clinically supported family plan, MCFD breached *Section 2 of the CFCSA*, which mandates that state intervention be minimal, temporary, and secondary to capable family care.

***Section 4 — Best Interests of the Child***

*Section 4 of the Child, Family and Community Service Act* requires that every decision affecting a child promote their safety, continuity, attachment, and development within the context of their unique needs and relationships.

Bennett's well-being depends on predictability, attachment, and specialized medical and behavioural care due to his diagnoses of Autism Spectrum Disorder, ADHD, anxiety, and gastrointestinal disorders requiring a G-tube. Despite this, MCFD abruptly removed him from his stable environment—home, school [redacted], and familiar caregivers—without any developmental, psychological, or risk-of-harm assessment.

This removal severed his ties to trained professionals who understood his sensory profile, communication supports, and medical routines, causing emotional regression, medical instability, and educational disruption. These outcomes directly contradict the Act's requirement that a child's best interests include continuity of care, attachment to trusted adults, and access to necessary health and educational services.

By prioritizing administrative convenience over Bennett's clinically established needs, MCFD breached *Section 4* CFCSA and failed to uphold its fundamental duty to act in the child's holistic best interests.

***Section 5.1 — Collaborative Planning and Service Delivery***

*Section 5.1* of the *Child, Family and Community Service Act* requires that the Director work collaboratively with families and professionals to identify a child's needs and develop a Family Plan within 30 days of removal. Parents and guardians must be given a meaningful opportunity to participate in that process.

In Bennett's case, none of these obligations were met. Following his apprehension on August 28, 2025**,** no Family Plan was completed within the statutory timeline, and I was excluded from all planning discussions despite being Bennett's sole guardian and the person most familiar with his complex medical and behavioural care.

Instead, on October 10, 2025—six weeks past the deadline—I received a "Draft Family Plan" prepared without consultation. The document contained false and defamatory statements, including that I "leave Bennett awake and unattended" and references to supposed "underlying mental health issues," none of which are supported by any clinical evidence.

No member of Bennett's medical or behavioural team—including BC Children's Hospital clinicians, his BCBA, occupational therapist, or counsellor—was consulted in preparing this document. It was a unilateral report, not a collaborative plan.

By issuing an inaccurate, post-deadline document without family input, MCFD breached *Section 5.1* of the CFCSA and its own Family Plan Policy, which defines such plans as jointly created and verified documents. This failure eliminated procedural fairness and invalidated the plan as a lawful instrument of service coordination.

***Section 13 — When a Child May Be Removed***

*Section 13 of the Child, Family and Community Service Act* authorizes removal only where there is clear, immediate, and substantiated evidence of risk of harm, and only after exploring less intrusive alternatives such as family supports or voluntary supervision.

In Bennett's case, none of these statutory conditions were met. On August 28, 2025, Bennett was an inpatient at BC Children's Hospital, under full medical supervision and an active, approved discharge plan endorsed by his pediatrician, psychiatrist, dietitian, and behaviour team. That plan provided for a safe, family-led transition home with trained caregivers and professional oversight.

Despite the absence of any verified risk, the Director seized guardianship without interview, assessment, or consultation**,** while I was hospitalized. No professional involved in Bennett's care had ever raised a concern of neglect, harm, or deprivation. The decision relied entirely on unsubstantiated reports, not evidence.

This action breached *Section 13(1)* of the CFCSA, which limits removal to situations of "substantial risk of harm" where no other measure can protect the child. It also contradicted *Sections 2 and 4*, which require preservation of family and continuity of care.

By removing Bennett despite a secure hospital environment and an approved discharge plan, the Ministry acted unlawfully and prematurely, contravening both the letter and intent of *Section 13.*

***Section 33.2 — Return of the Child Application***

*Section 33.2 of the Child, Family and Community Service Act* requires that a child be immediately returned to their parent or guardian once the circumstances that justified removal no longer exist**,** or where the Director is not acting in accordance with the Act. This provision protects against unnecessary or prolonged government custody and upholds the child's right to family reunification.

In Bennett's case, the legal grounds for removal never existed. There was no verified evidence of harm, neglect, or incapacity. At the time of apprehension, Bennett was hospitalized at BC Children's Hospital under active medical and behavioural supervision and a family-led discharge plan approved by his treating team. A Supreme Court Order dated September 2, 2025 had already appointed my brother, Dylan [redacted]**,** as interim guardian, providing a safe and lawful alternative to government care.

I have been fully recovered and discharged from hospital since September 7, 2025, and am medically stable, capable, and ready to resume Bennett's care. All professionals involved in his treatment have confirmed both my competence and the safety of returning Bennett to family-based care.

Despite this, MCFD has failed to act under *Section 33.2* and continues to hold Bennett in care without legal or factual justification. The Ministry's inaction—despite the absence of

risk, my recovery, and the existence of a valid guardianship order—represents a clear breach of *Section 33.2* and the Ministry's obligation to act promptly and proportionately.

By refusing to initiate return procedures once the basis for removal ceased, MCFD has unlawfully prolonged Bennett's separation, compounding his emotional and developmental harm. The only lawful and ethical remedy is Bennett's immediate return to my care.

Furthermore, because I and my legal counsel contested Bennett's removal, the court did not grant a Temporary Custody Order under the CFCSA**.** Despite this, the Ministry advanced the matter directly to a protection hearing while continuing to act as though the Director held lawful interim custody. During this period, I—Bennett's sole guardian—was excluded from all discussions and decisions concerning his medical care, education, and overall well-being until October 8, 2025. This constitutes a breach of *Section 33.2* (Return of the Child), *Section 35(2)* (requirements following a contested removal), and *Section 5.1* (collaborative planning and service delivery) of the CFCSA, as it disregarded both due process and my lawful guardianship status.

***Section 70 — Rights of Children in Care***

*Section 70 of the Child, Family and Community Service Act* guarantees that a child in care retains their rights to dignity, family connection, expression, and participation in decisions affecting them. These rights are mandatory, not discretionary, and must be upheld in all circumstances.

In Bennett's case, multiple rights under Section 70 were violated:

1. *Right to Family Contact (s. 70(1)(b))* – Bennett's contact with me was restricted without cause. In-person visits were cancelled immediately after I reported bruising and possible neglect at [redacted] House. Rather than investigating the injuries, MCFD retaliated by cutting off family contact—an unlawful and harmful act that deprived Bennett of his emotional anchor.

2. *Right to Expression (s. 70(1)(d))* **—** MCFD directed staff to terminate FaceTime calls if I did not follow the scripted "communication boundaries," which prohibited any discussion of Bennett's behavioural, medical, or care-related needs—even when *he* initiated those topics. If I failed to respond using the pre-approved script or acknowledged his distress outside those limits, staff were instructed to immediately end the call. These restrictions silenced Bennett on issues central to his comfort and safety, denying him the right to express his thoughts and feelings freely and to receive supportive responses from his parent.

3. *Right to Supported Communication (s. 70(1)(e))* – As an autistic six-year-old with communication challenges, Bennett required visual and regulated support to express his needs. Instead, MCFD imposed blanket restrictions, excluding familiar caregivers and tools that would have enabled his participation and understanding.

4. *Right to Participate in Decisions (s. 70(1)(f))* – Major decisions about Bennett's care, communication, and visits were made unilaterally, without consideration of his developmental profile. His distress—evident through scripting, stimming, and withdrawal—was misread as misbehaviour rather than trauma from disconnection.

These actions show a systemic disregard for Bennett's statutory and constitutional rights, replacing therapeutic care with control and isolation. By suppressing his communication and cutting family contact, MCFD breached *Section 70* and violated his Charter rights to security of the person and freedom of expression.

These breaches have not only violated Bennett's rights under provincial law but have also infringed upon his Charter-protected rights to security of the person and freedom of expression**,** compounding the harm caused by his removal. The only appropriate corrective measure consistent with the *CFCSA* and the principles of natural justice is to restore Bennett's contact, voice, and stability through reunification with his primary attachment figure, his mother.

***Section 71 — Health and Safety in Care***

Section 71 of the *Child, Family and Community Service Act* requires that every child in care receive adequate health, medical, and psychological care suited to their individual needs. This includes ensuring that caregivers are properly trained and delegated, that all injuries are promptly reported and assessed, and that continuity of medical oversight is maintained.

Bennett is a medically vulnerable child who relies partly on a G-tube for hydration and nutrition. His care demands technique and oversight by a Registered Nurse under the *BCCNM* delegation framework. Despite this, MCFD placed him at [redacted] House, a setting that lacked nursing delegation and competent supervision. The Patient Care Quality Office (PCQO)[redacted] confirmed that [redacted] House staff received hands-on G-tube training prior to discharge. However, it is my understanding that only two staff members—[redacted]—were present and supported Bennett while in hospital during this training period, and that the remainder of the [redacted] House staff did not receive instruction directly from BC Children's Hospital clinicians. These omissions placed Bennett at ongoing risk of infection, tube related complications

such as granulation tissue (which he is currently experiencing), and tube dislodgement, constituting a direct breach of *Section 71* and of the Director's duty to ensure his health and safety.

On or around September 17, 2025, advocates raised urgent concerns about visible bruises on Bennett's body, yet no incident reports or medical follow-up were provided. The Ministry refused to take him to BC Children's Hospital despite multiple professional recommendations to do so. Instead of initiating medical evaluation, MCFD restricted my access and communication, effectively concealing the extent and/or context of his injuries.

Bennett's pediatric follow-up appointment, scheduled for September 26, 2025, specifically to investigate those bruises, was cancelled by MCFD. According to Team Leader [redacted], that visit had been intended to investigate the bruises and ensure Bennett's safety. The assigned social worker then informed the pediatrician's office that:

a. they were not to speak to me, Bennett's legal guardian and primary caregiver since birth; and
b. the Ministry would be "finding a new doctor" for Bennett.

This interference severed his continuity of care, cut off his treating physician since 2022, and obstructed the clinical oversight necessary for his complex medical management.

Following my report of the bruising, MCFD imposed additional restrictions on communication, warning that FaceTime calls would be terminated if I took a screenshot or recorded any portion of the call. This directive had no legal or clinical basis and violated Bennett's rights under *Section 70(1)(b) and (d)* of the Act—his right to family contact and to freely express his experiences. It also prevented me from fulfilling my own duty to protect him under *Section 71* by suppressing evidence of potential abuse or neglect.

In sum, MCFD's refusal to investigate or report injuries, cancellation of medical follow-up, disruption of established care, and restriction of lawful documentation demonstrate systemic neglect and deliberate disregard for statutory and ethical obligations. These actions endangered Bennett's health, obstructed medical transparency, and deepened the harm caused by removing him from a safe, medically supervised family environment.

***Protection from Harm and Enforcement of Court Orders***

Under *Section 71 of the Child, Family and Community Service Act (CFCSA)*, the Director has a statutory duty to protect every child in care from harm, including physical injury, emotional distress, and exposure to unsafe individuals. In Bennett's case, this duty has been repeatedly breached.

MCFD contacted and re-engaged Bennett's father, who is not a guardian under the Final Order of May 12, 2020, which removed his parenting responsibilities and limited his contact to biweekly supervised visits of up to four hours**.** That order was issued following evidence of physical violence towards Bennett as an infant, coercive control, and risk of harm, resulting in three separate Safety Plans (2019) mandating full supervision.

Despite this, the Ministry has allowed the father to:

1. Visit Bennett twice as often as I am permitted**,**
2. Attend visits at [redacted] House**,** where I am explicitly barred from entering, and
3. Pursue guardianship and parenting responsibilities with apparent Ministry support—MCFD staff reportedly stated that if he obtains an FLA order, he could take Bennett to his primary residence in the United States.

This conduct constitutes a direct breach of the 2020 Court Order, a failure to uphold protective measures, and a violation of *Section 71(3)*, which requires the Director to ensure that no child in care is placed in or exposed to circumstances that present a foreseeable risk of harm.

Further, MCFD disclosed my family's private residential address in publicly filed court documents, despite their full knowledge of the history of family violence and protective orders in place. This reckless disclosure endangered both Bennett and me, violating *Section 74(2) of the CFCSA*, which prohibits the release of identifying information likely to compromise a child's safety or privacy.

By introducing Bennett's father into potentially unsupervised contact, disregarding judicial restrictions, and exposing my brother's private address, MCFD has compromised Bennett's physical safety and violated multiple statutory and ethical protections. These actions reflect systemic negligence and misconduct, requiring immediate corrective oversight and enforcement of the 2020 guardianship order**.**

***Disclosure and Procedural Fairness***

Under Section 76 of the *Child, Family and Community Service Act (CFCSA)*, parents and guardians are entitled to access all records relevant to decisions about their child's care, safety, and contact. This includes visit supervision notes, incident reports, medical documentation, and internal communications relied upon by the Director.

In Bennett's case, no disclosure of any kind has been provided since his removal on August 28, 2025, despite repeated written requests from both my counsel and me. This includes but is not limited to the supervised visit reports, which are essential to verify

Bennett's well-being, understand changes to his care, and meaningfully participate in ongoing court and planning processes.

By withholding these materials, MCFD has violated:

- *Section 76 CFCSA*, which mandates that parents have access to records affecting their child;
- *Section 5.1 CFCSA*, which requires collaborative and informed planning; and
- The principles of procedural fairness, as the lack of disclosure obstructs my ability to challenge or respond to Ministry actions and decisions.

This systemic withholding of information—particularly in the context of reported injuries, communication restrictions, and contested allegations—appears to be a deliberate effort to suppress oversight and limit transparency. It breaches both statutory and policy obligations, including MCFD Policy 3.8 (Information Sharing and Documentation Standards), which requires timely, accurate, and open communication with parents and legal representatives.

In withholding disclosure, the Ministry has effectively denied me my lawful right to participation, accountability, and due process, further compounding the harm already caused by Bennett's removal and continued separation from his family.

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## 2 — Policy and Practice Breaches of MCFD Standards

***Policy A — Least Intrusive Measures and Family Involvement***

*Section 2 of the Child, Family and Community Service Act* and MCFD's Practice Standard 1 require social workers to prioritize family-based and least-intrusive measures before considering government care.

In Bennett's case, these standards were ignored. A lawful, safe family plan already existed: on September 2, 2025, the Supreme Court of British Columbia appointed my brother Dylan [redacted] as interim guardian to ensure stability until I was discharged from the hospital. This plan had full support from Bennett's pediatrician, psychiatrist, behavioural consultant, occupational therapist, and counsellor.

Despite this, MCFD disregarded the court order and professional endorsements, opting for the most intrusive measure — institutional placement in a resource without proper supports or continuity of care.

By bypassing both the family-led plan and expert recommendations, MCFD breached *Section 2 of the CFCSA* and its own operational standards. The decision to remove Bennett from a clinically supported family environment into an untrained group setting contradicted law, policy, and Bennett's best interests.

***Policy B — Integrated Case Management (ICM) and Team Decision Making***

MCFD's Practice Standard 6 and *Section 5.1* of the CFCSA require social workers to hold case conferences for children with complex medical or developmental needs, ensuring decisions are made collaboratively with families and professionals.

In Bennett's case, these requirements were ignored. A Family Case Planning Conference (FCPC) was held on August 27, 2025—one day before removal. The notes from that meeting clearly identified my brother, Dylan [redacted], as a safe and viable kinship option until my hospital discharge, and his team agreed this plan met Bennett's best interests.

Despite that consensus, MCFD apprehended Bennett the next day without reconvening the team, updating the FCPC, or holding any Integrated Case Management (ICM) meeting. No case-planning or family-inclusive meetings have been held since, despite repeated written requests from myself, my counsel, and my advocates.

I did not receive any substantive update on Bennett's care until October 8, 2025—six weeks after his removal—contrary to MCFD's own Family Engagement and Case Management Standards**,** which require ongoing communication and multidisciplinary coordination.

By proceeding without consultation, failing to maintain family-inclusive planning, and disregarding professional input, MCFD breached both Practice Standard 6 and *Sections 2 and 5.1 of the CFCSA*, demonstrating systemic neglect of collaborative and least-intrusive practice obligations.

In addition, despite multiple written requests from both my counsel and me, the Ministry has refused to provide a copy of Bennett's Interim Care Plan. This document is required to be shared under Practice Standard 6 and *CFCSA s. 5.1***,** which guarantee parental participation in planning and service delivery. Withholding it has obstructed my ability to understand or contribute to decisions regarding Bennett's health, safety, and education, further compounding the Ministry's ongoing exclusion of the legal guardian from case management processes.

***Policy C — Clinical Supervision and Documentation Integrity***

MCFD's Policy 3.8: Professional Standards for Documentation requires that all records be accurate, verified, and sourced. Every entry must clearly distinguish fact from opinion, identify its author, and cite professional or documentary evidence. These standards exist to ensure that decisions about a child's safety and care rest on verified information rather than assumption or bias.

The "Draft Family Plan" issued on October 10, 2025, violated these principles. It was produced without my participation, well after the 30-day statutory deadline under *CFCSA s. 5.1(2)*, and contained unverified, defamatory claims—that I "leave Bennett awake and unattended" and have "underlying mental-health issues." None were supported by clinical records or professional assessments, and no author or source was identified.

This same pattern re-emerged in the Ministry's Report to Court, which again included falsified or misleading statements presented as fact. The document failed to cite or verify the origin of key claims, misrepresented professional opinions, and omitted evidence contradicting its conclusions. These omissions and distortions breach both Policy 3.8 (a–d) and the Ministry's legal duty of candour to the Court.

By issuing official documents containing unverified information and circulating them internally and judicially without source validation, MCFD has compromised the integrity of the record and prejudiced decision-making about Bennett's care.

***Policy D — Delegated Medical Care and Nursing Oversight***

Under BCCNM Delegation Standards, any medical task—such as G-tube feeding, medication administration, or tube-site care—must be performed only by staff formally trained, assessed as competent, and delegated under the supervision of a Registered Nurse (RN). MCFD's Health and Safety Policy 7.3 and PHSA protocols mirror this, requiring that an RN of record be assigned, training verified, and written medical procedures and emergency plans kept on file before placement.

None of these safeguards were met in Bennett's case. [redacted] House had no RN supervisor, no completed delegation forms, and no verified training records. Only two staff—[redacted]—received brief hands-on orientation from BC Children's Hospital clinicians while Bennett was still inpatient; the rest of the team received no hospital training or delegation.

Placing a vulnerable, young child reliant on a G-tube in an environment without nursing oversight violated *BCCNM* delegation law**,** PHSA policy, and MCFD Policy 7.3, exposing Bennett to infection, granulation tissue, and tube dislodgement risks. The absence of

trained clinical supervision also meant incidents—such as bruising, vomiting, or G-tube complications—were not properly documented or reviewed by medical personnel.

This was not an isolated oversight but a systemic failure of clinical governance**.** MCFD knowingly placed a medically dependent child in an unqualified setting, disregarding provincial nursing standards and its own health-and-safety policies. These decisions endangered Bennett's health and breached the statutory duty of care owed to every child in government custody.

***Policy E — Cultural and Developmental Safety***

MCFD's 2023 Inclusion, Diversity, and Anti-Racism Framework and CYSN Practice Guide require that all decisions for neurodivergent and medically complex children be trauma-informed, neurodiversity-affirming, and family-collaborative. These policies mandate consistent caregivers, predictable routines, and input from professionals who understand the child's developmental and sensory profile.

In Bennett's case, these standards were ignored. He has autism, ADHD, anxiety, and a rare genetic condition, all of which require structured environments and trained, familiar caregivers. Instead, MCFD removed him abruptly from all known supports—his home, school, and therapeutic team—without consulting his established medical or therapeutic providers.

At [redacted] House, staff were not trained in Bennet specific trauma-informed practice and were given no access to his AAC communication tools**,** visual schedules, or behavioural support plans. Following this disruption, Bennett's scripting, hyperactivity, and distress escalated—clear indicators of trauma in autistic children when predictability and attachment are lost.

By removing Bennett from his regulated, clinically supported environment and placing him in an untrained setting, MCFD breached its 2023 Inclusion Framework**,** Trauma-Informed Practice Guidelines**,** and CYSN Service Principles**.** This failure disregarded Bennett's developmental safety, perpetuated systemic ableism, and directly contravened the Ministry's obligation to uphold the dignity and stability of children with disabilities.

***Policy F — Retaliation and Whistleblower Protection***

MCFD's Respectful Workplace Policy**,** Anti-Retaliation and Whistleblower Protection Policy (2020), and *CFCSA s. 70* prohibit any adverse action against a child, parent, or advocate for reporting harm or safety concerns. These frameworks require transparency, prompt investigation, and protection from reprisal.

After I and several advocates—including representatives from the Family Support Institute of BC and Inclusion BC—reported visible bruising on Bennett's body and unsafe G-tube care at [redacted] House, MCFD failed to initiate any medical assessment or incident review. Instead, my supervised visits were cancelled, communication access restricted, and I was ordered not to discuss Bennett's well-being or care—even if he raised it himself.

These actions constitute direct retaliation for protected disclosures. They silenced both Bennett and me, replacing oversight with isolation. Such conduct violates MCFD's Anti-Retaliation Policy, which defines retaliation as any punitive change in visitation, communication, or inclusion following a report of misconduct, and breaches Bennett's statutory rights under *CFCSA s. 70(1)(b), (1)(d), and (1)(f)* to maintain family contact, express his views, and participate in decisions affecting him.

Rather than investigating reported injuries, the Ministry used its authority to suppress further reports—undermining Bennett's safety and eroding public trust. A full, independent review of this retaliatory conduct and reinstatement of transparent family contact are urgently required to bring the Ministry back into compliance with law and policy.

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## 3 — Professional Evidence Ignored

Multiple treating professionals and oversight bodies warned MCFD that removing Bennett from his established medical and behavioural supports would be unsafe.

His multidisciplinary team—including ***Dr.*** [redacted] (Child Psychiatry, BC Children's Hospital), ***Dr.*** [redacted] (Pediatrics), ***Dr.*** [redacted]***a*** (Gastroenterology), [redacted], BCBA, and [redacted], RCC—each provided written statements advising against any abrupt transition or placement with untrained staff. Their letters described such action as *"medically unsafe and psychologically destabilizing."*

Despite these explicit warnings and the legal requirement under *CFCSA s. 5.1* to collaborate with professionals and family, MCFD apprehended Bennett on August 28, 2025, without consulting any of his treating clinicians or convening an interdisciplinary review. No updated safety or case-planning meeting has occurred since removal.

This disregard for expert opinion and failure to coordinate care breached both MCFD Practice Standard 6 (Integrated Case Management) and the statutory duty to engage professionals in planning for children with complex needs. By ignoring documented medical guidance, MCFD placed Bennett at risk of preventable physical harm and emotional trauma.

***Documented Oversight Concerns from Advocacy and Accountability Bodies***

Multiple independent oversight and advocacy organizations have formally raised concerns about MCFD's handling of Bennett's case:

- ***The Family Support Institute of BC (FSIBC) and Inclusion BC*** jointly intervened to advocate for accountability after Bennett's removal, citing Ministry non-compliance with the *CFCSA* and apparent retaliation following reports of his injuries.
- ***The Representative for Children and Youth (RCY)*** maintained their formal advocacy file to investigate the adequacy of MCFD's oversight, care planning, and medical safety coordination.
- ***The BC Ombudsperson*** ([redacted] confirmed acceptance of complaints for review, identifying issues of procedural fairness, delayed family planning, and alleged retaliation by Ministry staff.
- ***Kinsight (Supported Child Development)*** became involved after Bennett was withdrawn from his specialized school, [redacted], and placed into a public-school setting without an Individual Education Plan (IEP), transition supports, or behavioural-safety measures in place.

These coordinated responses from FSIBC, Inclusion BC, RCY, Kinsight, and the Ombudsperson demonstrate that the concerns about MCFD's conduct are credible, well-documented, and recognized by multiple independent provincial accountability bodies.

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## 4 — Requested Immediate Actions

In light of the documented statutory and policy breaches detailed in this correspondence, I respectfully request that your office take the following actions:

1. **Order the Immediate Return of Bennett to My Care**

   Given the absence of lawful grounds for removal, ongoing procedural violations, and the availability of a safe, clinically supported family environment, Bennett should be returned to my care under *Section 33.2* of the *Child, Family and Community Service Act*. I have been medically cleared and fully capable of providing care since September 7, 2025, and remain ready to resume all parental and medical responsibilities immediately.

2. **Suspend and Independently Review the October 2025 "Draft Family Plan."**

Halt any reliance on the unverified draft document pending a full, multidisciplinary reassessment with meaningful participation from myself, Bennett's treating professionals, and my legal counsel. A corrected version must reflect accurate clinical input and family-led planning consistent with *CFCSA s. 5.1* and MCFD Practice Standards.

3. **Investigate the Conduct of Tri-Cities West MCFD Staff (August–October 2025)**

   Initiate a formal investigation into the actions and omissions of CYSN and Protection workers involved in Bennett's removal and care. The inquiry should address potential procedural non-compliance, retaliation, and medical neglect, including failures to document injuries, consult treating physicians, and uphold Bennett's rights under *s. 70 CFCSA.*

4. **Order an Independent Audit of [redacted] House's Medical Oversight**

   Direct an external review of [redacted] House's compliance with BCCNM delegation law**,** PHSA medical supervision requirements**,** and MCFD Health and Safety Policy 7.3. This must include verification of all staff G-tube training records, delegation forms, and internal incident reporting procedures.

5. **Disclose All Records Under Section 76 CFCSA**

   Release to my legal counsel**,** Noémie Gagnon-Bergeron, all relevant materials including incident reports, internal communications, visit logs, and correspondence between MCFD, PHSA, and service providers. Full disclosure is required for transparency, accountability, and procedural fairness.

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## 5 — Closing

Mr. Phillips, you were personally present in the pre-removal meetings with CYSN, Protection, Resources, and BC Children's Hospital**,** where I clearly and unequivocally refused government care and presented a clinically supported family-led discharge plan**.** At no point was there any substantiated evidence of neglect, mental illness, or parental unfitness—only the Ministry's disregard for the professional consensus already in place.

The documentary record now establishes a pattern of serious statutory, procedural, and ethical violations**:** disregard for a standing Supreme Court guardianship order; misrepresentation of medical safety; suppression of injury reports; retaliatory restrictions on communication; and repeated failure to uphold the core principles of the *Child, Family and Community Service Act*. Each of these failures has compounded the harm to

Bennett—a vulnerable six-year-old whose rights, safety, and developmental stability depend on consistent family attachment and properly trained caregivers.

I am therefore requesting your immediate and personal intervention to correct these breaches. The only remedy consistent with the law, professional ethics, and Bennett's best interests is his immediate return to my care**,** where continuity of his medical and behavioural supports can be restored under clinical oversight. I have been fully recovered and discharged from hospital since September 7, 2025, and remain ready, willing, and able to resume all aspects of Bennett's care.

If these systemic failures are not urgently addressed and rectified, I will have no choice but to escalate this matter publicly, including to provincial media outlets, to expose the procedural injustice and risk endured by my child under the Ministry's supervision. The people of British Columbia have a right to know when a disabled child's safety is compromised through bureaucratic misconduct.

I am imploring your office to act**—**not out of deference to me, but in defense of the principles your Ministry is mandated to uphold**:** family preservation, transparency, and the protection of children from unnecessary harm. I ask for a written acknowledgment of this letter and confirmation of the corrective steps your office will take to ensure Bennett's rights, safety, and reunification without further delay.

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**CC:**

- Minister of Children and Family Development Grace Lore, MCFD
- Deputy Minister of Children and Family Development, Keith Godin
- Senior Executive Director, Debbie Samija, MCFD
- Executive Director of Service, Sashe Chaudhary, MCFD
- Executive Director of Child Welfare, James Wale, MCFD

Respectfully,
**Darian Thomas**
Mother and Sole Guardian of Bennett James Thomas

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*Signature*