BC CSW
British Columbia
College of Social Workers

1430 – 1200 West 73rd Ave, Vancouver, British Columbia, Canada, V6P 6G5
t. 604 737 4916 • f. 604 737 6809

info@bccsw.ca
www.bccollegeofsocialworkers.ca

Complaint Form

All complaints must be submitted to the College in writing. If you choose not to use this form, you may still submit a complaint in writing to the College. Please note that the Registered Social Worker (RSW) will be made aware of the allegations and the name of the complainant.

The College can:

- Reprimand the Registrant
- Impose limits or conditions on the Registrant's practice of social work
- Suspend or cancel the Registrant's registration
- Fine the Registrant
- Enter into a remedial agreement with the Registrant
- Dismiss the complaint
- Take no further action

The College cannot offer or mandate monetary compensation, mandate the provision of further services, intervene in legal matters, or require an employer to take further action.

Your Personal Information (Complainant Information)

Full Name: Darian Thomas

Address: [redacted]

City: Coquitlam

Province: BC Postal Code: [redacted]

Email: [redacted]

Phone Number: [redacted]

Registered Social Worker (RSW) Information

Name of the Registered Social Worker: [redacted]

Employer (if known): MCFD Child Protection

City: [redacted] Province: BC

Work Phone (if known): [redacted]

Email (if known): [redacted]

Have you attempted to resolve your concern with the Registered Social Worker? Yes (●) No ( )

If you require assistance, please call and ask for our Complaints Department.

604-737-4916 or Toll Free (Canada only): 1-877-576-6740

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Relationship with RSW

What is your relationship with the Registered Social Worker (RSW)?

Client (●) Colleague ( ) Other ( )

If you are not the client, who is the client?

My six year old son, Bennett James Thomas, is also the client.

What is your relationship to the client? (guardian/attorney/friend/relative etc.)

Mother/Guardian.

Details of the Incident(s)

Please provide the following information regarding your complaint against the Registered Social Worker (RSW).

Where did the incident(s) occur?

Please see attached.

When did the incident(s) occur? Date: Time:

Please provide a general description of the circumstances from which your complaint arises.

Pleas see attached.

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Your Concerns with Practice of the RSW

Please identify the concerns you have regarding the Registered Social Worker's (RSW) conduct.

If you are interested, you may also list the relevant BCCSW Standards of Practice and/or Code of Ethics of which you feel the Registrant has breached. RSW conduct is assessed against the BCCSW's Standards of Practice and Code of Ethics, copies of which can be found here: http://www.bccollegeofsocialworkers.ca/registrants/code-of-ethics-and-standards-of-practice/

You do not have to include information regarding the Standards of Practice or the Code of Ethics, but it may be helpful to review these documents and use them as a basis for outlining your concerns.

Please see attached.

Other Reports

Have you reported the incident(s) elsewhere? Yes (●) No ( )

If yes, what was the outcome of this report?

Please see attached.

If you require assistance, please call and ask for our Complaints Department.

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Expectations for Outcome

Please share your expectations for this process and outcome of this complaint.

Please see attached.

Supporting Documentation

If you have any documents, images, or correspondence that you feel are relevant to your complaint, please submit them along with this form.

I have read and I understand the following:

I understand that I am filing a formal complaint against the Registered Social Worker (RSW) named on this form, that the information on this form is collected under the authority of the Social Workers Act, 2008, and that the information provided will be used to process my complaint.

I understand that the BCCSW may obtain my relevant personal information, including records and clinical notes contained in the records of the RSW complained about as part of the complaints process.

I understand that personal information and documents collected by the College and relevant to the evaluation of this complaint, including this form and any documents attached, may be shared with the RSW complained about.

Further, I understand that if this complaint is referred to the Discipline Committee, there may be a hearing which is open to the public, and personal information may be disclosed at that hearing. If a hearing is required, I understand that I may be required to appear as a witness.

[redacted] _____

_____

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Once complete, please mail, fax or email this document along with any other accompanying materials to the Registrar at:

Mail:

BC College of Social Workers

1420-1200 West 73rd Avenue

Vancouver BC V6P 6G5

Fax: (604) 737-6809

Email: info@bccsw.ca

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Complaint Checklist:

Have you provided the following?

DT ☐ Full name and address of the Registered Social Worker (RSW) involved

DT ☐ A complete description of the complaint

DT ☐ Your name and a phone number where you can be reached

DT ☐ Signed and dated acknowledgement section

DT ☐ Additional supporting documents (optional)

If you require assistance, please call and ask for our Complaints Department.

604-737-4916 or Toll Free (Canada only): 1-877-576-6740

October 20, 2025

Details of the Incident(s)

Please provide the following information regarding your complaint against the Registered Social Worker (RSW).

Where did the incident(s) occur?

Primarily through BC Children's Hospital [redacted], the MCFD Tri-Cities West office [redacted] and the [redacted] House placement. Communications occurred by email, phone, Teams meetings, and in-person home and agency visits between August 27 and October 16, 2025.

When did the incident(s) occur?

From August 27 through October 16, 2025, with ongoing consequences.
Key dates include:
Aug 28 (apprehension);
Sept 13 – 15 (bruising observed);
Sept 16 – 18 (visit cancellations and new restrictions);
Oct 8 – 10 (Family Plan and HEAL Clinic meeting);
Oct 14 – 16 (Report-to-Court meeting and advocacy escalations).

General Description of Circumstances

During my emergent hospital admission on July 26, 2025, I spoke directly with MCFD and was advised that the safest and most appropriate option was to take Bennett to BC Children's Hospital in my absence. In accordance with that advice, I ensured he was admitted and remained there under medical and behavioural supervision. In August 2025, despite a family-led discharge plan that I first proposed to MCFD and BC Children's Hospital in early August, and which no one opposed until the week of August 25, 2025, when Bennett was set to be discharged.

[redacted] and her supervising colleague, [redacted], authorized Bennett's apprehension on August 28, 2025. That morning, I spoke directly with Bennett's pediatrician, who confirmed my brother and interim guardian, Dylan Stoppler, could be present that afternoon to complete Bennett's discharge. Nevertheless, [redacted] and [redacted] proceeded with the removal, transferring him to a resource home that lacked proper G-tube and behavioural training. [redacted] herself had previously stated that she was not the type of social worker authorized to conduct removals, yet she participated in and facilitated the process.

Following the removal, I was not permitted any contact with Bennett for one full week, nor was he allowed any communication with other family members or care team members. This complete isolation occurred during a highly traumatic transition period and directly contradicted what had been recommended by hospital staff and behavioural specialists, who emphasized the importance of maintaining consistent, familiar contact for his emotional stability. The decision caused significant distress for Bennett and compounded the trauma of being abruptly separated from his primary caregiver, behavioural team and medical team.

I was later told I would be able to contact Bennett on September 5, 2025; however, his iPad was not connected to the internet until September 10, 2025. During that time, I repeatedly asked both the Ministry and the house staff to assist Bennett in reconnecting so he could call me. The lack of communication left him completely isolated for an extra five days of a major transition and caused significant distress. For a child with complex medical and emotional needs, the sudden loss of contact with his primary attachment figures was deeply destabilizing and avoidable.

Between September 12 and 17, 2025, [redacted] unilaterally imposed restrictive communication measures that significantly interfered with Bennett's right to maintain meaningful contact and emotional connection with me. These restrictions limited Bennett's FaceTime calls to a maximum of one hour per day, just days after I had been told he was allowed to call me "whenever he wants." The sudden reversal was confusing and distressing, both for Bennett and for me. The new limit was applied rigidly, without any consideration for his emotional state, medical needs, or the role that daily communication plays in his stability and regulation.

Bennett had relied on our regular FaceTime calls as a lifeline during his transition into care. They helped him feel safe and connected, especially given his complex communication and attachment needs. Cutting those calls short often left him upset and dysregulated, and staff repeatedly told him "time's up" even when he was crying or asking to stay on the call.

The change not only contradicted what I had previously been told—it also violated the principles of trauma-informed care and the Ministry's own child rights policies, which emphasize maintaining contact with family whenever safe and appropriate. Instead of supporting Bennett's attachment and emotional safety, this decision effectively punished him for wanting contact and punished me for being responsive to his needs.

This directive was enforced without any clinical justification, consultation with his medical or mental health team, or consideration of his complex neurodevelopmental

profile. The restrictions caused observable distress for Bennett, who repeatedly asked to speak longer and sought reassurance about his safety and return home.

When I reported visible, unexplained bruising on Bennett's arms and legs following my supervised visit on September 13, 2025, [redacted] failed to initiate a timely or appropriate safety review. Rather than arranging for Bennett to be examined by medical staff at BC Children's Hospital, where he had recently been under care, she abruptly canceled my in-person access and transferred visits to a third-party supervision agency.

When my advocates later raised formal concerns about the bruising, as well as the lack of communication and procedural irregularities surrounding the report, the acting team leader advised us that BC Children's Hospital would not evaluate Bennett due to a "jurisdictional issue." This statement was false. In reality, children in care are routinely assessed by hospital staff when there are safety or injury concerns. Instead, Bennett was referred to the HEAL Clinic[redacted], but I was not notified of this appointment until nearly a month after I had first reported the bruising. This delay not only undermined the credibility of my safety concerns but also obstructed transparency and accountability in a matter involving potential harm to a vulnerable child. The Ministry's handling of the situation—led by [redacted]—constitutes a serious breach of duty to ensure prompt medical assessment and open communication with a child's legal guardian.

[redacted] also unilaterally arranged for Bennett's removal from his specialized educational placement at [redacted]—a program specifically designed for neurodivergent children requiring individualized, structured instruction—without any educational justification or documented consultation with his existing care or school team. This decision was made despite the court-recognized interim guardianship of Bennett's uncle, Dylan Stoppler, who had already signed the continuation forms with [redacted] to ensure Bennett's enrollment and educational stability. The transfer to a generic public-school program disregarded both Bennett's complex learning profile and the recommendations of his clinical and behavioural specialists, who consistently emphasized the need for specialized instruction and a predictable environment. The abrupt change disrupted his continuity of care and contravened the principles of least intrusive intervention and educational best practice for children with developmental disabilities. No valid rationale, professional assessment, or transition plan was provided to justify the move, and neither Dylan nor I were consulted before the change occurred.

Throughout September and October 2025, [redacted] repeatedly interfered with and delayed the flow of critical medical and procedural information, obstructing my ability as Bennett's parent and legal guardian to participate meaningfully in his care and planning. She denied me access to supervision reports documenting Bennett's visits and behaviours, despite multiple requests made directly and through my legal counsel. She also failed to provide the mandatory Family Plan within the 30-day timeframe required under the Child, Family and Community Service Act (CFCSA), which deprived me of the opportunity to review and respond to its contents before the case advanced. Instead, on October 10, 2025, she circulated an inaccurate and incomplete draft Family Plan that contained false statements, omitted key medical information, and misrepresented the professional recommendations from Bennett's treating specialists. This document was shared without any prior consultation with me, my counsel, or the professionals actively involved in Bennett's care, and it was issued before disclosure materials were made available, contrary to both Ministry standards and procedural fairness. The cumulative effect of these actions was to exclude me from essential decision-making processes, distort the clinical and factual record, and further erode trust between the Ministry and the family.

Between October 14 and 16, 2025, I initiated multiple advocacy escalations in response to the serious inaccuracies and omissions contained in the *Report to Court* that had been submitted by MCFD on September 4, 2025. Despite repeated prior requests, neither I nor my counsel had been given an opportunity to review or respond to the report before it was filed. Once the document was circulated, it became clear that it contained false and misleading statements regarding Bennett's medical condition, the family-led discharge plan, and my ongoing cooperation with professionals involved in his care. In the days that followed, I corresponded extensively with my legal counsel and advocates, raising concerns about procedural fairness, suppression of key evidence, and the absence of a lawful Family Plan. On October 15 and 16, I escalated these issues to senior MCFD officials, including Director of Operations George Phillips—who had personally met with me in the weeks before Bennett's removal—and to multiple elected representatives, including the Premier's Office and local MLAs. These communications emphasized the Ministry's pattern of statutory breaches, factual misrepresentation, and failure to uphold Bennett's safety and rights as a medically complex child. Despite these formal notifications, no corrective action or acknowledgment of error was received.

By mid-October 2025, Bennett's placement remained medically unsafe and unstable. Ongoing issues—including abrupt school changes, disruption of his therapy programs, and continued complications with his G-tube—were repeatedly documented in my written correspondence and meeting transcripts with [redacted]

[redacted] and RCY advocate [redacted]. Since Bennett's removal, all of his therapy programs have been halted, including his twice-weekly sessions with his trauma-based play therapist, his weekly occupational therapy, and his regular behavioural intervention sessions with overlapping support from his Board Certified Behaviour Analyst (BCBA). These therapies were essential components of his treatment and stability, recommended by his multidisciplinary medical and behavioural teams. Despite my ongoing requests to reinstate these supports, no consistent plan or communication was provided. Bennett continues to experience granulation tissue around his G-tube site to this day—nearly two months after entering the Director's care—indicating a lack of adequate medical follow-up and proper gtube management. Furthermore, as of October 20, 2025, I observed new bruising on Bennett's arm during a supervised visit. I was not provided with any explanation or incident report regarding how the injury occurred, whether it was assessed, or if any safety review had been initiated. These continued and unaddressed issues—medical, developmental, and emotional—demonstrate a clear failure to ensure Bennett's health, therapeutic continuity, and overall well-being under the Ministry's duty of care.

Multiple external agencies—including the Family Support Institute of BC (FSIBC), Inclusion BC, West Coast LEAF, and the BC Human Rights Tribunal—have since become involved due to the seriousness of these breaches and the Ministry's ongoing failure to provide a safe, transparent, and lawful plan of care for Bennett. In addition to these advocacy and oversight bodies, several elected officials have been contacted, including local MLAs and the Premier of British Columbia, all of whom have been formally informed of the procedural violations and harm resulting from the Ministry's actions. Senior MCFD leadership, including George Phillips, Director of Operations for Resources, has also been directly engaged; notably, I met with Mr. Phillips in the weeks immediately preceding Bennett's removal, during which I presented the clinically supported family-led discharge plan that was later disregarded. Despite this high-level awareness, no corrective action has yet been taken to address the ongoing safety, medical, and procedural failures under Ms. Santavenere's supervision.

Prior Concerns with [redacted] Conduct (Before August 2025)

From the earliest months of [redacted] involvement in Bennett's file, her approach reflected ongoing misinformation, selective documentation, and disregard for clinical input. Long before the August 2025 removal, there was a pattern of misrepresentation, delay, and lack of collaboration that directly undermined Bennett's medical and behavioural stability.

[redacted] consistently reframed medical and safety concerns as “parental conflict,” despite extensive written confirmation from physicians, BC Children’s Hospital specialists, and Bennett’s clinical team that the situation was **medical, not protection-based**. As early as May 2025, she received multiple letters and was involved in ongoing communication with CYSN and directly from the hospital—clarifying that Bennett’s needs required nursing oversight and coordinated supports, not a protection investigation. Rather than facilitating that process, she repeatedly recast these concerns as indicators of “parental difficulty,” distorting both the intent and the content of professional correspondence.

Throughout spring and summer 2025, she engaged in meetings and calls where information was omitted or reframed. For example, she stated in internal summaries that I had “refused placements,” when in fact I had provided detailed written documentation showing that proposed placements lacked trained staff, medical delegation, or environmental safety measures. These omissions created the appearance of non-cooperation, when the underlying issue was MCFD’s own failure to ensure readiness of the [redacted] House placement.

Her handling of family support discussions was also inaccurate and at times inappropriate. She recorded that I had “denied all family options,” when the record clearly shows I explained—repeatedly and with supporting documentation—that my mother’s narcolepsy and psychiatric history made her unsafe for overnight care, and that my brother’s full-time work and parenting responsibilities limited his availability. These were factual safety disclosures, not refusals of support. [redacted] pattern of reinterpreting such statements as “non-cooperation” set the tone for later misrepresentation in her Report-to-Court materials.

In meetings through June and July 2025, [redacted] often dismissed or minimized professional input from Bennett’s BCBA, OT, and physician team. She ignored multiple care-team recommendations for gradual transitions, lawful G-tube delegation, and 2:1 staffing ratios, instead insisting that my concerns were “personal preferences.” Her communications with the CYSN team omitted key facts—for instance, that [redacted] House had no HUB-cleared nurse, untrained overnight staff, and unsafe environmental hazards. This incomplete reporting contributed directly to the Ministry’s inaccurate narrative that I was “declining viable options.”

Even before August 2025, [redacted] documentation revealed a consistent pattern of bias and disregard for truthfulness and integrity under the BC College of Social Workers Standards of Practice. Her notes mischaracterized collaborative actions as resistance, omitted medical evidence, and failed to reflect the professional consensus

documented in correspondence between CYSN, BC Children's Hospital, and my legal counsel.

By July 2025, these cumulative misrepresentations had already eroded trust and placed Bennett's safety at risk. The breakdown in transparent, good-faith communication was not the result of conflict between professionals—it was the predictable outcome of one social worker's failure to accurately convey facts, respect medical authority, or uphold procedural fairness.

Additional Early Concerns – Withholding of Counselling and Misrepresentation of Mental Health

From the outset of my involvement with [redacted], I repeatedly requested access to counselling support through MCFD to help manage the significant stress of caring for a medically complex child. These requests began in early 2023 and continued through 2025, yet I was consistently told that I remained *on the wait-list*.

In **May 2025**, [redacted] informed me that because there was no open protection file, the Ministry could not offer counselling services under my service request. This rationale effectively withheld a preventive, wellness-based support that is explicitly intended for parents under the "Children and Youth with Support Needs" (CYSN) framework.

Months later, the same social worker reframed my earlier counselling requests as evidence of "underlying mental-health concerns." That narrative now appears in the Ministry's Family Plan, where a "mental-health assessment" has been listed as a reunification condition—without any clinical evaluation, documentation, or professional opinion to substantiate the claim.

This reversal of intent—from a parent proactively requesting support to an implied diagnosis—constitutes a serious breach of ethical integrity and client self-determination under BC College of Social Workers Standards 1.3 (Client Self-Determination) and 2 (Competence and Integrity**)**. It has stigmatized a reasonable request for help, distorted the case record, and introduced an unfounded barrier to reunification.

Concerns with the Practice of the RSW

My concerns regarding [redacted] professional conduct are as follows:

1 Failure to comply with CFCSA requirements

[redacted] did not follow the legal timelines and procedures required under section 5.1 of the *Child, Family and Community Service Act (CFCSA)*. A Family Plan was never produced within 30 days of Bennett's removal, as the law requires. This delay shut me out of the reunification process and denied me the chance to review or correct misinformation before it shaped important Ministry decisions about my son.

Throughout September and early October 2025, I was excluded from all planning meetings—even though I repeatedly asked in writing for myself, my lawyer, and my advocates to be included. This went against the Ministry's own standards and the basic principle that parents have a right to participate in decisions about their child's care.

When [redacted] finally sent a draft Family Plan on October 10, it was full of false statements and serious inaccuracies. One of the most damaging claims was that I "leave Bennett awake and unattended." That statement is completely untrue and directly contradicted by hospital records, clinical notes, and every professional who worked with us during Bennett's admission. The plan also left out critical medical information, misrepresented professional recommendations, and ignored the family-led discharge plan that had already been approved by hospital staff and Bennett's interim guardian.

By issuing this incomplete and misleading document—without any consultation or disclosure—[redacted] not only violated the CFCSA but also undermined the integrity of the case record and created further confusion and mistrust within the Ministry's own process.

2 Suppression and misrepresentation of information

[redacted] repeatedly withheld and distorted key information about Bennett's education, health, and care. These actions directly affected how professionals and decision-makers understood the situation and led to harmful assumptions about both me and my son.

She spread a false claim that Bennett hadn't been enrolled in school for 18 months. That was completely untrue. Bennett was—and still is—enrolled at [redacted], a specialized program that understands his neurodevelopmental needs and provides consistent structure and support. [redacted] had to formally correct her record on September 16, 2025, confirming that he was, in fact, enrolled. Even after the

correction, no effort was made to retract or clarify the misinformation she had already circulated.

Beyond that, [redacted] regularly refused to share basic updates I was legally entitled to receive as Bennett's parent. She denied access to visit supervision reports and withheld important medical and behavioural information—like updates about his G-tube complications, therapy disruptions, or injuries that occurred while in care. I had to repeatedly follow up through both email and legal counsel, often waiting weeks for any response. These delays and omissions made it almost impossible to stay informed or to advocate effectively for Bennett's safety and needs.

This pattern of withholding information and spreading false narratives has created ongoing harm. It has damaged trust, stalled critical communication, and shown a complete lack of transparency or respect for the collaborative process that's supposed to exist between MCFD and families.

3 Retaliation and harassment

After I reported visible bruising on Bennett's arms and legs during my September 13 visit, and my advocates raised those concerns with MCFD, [redacted] canceled all of my in-person visits. She then moved my visits to a third-party supervision agency, explicitly stating it was "due to concerns raised by your advocate." This was a clear act of retaliation. Instead of investigating the bruises or addressing the legitimate safety and communication concerns that had been raised, [redacted] response was to punish me for reporting them.

This decision had a serious emotional impact on both me and Bennett. It removed him from the stability and comfort of his regular visitation environment and replaced it with an unfamiliar setting and new staff, at a time when he was already struggling with separation and medical issues. It also sent a message that advocating for his safety or seeking accountability would result in punishment or further restrictions.

The pattern continued in the weeks that followed. [redacted] began placing new limits on who could attend meetings with me. She told me I was not allowed to bring an advocate or support person to the Family Plan or Report-to-Court meetings, warning that if I did, it would "delay reunification." This was coercive and intimidating. It effectively isolated me from the support I rely on to navigate a complex and emotionally overwhelming process.

These actions show a consistent pattern of retaliation, designed to silence advocacy and discourage transparency. Rather than working collaboratively toward

reunification, [redacted] used her authority to control communication, restrict access, and undermine my right to fair participation in my child's case.

4 Neglect of duty to ensure child safety

[redacted] openly acknowledged that she first became aware of Bennett's bruises through social media posts and emails from my advocates, not through the required internal incident reports. This means that staff at Bennett's placement failed to submit mandatory injury documentation, in direct violation of MCFD policy. Rather than addressing this serious procedural failure, [redacted] failed to initiate a 24-hour safety review, as policy requires, or arrange for immediate medical evaluation.

When my advocates followed up, [redacted] claimed that the HEAL Clinic had assessed Bennett and "found no concerns." However, she never provided the written report or any evidence of follow-up. In fact, I was not informed of the HEAL Clinic referral until nearly a month after I had first reported the bruising, leaving me completely unaware of whether Bennett had been properly examined or whether his safety had been reviewed.

These failures occurred in the context of an already medically fragile child. Since Bennett's removal from BC Children's Hospital on August 28, 2025, there has been no consistent medical oversight or continuity of care. Bennett's G-tube site developed painful granulation tissue shortly after placement, which remains an ongoing issue to this day. Despite raising these concerns repeatedly, both in writing and during supervised visits, I have received no care plan, wound management report, or assurance of medical follow-up. As of October 20, 2025, I again observed bruising on Bennett's arm and redness around his G-tube site, but no one informed me of how the injuries occurred or whether they were medically assessed.

These medical gaps are compounded by the complete interruption of Bennett's therapy programs since removal. His twice-weekly trauma-based play therapy, weekly occupational therapy, and regular behavioural intervention sessions with BCBA support all stopped abruptly. These were not optional services—they were essential parts of his treatment plan, designed to stabilize him emotionally and developmentally. The loss of these supports has caused visible regression in Bennett's emotional regulation, sensory tolerance, and communication skills.

The Ministry's failure, under [redacted] direct supervision, to maintain basic medical communication, ensure continuity of care, and uphold required safety protocols represents a profound neglect of duty. For a medically complex child like Bennett, the

absence of timely reporting, medical oversight, and therapy coordination has caused unnecessary suffering and ongoing risk to his health and well-being.

5 Breach of transparency and procedural fairness

[redacted] repeatedly obstructed access to information that I am legally entitled to receive as Bennett's parent and legal guardian. Despite formal written requests made by both me and my lawyer on September 30 and October 8, 2025, she refused to provide copies of supervision records, email correspondence, and interim care plans. These records are essential for understanding how Bennett is being cared for, monitored, and supported—especially given his medical fragility and history of behavioural and safety concerns.

Instead of responding transparently or involving the family in care planning, [redacted] went a step further and scheduled key meetings that were explicitly "not open to advocates or legal counsel." This included Family Plan discussions and other decision-making meetings where major updates about Bennett's care were being made. These exclusions directly violate Ministry standards, which state that parents have the right to bring support people or legal representatives to meetings involving significant case planning decisions.

By deliberately excluding both my legal counsel and my advocates, [redacted] created a process that lacked fairness, accountability, and any meaningful opportunity for me to participate. This approach also went against the principles of trauma-informed practice and the Ministry's own commitment to transparency with families.

Her actions reinforced a consistent pattern of secrecy and control—restricting information, limiting support, and isolating me from the very processes that determine my son's future. This has not only undermined trust but has also prevented proper checks and balances that could have corrected misinformation and improved Bennett's care.

6 Unprofessional bias and improper influence

Records and correspondence from September and October 2025 show an ongoing pattern of collaboration between [redacted] and Bennett's father, [redacted], despite his documented history of violence and standing court orders requiring that all contact with Bennett be supervised. Instead of upholding the existing legal framework and prioritizing Bennett's safety, [redacted] appeared to give weight to

[redacted] narratives and requests while dismissing or undermining those of the family members who have provided consistent, court-recognized care and support.

Her communications demonstrate a clear imbalance in how information was shared and whose input was considered credible. While I and Bennett's interim guardian, my brother Dylan Stoppler, were repeatedly excluded from meetings and denied updates, Chiara continued to engage with [redacted] and facilitate his involvement in decision-making processes—contrary to both Ministry policy and the standing Supreme Court order.

This bias was further reflected in her willingness to entertain and discuss [redacted] guardianship application while disregarding the legally established interim guardianship held by Dylan Stoppler. Dylan's guardianship was recognized by the court precisely to ensure Bennett's continuity of care and protection from prior safety concerns involving his father. [redacted] selective engagement not only undermined a lawful guardianship arrangement but also compromised the integrity of Ministry decision-making by allowing personal bias and external influence to shape the case trajectory.

Such conduct reflects a serious lapse in professional judgment. A social worker's role is to act impartially, prioritize child safety, and uphold existing legal orders—not to collaborate with a parent subject to court-imposed restrictions or to disregard lawful alternatives already in place. This pattern of bias has eroded confidence in the fairness and objectivity of her actions and has contributed to ongoing harm, confusion, and instability for Bennett and the family members who remain his primary support network.

7 Pattern of ethical misconduct and systemic harm

By October 15, 2025, the pattern of misconduct under [redacted] supervision had escalated to such a degree that I was forced to submit formal complaints to multiple oversight bodies, including the BC Ombudsperson, the BC Human Rights Tribunal, and the Minister of Children and Family Development. These complaints were not made lightly; they were a last resort after being ignored, misrepresented, and excluded from decisions directly affecting my son's safety and well-being.

Her ongoing conduct has since triggered active reviews into potential breaches of Ministry policy, discrimination against a medically fragile and disabled child, and violations of procedural fairness under the *Child, Family and Community Service Act (CFCSA)*. The consistent disregard for clinical documentation, legal orders, and

professional recommendations has demonstrated not only a lack of accountability but also a concerning misuse of authority within an already fragile system.

Collectively, these failures have caused deep and lasting harm. The loss of trust between my family and the Ministry cannot be overstated. Bennett has experienced regression in his medical stability, communication, and emotional regulation due to disrupted routines, missed therapies, and the trauma of separation under unsafe conditions. For my part, the constant need to monitor, document, and defend against misinformation has taken a profound emotional toll.

This case reflects more than one social worker's poor judgment — it exposes a systemic breakdown in oversight and ethical practice. A medically complex child was removed from a hospital setting that supported his safety and placed in a situation where his care, education, and health have all deteriorated. These are not isolated oversights but a pattern of institutional failure that must be addressed through formal review, accountability measures, and corrective action to prevent further harm.

Summary

Across August to October 2025, [redacted] conduct reflected repeated and serious departures from the BC College of Social Workers' *Standards of Practice*. Her pattern of behaviour—documented in case notes, correspondence, and multiple complaint filings—shows a consistent failure to uphold the principles of honesty, accountability, and respect for client participation.

She did not act truthfully or transparently in her communications, often withholding or misrepresenting information that directly affected my son's care. She disregarded the legal and ethical requirement to include me, my counsel, and my advocates in planning decisions, undermining both procedural fairness and the collaborative process required by the *Child, Family and Community Service Act (CFCSA)*.

More critically, she failed to protect Bennett's safety, dignity, and medical stability. The ongoing issues with his G-tube care, unexplained bruising, and loss of therapeutic supports are not isolated oversights—they represent systemic neglect under her supervision. Rather than exercising professional integrity and child-centered judgment, her actions consistently demonstrated retaliation, bias, and disregard for evidence-based recommendations from Bennett's treating professionals.

These cumulative failures have caused measurable harm. They have destabilized Bennett's health and emotional well-being, eroded the trust necessary for any family-led collaboration, and forced me to pursue oversight and advocacy through external agencies and formal investigations. This complaint is not only about one social worker's conduct—it speaks to the broader need for accountability, transparency, and reform within a system that allowed these breaches to occur unchecked.

Schedule A – Professional Standards Breaches: [redacted] (SW)

I. Principle 1 – Relationship with Clients

Between early and mid-September 2025, MCFD, through social worker [redacted], progressively removed Bennett's ability to express his own wishes for family contact and comfort. Despite Bennett repeatedly stating "I miss you and I love you" and "I want to call you a lot of times," [redacted] imposed rigid "no-comfort" visitation rules that barred any discussion of Bennett's medical or emotional wellbeing and prevented me from participating in even basic aspects of his care or reassurance during visits.

These restrictions were introduced immediately after Bennett voiced fear during a FaceTime call ("It's scary for me out there") and asked to increase his contact, telling me he wanted to call "from 10 o'clock in the morning to 10 o'clock at night" [redacted] new rules directly contradicted prior written assurances from both [redacted] House staff and herself that Bennett could "call whenever he wants".
By September 17 she circulated formal "visit guidelines" banning even basic nurturing interaction, requiring me to respond to Bennett's statements about his body or emotions only with the scripted line "Thank you for sharing that with me; let's go tell your house staff together." These measures deprived Bennett—then six years old, autistic, and medically fragile—of meaningful participation in decisions about his own comfort, violating § 2(e) of the *Child, Family and Community Service Act*, which requires that a child's views be heard and considered, and breaching the BC College of Social Workers Standard 1.3 on Client Self-Determination**.**

Bennett's treating professionals, including his BCBA [redacted] and trauma-informed play therapist [redacted], had emphasized that consistent emotional connection with trusted caregivers was critical to his regulation and safety. The imposed restrictions disregarded these recommendations and caused observable distress,

documented in contemporaneous emails from FSIBC advocate [redacted] and West Coast LEAF correspondence between September 12 and 18 2025

Supporting Evidence

Document Name	Paragraphs
2025.09.18 Part 2 – Darian Thomas	• **Paragraphs 3, 5–6, 10–15, 33–36:** Confirm Bennett's early statements about wanting unrestricted contact ("You're welcome to call him anytime"), the Ministry's initial assurances of daily communication, and subsequent restrictions on comfort and content of calls. • **Paragraph 33:** Documents [redacted] September 10 email imposing "no-comfort" rules—banning food, physical reassurance, and discussion of Bennett's medical or behavioural needs.
2025.09.21 Part 3 – Darian Thomas	• **Paragraphs 16–23, 39–48:** Describe Bennett's repeated verbal requests for more contact ("I want to call you from 10 in the morning to 10 at night") and emotional reliance on reassurance and physical comfort. • **Paragraph 19:** Notes his visible distress when staff kept his bedroom door open ("It's scary for me out there"), demonstrating his fear and need for emotional support. • **Paragraph 47–48:** Document his expressed happiness during visits and direct request for more frequent contact ("I want to see you three times a week, like Friday, Saturday, Monday").
2025.10.11 Part 4 – Darian Thomas	• **Paragraphs 9–11:** Detail professional advocacy from FSIBC and West Coast LEAF raising concerns about MCFD's

	restrictive visitation rules and their emotional impact on Bennett.

Legislative and Professional Frameworks Referenced:

- **Child, Family and Community Service Act (CFCSA) §2(e):** The child's views should be heard and considered in all decisions affecting them.
- **BC College of Social Workers – Standard 1.3 (Client Self-Determination):** Requires social workers to respect and support each client's right to make choices consistent with their abilities, wishes, and best interests.

II. Principle 2 – Competence and Integrity

Despite having direct access to detailed clinical documentation from Bennett's multidisciplinary team, psychiatry, pediatrics, gastroenterology, behavioural analysis, and counselling, [redacted] acted without adequate understanding of Bennett's medical, developmental, or trauma-related needs. Her decisions were made in contradiction to explicit, written guidance from his treating professionals and in disregard of the least-disruptive-measure principle enshrined in s. 2 and s. 30 of the Child, Family and Community Service Act (CFCSA).

On **August 28, 2025**, while I was still hospitalized, Bennett was removed from a fully supervised hospital environment against medical and behavioural recommendations that warned separation from family and trusted staff would be *"highly detrimental."* These warnings were set out in correspondence from [redacted] (BCBA), [redacted] (RCC), and other clinicians. [redacted] refusal to review or meaningfully consider these professional letters before authorizing removal demonstrates a fundamental lapse in due diligence and professional competence.

Subsequent communications show [redacted] misrepresented or ignored critical facts. On **September 9, 2025**, she admitted to accessing my private medical records under s. 96 CFCSA without prior notice or informed consent, citing an "assessment of [my] ability to care for Bennett." This unauthorized review, lacking transparency and procedural fairness, violated my right to confidentiality and contravened the ethical expectation that social workers obtain information by honest, lawful, and minimally intrusive means.

In addition, on **September 10, 2025**, [redacted] issued an email imposing the so-called *"no-comfort"* visitation protocol, prohibiting any discussion of Bennett's medical or emotional needs and forbidding my participation in basic care tasks such as monitoring his G-tube site or addressing his sensory distress. This directive disregarded Bennett's clinical care

plans, contradicted the behavioural consultant's safety guidance, and revealed a lack of competence in trauma-informed and family-centred practice. Such conduct not only eroded therapeutic relationships but also risked direct harm by interrupting essential medical and emotional supports.

The cumulative pattern—misrepresentation of professional input, violation of privacy safeguards, imposition of clinically unsound restrictions, and failure to maintain transparency—reflects an absence of integrity and professional judgment incompatible with Principle 2. These actions undermined both Bennett's safety and the integrity of the statutory process.

Supporting Evidence

Document Name	Paragraphs Referenced
2025.09.19 Part 1 – Darian Thomas	• **¶14-22** – Describes Bennett's hospital care, coordinated clinical team, and warnings from professionals [redacted] that removal from familiar caregivers would be medically unsafe. • **¶22** – Records [redacted] forced removal from BCCH by MCFD staff despite being an essential care-team member, evidencing disregard for professional integrity and collaboration.
2025.09.18 Part 2 – Darian Thomas	• **¶9-10** – Confirms [redacted] email admitting to unauthorized access of Darian's personal medical records under s. 96 CFCSA • **¶33-34** – Outlines the restrictive "no-comfort" visitation rules and their incompatibility with Bennett's medical needs and behavioural plans
2025.09.21 Part 3 – Darian Thomas	• **¶16-29, 45-48** – Documents Bennett's distress during calls and visits following imposition of the MCFD rules; confirms he expressed fear and longing for comfort, demonstrating the harmful outcome of incompetent visitation management.

2025.10.11 Part 4 – Darian Thomas	• **¶9-11** – Contains professional advocacy (FSIBC and West Coast LEAF) criticizing MCFD's visitation restrictions and lack of clinical coordination, further evidencing systemic breaches of competence and integrity.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – ss. 2, 30, 93.1, 96 (obligations of transparency, privacy, and least-disruptive measure).
- **BC College of Social Workers Code of Ethics** – Principle 2: Competence and Integrity; Standards 2.1 through 2.4 (requiring accurate representation of facts, informed consent, and professional diligence).

III. Principle 3 – Confidentiality and Privacy

On **September 9, 2025**, [redacted] informed me in writing that she had accessed my personal medical records "under section 96 of the CFCSA" to assess my fitness as a parent. This was done without prior notice, legal justification, or an open process involving my counsel or consent. There was no court order authorizing such access, and no evidence that less intrusive means of obtaining information—such as direct communication with my physicians—had been attempted. This conduct constituted a clear violation of privacy and professional boundaries, undermining the trust essential to any child welfare relationship.

[redacted] mishandling of Bennett's confidential information was equally concerning. She disclosed details about his medical status and family situation to external third parties without consent, including school personnel, resource staff, and professionals not involved in his direct care. Most notably, she circulated incomplete or false versions of case records to external agencies, such as statements implying that Bennett "had not been enrolled in school for 18 months," a claim later disproven by [redacted] on **September 16, 2025**, who confirmed his active enrollment and pending return.

[redacted] also provided Bennett's father, [redacted] with information about meetings, court proceedings, and care updates, despite a standing court order requiring supervised contact only**.** Her continued collaboration with him, while simultaneously

withholding equivalent information from me as the child's primary guardian, breached both confidentiality and impartiality standards.

In addition, [redacted] distributed unverified and defamatory claims within internal and court-bound Ministry documents, including the **October 10** draft Family Plan and Report-to-Court. These documents contained false assertions that I "leave Bennett awake and unattended," and omitted key medical context provided by hospital staff. Neither I, my counsel, nor Bennett's clinical team were given the opportunity to review or correct this misinformation prior to circulation. This pattern of selective disclosure and distortion contravened both the BC College of Social Workers Standard 3.1 (Confidentiality) and Standard 2.2 (Integrity in Documentation), as well as s. 93.1 of the CFCSA, which mandates accurate and respectful handling of personal records.

The cumulative result of these actions was the creation and dissemination of a case narrative divorced from verified fact, damaging to my reputation and Bennett's welfare. By accessing private information without consent, sharing selective or false data, and breaching confidentiality in her communications, Chiara violated the fundamental trust that underpins ethical social work practice.

Supporting Evidence

Document Name	Paragraphs Referenced
2025.09.18 Part 2 – Darian Thomas	• **¶9–10** – Chiara's written admission of accessing Darian's private medical records under s. 96 CFCSA without consent or court authorization. • **¶12–14** – Documentation of unauthorized sharing of case details with Bennett's father and other external parties. • **¶33–34** – Circulation of visitation rules and personal information to third-party agency staff.
2025.09.19 Part 1 – Darian Thomas	• **¶18–22** – Misrepresentation of Bennett's school enrollment status and subsequent correction from [redacted] (Sept 16 2025). • **¶20–21** – Describes how inaccurate records were relied upon for Ministry planning and court materials.

2025.09.21 Part 3 – Darian Thomas	• **¶23–29** – Examples of confidential or misleading communications between MCFD and Bennett's father, violating privacy and impartiality. • **¶40–42** – Documentation of omitted information shared selectively among staff and agencies.
2025.10.11 Part 4 – Darian Thomas	• **¶9–11** – Professional advocacy records from FSIBC and West Coast LEAF citing improper handling of private medical and legal information in Ministry communications.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – ss. 93.1, 96 (confidentiality, privacy, and record access).
- **BC College of Social Workers Code of Ethics** –
  • Principle 3: Confidentiality and Privacy.
  • Standard 3.1 – Obligation to protect client and collateral information.
  • Standard 2.2 – Integrity and accuracy in professional documentation.
  • Standard 1.3 – Respect for client autonomy and lawful participation.

IV. Principle 4 – Professional Boundaries and Conflicts of Interest

Throughout Bennett's case, [redacted] consistently failed to maintain appropriate professional boundaries and impartiality, engaging in conduct that created clear conflicts of interest and undermined her objectivity as a child protection worker. Her interactions with parties involved in Bennett's case—particularly Bennett's father, [redacted]—demonstrated a pattern of bias, selective communication, and exclusion of lawful guardians and professional advocates, in direct violation of Principle 4 of the BC College of Social Workers Code of Ethics**.**

From **August 2025** onward, [redacted] maintained ongoing contact and collaboration with [redacted] despite his documented history of violence and the existence of a standing court order restricting him to supervised contact with Bennett. She routinely shared case updates, meeting information, and procedural details with him while denying the same access to me as Bennett's legal guardian under the existing Supreme Court order. In

doing so, she effectively substituted the role of a legally unqualified parent for that of the lawful guardian and ignored explicit judicial direction.

Records from **September 18–21, 2025** show that [redacted] sought and documented input from [redacted] regarding guardianship, while simultaneously excluding both my legal counsel and interim guardian Dylan Stoppler from key decisions. This selective engagement demonstrates professional bias and a breach of impartiality. Her willingness to entertain [redacted] guardianship interest—despite his lack of legal standing and active protection restrictions—represents a profound conflict of interest and a violation of her duty to act in the best interests of the child.

[redacted] also demonstrated poor boundary management in her interactions with professionals and advocates. She repeatedly prohibited me from having support persons, such as FSIBC advocate [redacted] or legal counsel, attend Family Plan and Report-to-Court meetings, warning that doing so would "delay reunification." These threats were not only coercive but directly contrary to Ministry standards and best practices under trauma-informed care, which encourage supported participation for parents of medically complex children.

Further, her communications with internal and external professionals were characterized by selective reporting, withholding critical context, and omitting the recommendations of qualified clinicians. For example, she represented to MCFD management that Bennett's care needs could be met in standard resource settings despite being aware of medical evidence to the contrary. By disregarding professional input and limiting communication to individuals whose views aligned with her own narrative, [redacted] compromised both ethical objectivity and procedural fairness.

These actions collectively show a sustained pattern of blurred professional boundaries and improper influence. Rather than acting as a neutral case manager facilitating child-centred care, [redacted] conduct reflected partiality toward one parent, exclusion of the other, and ongoing hostility toward external oversight—behaviour that is inconsistent with both ethical and statutory standards of professional conduct.

Supporting Evidence

Document Name	Paragraphs Referenced
2025.09.18 Part 2 – Darian Thomas	• **¶12–14** – Describes [redacted] collaboration with Bennett's father and sharing of case details despite a court-ordered restriction on contact.

	• **¶33–34** – Notes restrictions placed on Darian's ability to include advocates in meetings, under threat that doing so would "delay reunification.
2025.09.19 Part 1 – Darian Thomas	• **¶20–23** – Records omissions and distortions of professional input, including exclusion of Dylan Stoppler (interim guardian) and misrepresentation of clinical advice to MCFD management. • **¶24–26** – Illustrates [redacted] ongoing coordination with professionals while disregarding procedural fairness.
2025.09.21 Part 3 – Darian Thomas	• **¶23–29** – Evidence of [redacted] selective engagement with one parent [redacted] while excluding the lawful guardian and professional advocates. • **¶39–42** – Correspondence showing omission of key facts and professional recommendations from official records.
2025.10.11 Part 4 – Darian Thomas	• **¶9–11** – Documentation of advocacy letters (FSIBC, West Coast LEAF) referencing Chiara's pattern of boundary violations, conflicts of interest, and retaliatory exclusion of support persons.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – ss. 2(f), 4(b), and 70 (duty to act impartially and protect family participation).
- **BC College of Social Workers Code of Ethics** –
  • Principle 4: Professional Boundaries and Conflicts of Interest.
  • Standard 4.1 – Avoiding dual relationships and personal bias.
  • Standard 4.2 – Refraining from favouritism or discriminatory conduct.
  • Standard 2.3 – Maintaining professional integrity in multidisciplinary collaboration.

V. Principle 5 – Accountability and Record Accuracy

[redacted] documentation and reporting from August to October 2025 reveal repeated breaches of professional accountability and record accuracy as required by Principle 5 of the BC College of Social Workers Code of Ethics. Her written reports contain verifiable factual errors, omitted medical data, and statements that contradict the documentary record.

On **September 4, 2025**, [redacted] colleague [redacted] submitted a Report-to-Court that misrepresented Bennett's medical and behavioural history, describing his hospitalization as a "social admission" and omitting clinical findings from BC Children's Hospital confirming ongoing medical and behavioural needs. These omissions minimized Bennett's complexity and falsely implied neglect, despite hospital and specialist correspondence to the contrary.

On **October 10 2025**, she circulated a draft Family Plan containing demonstrably false and defamatory statements—most notably the claim that I "leave Bennett awake and unattended." This statement directly contradicted hospital nursing notes, psychiatric observations, and behaviour-team records documenting continuous supervision and proactive caregiving. The document was issued without prior consultation, despite repeated written requests for inclusion from myself, counsel, and advocates, contravening s. 5.1 CFCSA and the Ministry's own practice standards.

[redacted] also failed to correct known inaccuracies when they were formally raised. Between September 16 and October 14, 2025, multiple professionals—including staff from [redacted], FSIBC, and BCCH—submitted written clarifications correcting false assertions about Bennett's schooling, therapy attendance, and home environment. Despite receiving these records, [redacted] continued to rely on the erroneous data in communications to supervisors and in subsequent filings. Her refusal to amend or annotate these documents reflects a deliberate disregard for accuracy and transparency.

The consequences were significant. Inaccurate documentation informed Ministry decision-making justified unnecessary restrictions on family contact, and prolonged separation for a young, vulnerable child. By failing to uphold truthfulness, verify sources, and maintain the integrity of official records, [redacted] violated both the ethical and statutory obligations of her position.

Supporting Evidence

Document Name	Paragraphs Referenced

2025.09.18 Part 2 – Darian Thomas	• **¶33-34** – Describes inaccuracies and defamatory claims in the October 10 draft Family Plan. • **¶12-14** – Records the exclusion of legal counsel and advocates from document review.
2025.09.19 Part 1 – Darian Thomas	• **¶14-22** – Details hospital and clinical documentation contradicting the "social admission" narrative. • **¶18-22** – Notes correction from [redacted] disproving claims of school non-attendance.
2025.09.21 Part 3 – Darian Thomas	• **¶20-23** – Confirms continued reliance on false data after professional corrections were issued. • **¶39-42** – Notes circulation of unverified information to external agencies and management.
2025.10.11 Part 4 – Darian Thomas	• **¶9-11** – Advocacy correspondence (FSIBC, West Coast LEAF) identifying systemic issues in record accuracy and Ministry misrepresentation.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – s. 5.1 (Family Plan timeline and participation), s. 93.1 (accuracy and confidentiality of records).
- **BC College of Social Workers Code of Ethics** –
  - Principle 5: Accountability and Record Accuracy.
  - Standard 5.1 – Ensure truthful and complete documentation.
  - Standard 5.2 – Correct errors or misrepresentations when identified.
  - Standard 2.2 – Integrity and honesty in professional reporting.

VI. Principle 6 – Respect for Colleagues and Interdisciplinary Collaboration

[redacted] consistently failed to demonstrate professional respect for colleagues or to engage in the interdisciplinary collaboration required when working with a medically complex, neurodivergent child. Her conduct from **August through October 2025** shows a pattern of dismissing professional recommendations, restricting communication between clinicians, and undermining coordinated care—actions that violated both the BC College of Social Workers' Principle 6 and the interdisciplinary collaboration standards outlined in Ministry policy.

Despite direct involvement from Bennett's multidisciplinary team, including [redacted] (Psychiatry), [redacted] (Gastroenterology), [redacted] (RCC, trauma-based play therapy), [redacted] (BCBA), and [redacted] (Occupational Therapy), [redacted] routinely ignored their documented recommendations for continuity, structure, and trauma-informed support. She substituted her own assumptions for clinical judgment, disregarding warnings that abrupt environmental change or caregiver separation would cause medical and behavioural regression.

In late **August 2025**, prior to Bennett's removal from BC Children's Hospital, these professionals jointly advised that a family-led discharge plan—supported by trained staff and existing therapists—was the safest and least disruptive option. Rather than collaborate, [redacted] excluded the team from planning discussions and made unilateral decisions about placement. On **August 28, 2025**, she authorized Bennett's transfer to a resource home without G-tube or behavioural training, disregarding the expertise of every member of his established care network.

Following the removal, [redacted] further obstructed collaboration. On **September 4, 2025**, she further directed that hospital-based clinicians and behaviour team members no longer contact Bennett directly, effectively severing communication between professionals responsible for his wellbeing. She also misrepresented clinical recommendations in her reports, omitting references to urgent needs for nursing oversight, therapy continuation, and sensory safety measures.

Professional colleagues, including representatives from FSIBC and West Coast LEAF, documented concerns about this obstruction, describing her approach as "contrary to coordinated care standards" and "harmful to team-based decision-making." Despite multiple written invitations to case coordination meetings, [redacted] either declined to attend or failed to share relevant information, leaving clinicians unable to plan safely for Bennett's ongoing needs.

Her conduct violated not only Principle 6 of the BC College of Social Workers Code of Ethics but also the spirit of collaborative partnership central to trauma-informed child welfare practice. The disregard for professional expertise and the isolation of care providers contributed directly to delays in Bennett's recovery and regression in his emotional regulation.

Supporting Evidence

Document Name	Paragraphs Referenced
2025.09.18 Part 2 – Darian Thomas	• **¶33–36** – Notes [redacted] dismissal of clinical advice and failure to integrate medical and behavioural recommendations into planning.
2025.09.19 Part 1 – Darian Thomas	• **¶14–22** – Describes coordinated input from BCCH medical and behavioural professionals advocating for a family-led discharge plan. • **¶22–24** – Records forced exclusion of [redacted] (BCBA) from hospital planning meetings, despite her active role in Bennett's care.
2025.09.21 Part 3 – Darian Thomas	• **¶16–23, ¶40–42** – Documents professional observations of Bennett's distress following loss of access to his therapeutic supports; details obstruction of clinician communication.
2025.10.11 Part 4 – Darian Thomas	• **¶9–11** – Contains professional advocacy letters (FSIBC, West Coast LEAF) criticizing the Ministry's breakdown of interdisciplinary communication and exclusion of trained providers.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – ss. 2, 4, and 70 (collaboration, best interests, and least-disruptive measures).
- **BC College of Social Workers Code of Ethics** –
  - Principle 6: Respect for Colleagues and Interdisciplinary Collaboration.

- Standard 6.1 – Demonstrate respect and cooperation with professional peers.
- Standard 6.2 – Acknowledge expertise of interdisciplinary professionals.
- Standard 6.3 – Avoid interference with established therapeutic relationships.

VII. Principle 7 – Advocacy and Public Responsibility

[redacted] conduct from **August through October 2025** demonstrated a consistent failure to uphold her professional obligation to support client advocacy and public accountability, as required under Principle 7 of the BC College of Social Workers Code of Ethics**.** Rather than facilitating transparent collaboration and parental voice, she actively suppressed advocacy involvement, retaliated against those who raised legitimate concerns, and obstructed external oversight processes.

Following Bennett's removal on **August 28, 2025**, multiple advocacy and oversight organizations, including the Family Support Institute of BC (FSIBC)**,** Inclusion BC**,** West Coast LEAF**,** and the BC Human Rights Tribunal, became involved after identifying serious procedural and ethical concerns. Instead of cooperating with these advocates, Chiara responded with restrictive and punitive measures.

On **September 12, 2025**, shortly after FSIBC raised questions about bruising and communication barriers, [redacted] abruptly canceled in-person visits and transferred access to a third-party agency, citing "concerns raised by your advocate." This decision effectively punished both me and Bennett for seeking external support and directly contravened the College's ethical expectation that social workers "support the rights of clients to access advocacy and representation."

She later imposed rules forbidding the attendance of advocates or legal counsel at Family Plan and Report-to-Court meetings, warning that their involvement would "delay reunification." This coercive approach stripped me of meaningful participation in decision-making and undermined the procedural safeguards guaranteed under CFCSA s. 70(1)(e) and s. 5.1**,** which require that families be included in all planning processes.

Beyond obstructing advocacy, [redacted] disregarded her broader public responsibility to ensure transparency and accountability within child welfare practice. Despite repeated correspondence from oversight bodies, including the Ombudsperson and Ministry executives, she continued to circulate inaccurate information and refused to correct factual errors in official documents. Her unwillingness to acknowledge or engage with advocacy findings has now triggered formal investigations into procedural misconduct, discrimination, and failure to meet statutory standards for family inclusion.

Principle 7 requires social workers to act not merely as agents of the Ministry, but as ethical professionals committed to human rights and social justice. By suppressing advocacy participation, retaliating against oversight, and perpetuating misinformation, [redacted] violated both the letter and the spirit of that principle. Her conduct reflects a misuse of authority and a disregard for the accountability that underpins public trust in social work practice.

Supporting Evidence

Document Name	Paragraphs Referenced
2025.09.18 Part 2 – Darian Thomas	• ¶33–34 – Documents restrictions on advocacy attendance and explicit warning that advocate participation would "delay reunification." • ¶12–14 – Records exclusion of legal counsel and advocates from meetings, contrary to Ministry standards.
2025.09.19 Part 1 – Darian Thomas	• ¶20–23 – Describes escalating advocacy involvement and [redacted] resistance to oversight following FSIBC intervention. • ¶24–26 – Confirms retaliatory cancellation of visits after bruising reports raised by advocates.
2025.09.21 Part 3 – Darian Thomas	• ¶39–48 – Details suppression of advocacy participation and continued refusal to disclose accurate records despite professional concern.
2025.10.11 Part 4 – Darian Thomas	• ¶9–11 – Contains advocacy letters from FSIBC and West Coast LEAF citing retaliation and ethical violations for obstructing family representation.

Legislative and Professional Frameworks Referenced

- **Child, Family and Community Service Act (CFCSA)** – ss. 2, 5.1, and 70(1)(e) (right to participation, inclusion of family and advocates, and transparency).

- **BC College of Social Workers Code of Ethics** –
  • Principle 7: Advocacy and Public Responsibility.
  • Standard 7.1 – Support client participation in advocacy and representation.
  • Standard 7.2 – Act to challenge injustice and protect client rights.
  • Standard 7.3 – Maintain transparency and accountability in professional conduct.

Conclusion and Summary of Findings

Between **August and October 2025**, Social Worker [redacted] engaged in a sustained pattern of conduct that breached multiple provisions of the BC College of Social Workers Code of Ethics and the Child, Family and Community Service Act (CFCSA). Across every domain of her professional role—planning, documentation, collaboration, and communication—her actions demonstrate systemic disregard for ethical practice, procedural fairness, and Bennett's best interests.

Her failures were not isolated errors but part of an escalating pattern of misconduct that produced tangible harm: the destabilization of a medically fragile child, the suppression of lawful advocacy, and the erosion of public trust in the integrity of child-protection system.

The harm has been significant. Bennett—an autistic, medically complex six-year-old—has endured prolonged separation, regression in health and behaviour, and repeated emotional trauma. I have been denied procedural fairness and subjected to reputational and psychological harm.

Ultimately, the appropriate remedy is to return Bennett to his primary caregiver and home environment, with the reinstatement of his trusted multidisciplinary care team and therapeutic supports. Restoring him to familiar, clinically supported care is the only viable path to re-establish his safety, stability, and wellbeing after months of preventable disruption.

Given the evidence contained in the attached affidavits and exhibits (Parts 1–4, Sept–Oct 2025), I respectfully request that the BC College of Social Workers initiate a formal investigation into [redacted] conduct, determine whether her actions constitute violations under the Code of Ethics and Standards of Practice, and recommend corrective measures—including reinstatement of Bennett's care within his original, clinically coordinated setting.

Outcome of Other Reports

I have filed multiple formal reports regarding these same concerns with oversight and advocacy bodies, including:

- **The Office of the Representative for Children and Youth (RCY):** Open advocacy file-initiated June 2025. The RCY confirmed that Bennett's case met the threshold for systemic and individual advocacy due to failures in nursing oversight, medical coordination, and placement safety. They are currently reviewing communications between MCFD and BC Children's Hospital to assess compliance with policy.
- **The BC Ombudsperson:** Complaint submitted October 2025 regarding procedural misconduct, lack of transparency, and failure to adhere to statutory timelines (s. 5.1 CFCSA). The Ombudsperson's office acknowledged receipt and has requested follow-up documentation for review.
- **The BC Human Rights Tribunal (BCHRT):** Inquiry filed September 2025 concerning discrimination against Bennett as a disabled child and retaliatory treatment of advocacy involvement. The BCHRT confirmed jurisdiction and is assessing whether to proceed to screening.
- **Ministry Executive Oversight:** Letters sent to senior officials, including George Phillips (Director of Operations, Resources Division), resulted in internal correspondence acknowledging receipt but no corrective action to date.
- **Professional Advocacy Groups:** Organizations such as FSIBC**,** Inclusion BC**,** and West Coast LEAF have issued written statements to MCFD citing systemic and ethical violations. Their involvement prompted limited internal responses but no substantive remedy.

As of this submission, no agency has issued a corrective outcome. All investigations remain ongoing.

Expectations for Outcome

My expectation for this process is that the BC College of Social Workers will conduct a thorough investigation into the professional conduct of Social Worker [redacted], based on the extensive documentation provided.

The investigation should determine whether her actions—including breaches of confidentiality, procedural misconduct, bias, and failure to ensure medical safety—constitute violations of the BC College of Social Workers Code of Ethics **and the** Standards of Practice**.**

Given the evidence of harm caused to my child, Bennett James Thomas, and the prolonged disruption to his care and wellbeing, I respectfully request:

1. Formal findings of misconduct and appropriate disciplinary measures consistent with the gravity of these ethical and statutory breaches.
2. A directive for corrective action, ensuring that future decision-making within MCFD adheres to ethical standards, procedural transparency, and disability-inclusive practice.
3. Restoration of Bennett's care to his primary caregiver and home environment**,** with his trusted multidisciplinary care team reinstated to ensure safety, medical continuity, and emotional stability.
4. Written acknowledgment from the College summarizing the findings and confirming that this matter will be used to inform future professional training and systemic improvements within child welfare practice.

My goal is not only accountability but the prevention of further harm to other families navigating similar circumstances. This process represents an opportunity to uphold professional integrity, protect public trust, and ensure the best interests of the child are genuinely prioritized.

In Bennett's case, that means restoring him to the stability and care he once had, returning him home to his primary caregiver and the trusted medical, therapeutic, and behavioural team who understand his complex needs. His recovery and wellbeing depend on consistent, compassionate care within a familiar environment where his voice, safety, and dignity are finally respected.

I respectfully request that the College take whatever disciplinary action is appropriate, whether that includes a formal reprimand, suspension, remedial conditions, or cancellation of registration, to ensure accountability and prevent recurrence. More importantly, I ask that the outcome of this process serve as a precedent for improved oversight and ethical practice within MCFD, especially in cases involving medically complex children.