

UNPROFESSIONAL, DISHONOURABLE, AND DISGRACEFUL

UNPROFESSIONAL, DISHONOURABLE, AND DISGRACEFUL: SANISM AND THE ONTARIO
SOCIAL WORK REGULATOR

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Abstract

In 2018, the Ontario College of Social Workers and Social Service Workers (OCSWSSW) implemented an additional screening question for prospective social workers registering with the College, requiring applicants to indicate if there is any sign they have a physical or mental condition or disorder that “could affect [their] ability to practice social work in a safe manner.” This Health Declaration policy was created within a broader context of increasing surveillance and punishment of social workers conducted by the College, on the grounds that fitness to practice social work is a bio-moral-medical quintessence that some possess and others lack, and which social work elites must identify in order to “protect the public.”

This thesis undertakes a critical discourse analysis of publicly available documents provided by the College. I draw from critical disability studies, anti-colonial scholarship, and postmodern work to establish the College as an organ of the Canadian settler colonial project. I use the term “safe-ability” – distilling the Health Declaration’s language and that of their other rules, communications, and decisions – calling attention to ideological fiction operating within ableist/sanist and colonial logics, the basis of its authority to punish social workers and “protect” the public. The College uses terms like unfit, incapacity, and incompetence to conjure threat of risk throughout their documentation, showing significant investment in broadcasting lies about disabled people. College disciplinary documents show that social workers have been found to be unfit on the basis of statements about their health, inherent abilities, mental/physical examinations, and even charges of unfit conduct outside the scope of their duties as social workers. Legal and medical discourse is invoked to give the appearance of objectivity and to authorize power. I show that the OCSWSSW perpetrates abuses under cover of the fictitious entity “safe-ability” – a colonist ableist/sanist fabrication used to justify and valorize such professionalizing institutions that ought to be abolished.

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Chapter 1 - Introduction

1.1 Research Context

In Burstow's 2017 article *Creeping Fascism: University "Unfit to Study" Policies*, she describes how students are being expelled from university for being "mentally ill." Burstow (2017, 2018) makes the argument that unfit to study/unfit to practice policies for social workers and nurses are on a continuum with "life unworthy of life" (*Lebensunwertes Leben*), a Nazi designation precipitating eugenic policies that culminated in extermination camps. While careful to avoid making a direct equivalency between these two practices, she argues that they both employ the same ideological reasoning: a determination of a person's *inherent* capacity or ability as evidence of their unsuitability for a given role in society.

The Ontario College of Social Workers and Social Service Workers (OCSWSSW or "the College") – has a "Fitness to Practice Committee" operating alongside the "Discipline Committee." In 2018 the OCSWSSW enacted a new policy, the "Declaration Regarding Health and Conduct" (hereafter "Health Declaration") that now requires applicants to answer the question,

Is there anything in your past or present conduct that would provide reasonable grounds for the belief that you have any physical or mental condition or disorder that could affect your ability to practise social work or social service work in a safe manner? (OCSWSSW, 2022a).

Multiple directors for schools of social work across the province of Ontario have advocated against this registration amendment, expressing concern that it violates the Ontario Human Rights Code protections on the grounds of disability (see Appendix A). Drawing from my own personal experience going through a social work program, students expressed reluctance to apply to be a College member following graduation, scared of the consequences of disclosing personal health information with a professional regulator. A professor in the program resigned as a member from the College in protest of this policy.

While scholars and students have identified concerns about the new policy, the College contends that the 2018 amendment to the Registration Regulation (O. Reg. 383/00) underlying the Health Declaration policy was simply a matter of improving the language, and serves the College mandate of public protection (e.g. Appendix B). Section 5(2) paragraph 3 clause (i) now reads,

The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant, i. does not have any physical or mental condition or disorder that could affect his or her ability to practise social work or social service work, as the case may be, in a safe manner.

According to the College website's FAQ on the Health Declaration policy, any affirmative answer must include an explanation from the applicant that "may include a description of functional limitations and restrictions" (Appendix B). Additional documentation such as letters of reference, medical notes, or proof of recovery may be required (Appendix B). Anyone unsure of how to answer is advised to say "yes," because if it is later discovered that disclosure was not made, "serious consequences" may ensue, including disciplinary action or revocation of licence to practice (Appendix B). This reflexively antagonistic warning presumes some type of flaggable background, and 'proper' subjects are therefore the exception. The ominous tone of official OCSWSSW explanations about the Health Declaration, as well as the ensuing discourse within the social work realm regarding this new policy, warrants proper critical examination, of which this thesis is intending to provide.

1.2 Research Questions

The following research aims to address these central questions – what is the meaning and impact of the OCSWSSW Health Declaration policy? What body of knowledge or research does the College rely on in decisions about ability and fitness? How are such practices wielded against social workers and clients? What does this suggest about College practices as a whole? These are significant questions, given that the OCSWSSW regulates all social workers in the province.

In order to answer these questions, I undertook a comprehensive review of all publicly available College materials. I examined legislation (the *Social Work and Social Service Work Act, 1998*, hereafter SWSSWA or "the Act"), OCSWSSW regulations (the aforementioned O. Reg. 383/00: Registration Regulation, and O. Reg. 384/00: Professional Misconduct), and a related bylaw (Schedule B of Bylaw 66: Standards of Practice, aka "the Handbook"). Prospective member applications and the College's decisions on those applications, made through the Registrar and Registration Appeals Committee, are not publicly available. Prevented from direct examination of the implementation of the Health Declaration policy, I pursued publicly available Discipline Committee decision documents (2003-2022) on the OCSWSSW website, as well as OCSWSSW Decisions and Reasons for Decision on CanLII (2019-2022), all OCSWSSW Annual Reports (2001-2021), recent Council Meeting Highlights (2016-2022), OCSWSSW legislative submission (2018), and public notices and communications of the College regarding the Health Declaration and fitness, and all Employer Communiqués (2017-2022). In addition, I

contacted the OCSWSSW CEO and Registrar to request documents regarding the Health Declaration, the Fitness to Practice Committee, and key Discipline Committee cases.

The aim of this thesis is not merely to answer these research questions, but to extend Burtstow's claim that determinations of *inherent* ability vis a vis professional work are undergirded by the same logic of eugenics. I will employ critical disability, anti-colonial, and postmodern scholarship to guide analysis of the College's claims about *fitness to practice*, specifically by attending to the ways in which discourses about ability, fitness, safety, and public protection are employed. I explore how the College's demand for declarations of health, collection of medical information, and related operation of fitness and disciplinary process activate theories of difference, particularly in the way the College frames "threat" and "risk" as it relates to its members, through the operation of authority and power. I demonstrate the enactment of biomedical and criminalization discourses as they delineate the unfit from the "normal," as well as the perniciousness of "public protection," which justifies silencing and disabling punishment.

1.3 Structure of this thesis

The following introduction is intended to provide readers with information about the structure and function of the OCSWSSW. Following the background section on the creation of the College, its regulations, and committees, chapter two outlines the theoretical framework for this thesis. Chapter three presents relevant social work and regulatory literature to provide context on the profession and its role in Canada's colonial violence, and chapter four provides an outline of the dataset being analyzed and the methodology. Chapter five presents findings through the use of discourse analysis of legislation, regulations, Health Declaration communications and associated institutional initiatives, and findings from my examination of 81 Discipline Committee decisions using select case examples. Discussion, in chapter six, centers on the College's resourced processes of division, highlighting harms done in the name of safety to counter claims about protection. Chapter seven concludes the body of this thesis, forwarding recommendations and shedding light on the future of professional regulatory surveillance.

1.4 Background

1.4.1 Legislation and OCSWSSW

The OCSWSSW or "the College" is a regulatory corporation as legislated (created through law) through Ontario's *Social Work and Social Service Work Act, 1998* (SWSSWA or "the Act"), and which

presently regulates over 25,000 social workers and social service workers in the province (OCSWSSW, 2022b). The College sets entry and continuing education requirements, published a Code of Ethics and Standards of Practice, maintains a Public Register listing all members, and administers complaints and disciplinary processes. This ostensibly “brings credibility to the profession” and “protect[s] the public from unqualified, incompetent and unfit practitioners” (OCSWSSW, 2022b). The Council, which is the governing body and board of directors of the College, is made up of social workers, social service workers, and appointments made by the Lieutenant Governor of Ontario. Along with a CEO/Registrar, the Council reports to the Ministry of Children, Community and Social Services (SWSSWA, s. 4).

This arrangement between an occupational group and the government is called professional self-regulation, where certain kinds of legal authority are transferred to the professional regulatory body while enabling the government to maintain some control over the profession and its services (Randall, 2005). Licensure is the most powerful form of self-regulation, essentially providing the professional regulatory body with “monopoly control” over who can enter a profession (Randall, 2005, p. 2). Anyone wanting to practice social work in Ontario must pay a fee and apply to be a “member,” i.e., a licence-holder, of the OCSWSSW. While certain kinds of work that resemble social work do not *technically* legally require registration if it is not *called* social work, those opportunities are limited, given that hospitals, family health teams, and schools in the province almost always require registered social workers (RSW), and in private practice, extended health insurers typically only provide coverage for social work services from an RSW. For this reason, decisions about applicants and members are significant, impacting not just individual practitioners but the composition of the profession, its operation, and services available across the province. As a governmental authority across multiple systems, its discourses and decisions regarding fitness and ability are likewise significant.

The establishment of the College was a contentious process among social workers. The voluntary Ontario Association of Professional Social Workers (OAPSW) vigorously campaigned through the 1980s and 1990s for regulation, while “pockets” of social workers, union representatives, educators, and community groups actively resisted its creation, citing concerns about elitism, exclusionary criteria, heightened power imbalances between workers and clients, shifting “causes to careers,” increased managerialism, and the absence of sufficient evidence that regulation benefits service-users (Ungara,

2007, pp. 18-35). As Carniol and Kitchen (1990) stated, “We agree that there is a crisis in the social services, but it is not a crisis from social work incompetence. Rather, it is a crisis of under-funding and of structures which perpetuate inequalities” (as cited by Ungara, 2007, p. 21). The Act did not *create* social workers – social work is said to have developed through the 1800s and early 1900s when mostly British Christian women decided they need to clean up “others” in the growing cities as part of their professional aspiration (Kennedy, 2008; Long, 2015; Lee & Ferrer, 2014) – but the Act bestowed on social workers the privilege and power of self-regulation.

1.4.2 Regulations and Handbook

The SWSSWA created the College and empowered the Council to draft its own regulations and bylaws. Regulations and bylaws have the force of law, but have a different name because they are not made by the legislature (the law-making part of the government), but by the regulator with ministry approval. The Council’s relevant regulations and bylaws referred to throughout this thesis include:

- The Registration Regulation, aka O. Reg. 383/00;
- The Professional Misconduct Regulation, aka O. Reg. 384/00; and
- The Standards of Practice, aka Schedule B of Bylaw 66, aka “the Handbook.”

All include at least one item that directly refers to the health of social workers. The first outlines rules of application, which includes s. 5.3 cited above upholding the Health Declaration policy. The latter two lay out the offences a member can be prosecuted for. For this reason, the OCSWSSW Fitness to Practice Committee (hereafter Fitness Committee) and Discipline Committee, which make decisions about social worker offences detailed in these documents, are sites of decision-making about ability and fitness, and will be examined alongside the Health Declaration in this thesis.

1.4.3 Operation of Fitness and Discipline Committees

The Fitness Committee and the Discipline Committee operate hearings, which are “a formal process similar to a court” (OCSWSSW, 2022c). Both court-like committees receive referrals from other OCSWSSW committees regarding allegations that members have violated sections of the Professional Misconduct Regulation and/or the Handbook. The committee adjudicators have the power to direct that member registration be revoked, suspended, or be subject to terms, conditions, or limitations.

The Fitness Committee is responsible for hearing and deciding on allegations of incapacity following a “health inquiry” (OCSWSSW, 2022c, 2022d). This committee’s operations are almost entirely opaque: the hearings are not public and there is no publicly available information about their decisions because “very private and personal health information” is discussed (Appendix C). The Discipline Committee is responsible for hearing and deciding on allegations of incompetence and misconduct (SWSSWA s. 26). They hear the evidence from the prosecutor (the College or its legal counsel) and the defendant (the member or their counsel). A panel composed of three members of the Discipline Committee is akin to the judge, making decisions on whether the member is guilty on a “balance of probabilities,” and what penalties will be ordered. Discipline Committee hearings are generally open to the public, and its decisions are made publicly available, usually including the name and personal information about the member.

This background lays out the legislative and regulatory tools with which the College, its Council, CEO/Registrar and its committees operate: they are responsible for crafting the Health Declaration policy and related decisions about ability and fitness. The following chapter situates how this thesis approaches critique of professional knowledge and power, demonstrating the networked systems supporting the OCSWSSW’s production of the unfit ‘other’ that co-constitutes their disciplinary apparatus.

Chapter 2 - Theoretical Frameworks

In professional social work, disability is often positioned as a medical condition that only a client can have, creating a false “us” and “them” divide. Social work students who are disabled or have accessed mental health services have reported coming up against divisions between them and social workers, reinforcing historical assumptions about who performs, and who is the object of, social work (e.g. Goldberg et al., 2015). This is despite the fact that there are many who identify as mad and/or disabled and work as social work educators, practitioners, and researchers (Reid & Poole, 2013; Kundra & Salzer, 2019). This thesis uses critical disability and mad studies to argue that disability is not an essential biological condition, but rather a *social process* that imposes disablement through discriminatory social attitudes, policies, and the built environment. For the context of this thesis specifically, disability mediates who is granted access to professional spaces and knowledge in the profession of social work. Furthermore, this thesis draws upon anti-colonial and postmodern scholarship to develop a more robust critical evaluation of social work institutions – I position the College not merely as an institution with a problematic past, but as a contemporary organ of the settler state of Canada, whose practices and approaches to “protecting the public” are an extant form of colonial domination.

In the following sections I outline scholarship from each of these three fields. These epistemological frameworks provide this thesis with the intellectual tools to conduct a critical inquiry into OCSWSSW policies and decisions about ability, fitness, and safety, using written communications and official disciplinary documents as my primary dataset to conduct this inquiry.

2.1 Critical disability studies and sanism

Critical disability studies (CDS) and mad studies scholars challenge dominant bio-medical assumptions about disability, resisting professional claims about who gets to be an ‘expert’ on disability (Reid & Poole, 2013; Davis, 2017). The mainstream medical model conceives of disability as a disease or deficiency that is located in the body or mind of the individual; an unfortunate state of affairs that requires the external help of professionals to cure or rehabilitate them (Reid & Poole, 2013; Davis 2017). This model is apparent in early social work practices of “friendly visiting,” which became known as casework, with accompanying imperatives to document, diagnose, and apply “evidence-based” practices (Margolin, 1997). A “case” is an individual or family identified as “having” some sort of deficit, such as

disability, to be remedied by intervention of the knowledgeable social worker, who assumes the power to decide who deserves assistance and what the course of intervention should be (Margolin, 1997). In this way, social work engages in the system of compulsory able-bodiedness that requires an affirmative answer to “wouldn’t you rather be more like me?” (McRuer, 2017, p. 400). Specifically, to what extent are you like me (assessment, documenting, monitoring), and what do you need to be more like me (expert referrals, treatments, job training, etc.)? (McRuer, 2017). Beyond the term being couched in medical language, disability is a practice of producing an ideological distinction between “able” and “unable.” Many writers accept the distinction as a starting point for research and writing (e.g. Keesler, 2021; Peter & Jungbauer, 2019). Critical disability studies challenges this able/unable binary, facilitating consideration of how professional institutions reproduce oppressive classification along lines of ability, or approximation to “normal.” This thesis follows the same tradition, by critically engaging the College’s policies and decision-making regarding the health of its members.

The Canadian Association of Professionals with Disabilities explains that the notion of a “professional” signifies expertise, leadership, and authority, attributes that are widely perceived as at odds with being a disabled person (Waterfield et al., 2018, p. 332). Disabled people are assumed to be recipients of professionals’ care, rather than professionals themselves. Professionalized social work is a disciplinary tool or vehicle for the deployment of disability, as described by McRuer (2017), in the preservation and reinforcement of able-bodiedness and illusions of safety and fairness through intervention of the “expert.” Professionalism is not about acquiring a set of favourable values or traits beneficial to the public good, but rather, is about persuading people that the special status, restriction on knowledge production, power to define, and power to control is deserved: “The citadels of professionalism are carefully protected by ideological, political, and economic barriers” (Wenocur and Reisch, 1983, p. 685). This framing problematizes the College’s mandate to protect the public from “unqualified, incompetent and unfit practitioners,” and prompts my questioning of claims about safety through practices such as screening applicants on the basis of able-bodiedness in practice.

While the College is careful to avoid using the word disability in reference to members or applicants – it is not used in the Health Declaration, nor does it appear in the College’s legislation, regulations, nor any of the published notices or their website’s “FAQs” on the policy – “physical or

mental condition or disorder” can be understood as an equivalent phrase that presupposes the primacy of the unconditioned, ordered, “normal” physical/mental form. In the same vein, I use a critical disability lens to challenge the deployment of “under the influence of any substance” and “illness or dysfunction,” which are phrases used in the OCSWSSW Professional Misconduct Regulation and Handbook (s. 2.7 and s. 2.2.6 respectively). LeFrancois and Diamond (2014) describe the power of diagnostic language, particularly when used by psychiatrists, and use the term “citationality” to describe how professionals can constitute mentally ill subjects, even when using language that does not appear in authoritative medical texts such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) (p. 44). This authority has the force of the entire apparatus of the health industry behind them. Even the non-specific reference to physical and mental condition/disorder/illness/dysfunction, when operationalized by an authority such as the OCSWSSW, can carry with it this same power of citationality.

Using a critical disability lens facilitates our understanding that determinations of differences in ability involve not only deciding who is outside “normal,” but inferior; these determinations are ideologically maintained through professional medical bodies. And given that the Handbook mentions “disability” only when referring to clients, for example, in describing clinical practice goals of treating “disability or impairment,” “dysfunction,” and “disorders” amongst clients (OCSWSSW, 2008, p. iv), this underscores disability as a *course of action* that can be read in regulations, bylaws, and other texts. Therefore, I will examine OCSWSSW policies as implicated in commodification, rather than simple processes of individual identification/exclusion of a pre-existing disability.

This thesis rejects the biomedical model of disability. Instead, I employ the definition of disability as a social process, as something that normalizes determinations of belonging or exclusion on the basis of bodily/mental difference. Indeed, leaders in the field of Mad Studies have been critical of the OCSWSSW Health Declaration policy since its implementation; Burstow (2018) argues that it has been crafted to justify further surveillance and weed out social workers diagnosed with “mental illness,” cutting out particularly skilled workers via these sanist “fitness” mechanisms. Poole, et al. (2012) explain that sanism – a belief system that makes possible “the systemic subjugation of people who have received ‘mental health’ diagnosis or treatment”– is pervasive in the social work profession (p. 20). “Mad” people are framed as needing treatment, cure, and regulation, and are regularly excluded from processes of

knowledge production (ibid.). Pathologizing and labelling are understood as sanist aggressions that have become normalized in social work practice and education (ibid.). Ideas about people diagnosed with mental illness are not simply ones of personal discrimination, and do not just take the form of slurs or individual insults, but “have been crafted into the technologies and practices of identification and classification” (A. Joseph, personal communication, 2022).

This assessment of the College provides a basis for examining the practices of both the Fitness to Practice Committee (where decisions about fitness are made following a medical “health inquiry”) and the Disciplinary Committee (which adjudicates allegations of misconduct, including practicing with “illness or dysfunction”). I apply the lens of sanism in my reading and analysis of these policies and decisions of the College, as it makes pathologization possible, evident in the Health Declaration’s implicit suggestion that diagnoseis of conditions or disorders are associated with safety issues in practice.

Baynton’s (2017) work, which synthesizes critical disability studies and critique of enlightenment rationality, argues that the concept of disability has long been used to subjugate oppressed groups. Historical arguments that women and racialized people were deviations from the white male norm positioned them, naturally, as unable to vote, work, or function as free citizens. “Natural” or “normality” are complex yet fundamental concepts creating social reality, reflecting what conformed to the design of God/Creator, and what impels Western notions of “progress” (pp. 19-20). Disability, opposite ‘normal’ in this nexus of belief, and implicitly defined as that which hinders “evolutionary development,” thereby functions as a sign of and justification for inferiority (p. 20). Baynton’s findings, in particular that enslavement of Black people in North America was couched in terms of ‘protection’ from illness, ‘idiocy’ and ‘insanity’ (pp. 22) demonstrates how crucial it is to incorporate analysis of colonial power relations and disability. Therefore, in the following sections I present anti-colonial scholars who not only identify the violence of “civilizing” missions but provide instruction in identifying processes of legitimization of colonial domination, context which is integral to critical understandings of social work as a profession.

2.2 Anti-colonial theories

From Aimé Césaire, to Frantz Fanon and Edward Said, attention to coloniality is essential to the critical examination of claims of capacity/incapacity, moral abilities, and rationality/objectivity in social work. They teach how colonial subjugation is seemingly done away with, yet is concealed, enfolded in an

air of scientific truth or moral superiority, and that there are scholars – from multiple disciplines including history, socioeconomic theory, humanism, biology, psychology, and law – who have come to the service of colonial, capitalist, and imperialist traditions. Domination can be rephrased in seemingly virtuous terms of protection and responsibility, establishing that even so-called “helpers” or “scholars” propagate divisions in producing the “other,” maintaining normative social relations, or in other words, justify relations of domination (Césaire, 1955/2001; Fanon, 1961/2004; Said, 1978/1979). Césaire describes colonization as decivilizing, as a “thingification” that produces a “boomerang effect,” a process whereby techniques developed by European colonizers to subjugate and exploit colonized nations continue to be honed and wielded, contextualizing the Holocaust (p. 42); this highlights the importance of using an anti-colonial lens in any study of powerful social work institutions.

In *Discourse on Colonialism* (1955/2001), Césaire explains that when it comes to the lies of civilization and colonization, the most common trickery is that problems are misrepresented in order to legitimize the terrible solutions imposed: “They pride themselves on abuses eliminated” while ignoring the abuses perpetrated (p. 43). Césaire urges us to recognize the work done by obscurers, “dealers in gobbledygook,” including “psychologists, sociologists et al.,” who wield manipulated investigations and self-serving generalities to conclude that colonized people require colonial governance (p. 56). For example, “humanist” Roger Caillois opined that certain “cultures” have “responsibility” over others due to the “distinction” that he says exists between equality in *law* and in *fact* (p. 73). Caillois engages in an identification of two basic types of people: those who are “blind, sick, feeble-minded, ignorant, or poor” and those who have “greater capacities,” who are “strong, clear-sighted, whole, healthy, intelligent, cultured, or rich” (p. 73). By analyzing the humanist discipline through a selection of texts, Césaire demonstrates that colonial “humanists” will prove domination through deployment of psychological and sociological ideas that there are those who are inherently/made for dependence. Césaire’s analysis of humanists’ writings directs my attention to language of “incapacity” in College texts, variously paired with condition, disorder, illness, and dysfunction. As will be discussed, there is significant interest on the part of the College in drawing dividing lines to create a class of “incapable” people in need of monitoring and control by those deemed “capable.”

Fanon, as a psychiatrist writing in the context of the anti-colonial struggle against French occupation of Algeria, offers incisive analysis detailing the production of “distinctions” identified by Césaire. In *The Wretched of the Earth* (1961/2004), Fanon teaches that the colonized world is a compartmentalized system, not limited to geographical separation, physical confinement, and theft of land; the colonist “fabricated and continues to fabricate the colonized subject” and “derives his validity, i.e. his wealth, from the colonial system” (p. 2). I apply the concept of *fabrication* to the idea of the unfit social worker who is said to be a risk to service users and must be identified and separated out from the capable workers. This colonial fabrication consists of concerted effort to turn people into the embodiment of evil, who are declared “impervious to ethics,” and “the enemy of values” (p. 6). Correspondingly, resources are deployed to convince the oppressed population that they are being saved from darkness and depravity (p. 6). Fabrication is also applicable to the College’s discourse about public protection. Like Césaire, Fanon teaches that in capitalist countries “a multitude of sermonizers, counselors, and confusion-mongers” intervene on those who are exploited (pp. 3-4). Missionaries and counsellors infiltrate populations to root out so-called depravity, i.e. the beliefs and ways of life of the colonized:

“[C]olonialism was not seeking to be perceived by the indigenous population as a sweet, kind-hearted mother who protects her child from a hostile environment, but rather a mother who constantly prevents her basically perverse child from committing suicide or giving free reign to its malevolent instincts” (p. 149). This analysis informs my study of the College as an institution imbued with a moralistic punitive power that seeks to domesticate an unruly population, i.e. committees, Council, and Registrar, and their role in fabricating a vulnerable public who must be saved from unfitness, in service of maintaining the College’s own legitimacy and authority, privileged professional status and associated material benefits.

Like Césaire, Fanon (1961/2004) implicates professions of psychology and psychiatry in the processes of alienation. A psychiatrist himself, he is witness to and describes colonization as a “great purveyor” of psychiatric institutions, with concerted efforts to “cure” colonized subjects, which is to say, “thoroughly fit into a social environment of the colonial type” (p. 182). Fanon explains that mental suffering arises from the colonial regime, economic exploitation, daily humiliations and “lies about man that subordinate and literally mutilate the more conscious-minded among us” (p. 220). For colonial medical authorities, mental disorders and criminality do not arise from contexts of violence, rather they

spring up from pre-existing religious, moral, mental, and physical states that are said to characterize the person or group, a sort of “extrapyramidal determinism” (pp. 217-228). This analysis is applicable to understanding how suffering and distress are taken up within colonial systems as evidence of some original feature of a person’s body, mind – of their capacity or fitness – perpetuated by policies such as the Health Declaration. The College can be understood as a product and producer of the *colonial social environment*, which impels “safety” from an unfit class through its practices of division along medicalizing lines.

Fanon discusses these colonial theories of naturalness, innateness, and biological inferiority that furnished the lies about the Black Algerian as “born criminal” and disordered in moral conscience, lies taught as scientific fact for decades to lawyers, police, and medical practitioners (pp. 221-228). The “science” was ground into the minds of Algerian people, that they are intrinsically bad, aggressive, hysterical, and socially inept, with the intent to subordinate, to maintain colonial power (ibid). These scientific “facts” are set out in official documents and legitimized by consensus of colonial experts. For example, Dr. J. C. Carothers of the World Health Organization wrote in 1954 of “ethnopsychiatry” in explaining revolts against British colonial rule, describing them as the result of an “unconscious frustration complex” that could be psychologically treated (ibid, pp. 226-227). While initially published in 1954, Carothers’ work is still in distribution, now available online through the WHO’s Institutional Repository for Information Sharing at the time of writing this thesis. The ongoing distribution of such materials demonstrates the need to question so-called facts about health and safety, including presuppositions in the SWSSWA and by the OCSWSSW committees and Registrar on who is fit. Fanon’s approach in the latter half the “Colonial War and Mental Disorders” chapter – presenting and analyzing widely legitimized texts – is employed in this thesis, by searching documents of the College for psychiatric labels or terms, references to innate functioning or abilities, as well as to search for deployment of psychologizing “treatment” as a compliance measure.

Edward Said (1978/1979) reiterates the production of sensational “facts” by scholars in his foundational book *Orientalism*. For example, pointing to lecture material from H. A. R. Gibb of the University of Chicago (and later Harvard), which asserted “the aversion of the Muslims from the thought-processes of rationalism” (p. 106), consistent with the purpose to assert colonial rationality in Palestinian

struggle against Israeli occupation, demonstrating that knowledge cannot be understood without study of “configurations of power” (p. 5). This underscores how the fabrication of a class of unfit people benefits not just the College but the settler state, by incorporating a professional arbiter of competence, and thereby securing a seemingly reasonable power disparity. In this thesis it prompts search for reference to rationalism and objectivity in relation to certain groupings of people in College documents.

Said argues that the essential aspects of contemporary Orientalist theories and practices are actually a set of structures inherited from the past that have become naturalized (p. 122), providing multiple examples of European texts that assert the duty to govern and so-called benefits to populations by European rule. For example, in the British House of Commons in 1910, it was discussed how Western nations demonstrate “*capacities* for self-government” and British rule provided for Egypt a “far better government than in the whole history of the world they had ever had before” (Balfour, 1910, as cited by Said, p. 33). This is made possible by pointing to “world history” which is “a euphemism for European history” (p. 86). This reinforces my understanding of how the College’s applicant screening on the basis of bodily difference was implemented, accompanied by little more justification than passing reference to improved wording and public protection, drawing on naturalized sanist and colonial discourses.

Said explains that the discipline of Orientalism is a “technology of power” (p. 127), which echoes Fanon’s (1961/2004) analysis of psychiatry, entwined with law and policing, as serving to produce colonial subjects. This is applicable to analysis of the College’s constitution of the public, and of the incapacitated unfit worker, which draws on language and power of psych disciplines, encoded in the SWSSWA and OCSWSSW regulations, and which can also be understood as tools of power. Such networked interests undertake significant material investment, along with constant refining so as to not lose power or revenue (Said, 1978/1979, p. 215), and there is a preference for texts through which expertise borrowed from other sciences can be attributed (ibid, pp. 93, 206). Echoing Fanon’s concept of fabrication, Said states that the Orient is a “constituted identity” (p. 322) through which “stereotypes dressed up in policy jargon” are possible (p. 32). Meticulous employment of ridicule is an instructive analytic strategy that draws attention to hypocrisy, by destabilizing the operation of “regularized writing” (p. 202). Said identifies the “apogee of Orientalist confidence” where “no merely asserted generality is denied the dignity of truth” (p. 49) and there is an almost infinite capacity for subdivision, evidenced in a

“confusing amalgam of imperial vagueness and precise detail” (p. 50). Said’s identification of characteristic amalgams and borrowed expertise is instructive in identifying generalities – held up as fact – in written descriptions of illness/dysfunction throughout College communications and decisions.

Counsellors, psychologists, and sociologists are indicted by Fanon (1961/2004) and Césaire (1955/2001) as “confusion-mongers” and “dealers in gobbledygook” respectively, who intervene on oppressed people, hammering over and over truths about how without them, the population would fall victim to depravity, indicating a need to seek claims of protection. Said (1978/1979) bolsters critique in this vein by undermining scholarly claims that are consistent with advancing material interest. Ideas, categorizations, and groupings of people are not simply facts of nature but are “willed human work” (Said, 1978/1979, p. 15), i.e. “constructed and constituted within social, historical, and political contexts” (A. Joseph, personal communication, 2022). Social work is a part of the “et al.” Césaire lists (p. 56) as evidenced by analysis of the contemporary deployment of knowledge of the “other” in sanist social work education and practices (e.g. Poole, et. al., 2012) indicating the appropriateness of critically investigating the regulatory body in this thesis.

I will now finally turn to postmodern scholarship to reinforce my ongoing critical reading of the College’s practice. The following section outlines scholars Michel Foucault and Dorothy Smith, who provide terms and concepts useful in analysis of categorizing power wielded through texts.

2.3 Postmodern approaches

In Michel Foucault’s (1961/1988) critical historiography *Madness and Civilization*, he describes the erection of asylum walls in Europe as a process to separate the mad from the rest of humanity: confinement, precipitated by economic crises, came before psychiatry. Through study of archives, Foucault identifies that bourgeois morality was repackaged into the scientific language of pathology and diagnosis: “moral perception of madness [would] secretly serve as a nucleus for all the concepts that the nineteenth century would subsequently vindicate as scientific, positive, and experimental” (p. 197). In this thesis I emulate Foucault’s method of document searching and selection of key materials in presenting historiographic descriptions to OCSWSSW discourse and practices that arise from repackaged morality in the interest of power, rather than from any supposed positivist truth.

This directs my attention to claims about applicant or member morality underlying policies and decisions of the College authored as objective. The psychiatric power to confine, diagnose, and conduct cure, came not by virtue of skill or science or objectivity, but from values of paternal authority, relations of transgression and punishment, and social hierarchy (Foucault, 1961/1988). Foucault explains that the power of the “medical personage” is of a moral and social order, that takes “root in the madman’s minority status, in the insanity of his person, not of his mind” (p. 272), consistent with the process identified by Fanon (1961/2004), who said colonists derive their wealth and validity through fabricating colonized subjects. This accommodates an understanding of the materially valuable prestige that professional bodies are able to produce for themselves by assuming medical personage, a concept that I utilize in analysis of the OCSWSSW. Foucault finds that the medical personage mastered madness, “for what positivism would be an image of objectivity was only the other side of this domination” (p. 272). In this thesis, this framework challenges the inherent truth of condition, disorder, illness, and dysfunction, utilized in the College policy, regulations and Handbook. Foucault provides critical language to describe how notions of conditions and disorders provide authority to professionals to control marginalized populations and essentialize their societal inequality as a personal defect, showing how a psychological diagnosis is assumed true but is not objective in any sense, resting on “prestige which envelops the secrets of the Family, of Authority, of Punishment, and of Love” (p. 273). Foucault’s identification of prestige of family, punishment, and love echoes Fanon’s analogy about the colonial mother, and accordingly, helps inform this thesis’s discussion (Chapter 6).

In “‘K is Mentally Ill’ the Anatomy of a Factual Account” Smith (1978) likewise identifies that events and experiences can be transformed into “the currency of fact” (p. 24). Smith states that within agencies of social control, such as courts, psychiatric facilities, and policing agencies, a regular part of their business is assembling and processing information about individuals to be matched to paradigms outlining class membership criteria, and when it comes to “mental illness,” there is a set of procedures used to represent behaviour as mentally ill behaviour. In other words, mental illness is a conceptual schema, a model that enables classification, a “fact” and this can be achieved by a process of “cutting out” those deemed unknowing, namely, the ones being defined (p. 26). This prompts attention to how records of the College’s committees are not simply transcriptions of that which occurs, but constitute informal

and formal perceptual organization. Smith is able to re-read a specific textual account of mental illness in an alternative manner, identifying in that case a “communal freezing-out,” explaining that if there was something odd about K, it could be due to her so-called friends, given that people often react in ways that might seem odd to outside observers when they are going through a process of social exclusion. A process undertaken to classify someone as “other” or separate from the norm, as “conditioned” or “disordered,” can actually *produce* behaviour later taken up as proof of the condition or disorder. Decisions published by the College’s Discipline Committee can be understood as assembled accounts, in a context of reading people as unsafe based on some internal or physical attribute said to make them unsafe, suggesting possibilities for alternate reading.

Smith (1978) also points out that defining conduct as “anomalous” – that which is not necessarily accounted for by an outright rule-breaking, as exemplified by the reflection, “One cannot, so to speak, misunderstand a teapot” (p. 48) – serves a social order, extending to authorize those making the definition or judgement as representatives of the social order (p. 33). Certain people or agents or institutions come to have “definitional privilege” by authoring versions of events as facts, a circular process that is nonetheless effective (p. 34). This aids understanding of connections between Council, Registrar, and committees, whereby the privilege to define certain members as disordered serves as proof of the fact, a circular authority built on authoring. I also apply Smith’s technique of identifying unwritten rules in the account of K, to reveal underlying assumptions regarding health, capacity, and safety. The text that Smith analyzes contains “instructions for its interpretation” and for “authorization of its facticity” (p. 23). We can understand how in the OCSWSSW Health Declaration policy’s suggestion that certain conditions or disorders might make a person unsafe, we are being provided with “instructions” based on a biomedical colonial schema. This amplifies the College’s authority imbued from the Ontario government to screen and classify applicants based on conditions/disorders, given that we are explicitly instructed through reference to the regulation underlying the policy and their positioning as protector of the public in responses to concerns about the Health Declaration. Consideration of instructions for interpretation is also pertinent in examining the decisions of the Discipline Committee, and how presentation and production of documents are associated with authorization of the “facticity” of fitness decisions, which also serves professional social work power.

In conclusion, social work and the OCSWSSW Health Declaration, and associated Fitness and Discipline proceedings can be understood through the concepts of ableism and sanism occurring in a colonial social environment, maintained through association with medical personage and circular authorization of authority. Smith (1978) indicates a need to be attentive to “cutting out,” prompting attention to how instructions for interpretation and authorizing authorship serve the facticity of College texts. Foucault (1961/1988) teaches that morality has been central to the separation of the mad from civilized, which is a process undertaken by bodies imbued with the prestige of the medical personage, underscoring the need to search for activation of moral fitness in the College policies and decisions.

Theories from critical disability, anti-colonial, and postmodern scholars allow for a more robust critical examination of the College’s policies and practices. Seemingly neutral descriptors of fitness and capacity can now be understood as colonial biomedical moralizing terminology that produces a binary of fit and unfit, able and unable. Similarly, the deployment of this language being rationalized as ‘protecting the public’ can also be understood as rhetorical tools that help maintain social hierarchies. The theoretical framing reveals how questions about conditions, safety, and fitness belie systemic violence occurring as a regular punishing state of affairs. The College, far from being an unbiased arbiter that simply ‘follows the facts,’ is a deeply ideological institution that cannot be disentangled from its colonial histories – histories which reach into the present and continue to assert themselves through professional bodies.

Now that this critical framework for analyzing the OCSWSSW is established, the following chapter will go into detail about the particulars of these legacies, attending to the specifics that provide a basis for the above theories about social work in the province.

Chapter 3 - Critical Analysis of Literature

This review of the literature provides context by presenting a range of social work and regulatory publications on the topic of disability, power, gatekeeping, risk, and fitness. I begin with a brief overview of regulation, then move on to discuss a collection of publications that delve into contemporary ascriptions of medical inferiority, and pair these with research describing sanism, which underlies these beliefs. The third section works through research on institutional features such as disclosure and silence, which arise in social work research and scholarship on disability. Discussion of white institutional silencing is followed by a review of social work gatekeeping literature in the fourth section, and an introduction to the concepts of risk and regulation in the fifth. Disability is established as justification for inequality and punishment of difference, and the chapter concludes with an overview of research on the detrimental impacts of professional fitness proceedings on health and wellbeing. This literature demonstrates the imperative of this thesis's detailed critical analysis of College discourse regarding fitness, ability, objectivity, and protection that produce harm and legitimize regulatory authority.

3.1 Existing Literature on Self-Regulated Professional Bodies

Like other regulatory colleges, the OCSWSSW is a corporation that is governed by statutes that are specific to the profession. It is one of dozens of self-regulatory bodies that have been legislated in Ontario, such as the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, and the Law Society of Ontario. Common amongst all professional regulatory bodies are criteria for registration (e.g. degree requirements), codes of ethics and/or standards of conduct, a public list of registrants, and complaints and disciplinary processes (Balthazard, 2015). Professions that have self-regulating status are said to be “charged with a responsibility not only to see that persons licensed are qualified, but that all qualified applicants are licensed” (Casey, 2005, as cited by Schultze, 2007, p. 45). There is an expansive purpose associated with professional regulation, the expectation that a regulator will encompass all persons with a given calling, measure them against a professional standard, and admit or exclude each person based on the outcome of that measurement. Indeed, discussing the failure of the OAPSW to that point to regulate, Maton (1988) suggested that the success of a regulator depends both on creating the perception there are benefits to joining and coercing all eligible to join. As a benefit, OCSWSSW also seeks out “practice protections,” or exclusive right to perform certain actions. In 2017,

the College succeeded in acquiring its first “controlled act,” psychotherapy (OCSWSSW, 2017 Annual Report). Regulatory social work bodies in other Canadian provinces, including Alberta, Quebec, New Brunswick, and Newfoundland and Labrador, have all secured practice protection as well (CCSWR, 2017) – that is, an effective monopoly on the practice and regulation of their profession.

Kourgiantakis et al.’s (2022) recent “critical examination” of social work regulation in Canada focuses on how to “strengthen clinical social work practice” recommending measures such as standardization of codes of ethics and implementation of licensing exams across all jurisdictions. However, recent anti-racist advocacy has demonstrated that the Association of Social Work Boards (ASWB) licensing exam – presently utilized by many US regulators as well as Alberta, Saskatchewan, and British Columbia (ASWB, 2023), and the exam organization the OCSWSSW proposes to institute (Betteridge, 2022, Dec 2) – has scandalous biases. The data shows a deeply flawed, racist design, with white exam-takers have a pass-rate 20-40% higher than Black, Indigenous, and Latine/Hispanic exam-takers, and the ASWB has continued to deflect blame regarding these enormous disparities (Robinson et al., 2023). There is a dearth of literature specifically pertaining to the OCSWSSW itself, with the exception of Ungara’s (2007) informative critical analysis on the formation of the College. Through interviews with social workers, they found perspectives and experiences with the newly formed College varied, with some expressing critique that its formation was precipitated by neoliberalism and culmination of efforts of a “conservative arm” and “elitist current” of the profession, stemming from a desire to maintain power and social control in the context of defunded services, through emulation of medicine and psychiatry and efforts to maintain worker conformity (pp. 56-78). Social work regulation research from the US echoes some of Ungara’s findings: from interviews with 35 workers with an MSW degree, Lightfoot et al. (2016) found “[l]icensing serves to perpetuate the licensing body” as one of several themes (p. 139). Ungara’s (2007) participants discussed concerns about the “status” of social work compared to other professions, and linked legitimacy to membership with the OCSWSSW: “If I want to be considered legitimate, I want to be registered,” registration being associated with being able to negotiate higher salaries as well as recognition and prestige (p. 71). Ungara (2007) found that the OCSWSSW wields significant power over individual social workers and the profession as a whole.

According to Leigh et al. (2017) social work professional regulatory bodies are increasingly common – already in place throughout the UK, Canada, US, and New Zealand, and others – and given that only those registered can legally work as social workers, point out that fitness to practice panels have immense power. Worsely et al. (2020) conducted comparative policy analysis to reveal different approaches to social work regulation in England, the US, and New Zealand, finding that “risk management” and “protection of the public” are common tenets of regulation (p. 319). While self-regulation may confer benefits and status to individual practitioners and the profession (like prestige, authority, employment opportunities, financial advantages, and increased access to resources), this is theoretically not the intended purpose. Ontario’s 1968 McRuer Report, which has guided Canada’s approach to self-regulating professions, noted that self-government is “a delegation of legislative and judicial functions and can only be justified as a safeguard to the public interest” (as cited by Pearson, 2015, p. 562). Therefore, protection of the public is a feature of the mandate statements of all statutory regulatory bodies, including the OCSWSSW; this is what justifies conferral of self-governing status, which contextualizes institutional discourse about un/fitness and safe practice for a regulator seeking to earn and maintain said status. However, some participants in Ungara’s (2007) thesis expressed concern that social workers were used as scapegoats in College proceedings, individualizing problems that are actually systemic (p. 90).

The variable and political landscape of public protection is illustrated by Pearson (2015), who points out that the Canadian legal profession was born out of professional self-interest, not protection for the public. Describing the historical legislation of the Law Society of Upper Canada (LSUC),

“An express purpose of the 1797 Act was to ‘support and maintain the constitution.’ The ‘constitution’ to which the Act refers was the colony’s attachment to the British Crown... It is not surprising that the legislature considered it in the public interest to commit the legal profession to supporting and maintaining the bond between upper Canada and Great Britain... in keeping with the desire of the ruling elite to tie the colony to British institutions...” (p. 558).

Professional groups continue to partner with legislatures in maintaining colonial power. Studying the meaning of “public interest” in reference to professional regulation ascribed by state actors in Canada, Adams (2016) finds the meaning varies across time and place, with recent shifts influenced by neoliberal ideology. According to a historian of psychiatry and mental healthcare, the proliferation of social work associations through the 19th and 20th centuries was a part of campaigning for professional status that has

been called “blatant empire-building” (Long, 2015, p. 74). Claims to professional social work status were challenged, prompting these groups to attempt to prove their special knowledge base and skills to the state in order to entitle them to a “monopoly” (ibid., p. 65) and this was achieved by manufacturing portrayals of madness, entrenching stigmatization of poverty, and pathologizing mothers (ibid., pp. 65-133).

Similarly, Kennedy (2008) identifies that early social work drew on social purity movements that adopted scientific approaches, with emphasis on investigation, recording cases, accumulating notes, and making diagnoses in order to craft professional identity. This thesis extends consideration of how these techniques of empire, in concert with eugenics, are also wielded by the social work institution upon individual social workers.

3.2 Histories of “Un/fit” and False Divisions in Social Work

Kennedy (2008) maps out social work’s relationship to the eugenics movement, which essentially focused on preventing those deemed “unfit” from having children, fomenting forced sterilizations of so-called “degenerate girls” (p. 26). According to Kennedy, eugenics shaped many social workers’ understanding of social problems, influencing policies and practices; in other words, a focus on separating the fit from unfit. Oft cited early social worker Jane Addams, for example, advocated that those of “social vice” should be examined and prevented from marrying, in order to protect the “health of future children” (Kennedy, 2008, p. 29). Social workers, in addition to eugenics advocacy, also acted as eugenics “middlemen,” by referring poor families to be sterilized; a former US social worker commented “It was a hard thing to do... And it’s not just protecting the children, you got to protect that mother, too” (Rose, 2011), demonstrating that claims of protection serve to justify sterilizations.

Lee and Ferrer (2014) name social work in Canada as a settler colonial project and describe how racialization was central to the foundation of social work as a profession, with an essential role in the imperialist practices towards Indigenous nations. While there are distinctions between the Settlement House and Charitable Organization Societies, both were Christian imports from Britain with a central purpose of settling and nation-building: “the clean souls and bodies prized by social purity were not only symbolically but literally white” (Valverde, 2008, as cited by Lee & Ferrer, 2014, p. 5). Heterosexuality and the nuclear family were valorized and normalized, the “degenerate classes” – such as gays and lesbians, prostitutes, alcoholics, non-Christians – were pathologized, but “colour lines” were malleable

when it came to other European settlers (Lee & Ferrer, 2014, pp. 7-8). The “feeble-minded” were refused on the grounds they might “taint” the moral blood of the Anglo-Saxon (Lee & Ferrer, 2014, p. 8), and social workers supported the Indian Residential Schools, with Reverend W.H. Day writing in the journal of Social Welfare in 1926 that they were to be commended, – “the boys are trained in practical farming and the girls are trained to become practical housekeepers and all in an atmosphere of kindness and friendliness,” – recommending compulsory attendance be enforced (as cited by Lee & Ferrer, 2014).

British logic of degeneracy amongst their colonies continued through the 19th century, especially in North America due to certain settler alliances with Indigenous nations: “there is, perhaps, more need to consider the peculiar fitness of the character of an individual to become a colonist than to join any other profession” (Wakefield, 1845, as cited by Grant, 2005, p. 171). British women’s role as colonists was promoted as inherently philanthropic, with expected contributions to the socio-political order: “A lady’s influence out here appears to be very great, and capable of infinite expansion... her footsteps on a new soil such as this should be marked by a trail of light” (Barker, 1871, *ibid*, p. 174). The federal shift from Indigenous confinement to assimilationist policies was marked by this “trail of light,” such as when the Canadian Association of Social Workers (CASW) lobbied for their members to take on the Indian agent function; they stressed the importance of “qualified personnel” i.e. social workers in assimilation and settler-controlled services (Lee & Wong, 2019, p. 441). Contemporary social work practices perpetuate colonial myths of white civility and special expertise needed to “help” the degenerate other.

Watson et al. (2017) apply Goffman’s concept of stigma as a “discrediting” “attribute,” citing this as a barrier to recovery and inclusion for people with mental illness, and express concern that such attitudes may perpetuate discrimination against social work students diagnosed with mental illness. The authors go on to state that social work faculty might struggle to “strike a balance” between client protection and “helping” students “with mental illness” in education (p. 177), positioning “normal” social work faculty as gatekeepers of the profession, alert to filter out students whose deficits are insurmountable and potentially damaging to clients. This necessarily differentially targets racialized social work students, given the well-documented deleterious impacts of racism on health, producing chronic illness, particularly for Black and Indigenous populations in Canada (Siddiqi et al., 2019). The social work deficit model of ‘mental illness’ represents what is better understood as processes of

disablement through disciplinary authoring of hierarchical classification under guise of protection, classification which extends through the history of the profession to the present.

Throughout the literature on health stigma, the effects of being categorized and inferiorized are misidentified as being causal, a trait that some people just “have,” and in the case of social workers, might spread to vulnerable clients; here we see disability take on not only biological but pathogenetic qualities. Based on interviews with social work students labelled as having mental illness, Goldberg et al. (2015) identify a process of “development” from patients to “therapathents” (p. 889), including navigating feelings of incompetence, questioning whether patients can be social workers, and “integrating” their patient-therapist parts. The authors emphasize that this process is necessary to craft a new identity and become a therapatient, lest they become “impaired professionals” who may over-identify with clients (p. 894). This false duality between safety for clients and social workers’ health, focused on deficit, are common refrains in social work literature, to be covered in greater detail in the following sections on gatekeeping and regulation.

Burstow (2017, 2018) shares the concern that health and social services are being deprived of particularly skilled workers, but extends critique beyond interpersonal discrimination, identifying the institutional implementation of fascistic fitness policies. Poole et al. (2012) explain that it is sanism that underlies mental health “stigma.” The stigma model, while incorporating consideration of interpersonal discrimination, nonetheless locates and fixes disablement or psychiatrization within the individual body of the student or worker, rather than bringing attention to structural violence that generates distress and the vested interests that perpetuate bio-medical classification of humans. Chapman et al. (2016) assert that the multiple experiences grouped under psychiatry’s label “mental illness” are unrelated to competence in helping professions. This existing presumptuous equation occurs through the construction of “incompetence” via sanism, leading the researchers to interrogate professional regulatory “fitness to practice” systems in social work and nursing in Ontario; they find that despite provincial accommodation policies and human rights protections against discrimination on the basis of “mental illness,” that health profiling, surveillance, and regulatory discipline are common (Chapman et al., 2016; Poole et al., 2021).

Abdillahi et al. (2016) name anti-Black sanism as the convergence and compounding of anti-Black racism – the particular racism enacted on Black people – and sanism (p. 21). Anti-Black sanism

makes normal the disproportionate over-diagnosis, confinement, forced/coerced “treatment,” and other clinical aggressions, contextualizing how young Black men come to be diagnosed with schizophrenia more than any other group (ibid). Dr. Idil Abdillahi states that “Blackness continues to be constructed as “unsafe” and dangerous but potentially a site of commodification or ‘growth’” and that “there is always a benefactor for this growth, such as the prison industrial complex or a field or discipline” (ibid, p. 27). In a similar vein, historical analysis of the DSM reveals that the pharmaceutical industry is “inseparable” from the rise and power of DSM diagnoses, with over two-thirds of the DSM-V Task Force having financial connection to the industry (Horwitz, 2021, p. 151). Artist and educator Kama La Mackerel (2018) identifies transmisogyny – enacted on trans women even in so-called progressive or queer spaces – describing how Black trans women are made to live in a “constant state of craziness”: “there is no P in this TSD.” La Mackerel (2018) refers to post-traumatic stress disorder (PTSD), explaining that for some, there is no “post,” no *after*, because the trauma is unending: it is always the “crazy trans woman” getting thrown under the bus, caught in the confines of others’ fantasies, silenced, and punished for being who they are, and it is trans women who are made to feel fearful and “crazy.”

The above-described individualized biological deficit model of disability, tied to commodification and growth for psychology and related disciplines, is endorsed by the OCSWSSW in their Education Forum presentations offered to registrants. For example, the 2021 Education Forum keynote address titled “The role of social service workers and social workers for families of children with autism,” features a segment on social work assessment including a “biopsychosocial model” Venn Diagram where both physical health and disability are placed under the biological sphere, and where temperament and IQ are also found (see Appendix D). Presenter Tina Ghandi, MSW, RSW, notes that it is important to figure out child and family “dynamics,” such as “are they dealing with some of their own biological issues, their own issues around disability, their own history around school, their processing issues as a family, is the family isolated, is the family feeling supported” (Ghandi, 2021, at 58:35). The presentation includes the claim that for many parents, learning about a child’s disability is shocking and the “emotional experience is similar to PTSD,” which necessitates social workers being present “at diagnosis” (2021, at 40:30).

In this way, health and disability are simplistically represented by the College's keynote address as individual or familial biological attributes that produce stigma and isolation, rather than products of social forces upheld by institutions, and this is done to argue for increased professional presence at diagnosis. In such discussions about attitudes and outcomes, accommodation, development from client to helper, the so-called traumatic impact of autism and assessment of familial "biological issues," there is inattention to systemic, institutional, and material impacts of categorizations that are created through sociohistorical processes. This is a shortcoming of much of the literature in social work on the topic of disability, as well as the educational material of the College, troubling given the regulator's claims of serving the public through ensuring members engage in continuing education, when said education consists of sanist and colonial bio-medical definition of children and families. This research and logic functions to maintain the professional "ordered" space, separate from and above the disordered, dissenting other, operating with myths of white superiority.

The College's production and dissemination of individualizing narratives that cut out context and perpetuate false biological classification of humans demonstrates the necessity to critically analyze professional regulatory rationales consistent with commodification. The following section expands on the harm done by institutional enactments of individualizing and pathologizing policies and practices.

3.3 Institutional Silence and Disclosure

Kim and Sellmaier (2020) point out that despite increases in disability as a topic of study, most social work programs continue to lack comprehensive content, with the limited material included too often deficit-focused, while institutional accommodation practices rely on medical models. Most often students must identify as "having" a disability and provide medical certification in order to be eligible for accommodations, just one of many barriers to equitable educational engagement. Reid and Poole (2013) interviewed Canadian social work students in a purportedly "anti-oppressive" program, finding disjuncture between purported anti-oppressive values and student experiences. They found that madness is framed as a character flaw, rather than a marginalized "group(ing)." One student interviewed reported that after disclosing their mental health issue at their placement, "It was suggested that I take up another profession instead' (Participant 4)" (p. 217). Kim and Sellmaier (2020) argue that "making disability visible" (p. 496) in social work education does not just mean increasing disability-focused course content,

but rather, making proactive change in educational institutions. The authors argue that anti-ableist practice must go beyond celebrating diversity, to “inviting disability in the front door” (Dolmage, 2008, as cited p. 497), which means creating non-disabling programs, re-envisioning social work education as accessible to students and faculty of all abilities. In their conclusion they advocate for moving beyond acceptance of disability, towards critiquing the abled-disabled divide. However, their article only touches on gatekeeping in education, and does not discuss regulatory fitness requirements.

In professional domains, individuals are also expected to disclose personal medical information to access accommodations. From interviews with disabled Canadian academics, Waterfield et al. (2018) identify themes including individualism in accommodations, navigating disclosure, and questions of belonging: “Because of this, all participants voiced feeling unable to participate in their careers to their fullest capabilities, which at times was isolating and further reinforced their status as misfits in academic contexts” (Waterfield et al., 2018, p. 334). Likewise, disabled social work students expressed challenges navigating disclosure, often feeling alone in their experience, without a “seat” for them within professional education (Goldberg, et al., 2015). At an addictions and mental health hospital in Ontario, Moll et al. (2013) similarly identify what they call “institutional practices of silence” around healthcare workers with mental health issues. Interviewees discussed collective inaction from workplace stakeholders, and implicit and explicit silencing messages, indicating a disjuncture between the public “open dialogue” mandate of the hospital and institutional practice (ibid, p. 174). Workers made efforts to conceal their mental health histories or present struggles, due to fear of losing their reputation: “What if somebody knew?... I would lose my authority” (p. 171) divulged one manager, who avoided therapy for this reason. Poole et al. (2021) describe “strategic dishonesty” that nurses and social workers are forced to practice in order to attend their mental health appointments or navigate accommodations (p. 182). Medicalizing notions of disability continue to permeate institutions, seen as a *cause* of hindrance to job performance, when impacts on health and careers are actually *effects* of pathologizing and silencing practices that impede access to health care and other supports. This seems to be echoed by one of Ungara’s (2007) participants speaking on the College’s interest in surveillance of colleagues: “Are we supposed to watch each other? That would create immense distress...” (p. 64).

Abdillahi (2016) also implicates “the plantocracy of the mainstream mental health system, mad Studies, and the mad movement” in silencing of Blackness, in desires for less “dissension,” and ongoing violence that produces suffering (Abdillahi et al., 2016, p. 27). The 2021 Factor-Inwentash Faculty of Social Work panel “How the Social Work Profession has Promoted Racism without Racists” further explains the connection between whiteness and silencing in social work institutions. Whiteness is central to social work educational institutions: white is “normal” and everyone else is a “special population” (Voisin et al., 2021). Anti-Black racism, traced back to Canada’s founding on the containment, extermination, and expulsion of Indigenous and Black people, is occurring in the notion that Black people in these spaces “need to be coddled and cared for by morally and more intellectually superior others” (Voisin et al., 2021, at 17:15). Systems of slavery and colonization, in collaboration with psychiatry, is exemplified in the creation of “drapetomania,” which was said to be a mental disorder that caused slaves to run away from plantations, with whipping being deployed as a “therapeutic” intervention (Jackson, 2002, as cited by Abdillahi et al., 2016). Drawing on W.E.B. Du Bois’s “wages of whiteness,” Walcott (2022) describes privileges and social powers that are part of a collective inheritance of whiteness, and despite these wages, white individuals, especially at sites of disabilities and non-normative sexuality, are not exempt from practices of social control with lineages to colonization. Indeed, homosexuality remained a mental disorder named in the third edition of the DSM, and it was not until 1994 that “Sexual Disorder Not Otherwise Specified – “distress about one’s sexual orientation” – was quietly removed (Horwitz, 2021, p. 114). “Gender Identity Disorder” and the shift to “Gender Dysphoria” in the DSM-V continues to circumscribe “normal” gender as binaristic and cisheteronormative, locating dissonance within individuals and in terms of pathology, and social workers continue to participate in oppressive management of trans people by arbitrating access to gender-affirming care (Shelton, et al., 2019).

Discussing social work and racism, Massaquoi and Sharpe discuss how, in the context of white supremacy and daily regular broadcastings of murder and criminalization of Black people, there is an expectation that grief should be silent, an expectation to get up and function as if all is well the next day (Voisin et al., 2021). Social work researcher Forbes likewise describes how there is an “expectation that we’ll just get up and continue to be quiet, serve, continue to be surveilled, continue to be policed, and produce” (ibid, at 32:55). Professor Adamson shares that “As a social work leader, there are some

situations where I know that if I responded, there would be a reaction in the room. I would have to hold back, swallow it... there's a level of complexity when you're Black that if you say something there'll be a repercussion," identifying voicelessness made central and normal in white institutions that causes further suffering (ibid, at 36:45). White liberal silencing burdens Black people and invalidates and silences grief and trauma, producing depression, difficulty focusing, and hyper-vigilance (ibid). Oftentimes those who reach these privileged spaces have wounds, "layers upon layers" of trauma acquired along the way, and then are told "you do not have a right to your feelings, or to express your trauma, express your pain, because then you'll be further traumatized and labelled, as the angry Black trope" (ibid, at 38:40).

Social work institutions operate with colonial social norms about emotions and interactions that silence and wound professionals on an ongoing basis. These scholars highlight silencing and punishing systems operating on students, faculty, and health care workers in the context of a *colonial social environment*. As Dr. Massaquoi explained, "We're navigating fear all the time as Black people and no one's acknowledging it, but the rest of the world is allowed to walk around being fearful of us" (Voisin et al., 2021, at 40:55). This shows the importance of investigating the College's institutional practices of gatekeeping and surveillance regarding conditions and disorders, rooted in racist, anti-Black, cisnormative, and ableist/sanist pathologization.

3.4 Gatekeeping

Upon critical examination of the literature on gatekeeping within social work educational and professional spaces, there is a clear history of a pre-emptive constitution of a dangerous "other," constructed along the lines of ability. The following passage from Cole (1991) exemplifies this othering:

It is doubtful that social work programs would establish criteria that discriminated on the basis of race, sex, age, or citizenship by virtue of the profession's code of ethics, as well as constitutional and statutory prohibitions. The protected category of handicap may present problems, however. There are for example, some disabilities which could render an individual incapable of social work practice, unable to serve clients ethically, knowledgeably, and/or skillfully (p. 21).

Although written 30 years ago, the sentiments espoused in this passage remain active. During a presentation within social work education, Reid and Poole (2013) describe how a social work program administrator said: "But should we really just let any psychopath into social work programs?" (p. 220). While my research does not focus on educational spaces specifically, the university context is relevant, given that a post-secondary degree is required for registration with the OCSWSSW, and application

entails ableist/sanist gatekeeping, in part through the Health Declaration. The rationale of incapability and deficit, and the corollary necessity to protect professional domains, are pervasive throughout the history of social work literature on disability in education. For example, Cole (1991) emphasizes that educators in social work “should not be intimidated by legal issues,” citing evidence of a law program that successfully blocked readmission to a Black student “addicted to alcohol”: the court decided the school can include sobriety alongside academic qualifications in admissions (*Anderson v. University of Wisconsin*, as cited, p. 22). Cole and Lewis (1993) argue that social work educators are “first-line gatekeepers” of the profession. They then further argue that social work must be willing to execute difficult decisions in order to ensure high-quality standards: “We cannot and should not survive if, as a discipline, we are attracting students of lesser quality” (Peterman & Blake, 1986, as cited p. 151). Concerned by the rarity of undergraduate and graduate terminations, they present legal cases to highlight that so-called “professional behaviour” is an academic requirement for social work education.

Meacham et al. (2004) discuss how disability is a “thorny” issue for gatekeeping. Despite espousing the strengths of a constructivist model to confront preconceptions about disability, they assert that some students “simply are unable to meet the requirements of the program due to limitations resulting from visible or invisible disabilities” and conclude with questions about “how far” programs should go in accommodation (pp. 70, 86), illustrating ableist/sanist assumptions about accessibility. Gills and Lewis (2004) state that regarding psychiatric disabilities, a “problem-solving framework” is ideal, “empowering the student and safeguarding the profession” (p. 401), positioning disabled students as a threat to the profession itself. Other scholars suggest that when applied in schools of social work, the Americans with Disabilities Act may result in “tension” between inclusion and ensuring clients receive “the highest level of service from the best trained graduates” (Karger and Rose, 2010, as cited by Neely-Barnes, et al., 2014, p. 281), indicating their belief that disabled service-providers are inferior. Heckman (2014), as a field coordinator at a social work, describes this tension with flourish, as “a deep abyss of sticky ethical conundrums” and a “tightrope act” (p. 219), a dehumanizing depiction of disabled students. In a recent 2021 article published by the *Journal of Social Work Education*, authors recommend a more explicit definition of standards to assess “suitability” given that “dismissing students for non-academic reasons is an institutional difficulty” (de Saxe Zerden, et al., 2021, p. 534). Themes including “physical and

cognitive ability” and “emotional stability,” are, ironically, placed alongside “commitment to social justice” (ibid, p. 537), and further explicated in the “Technical and Behavioural Standards” draft unabashedly included in the appendix: “sensory, motor, and cognitive skills” such as navigating transportation and using telephones and agency databases, and “mental stability” through “self-care” (ibid, p. 542). If elevators are out of service, or the city does not plow snow in the winter, apparently students using wheelchairs will fall short of minimum social work expectations. Apparently Deaf students, or students using screen readers are the ones who are understood to be lacking technical “sensory standards” when agencies have incompatible or outdated technology.

Neely-Barnes et al. (2014) present analyses of legal cases, intending to guide social work educators in their obligation to ensure fitness to practice by screening out disabled students who “may cause harm to clients” (p. 281). These cases include a nursing student who was lawfully dismissed for being Deaf (*Southeastern Community College v. Davis*, 1979, as cited p. 285), and a social work student who was successfully dismissed, in part due to violation of National Association of Social Workers (NASW) Code of Ethics for having a client push her wheelchair (*Klene v. Trustees of Indiana University*, 2011, as cited p. 289). These are presented to demonstrate that court systems have accepted social work “norms of competence,” and suggest various ways schools may decrease risk of litigation (p. 293). They go so far as to pose the question, “Where, however, do schools cross the line from seeking social justice and access to failing to ensure a competent social work workforce?” (p. 291).

Although many of these publications contend with US law, they are pertinent in demonstrating that gatekeeping on the basis of presumed “facts” about disabled people have been legally permitted and facilitated through discourse about safety. Although laws are in place requiring universities to accommodate, there is also evidence that legal and regulatory processes function to exclude certain bodies and minds. This is illuminated in critical analyses of law and violence, whereby legislation and policies can perpetuate inequality and subjugation of mad people:

Law itself can be implicitly violent with modes of enforcement and exercises of power that reinforce hierarchies and orders of patriarchal power... Given that law is continually bound up with its own need for legitimation, it falls to the dilemma of self-preservation despite calls for reform and thus perpetuates inequality and subordination of mental health service users and survivors via symbolic gestures of justice, as opposed to material change (Daley, et al., 2019, p. 165).

In this vein, Joseph (2019) examines several Canadian acts and amendments to reveal how violent eugenic regimes dominated by biomedical structures are propagated through laws and policies, reproduce categories of difference, and are dehumanizing. Race and disability are inseparable and converge through movements such as eugenics in attempts to “prove” the inferiority of immigrants and people of colour (Joseph, 2019).

In a recent lecture, Walcott (2022) traces modern campus security, such as the “welcome centers” where the gates were once guarded, to “slave logics,” that is, ideas and practices that have a lineage from slavery and colonization: Black bodies as property, as labour and commodity, and Indigenous lands, are part of a policed network, and this continues in part through the invented notion of scarcity of property and wealth that must be protected by policing. Whiteness is an experience and a structure that facilitates a certain relationship to power, where campus policing can be seen as “a buttress of what it means to be in the world rather than a problem of what it means to be in the world” (Walcott, 2022). Policing maintains legitimacy on artificial scarcity and “on the writing or logics of ‘fair’” (Walcott, 2022).

To summarize this section, frequently cited in social work gatekeeping literature is the need to balance or weigh opposing matters: inclusion of disabled students or workers v. professional standards; disability accommodation v. ensuring competence; non-discrimination v. protection of clients; diversity v. quality. The persistent hammering of the “fact” of oppositional interests does not rest upon anything other than essentializing theories of difference and inherent inferiority, underwritten by “fairness” and protection through which policing and law operates. Social work gatekeeping can be understood as a buttress or a problem, connected to policing and colonization as described by Walcott (2022). This framing shows that the College’s Health Declaration policy and disciplinary phrasing of social work practice “in a safe manner” operates on the writing of fairness and protection, occluding the fact that safety cannot be understood without analysis of how harm is produced systemically.

3.5 Risk and Regulation

This section provides an overview of how risk is connected to individualism, pathologization, and criminalization, which are reproduced through professional regulation. The association between disability, incompetence, and “risk” of impairment is so pervasive that authors otherwise discussing rethinking professional norms reiterate this mythological connection. For example, despite select critique

of ethical precautions such as avoidance of dual relationships in small communities, Smith (2017) leaves standards mandating identification and remediation of physical/mental “impairment,” that “could render us unavailable -- psychologically or physically -- to our clients” (p. 187) unquestioned. They recommend avenues for self-care, including individual therapy to manage burnout and “compassion fatigue,” because ethical standards require professionals to “recognize and remediate any physical, mental, or emotional self-impairment” (p. 186). However, Lamers (2019) identifies that individualistic conceptualization of self-care can lead to individual blame, especially for Black, Indigenous, or low-income students of social work, instead of attending to institutional and systemic practices impacting wellbeing.

The notion of individual risk in professional practice is part of the rationale for the Ontario government’s crafting of the “College Performance Measurement Framework” that requires reporting on standardized measures such as regulatory policies and “suitability to practice,” through which recommendations are shared to address risk to patients posed by “the registrant” (Ministry of Health & Ministry of Long-Term Care, 2021). Risk is inscribed and re-produced individually. There is some variation amongst professions in terms of what entails risk, and calculations amongst regulatory bodies varies, even within the same province. Line Dempsey (2020), chair of the National Certified Investigator Training Committee for the Council on Licensure, Enforcement and Regulation (CLEAR) gives the example that in Ontario there is no prohibition against lawyers dating their clients, whereas for Ontario health care workers there is “an absolute red line.” Working relationships are interpreted very differently amongst professionals, some suggesting arrangements to ensure client protection is possible in the context of personal relationships, and others determining any non-professional relationship is automatically dangerous. Dempsey (2020) acknowledges that while there are “vulnerable” clients being served by lawyers, the demands of the profession and the vulnerability of the populace influence what “risk” regulators are prepared to take on. Ideas about safety are therefore not fixed, but fluctuate depending on how a population is conceived of and written about.

Tracing the history of the American Bar Association (ABA), attorneys Barry-Blocker and Girley (2023) describe the interest in heightening professional standards and ethics to “protect the public from incompetent lawyers” stemmed from white professional elite interest in restricting the racialized “other”: citing multiple law school deans, prospective lawyers from “foreign backgrounds” were described as

“viewing the code of ethics with uncomprehending eyes; it is a class of lawyers that causes the grievance committees of bar associations the most trouble” (Barry-Blocker & Girley, 2023). Previously, applicant questions included explicit reference to diagnoses, as in the province of British Columbia for example: “Have you ever been treated for schizophrenia, paranoia, or a mood disorder described as a major affective illness, bipolar mood disorder, or manic depressive illness?” (Martin, 2021, p. 675). This was later challenged in *Gichuru v. The Law Society of British Columbia (No. 4)*, but the decision maintained that “medical fitness” questions were not off bounds (Martin, 2021, p. 676-678). The Federation of Law Societies of Canada maintains a “duty to report” or “snitch” section that requires lawyers to report fellow lawyers under certain circumstances, which includes “conduct that raises a substantial question about the lawyer’s capacity to provide professional services” which considers “mental illness” implicitly (Martin, 2021, pp. 660-662). The wording of this section was updated in 2016 from the previous reference to “the mental instability of a lawyer” (Martin, 2021, p. 678). Explicit reference to mental illness has at times shifted to implicit questions about “capacity.”

Regulatory bodies that ask questions about health in order to register are also in place in other professional fields, such as medicine. Gold, et al. (2016) cite a 2009 review of US state licensing boards that found 86% required physicians respond to mental health questions in application and membership renewal. In Ontario, likewise, the College of Physicians and Surgeons of Ontario (CPSO) requires applicants to indicate whether they have an addiction or untreated health condition (CPSO, 2020; see Appendix E). In a survey of over 2000 US physicians, approximately half indicated they had a diagnosis of a mental illness and/or received treatment for a mental health condition; however, reporting this to regulators was rare, with only 6% disclosing to their state board (Gold, Andrew, Goldman, and Schwenk, 2016). As to the reason for not disclosing, physicians responded that they did not think the condition was relevant to their patient care, was not the business of the medical board, and approximately half (53%) identified that they were “Fearful [they] could not get [an] unrestricted licence” (Gold, et al., 2016, p. 53).

Questions about physical and mental disorders are not the only ones that make frequent appearances in regulatory applications. An international survey of regulatory boards regarding consideration of applicant’s criminal history found that approximately nine of ten Canadian regulator respondents reported that criminal history was subject to review, and there is a wide range of

consequences including permanent ban (Dempsey, 2021). Less than 10% of Canadian regulators indicated that there were proposals on the horizon to limit investigation on applicant history (Dempsey, 2021). According to Ungara (2007) Ontario social workers have expressed concerns about the College's determinations on "suitability," particularly related to application questions about past criminal convictions. One participant shared that they had a criminal record related to their involvement in social work activism, and the College "froze" their membership application for two years (p. 101), indicating that there are significant delays following such suitability decisions, if not outright bans. Another interviewee was so "bothered" by the screening question that they abstained from registering, stating that the College is sending a message that people with valuable experience, having gone through the legal system, are not suitable for the work (p. 101).

Naomi Sayers (2018), an Indigenous lawyer in Ontario, describes how these types of "good character" requirements to enter the legal profession are traumatic. An explanatory letter that detailed personal history of gendered violence was insufficient; six months after application came 20 disclosure demands along with requirement to meet the investigator in-person, raising feelings of guilt "for simply surviving as a young Indigenous woman." Acquiring the documentation took months and forced Sayers to return to a time of life she describes as rife with exploitation and violence, including interactions with police and psychiatry. Sayers describes being questioned by the college investigator about drug and alcohol counselling, while watching the college laud its own EDI initiatives. Professor Julia Mizutani (2023) expands on character and fitness applications as "the ultimate background check," with candidates to bar applications denied admission because of criminal records, loans, undocumented status, mental health issues, and even having had too many jobs, all of which are implicated by race and class. Indeed, the OHRC report "Under Suspicion" demonstrates the operation of racial profiling throughout systems of health care, employment, housing, child welfare, and other social services in the province of Ontario. In Canada, law enforcement institutions have trained police to explicitly racially profile, and alongside structural violence, results in disproportionate incarceration of Black and Indigenous people (Khenti, 2014). Additionally, Poole et al. (2021) state that "protection of the public" is a colonial state tool that allows and justifies injustices against anyone imagined to be a threat, facilitating profiling on the basis of mental health, which happens in conjunction with racial profiling (p. 186). And according to lawyer Leah

Goodridge (2022), the construct of professionalism is a tool wielded to police and discipline people of colour, highlighting the “narrow prism of the reasonable person standard” that makes whiteness the norm.

Individualizing risk policies adopted by professional regulators, including the OCSWSSW, interact with psychiatrizing and criminalizing systems to produce a “risky” professional who must be examined and surveilled before they even start practice. This regulation by way of “Health Declaration,” said to protect the public, or to protect vulnerable people, actually creates harm, privileging whiteness and facilitating traumatization, expanded upon in the following chapter subsection.

3.6 Impacts of Professional Discipline and Fitness Practices

Regarding the impact of regulatory discipline, the McRuer Report states that self-governing bodies’ power to discipline members is “clearly a judicial power within the meaning we have given to that term” and that “a conviction may result in what has aptly and justifiably been termed ‘economic death’” (as cited by Schultze, 2007, p. 50). Professional discipline proceedings are compared to other judicial courts, for example, in the need for regulatory proceedings to be governed by open principles applied in civil and criminal courts (Lesage, 2012, p. 48). The punitive elements of criminal law are also found: “In cases of professional discipline there is an aspect of punishment to any penalty which may be imposed and in some ways the proceedings resemble sentencing in a criminal case” (British Columbia Court of Appeal, as cited by Lesage, 2012, pp. 51-52).

There are discipline processes amongst social work regulators outside Canada, though the name may differ. In the UK, for example, Fitness to Practice committees are not the same as OCSWSSW Fitness to Practice; rather, they perform similarly to Complaints and Disciplinary Committees, holding hearings related to misconduct, and may issue outcomes from cautions to suspension or withdrawal of membership (Worsley et al., 2020, p. 1880). Investigating Fitness to Practice cases in the UK between 2018-2019, Worsley et al. (2020) found a referral rate of 1.42 percent of the register of regulated social workers (but rates of only 0.02 and 0.08 percent respectively for doctors and nurses) (p. 1874). As with the OCSWSSW, the investigators also regularly publish cases online. Of the three professions under investigation, they found social workers were the least likely to attend their hearing and least likely to be legally represented (only 7% attended, only 6% represented) (pp.1879, 1884). In terms of hearing outcomes, social workers were more likely to be removed from the register than doctors or nurses,

suggesting these hearings are more punitive to social workers (p. 1879). The authors find that different regulators employ differing conceptions of how they protect the public – their findings suggest perception of risks posed by violations of professional standards is greatest in social work (pp. 1884-1885). The authors question whether social work risks to the public are indeed greater than those posed by doctors and nurses. It is suggested the difference may be related to differing levels of public trust in professions, with doctors and nurses rating higher than social workers, who have been subject of high-profile scandals in media, which may motivate management strategies engineered to deflect central blame (p. 1884-1885). Meaning, the protection of the public may be of secondary importance to protection of professional image. Indeed, the authors argue that prosecution of cases takes precedence over actual protection of the public through learning and prevention (p. 1886). This is consistent with an article assigned as remedial education by the College to some members, in which it is argued that the benefit of self-governance must be protected, and because one member can diminish the professional image of the whole, it is in the “profession’s best interests that the incompetent and unethical be removed” (Schultze, 2007, p. 44).

When it comes to the enactment of fitness to study policies, according to Burstow (2017),

“the majority of students that are subjected to such policies never return to school, or at least not to the school that has cast them out... they are humiliated and traumatized by what has happened. They typically find themselves at a loss, for they have been robbed of the routines on which they rely, of their way of coping, often of their housing—in short, of the life they have built” (2017).

Social work students may face additional scrutiny when they are expected to conform in their university and private lives to regulatory codes; describing the fitness to practice process in England, McLaughlin (2010) states that “social work students’ lives are open to constant surveillance and challenge” (p. 93). For physicians in Gold et al.’s (2016) study, disclosure of mental health conditions led to a variety of consequences, ranging from being required to submit documents proving “fitness” to practice – in some cases including medication and dates of treatments – to being required to submit to board interviews, pay for examination by board-appointed physicians, take part in treatment or supervision programs, long term monitoring, or even restriction on practice. One physician stopped practicing medicine after reporting to her state licensing body: “All of my fears were realized when I did report it. I was placed in a very strict and punitive PHP [Physician Health Program] that didn't allow me to take meds written by my doctor for anxiety and insomnia. I am now not practicing at all because of this” (p. 53). These interviews illustrate

the direct harms of such regulatory processes. Their research suggests that physicians have legitimate fear, calling for review of fitness to practice assessments regarding mental health.

Scholars studying regulatory fitness outcomes for nurses and social workers likewise found their participants found “unfit” on the basis of mental health by their respective college experienced long-lasting suffering as a result of the fitness processes (Poole, et al., 2021, p. 185). Waterfield, et al. (2018) find “When they are required to waste time, energy, and emotion enacting ‘optimal (non-disabled) academic’ this is a waste of their unique skills, abilities and experiences, with significant costs to them, their students, the research community, and the broader public” (p. 344-345). The time and energy required to manage image and perform “normal” is implicitly demanded from disabled professionals. On the matter of differential costs, Greene (2023), professor of law, explains that “legal fictions... legalize ‘hyper-regulation’ or policing of African descended people’ bodies... under the guise of professionalism” and describes the resulting acute emotional harms, material burdens, and destructive physiological consequences stemming from racist regulating and disciplining, including higher rates of uterine and breast cancer and hormonal dysregulation. Purportedly unbiased uniform requirements and industry standards – such those specifying no “excessive” or “distracting” hairstyles – are the result of Eurocentric colonial norms of what constitutes professionalism, constituting Black hair and bodies, as well as styles and practices historically associated with colonized nations (e.g. speech, language, dress, clothing, foods) as unkempt, unruly, inappropriate, rude, or otherwise unfit for employment (Greene, 2023).

Professional colleges style themselves as guarding safety of the public; such jurisdictional claims to various spheres of life are made through “differentiations of worthy from unworthy humans” and are inseparable from European imperialism and colonial domination (Chapman, Azevedo, Ballen, & Poole, 2016, p. 43). As discussed through this chapter, social work as a profession and its regulatory body is implicated in manufacturing unfitness through false divisions amongst people, and institutionally silencing voices that are made “other” within white liberal spaces. These processes are maintained through racist and ableist gatekeeping and the discourse of risk inscribed upon certain bodies and minds, and causes stress, fear, and disablement. Professional regulation can be understood as a mechanism of sanist discourse for the purposes of furthering colonial domination and silencing, negatively impacting quality of life and livelihood for anyone deemed unfit.

Chapter 4 – Methods

4.1 Research Scope and Methodology

As discussed in the introduction, this thesis analyzes how the College makes determinations about the inherent fitness of its members, particularly in light of the 2018 OCSWSSW applicant Health Declaration policy. Additionally, I want to know how these determinations of fitness are wielded against social workers, as well as the potential impact these determinations have on clients of social work services. I employ discourse analysis as the primary method of analysis for this research. The particular approach to critical discourse analysis I employ is informed by the theoretical frameworks outlined in Chapter 2—those being critical disability studies, anti-colonial scholarship, and a postmodern framework.

Critical disability, anti-colonial, and postmodern theorists provide a framework for understanding that there is a purpose to setting a scene of mayhem – there are unfit, incapacitated workers running around who could be hiding in any office, community centre, or agency, and who are abusing the vulnerable. Such circumstances beg for knowing intervention by the College and, as throughout the history of the profession, the invocation of a risky group lurking in the shadows serves to enhance the legitimacy of those who author knowledge about these “others.” Through analysis of disciplinary texts, Said, Fanon, and Césaire demonstrate that colonial disciplines have always maintained power through mental, physical, and moral explanations; in other words, ruling capacities. This directed me to search for these explanations throughout my collection and analysis of OCSWSSW materials. Accordingly, all communications and findings of un/fitness, in/capacity, dis/ability, objectivity, and safety/protection are pertinent to this thesis. I draw on Césaire, Fanon, Said, Foucault, and Smith’s methods of selecting and analysing texts – demonstrating the writing and authorizing of texts, which are established as capitalist, colonist, imperialist, “fact”-producing technologies of rule – to examining College policies and decisions.

4.2 Critical Discourse Analysis

This thesis proceeds from the assumption that discourse is “muscular,” constituting social relations in wider contexts than the immediate instance of application (Alvesson & Kärreman, 2000). In order to apply a critical analysis that draws on my theoretical approach via critical disability/mad studies, as well as anti-colonial and postmodern theories, my approach to the analysis of documents draws on the principles and methods of critical discourse analysis (CDA). Deriving lessons from how texts can reveal

processes of classification, I approached publicly available documents as data. I chose to utilize OCSWSSW's publicly available written materials published or posted online from its creation in 2000 to the beginning of 2022. While the Health Declaration policy was implemented in 2018, the theoretical framing supports a broader search throughout the whole operation of the institution.

Alvesson and Karreman (2000) argue that the term discourse can lead to confusion, as it may refer to a range of interest in language, from everyday instances of talk/text to capital D discourse, “the stuff beyond the text functioning as a powerful ordering force” i.e. systems shaped by the “power-knowledge” established through small d discourse (p. 1127). On the one hand there is “discourse autonomy” where meaning is understood as local or transient, and on the other there is “discourse determination” where discourse is understood to have a “muscular” or structuring element with social consequences (pp. 1130, 1133). According to Alvesson and Karreman, each of these ways of approaching discourse has implications for method, respectively, from focus on language and textual particulars, to inclusion of non-linguistic elements like beliefs, practices, generalized patterns, etc.

Fairclough (2014) however asserts that in critical analysis, “one’s focus is constantly alternating between what is ‘there’ in the text, and the discourse type(s) which the text is drawing upon” (p. 129) and provides a framework of questioning the value of features such as vocabulary, grammar, or textual structures that aid interpretation of social context and meaning. Fairclough explains that word choices can have ideological significance, for example, in descriptions of psychiatric practices: different representations of the world are evoked by “solitary confinement” than by “availability of seclusion,” the former being an “oppositional” or “rewording” of the latter, which is a dominant wording by psychiatrists who favour the practice (p. 131).

Similarly, van Dijk (1993) argues that what connects discourse and societal power is ideology, which is defined as “the fundamental social cognitions that reflect the basic aims, interests, and values of groups (pp. 258-259). They go on to further state that critical analysis should focus on “*the role of discourse in the (re)production and challenge of dominance*” (p. 249). Thus, critical discourse analysis allows for an articulation of the way dominant *discourses* influence socially shared knowledge through their role in manufacturing models of *power* (ibid.). In the case of the OCSWSSW, enactment of dominance is both direct, i.e. commands to disclose medical information or submit to mental/physical

examination, and indirect talk and text, as van Dijk explains, to strategically “*change the mind of others in one’s own interests*” and thus “‘naturalize’ the social order” (p. 254). Van Dijk (1993) explicitly states that critical analysis should focus on “*the role of discourse in the (re)production and challenge of dominance*” (p. 249), with dominance being defined as elite – i.e. those with privileged access to valuable resources, such as wealth, status, and especially discursive scope – group/institutional exercise of power/control that may pertain to both action and cognition in power abuse and injustice (pp. 255-256).

While analysis of resistance and challenge is important, like van Dijk, I attend to “top down” relations in this project, critiquing the OCSWSSW, its legislation and regulations, as an institution that controls both access to the profession and to the discourse regarding social work and social workers in the province and across the country through membership in the Canadian Council of Social Work Regulators. Van Dijk’s call to critique institutions that enact, sustain, and legitimize injustice is consistent with my theoretical framework, in which scholars critique institutions such as prisons and asylums (e.g. Foucault), scholarly associations and universities (e.g. Said), and what van Dijk calls “power elites,” “literally the ones who have most to *say*” (p. 255) such as medical doctors (e.g. Fanon, Foucault) and leading scholars (e.g. Said, Césaire). Accordingly, this thesis includes attention to the College’s Registrar, Council, committees, and panels, as examples of actors whose official discourse enacts colonial sanism in contributing to decision-making that produces or reinforces pathologizing human taxonomies.

4.3 Dataset

The following materials comprise the dataset for this research: the Social Work and Social Service Work Act (SWSSWA), the regulations under the Act, the Standards of Practice Handbook, FAQs regarding the Health Declaration, all OCSWSSW Annual Reports (2001-2021), e-bulletins, as well as a public notice regarding incapacity, Registrar emails, legislative submissions, all Employer Communiqués (2017-2022), and all publicly available Discipline Committee decision documents (2003-2022). These materials are public-facing documentation about what the College “is” and how it functions. While all language is ideological (van Dijk, 1993; Fairclough, 2014), the terminology employed by the College in its public documents constitutes a structural force that is derived from the various historical structures outlined in Chapters 2 and 3 of this thesis; namely, sanism, colonialism, and white supremacy.

This research is concerned primarily with how the College discusses mental and physical fitness/capacity/ability with respect to its members. Relevant sections of the Act, the Regulations, the Handbook, and other public materials that directly engage with questions of the mental and physical fitness of its members will be analyzed. Because these materials come from a variety of sources, I have organized them into three broad groups in this chapter: 4.2.1 “The Rules”, 4.2.2 College Communications, and 4.2.3 Committee Decisions. Each category of documentation provides its own function, though they are all interrelated. I will outline each of them in the proceeding sections.

I argue that the College engages in both discourse and Discourse by virtue of the fact that its disciplinary decisions have the force of law and that its existence as a regulatory body constitutes its own structure in society; all terminology used in their public material, all discourse employed therein, is de facto also Discourse. This becomes especially crucial as the College publishes personal information of both members and clients in their disciplinary decisions intentionally as part of its duty to “protect the public” – I discuss this further in Chapter 5.

4.2.1 “The Rules”

This grouping includes sections of the SWSSWA (“the Act”), the Professional Misconduct Regulation under the Act, and the Handbook. These materials were chosen for analysis as they outline the policies of the College and the legislation that the College enforces as part of its duties as a professional regulatory body. They directly inform how social work is practiced, as well as outline the powers of the Discipline Committee and Fitness to Practice Committee, which has the authority to penalize members who fail to adhere to the described standards of practice.

While the Act does not explicitly mention un/fitness in the section on registration, it does in the section on committees:

The Discipline Committee may, after a hearing, find a member of the College to be **incompetent** if, in its opinion, the member has displayed in his or her professional responsibilities a lack of knowledge, skill or judgment or disregard for the welfare of a person or persons of a nature or extent that demonstrates that the member is **unfit** to continue to carry out his or her professional responsibilities or that a certificate of registration held by the member under this Act should be made subject to terms, conditions or limitations. 1998, c. 31, s. 26 (3).

The Fitness to Practise Committee may, after a hearing, find a member of the College to be **incapacitated** if, in its opinion, the member is **suffering from a physical or mental condition or disorder** such that,

- (a) the member is **unfit** to continue to carry out his or her professional responsibilities; or

(b) a certificate of registration held by the member under this Act should be made subject to terms, conditions or limitations. 1998, c. 31, s. 27 (2). (emphasis added).

These definitions specify the Discipline Committee and Fitness to Practice Committee as sites of fitness authoring, underscoring the importance of examining the decisions of these committees.

The Handbook glossary provides the definition of dysfunction, which duplicates the language of disorder and condition that is found in Committee powers outlined by the Act: “disorder or condition, either physical or intellectual, which could impair or call into question the ability of a social worker or social service worker to provide objective professional assessments and interventions in the course of their practice” (p. 42). Section 2.7 of the Professional Misconduct Regulation reiterates the same as misconduct:

Practising the profession,
i. while under the influence of any substance, or
ii. while suffering from illness or dysfunction,
which the member knows or ought reasonably to know impairs the member’s ability to practise.

I will also be paying special attention to Section 2.2.6 of the Handbook, which states that:

College members do not engage in the practice of social work or social service work,
i) while under the influence of any substance, or
ii) while suffering from illness or dysfunction,
which the member knows or ought reasonably to know impairs the member's ability to practise.

4.2.3 College Communications

This grouping includes the College Registrar/CEO responses to inquiry, all Annual Reports from 2001-2021, public notices posted to the College website, and Employer Communiqués (i.e., digital newsletters). I searched every Annual Report, and compiled information from all Annual Reports regarding the Discipline and Fitness Committee and 2018 Health Declaration policy into a chart. I identified a public notice on the College website titled “What is Incapacity?”. I searched every article of every Employer Communiqué and noted where “protection” was paired with mention of ability, fitness, and capacity. I contacted the Registrar/CEO to request additional documentation substantiating the inclusion of s. 2.2.6 of the Handbook and s. 2.7 of the Professional Misconduct Regulation, any additional materials regarding Discipline Committee cases where these were found violated, any research, reports, consultation notes or directives related to the development of the 2018 Health Declaration policy or substantiating the claim that it protects the public.

4.2.3 Committee Decisions

Given that there are no Fitness to Practice Committee decisions that are publicly available, this grouping includes all Discipline Committee decisions. I read every decision posted on the College Discipline Committee webpage, from the first posted on June 10, 2003 to the most recent included in this paper which is April 13, 2022, for a total of 81 publications. For the purposes of analysis, I organized these committee decisions by document type, the member's name, their designation (i.e. social work or social service work), the date, and the worker's role and setting of practice, if given. I recorded each instance where there was an accusation or finding of s. 2.2.6 of the Handbook or s. 2.7 of the Professional Misconduct Regulation. I noted occasions where phrases including public protection or public safety were included. During the first reading I noticed psychotherapy was frequently ordered by the Discipline Panel and recorded these instances. By reviewing each case¹ in detail, I also located another section of the Professional Misconduct Regulation relevant to the study. Section 2.36 of the regulation reads,

Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

I performed a second reading of the cases to collect information on where and how this had been applied to each member, given that each adjective of section 2.36 – unprofessional, dishonourable, and disgraceful – is defined in terms of varying degree of morality, fitness, and inherent abilities, as will be discussed in the findings (Chapter 5).

4.4 Limitations

There are several limitations to this study. The first is data availability; I was only able to analyze publicly available documentation. While there is good methodological justification for this – analyzing the College's 'public face' and the privacy concerns around publicly posted disciplinary documents – it does not allow for a comprehensive view of all the College's fitness and disciplinary processes.

Requests for further documentation yielded limited and uneven results. I received no response from Complaints and Discipline Staff (contact: investigations@ocswssw.org), nor the Senior Executive Assistant to the Registrar and CEO and Council and Committee Liaison (contact:

¹When referring to cases, I am referring to the publication as a whole whether it contains one or two documents, rather than one document or another, given that they always pertain to the same hearing and/or individual.

avranchidis@ocswssw.org). I received an email response from Lise Betteridge, CEO and Registrar, that provided limited information and did not respond to the request for documents (see Appendix c). Most notable was my inability to access any Fitness to Practice Committee documentation. Additionally, even within the scope of documents that I was able to access, information is still limited. There is seldom information about where initiation of disciplinary process originated from, whether from employer or client complaint, or College investigation. Disciplinary documents contain little about the social circumstances of the members being disciplined, apart from their field of practice/workplace and/or other professional designations they hold. Therefore I cannot confirm who is most likely to have complaints levelled against them, who is most likely to be referred for disciplinary and fitness hearings, and what patterns there are in levels of severity of punishment along racialized, gendered, diagnostic, or other dimensions.

4.5 Note on Language

I will be using the term “safe-ability” to describe the College’s biomedical definitions of fitness as they relate to the scope of acceptable conduct of social workers. Members of the College are judged on their ability to practice social work safely partially through the production of medical documents that make official determinations about their mental or physical condition. The College regularly invokes “public safety” as a primary concern in relation to un/fitness, thereby suggesting that to be a safe social worker is to be an able one, and to be an unsafe social worker is to be a disabled one. Therefore, in order to capture how safety and (dis)ability are fused together in College discourse, safe-ability will be used throughout successive chapters of this thesis. This term is being used alongside pre-existing terminology like sanism and ableism to give specificity, as a representation of the College’s reliance on the discursive connection of the idea of safety to able-bodied/able-minded. “Safe-ability” as a coherent status serves to advance professional social work’s public protection discourse as a matter of fact.

Having described methods used to select and analyze materials and staging the three groupings of texts drawn upon, the following chapter will present a selection of findings.

Chapter 5 - Findings and Analysis

Given the wealth of public information available about the OCSWSSW, this chapter is arranged in three broad categories, corresponding to the three groupings of the dataset described above. This is done both for the sake of clarity, and to provide different levels of context to the structure and operation of the College. First, in this chapter's section 5.1, I examine the legislation granting the College regulatory power and the regulations the College produces as a result of that power, providing a macro-view of the College. Second, chapter section 5.2 deals with all public communications released by the College – these communications constitute the “public face” of the College, and allow for a more granular examination of how the College articulates its duties to the public. Finally, in chapter section 5.3, I discuss the contents of the 81 publicly available Disciplinary Committee decisions; these decisions reflect how the College views its role as a disciplinary body vis a vis its members.

Interwoven throughout each of these sections, critical discourse analysis is employed as the primary tool by which these documents are evaluated. Particular attention is paid to how biomedical and protection discourses are used, both in reference to the public and the conduct of College members. I find that these discourses converge, bearing a contrivance called “safe-ability,” which inflicts harm on both members and clients as a manifestation of sanism along trajectories of eugenicist and colonial violence honed by the professional regulator.

5.1 The Rules

Analysis of the SWSSWA, regulations, and Handbook shows evidence of the discourse of in/capacity and un/fitness, reifying distinctions on the basis of mental/physical approximation to an ordered “norm.” I first cover the 2018 Registration Regulation amendment and the definitional powers of the Discipline Committee and Fitness to Practice Committee in order to explain that the changes underlying the Health Declaration policy represent a hardening of the College's discursive commitment to the construction of safe-ability. I also attend to a provision regarding the resolution of mental/physical conditions within the Act, powers of the Registrar and Executive Committee relating to investigation of in/capacity, and crime and “suitability,” all of which discursively position College elites as arbiters of imaginary safe-ability.

Prior to 2018, the College could require social workers to provide evidence of “mental competence” while applying to be a member. By examining the legislation and regulations, it is apparent that the 2018 amendment to the Registration Regulation brought its language in line with the same powers of definition articulated as falling within the scope of the Fitness to Practice Committee. In the 2018 Registration Regulation amendment, “physical or mental condition or disorder” replaces the old “mentally competent” wording that had carried over from the revoked O. Reg. 579/99 of 2000. Competence is not defined in the previous or present registration regulation, but *incompetence* is defined by the Act s. 26(3) as within the powers of the Discipline Committee to decide; as in, the definition of *incompetence* is left entirely to the discretion of the Committee. On the other hand, the Fitness to Practice Committee may make a finding of *incapacity*, as per the Act s. 27(2). These two definitions – incompetence and incapacity – are determined by the two respective Committees through hearings processes, and have distinct meanings that nevertheless converge to discursively fabricate unfit workers.

5.1.1 Incompetence and Incapacity

The Discipline Committee may make a finding of incompetence if, in the opinion of the Panel, “the member has displayed in his or her professional responsibilities a lack of knowledge, skill or judgment or disregard for the welfare of a person or persons of a nature or extent that demonstrates that the member is unfit...”. This indicates that ‘unfit’ in the manner of *incompetence* (hereafter called unfit-incompetent) means inadequate knowledge, skill, judgement, and regard for welfare in the course of one’s social work responsibilities. The Fitness to Practice Committee may make a finding of unfit in the manner of *incapacity* “if, in its opinion, the member is suffering from a physical or mental condition or disorder such that the member is unfit...”. In the Act’s definition of incapacity, there is no reference to the member having “displayed in his or her professional responsibilities” a lack of knowledge, skills, etc. for a finding of unfitness by way of incapacity to be found (hereby called unfit-incapacity). The Act confers broad powers to define unfit-incapacity wherever the committee is of the “opinion” the member is “suffering from a physical or mental condition or disorder.” Entire lives, experiences, knowledges, historical, and political contexts are subsumed in a disproportionately weighted opinion of one panel during one hearing. The committee is elevated as an epistemological and ontological citadel, fortifying the ableist/sanist logic that there are certain suffering people who must be identified and who –

notwithstanding their display of knowledge, skills, judgement, regard for peoples' welfare – must not be allowed to practice in the professional realm, at least, not without surveillance.

This makes it apparent that the 2018 Registration Regulation amendment, and the associated Health Declaration, represents a closer alignment of the application process with the definition of unfit-incapacity, i.e. physical/mental condition/disorder:

Is there anything in your past or present conduct that would provide reasonable grounds for the belief that you have any physical or mental condition or disorder that could affect your ability to practise social work or social service work in a safe manner?

In other words, it is the power to define unfitness on the basis of bodily function or form, rather than on the basis of knowledge, skill, judgement, or regard for welfare of persons. The additional phrase “in a safe manner” within the Registration Regulation and Health Declaration policy, pairs the idea of condition to un/safety, suggesting that there is a certain type of body/being that is a public safety concern by virtue of biomedical delineations. This fashions a generalization applied to the entire group, or at least in enough abundance to necessitate a Health Declaration: as to what social work “in a safe manner” means, no skills, credentials, knowledge, functions, behaviours, or aptitudes are specified in the Act, regulation, bylaws, nor FAQ on the Health Declaration policy apart from “ability to practice safely” (see Appendix B). Reduced in this way, I name the invocation of “safe-ability” as a representation of the College's reliance on the discursive connection of the idea of safety to able-bodied/able-minded. It is only people who have had their conduct, experiences, or distress described in terms of condition/disorder, i.e. diverging physically/mentally from “normal,” who are called to answer regarding whether they are un/safe-able. The idea of "fit" is thereby attached to the idea of “safe” for interaction with the public.

As noted, the language of “physical or mental condition or disorder” now matches across the Registration Regulation, Health Declaration policy, and the Act's definition of unfit-incapacity. However, in the Act's definition of incapacity, there is no pretense of safety; the only mention of safety anywhere in the Act refer to the Registrar's permission to refuse any application documents to an applicant (s. 19(2)), and the Council and Committees permission to exclude members of the public from meetings (s. 8(2)(c)) or hearings (s. 28(7)(d) & s. 28(10)(d)) if “the safety of a person may be jeopardized.” There is no further specification of parameters in these sections of the Act regarding safety. Here the word safety grants discretion to the Registrar, Council, and Committees to conduct their

activities away from public scrutiny, revealing the power of utterances of protection discourse by authorized authorities. The Registrar, Council, and committees, through the authoring of safety, become the ultimate knowers of protection – i.e. all knowing, all safe-able – under the legitimacy of legislated empire-building, ensuring the profits of monopoly knowledge channel to colonial elites. Under cover of safety these powers render members institutionally voiceless and subject to coerced assessment, as discussed in the following section.

5.1.2 Submission to Examination, and Terms: Condition Be Resolved

The Act enables the Registrar to “assess the qualifications or competency of potential members by examinations or other means” (s. 36(2)). This suggests that the Registrar has the power to unilaterally make decisions on unfit-incompetence; unfit-incapacity is not mentioned here in regard to applicants, further indicative of the administrative desirability of altering the language of the Registration Regulation through the 2018 amendment. However, the Act includes provisions in regard to the Registrar when it comes to *existing* members’ unfit-incapacity: if the Registrar believes any member is unfit-incapacitated, she can appoint investigators to investigate the member (s. 32). The Registrar receives the investigation report and may distribute them as she deems appropriate, whether to Registration Appeals, Discipline, or Fitness Committees (s. 35). If the Registrar believes a member is incapacitated, she is also authorized to report this to the Executive Committee, who may then require that the member submit to physical and/or mental examination (s. 35). As per s. 35.1(7) of the Act, members have no right to a hearing or to make verbal or written submissions before the Executive Committee makes this decision. Members are thus rendered institutionally voiceless, incapable of contributing their own account of whether they “suffer” a physical or mental condition or disorder.

Making the College power elites’ status explicit, the Act includes a note that where terms, limits, and conditions are ordered by the Fitness to Practice Committee, they may specify, “including but not limited to terms requiring the production to the Committee of evidence satisfactory to it that any physical or mental condition or disorder in respect of which the penalty was imposed has been resolved” (s. 27(4)). So, while a past diagnosis of a physical or mental condition or disorder is not necessarily officially prohibitive, a present one can be required to *become* past, i.e. “resolved.” Therefore, it is allowable under

this clause for the Fitness Committee to require that someone prove they no longer have a condition or disorder before membership is reinstated.

The closer association between the registration process and the Fitness to Practice Committee in the language of unfit-incapacity, rather than unfitness on the basis of incompetence (hereby called unfit-incompetence), allows for closer workings between the Fitness and the Registration Committee. This is an explicit discursive alignment, facilitating administration of fitness adjudications, exemplifying the relationship between discourse and action in delineations flowing from sanism. There is significant interest on the part of the College Counsel in drawing dividing lines to create a class of “incapable” people in need of control by “capable” committees, hence the choice to wield the tool bequeathed by the state to craft and implement the Health Declaration policy.

5.1.3 Crime and Suitability

Also included within the Registration Regulation in s. 5.2.2 is the requirement that all applicants and members disclose,

every finding of guilt in relation to a criminal offence, an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) or any other offence relevant to the applicant’s suitability to practise social work or social service work, as the case may be.

The specific inclusion of the *Controlled Drugs and Substances Act* is particularly relevant, considering that the “War on Drugs” amounts to “the New Jim Crow”, a legal pretense for mass incarceration of Black people (Boyd, 2001; Alexander, 2012). While this College registration requirement mentions nothing of race, it relies on racist determinations made by the courts about racialized population and “offensive” drug use. It also makes the assumption that so-called illicit drug use is relevant to “suitability” to practice, which is not a neutral foundation, drug control being a tool to advance and sustain colonial domination under the guise of “civilizing” populations’ medicinal and social practices (Daniels, et al., 2021). Given the rampant, racist, unjust criminalization, it is inevitable that this requirement will have a disparate impact upon Black and Indigenous applicants, especially those also called to profile themselves on the basis of mental/physical condition/disorder: the Canadian ‘war on drugs’ policing and brutality has been shown to profoundly impact the mental health and wellbeing of families and communities, and especially young Black men (Khenti, 2014).

The discourse of criminal offence acts in conjunction with safe-ability even for those who are granted membership, through the threat of prosecution by the Discipline Committee. The Professional Misconduct Regulation and the Standards of Practice (aka “the Handbook”) act as a social work criminal code, detailing the offences for which a member may be prosecuted by the Discipline Committee. As stated in the previous chapter, section 2.7 of the Professional Misconduct Regulation and section 2.2.6 of the Handbook both prohibit social workers from practicing while under the influence of a substance, or suffering from any illness or dysfunction (defined as intellectual or physical condition/disorder that could call into question objectivity, per the Handbook glossary) that they ought know impairs practice. Accordingly, the Registrar has the power to initiate an investigation into a member’s intellectual/physical condition, and anyone who obstructs such an investigation, “is guilty of an offence and on conviction is liable to a fine of not more than \$10,000” as per the Act s. 55(2). The presence of these items discursively ties disability to impairment, misconduct, and criminality, compounding the brutalizing impacts of the war on drugs.

Furthermore, “suitability” is tied to the concept of public safety/protection through s. 2.29 of the Professional Misconduct Regulation, which further prohibits any violation of federal, provincial, or territorial law or municipal bylaw where the purpose of the law/bylaw is the protection of public health, or where it is “relevant to the member’s suitability to practise.” Protection and suitability are thereby linked in the Professional Misconduct Regulation detailing of s. 2.29. Suitability and a “suitability test” established through a 2018 decision of the Discipline Committee will further be discussed in this chapter’s section on the third text grouping, Committee Decisions. The connection between discourse and action is literal where sections 2.2.6 and 2.7 of the social work “criminal code” are accused and found, which will be discussed in the Committee Decisions section as well.

In conclusion, discourse from “The Rules” demonstrate the functioning of disability as a *course of action*: the amendment in 2018 further cements classification along lines of approximation to “normal” i.e. unconditioned, ordered bodily form through legislation and regulation. Cesairé’s identification of “capacity” as a key discourse is confirmed, where Callois’ “distinction” between equality in law and in fact is collapsed, inequality on the basis of mind/bodily capacity having been established in the Act and regulations. “The Rules” shows that ableism/sanism do not just take the form of slurs or individual

insults, but are crafted into policies of classification, such as the Health Declaration. The 2018 amendment precipitating the Health Declaration is evidence of willed human work to fabricate an unfit subject whom the College's committees must then manage. Having discussed the first text grouping, The Rules, the following section moves on to the second text grouping, Public Communications.

5.2 Public Communications

Public Communications includes OCSWSSW publications to the College's website, public-facing emails from the Registrar/CEO, and Employer Communiqués sent from the College to any employers of social workers or social service workers, and which are also posted to the College website. Each subsection of this chapter will focus on a different public communication source, and expands on the identification of safe-ability, making connections between the Health Declaration and related repeated broadcasting about the "risk" of unfit and incapacitated workers, discourse which serves to amplify the definitional powers of the College and registered social workers, hammering the "truth" that ableist/sanist practices serve and protect the public. Public communications confirm that delineations of who is safe to practice are justified through biomedical exercises of power as well as appeals to provincial and regulatory authority along eugenic and colonial trajectories.

5.2.1 FAQ

The College published a "FAQ" regarding the Health Declaration and Registration Regulation to their website (see Appendix B). The FAQ claims that the 2018 regulation amendment "puts the emphasis on the ability to practise social work or social service work in a safe manner" and of the Health Declaration, "This registration requirement protects the public." However, the emphasis is not on safety: applicants are not asked whether anything in their past or present conduct might impact their practice of social work with regard to safety. Rather, applicants are asked whether their past or present conduct might *provide grounds for reasonable belief* that they have a *mental or physical condition/disorder* that might affect their ability to practice social work in a safe manner. In the FAQ there is no information about how the College is assessing this requirement, apart from the statement that they "will review information provided" to decide if the applicant meets the requirement or "whether further steps are required," further illustrating the ideological operation of safe-ability.

It is for this reason that applicants answering in the affirmative, according to the FAQ, must submit documentation indicative of “steps that you are taking to ensure you will be able to practise in a safe manner and/or accommodation you may require in order to practise in a safe manner.” Here accommodation is part of the disclosure an applicant may be required to make in the application process; this individualizes and medicalizes systemic forces shaping access to work and resources, and further enfolds disabled people into discourses of risk/threat by being asked directly about “steps” and “accommodation” to prove safe-ability. This indicates that the imagined absence of physical or mental conditions/disorders automatically imbues the applicant with safe-ability, while applicants answering in the affirmative must “provide the College with enough information to demonstrate that they can practise social work/social service work in a safe manner.” The burden of proof therefore rests on disabled people. Safe-ability “supporting documentation” could include “an opinion from your health care provider as to whether the condition or disorder will impact your ability to practise safely; letters of reference; clinical evaluations; and/or evidence of rehabilitation/recovery”; this indicates that according to the College, evidence of safe-ability can be found in a person’s medical chart, a clear indication of the way biomedical discourse is relied upon by the College in determining fitness/able-bodiedness.

Applicants are not only asked to consider what *they* believe about their safe-ability classification; in response to the FAQ “What if I am not sure...” applicants are warned they should answer “yes,” for if the College finds out, “serious consequences” can ensue, similar to misrepresenting application information. Taken with the power of the College to prosecute members via the Professional Misconduct Regulation for failing to provide “complete and accurate” information pursuant to the Act, regulations, and bylaws (s. 2.34), an applicant is compelled to profile themselves on the basis of safe-ability.

Safe-ability is a construct possible in the context of sanism and trajectories of colonization and eugenics, where certain people are a threat to the ordered public and must therefore be separated out. Notably, there is no answer to concerns raised by disability scholars and advocates regarding the Health Declaration’s role in stigmatization, which as discussed in this thesis’s chapter on literature, is made possible by sanism. The FAQ makes the College’s position clear, that fit is explicitly safe for interaction with the public, and unfit, i.e. conditioned/disordered, is unsafe for interaction with the public.

5.2.2 e-Bulletin

The OCSWSSW e-Bulletin “Changes to the Registration Regulation: What You Need to Know” (2017) also published to the College’s website restates the claim that “The new wording furthers the College’s public protection mandate by ensuring that members are fit to practise in a safe manner. It is also consistent with the registration regulations of other regulatory bodies in Ontario.” The word “fit” is subbed for “able” in this description of the Health Declaration policy, again making the connection between application and fitness determinations explicit. That the College considers fit and able synonyms does not support the claim that safe-ability is grounded in anything other than claims of its existence. It does not bolster the College’s claim that collection of information about applicants’ mind/bodily health furthers “public protection.” The e-Bulletin also states that the language change means “all applicants will be required to indicate whether or not they suffer from any physical or mental condition or disorder that could affect their ability to practice social work or social service work in a safe manner” (see Appendix F); here, the pretense of “past or present behaviour” – likely acting as a legal shield against claims of discrimination – is absent (this slip is possibly the reason this e-bulletin’s link on the College website is no longer functional). Asking all applicants whether they suffer from a health issue affecting so-called safe-ability differentially targets disabled people, suggesting that disabled people are more likely to be unsafe than the “normal” unconditioned/non-disordered practitioner, thus prompting the disclosure requirement. The use of the safe-ability discourse is not itself a rationale to collect physical or mental health information from people targeted as “suffering” a condition/disorder.

The e-Bulletin’s claim that other self-governing bodies have wording consistent with the new wording does not substantiate the claim that the policy protects the public. All it means is that safe-ability has been naturalized amongst regulators, i.e. is believed to be a real thing that some applicants have and some do not have, depending on documents from their medical chart; profiling on the basis of individual applicant bodies is said to protect the public. The use of safe-ability as a coherent status serves to advance the public protection discourse as a matter of fact, echoed in subsequent communications with College Registrar/CEO, covered in the next chapter subsection “Emails.”

5.2.3 Emails

As stated in the previous chapter, I received one email response to my request for documentation regarding the Health Declaration policy and Discipline Committee and Fitness to Practice Committee

cases from Lise Betteridge, CEO and Registrar of the College since 2014 (see Appendix C). Lise Betteridge opens by stating that the email consists of compiled information “from the various departments of the Ontario College of Social Workers and Social Service Workers”, suggesting the contents are thorough. Regarding the question of what substantiates development and implementation of the Health Declaration policy, there is one paragraph, which in its entirety reads,

The 2018 amendments to the Registration Regulation, that is Ontario Regulation 383/00, were carefully considered by the College Council, and made in consultation with government. The primary purpose of these amendments was to eliminate the “Provisional” class of certificate and create a new “Retired” class of certificate, among other things. The College took this opportunity to make other amendments, including improving the wording regarding the College’s authority to request information from new applicants. In particular, the updated Registration Regulation no longer refers to “mentally competent to practise social work or social service work”, but rather puts the emphasis on the “ability to practise social work or social service work, as the case may be, in a safe manner.” This decision to change the wording was made based on the fact that the new wording was consistent with wording used by other regulators. The purpose of this provision was described in the posting of the proposed Registration Regulation on the Ontario Regulatory Registry website as follows:

The proposed amendment clarifies that the requirement relates to an applicant’s ability to practise in a safe manner and is consistent with registration regulations for other professional regulatory bodies in Ontario.

Indeed, there are numerous professional regulatory bodies in Ontario with the same or similar provisions in their registration requirements (Appendix C).

Despite the assurance that information was compiled from across the College, there is no information provided in this passage that is not already available on the College’s online Registration FAQ or the 2017 *Changes to the Regulation* e-bulletin. The fact that the amendment was considered by College Council and made in consultation with the government likewise offers no substantiation on the matter. Upon excavation, this statement amounts to “the amended regulation is a regulation.” Ministry review and approval occurs in the creation or amendment of any regulation under any law pertaining to self-regulators in the province of Ontario, as this is how a regulation becomes a regulation. This is another re-iteration of the same refrains: that it is an amendment, and the wording has simply been clarified to emphasize safety, and other regulators use this wording.

The email from the CEO/Registrar contains little response addressing my request for materials on training, directives, or protocols guiding or standardizing the Registration Committee’s process of assessment and review of affirmative responses to the Health Declaration, or that identifies the physical and mental conditions or disorders that the College considers indicative of a lack of safe-ability. The email contained no attachments, no reference to training, no excerpts from any official directives, no mention of standardization efforts, no references to research/scholarship, no notes on consultation, no

citations of Registration Committee or Fitness to Practice Committee members, and no claims of efficacy or substantiation of how public protection is ensured through the policy. Instead, the CEO/Registrar simply states that the process of assessment proceeds “case by case” on the authority of unspecified “health professionals”:

In the contexts of both registration and fitness to practise, the College relies upon the expertise of health professionals with respect to an applicant’s or member’s physical or mental conditions or disorders on a case by case basis. For example, prior to referral for a hearing before the Fitness to Practise Committee, a member may attend for a physical or mental examination by a qualified professional. One applicant for registration also voluntarily attended an independent medical examination (Appendix C).

This confirms that the Registration Committee and Fitness to Practice Committee’s assessment of safe-ability depends entirely on recorded results of medical physical or mental assessment and/or examinations. There is no information made available about what type of testing is involved in these physical and/or mental medical exams, nor what specific results or thresholds, if any, are required to confirm fitness, reflecting the power of biomedical discourse. The response merely consists of a passing reference to general “health professionals” and “a qualified professional”; this is all that the CEO/Registrar, on behalf of the College, deemed necessary to justify its policy decisions when confronted by a research inquiry.

The CEO/Registrar also revealed that 20 applicants had answered affirmatively to the Health Declaration, and a “small number have chosen to voluntarily withdraw their application or their application is currently in progress.” The fact that 20+ applicants submitted to the College that their condition/disorder might preclude safe-ability does not mean safe-ability is an objective fact. It does not substantiate the substance of the claim that safe-ability is discoverable through appointment(s) with a health worker or documents from one such unnamed professional’s file. It means pathologizing colonial biomedical fitness discourse manifested in the policy and repetitively vague explanations about the policy – a type of regularized writing (Said, 1978/1979) – and that the College is enacting this upon applicants. It means that a diagnosis and/or reference to a condition/disorder is taken up to profile and exclude “particularly skilled workers,” in the words of Burstow (2017). This is occasioning an undisclosed number of applicants or would-be applicants to forgo social work.

In communication with concerned directors and educators from across ten different schools of social work and social service work programs in Ontario – as an official response to the advocacy letter

referenced in the introduction chapter of this thesis – the CEO/Registrar, on behalf of the College, reiterates that while not all applicants are asked for health information, “They must themselves assess whether they have a physical or mental condition or disorder such that it could negatively impact their practice and thus pose a risk of harm to clients” (See Appendix G, p. 2). However, given the discursive power of the College, and its ability to prosecute members as discussed in the above section on The Rules, a potential member is constrained in self-assessment of safe-ability. The CEO/Registrar’s response to the schools of social work and social service work goes on to state that “Untreated and/or unmanaged addictions or psychotic illnesses would be just a couple of examples” of conditions/disorders that could cause harm to clients (p. 2). The additional specification of “unmanaged” simply serves to side-step accusations of discrimination on the basis of a diagnosis. Diagnosis is nevertheless discursively invoked through direct reference to addiction and psychosis, and through the copious references to medical examinations. The following subsection expands on the other classifications the College has raised as indicative of potential unfitness.

5.2.4 Public Notice Re: Incapacity

Elsewhere the College has provided suggestions about the specific types of conditions and disorders employers, colleagues, and members of the public should beware of. For example, the public notice “What is Incapacity” (see Appendix H) from the College’s website lists physical illness, mental illness, substance abuse, and other cognitive, sensory, physical or degenerative impairments as potential culprits. In this notice, they again deftly add one disclaimer mentioning that a diagnosis of a condition/disorder does not necessarily automatically mean someone should not be permitted to practice social work. The notice states that “a visually impaired person working in an adapted setting or a person who has a mood disorder that is taking appropriate steps to manage their condition” “may not necessarily meet the definition of ‘incapacity’” for example. However, this does not unsettle the implication that there is a certain class of people who probably do not have safe-ability, or at least lack it in high enough incidences to justify entrance screenings and publicly broadcasted warnings, and therefore must be vetted to ensure they have provided proof of managing this deficit.

The list of illnesses/impairments harboring incapacity is followed by “warning signs” of incapacity, such as “unkempt and/or tired-looking,” and “weight loss.” There is also a catch-22, where

some items that might indicate someone is taking time away for their health are listed as signs of incapacity, such as “Frequent breaks from work,” and the classic catch-22, “When questioned, denial that there are any concerns” – i.e. confirmation of a concern would indicate incapacity, but denial of a concern also indicates incapacity. Emotions such as “anger, anxiety, irritability, depression or mistrust” are listed as “Behavioural,” which positions emotions as a type of action or conduct indicative of incapacity, i.e. indicative of a lack of safe-ability. This exemplifies institutionalized silencing, and another catch-22 for Black social workers who are expected to hold back, stay quiet, and remain voiceless throughout ongoing experience of systemic aggression and daily broadcasts of violence and murder of Black people (e.g. Voisin, 2021), and yet for this reason might exhibit “warning signs” like withdrawal from colleagues, which is also listed in this public notice. Disparate surveillance from other members impacts peoples’ ability to concentrate – also listed as a warning sign – demonstrating the quagmire of distress produced by this incapacity discourse linking anger, anxiety, breaks from colleagues, and appearance of exhaustion with a lack of safe-ability. Preceding these lists of so-called warning signs is a statement on how certain conditions lead to ultimate deterioration:

In general, people who suffer from substance use/abuse issues or who have inadequately managed mental illness or mood disorders will experience deterioration in their personal lives before there is a notable impact on their professional lives. Often, they are able to function in the employment setting for some time before there is clear deterioration in their professional lives. This is especially true when substance abuse issues are present. Consequently, a person’s incapacity may be significant before it is noted in the professional setting (Appendix H).

Thus the main issue for the College is not appearance, behaviour or performance changes *per se*; these are *signs* of potential incapacity, not incapacity themselves. They are linked to and warn of incapacity, and incapacity is identified in terms of substance use/abuse or mental illness or mood disorders.

Note that the cursory listing of physical illnesses is dropped, not featured in this paragraph on deterioration and the professional setting, indicating that substances and mental illness or mood conditions are the main subject of the notice, singled out for particular attention and surveillance. “In general,” there are certain people who “have” a lack of management in relation to their illness or disorder. In general, those who are unmanaged “*will* experience deterioration” (emphasis added). The notice does not say “might,” not “sometimes,” not “without support or resources” a person will experience further suffering/distress. The notice makes no reference to effects of defunded health services or sanism: simply, they “will experience deterioration in their personal lives before there is a notable impact on their

professional lives.” In this public notice – also made available in a similar form in the Employer Communiqués (discussed in the next Public Communications subsection) – the College again declares that there are certain people who are of the unfit type, who are not only likely unable to function in various settings of their lives, but who are getting *worse*, and therefore must be identified and rooted out from the ranks of the normal, healthy, safe-able people whose lives are stable both personally and professionally. There is a predestination written into these so-called unfit lives by the College.

Also note that while the specifying phrase “inadequately managed” is included before “mental illness or mood disorders” it is not included in reference to substance use/abuse. It is those who *suffer* from substance use/abuse who will, in general, deteriorate at home and then at work. This phrasing communicates that it is suffering itself that precedes decline, not lack of management, further demonstrating that all those identified as conditioned/disordered are suspect, and accommodations/management do not factor into the equation, moreso “when substance issues are present.”

Furthermore, substance *use* is paired with *abuse*, informing the reader that both are tied up in suffering and the general decline. The use of the term *abuse* in relation to substances invokes a judgement as social threat and contributes to beliefs about the need to take punitive action towards individuals so-labelled, even amongst mental health professionals (Kelly & Westerhoff, 2010). The notice contributes to delineation of the “normal” from the ill and users/abusers, not only justifying but encouraging surveillance of members, producing public so-called facts about incapacity and the imperative to root out anyone put into this classification, which is made along lines of race, sexuality, ability, class, and gender. In the context of settler colonization, classification of emotional normalcy, mood normalcy, social normalcy – normal weight, sobriety, speech, dress, relations, ‘cleanliness,’ ‘productivity,’ and ‘progress’ – is destructive to the bodies and practices of Black, Indigenous, disabled, trans, and poor people.

5.2.5 Employer Communiqués

The “What is Incapacity” public notice discussed above is reformatted and titled “What Employers Need to Know About Incapacity: Did You Know” for the Winter 2020 issue of the Employer Communiqué, with added information about Mandatory Reporting re: incapacity (see Appendix I). In 2017 the College undertook the “Employer Communiqués” as part of its “Employer Outreach Campaign,” described in its first edition “to inform employers of the many benefits of hiring registered social workers

and registered social service workers” (Nov. 17, 2017). The timing in 2017, directly prior to the implementation of the Health Declaration in January 2018, suggests co-constitutive genesis. This messaging campaign positions the College as a special social work security force: the communiqués are laden with repetitions of the need for protection of the public from unqualified, incompetent, unfit practitioners. Of the 20 issues sent between 2017 and 2022, 14 specifically mention public protection in relation to in/capacity and/or un/fit practitioners, emphasizing the need to be alert for these “types” of people who are identifiable by biomedical assessment (see Appendix J).

These quarterly Public Communications, sent to subscribing employers of social workers and social service workers, are also posted to the College website, maximizing reach of the complimentary biomedical threat+protector regulator discourses, enlisting and training tributaries of its power to define, surveil, demean, extract/punish, and thereby disable the risky “other.” The activity of the College’s Fitness to Practice Committee, the legislated authority on unfit-incapacity as per “The Rules,” is the subject of the next subsection regarding Annual Reports, given that Annual Reports are the only publicly available source on its practical operation.

5.2.6 Annual Reports

By reviewing all OCSWSSW Annual Reports from 2001-2021 I found that the Fitness to Practice Committee and Health Declaration policy were simultaneously initiated in 2016. While the Health Declaration was not enacted until 2018, the 2016 Annual Report shows proposed amendments to the Registration Regulation were submitted to the Ministry of Community and Social Services. The 2016 Annual Report also contains notes of the very first activities of the Fitness to Practice Committee throughout the history of the College: “To December 31, 2016, the Committee received two referrals. Hearing dates for both referrals are pending” (p. 6). A note under the heading “Accomplishments” in the Annual Report reads “Conducted health inquiries resulting in two referrals to the Fitness to Practise Committee” (p. 5).

Over the first 15 years of operation, the Fitness to Practice Committee reports simply noted that there were “no referrals.” But following 2016’s health inquiries, the Fitness to Practice Committee performed a hearing according to the 2017 Annual Report, indicating the outcome of at least one health investigation was initiation of the formal court-like procedure to decide on the matter of a member’s

fitness. Since then, according to the Annual Reports, the Fitness Committee has been active every year, receiving referrals, conducting pre-hearing conferences, developing rules of procedure and new decision-templates, performing hearings, issuing fitness decisions, and monitoring undertakings and orders (see Appendix K). While the Fitness to Practice Committee's decision documentation would be useful to investigate questions of fitness, they are unnecessary to note that for the first 15 years of College operations there was no (reported) Fitness Committee activity, but following two health inquiries in 2016 it has been busy investigating the un/fitness of members on the basis of suffering a physical or mental condition/disorder every year since. This bloom of activity since 2016 is attributable to the initiation of committee activity: accruing theory and practice builds self-referential power to define, and therefore rule, on the unfit worker.

The connectedness between the Fitness to Practice Committee and Discipline Committee also became apparent through my reading of the Annual Reports. Following 2004, whoever is the chair of the Fitness to Practice Committee is also the chair of the Discipline Committee (see Appendix L for Committee Chairs Table). This mirror position of chairs corroborates the discursive association amongst committees and parallel yet distinct powers of un/fitness investigation and prosecution.

There are many examples of the ample investment in expanding the College's reach, associating itself with medical and judicial entities, reinvigorating its purported role in protection of the vulnerable, enfolding itself in positivism, authoring its own authority, and empire-building. The College's campaign to associate social work and social service work with medicine is identifiable throughout its operation. The very first Annual Report, 2001, states that "Our professions work in great part with the most vulnerable of society. Like our fellow self-regulated professions, psychologists, nurses and physicians as examples, our work may affect the day-to-day functioning of our clients or client groups" (p. 1). This ongoing crafting of association through yearly reports on numbers of "health inquiries" and "fitness hearings" allows the College to draw on the prestige of psychology, laying the groundwork for determinations of un/fitness. The "most vulnerable of society" phrasing positions the College as virtuous protector of voiceless helpless creatures, rather than participant in violent systems of social control that silence and subjugate people and produce suffering. The following final subsection on Public

Communications discourse delves into a legislative submission that discursively weds the protection of the public with protection of government and professional reputation.

5.2.7 Lobbying

While the Health Declaration policy was underway in January 2018, that same month the College undertook legislative submission to inform the crafting of legislation to the Ministry of Children and Youth Services, repeating biomedical rationales to advance control over all Children's Aid Societies (CAS), imploring change to the proposed CYFSA to ensure they are "protecting the Ontario public from harm caused by incompetent, unqualified or unfit practitioners" by making OCSWSSW registration mandatory for all CAS staff (see Appendix M, pp. 1, 9). They demand that all Child Protection Workers, all Adoption Workers, be registered, because there is "risk to the public associated with many CAS workers in Ontario being unregulated" (p. 2). According to the College, requiring social work education alone is irresponsible: "today, a credential focus is neither reasonable nor defensible" (p. 6). This suggests all unregistered graduates of social work programs represent a nebulous threat, positioning the College as ultimate protector of the province's children and families.

Furthermore, they argue that the "Government should not underestimate the risk to public confidence in Ontario's child welfare system that could be posed by the sudden emergence in the media of another high profile case involving CAS staff" who are unregistered (p. 9). While no further specification is made as to which case(s) they refer, the College is marketing itself as a shield, as a protector of the government from scandal. The reputation of the whole provincial system is "vulnerable" to sudden shifts in public confidence without the College's protection. They go so far as to assert a new right: "the Ontario public has a right to assume that when they receive services that are provided by someone who is required to have a social work degree (or a social service work diploma), that person is registered with the OCSWSSW" (p. 6). Title protection is "necessary to protect a vulnerable public from harm" (p. 6); here the entire populace is written as vulnerable in order for the advancement of professional jurisdiction power. Without title protection, the College's position of authority is vulnerable.

In one particularly flagrant statement, they assert the international and intergenerational benefits of CAS provided by social workers:

For decades, CASs have hired individuals with a social work degree (or in some cases a social service worker diploma) for various roles in child protection, indicating their acknowledgement that these

professions are uniquely qualified to provide competent, ethical and professional service to highly vulnerable clients. This has been true throughout the long history of the profession, not only in Ontario, but in all jurisdictions in Canada, the United States and beyond (pp. 7-8).

This claim, referencing the entire history of the profession(s) across the country, and across the world, harkens to a vague imagined “tradition,” drawing the reader to the past to justify the powers of the provincial regulator. Social work’s long history has included participation in consolidating Canada as a white settler state through social hygiene, eugenics, residential schools, and the ‘60s Scoop, a mass abduction aka ‘scoop’ of Indigenous children from their families throughout the 1950s and 1960s (Lee & Ferrer, 2014; Fortier & Wong, 2019). Even the barest acknowledgement of social work’s ongoing colonization work is entirely side-stepped by positioning the profession as singularly providing decades of uniquely ethical service across the globe. This letter dehistoricizes and obfuscates provincial child welfare, where social workers partner with churches and police in finding families and communities incompetent, incapacitated, and unfit to give birth, parent, or make decisions. The reference, here in particular, to “highly vulnerable clients,” is connected to Fanon’s (1961/2004) description of the *colonial mother*, where the College positions itself as a uniquely safe child guardian, without whom the population will descend into chaos. The authority of the College derives from its positioning as savior with the power to define safety and protection, which facilitates “intervention” and extraction of children from their families, schools, and neighbourhoods.

Throughout the College Public Communications including the FAQ, e-Bulletin, emails, public notices and Employer Communiqués, Annual Reports and lobbying, a pattern emerges, and what can be termed “fitness activation” is identifiable, representing the 2016-2018 increasing investment of time and resources to make safe-ability more visible and “real” through building of texts and practices referring to un/fitness and in/capacity, and the corollary, the necessity of the College to protect the public from the threat of the unfit. This can be understood as a sort of regularized writing as described by Said (1978/79), maximizing the College's definitional privilege, as described by Smith (1979). While I identify this trend of intensification and refinement, fabrication of the unfit risky worker has been going on throughout the history of the College, identifiable through examination of the Discipline Committee’s decisions, comprising the third text grouping.

5.3 Committee Decisions

While available material on “The Rules” and “Public Communications” establishes safe-ability and the corollary threat-versus-protector roles broadly, as discussed thus far, the Discipline Committee Decisions are where the wielding of these discourses can be witnessed as they are enacted upon individual members and clients. Given that there are 81 cases in total in the period I examined from June 2003 to April 2022, I provide only a selection of findings and analysis organized into four interconnected installments here. In the first installment I begin with analysis of prosecution and punishment broadly, covering how the College operates individualizing legal powers, which includes findings of psychotherapy as a penalty, as well as a “suitability test” established through decision on a 2018 motion. In the second installment I examine the cases where members are found guilty of violating s. 2.7 of the Professional Misconduct Regulation and/or s. 2.2.6 of the Handbook, i.e. ill, dysfunctional, or under the influence such that they were impaired. Following these cases is the third installment, which discusses a third significant social work criminal code item, s. 2.36 of the Professional Misconduct Regulation. The fourth and final installment of Committee Decisions consists of four examples where I identify abuses perpetrated by the College on those it claims to protect.

5.3.1 Prosecuting and Punishment

In 68 of the 81 Discipline Committee cases, the phrase “public protection” or “protect the public interest” is cited, typically in reference to the decision on penalty and costs; this discourse is operationalized to justify findings of unfitness and sanction punishment. The College is established as an authority over and above every other party in the proceedings; whenever the member is not in attendance at the hearing, they are deemed by the Panel to have denied the allegations. Of the 35 cases where information on legal representation is provided, the College has at least one lawyer prosecuting, and the Panel always has legal counsel. Members, on the other hand, have legal representation just over half of the time: in 16 of the 35 cases either the member was self-represented, nobody appeared for the member, or there is conflicting information about the member’s representation. This reflects the imbalanced legal discursive power afforded to the College to make determinations of un/fitness.

In review of all decisions to date, it is always a finding against an individual, never an agency/institution, or even team of professionals. Rarely is there any information provided about how the

matter came before the Committee for hearing. This is important because it demonstrates the College's selective use of legal procedures, and second, it gives the impression of the College as an omniscient body that simply detects whenever harm occurs within its borders; there is no need to describe how they found out about the misconduct, or under what circumstances that knowledge came to light. It is a flat and singular form of knowledge, which happens spontaneously and without flaw or complication. To remark upon the context of this knowledge would provide the possibility for questioning the legitimacy of that knowledge.

The language used in these decisions and the way hearings proceed draws from criminal proceedings. For example there are "plea inquiries," the member is "prosecuted" and found "guilty." One document refers to the Discipline Panel holding a *voir dire* (e.g. in OCSWSSW, Oct 15, 2019, p. 2), a phrase typically associated with jury trials and is sometimes called a "trial within a trial" (Brown, 2002). Legal tests drawn from provisions of the *Criminal Code* and Supreme Court are used as guidelines, indicating the formality of the hearings and the necessity of legal counsel, which members are not afforded.

The documents made available for the earliest Discipline cases, from 2003-2016, are titled Discipline Decision *Summaries*, which are generally brief outlines, typically no longer than a few pages, covering essentials of the findings and order. Of these 47 cases prior to 2017, over half (26) of the documents contain no date of hearing or decision whatsoever, and where date(s) are included, it is not always clear whether it is the date of the hearing, the date of an oral decision, or issuance of written decision and reasons, date of penalty order, etc.² There is typically no mention of the notice of hearing or allegations. It is often unclear whether the member was in attendance or not, and in 14 Summaries, the member's name is not given. Names of panel members and whether there is any legal counsel present are never included. At times there is no citation of the section numbers of the regulations or bylaws. There is usually, but not always, mention of public protection: the 13 cases where there is no reference to public safety/protection all occur within this period.

² For this reason, I recorded the date provided on the Discipline Committee webpage. In any instance where a member is named by the Discipline document, I abbreviate their name to initials to mitigate reproducing punishment.

Changes to the public posted decision documents reflect increasing posturing of legal authority. Starting in 2016, there appears to be a shift towards greater document formality and detail with the transition from the brief informal Summaries to the more formal *Decision and Reasons for Decision* documents. There is a clear demarcation: there are two main styles of documentation provided by the Discipline Committee, which can be divided as pre-2016 and post-2016. The average length of disciplinary documents pre-2016 was 4.67 pages; post-2016, the average jumps to 15.52 pages. Not only is there greater detail, there is evidently increased similarity to the recommendations adopted by the Canadian Judicial Council (see Pelletier, 2009 for recommendations; see Appendix N for example of document format). The documents include the name of court, i.e. the Disciplinary Committee of the College, followed by the case citation, the date of the hearing and/or decision, and style of cause. The names of panel members and legal counsel are listed. Names of members are never redacted as they occasionally were in Summaries. Allegations from the notice of hearing are listed first, as opposed to jumping into any agreed statements of fact. On occasion, witness appearances and paraphrased testimonies are included, as well as submissions by parties where the hearing is contested. There is inclusion of reasons for penalty and costs given, even if brief. Reference to public protection is always made, usually on multiple occasions. Therefore, I identify a heightening of the protection discourse and legal aesthetic that coincides with activation of both the Fitness to Practice Committee “health inquiries” and the Registration amendment proposal submission in 2016.

In addition to the heightened formality of documents made available to the public, there was a motion heard by the Discipline Committee in 2018 that refers directly to the new Health Declaration application policy. Member J.K. was served a Notice of Hearing after the College discovered a privacy violation J.K. allegedly made prior to being a member of the College. The College’s counsel submitted that provisions of the Act, namely, duty to “serve and protect public interest,” supports jurisdiction to discipline members based on past conduct, and predictably, “The Panel agrees with the College that jurisdiction over pre-membership conduct is necessary to ensure the College is able to fulfill its duty to serve and protect the public interest” (OCSWSSW, Sept 19, 2018, p. 20). That the Panel of the Discipline Committee of the College agrees with the College is no wonder; the guise of legal objectivity provides little cover for such insular rubber stamping. Nevertheless this motion produced a “suitability test”

granting jurisdiction to discipline members for pre-membership conduct wherever the conduct “calls into question the member’s current suitability to practice” (ibid, p. 18). The College can reach back into peoples’ pasts to discipline them, specifying contravention of a law (s. 2.29), or anything deemed unprofessional, dishonourable, or disgraceful (as per s. 2.36) is indicative of the type of pre-membership conduct that reflect on current suitability to practice. As will be discussed below, s. 2.36 is the most common finding of the Committee, and the College has rendered guilty verdicts where members were found *not guilty* by a criminal court. This allows members who registered years ago to be disciplined, and potentially have their careers ended, over pre-membership conduct that was never asked about at registration.

The Panel agrees with the College that the registration process cannot guarantee that all problematic pre-membership conduct will be revealed. The Member referred to the expanded disclosure obligations that are now imposed on registration applicants. As noted by the College, those expanded disclosure obligations have existed only since January 2018. If the Member’s position were accepted, anyone registered before that date who failed to disclose problematic pre-registration conduct in their application for membership (not because of misrepresentation but because the application form did not specifically require it) would be immunized from any action being taken by the College, even if that pre-registration conduct indicated that the member presents a current risk to the public (ibid, p. 20).

While the College claims that the 2018 Registration Regulation amendment was simply a matter of improved wording, this reveals that it was a significant change, guiding the Discipline Committee to create a new legal test. The 2018 Health Declaration policy grants the College more information, but it only applies to new applicants, and for this reason, the College decided to grant itself power to discipline conduct from the histories of any member who registered prior to 2018.

In this case, the privacy violation occurred 7 years before J.K. was brought before the Committee. While the panel acknowledged that there had been no incidents involving the member since that time (OCSWSSW, Sept 19, 2018, p. 20), they still find that the conduct “casts serious doubt on her moral fitness and inherent abilities to discharge the higher obligations that the public expect from the profession” (ibid, p. 14). Discursively this suitability test and its application in J.K.’s case serves to project risk into the past lives of any member, providing the College the opportunity to utilize any information about someone from any time in their life to make their inherent safe-ability suspect. This will disproportionately impact Black and Indigenous members: “Anti-Black racism impacts Black Canadians at every step of the criminal justice system, from policing to pretrial detention, to sentencing to

prisons” (CCLA, 2021) and this extends, through the Health Declaration and suitability test, to administrative law and the social work “justice” system.

And except for the few decisions on motions or undertakings, punishment is always ordered by the committee. In fact, it was established that punishment is a necessary function of the Committee and that there is not an option to order no penalty (OCSWSSW, Nov 5, 2020, p. 12). Conventional punishments include membership suspension (up to 2 years), reprimand, costs to the College that must be paid by the member (ranging from \$1000-\$36,000), publication of the member’s name, publication of the decision (on the Register, in the College Publication *Perspectives*, local news, and/or other professional regulators) and a requirement to provide employers with a copy of the findings and order. Occasionally there are restrictions on the member’s practice (e.g. no psychotherapy, prohibition on providing services to “females,” limited to one employer). Membership is revoked in 24 cases, and the member resigned in 16 cases. This broadly illustrates the material injuries inflicted upon members prosecuted as unfit-incompetent, and shows the penalty is central to the power of the College over members.

Psychotherapy is ordered as part of the “Penalty and Costs” of 20 cases. Psychotherapy is clearly distinct from supervision or education on boundaries and ethics, given that all three are ordered at times (Appendix O). Where psychotherapy is ordered, it is not optional; the member may not opt to forgo psychotherapy and simply take on any suspension that might have otherwise been remitted should they comply with ordered terms, limits, and conditions. The member must either comply or they will be suspended or have their license revoked, as in the case of B.E. (OCSWSSW, Aug 31, 2012), disciplined for non-compliance, despite notifying the College of health issues and loss of employment that caused delays. Most often, it is specifically “intensive insight oriented psychotherapy” that is ordered, and usually psychotherapy penalties include a requirement that the Registrar be provided with reports about the substance and progress of the therapy from the therapist. In the case of B.E., they note “The College only ever received one report from Ms. E[redacted]’s therapist” (ibid, p. 3), and state that her subsequent resignation indicates that the “objective of remediation or rehabilitation is no longer available” (ibid, p. 5), positioning the College as ultimate expert provider, outside of which there is no possibility of “cure.” The Panel states that “Publishing Ms. E[redacted]’s name will no doubt cause her some distress and humiliation” and do not deny her plea that it may limit future employment, but decide it is necessary to

protect the public, and that it will serve as deterrent to other members “who may otherwise be tempted to avoid penalties they have agreed to” (ibid, p. 5). Members are thereby shown that the College will hurt them should they give in to their desire to discontinue College “rehabilitation.”

Given that psychotherapy is defined by the College in the *Code of Ethics and Standards of Practice* as treatment for problems of “an emotional nature” or of “serious disorder of thought, cognition, mood, emotion regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning” (OCSWSSW, 2008, p. 43), this demonstrates how public protection is authored as a matter of individual mental deficit, requiring professional cure to rehabilitate emotional problematics and psychological malfunctioning. The Registrar is authorized to interpret reports of these treatments as indicative (or not) of progress on psychological unfitness, and as demonstrated by the edict on B.E.’s sins, will initiate further disciplinary action should she be deprived of this “rehabilitative” whip. It is difficult to imagine that, if there are benefits of psychotherapy, the members are able to engage with it in this context, given that they are aware that any discussion or personal disclosures might make their way into those reports, and will undergo surveillance by someone holding the power to give or withhold access to their career, and who has been proven willing to publicly humiliate members under the cover of “protection.”

Despite the purported role of psychotherapy in attaining “progress” on individual mental problems/disorders, it is not ordered by the Discipline Committee in any of the four cases in the following section, centering on findings that the person was a social worker while under the influence of any substance, or suffering from an illness or dysfunction that could impair social work practice, as per section 2.2.6 of the Handbook and section 2.7 of the Professional Misconduct Regulation. As will be discussed below, the Discipline Committee’s prosecutorial and overtly distressing penalizing activity includes ruling on the health of members.

5.3.2 Practicing While Ill, Dysfunctional, or Under the Influence

From my review of all 81 Discipline Committee decisions under the period of study, section 2.2.6 of the Handbook and section 2.7 of the Professional Misconduct Regulation are enacted in four cases:

1. Ontario College of Social Workers and Social Service Workers v N.G.B.-R., (Jan 4, 2008)
2. Ontario College of Social Workers and Social Service Workers v J.M.B., (Nov 12, 2012)
3. Ontario College of Social Workers and Social Service Workers v R.P., (Oct 23, 2018)
4. Ontario College of Social Workers and Social Service Workers v A.T.T., (Nov 2, 2020)

This is a significant finding, because not only do s. 2.2.6 and s. 2.7 of the social work criminal code exist, they are operationalized, showing that the distinction between unfit-incompetence and unfit-incapacity is fluid, the Discipline Committee ruling on bodily distinctions as explicitly as the Fitness to Practice Committee. Note that in each case, this is not the only finding made. In each hearing, there are multiple other violations of the Handbook and Professional Misconduct Regulation alleged by the College/College counsel and found by the College Discipline Committee Panel. None of the other allegations and findings of misconduct in these cases are unique to these four; all other cited sections have been found by the Panel in multiple other cases. What is unique is that *in addition* to everything else these members were found guilty of, they were also found by the Panel to have been practicing while under the influence of any substance, or while having an illness or dysfunction that they knew or ought reasonably to have known impaired their ability to practice.

References to a physician's examination or clinical impression are notably absent from all of these documents. Absent also are any testimony, quotations or summaries, from members or clients. This suggests the "fact" of illness/intellectual or physical impairment is produced by the College through a process like "cutting out" described by Smith (1979). The following chapter subsections analyze how the member came to be defined as impaired, and any connections between this finding and public protection/safety according to the Discipline Decision documents published by the College.

5.3.2.1 N.G.B.-R., 2008

The member was not present at the hearing, and there is no mention of what evidence was used by the Panel to reach any of its decisions, only that the College provided evidence to the Discipline Committee (OCSWSSW. Jan 4, 2008, p. 2). The Summary consists of only three pages, and item seven of Allegations states: "Engaging in the practice of social work while under the influence of any substance (namely, alcohol)" (p. 2). While the Panel finds her guilty, there is no explicit citation of s. 2.2.6 or s. 2.7 in the decision itself, reflecting the informality of early available documents. While the document notes that N.G.B.-R. "Consumed alcohol with the client" and "Failed a roadside breath demand by a police officer who had attended at that location" (ibid, p. 2), the amount of any substance needed to put one under its influence is never mentioned in the Professional Misconduct Regulation nor the Handbook, beyond the specifier "impair." It is unclear whether the member refused the breathalyser – suggested by

the statement's reference to the "demand" from the police – or whether blood alcohol concentration was found to be above the limit, 0.08% (*Criminal Code* s. 253). In any case, no information is given as to whether the legal definition of impairment when it comes to driving a vehicle is the same or different from social work alcohol impairment.³ Overall there is no information provided on what constitutes impairment in any of the 81 cases reviewed, indicating disciplinary definitional privilege. Given the apparent lack of specification, it is possible that *any* alcohol consumption would be classified as "under the influence" for the purposes of the Committee. In this case, it seems the determination regarding influence by alcohol consumption was based on a single incident as reported by a police officer.

N.G.B.-R.'s member profile in the College's Online Register cites the regulation and bylaw associated with the findings in the decision document:

5. Violated section 2.7(i) of Ontario Regulation 340/00 (Professional Misconduct), made under the Act, and (or in the alternative) Principle II of the Handbook (commented on in Interpretation 2.2.6) by engaging in the practice of social work while under the influence of any substance (namely, alcohol). (OCSWSSW. Jan 4, 2008, p.2)

The "and (or in the alternative)" here demonstrates that these sections of the Professional Misconduct Regulation and the Handbook are interchangeable. Indeed, they have the same wording. Why duplicate two identical sections? Charge stacking describes such duplicate artifacts, used to "divide crime and multiply punishment" intimidating members/defendants, increasing suspicion of criminality by panel/jury, and correlating with higher guilty verdicts (Harvard, 2023, p. 1393): more sections/charges, more numbers, more findings of misconduct. This also reflects the augmentation of the apparent officiality of the Disciplinary Committee by bulking the findings with copies of the same material.

Registration with the College was revoked and the Decision Summary was published publicly, which is said to "send a clear message to the profession to deter College members from engaging in similar professional misconduct" and "Specific deterrence to the member" (OCSWSSW. Jan 4, 2008, p.

3). Ostensibly, the member is deterred from violating the College standards by virtue of no longer being a

³ Given that driving a vehicle is quite different from many social work practices, using 0.08% as a "legal limit" for impairment would be inexplicable. While a certain volume of alcohol may act as an anesthetic and alter information processing or reaction time, the relevance of its impact are clearly different depending on what activities a worker would be engaged in. The pertinent skills for driving a car – in the absence of automatic accessible cars that is – such as breaking and steering at an instant, for example, to evade a person who may suddenly run onto the road, are not equivalent to tasks such as dialogue with a colleague, creating a community event poster, or entering a note in a chart, for example.

member who is expected to follow College standards. It is unclear how this ensures safety for anyone, yet the discourse of public protection continues to be operationalized in almost every decision document.

5.3.2.2 J.M.B. 2012

J.M.B. was convicted under section 271 of the Criminal Code and the evidence used by the Panel lists only his indictment and the court's judgements and sentencing, including the dismissal of his appeal. He was not present at the Discipline hearing. The passage that contains the only reference to s. 2.2.6 in the short document reads,

6. Violated Principle II (2.2) of the Handbook (commented on in Interpretations 2.2.1, 2.2.2, 2.2.3, 2.2.4, **2.2.6**, 2.2.8 and 2.2.9) by failing to maintain clear and appropriate boundaries in his professional relationship with both clients when he established a personal relationship and attempted to establish a sexual relationship or to engage in sexual contact with the clients, to whom Mr. B[redacted] provided counselling services and/or psychotherapy services. In doing so, Mr. B[redacted] placed himself in a conflict of interest situation in which he ought reasonably to have known that the clients would be at risk and used his professional position of authority to abuse or exploit the clients (OCSWSSW, Nov 12, 2012, p. 2). [emphasis added]

There are no words or phrases specific to s. 2.2.6, apart from the inclusion of the number in the list of other subsections. There is no reference to being under the influence of any substance, nor to suffering from illness or dysfunction, nor impairment. There is no mention of any diagnosis, and no mention of physical or mental examination undertaken. There are no statements from psychiatrists or other medical professionals included, and no references to his health history. However, the penalty section of the Summary document refers to the Fitness to Practice Committee:

Mr. B[redacted] shall not apply to the Registrar of the College for a new certificate of registration for a period of 5 years from the date of the Discipline Committee's Order, and that at the time of such application Mr. B[redacted] should be subject to Fitness to Practise assessment (ibid, p. 3).

Evidently the Panel was of the opinion that J.M.B. suffers or is suspected of suffering from a bodily condition or disorder, as indicated by this referral to the Fitness to Practice Committee; this referral is the only explicit reference to his health provided beyond inclusion of s. 2.2.6 in the above list.

In the section on reasons, two comments refer to his "lack of insight into his behaviour" (ibid, p. 4), which might be the basis upon which the finding was made, given that in the DSM-V, *lack of insight* is associated with a variety of disorders, either as a symptom or specifier. However, the College does not invoke a DSM-V definition of "lack of insight" in the discipline document (American Psychiatric Association, 2013). In any case, the determination of unfitness was made without the member's presence and based only on the court documents, yet it becomes true by the College's/Panel/Committee's

determination. Given how nonspecific the criteria by which determinations of insight are made, these criteria are therefore entirely discretionary; whatever the Panel decides insight is, is what insight is.

It is also unclear what the “considerable expense and the costs incurred by the College to investigate and prosecute the matter” (OCSWSSW, Nov 12, 2012, p. 4) referenced in the Discipline Committee’s Decision Summary entailed, given that the matter had already been decided by the court five years beforehand, was upheld by the Court of Appeal, and the only evidence they used were pre-existing court documents. They also claim that publishing his name and their order “may be the only effective way of ensuring that the public or future employers are aware of Mr. B[redacted]’s past actions” (ibid, p. 4). They position themselves as a sort of “thin blue line” after having engaged in an expensive Law-and-Order sketch: without them, nobody would be safe, nobody would know anything.

The Panel further stated that it is “unlikely that he would be deterred or rehabilitated” and also that their penalty “serve[s] as a specific and general deterrent” (ibid, p. 4). The language of general deterrence refers to deterring the whole population, while specific deterrence refers to the particular offender. So, it provides *unlikely* but *specific* deterrence to J.M.B. This exemplifies the contradictions within the Committee’s stated purposes of discipline and protection. A further inconsistency is that until the year 2022 J.M.B. was still listed as a registered member in the College’s Online Register and still listed as working at the Hospital from which he was fired in 2006. His class certificate of registration was listed as “Social Worker General” and no terms, conditions and limitations were indicated (see Appendix P). While the profile on the Online Register has now been updated since my 2022 search, it displayed incorrect information for 10 years since the Committee’s decision in 2012 to withdraw his membership. This is inconsistent with the College’s claims about public protection, which supposedly includes maintenance of the Online Register to ensure employers or the public are able to check whether someone is registered. The discourse about safety and protection upon which the College depends in order to qualify for juridical privileges does not translate into consistently fulfilling a simple measure ostensibly taken to ensure people know who is or is not a social worker, revealing its ideological operations.

5.3.2.3 R.P. 2018

The evidence used in this case was an Agreed Statement of Facts. Citation of s. 2.2.6 occurs first as item 3 of the Allegations section:

3. You provided social work services to the Client while you were under the influence of alcohol and/or suffering from depression (OCSWSSW, Oct 23, 2018, p. 2)

This is the very first reference to any misconduct within the document. It is notable that it appears before any other description of member R.P.'s behaviour, being preceded only by a statement that R.P. is a member of the College and provided social work services. This appears to be a shift in the relative importance of the member's health and substance use, judging by its prominent placement compared to the previous two cases above, reflecting increasingly centred biomedical discourse. The Allegations go on to name s. 2.2.6 and s. 2.7 as separate items, another instance of duplicating or stacking violations. As a Decision and Reasons document, as opposed to a Summary, it also explicitly refers to allegations set out in the Notice of Hearing on March 15, 2018 (ibid, p. 2). The Notices of Hearing are posted to the Discipline Committee webpage with details of the allegations. Therefore, allegations that the member was influenced by alcohol/suffering depression were available to any member of the public before the hearing. There is no indication where information contained in the Notice of Hearing's allegations was obtained, whether from the member, alleged by the client, or impressions of another College committee, or whether the information was obtained by way of a medical examination. It is unlikely R.P. was given the chance to object to these details being posted on the website in the Notice of Hearing; I was unable to locate any indication that members are given an opportunity to redact content or add a statement to the Notice of Hearing or publicly posted Discipline Committee documents; all the information available regarding member health and behaviour comes from the College, demonstrating the relative silencing of the member and any context that might provide another interpretation.

The Agreed Statement of Fact begins with the same ordering of information as the Allegations section of the document. There is no further indication of how this conclusion was reached, what constitutes a serious condition, or who defined those terms, if they are ever defined. The Agreed Statement of Fact again lists both sections 2.2.6 and 2.7 without any added details, and these are accepted by the Panel. In the Reasons for Decision, they expound on the matter of the member's health:

[10] The Member provided social work services to the Client while she was suffering from a serious mental health condition and in doing so, she failed to be aware of her values, attitudes, and needs and how those impacted her professional relationship with the Client. She failed to distinguish her needs from the needs of the Client to ensure that the Client's needs remained paramount (allegations (b) and (c)) (OCSWSSW, Oct 23, 2018, p. 10)

Paragraph 10 indicates that having a health condition while being a social worker means failure to be aware of one's own values, attitudes and needs in relation to a professional relationship. It therefore integrates s. 2.2.6 with s. 1.1.5 (failed to be aware) and s. 1.1.6 (failed to distinguish) of the Handbook. She had a mental health condition and continued working and "in doing so" was not aware and did not distinguish her values, attitudes, and needs. Simply, one is said to follow the other.

Paragraph 18 of the Reasons for Decision restates, for the eighth time in the document, that the member practiced social work while suffering from mental illness: "[18] The Member engaged in the practice of social work while she was suffering from a serious mental illness that she knew or ought reasonably have known impaired her ability to practise (allegations (h) and (t))" (OCSWSSW, Oct 23, 2018, p. 11). Here there is no attempt made to integrate suffering or illness into another item of misconduct, or make any further description of her behaviour. The reason for the finding that the member engaged in the practice of social work while she was suffering from any illness or dysfunction that impaired her ability to practice is that the member engaged in the practice of social work while suffering from an illness. There is no need for the College to make a claim about what impairment occurred, because illness is effectively made synonymous with impaired ability. The connection between illness and behaviour *is illness*. The allegation, finding, and reason here are one and the same.

Her conduct is called disgraceful by the Panel because "it casts serious doubt on her moral fitness and inherent ability to discharge the higher obligations that the public expects a professional to meet" (ibid, p. 12). The Discipline document outlining the case made against R.P. demonstrates the power of "citationality" that the College operates with, as indicated by the colloquial term "depression" rather than a standard diagnostic title such as Major Depressive Disorder or clinical depression, for example. There is no indication of any physician documentation, examination, proclamation, etc. The College is who names the member mentally ill. The authority of the DSM is parenthetical, and the sections 2.2.6 and 2.7 serve to authorize the College as an authority on so-called mental disorder. This document also undermines the College's position regarding closed Fitness hearings; the College has no qualms about publishing members' personal health information. Beyond disseminating accusations and findings of members being ill/dysfunctional, specific details are disclosed and made available on the internet.

5.3.2.4 A.T.T. 2020

The evidence utilized were two Agreed Statements of Facts. As in the case of R.P., the Notices of Hearing include reference to the member's health via citation of s. 2.2.6:

The conduct alleged...occurred at a time when you were experiencing illness and/or dysfunction which was known or ought to have been known would reasonably impair your ability to provide social work services (OCSWSSW, Nov 2, 2020, p. 2, 4).

Both Notices of Hearing refer to s. 2.2.6. So, once again, before any hearing and before any evidence was heard, references to the member being ill and/or having some physical or mental dysfunction were posted on the internet. The Allegations are restated again at the outset of the Decision document, and a peculiar note follows these allegations:

At the outset of the hearing, the panel inquired why the matter was proceeding through the College's Discipline process and not Fitness to Practise (FTP). College counsel submitted that in order to have the matter proceed as an FTP matter, there would have had to have been evidence at the referral stage or subsequently of an incapacity issue that was significant enough to provide a full explanation for the conduct that occurred. According to College counsel, that evidence was not available and the College viewed the available information concerning certain health issues as something that was more in the nature of a mitigating circumstance. The panel was satisfied with that explanation (ibid, pp. 5-6).

Throughout all of the 81 cases, there is never another occasion that indicates the Panel queried why the matter was before them. This was not asked in N.G.B.-R. 2008, J.M.B. 2012, or R.P. 2018, or if it was, it was not included in the decision document published online to the website or to CanLII. The College's lawyers answered that the "incapacity issue" would have had to be "significant enough" to explain the conduct at a prior stage in the discipline process. According to the "evidence" they had procured, A.T.T.'s health issues apparently did not *significantly* explain her conduct. There is no indication elsewhere in the document that expands on the nature of evidence on this matter or that provides any further information on this decision. Perhaps she was deemed too fit-capacity for the Fitness to Practice Committee. However, it is alleged that she also knew or *ought to have known* her practice would be impaired by her health issues, even though these health issues did not satisfactorily explain her conduct, as per the note on the Panel's query regarding Fitness to Practice. The health issues are also "more in the nature of a mitigating circumstance" (OCSWSSW, Nov 2, 2020, p.6). In sum, the College counsel alleges that A.T.T.'s health issues are insufficiently significant to explain conduct, yet also rise to the level to make a finding of misconduct, and yet also mitigate misconduct. There is no note of any statement made by the member, who was self-represented, nor the legal counsel for the Panel on this

matter. According to the decision document, the Panel is satisfied by College's lawyers' argument, so the hearing proceeded.

Both Agreed Statements of Fact also state that the member's health issues impaired her practice and that she knew or ought to have known. But the College modifies the adjectives from s. 2.36 of the Professional Misconduct Regulation to indicate a lesser charge, on account of the health issues:

The College was amenable to agreeing that, for reasons including the fact of the Member's health condition, while the conduct in this case would be regarded as "unprofessional" and "dishonourable", "disgraceful" did not apply here (and therefore agreed to in effect modify the position in paragraph 12 of Agreed Statement of Facts #1 and paragraph 11 of Agreed Statement of Facts #2) (ibid, p. 11).

And despite the fact that health issues are found to have been mitigating, health issues are also found to have risen to the level of misconduct, as stated in the Reasons for Decision: the member violated section 2.2.6 of the Handbook, because during the time the conduct described in the Agreed Statements of Facts occurred, "the Member was experiencing health issues that she knew impaired her ability to provide social work services" (ibid, pp. 12, 14). On this same point, the Reasons section also states that she violated s. 2.2 of the Professional Misconduct Regulation, i.e. "Failing to meet the Standards of the Profession" (ibid, pp. 12, 14). The Reasons of this case identify body/health as origin of disability, and communicate that being disabled means being professionally substandard.

In summary, there are four publicly available cases of the College determining that a now ex-member was ill, dysfunctional, or under influence of a substance, such that they were impaired. Differences in health/ability are communicated as attributes some members "have" that render them so obviously deficient that any reasonable person would know their practice of social work amounted to misconduct itself, notwithstanding other findings. There was no indication of any involvement – through testimony, submitted reports, attendance, or even passing reference – of anyone purported to be a physician, nurse, hospitalist, etc. in the Discipline Committee's decisions on violation of s. 2.2.6 and/or s. 2.7 made against the four now ex-members. The fact is made by social workers, with evidence tendered by way of police breathalyser/records, criminal trial documents, legal council, or Agreed Statements of Facts. Despite the seeming absence of medical professional involvement in the Discipline decisions, the finding of illness, dysfunction, etc. is nevertheless a diagnosis: it is a pronouncement of connection between sign/symptom and a bodily disease or condition.

Any accounts of the member beyond the Agreed Statements of Facts are cut out, and there is a pasting-in of facts: wherever sections 2.2.6 and 2.7 appear, evidence of cutting out is identifiable by the College in the statement that members “ought to have known” about their unfitness – and yet the person is also found unobjective, unable to perform rationally, and lacking awareness of themselves or practice, so how could they know anything? They are excluded from “the circle of those who know” (Smith, 1978, p. 47) through the finding they violated s. 2.2.6 or s. 2.7. In addition to falling short of professional standards for medical/body health reasons, a member can be found unfit on the basis of their inherent ability or morality, as will be discussed in the following chapter section.

5.3.3 Unprofessional, dishonourable, disgraceful

Section 2.36 of the Professional Misconduct Regulation is of particular relevance in examining the College’s discourse on fitness. This section prohibits,

Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional (s. 2.36 O. Reg. 384/00).

Based on my review of the 81 Discipline Committee decisions, section 2.36 is the most frequent offence listed in the public documents. It is alleged in 73 cases and found in 69.⁴ In addition to frequency of use, the very first citation made in publicly available cases is the finding that the member violated s. 2.36. This is in M.A., 2003, the earliest publicly available Discipline Committee decision document, and it is the only section of any regulation or bylaw listed in the document (OCSWSSW, Jun 10, 2003). Again, in the second available disciplinary case of an unnamed member in 2004, s. 2.36 is the only section of any regulation or bylaw cited in the document (OCSWSSW, Nov 12, 2004). No other section of the Handbook or regulations stands alone as s. 2.36 does.

That it was the first citation in the decisions, and that it can stand alone as the only section named, along with the ongoing frequency of its application, indicates its central importance. However, despite this, there are no definitions of disgraceful, dishonourable or unprofessional given in the Act, regulations, or Code of Ethics and Standards of Practice. The definition derives from, or is created through the

⁴ Of the four occasions s. 2.36 was alleged but not found, two were stayed following resignation of the member, and the other two were motions on upcoming hearings where the finding was then made.

decisions themselves. The definitions of disgraceful, dishonourable, unprofessional first appear in the Decision Summary pertaining to the 2004 case of an unnamed member:

In arriving at its finding, the Discipline Committee accepted the following definitions:

“Disgraceful” conduct is conduct that has the effect of shaming the member, and by extension, the profession. In order to be disgraceful, the conduct should cast serious doubt on the member’s moral fitness and inherent ability to discharge the higher obligations the public expects professionals to meet.

“Dishonourable” conduct is similar, but need not be as severe. Both dishonourable and disgraceful conduct have an element of moral failing. By contrast, “unprofessional” conduct does not require any dishonest or immoral element (OCSWSSW, Nov 12, 2004, p. 3).

The descriptions make it clear that the adjectives represent a gradient of conduct, from unprofessional – least severe of the three – to disgraceful – most severe of the three – with dishonourable somewhere in between the two poles. The severity is in terms of degree of doubt regarding both “moral fitness” and “inherent ability” to meet professional obligations expected by the public. By these definitions, some conduct is indicative that a person is fit and able, and some conduct is indicative that a person is unfit/unable, *inherently*. Disgraceful indicates a most serious level of doubt, or in other words, a judgement including disgraceful indicates the person is probably inherently unfit or unable to practice. According to the College, there is something naturally built-in, something structurally indelible or innate that makes a professional. Accordingly, some people have it, and others do not, and the Disciplinary Committee makes determinations in this regard through its application of section 2.36.

In M.A., 2003, all three degrees – disgraceful, dishonourable, or unprofessional – are listed, but in 2004, where the differentiated definitions appear, the Committee specifies that only unprofessional and disgraceful apply (OCSWSSW, Nov 12, 2004, Jun 10, 2003). Throughout the cases where a finding of violation of s. 2.36 is made, there are three variations that appear: conduct unprofessional (5), conduct unprofessional and dishonourable (15), or conduct unprofessional, dishonourable and/or disgraceful (49) (see Appendix Q). This indicates that each time s. 2.36 is found, it carries a particular intention given the parsing – in each there are in fact not one but *two* decisions being made: the decision to find violation of s. 2.36, and a decision about what component(s) of s. 2.36 are to be applied in the given case. This amount of attention is not apparent with any other section of the regulations or Handbook throughout all of the Discipline Committee decisions. These are not haphazardly or carelessly applied. Indeed, a slight variation on the adjectives’ definitions are laid out again in a decision on a member K.J.D in 2019:

Disgraceful – this term is used to describe the most serious type of misconduct involving a moral failing on the part of the Member. It describes conduct that is so shameful that it casts doubt on the Member’s fitness to practice the profession.

Dishonourable – this typically describes conduct with an element of moral failing. A member who engages in dishonourable behaviour knows or ought to know that the conduct is unacceptable.

Unprofessional – this term can be used to capture conduct that does not necessarily represent a moral failing, but involves conduct that falls below the standards expected of professionals (OCSWSSW, Nov 5, 2020, p. 15).

The gradient of severity is reiterated, with slight variation in wording: “moral fitness” is “moral failing” and “inherent ability” is “fitness to practice.” The shift in wording is not a fixed revision, and application of the 2004 wording continues to be interspersed in cases after 2019, demonstrating that these are synonymous. Therefore, it is not haphazard or careless that the Disciplinary Committee explicitly and directly laid a claim about inherent ability and fitness to practice 49 times in the decisions. And arguably, each of the 73 of 81 cases where s. 2.36 is named, the fact of inherent ability and fitness is conjured through its very reference, even if a finding of disgraceful is not made.

Sometimes the only mention in regard to s. 2.36 is the citation, or a reiteration of definitions established, such as when conduct was found to have entailed “no elements of a moral failing that the use of the word ‘disgraceful’ would imply” (OCSWSSW, May 28, 2019, p. 9). Conduct is a moral failure and therefore disgraceful if it is called that by the Panel. In some cases, specific connections between the alleged incident(s) and the three adjectives are drawn. For example, in A.R., 2013, the Panel explained,

Ms. R[redacted] acted dishonourably by having nonclinical contacts with the client and having the client in her home. She also acted disgracefully by accepting gifts and services (cleaning, painting) from the client. Further, Ms. R[redacted] acted unprofessionally in failing to respect appropriate client/therapist boundaries, failing to document appropriately and failing to notify the client’s psychiatrist of the development of a personal relationship (OCSWSSW, Jun 20, 2013, p. 2).

The Panel connects acceptance of gifts to the finding of disgraceful conduct, i.e. the member is probably inherently unable and morally unfit by reason of accepting gifts and acts of service. It is unclear why gifts/service were singled out from other items of her conduct, which were written as unprofessional and dishonourable. While it is noted that the member gave gifts to the client elsewhere, it is only the *acceptance* of the client’s gifts that is included in reference to s. 2.36. Perhaps it is disgraceful to receive a gift from someone who has a psychiatrist, or at least, if you did not tell the psychiatrist about it. There is no other reference to the client, apart from being “vulnerable” (ibid, pp. 2, 4), or how the matter came before the Discipline Committee, so there is insufficient information to draw any conclusion on this

specific case. Nevertheless, it demonstrates that giving or receiving gifts can be written as a manifestation of inherent inability and moral unfitness to practice.

In P.S., 2021, the member's comment about social workers drinking alcohol factors into the Panel's decision on disgraceful behaviour:

In addition to his actions that brought him before the College which demonstrated an element of moral failing, Mr. S[redacted] failed to appreciate the seriousness of his conduct when he stated that although he engaged in impaired driving, he must not be the only social worker who partakes in alcohol or other substances. That comment demonstrated to the Panel Mr. S[redacted]'s failure to take responsibility for his actions or to acknowledge the seriousness of his conduct. Furthermore, Mr S[redacted]'s conduct surrounding the Medicaid fraud in Florida is an act that is rightfully deemed dishonourable. Taken as a whole, the Member's conduct is disgraceful: it casts serious doubt on the Member's moral fitness and inherent ability to discharge the higher obligations the public expects professionals to meet (OCSWSSW, Feb 4, 2021, p. 9).

The matters bringing him before the College, elsewhere stated to be related to a DUI, indicate an "element" of moral failing, which meets the established definition of dishonourable. Alleged Medicaid fraud years earlier is also "deemed dishonourable." "In addition", he did not take responsibility for his actions when he stated that drinking alcohol or partaking in other substances is common amongst social workers. It is this comment that elevates the conduct to disgracefulness, given that the other conduct issues are written as dishonourable. The College, which seeks to maintain ideas about a dividing line between 'safe' and unsafe, unfit, substance-using workers, found this comment particularly disturbing to the normative social order they have undertaken great effort to establish. Suggesting registered social workers engage in behaviour associated with moral failing casts doubt on the College's ability to govern, which is to say, make the hierarchical divisions that are said to protect the public. It undermines the authoritative position of the College. His membership is accordingly revoked. The member seems to have identified an inconsistency in the Panel's decision to set a fixed term before he could reapply: "He expressed confusion as to the reapplication ban, stating that he did not understand why the College would let him reapply in five years if the College is indicating that he is not fit to be registered" (ibid, p. 13).

The member was justified in their confusion. Disgraceful – morally unfit and inherently unable – has been authored in cases of an extraordinary variety. It is applied to a member who was brought before the Committee after an employer's report about "time theft," conflict of interest and failure to meet client needs by having two jobs (OCSWSSW, Apr 23, 2015, 2015), and it was also applied to a member following conviction and sentencing for murder (OCSWSSW, Aug 21, 2018, 2018). In other words,

despite s. 2.36 being the most frequently used and best-defined violation within the Discipline documents, nothing about the application of the adjectives appears to logically follow anything I was able to surmise from the available documents. This is not entirely unexpected, given that the ideas of “moral fitness,” “fit to practice,” and “inherent ability” themselves are contrived inventions. Nevertheless, they are brandished with the confidence of fact by the Discipline Committee, with serious consequences for anyone coming into contact with social work, as discussed in the next chapter subsections.

5.3.4 College Abuses

Within the Discipline Committee decision documents I found that the College’s biomedical and judicial discourse regarding their proclaimed duty to protect is providing cover for institutional abuse of those coming into contact with social work institutions, either as clients or as members being disciplined, or family of disciplined members. While the client’s name is never given, at times there is a great deal of information included in the disciplinary documentation, enough to identify unnamed individuals. Where described, clients are almost invariably defined by way of diagnoses, lack, dysfunction, deficiency, and most of all, vulnerability. Below, I present one case showing that the Discipline Committee will violate the privacy of the children of members, and one case showing that members are severely punished for conduct occurring while they themselves are clients. The significance of the fabrication of the unsafe-able subject is also evident in how it is weaponized by social workers to dominate service-users, and I will use two Discipline Committee decision cases to illustrate this domination.

5.3.4.1 *Violations of Privacy: D.O. (2022)*

This case shows that the College’s dependence on biomedical discourse violates the privacy of member’s children. The member D.O. was found to have discarded hundreds of unredacted client files into a public dumpster, and the Agreed Statement of Facts notes that "If she were to testify, the Member would state that her improper disposal of the records was a result of the stress and panic she was experiencing at the time" (OCSWSSW, Apr 13, 2022, p. 7). This note is followed by a list of stressors: D.O.’s son is the focus of the context section, and comments about his impact on D.O.’s conduct surface throughout: the day she threw away the files, “her son was in an emotional state” (ibid, p. 6). Diagnoses are included with details of D.O.’s actions: the member’s “eldest son” “who is autistic and severe OCD [sic]” was suicidal (ibid, p. 7). And he is written as *being* his diagnosis: he “is” autism and he “is”

obsessive compulsive disorder, phrasing consistent with the College's ableist educational material listing disability as a biological individual trait.

While the son's name is not included in the published Discipline decision document, the member's full name was used – and is made available on the OCSWSSW website and CanLII – making him easily identifiable as her eldest son. Ironically, in a case centered on confidentiality, publishing details of the member's son's diagnoses violates confidentiality: there is no indication that her son was present at the hearing or consented to these details being shared alongside identifying information, namely, his mother's full name. Anyone who knows the member would immediately know who he is and, thanks to details provided by the College, has access to personal information. Beyond D.O.'s family, coworkers, and at least several College members, he is easily identifiable by anyone searching his mother's name, whether his friends, romantic partners, potential employers, health insurance companies, academic institutions, clients of D.O., or even strangers such as myself; public access to any number of social media accounts would provide his name and photos.

These are not inconsequential details when sanism is systemic, with implications for relationships, access to services, job prospects, education opportunities, medical care, etc. As indicated in the literature review, it could very well even impede him from accessing social work education, should he seek that in the future. With little doubt, it would flag him for evaluation of fitness, and accompanying surveillance and restrictions by the College should he seek registration. And each of these impacts contributes to potential stressors which create both mental and physical wounds. Any potential agency in choosing to disclose or not disclose mental health history – or even the choice to identify *as* the medical labels he's been diagnosed with – has been expropriated by the Committee, who felt it necessary to disclose his diagnoses to the public alongside identifying information on their website, official publication, the Online Register, and CanLII: all in service to “protecting the public” from harm.

5.3.4.2 Vulnerability and Punishment: K.J.D. (2019-2020)

The following case serves as an example of how “client groups” come to be defined as vulnerable in order to punish and produce endangerment and precarity, all under the guise of protection. K.J.D.'s (OCSWSSW, July 10, 2019) case came before the Discipline Committee following 2016 criminal charges related to alleged hacking of a private portal of the Family and Children's Services of Lanark, Leeds and

Grenville (FCSLLG) website. K.J.D. petitioned the College for a motion to postpone the College’s disciplinary proceedings until the conclusion of the criminal proceedings; the College Panel that reviewed this motion was made up of a single Council member, Charlene Crews, along with the “Panel” legal counsel and two College lawyers. They refused to postpone College proceedings until the conclusion of the criminal proceedings, under the claim that K.J.D.’s motion did not meet the *RJR MacDonald* “3-part test” regarding stay of proceedings (OCSWSSW, Feb 28, 2019, Motion, p. 10), a legal test that originates from a Canadian Supreme Court decision in 1994. Chairperson-Panel Crews found K.J.D. did not meet the test requirements, in part because the breach of privacy involved “a vulnerable client group,” and the member did not immediately bring a motion for the stay upon being notified of the College allegations:

While the timing of this motion might be attributable to the fact the Member is unrepresented in these discipline proceedings, rather than a calculated tactical decision, in my view the timing of the request is a consideration weighing against the stay and in favour of proceeding with the hearing (ibid, p. 12).

K.J.D. was a social service worker and adult educator, but did not work for FCSLLG. The conduct under investigation by the Discipline Committee occurred in the context of K.J.D. as a *client* of FCSLLG. She discovered that FCSLLG’s website was insecure, granting open access to confidential information about its clients, such as herself, including parent/guardian names, child age, and Eligibility Spectrum Codes. She made complaints to the FCSLLG – there were no password protections, no measures to keep the information private whatsoever, and could be accessed by anyone who visited their website. However, after two months without any attempts on the part of the FCSLLG to remove this information from their website or protect it from public access, she acted as a “whistleblower” to expose the problem by attempting to contact other FCSLLG clients who might also have been impacted by the breach (Dimmock, 2020). In response, the agency’s Executive Director claimed she was a “hacker” who illegally obtained this information and posted it online, which was subsequently proven to be patently false in court (Dimmock, 2020). This context is cut out of the Discipline Committee documents, available only by searching news stories about the case.

College Councillor Crews, Chairperson of the one-person “Panel,” along with three lawyers, wielding an affidavit from a fourth lawyer and Head of Complaints and Discipline of the College, faced down K.J.D. She was unrepresented because she could not afford lawyers for both criminal and disciplinary proceedings, and in the relevant context was a client who, at the hands of FCSLLG and the

police, had been violently arrested on false charges, threatened, had her privacy violated, and was retaliated against by the FCSLLG (Dimmock, 2020). K.J.D. was determined by the College to be part of a “vulnerable client group,” but through the Discipline Committee she is removed from this context, and from the entirety of “the public,” of whom she is not understood as a part of, but an outside threat. Accordingly, on the basis of “vulnerability” and “protection” the hearing was not postponed and she was forced to undergo parallel proceedings. K.J.D. was prosecuted by the College and found guilty, because “contravention of a provincial law may be relevant to a member's suitability to practice even if it occurs outside a member's professional practice” (OCSWSSW, Nov 5, 2020, p. 12). This contravention was found, despite acquittal of all criminal and provincial charges, demonstrating that charges alone are sufficient for the College to find a member guilty of having contravened a law relevant to suitability to practice. Any conduct, even in the context of accessing services, is within the jurisdiction of the College to discipline, demonstrating how encompassing claims of suitability can be.

Following the 2020 Ontario Court acquittal on criminal charges, K.J.D. said to journalists that “[t]here is no aspect of my life this did not impact. My family, my health, my career, even something as simple as taking my kids to school, or grocery shopping, has been challenging at times over the last few years. I am happy to be moving on with my life now” (Devoy, 2020), providing a small glimpse into the harm the judicial process can do to a person, even when they are found not guilty. The saga was not over, however, as she was brought before the College’s Discipline Committee later that year for a hearing on Penalty and Costs, subjecting her to further judicial injury. K.J.D., again self-represented, argued it was in the public interest that no penalty order be made. The Discipline Panel however, having found her guilty, was instructed by their independent counsel that given the wording of s. 26(4) – that the Committee “*shall* make an order...” – they have “no discretion to refuse to make any penalty” (OCSWSSW, Nov 5, 2020, p. 7, original emphasis). Accordingly, the Panel imposed the College’s recommended penalty: her membership was suspended for six months; she was ordered to submit the Discipline Committee decision documents to any current or new employer – who must agree to perform random audits of her work for one year – and to complete ethics courses and undertake meetings with the Registrar and/or a regulatory expert at her own expense. Further expenses for two years of supervision were stipulated should she operate a private practice. Particularly cruel was the order for her to pay

\$7,500 in costs to the College, despite advising the Panel that her income is about \$20,000 per year (ibid, p. 13). She has four children. Four children, with an income level below the poverty line, on the heels of having been violently arrested, followed by years of battling false accusations in both provincial court and College hearings, in the midst of a global pandemic, having suspended means of livelihood for six months, and the Panel ordered her to pay them almost half of her yearly income (ibid, p. 13). According to the Panel, these punishments serve specific and general deterrence, as well as a rehabilitative function (ibid, p. 12); across the three Discipline Committee documents pertaining to K.J.D., public protection is mentioned 22 times, not including the many references to child protection or protection of confidentiality.

The discrepancy between the framing of the College in the Discipline decision and the information available from news media and K.J.D.'s blog is remarkable, demonstrating how a very different narrative emerges using Smith's (1978) concept of cutting out. In College documents she is unprofessional, dishonourable, and disgraceful; in other sources she is lauded as a whistleblower and vindicated advocate, whose conduct led to the agency having to fix a major privacy problem with their system, and prompted a class action lawsuit by clients for damages (Dimmock, 2020; Devoy, 2020; *M.M. v. FCSLLG*, 2021 ONSC 3310). The Discipline documents cut out relevant context, facilitating the construction of K.J.D. as unfit and in need of rehabilitation, and the College as protector of the public. With this discretion they have the power to dominate, doling out abuse and devastating punishment.

5.3.4.3 Sanist Harm on Clients

The system for manufacturing psychiatric facts is circular; it is produced by "capacitized" members of the College, who are granted the authority to create evidence of psychiatric diagnoses through a process of producing documents that then act themselves as evidence of psychiatric diagnosis. These documents, by virtue of being produced by an authorized party, become an authority themselves, a "fact" of reality that can be used to coerce, harass, intimidate, and silence. The Discipline Committee, as a facilitator of sanist violence on clients, typically identifies in these cases the need for greater documentation, consultation, and accuracy, never identifying this violence as manifestation of sanism.

Unnamed Member (2008)

In the case of an unnamed member working as a hospital counsellor in 2008, the member sent threatening emails to one of their clients stating that if the client made any public complaints about the

member, they would be able to take the matter “all the way” in court, and not only would the client “go broke,” but their "mental health record would be subpoenaed and reviewed and the contents of the record would have the effect of discrediting the Client and the Client's interpretation of their relationship" (OCSWSSW, Aug 5, 2008, p. 4). The social worker told the client this would lead to the client’s employer learning about the client’s criminal record and drug use (p. 4). It is noted in the Discipline Committee decision document that the client’s health care team warned the social worker about the client: "The Client’s psychiatrist also cautioned the Member to be aware of the Member’s relationship with the Client, especially in light of the psychiatrist’s concerns about the Client’s possible personality traits" (ibid, p. 2). The client is rendered as inferior and dangerous due to their “possible personality traits,” and this facilitates further subjugation and silencing on the basis of these manufactured facts. The mental health record is a weapon created and wielded by social workers, in collaboration with psychiatrists, to heighten authority, authorizing themselves as knowers while simultaneously excluding the client as capable of knowing, all with the power to intimidate and discredit the client to the member’s advantage, to evade consequences or any reparation for these mentally mutilating actions.

The personality disorder is a mental illness schema imposed in order to cut the client out, to make absent their own life context, and to instruct the reader on how to read the text of the decision. The doctor’s judgement is a substitute for any encounter with the client. The Disciplinary Committee's decision document includes no reference to any of the client’s words. As in the case of K presented by Smith (1978), it is conceivable that if anything about the client’s behaviour did seem odd, it may well be due to having experienced this kind of abuse of power at the hands of authorities, echoed in the Discipline Committee document. The member knows that the mental health record, the criminal record, the accusation of drug use, and the schema of “personality disorder” can be used to discredit the client and has the potential to offer professional protection when encountering a threat to personal authority. It is utilized as a tool to maintain psychiatric myths and power over psychiatrized people; the so-called truth of these schemas remains undisturbed, and continues to be upheld by the College.

Indeed, while the member was brought forth to the Discipline hearing, it mitigated the discipline they faced. Despite the threatening emails accepted as evidence in the hearing, including the member’s comments that they were glad they had “explored” “the sexual piece” with the client (OCSWSSW, Aug 5,

2008, p. 3), and the member's admission that they had had a "sexual encounter" (ibid, p. 4) following eight months of psychotherapy/counselling, the Panel made no finding that the member sexually abused the client. The framing "sexual abuse" is not present at all in the document. Here it is called "touching of a sexual nature" and "behaviour of a sexual nature" (ibid, pp. 4-6). While meeting the definition of sexual abuse in the legislation under section 43(4), s. 2.5 of the Professional Misconduct Regulation ("Abusing a client physically, sexually, verbally, psychologically or emotionally, including sexually abusing a client within the meaning of subsection 43 (4) of the Act") is not invoked. Instead, s. 8 of the Handbook, which refers to sexual *misconduct*, is applied. Misconduct carries with it less severity than abuse in the decision of the Committee: the social work membership is not revoked. The member is granted anonymity. And we, the readers, are told why, via the details about the client provided in the Decision Summary that author them as ill, disordered, dysfunctional. We are told the client was "under the care of a psychiatrist due to depression, anxiety and an inability to manage day-to-day" (OCSWSSW, Aug 5, 2008, p. 1), has "personality traits" of concern that the member is warned about (p. 2), has a "criminal record," and enjoys "treats" frequently while on-call for work (p. 4). The member maintains their position in the professional fold through subjugation of the client, and the College innovates in communicating to the public their authority over the vulnerable.

Given the reduced punishment handed down to the member by the College, and the fact that the client's personality was relevant in determining punishment of the member, it is apparent that the member's greatest transgression was merely a miscalculation of their own jurisdiction; it is not that they were abusive in threatening a client with legal action to prevent them from lodging a complaint, but that the member did not have the authority to dismiss that complaint. Threats to the sovereign authority of social workers by clients must be prevented, but only through "proper channels," i.e. the College itself.

G.D. (2019)

While social work members have the scope to make special "social work diagnoses," which are not supposed to include DSM diagnoses, there are instances where the member will make reference to DSM categories in their social work diagnosis in order to author someone as an unfit parent. Member G.D. (OCSWSSW, Jun 18, 2019), operating private practice including child custody and parenting capacity assessment, told a client that the client had traits "consistent with OCD" that might negatively

impact the client's son, and that without professional support for "OCD behaviours" he would never get more time with his son (p. 13). Due to these "OCD behaviours" the member recommended that the client should spend the same amount of time or less than currently permitted with his son (ibid, p. 14). The Panel identified that because obsessive-compulsive disorder is recognized by the DSM, and DSM diagnoses are not social work diagnoses, the member erred in lack of self-reflection and seeking consultation (ibid, p. 25). However, the act of engaging in individualizing categorization of people to report on whether to withhold or grant access to their children is not a problem for the College. The social work diagnosis is a pathologizing tool and must have a signature of social work without veering too close to the DSM, unless substantiated by a psychiatrist's assessment and diagnosis.

Social work diagnoses are also used to author children as little capsules of nefarious potential that are poised to unleash social problems. In response to a client's comment that he drinks approximately 35 beers per week, the social worker opined that if he "consumed 35 alcoholic beverages a week, he could not have been the kind of parent he should have been" and that all five of the client's children were "at risk of becoming alcoholics," that the 10-year-old and 12-year-old daughters were "at great risk" of using their "breasts and vaginas" for attention, and that the 17-year-old daughter was "at risk" of promiscuity (ibid, p. 26). Here, the issue for the Panel is that such comments "were not based on a credible body of social work knowledge and/or were not based on sufficient information" (ibid, p. 26). This suggests this may not have been a problem if the member had met and performed an assessment of the children, or if he had obtained documentation from a physician making these claims. When stating that a client's 8-year old was "parentified," and would become "a narcissist," "The Member reached these conclusions after the third session with K.M. and J.K., and a total of 12.5 hours with the clients, but without having met K.M.'s daughter or spoken to any of her teachers, other family members, or family friends about O" (ibid, p. 18). When a separated couple sought support in establishing a parenting plan for their 5-year old, and the social worker commented that the child "was almost certain to die by suicide by the age of 16" due to their relationship conflict, this opinion was "not supported by a credible body of social work knowledge and/or were not based on direct observation (given that the Member had never met [the child] T.)" (ibid, p. 26). It is noted that one of the parents died by suicide the day after this meeting (ibid, pp. 5, 16). What the College is stating is that anyone making such claims ought to have undertaken a more thorough

assessment beforehand, rather than perhaps, the member ought not label children as problems and parents seeking support as murderous.

The regulator of social work does not take issue with fantastic projections of children as future alcoholics, promiscuous sexual deviants, or fatal risks to themselves *per se*. There is no issue with communicating such “facts,” as long as they have been made into stronger, more official truths through processes such as consultation and documentation. There is no dispute about authoring children as certain “types,” as disordered degenerate humans. Social workers *know* the mental health record, the criminal record, the accusation of “use,” the schema of “personality,” the schema of “risk” and “promiscuity” can be used as weapons, and they know it because they participate in their very fabrication. It is directly utilized as a tool to maintain psychiatric myths and maintain power over psychiatrized people, is a manifestation of sanism, and of course, these schemas remain central to social work practice today.

The logic of eugenics and colonialism are evident throughout the discourse of the College’s policies and disciplinary practices, including throughout the SWSSWA, regulations and bylaws under the Act, online public communications, correspondence, Annual Reports, lobbying, Discipline Committee decisions, and practices such as the applicant Health Declaration. The repetitive language of the numerable “unfits” – inherently unable, morally unfit, incompetent, incapacitated, suffering, ill, dysfunctional, unobjective, impaired, physically and mentally conditioned, disordered, unsuitable, biomedically lacking safe-ability, emotional, psychologically malfunctioning, lacking insight, depressed, under the influence, substance-using, addicted, unmanaged, unhealthy, mentally deficient, disabled in thought, cognition, mood, perception, memory, judgement, vision, deteriorating, unkempt, tired-looking, break-taking, sick-leaving, behaviourally angry, and so forth – is a repetitive language, and these lashes accumulate on the body and on practice (Abdillahi, 2023, personal communication). Disciplining and incessant public warnings of unfitness serve to elevate the power of the OCSWSSW, obscuring mentally and physically mutilating harm done in the name of protection.

Chapter 6 - Discussion

6.1 The Fit and The Unfit

The College presents its disciplinary policies and practices as protective measures that are meant to benefit the Ontario public, who may at any time access social work services. The “protection” they offer is protection from “the unfit,” a category of persons defined by the College as ontologically dangerous. Part of the process for determining (un)fitness is an evaluation of the member’s mental and physical condition, or the ordering of psychotherapy as a way of monitoring and correcting *potential* or *conditional* unfitness; the College makes decisions of *fitness* based on professional opinions of safe-ability. This binaristic view of fit and unfit, able and unable, safe and unsafe, positions social workers as essentially fit (and therefore safe) and their clients as essentially unfit (and therefore unsafe). Disciplinary decisions operate on the logic that unfitness must be ‘rooted out’ of the College, that it is an invasive force that threatens the authority of the professional body, yet also offers the opportunity to justify disciplinary power. The goal of this is to prevent the Ontario public from ever encountering themselves in a social worker’s office; the public is necessarily *out there*, a uniform hoard of mentally or physically unfit people who require intervention from those within the bordering towers of the College; this is a part of maintaining a colonial social environment.

This sanist logic is developed enough within the institution of social work that the College need not invoke standard psychiatric medical terminology to enforce it; the fact that only four Discipline Committee cases made explicit finding of the members’ bodily ill/dysfunctional conduct (through violation of s. 2.7 and 2.2.6) does not contradict this, it reinforces it. Those who are unfit (clients) can never become fit (members), and any finding of unfitness amongst the ranks of College members is proof only that discipline must be imposed to disallow the unfit from intruding on the authority of the fit.

This formulation of the College has several implications. It positions the College as Judge, Police, and Border Guard; as Medical Personage; and as Imperial Parent. In the following sections I will discuss each of these roles in turn. At its base, the College relies on colonial infrastructure to reproduce colonial logics of surveillance, essentializing dichotomies, and “capacities” for rule and domination.

6.2 The Judge, The Police, The Border Guard

6.2.1 The Judge

The College venerates the application of discipline as a necessary function in maintaining safety without producing any corollary evidence beyond their own claims. From this study of their publicly available documents, the claim that the disciplinary process yields public safety is based largely on the pretense that penalties produce both specific (in the case of the particular) and general (in the case of essential unfitness) deterrence. However, there is no evidence within the College's publicly available documentation that suggests that the punishment of its members has any deterrent effect on professional misconduct. In fact, there is scholarly evidence to the contrary: according to UNSW Law Professor David Brown for example, a researcher of criminal law, deterrence by way of punishment is unfounded, and may actually produce “civil disabilities,” such as by resulting de-skilling, exclusions from employment, housing, and breaking up social contact (Knight, 2020).

While the College cannot directly sentence someone to prison, the punishment they dole out can have similar impacts. When a member loses their licence to practice through suspension or revocation, this creates job loss and economic instability, with any number of reverberating effects in the context of austere/neoliberal capitalism, such as eviction, loss of insurance – and therefore access to dental care, medications, devices or services not covered under the Ontario Health Insurance Plan (OHIP) – and strain on relationships. Even the requirement to provide employers with a copy of the findings and orders likely hampers members' ability to secure and maintain employment, similar to the mandatory criminal record checks on many employment applications. Suspension is de-skilling, imposing lengths of time where a member is unable to work in their field, interact with colleagues, or access the tools and resources possible through employment benefits. Large cost orders are devastating where members are already economically marginalized. Orders involving terms and conditions, such as mandatory psychotherapy at the member's expense also incurs considerable financial cost, given that an initial session with a registered psychotherapist can cost \$300 and reports \$250 per hour in the province (CITC, 2022).

The College is a judicial authority, and their disciplinary hearings have the force of law: as per the Statutory Powers Procedure Act, “statutory power of decision” refers to the conferred power to decide the legal eligibility of any person or party's rights and privileges, and in regards to receipt and

continuation of a licence (s. 1(1)). In many ways, they also wield judicial criminalizing authority such as through procedural language and practices (e.g. *voir dire*) and use of criminal trial documents as evidence. Charge stacking acts to heighten the authoring of legal authority, justifying more severe punishment. As a delegated judiciary, this also inherits the legacy inequalities found in the practices of law; namely, whiteness and financial resources mediating outcomes.

There is already an inherent resource imbalance between the College and the member, even before accounting for the financial resources of the member. The College has the benefit of their facilities and means like a Hearings Office, space, printers, copiers, computers, software, stable internet, organization supplies, filing systems, and indexes. Therefore, the College, which adopts the role of prosecutor, judge, jury, and social executioner, has resources and infrastructure to facilitate appointments and scheduling, host meetings, documentation preparation, notarization, ongoing correspondence tracking, IT support, and so on. On the other hand, the member may have none of these, and has the added hurdle of being confronted by a panel in an unfamiliar space, facing accusations and harsh penalties, while likely losing wages. Frequently, members have no lawyer. A member might not have \$1.9 million for legal spending, \$181 thousand for meetings, \$81 thousand for office supplies, \$33 thousand for printing and stationary, tens of thousands for postage, courier fees, translation, and telephone, for a year, nor the millions in investments, as the College does, for example (as per the Summary Financial Statement, 2022 Annual Report OCSWSSW). This is just a small sample of financial resources deployed to convince the population that they are being saved from depravity.

These massive imbalances in resources and power exclusively benefits the institution of the College. The stacking of s. 2.2.6 of the Handbook and s. 2.7 of the Professional Misconduct Regulation reflects a pattern of piling on as many charges as possible. Each hearing and finding of guilt, which ostensibly serves to “protect the public interest,” instead serves to reinforce and sustain the authority of the professional body in the province. This all seeks to legally entrench the College’s *definitional privilege* (Smith, 1978) via the use of *regularized writing* (Said, 1978/79) of legalizing public protection and consensus building regarding safe-ability. Concern is constantly invoked about public safety at the hands of a certain category of people – the actions of “incapacitated” workers, unregistered, unfit – i.e., those who violate the “normal” line between client and professional. This upsetting of social hierarchy is

claimed by the College to have some kind of negative impact on all of society. Concern is stoked by lobbying activities; the so-called disordered, the dysfunctional, the criminals must be identified and removed from the space of privilege of membership. The Act, regulations, and bylaws write into being the existence of this spectre. This writing is then activated by court, i.e., the Fitness and Discipline Committees, cutting out context that would suggest a very different scenario. Decisions of guilt, particularly those in violation of the Handbook s. 2.2.6 and the Misconduct Regulation s. 2.7 and 2.36, reproduce juridical authority imbued with whiteness, operating within and maintaining the constituted medical other, with lineages from the asylum (Foucault, 1961/1988). It produces and reproduces consensus that there is a real threat: unfit, risky persons are trying to breach the safety of the walls of the profession. These fabrications are hidden in plain sight and must be rooted out by attention to conformity to normal weight, clothing, speech, tone, emotion, etc.

6.2.2 The Police

The suitability test is the most explicit evidence that the College's 2018 Health Declaration application policy was more than a simple shift in wording of the underlying Registration Regulation. There is no timeline, no limit, no parameters specified other than calling into question one's "suitability." There is no immunity. As indicated in the case of member J.K. (2018) s. 2.29, i.e. contravention of a federal, provincial or territorial law or a municipal by-law, and s. 2.36, i.e. past conduct regarded as unprofessional, dishonourable, or disgraceful, are indicative of present suitability. This affirms that members who have been criminalized, psychiatrized, and traumatized can be identified as having engaged in misconduct prior to becoming a social worker or social service worker. However, this exercise of authority is so powerful that the Discipline Committee has made findings of contravention of a law in the absence of provincial conviction, as in the case of member K.J.D. (2019-2022). Therefore, while certain people are much more likely to be policed and punished, this system makes it possible to reach into the past and write disgrace, moral unfitness, and inherent inability onto anyone appearing before them.

And through the Act, through the state, the Registrar is deputized to appoint investigators (s. 32), who can apply for warrants if there is "probably grounds for believing" that a member is incapacitated, and the investigator can be authorized to enter by force any premises of the member, their employer, and perform searches, remove any object or document found relevant. Investigative reports are handed to the

Registrar, who can then distribute the findings to committees to initiate processes of disabling punishment, and any information from these so-called confidential processes, if it could aid or prompt law enforcement proceedings, can be communicated to a police officer (SWSSWA, s. 50(1)d), further illustrating how the College acts as a policing agency. The College makes this explicit by advertising its powers: “The College can be considered to be a law enforcement agency because of its enforcement powers under the Social Work and Social Service Work Act (SWSSWA)” (OCSWSSW, 2019, Nov 22).

6.2.3 The Guard

The OCSWSSW’s judicial weight and policing power are intelligible as border authority. In terms of membership, registration is akin to citizenship, normalizing the Health Declaration; registration confers privileges that only select people are granted through state documentation. Activation of the regulations and bylaws produce the College’s professional boundary. One must make declarations before being granted entrance, such as health and criminal histories, which are used as justification to keep out certain people from the professional sphere, and there are penalties for not declaring everything you bring with you. There are deportations in a certain sense, in that people can be permanently expelled from the register. Profiling occurs, where safe-ability is subordinated into a general type. Members, employers, and anyone else to whom the College broadcasts its claims about incapacity are called to surveil their colleagues and peers for “warning signs” of mental unfitness and report their findings to the College.

“Public safety” from the medically and/or criminally unfit legitimizes the professional border and the state border. In concert with the state border, the College and registered social workers are enabled to act as border guards: social workers, along with police, and in some cases nurses, doctors, and teachers become colonial nation-state border guards when enforcing citizenship status, by making reports to CBSA through what skaidra (2022) calls “Privately Deputized Sovereignty.” Allegedly, only medical doctors, psychologists, and nurse practitioners can make medical diagnoses. However, social workers, as evidenced in bio-medical ascriptions of safety, objectivity, etc., often assume a kind of diagnostic sovereignty, wielding para-DSM “citationality” (LeFrancois & Diamond, 2014) to make decisions or claims about capacity, parenting, reliability, which impacts movements in or out of prison walls or solitary confinement, in or out of hospitals, beds, programs, homes. The statutory endowment of the College is a regulatory zone where administrative deputized sovereignty can occur. As an institution the

OCSWSSW is deputized, legislatively and administratively, wielding the power of diagnostic sovereignty to control their border by rendering people incapacitated by sovereign will. This reflects the Manichean world of division, beyond physical boundaries and lands, to which Fanon (1961/2004) refers. ‘The Guard’ framing also incorporates how the CEO/Registrar rationalizes moving forward with implementation of racist ASWB entry-to-practice exams: reversal “would not support our mandate to protect clients and communities from harm, nor would it address the larger societal issues that impact candidates long before they take an entry-to-practice exam” (Betteridge, 2022 Dec 22). At best this implies that larger societal issues, namely anti-Black racism and anti-Indigenous racism impacting candidates, are regrettable, but ultimately irrelevant to public protection. But taken together with the College’s systemic efforts to maintain barriers preventing people from being registered, this implies keeping racialized members out is protective.

6.3 The Medical Personage

Reference to health professionals provides the legitimizing power of the *medical personage* (Foucault, 1961/1988). There need be no science or research or evidence of the existence of safe-ability, although, as detailed by Fanon (1961/2004) and Said (1978/79), universities, major health organizations, and swaths of experts will come to the service of maintaining colonial lies. In the case of the College, the “facts” are conjured on authority of the social work personage, supplemented only by passing reference to medicine, because the Committees, Council, and position of the CEO/Registrar are imbued with the medical personage. The College has found it sufficient to make vague gestures in the direction of medical knowledge and affiliation. This follows Foucault’s description of the opening of asylums: “They did not introduce science, but a personality, whose powers borrowed from science only their disguise, or at most their justification” (p. 271). This is also suggestive of Said’s identification of the apogee of Orientalist confidence, where no merely asserted generality is denied the dignity of fact, in this case, dignity as medical fact. As stated by CEO/Registrar Betteridge, fitness is determined by some [unspecified] medical examination, and decisions are guided by [unspecified] health professionals. That the CEO/Registrar would present such a flimsy response, and presumably expect anyone to be satisfied by such an explanation, demonstrates the scale of the power of the medical personage. As discussed in my analysis of the Annual Reports, counselling is positioned as akin to health care, and using this conjured similarity,

social workers are then positioned as a class of special health care workers. Psychotherapy, positioned as a medical-adjacent intervention, also discursively links social work and medicine. Psychotherapy reports, authored by social workers and submitted to and assessed by the CEO/Registrar, can then be used as evidence of fitness. The Fitness Committee can order the resolution of a condition or disorder on this made-power. Along with repeated deployment of s. 2.36 and “inherent ability” and “moral fitness,” the College exercises and strengthens medical personage.

The Health Declaration policy, the regulations, and standards ostensibly based in truth or reason are self-aggrandizing. They are their own foundation. Safe-ability is not a fact of nature. It is not discovered but is produced, and has been accepted as social work knowledge in order to generate the reality they appear to describe. The application of medicalized authority is inconsistent, having little stability, which is its strength, shifting as needed.

The DSM is not explicitly applied to any member in any case, yet discipline on the basis of violating 2.2.6-2.7 is implicitly informed by the DSM. Importantly, it describes not behaviour, but is constitutional, i.e., who the person can be medically identified *as*, in terms of objectivity. The closest explicit activation is in R.P. (2018), where mention of “depression” and “alcohol” are made. These are taken for granted as factual. No reference to doctor’s notes, diagnosis-related medical documentation, or even official DSM titles associated (perhaps either Major Depressive Disorder or any other Mood Disorder (DSM-IV) or Depressive Disorder (DSM-V) or Alcohol Use Disorder (DSM-V) or Alcohol Abuse/Dependence (DSM-IV)) is made. Rather, colloquial terms are used, and these no less perpetuate lies that certain medical conditions, certain brains, certain bodies underlie violence, that emotions are unhealthy, that people who drink alcohol are unsafe, and who therefore the College is compelled to identify and extract in service of “protecting the public.” There is no rigor: they do not need to say more, because there is enough power contained within the gesture.

Examples provided from the College publication on “What is incapacity” seemingly inexplicitly parses out mood disorders and from mental illness, and pairs use with abuse. In addition to the concept of citationality, this is comprehensible by applying Said’s (1978/79) observation of the characteristic imperial vagueness and detail of the Orientalist. Condition, illness, dysfunction, disorder, substance – complex and heterogeneous terminology are rendered as treatable, manageable, individual entities. These

generalizations are fortifying – they allow a good deal of innovation – while corresponding to no stable reality or fact. This allows un/fitness to evolve, pathologize, and encircle people in sanist fantasies.

Communications from the College on the 2018 Health Declaration equivocate. Information provided from the CEO-Registrar in response to this research was cursory, but at times the College provides more detail. The issue is diagnosis, but not always, just sometimes. A person might be safe if they are appropriately managed, if there is no evidence of looking unkempt or taking frequent breaks, or if a doctor does an examination and declares medical safe-ability, or if the College continues investigating and monitoring for signs of unfitness. On the other hand, there is no qualification, no pretense in the Discipline documents. There is no “This is a matter of *untreated* depression, *untreated* alcohol consumption.” There is no, “You had an *unmanaged* serious health condition.” If those qualifications were to appear, someone might ask the embarrassing question: why has the social worker not sought out the same treatment that they themselves provide? It is a catch-22, where treatment signals something lurking beneath the surface, something bad enough to need treatment, which might mean unfit, but avoiding treatment is also indicative of incapacity. It is much tidier to categorize as unfit and leave out talk of treatment in public-facing hearings of the Discipline Committee. Condition, illness, disorder, are distilled, as they are in the Handbook definition of dysfunction: a physical or mental condition or disorder “*could call into question*” objectivity, that only need *hint*, only need be a body that “*could* impair.”

Taken together with the CEO/Registrar’s contention that “unmanaged,” i.e., unresolved, i.e., diagnosed “psychotic illness” creates risk of harm to clients, this can be understood as further operation of anti-Black sanism, which is entrenched in all levels of society (Abdillahi et al., 2016). This is of key importance in reading and understanding the “What is Incapacity” notices, which frame emotions as behavioural issues. In this way, emotions and experience of systemic violence are re-written as not only individual matters, but individual *acts* in the colonial social environment described by Fanon (1961/2004). The College thereby broadcasts instructions for racist, anti-Black profiling. Fear reigns disproportionately depending on who you are: “Think of Black Africans whose bodies already evoke fear, anxiety and disgust and add sanism to the mix. They are in deep peril” (Mfoafo-M’Carthy as cited by Abdillahi et al., 2016, p. 21). The College engages in incapacitation of Black bodies and practices; it is not neutral identification of incapacity, but a brutalizing course of action that produces fear, pain, and

suffering. And that suffering can then be taken up by colonial medical authorities (Fanon, 1961/2004) as evidence of inherent biological illness that precludes safe-ability to practice, marking those social workers as unprofessional, dishonourable, and disgraceful.

6.4 Imperial Parent

As stated in my section on Committee decisions, training assignments are doled out as penalties, one of which is study of regulation in Canada. An excerpt from one such ordered readings states,

Canadian law, based on English law, adopted the English tradition of self-regulating professions. Among the first to emerge were the military, church, legal, civil service, and medical professions. These professions all reflect a common trait of placing duty above self-interest. The civil service reflects a unique dual role of duty to the government and duty to the public (Schultze, p. 41).

The claim is all consuming: the military, the church, legal and civil service and medicine are grouped as the first, as the dutiful, as above self-interest. It is the English tradition. This is regulation as presented by the College: an historical fantasy of “duty above self-interest,” where the College’s approach to discipline is as ontologically objective as the institutes it equates itself with – an ontology that necessarily includes an *oubliette* where enslavement, genocide, and unmarked graves are thrown into and forgotten about. This historical fantasia is prescribed to members who have been ordered to undertake education as part of their disciplinary obligations as an attempt to bring them back into the authoritative fold. In at least two recent cases, the member is required to read this article and submit a 2500 word essay to the Registrar (e.g. L.W., 2018, J.H., 2018).

In this way, assigning homework, instructing on the history of the world – which is to say of Eurocentrism and white supremacy – the College resembles Fanon’s (1961/2004) description of the colonial mother: she authorizes violence in the language of non-violence and protection. Without her, there will be depravity and disorder. The vulnerable public will be defiled by the ill, the substance users, the depressed, who will bring shame to the profession. The story of the history of the profession underscores the role of white women in colonial relations. Jane Addams and Mary Richmond cultivated social work activities of settlement and charitable associations with a civilizing mission, where “civil” meant English-speaking property-owning white families embodying dualistic oppositional gender roles and protestant work ethic, observing Christian rites, sanctity of marriage, and with British table-manners, cleanliness, purity, and virginity as utmost indicators of goodness and worth (Rossiter, 2001; Kennedy, 2008, Lee & Ferrer; 2014). The role of Addams and Richmond stems from the social work antecedents of

Christian missionaries and Indian agents: “The provision and denial of social welfare to Indigenous peoples under occupation became a core technology of the settler apparatus pushing for a radical transformation of the modes of production of Indigenous communities in order to facilitate ongoing dispossession...” (Fortier & Wong, 2019, pp. 439-440). CASW advocated for Indigenous assimilation, stressing the importance of “qualified personnel,” i.e. social workers (ibid, p. 441). This gave the Canadian state legitimacy under the guise of humane, professional support. “Helping” civilizing missions continue to produce the “vulnerable” “helped” other (Rossiter, 2001).

The tradition continues through the mother regulator, with explicit authority of the state, in what seems to be identifying and separating out the upright from the bad children – but through punishing regimes actually produces mentally mutilating effects as Fanon (1961/2004) describes. The takers of leaves-of-absences and idle from the productive, the ill from healthy, the disabled from abled, the idolaters and drinkers from the pure, the disordered from organized: the Council, committees, and Registrar are the arbiters determining who has simply strayed, those who can be rehabilitated, and who are inherently unfit, dealing in gobbledy-gook and mongering confusion. These divisions are ever more important at the borders of the College, where determinations are made as to who deserves special privileges and status to monitor and discipline the rest of the masses. The OCSWSSW crafts the rules for the division, and for division-makers who get the status of intervenor on the exploited. The separations rest on justification through numbers of hearings, decisions rendered, and alleged abuses prevented. It is through fabricated expertise regarding un/fitness and safe-ability that the College continues the legacy of social work as a “technology of extraction” by delegitimizing social and caring practices, exemplified in the ‘60s Scoop and Millennium Scoop, enabling social workers to remove children from their families and communities (Fortier & Wong, 2019, pp.442-443).

The College is necessarily acting with the colonial patriarch, at present identifiable as the Minister, who has authority through the Act to require the College Council to do anything he believes necessary, including making, amending, or revoking regulations (s. 11). This is called “consultation with the government.” It is reiterated in the 2019 Annual Report that the College “[r]eached out to the Honourable Todd Smith to congratulate him on his appointment as Minister of Children, Community and

Social Services” (p. 6), appropriately, as his party legislated the College into existence. These relationships featured in the Annual Report 2021 reflect the collaboration between parties of genocide:

We recognized the tragic events of the past year, such as the uncovering of gravesites of Indigenous children on the grounds of former residential “schools,” and we condemned all forms of racism and bigotry. These statements reflected our acknowledgement of our responsibility to engage in difficult discussions and to examine how issues of diversity, equity and inclusion fit within the regulatory context. In 2021, we also continued our strong engagement with the Government of Ontario, which included ongoing discussions around the regulation of Children’s Aid Society (CAS) workers (pp. 7-8).

These statements promote the power and status of the regulatory institution, articulating allegiance to the colonial settler state, minimizing genocide as some “tragic events” of the year, while deflecting, side-stepping, and evading accountability. There is no indication that any investigative action into the role of the CASW and social workers has been taken or will be taken, just statements which “reflected” (past-tense) responsible acknowledgement of “difficult discussions” about who can be a member. Diversity does not easily “fit” in the regulatory context, we are told, by reference to “issues” and the need for examining “fit.” The Annual Report uses children’s bodies as rhetorical stepping stones to lead into remarks about College advancements in securing CAS powers. There is no outrage apart from a conjuring of off-hand remarks about how anyone can run around and act like a social worker at CAS, a bitter pout that professional title is vulnerable to co-optation that is made over and over and over. The entire population is vulnerable if the title is vulnerable, which is to say, if the hierarchy facilitating the policing of certain families is vulnerable.

There are repeated insinuations that it is registration, that it is association with a professional body, that it is sectioning off the incapacitated and unfit that provides protection for the public. This serves a purpose, which is to obscure ongoing colonial violence seeking to impose a professional class operated by the settler state to “protect” children and intervene on Indigenous families in the province. Colonization dehumanizes and is based on contempt and justified by claims about “security,” “rule of law,” “abuses eliminated” (Cesaire, 1955/2001, pp. 42-43). As creatures of statute, regulatory bodies are acting as the state – the College is a direct agent of colonial law and order, who maintains the divided colonial world. The colonial mother is engaged in activities to separate out the social workers from the social worked, and creating knowledge about inherently unsafe-able people through a public protection mandate paves the way for authority. The authority provides the foundation for further authoritative action and white liberal silencing: this is a cyclical tactic to control a worldview, to perpetuate a belief in the need for policing

certain kinds of people, rationalized with falsehoods, through which “stereotypes dressed up in policy jargon” (Said, 1978/79) – and in the case of the College’s profiling of social workers, literal Health Declaration policy – is made possible.

The College maintains social work’s image as idealized, as keepers of morality, who are set out to root out degeneracy. Jane Addams, eugenics advocate and embodiment of colonial mothering, wrote that people deemed unfit on the basis of “vice” should be barred from marriage to protect the health of future children (Kennedy, 2008), echoed in the College’s repeated reference to the existence of moral fitness and safe-ability identifiable through medical charts and administrative courts. The profession that has sought to prevent the categorized unfits from getting married, having children, and keeping their children has eagerly inherited this power, and continues to wield this discourse in maintaining the colonial social environment within which social work operates. The Health Declaration policy and fitness and disciplinary process are built on the structure that the College claims, through articulation of values – of “respect,” “leadership,” “accountability,” “fairness,” “transparency,” “ethical conduct,” “caring communities” (according to their 2020-2023 Strategic Plan) – to advocate against. These are the veneer of gentleness of the colonial mother, who hammers into our minds that we need protection from ourselves, and in so doing maintains a frontline position policing, particularly policing Black and Indigenous youth and families.

The College advocates for CAS to be made up of all registered social workers, engaging in obfuscation, denial, historicizing, and side-stepping all through the discourse of un/fitness. The colonial mother regulator repeats biomedical ideology of safe-ability to advance power-jurisdiction, an ongoing invasion, escalating investment in colonization: “protecting the Ontario public from harm caused by incompetent, unqualified or unfit practitioners.” This is part of an ongoing assimilation policy. The College is seeking to absorb more people into their jurisdiction, to bring more people under the control of regulated social work, to insidiously eliminate rights, to impose psychiatry, and to impose cisheteronormative, sanist/ableist, puritanical hierarchical boundaries, all of which serves the colonial social environment amenable to exploitation, dispossession, and resource extraction.

Destruction of groups as a social unit is possible when there is a “vulnerable” public who is separate and apart from the professional, in making it so that only registered social workers are involved

in child services and adoption – which has been aptly termed “family policing” (Collective of Child Welfare Survivors, 2023; Lamers et al., 2023) – and thereby to enforce assimilationist norms.

Increasingly so, given the fact that OCSWSSW licencing exams will erect another barricade to Black and Indigenous workers. This is ongoing through social work’s genocidal history, the Canadian Association of Social Workers (CASW) having lobbied in 1947 for legal changes to processes of fostering and adoption, complaining that practices at the time allowed Indigenous children to be “absorbed into the homes of relatives or neighbours without any legal status” (CASW, 2019, p. 5). This helped facilitate the ‘60s Scoop. White bureaucratic mechanisms are designed and deployed to facilitate abuses of power, prohibition on relationships, altering bonds between groups of people, and severing social networks. Whenever documents of the College refer to fitness and inherent abilities, particularly in relation to child and family ‘protection,’ we are being taught about a charitable tradition, an academic tradition, about colonial doctrine willed over people and vast dehumanizing generalizations. They speak with the force of prestige, each case an official statement, an encoding of normalizing colonial sanist sciences. The College does not simply identify but *produces* a category of people to be subject to surveillance and medical testing for detection of the presence of bodily risk, upheld by legal architecture afforded by the settler state. This serves to perpetuate family policing, the Millennium Scoop, and genocide.

6.5 Implications: Horizon of Surveillance and Rights

At one of the College’s most recent Council meetings at the time of writing, May 5, 2022, the Council accepted a report prepared by governance consultants. The report highlights potentially promising concessions from the College. Namely, it identifies that the College lacks insight from people on the receiving end of social work and social service work, with much reference to “the public interest” with “little if any discussion of what this means in practice” (p. 25). The authors report that “The acronym ‘DEI’ [Diversity, Equity, and Inclusion] is so often used and waved as a banner of righteousness,” and “Council members do not always observe the high standards that they promote” (pp. 29-30). They find a “hesitancy” in statements on confronting racism and engaging in reconciliation, with no evidence of response to the needs and perspectives of “minorities” in College policies (pp. 29-30). The Discipline and Fitness Committees lack independence, and the Executive Committee has been acting as an investigation committee (p. 25). At a certain level, this report can be interpreted as consistent with

some of the findings of this paper: the “public interest” is a nebulous entity, put forward without any critical examination; shows of righteousness are operationalized to provide cover for ongoing inequality; and the College falls short of its own purported standards. The Discipline and Fitness to Practice Committees, which make judicial decisions with far-reaching serious impacts, are not independent; what punishment would be meted out by the College on an individual member for such a grave “conflict of interest”? Perhaps realization of the enormity of deviation from their own standards will prompt consideration of some kind of alternative to the punishing regime they choose to enact on a daily basis.

However, Said (1978/79) teaches that when it comes to systems of ideological fictions, no empirical material can dislocate it, suggesting change will not simply follow from such reports. Persons coming into contact with the institution are categorized either as healthy – i.e. without conditions, disorders, illness, or dysfunctions – or as potentially dangerous, unhealthy, unsound, morally unfit, inherently unable, and are written as such and moved accordingly. At application, those unmarked by psychiatrization and criminalization are free to enter without question, while “others” – disproportionately Black and Indigenous – are stopped by questions implying they might not have mental/physical safety. Anyone who is told something about their life – their body, their mind, their personality, their family, their gender, their ability – in the nomenclature of “mental or physical condition or disorder” are stopped at the College’s border. They are forced to profile themselves on the basis of eugenic colonial myths about health, the public, and safe-ability that have become naturalized. They may be allowed to enter, or they may not, based on declaration, documentation, medical examination, and ultimately, social work elites’ verdicts resting on the prestige of the Judge, Medical Personage, and Imperial Parent.

Growing sentiment that professional fitness and disciplinary processes are reactive, not “proactive,” has prompted various institutions to create more “data driven” approaches (Spittal et al., 2019). For example, artificial intelligence is being utilized to generate a “predictive risk score” for practitioners, using an algorithm to identify regulated professionals who may be the subject of complaints, using information such as gender, age, location of practice and mental health and substance use, assigning a value to each “risk factor” to formulate a corresponding “risk score” (Maciura, 2019). It is noted that there might be “challenges” if “variables” protected under human rights codes are scored as higher risk or have more frequent channeling into disciplinary processes (ibid., 2019, p. 2). However, the activities of

the OCSWSSW indicate that the legal framework allegedly protecting disabled people from discrimination does not hold up to even basic scrutiny. Social workers who are critical of profiling in the profession should be deeply suspicious of any regulator moves to collect more information from applicants and members, foreshadowing plans for further fabrications through the prestige of “big data.” The College’s policies and decisions demonstrate that protections afforded by the Ontario Human Rights Code can be evaded through claims about “protecting the public.” Examination of the College’s policies and decisions provides evidence that legal intervention, or the “rights-based approach” is limited at best, and arguably perpetuates sanist violence, occluded by logics of fairness, protection, and safety. Given the findings of this thesis, the Ontario Human Rights Code can be understood to be acting as one of many “symbolic gestures of justice” (Daley et al., 2019, p. 165).

6.6 Summary

Through discourse emerges the ideal professional: one who is documented, rational, impartial, and safe, contingent on raced, classed, and gendered bordering. The hearing/decision by a panel and updated formal formatting provides an aesthetic of rigor and fairness; gestures at unspecified mental/physical examinations command; public communiqués from the CEO/Registrar laden with caricatures further advertise and augment their *definitional privilege* endowed by the Act and regulations. This set up allows the College to appear objective in its disciplining of imaginary safe-ability, acting as a *deputized sovereign* through which “public protection” bordering is carried out. Therefore the stakes of every discourse-act are not simply whether an individual will be cast out or imbued in the professional fold; the punishing retributive apparatus of the Handbook, the Act, the mental investigations, the Health Declaration, committees, are all exercises in a trajectory of colonial *thingification*, justified retroactively through the systematic surveillance, punishment, and costs to those deemed unsafe to carry out the sacred duty of social work, fabricated as safe.

Through this apparatus, the College can force members with limited resources, who are being threatened that their children will be taken away, to undergo parallel proceedings. They demonstrate willingness to make decisions that directly and quite literally endanger the lives of parents and their children by imposing sanctions and ordering costs incompatible with the ability to obtain food and shelter. They simultaneously wield claims of privacy and vulnerability to invade, breach, penalize, and

punish those identified as “unfit.” They demand disclosure of applicant health information, deterring would-be social workers by making it known that certain kinds of people are not welcome. Members’ private health and personal information are aired in the hearings and broadcasted in College publications, on CanLII, on newswires. Clients’ diagnoses and personal information is used in hearings and published in the decisions as relevant evidence. Who does this protect? And from what? It shields the College from scrutiny, from accountability on privacy violations, from accusations of conflicts of interest, from mountains of unsubstantiated claims, and most importantly, from any threats to their authority.

The OCSWSSW is not impartial. It is an arm of the colonial state of Canada and inherits all the baggage that power affords it. It is no surprise, then, that it treats every single one of its members as possible infiltrators that threaten its borders.

Chapter 7 - Conclusion

The previous six chapters of this thesis have provided a comprehensively alternate account of the College's claims about the Health Declaration and related disciplinary processes – ones that are punishing, sanist/ableist, and colonial in both foundation and function. While wielding the authority of so-called objectivity through the operation of statutory powers, criminalizing legal aesthetics, and psychiatric discourses, it is clear the College makes no attempts to actually collectively aid anyone, other than themselves. So, what is to be done about the practice of social work?

7.2 Research Significance

7.2.1 Significance on Social Work Discipline

This thesis contributes a novel perspective on social work via an interrogation of the College's fitness and disciplinary mechanisms. Sanism is rarely interrogated – or even acknowledged – in social work (Poole et al, 2012), and understandings of disability are still largely governed by the medical model, as illustrated by the College's educational materials presented to members and the public. These are not coincidental. However, simple interrogation is not enough; facilitating the inclusion of more disabled people into the ranks of professional regulated social work will not prevent ableist/sanist harm, just as the existence of disabled police officers does not ameliorate the role that policing has in white supremacy through the abuse and murder of Black, Indigenous, and disabled people.

7.2.2 Academic Significance

This research builds off the work of the “Duty to report or accommodate? Mental health and the regulation of allied health professionals” project by Jennifer Poole at Toronto Metropolitan University and Burstow's (2017, 2018) analysis of fitness processes. The project of colonial profession building, relying on colonial tools – i.e. sanist/ableist discourses – is written into legislative and regulatory law, and activated by the College through the Health Declaration application policy, and related disciplinary materials and practices. Claims about privacy and vulnerability are wielded to invade peoples' lives, to penalize, to cut out context, and to fabricate facts about types of people who should be identified and divided from the rest. The OCSWSSW upholds pathologizing individualizing myths and generalizations that serve to dehumanize and thereby produce populations made to be ruled. These are legacies of colonialism enacted on the colonized and social worked, and the same instruments are picked up, refined,

and applied to social workers. Therefore, Burstow's comparison of regulatory fitness policies to Nazi fascism, while illustrative, stops short of identifying deeper roots of colonization, enslavement, policing, and purity movements, the logic and methods of which inform professionalized social work practice.

7.3 Recommendations

7.3.1 Reformist Options

Current disciplinary practices cannot be decoupled from the way social work is practiced; to be competent is to be fit, and to be fit is to exist outside of the public condition, of public incompetence, which members are tasked with managing. In order to shed certain medicalizing distinctions of difference, a reformist approach would begin by demanding that unfitness and mental or physical condition/disorder be removed from the College's definitions. This means that A) no member shall be disciplined for any mental or physical condition or disorder they may have, and B) no evidence of mental or physical condition or disorder (or "insight" or "impairment" or "dysfunction" etc.) may be admitted as relevant evidence to challenge a member's competence in the course of a disciplinary hearing. The Fitness to Practice Committee should be immediately dissolved, and their powers of investigation into members' health should be annulled; the Committee serves no purpose aside from adjudicating the alleged incapacity of College members. Members who have had to pay any costs to the College for findings of incapacity or incompetence should be repaid in full. All public notices and warnings of incapacity must be immediately removed. The Health Declaration along with other mandatory "good character" racist, classist, and ableist requirements should be abandoned. These actions should be made explicitly known to the public in the form of an official apology from the College, outlining their mistakes as well as the solutions they plan to implement to correct for these historic practices.

These changes might help to diminish the sanist harm that members face in the course of their practice. Policy changes would also, ideally, promote a cultural shift within the College; members surveilling their colleagues, employers surveilling employees, and professors/field instructors surveilling students for signs of illness or dysfunction would no longer be formally mandated, and the removal of any punishment mechanisms for said illness or dysfunction would further mitigate this practice. However, to ensure that this cultural shift takes place, these changes need to be formalized; reporting incapacity of members must be prohibited. Critical disability training that is explicitly informed by anti-colonial

scholarship should be mandatory for all members. College elites, rather than focus on legal evasion of disability discrimination per the OHRC – through insistence that un/fitness is not necessarily a matter of diagnosis, and that past/present behaviour is the focus – could consider the spirit of the OHRC, as suggested by several directors of schools of social work (see Appendix A), elevating physical and mental conditions/disorders to equal status with every other protected ground described in the OHRC.

7.3.1 Deprofessionalize Social Work

However, a reformed College would still be a professionalizing corporation that derives its power from the state, both directly through its legislation by the Harris conservatives and the wider nation-state, by positioning itself as a colonial police force that can discipline those most impacted by dispossession, exploitation, and artificial scarcity imposed under settler capitalism. The College’s mission is to civilize, diffuse, and subdue the public, to protect the public from itself, a dangerous hoard that must be managed by those who exist outside of it, i.e. members of the College. Far from allowing the College to expand and oversee all CAS activities, instead it should be stripped of its legislative power.

This is not a call to *deregulate* or *privatize* social work; democratizing the ability to participate in colonial state management would not produce less oppressive outcomes. Rather, this gets to the heart of the problem, which is that professional social work is justified on colonial and capitalist grounds; determining who deserves state provisions and resources, who can live with their children, who gets access to job programs, which detention facility to intern a youth in, who gets a bed at the shelter, and so forth, are contingent upon basic essentials not being universally available to the public, through historic and ongoing dispossession and privatization, and contingent upon punishing, retributive, violent systems of policing rooted in logics of slavery, colonization, eugenics, and capitalism (Joseph, 2019; Fortier & Wong, 2019; Walcott, 2022). The most effective way to mitigate the harm social work reproduces is by socializing the artificially scarce provisions overseen, and eroding the policing, punitive power of the profession. The changes needed to disarm social work as a technology of domination are the same ones that have been called for by abolitionists and decolonizing revolutionary movements for years – defunding the police, reparations, Land Back, deinstitutionalization, truly universal health care and housing, to name just a few. The need is for redress and redistribution, not increasingly racist reactionary regulation. And according to Fortier & Wong (2019), despite recent statements of complicity in

colonialism, such as those by the Canadian Association of Social Work Educators, “social work can only be decolonized through an abandonment of the professional and institutional framework in which it currently exists” (p. 452). Therefore, the only just path forward requires the abolition of the College as the entity organizing, enforcing, guarding, and advancing said professional and institutional framework.

7.3.3 Defund and Dismantle the College

To these abolitionary ends, social workers, social service workers, social work educators, and related employers and workers should defund and dismantle the OCSWSSW. This echoes the calls to “disarm, defund, dismantle” the police that have been made for years by Black and Indigenous feminist community workers and scholars (Pasternak, et al., 2022). The College has demonstrated that its duty to “serve and protect the public” is a deeply violent endeavour, and mitigating the harm it produces involves a combination of eroding the institution’s legitimacy and resources. Like any other corporation, the OCSWSSW uses money to carry out its operations, its staff, investigators, offices, meetings, advertising, computers, and so forth. Unlike local police agencies that receive funding from the municipality, or the province for provincial police, the OCSWSSW receives funding from its applicants and membership. According to the OCSWSSW annual reports, registration and application fees comprise the revenue, totaling \$9.6 million for 2022 alone (Annual Report 2022 OCSWSSW, p. 19). Therefore, I suggest a boycott of the College, not just as a form of protest representing an abandonment of the policing institution’s authority, but also to materially defund its activities. Mass divestment would necessarily erode the professional regulatory agency and could be mutually organized with and through Wong et al.’s (2022) call to educators to restructure curriculums away from professionalization and towards accountability. This is not to say that individual resignations from the College, refusal to pay fees, or participate in its so-called “continuing education” is meaningless. Such acts of resistance, especially by those in relative positions of power in the field – such as tenured social work professors – may help counter the discourse that unregistered workers are unfit and initiate further momentum towards collective organizing unclouded by ideological fictions of professional safe-ability.

7.5 Future Research

This thesis, beyond addressing the current gap in critical research about the OCSWSSW, reveals that much more critical research about the College can be undertaken. Further investigation into the

Fitness to Practice Committee decisions would be of particular interest given that they directly deal explicitly with “fitness” on the basis of Committee opinions about suffering mental or physical conditions/disorders. Duplicating the methods of this thesis with other documentation from the College, especially internal documents regarding application and registration that are not released to the public, may be beneficial in formulating a more precise picture of the exact functions of the College vis a vis safe-ability. The fact that I was not able to do these things in my own research for this project highlights the opacity of an institution that holds itself out as protecting the public.

Direct observation of disciplinary proceedings may also be of value; according to the Discipline Committee’s online Notices of Hearing, there are two individuals, A.E.M.B. (referred to the Discipline Committee June 16, 2022) and J.H. (referred to the Discipline Committee December 9, 2022) who are presently accused of practicing social work while suffering from an illness, dysfunction, or under the influence of a substance (violation of s. 2.2.6 and s. 2.7 of the Handbook and Professional Misconduct Regulation). Upcoming hearing dates are to be announced at the time of writing this thesis, and in-person attendance of these hearings may provide further information about the specific techniques the College utilizes in crafting un/fitness, and what support is useful to members undergoing surveillance, discipline, and/or penalties related to un/fitness. Perhaps useful to elaborate on the production of un/fitness and safe-ability is a critical legal analysis of the College’s disciplinary and fitness processes, something that was beyond the scope of this thesis. Other topics of research might include analysis of incentives driving hospitals, schools, and other agencies to require employees to be registered with a regulator, critical examination of the College’s financial investments, and alternatives for accountability and collectivizing.

Additionally, the OCSWSSW is only a single professional regulatory body in a single province in a single settler state. While my work intends to be reflective of social work broadly, it is nonetheless situated within a particular context with limits to generalizability. To advance further anti-colonial and critical literature on social work, future research should attend to local and regional differences, varying historical circumstances, and wider political contexts, including seeking out community resistance to professionalized/professionalizing invasions and policing. This will allow more rigorous education and action regarding the makeup of the global fabric of settler colonialism relating to practicing ‘social work.’

7.6 Concluding Remarks

Professional social work cannot continue to exist in its current form. The sanist violence enacted on members by the regulator is simply an augmentation of the techniques used in ‘civilizing’ violence that missionaries, slave patrols, Indian agents, Residential school workers, early charity visitors/settlers enacted – and that contemporary social workers and social work systems continue to enact – on children, families, communities, and nations, variously called client, service-user, patient, inmate, consumer, member, etc. The growing attempts by the College to produce information about the “unfit” and “vulnerable public” and thereby surveil, intimidate, discourage, demean, and disable workers indicates continued investment in a destructive punishing system. Far from protecting the public, social work judges, polices, and borders the public, and the OCSWSSW’s efforts to secure authority in CAS indicates that the professional intend to continue expanding their monopoly on colonial mothering violence, sorting members of society made vulnerable into categories of deserving or undeserving, safe or unsafe, suited or unsuitable, for various techniques of incapacitation, domination, and genocide.

I am not a member of the OCSWSSW and will not register upon completion of my studies. I suggest others do the same. The College exacts violence upon clients and members and contributes to the conditions that precipitate violence systemically, and invests in punishing systems that produce distress. Rather than paying yearly dues to the College, teaching for/taking their racist entry-to-practice exams, and watching their mentally mutilating continuing education programs, I think it better that would-be social workers and social service workers materially invest in forms of accountability and organizing, such as mutual aid, survival programs, peer support, and community care as many have been doing, well before the OCSWSSW was legislated into existence.

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Appendix

Appendix A: Directors' advocacy letter re: 2018 amendments

September 25, 2018

Lise Betteridge, Registrar and CEO

Ontario College of Social Workers and Social Service Workers

I am writing on behalf of the Schools of Social Work named below as follow up to our correspondence and conversation over the past year, to respectfully urge the College to reconsider certain recent amendments to its registration regulations.

We understand that all new applicants are required to indicate “whether or not they suffer from any physical or mental condition or disorder that could affect their ability to practise social work or social service work in a safe manner.”

As social work educators and researchers we understand and respect the College's mandate to serve and protect the public interest. We understand, as well, that from the College's perspective this amendment is an improved and clarified version of a requirement that has been in place for some time.

However we disagree that this amendment furthers the College's public protection mandate. The amendment as it is currently worded erroneously conflates a diagnosis with a person's abilities and actions. In this way it contributes to the stigmatization of people with disabilities. It is this kind of institutional practice – with its unintended negative consequences – that we support our students to recognize and challenge. We also believe that calling upon applicants to disclose personal health conditions, and linking health conditions and disorders to ‘unsafe’ practice, contravenes the spirit (and possibly also the letter) of the Ontario Human Rights Code.

As Directors of Schools of Social Work we wish to work effectively with colleagues in regulatory organizations. We share your intention to foster a professional, ethical, qualified and accountable community of social workers.

In the interests of that shared goal, we strongly urge you to reconsider this specific requirement of the OCSWSSW registration regulations. We would welcome the opportunity to work with you on alternate wording, should that be useful.

Sincerely,

Christina Sinding, Director, McMaster University School of Social Work

Hugh Shewell, Director, Carleton University School of Social Work

REDACTED

Raymond Neckoway, Director, Lakehead University School of Social Work

REDACTED

REDACTED

REDACTED

Marc Molgat, Director, University of Ottawa School of Social Work

REDACTED

Faculty members of the Mohawk College Social Service Worker Program

Appendix B: Frequently Asked Questions



Frequently Asked Questions

On this page:

- [General Registration FAQs](#)
- [Registration Application: FAQs regarding Physical or Mental Condition or Disorder](#)
- [FAQs for Internationally Educated Applicants](#)

General Registration FAQs

- [Who can be a member of the College?](#)
- [How do I apply for registration with the College?](#)
- [Why do I have to wait until I graduate to apply for membership with the College?](#)
- [What is the cost of membership for a new graduate?](#)
- [I won't convocate for a while, but I have been offered a job and my future employer requires me to register. What can I do?](#)
- [How long does it take to process my application for registration?](#)
- [What is the value in becoming a member of the College soon I graduate?](#)
- [I hope to get a job in the agency where I did my placement. The job title isn't social worker or social service worker, and the agency doesn't require registration with the College. Do I still need to register?](#)
- [I am currently enrolled in a social work/social service work program. Can I join the College as a student member?](#)
- [Do I need to pass an entry-to-practice examination in order to join the College?](#)
- [How can I access my file? How long do you keep my record? Can you return my submitted documents to me?](#)
- [I am currently enrolled in a community services worker program at a private career college in Ontario. Will I be eligible upon graduation to apply for registration as a social service worker and/or as a social worker?](#)
- [Are there any variables that would slow down the normal registration/evaluation process?](#)
- [Are there ways for students to get involved with the College?](#)
- [Does the College give presentations to students?](#)

Who can be a member of the College?

Graduates of an approved/accredited social service work (SSW), bachelor of social work (BSW) or master of social work (MSW) program are eligible for registration with the College. Please visit our lists of approved [social work programs](#) and [social service work programs](#) offered in Ontario.

If you are a graduate of a social work or social service work program outside Canada or the United States, please [click here](#) for relevant information.

For more information on how to apply if you do not have a social work degree or social service worker diploma, please visit one of the following webpages:

- [Graduate of non-social work program](#)
- [Graduate of non-social service work program](#)

How do I apply for registration with the College?

Applicants should first read all information related to the requirements for registration, including fees, language, citizenship and conduct found on the [Information for All Applicants webpage](#).

Applicants now have the ability to securely apply and pay their application and registration fees to the College through its [NEW online application portal](#).

If you are applying through the equivalency stream, please visit one of the following webpages for more information:

- [Register as a social worker](#)
- [Register as a social service worker](#)

For more information regarding the application process for social work and social service work applicants, please visit one of the following webpages:

- [Register as a social worker](#)
- [Register as a social service worker](#)

Why do I have to wait until I graduate to apply for membership with the College?

Only those with specialized academic qualifications are eligible for registration with the College. This is one of the ways that the College fulfills its mandate of public protection. As a student, you are still in the process of completing those requirements. Applicants must have completed a degree or diploma from an approved social service work program, or accredited bachelor or master of social work program. If you are in the process of completing your degree or diploma and would like more information on how to register once you graduate, please [click here](#).

What is the cost of membership for a new graduate?

Please visit the [registration fee chart](#) for more information.

I won't convocate for a while, but I have been offered a job and my future employer requires me to register. What can I do?

We understand that in some circumstances you may need to register with the College before convocation. This is not the case for all new graduates. If you are graduating with a degree in social work or a diploma in social service work and require membership in the College prior to convocation - but after you have completed all the academic and practicum requirements of your program - the Registrar may issue a general certificate of registration provided all other registration requirements are met, and you agree to a term, condition and limitation on your certificate of registration. (This term, condition and limitation will be removed once the College receives verification from your academic institution that you have obtained a degree in social work or a diploma in social service work.) If you are a graduating student and would like to apply for a certificate of registration on this basis, please note the following steps:

- Complete your application through the College's online application portal.
- Contact the dean/director of your social work program **OR** the coordinator of your social service work program and request that they complete the "Confirmation of Completion of Requirements for a Social Work Degree" form **OR** "Confirmation of Completion of Requirements for a Social Service Work Diploma" form, and forward it directly to the College.

Council Meeting Dates

December 1 and 2, 2021

As a result of the ongoing impact of COVID-19, all Council meetings are being held virtually until further notice. To attend the meeting virtually, please email Amy Warchuk at awarchuk@ocswssw.org.

[Read more](#)

REVIEW THE CODE OF ETHICS & STANDARDS OF PRACTICE

READ THE 2020 ANNUAL REPORT

VIEW THE PHIPA TOOLKIT

Recent News

[Coming soon: Member Renewals 2022](#)

[Professional Practice Update](#)

[Practice Considerations Around Provincial Vaccination Mandate and College's Upcoming Review of the Standards of Practice](#)

[Register Now for the College's 2021 Education Forum!](#)



which you must read, complete, date, sign and return to the College. By signing this form, you are agreeing to the terms, condition and limitation on your certificate of registration.

The Registrar will then continue to review your application for registration. Due to the multiple steps in this process, it may take several weeks to process your application.

Important Note: If you will be obtaining your social work degree or social service work diploma within approximately six weeks from the date the application is submitted to the College, you do not need to follow these steps. Click [here](#) to take the next steps and join the College.

How long does it take to process my application for registration?

The application process takes approximately three to six weeks to complete, once all of the required documentation for your application, including payment of your registration and application fees, have been received.

The application process can be delayed if the College does not receive all of the required documents from you or from a third party on your behalf (i.e. academic institution, employer, etc.)

Important note: The typical time for processing an application based on having a combination of academic qualifications and experience performing the role of a social worker or social service worker is approximately eight months. These applications are complex and receive a detailed review. Currently the College is experiencing an exceedingly high volume of applications which may affect the timelines for evaluation. Please contact regaffairs@ocswssw.org for more information.

What is the value in becoming a member of the College once I graduate?

When you become a registered member of the College, you join a community of social workers and social service workers across Ontario which is professional, ethical, qualified and accountable. Registration provides professional credibility and added value for members, while protecting the public from unqualified, incompetent or unfit practitioners.

Registration is also the law. Professionals who wish to use the title "social worker" or "social service worker" can only do so if they are registered with the College. Registration is also required if you represent yourself or hold yourself out as a social worker or social service worker.

Registered social workers and social service workers are committed to delivering professional, ethical, qualified and accountable care and services to the clients and communities they serve.

As a College member, you demonstrate to employers and to the public that you've:

- met specific registration requirements;
- follow a code of ethics and standards of practice; and
- engage in ongoing learning through the College's Continuing Competence Program (CCP).

Added value for members

As a College member, you are entitled to:

- Pay a reduced membership fee for new graduates (see New Graduate Fee).
- Access information on the activities of the College through College resources including the Perspective newsletter, Practice Guidelines, Practice Notes, the website and eBulletins.
- Attend educational and networking opportunities as part of the Glenda McDonald Educational Series including the Annual Meeting and Education Day (AMED) and Educational Forums.
- Consult with and seek free guidance from the Professional Practice Department for ethical and practice-related questions.

I hope to get a job in the agency where I did my placement. The job title isn't social worker/social service worker, and the agency doesn't require registration with the College. Do I still need to register?

The College doesn't have the legal authority to require employers to hire only registered professionals. As an individual, however, you must ensure that you are in compliance with the *Social Work and Social Service Work Act, 1998*. This means that even if the agency doesn't require registration, you must be registered if you use the title "social worker", "social service worker", "registered social worker" or "registered social service worker" (or their short forms or French equivalents), or if you represent yourself or hold yourself out as a social worker or social service worker.

As a graduate from a social work/social service work program, you are no doubt committed to ensuring that the public receives services delivered by professional, ethical, qualified and accountable practitioners. Registration with the College assures consumers and the public that the professionals providing services abide by a code of ethics and standards of practice and are competent in their field.

I am currently enrolled in a social work/social service work program. Can I join the College as a student member?

The College does not have a student member category. The Registrar, however, may issue a general certificate of registration if you are graduating with a degree in social work, or a diploma in social service work and require membership in the College prior to convocation. The Registrar may only do this after you have completed all the academic and practicum requirements of your program – and provided that all other registration requirements are met and that you agree to a term, condition and limitation on the certificate of registration.

Please note that this is a two-step process and is not a required step to registration.

To issue a certificate of registration on this basis, the following must be submitted to the College:

If you are a graduating student and would like to apply for a certificate of registration on this basis, please note the following steps:

- Complete your application through the College's online application portal.
- Contact the dean/director of your social work program **OR** the coordinator of your social service work program and request that they complete the "Confirmation of Completion of Requirements for a Social Work Degree" form **OR** "Confirmation of Completion of Requirements for a Social Service Work Diploma" form, and forward it directly to the College.
- Once the College receives the completed form directly from the dean/director **OR** coordinator, College staff will forward you a "Student/Applicant Declaration, Consent and Undertaking Regarding a Social Work Degree" form **OR** "Student/Applicant Declaration, Consent and Undertaking Regarding a Social Service Work Diploma" form, which you must read, complete, date, sign and return to the College. By signing this form, you are agreeing to the terms, condition and limitation on your certificate of registration.

The Registrar will then continue to review your application for registration. Due to the multiple steps in this process, it may take several weeks to process your application.



Do I need to pass an entry-to-practice examination in order to join the College?

Not at this time. The entry-to-practice examination for the social work category and the entry-to-practice examination for the social service work category are not currently in place.

How can I access my file? How long do you keep my record? Can you return my submitted documents to me?

The College does not return any original documents submitted for the purposes of registration. However, at your written request, the College will provide a copy of submitted documents, unless the Registrar believes that to do so may jeopardize the safety of any person. Your written request must include your signature. Currently, all records are kept indefinitely but may be stored in a secure location off-site. The College will only release a copy of your record to you, unless you provide your consent to release it to a third party.

I am currently enrolled in a community services worker program at a private career college in Ontario. Will I be eligible upon graduation to apply for registration as a social service worker and/or as a social worker?

No. Programs from private career colleges do not meet the education requirement(s) for registration in either category of the College (SSW or SW). This applies to any application for registration.

Accumulating post-graduate work experience does not alter this.

Are there any variables that would slow down the normal registration/evaluation process?

Any of the following circumstances would slow down the registration/evaluation process:

- Incomplete paper-based applications – Please double check your application before sending it to the College to ensure that it is complete in full.
- Receiving any/all transcripts from the applicant and not directly from the educational institution(s).
- Receiving transcripts lacking information (e.g., no indication if a degree/diploma was conferred/transfer credits without any indication as to what credit value they carry).
- When applicable, not receiving the academic institution's official course descriptions for courses completed and taken in the year(s), which are confirmed on the transcript(s).
- When applicable, not providing a third-party evaluation assessment, which includes a "Credential Equivalency/Authentication Report and a Course-by-Course Analysis", directly to the College.
- Failure to provide additional documents requested by the College.
- Receipt of additional documents in a language other than English or French.

Are there ways for students to get involved with the College?

The College reserves space at our [Educational Forums](#) for social work and social service work students each year.

The objectives of the Forums are to:

- Provide a tangible benefit of registration.
- Offer opportunities for members to network with colleagues and make new contacts.
- Increase the College's visibility with, and connection to, its membership.

To find out more information regarding the upcoming Educational Forums, follow the College on [social media](#).

There are opportunities for you to get involved, including standing for election to the OCSWSSW Council. The Council is the 21-member board of directors that sets the direction for the College. Council also has several statutory and non-statutory committees which are involved in the governance of the College. To learn more about the College Council, click [here](#). As a College member, you will also be asked at times to provide feedback regarding new initiatives and issues that fall within the College mandate.

Does the College give presentations to students?

College staff visits social work and social service work programs throughout the year to share important information about how to become a member of the College, the value of registration, and your obligations once you become a member. Speak to your instructor, who can contact us to arrange an in-person or remote presentation, or click [here](#) for more information.

Registration Application: FAQs regarding Physical or Mental Condition or Disorder

As of January 1, 2018, in accordance with its governing legislation, the Ontario College of Social Workers and Social Service Workers ("College") requires applicants for certificates of registration to provide information about past or present physical or mental conditions or disorder that could affect their ability to practise in a safe manner.

This registration requirement protects the public. It allows the College to assure the public that members of the College are able to practise in a safe manner. The College's authority to request this information from applicants is set out in the Registration Regulation, [Ontario Regulation 283/00](#), made under the [Social Work and Social Service Work Act, 1998](#).

Applicants are responsible for providing answers to all questions in the application for registration accurately, completely, and truthfully. Making a false or misleading statement, representation, or declaration in connection with your application for registration or supporting documents, whether by commission or omission, may result in a failure to satisfy the registration requirements, the revocation of any certificate that may be issued and/or revocation of any such certificate.

Why is the College requesting information about my physical or mental condition or disorder that could affect my ability to practise in a safe manner?

As of January 1, 2018, the Registration Regulation, [Ontario Regulation 283/00](#), made under the [Social Work and Social Service Work Act, 1998](#) was amended to revoke and replace clause (i) of paragraph 3 of subsection 5(2) with the following provision:

5(2) The following are the registration requirements for a certificate of registration in any class:

3. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
 - (i) – does not have any physical or mental condition or disorder that could affect his or her ability to practise social work or social service work, as the case may be, in a safe manner.

This registration requirement is consistent with the registration requirements of many other regulatory bodies in the province.





1, 2018. Since it began operations in 2000, the College has had the authority to request information from applicants in order to ensure they were "mentally competent to practise social work or social service work." The amendment to the Registration Regulation now puts the emphasis on the ability to practise social work or social service work in a safe manner.

If I answer "yes" to the question about whether I have a physical or mental condition or disorder that could affect my ability to practise in a safe manner, I am asked to attach an explanation. What should I provide in my explanation?

Please provide as much information as is necessary to explain the ways in which your physical or mental condition or disorder could affect your ability to practise in a safe manner. This may include a description of functional limitations and restrictions. You may wish to include steps that you are taking to ensure you will be able to practise in a safe manner and/or accommodation you may require in order to practise in a safe manner.

If I answer "yes" to the question about whether I have a physical or mental condition or disorder that could affect my ability to practise in a safe manner and provide an explanation, will I be asked to provide any other information?

It depends. You may be asked to provide relevant supporting documentation. Relevant supporting documentation depends on the nature of the physical or mental condition or disorder and its impact on your ability to practise in a safe manner.

Examples of potentially relevant supporting documentation may include: an opinion from your health care provider as to whether the condition or disorder will impact your ability to practise safely; letters of reference; clinical evaluations; and/or evidence of rehabilitation/recovery.

How will the College assess the information I provide?

Applicants are asked to provide the College with enough information to demonstrate that they can practise social work/social service work in a safe manner.

The College will review the information provided in the application and determine whether additional information is needed, whether the registration requirement is met and/or whether further steps are required.

How will the College handle my personal information?

The protection of your personal information is of paramount importance to the College. In this context, the *Social Work and Social Service Work Act, 1998* provides for the confidentiality of information related to the administration of the Act. In particular, subsection 50(1) of the Act provides as follows:

50. (1) Every person engaged in the administration of this Act, including an investigator appointed under [section 33](#), shall preserve secrecy with respect to all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any of those matters to any other person except:

- (a) as may be required in connection with the administration of this Act and the regulations and by-laws or any proceeding under this Act or the regulations or by-laws;
- (b) to his or her counsel;
- (c) with the consent of the person to whom the information relates;
- (d) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result; or
- (e) to the extent that the information is available to the public under this Act.

The College takes its responsibilities with respect to confidentiality of personal information, including personal health information, very seriously. Among other things, the College adheres to strict record management practices with respect to the application process.

What if I am not sure whether my physical or mental condition or disorder could affect my ability to practise social work or social service work in a safe manner?

If you think that there is a possibility that your physical or mental condition or disorder could affect your ability to practise social work or social service work in a safe manner, it is preferable for you to answer "yes" to the question on the application form and provide the relevant information, so that the College may consider this.

In the event that the College later discovers that you answered "no" to the question on the application form when you did have a physical or mental condition or disorder that could affect your ability to practise social work and social service work, this may have serious consequences, similar to the consequences for misrepresenting information on your application.

What if I choose not to answer this section of the application?

Incomplete or missing information, similar to missing or insufficient fees, may result in the registration application being returned and a delay in the processing of your application.

If I answer "yes" to this question on the application form, will I be refused registration?

If you answer "yes" to this question, you will be contacted by the College. You may be asked to provide more information and/or take steps that would allow you to meet the registration requirement.

In any event, if the Registrar proposes to refuse your application, you will be provided with notice, written reasons, an opportunity to request a review and an opportunity to provide written submissions.

Does this requirement for registration apply to current members of the College?

It only applies to members of the College if a member is applying to move into specific membership classes, e.g. into the inactive class, or into the general class from the inactive class.

If you have any further questions or comments, please contact the College.

FAQs for Internationally Educated Applicants

Can I apply to become registered if my social work degree is from a university in the U.S.?

If you obtained your degree in social work from a social work program accredited by the Council on Social Work Education (CSWE), you will likely meet the academic requirements for a general certificate of registration for social work.

Visit the [CSWE](#) website to find out if your social work program is accredited.





Can I apply to become registered if my social work degree is from a university outside of Canada and the U.S.?

If you have not already had your academic credentials evaluated by The [Canadian Association of Social Workers \(CASW\)](#), please do so. You will likely meet the academic requirements to be issued a general certificate of registration for social work if the CASW determines that you have the minimum equivalent of a bachelor of social work, obtained from a CASW-accredited social work program. The CASW website provides the information you need to start the credential evaluation process of your international social work degree.

If the CASW evaluation concludes that your academic credentials don't meet the minimum requirements, please visit [Graduates of Non-Accredited Social Work Programs](#) for more information.

Are there any steps in the registration process that can be started outside of Canada?

Yes. If you have been educated outside Canada and the U.S. **but not in social work**:

- Have your academic institution send your official transcript(s) to a provincially mandated or provincially recognized third-party evaluation agency such as [World Education Services \(WES\)](#) or the [International Credential Assessment Service of Canada \(ICAS\)](#) to be evaluated.
- Have your official documents translated into either English or French prior to sending them to an evaluating agency.
- Request that the third-party evaluation agency send a Credential Equivalency/Authentication Report and a Course-by-Course Analysis or Specialized Report directly to the College for every degree you obtained.
- Arrange for the evaluation agency to receive your documents directly from your institution.

The evaluation completed by the third-party evaluation agency will let you and the College know if you meet the academic qualification (i.e., do you have the minimum of a university-level bachelor's degree, based on the norm of a four-year first-degree program [or a three-year bachelor's degree from Quebec], with a minimum of 40 per cent course credits in liberal arts, humanities and social sciences).

If you have been educated in social work outside Canada and the U.S., please refer to the question immediately above.

Why do I need to have my non-social work international academic credentials evaluated?

The College requires an evaluation report that confirms the equivalency of your credentials to a Canadian credential. An evaluation report provided by a third-party evaluation agency such as [WES](#) or [ICAS](#) will indicate how it reviewed or authenticated the documents. The report also provides a Canadian equivalency summary and credential analysis such as year awarded, name of institution attended, a major or field of study, all the courses taken, their Canadian credits and grade equivalents.

Please note that this evaluation only confirms the equivalency of your credential to a Canadian credential (e.g., baccalaureate or master's degree). The evaluation report does not confirm if your credential is substantially equivalent to a social work degree from a CASW-accredited social work program, or to a social service work diploma offered in Ontario at a College of Applied Arts and Technology.

Do I have to be a Canadian citizen to work as a social worker/social service worker in Ontario?

You must be either a Canadian citizen, permanent resident of Canada, or authorized under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of social work or social service work in Ontario. If you are authorized under the *Immigration and Refugee Protection Act* to practise social work or social service work in Ontario, you must submit with your application form a copy of your valid work permit issued by [Immigration, Refugees and Citizenship Canada](#). Following a review of your application and work permit, you may be asked to sign an Undertaking, Agreement and Acknowledgement (UAA). If the Registrar is satisfied that the other registration requirements have been met. By signing the UAA, you undertake and agree that you will comply with the conditions imposed on your work permit and will notify the College about any changes or updates to your work permit.

OCSWSSW

The Ontario College of Social Workers and Social Service Workers protects the interest of the public by regulating the practice of social workers and social service workers and promoting ethical and professional practice.

Contact Us

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Toronto, Ontario M4W 1E6

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Toll-free: 1.877.303.9380
Fax: 416.972.1512

Monday – Friday: 9 a.m. to 5 p.m.

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Appendix C: College Response to Request for Documents

RE: Request for documents

Lise Betteridge <LBetteridge@ocswssw.org>

Thu 5/20/2021 6:07 AM

To:

- Alison Jones <jonesa28@mcmaster.ca>

Dear Alison:

Thank you for your email of May 10, 2021. I apologize for the delay in responding to you. I have taken some time to put together the following information from the various departments of the Ontario College of Social Workers and Social Service Workers in response to your requests.

The College's *Code of Ethics and Standards of Practice Handbook, Second Edition*, was published in 2008. The 2008 revisions to the Standards of Practice followed a broad and lengthy stakeholder consultation process overseen by the Standards of Practice Committee and then approved by the College Council at that time.

The 2018 amendments to the Registration Regulation, that is Ontario Regulation 383/00, were carefully considered by the College Council, and made in consultation with government. The primary purpose of these amendments was to eliminate the "Provisional" class of certificate and create a new "Retired" class of certificate, among other things. The College took this opportunity to make other amendments, including improving the wording regarding the College's authority to request information from new applicants. In particular, the updated Registration Regulation no longer refers to "mentally competent to practise social work or social service work", but rather puts the emphasis on the "ability to practise social work or social service work, as the case may be, in a safe manner." This decision to change the wording was made based on the fact that the new wording was consistent with wording used by other regulators. The purpose of this provision was described in the posting of the proposed Registration Regulation on the Ontario Regulatory Registry website as follows:

The proposed amendment clarifies that the requirement relates to an applicant's ability to practise in a safe manner and is consistent with registration regulations for other professional regulatory bodies in Ontario.

Indeed, there are numerous professional regulatory bodies in Ontario with the same or similar provisions in their registration requirements.

To date, fewer than 20 applicants have affirmatively identified a physical or mental condition or disorder that could affect their ability to practise social work or social service work, as the case may be, in a safe manner. Most of these applicants have already been registered, without terms, conditions or limitations. A small number have chosen to voluntarily withdraw their application or their application is currently in progress.

In the contexts of both registration and fitness to practise, the College relies upon the expertise of health professionals with respect to an applicant's or member's physical or mental conditions or disorders on a case by case basis. For example, prior to referral for a hearing before the Fitness to Practise Committee, a member may attend for a physical or mental examination by a qualified professional. One applicant for registration also voluntarily attended an independent medical examination.

The Fitness to Practise Committee of College historically conducts a smaller number of hearings than the Discipline Committee, from zero to a few hearings per year between 2016 and 2020, depending upon the number of referrals. While section 2.7 of the Professional Misconduct Regulation, that is Ontario Regulation 384/00, has been in force since the early days of the College in 2000, it should be noted that

matters involving illness or substance use by members are most often addressed as matters of fitness to practise rather than professional misconduct.

As you recognized in your email, Fitness to Practise Committee hearings are closed to the public. This is because such a hearing involves very private and personal health information about a member. To date, no member has requested that a hearing before the Fitness to Practise Committee should be open to the public. As such, you will understand that I am not in a position to share documents from the proceedings involving particular members before the Fitness to Practise Committee.

The recent decisions and reasons of the College's Discipline Committee are published online on CanLii: . In the event that you wish to request further materials from a hearing beyond what is already included in the decision and reasons from the Discipline Committee, then Rule 13.05 of the Rules of Procedure of the Discipline Committee provides as follows:

13.05 If a member of the public wishes to access to all or part of the record of the Discipline Committee, that person shall bring a motion before the Discipline Committee upon notice to the parties, and such motion shall be made, considered and decided in writing by the Discipline Committee or by a panel of the Discipline Committee appointed by the Chair, without an oral hearing.

I hope that this information will be helpful for the purpose of your academic research.

Sincerely,

Lise Betteridge, MSW, RSW (she/her)
Registrar and CEO
P. 416.972.9882/ 877.828.9380, ext. 225

Ontario College of
Social Workers and
Social Service Workers



Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

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From: Alison Jones <jonesa28@mcmaster.ca>

Sent: May 10, 2021 4:12 PM

To: Lise Betteridge <LBetteridge@ocswssw.org>

Cc: Amy Vbranchidis <AVbranchidis@ocswssw.org>; OCSWSSW Investigations Account <Investigations@ocswssw.org>; Info Account <info@ocswssw.org>

Subject: Request for documents

Greetings,

I am reaching out to you as Registrar and CEO with appreciation of your knowledge and experience within the Ontario College of Social Workers and Social Service Workers. I believe you are uniquely positioned to support my endeavours as a learner, and thus have drafted this letter of request. Thank you for taking the time to receive this email during these unprecedented and challenging circumstances in our province.

I am a graduate student at McMaster University completing a research-based masters program. My thesis is focused on critical analysis of professional regulation, specifically ethics, gatekeeping, and disciplinary measures. I intend to evaluate the OCSWSSW, including various committees and decisions as they pertain to my focus, applying document analysis. I am hoping to gather more information regarding the decision-making process, relevant policies, and cited research being used to support the policies.

1. In my review of the OCSWSSW Disciplinary Decision Summaries, I located three occasions where the OCSWSSW's Disciplinary Committee found violation of Principle II, as commented on in Interpretation 2.6 of the OCSWSSW Code of Ethics and Standards of Practice Handbook:
*Ontario College of Social Workers and Social Service Workers v Alison **Templer Teran**, 2021 ONCSWSSW 1*
*Ontario College of Social Workers and Social Service Workers v Renee **Parsons**, 2018 ONCSWSSW 15*
*Ontario College of Social Workers and Social Service Workers v Mark John **Bergen**, 2012*

For detailed analysis of these cases, I request any additional materials that can be shared regarding the cases above. If available, I request transcription, recordings, and/or unpublished written materials of the cases listed above, appropriately redacted protect client/witness identifying information. If there are other available referrals or hearings not published online that include allegation or violation of section 2.2.6 of the Handbook, I would request those summaries and materials additionally.

2. I request any reports, expert opinions, consultation, research and/or sources relied upon by the College supporting, outlining development, indicating efficacy, imperative, or otherwise substantiating the significance of:
Section 2.2.6 of the *OCSWSSW Code of Ethics and Standards of Practice Handbook*;
Section 2.7 of *Ontario Regulation 384/00: Professional Misconduct*, under the *Social Work and Social Service Work Act, 1998*.
Section 5(2).3(i) of *Ontario Regulation 383/00: Registration*, under the *Social Work and Social Service Work Act, 1998*; and
The 2018 amendment to section 5(2).3(i) of *Ontario Regulation 383/00: Registration*, under the *Social Work and Social Service Work Act, 1998*.

3. I would like to request any such document that identifies the illnesses or dysfunctions found to impair, or that call into question, the integrity of a social worker or social service worker (as per s. 2.2.6 of the OCSWSSW Handbook and s. 2.7 O. Reg. 384/00). I also request any document that identifies the physical and mental conditions or disorders that could affect safe practice of social worker or social service worker (as per s. 5(2).3(i)).

4. Having consulted *Registration Application: FAQs regarding Physical or Mental Condition or Disorder* on the OCSWSSW website I request any such research or reports cited by the College that substantiate the statement of necessity: "This registration requirement protects the public. It allows the College to assure the public that members of the College are able to practise in a safe manner." I also request any materials on training, directives, or protocols guiding or standardizing the Registration Committee's process of assessment and review of affirmative responses: "The College will review the information provided in the application and determine whether additional information is needed, whether the registration requirement is met and/or whether further steps are required." Regarding affirmative answers, I request any information that can be shared indicating: incidences of affirmative answers; additional information or steps requested from prospective members; types of terms, limits or conditions that may be imposed; and incidences of refusal of applicants based on this registration requirement (Source: <https://www.ocswssw.org/applicants/faqs/>).

5. Recognizing that Fitness to Practice Committee hearings are closed to the public -- unless the member alleged to be incapacitated requests the hearing be open to the public -- I request any available documents, referrals, hearing transcripts, summaries, or briefs of the Fitness to Practice Committee that can be shared from between 2016 and 2020, appropriately redacted to remove identifying information.

These materials would be helpful for my academic research. As many of my requests pertain to Complaints and Discipline, I have included the email address provided on the College's website as a recipient to this contact. If it would be more appropriate to address my requests to another individual or department within the College I would be most grateful for direction.

Regards, Alison Jones

Appendix D: 2021 OCSWSSW Education Forum: Health and Disability as Biological

2021 Educational Forum

Social Work Assessment

are they dealing with some of their own biological issues

Watch later Share

Biopsychosocial Model

The biopsychosocial model of health

physical health
disability
Biological
genetic vulnerabilities

drug effects

peers
Social
family circumstances
school

temperament
IQ
self-esteem
Psychological
coping skills
social skills

Mental Health

MORE VIDEOS

58:37 / 1:38:21

CC YouTube

Image description: Slide from 2021 OCSWSSW Education Forum video presentation (at 58:37) titled “Social Work Assessment” showing bio-psych-social Venn Diagram where “physical health” and “disability” are within the biological circle, and IQ is in the biological-psychological overlapping space.

Appendix E: CPSO Practice Questions: Personal Health Status

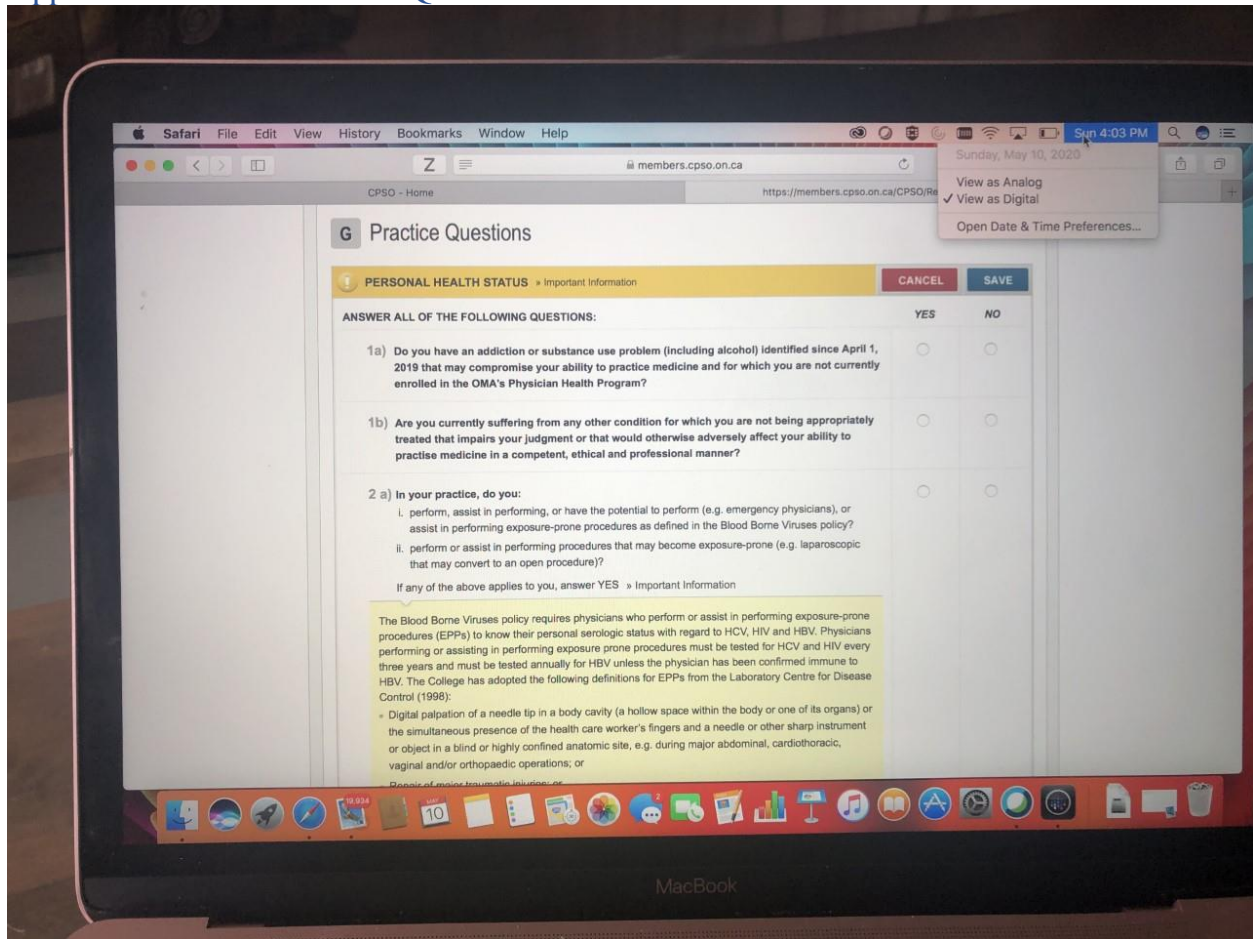


Image description: Photo of members.cps0.on.ca (member renewal portal), taken May 10, 2020 showing section G titled “Practice Questions” and in a yellow banner “!PERSONAL HEALTH STATUS - Important Information.” First question states: “1a) Do you have an addiction or substance use problem (including alcohol) identified since April 2019 that may compromise your ability to practice medicine and for which you are not currently enrolled in the OMA’s Physician Health Program?” Second question states: “1b) Are you currently suffering from any other condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?”

Appendix F: e-Bulletin

The e-Bulletin is no longer available on the College website. The title is still listed, but the link displays an error message. However, the content of the e-Bulletin is largely still available in the Fall 2017 Perspective publication on page 3.

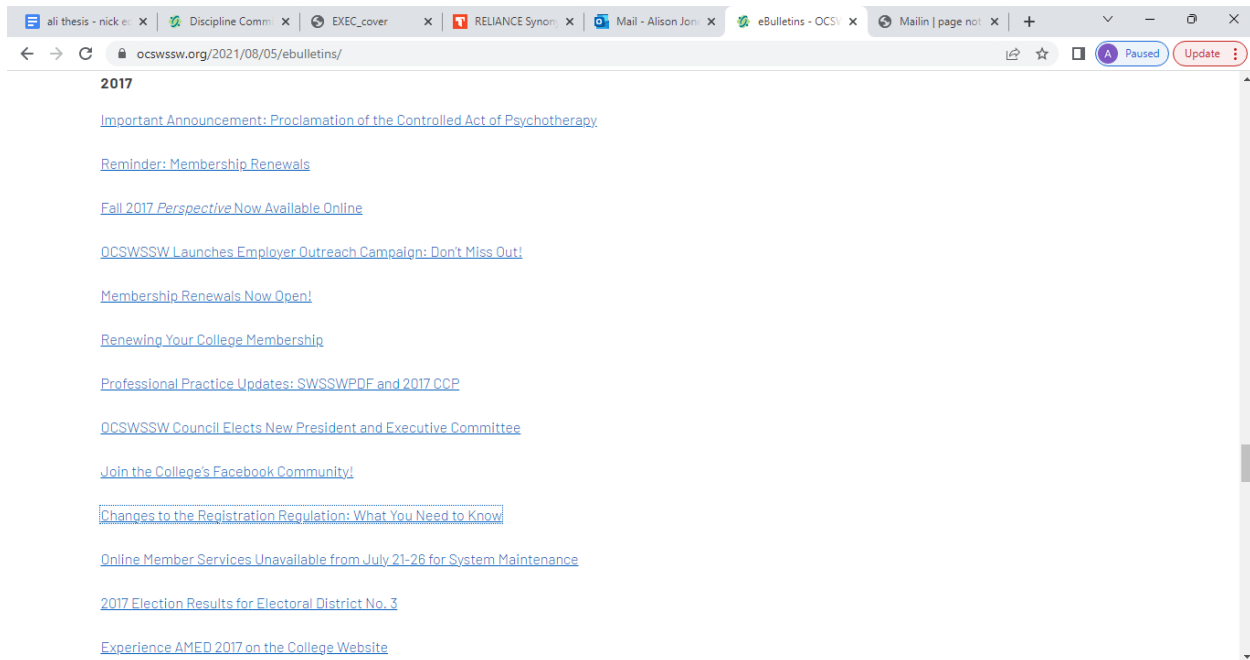


Image description: Screenshot list of 2017 e-Bulletins, taken 2023-04-18 with the 10th titled “Changes to the Registration Regulation: What You Need to Know.”

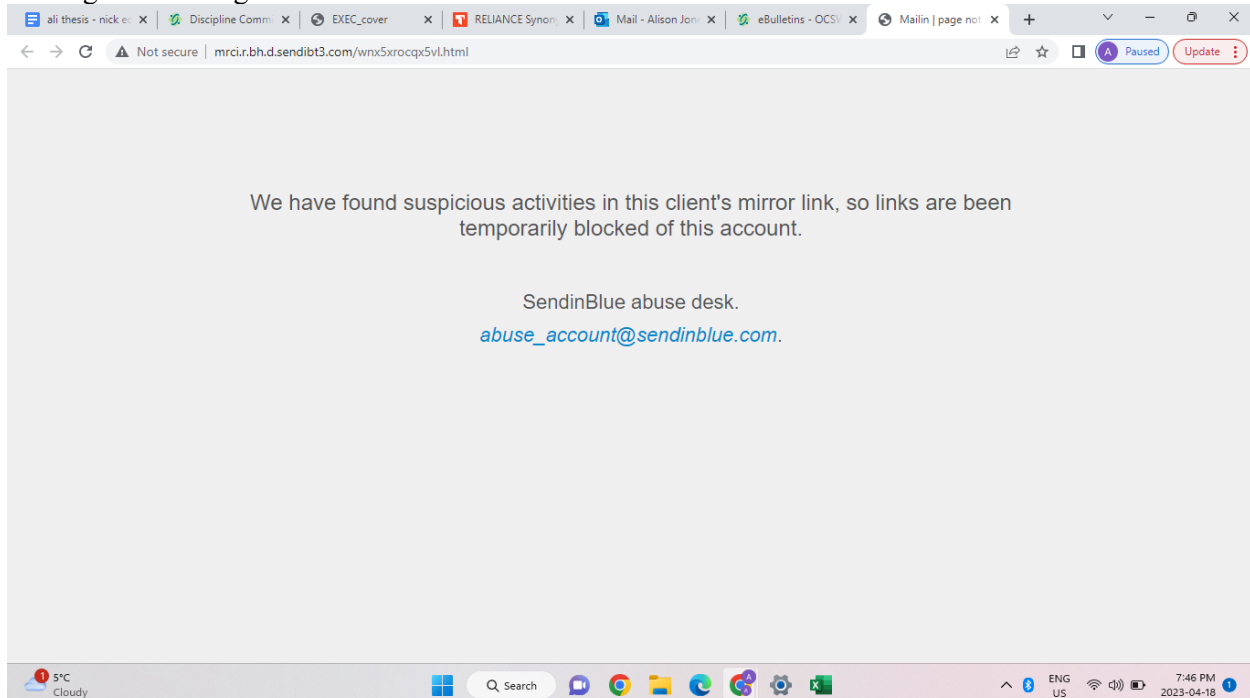


Image description: Screenshot of error message given, taken 2023-04-18 which states “We have found suspicious activities in this client’s mirror link, so links are been [sic] temporarily blocked of this account. SendinBlue abuse desk abuse_account@sendinblue.com”

Message from the Registrar – The Role of the College

Continued from page 2

You can learn more about the roles of professional associations such as the Ontario Association of Social Workers (OASW) and the Ontario Social Service Worker Association (OSSWA) by clicking on the links below:

- [Ontario Association of Social Workers](#)
- [Ontario Social Service Worker Association](#)

To learn more about the College's public protection mandate and accomplishments, I encourage you to visit our [website](#) and most recent [Annual Report](#).

If you have any questions regarding the role of the College, or if you have any suggestions as to topics for my next message, please contact communications@orawssw.org. Your feedback is always welcome!



Lise Betteridge, MSW, RSW
Registrar

Changes to the Registration Regulation: What You Need to Know

Continued from page 1

- **Changing the process for inactive members**
 - The College currently has inactive members. Inactive members as of December 31, 2017 will automatically move into the inactive class of certificate of registration.
 - There will be a new process for members who hold an inactive certificate of registration and who wish to start practising, to apply for a general certificate of registration. Inactive members will receive additional communication later in the fall.
- **Providing the College with the authority to request information and documents related to the CCP at any time**
 - Members are already required to make a declaration of participation in the CCP as part of their annual renewal of registration.
 - This addition to the Registration Regulation allows the College to request information and documents related to a member's CCP *at any time*. NOTE: changes to the CCP were launched in January 2017 and no further revisions to the program are planned at this time.
- **Improving language in the current regulation so all applicants will be required to indicate whether or not they suffer from any physical or mental condition or disorder that could affect their ability to practise social work or social service work in a safe manner**
 - The improved wording furthers the College's public protection mandate by ensuring that members are fit to practise in a safe manner. It is also consistent with the registration regulations of other regulatory bodies in Ontario.
 - Since it began operations in 2000, the College has had the authority to request information from applicants in order to ensure they were "mentally competent to practise social work or social service work". This particular amendment to the Registration Regulation now puts the emphasis on "the ability to practise social work or social service work, as the case may be, in a safe manner". Once the amendments come into effect, an applicant will only be required to disclose information about a physical or mental condition or disorder that *affects her or his ability to practise in a safe manner*.

Please visit the College website orawssw.org for further details as they become available.

PERSPECTIVE FALL 2017

3

Image description: Page 3 of Perspectives Fall 2017 with heading at middle of page "Changes to the Registration Regulation: What You Need to Know."

Appendix G: CEO/Registrar Reply to Open Letter From Directors of Schools of Social Work



Ontario College of
Social Workers and
Social Service Workers

Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

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October 3, 2018

Christina Sinding, Director, McMaster University School of Social Work
Hugh Shewell, Director, Carleton University School of Social Work
Maurice Kwong-Lai Poon, Director, York University School of Social Work
Raymond Neckoway, Director, Lakehead University School of Social Work
Susan Silver, Interim Director, Ryerson University School of Social Work
Dawn Buzza, Dean, Wilfrid Laurier University Faculty of Social Work
Andrea Daley, Director, Renison University College School of Social Work
Marc Molgat, Director, University of Ottawa School of Social Work
Kimberly Calderwood, Director, Trent University Department of Social Work
Faculty members of the Mohawk College Social Service Worker Program

Dear Colleagues:

Thank you for your letter of September 15, 2018, in which you respectfully urge the Ontario College of Social Workers and Social Service Workers (the College) to reconsider a specific amendment to the College's Registration Regulation made under the *Social Work and Social Service Work Act, 1998*, which came into effect on January 1, 2018. I sincerely appreciate you taking a further opportunity to reach out to me directly with your concerns. While we may have different perspectives, I value our various communications about this issue (both written and oral) and hope that my response will provide further clarification.

As we have previously discussed, the process through which the College sought a number of amendments to the [Registration Regulation, O. Reg. 383/00](#) began in 2015, and included a lengthy period of consultation and extensive legal review between the College and the government, and a posting on the government's Regulatory Registry. The proposed amendments to the Registration Regulation were submitted to the Ministry of Community and Social Services in April 2016 and were filed on August 1, 2017. They do not conflict with any provincial or federal legislation. As you know, an [eBulletin](#) was sent to all registered members and other stakeholders on August 2, 2017, and the information was also made available on our website as well as social media.

The amendments include, among other changes:

Improving language in the current Regulation so that all applicants will be

required to indicate whether or not they have any physical or mental condition or disorder **that could affect their ability to practise social work or social service work in a safe manner.**

As I believe you are already aware, the College has had the authority since it began operations in 2000 to request information from applicants in order to ensure they were “mentally competent to practise social work or social service work”. There is no doubt that it is within the authority and mandate of the College to ensure that its members can provide social work and social service work services competently and safely. However, the College recognized that the previous language was vague, so it sought to *improve* the already-existing wording in the Regulation.

The amendment to the Registration Regulation now puts the emphasis on “the ability to practise social work or social service work, as the case may be, in a safe manner.” As of January 1, 2018, an applicant is asked to answer a question on the application form about whether they have a physical or mental condition or disorder that could affect their ability to practise in a safe manner.

Rather than conflating a diagnosis with a person’s abilities and actions or contributing to the stigmatization of people with disabilities as you have indicated, the requirement is essential in order to fulfill our responsibility, as the regulator of over 20,400 social workers and social service workers, for ensuring that the Ontario public is served by members of the College who are able to practise **in a safe manner**. To be clear, members are not asked on the application to disclose any and all personal health conditions or, necessarily, to share a diagnosis. They are asked “Is there anything in your past or present conduct that would provide reasonable grounds for the belief that you have any physical or mental condition or disorder that could affect your ability to practise social work or social service work in a safe manner?” They must themselves assess whether they have a physical or mental condition or disorder such that it could negatively impact their practice and thus pose a risk of harm to clients.

We would suggest that there are examples of untreated or unmanaged conditions or disorders that could affect an applicant’s ability to practise social work or social service work in a safe manner. Untreated and/or unmanaged addictions or psychotic illnesses would be just a couple of examples. It is not assumed that a diagnosis would in itself cause harm, but rather a lack of treatment or management.

As I think we would agree, social workers and social service workers are in a position of power and privilege. By the very nature of their work with the most vulnerable of clients, they have the potential to do tremendous good, but they also have the opportunity to cause tremendous harm. As the regulator, we must be able to demonstrate to the public that we are effectively assessing and managing this serious risk by requiring applicants to provide certain information.

I should note that we are not alone among regulators: indeed, the amendment is consistent with the registration regulations of other regulatory bodies in Ontario, and in many other jurisdictions, most of which have been in place for many years. Recognizing the sensitivity of the information that some may provide, we are extremely careful to balance human rights and privacy considerations with our public protection mandate. We maintain confidentiality and adhere to strict record management practices with respect to the application process.

It is rare for applicants to respond to this question in the affirmative. Since the amendments came into effect nine months ago, only three applicants have answered yes to the question and no one has been denied registration or had a term, condition or limitation imposed on their certificate of registration as a result. If an applicant confirms on the application form that they have a physical or mental condition or disorder that could affect their ability to practise social work or social service work in a safe manner, we contact the applicant to discuss next steps, which may include requesting more information. Again, our processes are designed in such a way that we do not gather any more information than necessary in order to fulfill our mandate.

It is concerning that some of the information that has circulated around this issue has been inaccurate and/or incomplete. We hope that you will read and circulate to your students the [information on our website](#) and the [Registration Application FAQs regarding Physical or Mental Condition or Disorder](#).

I note that in your letter, you offer to assist in re-wording the amendment and/or the question on the application form. As I hope I have conveyed in my response, the amendments went through extensive legal and governmental review and a lengthy and consultative approval process prior to coming into effect on January 1, 2018. While we appreciate your offer of assistance, we do not feel that there is a basis to change the requirement, nor do we feel that a change would be appropriate.


I would like to thank you once again for reaching out to me in relation to this issue. While we may not always agree, we always value our partnership with you and other social work and social service work educators and look forward to future opportunities for partnership.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lise Betteridge', with a stylized flourish at the end.

Lise Betteridge, MSW, RSW
Registrar

info@ocswssw.org 1.877.828.9380
 English Home Contact Member Login


[Find an SW / SSW](#)

☰

What is Incapacity?

The *Social Work and Social Service Work Act* defines the term **“incapacitated”** as meaning that a member is suffering from a physical or mental condition or disorder such that they are unfit to carry out their professional responsibilities and should not be permitted to practice, or that their certificate of registration should be subject to terms, conditions or limitations.

A College member with a physical or mental condition or disorder that is being appropriately managed may not meet the definition of “incapacity”, for instance, a visually impaired person working in an adapted setting or a person who has a mood disorder that is taking appropriate steps to manage their condition. Such individuals may not necessarily meet the definition of incapacity.

Incapacitated members can suffer from:

- Physical illness or impairment
- Mental illness or mood disorders
- Substance abuse issues
- Other cognitive, sensory, physical or degenerative impairment

Warning signs

In general, people who suffer from substance use/abuse issues or who have inadequately managed mental illness or mood disorders will experience deterioration in their personal lives before there is a notable impact on their professional lives. Often, they are able to function in the employment setting for some time before there is clear deterioration in their professional lives. This is especially true when substance abuse issues are present. Consequently, a person's incapacity may be significant before it is noted in the professional setting. The following are some common warning signs that a member may be incapacitated:

Physical changes

- Change in appearance, more unkempt and/or tired-looking, weight loss
- Frequent shaking and/or sweating
- Slurred, slowed or rapid speech

Behavioural changes

- Mood swings
- Memory loss
- Significant anger, anxiety, irritability, depression or mistrust
- Withdrawal from friends, colleagues and social activity
- Frequent breaks from work
- When questioned, denial that there are any concerns

Performance changes

- Increased errors in common or rote tasks
- Increased client or colleague complaints
- Lack of focus or concentration
- Frequent absences

Contact information

OCSWSSW
 Telephone: 416-972-9882
 Toll-Free: 1-877-828-9380
 Fax: 416-972-1512

Anastasia Kokolakis
 Hearings Officer, Complaints and Discipline
 Ext. 210 or email:
akokolakis@ocswssw.org

READ THE SOCIAL WORK AND SOCIAL SERVICE WORK ACT

REVIEW THE CODE OF ETHICS & STANDARDS OF PRACTICE

READ THE PROFESSIONAL MISCONDUCT REGULATION

SEARCH FOR AN RSW OR RSSW

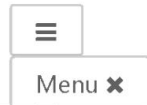
Recent News

- [Coming soon: Member Renewals 2022](#)
- [Professional Practice Update: Practice Considerations around Provincial Vaccination Mandate and College's Upcoming Review of the Standards of Practice](#)
- [Register Now for the College's 2021 Educational Forum!](#)

<p>OCSWSSW</p> <p>The Ontario College of Social Workers and Social Service Workers protects the interest of the public by regulating the practice of social workers and social service workers and promoting ethical and professional practice.</p>	<p>Contact Us</p> <p>250 Bloor Street East, Suite 1000 Toronto, Ontario M4W 1E6</p> <p>Phone: 416.972.9882 Toll-Free: 1.877.828.9380 Fax: 416.972.1512</p> <p>Monday – Friday: 9 a.m. to 5 p.m.</p>	<p>Connect</p> <p>Twitter Facebook Instagram LinkedIn YouTube</p> <p>OCSWSSW Social Media Terms of Use</p>
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Appendix I: “Did You Know?: What Employers Need to Know About ‘Incapacity’”



WHAT EMPLOYERS NEED TO KNOW ABOUT "INCAPACITY"

DID YOU KNOW?

[February 18, 2020](#)

The *Social Work and Social Service Work Act* (the Act) defines the term "[incapacitated](#)" as meaning that a member is suffering from a physical or mental condition or disorder such that they are unfit to carry out their professional responsibilities and should not be permitted to practise, or that their certificate of registration should be subject to terms, conditions or limitations.

A College member with a physical or mental condition or disorder that is being appropriately managed may not meet the definition of "incapacity." Members who may not meet the definition might include, for instance, a visually impaired person working in an adapted setting or a person who has a mood disorder that is taking appropriate steps to manage their condition. Such individuals may not necessarily meet the definition of incapacity.

Incapacitated members can suffer from:

<https://www.ocswssw.org/2020/02/18/what-employers-need-to-know-about-incapacity/>

1/3

- Physical illness or impairment
- Mental illness or mood disorders
- Substance abuse issues
- Other cognitive, sensory, physical or degenerative impairment

AN EMPLOYER'S MANDATORY REPORTING OBLIGATIONS

The Act requires employers to [report](#) the termination of a social worker or social service worker's employment for reasons of professional misconduct, incompetence or incapacity. An employer must also file a report if it intended to terminate the member's employment, but the member resigned before it could do so. Even in situations where the employer agrees to accept the member's resignation in lieu of termination, the legal obligation to report to the College remains the same.

THE ROLE OF THE FITNESS TO PRACTISE COMMITTEE

The [Fitness to Practise Committee](#) hears and determines matters referred to by the Council, the Complaints Committee or the Executive Committee following an inquiry into a member's health. The Fitness to Practise Committee is responsible for determining whether a member is incapacitated, and if so, what terms, conditions or limitations should be placed on the member's certificate of registration.

If the Committee finds a member to be incapacitated, it can make a number of orders including:

- Revoking the member's certificate of registration.
- Suspending the member's certificate for a specified period, not exceeding 24 months.
- Imposing specified terms, conditions or limitations on the member's certificate of registration.

To learn more about incapacity, please visit the College [website](#).

Posted in [Employer Communiqués](#)

7/19/22, 5:44 PM

What Employers Need to Know about "Incapacity" - OCSWSSW

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Appendix J: Employer Communiqués Chart Fall 2017-Summer 2022: Articles and Excerpts Relating to Protection With In/Capacity and/or Un/Fit

Issue	Date	Article	Excerpt
Fall 2017		OCSWSSW Launches Employer Outreach Campaign: Don't Miss Out!	
		Message from the Registrar	
		Q&A: What Happens after the College Receives a Complaint?	
		What Employers Need to Know About the College's Complaints & Reports Processes	"The College's complaints and reports processes are an important regulatory tool the College uses to protect the public from unqualified, unfit, and incompetent social workers and social service workers."
Winter 2018		Is Something Missing from Your Hire?	
		Proclamation of the Controlled Act of Psychotherapy: What You Need to Know	
		Q&A: Can a Registered Social Worker or Registered Social Service Worker Perform the Controlled Act of Psychotherapy?	
		Employer Roundtables Take the College to Thunder Bay and Windsor	
Spring 2018		Mandatory Reports: An Employer's Responsibility	"When must an employer file a mandatory report with the OCSWSSW? Anyone who employs a social worker or social service worker is required to file a mandatory report under the following circumstances: I. If you terminate the employment of a member of the College for reasons of professional misconduct, incompetence or incapacity; If you intended to terminate the employment of a member of the College for reasons of professional misconduct, incompetence or incapacity, but the member resigned before you could do so..."
		Employer Roundtable Coming to Sudbury	
		Five Reasons Why Social Workers and Social Service Workers Should Attend AMED	
		View the College's 2017 Annual Report Online	
		Q&A: As an Employer, Can I Contact the OCSWSSW with Practice-related Questions?	

Summer 2018	What Does Ontario’s Child, Youth and Family Services Act Mean for Employers?	
	Did You Know? Why the College was Established	“The College was established to protect the Ontario public from unqualified, incompetent and unfit practitioners.”
	Employer Roundtable Coming to Kitchener: Don’t Miss Out!	
	What Happens after an Employer Files a Mandatory Report with the College?	<p>“This mandatory reporting process is an important regulatory tool the College uses to protect the public from unqualified, unfit and incompetent social workers and social service workers.”</p> <p>“If you terminate the employment of a member of the College for reasons of “professional misconduct”, “incompetence” or “incapacity”; If you intended to terminate the employment of a member of the College for reasons of professional misconduct, incompetence or incapacity, but the member resigned before you could do so...”</p>
	Q&A: As an Employer, What Obligations Are Related to the Duty to Report Child Abuse and Neglect?	
	Watch the College’s Largest Annual Event Online!	
Fall 2018	Employer Roundtables	
	Title Protection: Protecting the Public from Unregulated Practitioners	<p>“In August 2018, the College launched the Unregulated Practitioners webpage, located in the Public section of the College website. This page lists court proceedings that have been initiated or are in the process of being initiated against unregulated practitioners. It is just one of a number of new and ongoing initiatives developed to enhance the College’s regulatory effectiveness as it fulfills its mandate to protect the public interest.</p> <p>We believe that a listing of unregulated practitioners helps to protect the public from unqualified, incompetent or unfit practitioners. We also believe that the listing should help you when interviewing candidates in your organization.</p> <p>We know you strive to provide quality care to the clients your organization serves. Title protection is as important to you as an employer as it is to our members. By reporting individuals who use the protected titles illegally, you help to protect the public from unqualified, incompetent or unfit</p>

		practitioners.”
	Mandatory Reporting 101	<p>“The mandatory reporting process is an important regulatory tool used by the College to protect the public from unqualified, unfit and incompetent practitioners.</p> <p>The Act lists specific circumstances in which an employer of a College member must make a report to the College. These include but are not limited to terminating the employment of a College member for reasons of professional misconduct, incompetence or incapacity. If the report concerns the termination or resignation of a member, a detailed explanation or description of the professional misconduct, incompetence or incapacity for which you terminated or intended to terminate the member.”</p>
	Current and Qualified: The Continuing Competence Program	
	Q&A: How Do I Determine Whether a Candidate Is Registered with the College?	
Winter 2019	The Importance of Regulation	“Like other professional regulatory bodies in Ontario, the College plays a critical role in protecting the Ontario public from incompetent, unfit and unqualified practitioners. Protecting the public interest is crucial in the delivery of a wide range of services to Ontarians but it is particularly important in the context of delivering services to vulnerable clients.”
	What Employers Should Know About Our New Public Awareness Campaign	
	Watch AMED 2019 via Livestream!	
	Introducing ETHICS→A	
	Q&A	
	Take the Quiz! The Value of Hiring Registered College Members	“As the regulatory body for social workers and social service workers in Ontario, the College protects the Ontario public from unqualified, incompetent and unfit practitioners. [...]To learn more about the College, its mandate and how it protects the public, we encourage employers to take the College Knowledge Quiz.”
Spring 2019	Social Workers and Social Service Workers: What’s the Difference?	
	Celebrating Ethics, Insight and Innovation at AMED 2019	
	Employer Roundtable	

	Q&A: Mandatory Professional Development	
	The Benefits of Field Education for Employers	
Summer 2019	Why the College Publishes Discipline Decisions	<p>“The publication of Discipline Committee decisions protects the public in that it serves as a form of specific and general deterrence. It serves as a form of specific deterrence in that it is expected that it will deter the particular member before the Discipline Committee from, in the future, engaging in acts of professional misconduct or acts that indicate the member is incompetent.²</p> <p>Note 1: A MEMBER IS INCOMPETENT IF THEY HAVE DISPLAYED IN THEIR PROFESSIONAL RESPONSIBILITIES A LACK OF KNOWLEDGE, SKILL OR JUDGMENT OR DISREGARD FOR THE WELFARE OF A PERSON(S) OF A NATURE OR EXTENT THAT DEMONSTRATES THAT THEY ARE UNFIT TO CONTINUE TO CARRY OUT THEIR PROFESSIONAL RESPONSIBILITIES...”</p>
	Employer Roundtable	
	Q&A: Use of the Title “Clinical Social Worker”	
	2019 Educational Forums for Members in Ottawa and Sault Ste. Marie	
	Did You Know? The Legislation that Established the College	<p>“Receive and investigate complaints against members of the College and to deal with issues of discipline, professional misconduct, incompetency and incapacity. Promote high standards and quality assurance with respect to social work and social service work and to communicate with the public on behalf of the members.”</p>
	Reminder: AMED 2019 Videos Now Online	
Fall 2019	What Do Children’s Aid Societies Need to Know about New CYFSA Privacy Obligations?	<p>“The SWSSWA is an example of a law that requires CASs to disclose information to the College in certain situations. In particular, CASs must report when an employee or a former employee who is a member of the College: (a) has been terminated due to professional misconduct, incompetence or incapacity;[8] (b) has resigned but their employment would have been terminated due to professional misconduct, incompetence or incapacity;[9] or (c) has been convicted of an offence under the Criminal Code involving sexual conduct.[10]... The College’s mandate is to serve and protect the public</p>

		interest. This includes protecting vulnerable children and youth from harm.”
	Online Register Submissions Have Doubled. What Employers Need to Know.	
	Open Discussion a Highlight of Kingston Employer Roundtable	
	Members Must Declare CCP by Year-End	
	Q&A: Practising Electronically In Ontario	
	Did You Know? Professional Practice Services for Employers	
	Invite Your Colleagues to Sign Up for the Employer Communiqué!	
Winter 2020	Top 5 Highlights from the College’s Employer Outreach Campaign	
	New Mandatory Reporting Form and Guide	“Under the Social Work and Social Service Work Act , employers are required to report the termination of a social worker or social service worker’s employment for reasons of professional misconduct, incompetence, or incapacity. An employer must also file a report if they intended to terminate the member’s employment, but the member resigned before you could do so. Even in situations where the employer agrees to accept the member’s resignation in lieu of termination, the legal obligation to report to the College remains the same.”
	What Employers Need to Know about “Incapacity”	[Article title:] What employers need to know about incapacity.’ “The Social Work and Social Service Work Act (the Act) defines the term “incapacitated” as meaning that a member is suffering from a physical or mental condition or disorder such that they are unfit to carry out their professional responsibilities and should not be permitted to practise, or that their certificate of registration should be subject to terms, conditions or limitations. The Act requires employers to report the termination of a social worker or social service worker’s employment for reasons of professional misconduct, incompetence or incapacity. An employer must also file a report if it intended to terminate the member’s employment, but the member resigned before it could do so. Even in situations where the employer agrees to accept the member’s resignation in lieu of termination, the legal obligation to report to the College remains the same.” “A College member with a physical or mental condition or disorder that is being appropriately

		<p>managed may not meet the definition of “incapacity.” Members who may not meet the definition might include, for instance, a visually impaired person working in an adapted setting or a person who has a mood disorder that is taking appropriate steps to manage their condition.”</p> <p>Incapacitated members can suffer from:</p> <ul style="list-style-type: none"> ● Physical illness or impairment ● Mental illness or mood disorders ● Substance abuse issues ● Other cognitive, sensory, physical or degenerative impairment <p>To learn more about incapacity, please visit the College website.”</p>
	Upcoming Election for Council in Electoral District No. 3	
	The College’s Support Person Program	<p>“The mandate of the Ontario College of Social Workers and Social Service Workers (the College) is to protect the public interest. Everything the College does comes down to protecting the public from unqualified, incompetent and unfit practitioners.”</p>
Spring 2020	Further Considerations as Province Implements Stage 1 of its Framework for Reopening	
	Recent Practice Notes: Administration of Naloxone	
	Understanding Ontario’s Missing Persons Act	
	Important Update Regarding AMED 2020	
	What You Need to Know About High-Priority Applications	
	2020 Council Elections in Electoral District No. 3	
Summer 2020	NEW! Diversity, Equity and Inclusion Webpage	
	Mandatory Mask-Wearing During COVID-19	
	The College’s Council Election Results Are In!	
	Save the Date! Upcoming College Events	
	What Information Is Available on the College’s Online Register?	
Fall 2020	Electronic Practice: An Employer’s Responsibility Around Ethical and Professional Practice	
	9 Important Milestones in College History: Marking 20 Years of Public Protection	
	Top 6 Considerations for Virtual Services	

	What Does It Mean If a College Member’s Certificate of Registration Is Suspended?	<p>“A College member may have their certificate of registration suspended for administrative, disciplinary reasons or reasons of incapacity. Such a member cannot engage in the practice of social work or social service work for as long as their certificate is suspended.</p> <p>A College member may also have their certificate of registration suspended for reasons of incapacity. The College’s Fitness to Practise Committee may, after a hearing, find a member of the College to be incapacitated if, in its opinion, the member is suffering from a physical or mental condition or disorder such that: the member is unfit to continue to carry out their professional responsibilities or a certificate of registration held by the member under the Social Work and Social Service Work Act should be made subject to terms, conditions or limitations.”</p>
	Open Discussion: Highlights from the Virtual Sault Ste. Marie Employer Roundtable	
Winter 2021	COVID-19 Update	
	New Diversity, Equity and Inclusion Resources	
	College’s Complaints & Discipline Department Sees Uptick in Sexual Abuse-Related Complaints	
	Q&A: Cross-Jurisdictional Practice	
Spring 2021	The College’s Role in Upholding Ethical and Professional Practice	<p>“The mandate of the Ontario College of Social Workers and Social Service Workers (the College) is to protect the public interest. Everything the College does comes down to protecting the public from unqualified, incompetent and unfit practitioners.</p> <p>The College’s rigorous complaints and discipline processes are vital in order for it to fulfil its public protection mandate. This includes considering and investigating reports and complaints made by members of the public regarding the conduct of College members.”</p>
	Can College Members Call Themselves “Psychotherapists”?	<p>“The Regulated Health Professions Act (RHPA) sets out the controlled act that relates to psychotherapy as follows: “Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behavior, communication or social functioning.””</p>

	What Does It Mean to be a Member “In Good Standing?”	
	Practice Notes – To Report or Not to Report: When That Is the Question	
	The College Introduces Online Complaint Form	“As the regulatory body for social workers and social service workers in Ontario, the College’s primary mandate is to protect the public interest. One of the ways the College fulfills this mandate is by maintaining rigorous complaints and discipline processes.”
	Take the NEW College Knowledge Quiz!	
Summer 2021	Employer Profile: Dorothy Bakos	
	Q&A: Online Application Processing Times	
	OCSWSSW Introduces DEI Task Group	
	Save the Date! 2021 Educational Forum	
	Employer Resources	
Fall 2021	COVID-19 Update: Practice Considerations for Social Workers, Social Service Workers and Their Employers	
	Reporting Obligations: Misrepresenting Professional Qualifications	“To protect the public from unqualified, unfit and incompetent practitioners, employers of social workers and social service workers have a responsibility to be aware of, and comply with, the College’s mandatory reports process.”
	Practice Notes: The Evolving Landscape of Electronic Practice	
	Open Discussion a Highlight at Employer Roundtable	
	Employer Resources	
Winter 2022	College Update	
	Employer Profile: Nadia Rainville, RSW	
	Interview with Cheryl McPherson, RSW, on Ethical and Competent Responses to Anti-Indigenous Racism	
	What Is the Purpose of the College’s Complaints Committee?	“Under the Social Work and Social Service Work Act, employers are required to report the termination of a social worker or social service worker’s employment for reasons of professional misconduct, incompetence, or incapacity. An employer must also file a report if they intended to terminate the member’s employment, but the

		<p>member resigned before you could do so. Even in situations where the employer agrees to accept the member’s resignation in lieu of termination, the legal obligation to report to the College remains the same.</p> <p>The Complaints Committee – on which Council members serve – is composed of experienced social workers, social service workers and members of the public. The Committee reviews complaints made by the public about professional misconduct, incompetence and/or incapacity of College members and determines the appropriate regulatory response.</p> <p>All complaints against members are considered by the Complaints Committee, however, not all complaints are investigated. The College’s governing legislation allows the Complaints Committee to refuse to investigate a complaint if in its opinion the complaint does not relate to professional misconduct, incompetence or incapacity on the part of a member, or if the complaint is deemed to be frivolous, vexatious or an abuse of the College’s process.”</p>
	Employer Resources	
Spring 2022	College Update: Eventual Implementation of Entry-to-Practice Exams	
	Practice Notes: Navigating Conflicts of Interest	
	FAQ: What Titles Can OCSWSSW Members Use?	
	Don’t Miss Out! 2022 Annual Meeting and Education Day	
Summer 2022	Top 4 Highlights from the College’s Employer Outreach Campaign	
	Did You Know? Unregulated Practitioners in Ontario	<p>“The College’s mandate is to protect the public from unqualified, incompetent or unfit practitioners. As part of its public protection mandate, the College maintains a list of unregulated practitioners on its website. We encourage employers to visit this page on a regular basis.”</p>
	What Employers Need to Know About the Administration of Naloxone	<p>“If the administration of Naloxone is an expected part of the professional role of a social worker or social service worker, the College expects that members will have a formal delegation from a regulated health professional (e.g. a physician, nurse, pharmacist) in place before administering Naloxone. A formal delegation protects the public by ensuring that they receive Naloxone treatment from a competent and authorized professional.”</p>

	Can Employers Post Jobs on the College Website?	
	Employer Resources	

Appendix K: Annual Reports: Complied Discipline and Fitness Reports (OCSWSSW, 2023)

Year	Disciplinary Committee	Fitness to Practice Committee
2001	Chair: Mary Ciotti “No allegations were referred to the Discipline Committee in 2001” (p. 7).	Chair: Jai Mills “No allegations were referred to the Fitness to Practice Committee in 2001” (p. 7).
2002	Chair: Mary Ciotti “In 2002 the committee received extensive training and orientation. The committee held one pre-hearing conference in November” (p. 12). 2 referrals from Executive Committee (p. 10) 1 referral from Complaints Committee (p. 11)	Chair: Jai Mills “There were no referrals to the Fitness to Practice Committee in 2002” (p. 12)
2003	Chair: Zita Devan “Conducted the first Discipline Committee hearing of the College in March 2003. In accordance with the direction of the Committee, a media release of the decision was issued to specific community publications coinciding to the case’s geography...” (Registrar’s Message, pp. 4-5) “In 2003, the Committee received training and orientation. The Committee held one hearing in March” (p. 8). 2 referrals from the Executive Committee (p. 6). 2 referrals from Complaints Committee to date (p. 7).	Chair: Jai Mills “There were no referrals to the Fitness to Practice Committee in 2003” (p. 9).
2004	Chair: Zita Devan “The College conducted its second Discipline Committee hearing in September 2004” (p. 4, Registrar’s Message). “In 2004, the Committee received training and orientation. The Committee held one pre-hearing conference and one hearing in September” (p. 8). 2 referrals from Executive Committee (p. 6). 2 referrals from the Complaints Committee to date (p. 7).	Chair: Zita Devan “There were no referrals to the Fitness to Practice Committee in 2004” (p. 9).

2005	<p>Chair: Lisa Barazzuti</p> <p>3 referrals from Executive Committee (p. 3)</p> <p>4 referrals from Complaints Committee to date (p. 3)</p> <p>“In 2005, the Committee received three referrals. To date, the College has received seven referrals of allegations of professional misconduct on the part of six members of the College. Four of these remain outstanding” (p. 2)</p>	<p>Chair: Lisa Barazzuti</p> <p>“There were no referrals to the Fitness to Practice Committee in 2005” (p. 4).</p>
2006	<p>Chair: Lisa Barazzuti</p> <p>“The Discipline Committee has received nine referrals of allegations of professional misconduct on the part of eight members of the College. Five of these remain outstanding.” (p. 5)</p> <p>4 referrals from Executive Committee (p. 2)</p> <p>5 referrals from Complaints Committee (p. 3)</p>	<p>Chair: Lisa Barazzuti</p> <p>“There have been no referrals to the Fitness to Practice Committee” (p. 3).</p>
2007	<p>Chair: Lisa Barazzuti</p> <p>“To December 31, 2007, the Committee received nine referrals of professional misconduct on the part of eight members of the College, completed six pre-hearing conferences and seven hearings (including one hearing to remove terms, conditions and limitations previously imposed on a member’s certificate of registration)” (p. 3).</p> <p>4 referrals from Executive Committee (p. 4)</p> <p>“Completed two pre-hearing conferences, two discipline hearings and one reinstatement hearing” (p. 7).</p> <p>“Hired a Case Manager/Investigator to support the work of the Director of Complaints and Discipline” (p. 7).</p>	<p>Chair: Lisa Barazzuti</p> <p>“To December 31, 2007, there have been no referrals to the Fitness to Practice Committee” (p. 4)</p>
2008	<p>Chair: Lisa Barazzutti</p> <p>“Completed two pre-hearing conferences and one discipline hearing” (p. 5)</p> <p>“To December 31, 2008, the Committee received ten referrals of professional misconduct on the part of nine members of the College, completed eight pre-hearing conferences and eight hearings, including one hearing to remove terms, conditions and limitations previously imposed on a member’s certificate of registration” (p. 4)</p>	<p>Chair: Lisa Barazzutti</p> <p>“To December 31, 2008, there have been no referrals to the Fitness to Practice Committee” (p. 6)</p>
2009	<p>Chair: Greg Clarke</p> <p>“To December 31, 2009, the Committee received 18 referrals of professional misconduct on the part of 17</p>	<p>Chair: Greg Clarke</p>

	<p>members of the College, completed 11 pre-hearing conferences, and 12 hearings, including one hearing to remove terms, conditions and limitations previously imposed on a member's certificate of registration" (p. 2)</p> <p>5 referrals from the Executive Committee (p. 4)</p>	<p>"To December 31, 2009, there have been no referrals to the Fitness to Practice Committee" (p. 5).</p>
2010	<p>Chair: Angela Yenssen</p> <p>"Completed 6 pre-hearing conferences and conducted 6 hearings" (p. 4)</p> <p>"To December 31, 2010, the Committee received 21 referrals of professional misconduct on the part of 20 members of the College, completed 18 pre-hearing conferences, and conducted 17 hearings including one hearing to remove terms, conditions and limitations previously imposed on a member's certificate of registration" (p. 6)</p> <p>"Amendments to the Regulation permit the Registrar to revoke the certificate of registration of a person whose certificate of registration has been suspended for over two years as a result of noncompliance with the CCP, non-payment of fees or failure to provide information required by the by-laws" (p. 4)</p> <p>10 referrals from Executive Committee (p. 6)</p> <p>11 referrals from Complaints Committee (p. 7)</p>	<p>Chair: Angela Yenssen</p> <p>"To December 31, 2010, there have been no referrals to the Committee" (p. 7).</p>
2011	<p>Chair: Irene Comfort</p> <p>"Completed 1 pre-hearing conference and conducted 4 hearings" (p. 3)</p> <p>"To December 31, 2011, the Committee received 23 referrals of professional misconduct on the part of 21 College members, completed 19 pre-hearing conferences, and conducted 21 hearings (including one hearing to remove terms, conditions and limitations previously imposed on a member's certificate of registration)" (p. 4)</p> <p>11 referrals from Complaints Committee (p. 5)</p> <p>12 referrals from Executive Committee (p. 4)</p>	<p>Chair: Irene Comfort</p> <p>"To December 31, 2011, there have been no referrals to the Committee" (p. 5)</p>
2012	<p>Chair: Irene Comfort</p> <p>"Completed 3 pre-hearing conferences and conducted 5 hearings" (p. 5)</p> <p>"To December 31, 2012, the Committee received 31 referrals of professional misconduct on the part of 30 College members, completed 21 pre-hearing conferences, and conducted 26 hearings (including one hearing to remove terms, conditions and limitations previously imposed on a member's certificate of registration)" (p. 6)</p> <p>"As ordered by the Committee, summaries of the Committee's issued decisions have been published in the College's newsletter, Perspective; on the College's website; and in some cases, over the newswire and with notification to other provincial regulators" (p. 6).</p> <p>1 referral from Executive (p. 6).</p> <p>13 referrals from Complaints (p. 7).</p>	<p>Chair: Irene Comfort</p> <p>"To December 31, 2012, there have been no referrals to the Committee" (p. 6).</p>

2013	<p>Chair: Thomas Horn</p> <p>“Completed 3 pre-hearing conferences and conducted 9 hearings (including 2 applications to vary terms, conditions and limitations)” (p. 3)</p> <p>“To December 31, 2013, the Committee completed 24 pre-hearing conferences, and conducted <u>40 hearings</u>, including 3 hearings of applications to remove terms, conditions and limitations previously imposed” (p. 4)</p> <p>“As ordered by the Discipline Committee, summaries of the Committee’s issued decisions have been published in the College’s newsletter, Perspective, on the College’s website, and in some cases, over the newswire and with notification to other provincial regulators” (p. 4)</p> <p>19 referrals from Executive (p. 4)</p> <p>14 referrals from Complaints (p. 4).</p>	<p>Chair: Thomas Horn</p> <p>“To December 31, 2013, there have been no referrals to the Committee” (p. 4).</p>
2014	<p>Chair: Sophia Ruddock</p> <p>“The Discipline Committee received six new referrals, conducted one pre-hearing conference, held <u>four hearings</u> and issued four decisions” (p. 3)</p> <p>“To December 31, 2014, the Committee completed 25 pre-hearing conferences, and conducted <u>45 hearings</u>, including five hearings of applications to remove terms, conditions and limitations previously imposed on a member’s certificate of registration” (p. 4)</p> <p><input type="checkbox"/> <u>1 hearing missing?</u></p>	<p>Chair: Sophia Ruddock</p> <p>“To December 31, 2014, there have been no referrals to the Committee” (p. 4)</p>
2015	<p>Chair: Sophia Ruddock</p> <p>“Received eight referrals to the Discipline Committee. • Held seven discipline hearings. • Held one pre-hearing conference. • Issued seven Discipline Committee decision and reasons, one of which was an oral decision, written decision pending” (p. 3)</p> <p>“To December 31, 2015, the Committee received eight new referrals, conducted one pre-hearing conference, held seven hearings and issued seven decisions, one of which was an oral decision, written decision pending. • As ordered by the Discipline Committee, summaries of the Committee’s issued decisions have been published in the College’s official publication and on the College’s website and in any other manner or outlet for publication that the College deems appropriate” (p. 4)</p>	<p>Chair: Sophia Ruddock</p> <p>“To December 31, 2015, there have been no referrals to the Committee” (4).</p>
2016	<p>Chair: Sophia Ruddock</p> <p>“Held 15 discipline hearings and three pre-hearing conferences” (p. 5)</p> <p>“To December 31, 2016, the Committee received 14 referrals, conducted three pre-hearing conferences, held 15 discipline hearings and issued seven written decisions” (p. 6)</p> <p>5 referrals from Executive (p. 6)</p> <p>9 referrals from Complaints (p. 7)</p>	<p>Chair: Sophia Ruddock</p> <p>“Conducted health inquiries resulting in two referrals to the Fitness to Practise Committee” (p. 5, Accomplishments, Complaints and Discipline).</p> <p>2 referrals from the Executive Committee (p. 6)</p> <p>“To December 31, 2016, the Committee received two referrals. Hearing dates for both referrals are pending” (p. 6)</p>

<p>2017</p>	<p>Chair: Sophia Ruddock “The Director of Complaints & Discipline delivered a presentation called “Self-Rep Self-Help: The Challenges of Unrepresented Litigants in Professional Discipline Proceedings” at the Canadian Network of Agencies for Regulation (CNAR) conference in October 2017” (p. 6) “To December 31, 2017, the Discipline Committee received 11 referrals, held eight hearings and four pre-hearing conferences, and issued 10 written decisions” (p. 8) 7 referrals from Executive (p. 8) 4 referrals from Complaints (p. 9)</p>	<p>Chair: Sophia Ruddock “To December 31, 2017, the Fitness to Practise Committee received one referral, held one hearing and issued one decision. The Fitness to Practise Committee worked on developing the rules of procedure of the Fitness to Practise Committee, to take effect in 2018.” (p. 9) 1 referral from Executive Committee (p. 8)</p>
<p>2018</p>	<p>Chair: Frances Keogh “Supported the work of the Discipline and Fitness to Practise Committees in conducting regulatory hearings and pre-hearing conferences pursuant to the SWSSWA and the rules of procedure of the Discipline and Fitness to Practise Committees. • Published Discipline Committee decisions and reasons as ordered by the Discipline Committee on the College website and in the Perspective newsletter. • Monitored member undertakings as well as orders from the Discipline and Fitness to Practise Committees.” (p. 6) “Engaged in ongoing and regular communication with other Canadian social work regulators around a range of matters, including registration, mobility, practice, continuing competence, and discipline” (p. 7) “Approved new rules of procedure for the Discipline and Fitness to Practise Committees.” (p. 7) “To December 31, 2018, the Discipline Committee received nine referrals, held 15 hearings, 10 pre-hearing conferences, and issued 12 written decisions” (p. 9) “As ordered by the Committee, summaries of the Committee’s issued decisions have been published in the College’s official publication and on the College’s website and in any other manner or outlet for publication that the College deems appropriate” (p. 9). “The Committee updated its decision template” (p. 9) 8 referrals from Executive (p. 9)</p>	<p>Chair: Frances Keogh “Monitored member undertakings as well as orders from the Discipline and Fitness to Practise Committees” (p. 6) 1 referral from Executive Committee (p. 9) “To December 31, 2018, the Fitness to Practise Committee received one referral, held three hearings and one pre-hearing conference, and issued three decisions” (p. 10) “The Committee updated its decision template” (p. 10)</p>
<p>2019</p>	<p>Chair: Frances Keogh “Updated the College website regularly, which included revisions to the Complaints and Discipline section” (p. 5) “Created a guide for witnesses testifying at Discipline Hearings: “Testifying at a Discipline Hearing: A Guide for Witnesses.”” (p. 8) “Monitored member undertakings as well as orders from the Discipline and Fitness to Practise Committees” (p. 8) “Consulted with staff from other regulators on various regulatory issues, including on the differing lengths of time regulators keep discipline decisions on their registers” (p. 9)</p>	<p>Chair: Frances Keogh “Supported the work of the Discipline and Fitness to Practise Committees in conducting regulatory hearings and pre-hearing conferences pursuant to the Act and the rules of procedure of the Discipline and Fitness to Practise Committees.” (p. 8) “No Fitness to Practise hearings or pre-hearing conferences were held in 2019.” (p. 11)</p>

	<p>“In 2019, the Discipline Committee: • Received four referrals. • Held 11 hearings and four pre-hearing conferences. • Issued eight decisions and reasons.” (p. 10)</p> <p>3 referrals from Executive (p. 10)</p> <p>1 referral from Complaints (p. 11)</p>	
2020	<p>Chair: Frances Keogh</p> <p>“Supported the work of the Discipline and Fitness to Practise Committees in conducting regulatory hearings and pre-hearing conferences pursuant to the SWSSWA and the rules of procedure of the Discipline and Fitness to Practise Committees” (p. 7)</p> <p>“Published Discipline Committee decisions and reasons as ordered by the Committee in the College’s official publication and website, and on CanLII (Canadian Legal Information Institute), a national case law database” (p. 7)</p> <p>“In light of COVID-19, developed new rules of procedure and two electronic hearings guides; implemented new electronic hearings procedures and protocols to support the ongoing operations of the Discipline and Fitness to Practise Committees” (p. 7)</p> <p>2 referrals from Executive (p. 9)</p> <p>“In 2020, the Discipline Committee: • Received two referrals. • Held 10 discipline hearings and six prehearing conferences. • Issued seven decision and reasons” (p. 9)</p>	<p>Chair: Frances Keogh</p> <p>“Ensured ongoing monitoring of undertakings and orders given in connection with the Executive and Complaints Committees as well as the Discipline and Fitness to Practise Committees” (p. 7)</p> <p>5 referrals from Executive Committee (p. 9)</p> <p>“In 2020, the Fitness to Practise Committee: • Received five referrals. • Held three fitness to practise hearings. • Issued two decision and reasons” (p. 10)</p>
2021*	<p>Chair: Frances Keogh</p> <p>“Six referrals were made to the Discipline Committee by the Executive Committee” (p. 5)</p> <p>Disposition of reports and mandatory reports: 33% referral to Discipline Committee (p. 5)</p> <p>“Ensuring strong complaints and discipline processes is vital for public protection. As part of our efforts to protect the public against unqualified, incompetent and unfit practitioners, we published seven Discipline Committee Decisions and reasons on the College website and member publication Perspective, and on the legal database CanLII.”</p> <p>[Received 11 referrals. Held nine hearings and three pre-hearing conferences. Issued seven decisions and reasons]</p>	<p>Chair: Frances Keogh</p> <p>“Three referrals were made to the Executive Committee by the Fitness to Practice Committee (sic)” (p. 5)</p> <p>Disposition of reports and mandatory reports: 17% referral to Fitness to Practice Committee (p. 5)</p> <p>[Received three referrals. Held six fitness to practise hearings and three case conferences. Issued three decisions and reasons].</p>

*Information on the number of hearings was not in the 2021 Annual Report, rather, a link embedded in the report on page 6 leads to a College webpage titled Council Committees where each committee chair is named, with links to each of the 2021 report of the statutory committees.

Appendix L: Table of OCSWSSW Fitness and Discipline Committee Chairs

Year	Discipline Committee Chair	Fitness to Practice Committee Chair
2001	Mary Ciotti	Jai Mills

2002	Mary Ciotti	Jai Mills
2003	Zita Devan	Jai Mills
2004	Zita Devan	Zita Devan
2005	Lisa Barazzuti	Lisa Barazzuti
2006	Lisa Barazzuti	Lisa Barazzuti
2007	Lisa Barazzuti	Lisa Barazzuti
2008	Lisa Barazzuti	Lisa Barazzuti
2009	Greg Clarke	Greg Clarke
2010	Angela Yenssen	Angela Yenssen
2011	Irene Comfort	Irene Comfort
2012	Irene Comfort	Irene Comfort
2013	Thomas Horn	Thomas Horn
2014	Sophia Ruddock	Sophia Ruddock
2015	Sophia Ruddock	Sophia Ruddock
2016	Sophia Ruddock	Sophia Ruddock
2017	Sophia Ruddock	Sophia Ruddock
2018	Frances Keogh	Frances Keogh
2019	Frances Keogh	Frances Keogh
2020	Frances Keogh	Frances Keogh
2021	Frances Keogh	Frances Keogh
2022	Frances Keogh	Frances Keogh

Appendix M: Shelley Hale Letter to the Ministry of Children and Youth Services



Ontario College of
Social Workers and
Social Service Workers

Ordre des travailleurs
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en travail social de l'Ontario

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Submitted by email and delivered

January 25, 2018

Ministry of Children and Youth Services
56 Wellesley St West, 15th Floor
Toronto, ON M5S 2S3

To Whom It May Concern:

Re: Proposed regulations under the CYFSA relating to requirements for qualifications of Children's Aid Society staff and adoption/adoption licensing (Proposal Numbers 17-CYS034 and 17-CYS020)

I am writing as President of the Ontario College of Social Workers and Social Service Workers (the OCSWSSW) to express our very serious concerns about proposed regulations under the new *Child, Youth and Family Services Act, 2017* (CYFSA). The OCSWSSW is specifically concerned with:

1. proposed regulations which set out the qualifications of Children's Aid Society (CAS) staff, including local directors and supervisors, and, in the case of child protection workers, the qualifications of a child protection worker, their additional duties and scope of practice (Proposal 17-CYS034); and
2. proposed regulations concerning adoption and adoption licensing, which propose that CASs and adoption licensees be permitted to arrange to have the home of the prospective adoptive parents visited by persons who are not social workers, and that adoption agencies would no longer be required to have access to a social worker (Proposal 17-CYS020).

The approach taken in the proposed regulations ignores the *Social Work and Social Service Work Act, 1998* (SWSSWA), the fact that social workers and social service workers are regulated professions in Ontario and the OCSWSSW's important role in protecting the Ontario public from harm caused by incompetent, unqualified or unfit practitioners. A commitment to public protection, especially when dealing with vulnerable populations such as the children, youth and families served by CASs, is of paramount importance. In short, it is irresponsible for government to propose regulations that would allow CAS staff to operate outside of the very system of public protection and oversight it has established through

professional regulation. Ontarians have a right to assume that, when they receive services that are provided by someone who is required to have a social work degree (or a social service work diploma) – whether those services are direct (such as those provided by a child protection worker or adoption worker) or indirect (such as those provided by a local director or supervisor) – that person is registered with, and accountable to, the OCSWSSW.

As a key stakeholder with respect to numerous issues covered in the CYFSA and the regulations, we were dismayed to learn just prior to the posting of the regulations that we had been left out of the consultation process. We have reached out on more than one occasion to request information about regulations to be made under the CYFSA regarding staff qualifications. This submission is intended to:

- highlight the important role of the OCSWSSW and its relevance in the child welfare context;
- describe the OCSWSSW's significant concerns and its position with respect to the proposed regulations; and
- urge the Ministry of Children and Youth Services (MCYS) to make changes to the proposed regulations which would address the risk to the public associated with many CAS workers in Ontario being unregulated by a professional regulatory body.

The Proposed Regulations:

As proposed, the regulations would:

- Prescribe minimum qualification requirements for Local Directors of CASs which would include a professional degree or diploma in social work at an accredited school of social work in Canada or an equivalent school of social work outside of Canada and a minimum of three years of experience;
- Include a common definition of a "society supervisor" and set minimum qualification requirements for society supervisors, requiring a professional degree or diploma in social work from an accredited school of social work in Canada;
- Revoke existing regulatory provisions under the *Child and Family Services Act* (CFSA) which specify various classifications of "social workers" to be employed by societies because they "do not align with the Social Work and Social Service Work Act, 1998";
- Permit CASs and adoption licensees to arrange to have the home of the prospective adoptive parents visited by persons who are not social workers; and
- Remove the requirement that an adoption agency (i.e. a CAS or a licensee) have access to a social worker.

The OCSWSSW's Relevance in the Child Welfare Context:

Like other professional regulatory bodies in Ontario, the OCSWSSW plays a critical role in protecting the Ontario public from incompetent, unfit and unqualified practitioners. This role is highly relevant to the child welfare context, which serves some of the most vulnerable children, youth and families in Ontario. Accountable to the Ministry of Community and Social Services, the OCSWSSW currently regulates over 20,000 social workers and social service workers who practise in diverse contexts and settings. Approximately 1,100 members are employed in child welfare.

The OCSWSSW's mandate, set out in the SWSSWA, is to protect the public interest. This mandate includes:

- **Setting entry-to-practice requirements** which ensure only those with appropriate educational qualifications are eligible for registration. Unlike an individual employer, such as a CAS, the OCSWSSW is able to maintain thorough registration processes, with multiple checks and balances to ensure required documents are received directly from accredited academic programs within authorized academic institutions. The OCSWSSW also has processes for equivalency, permitting those with a combination of academic qualifications and experience performing the role of a social worker or social service worker to register with the College. These processes address, among other things, the risk posed by “fake degrees” and other misrepresentations of qualifications, ensuring Ontarians know that a registered social worker or social service worker has the education and/or experience to do their job. The review of academic credentials and knowledge regarding academic programs is an area of expertise of a professional regulatory body. An individual employer will not have the depth of experience with assessing the validity of academic credentials nor the knowledge of academic institutions to be able to uncover false credentials or misrepresentations of qualifications on a reliable basis.
- **Setting, maintaining and holding members accountable to the Code of Ethics and Standards of Practice.** These minimum standards apply to all OCSWSSW members, regardless of the areas or context in which they practise. Especially relevant in the child welfare context are principles that address confidentiality and privacy, competence and integrity, record-keeping, and sexual misconduct.

- **Maintaining fair and rigorous complaints and discipline processes.** These processes differ from government oversight systems and process-oriented mechanisms within child welfare, as well as those put in place by individual employers like a CAS. They focus on the conduct of individual professionals. Furthermore, transparency regarding referrals of allegations of misconduct and discipline findings and sanctions ensures that a person cannot move from employer to employer when there is an allegation referred to a hearing or a finding after a discipline hearing that their practice does not meet minimum standards. Other highly-regulated sectors in Ontario (both unionized and not), including hospitals, long-term care facilities and child care centres, require individual professionals to be regulated through registration or licensing, in addition to the various organizational and system-level accountability mechanisms that are in place. It is both understood and accepted that requiring accountability at all levels is the only meaningful and effective way to ensure the protection of vulnerable clients within these sectors.

- **Providing transparency through the maintenance of a public register.** All OCSWSSW members are listed on an **Online Register**, which includes information regarding a member's registration status, their discipline history (if any), restrictions on their practice (if any) and employer contact information. A search of the Public Register also shows former members of the OCSWSSW whose certificates of registration were suspended, revoked or cancelled.

Regulation of a profession provides public transparency. This transparency is integral to ensuring public protection and is consistent with other regulated professions.

The OCSWSSW provides transparency by (among other things) publishing decisions of the Discipline Committee on its website and the results of discipline proceedings on the Public Register.

Recent Discipline Cases:

As part of its public protection mandate, the OCSWSSW considers and investigates reports and complaints regarding alleged misconduct of its members. Processes are in place which ensures fairness for all parties. Three high-profile discipline cases illustrate the vital role the OCSWSSW plays in protecting the public and ensuring individuals and potential employers can access, on the Online Register, information about a member's discipline history:

- *Woolie Madden* was found to have committed professional misconduct in his role as a child protection worker. He failed to meet professional standards in relation to a number of families by not investigating/following up on reports of physical and sexual abuse and domestic violence, and failing to document appropriately.
- *Lynda Cullain*, a manager at a CAS, was found to have committed professional misconduct by, among other things, improperly disclosing information concerning or received from clients without consent when she improperly released information relating to proceedings under the CFSA, including a child protection proceeding involving a CAS client and her child and another Crown wardship proceeding.
- Allegations against a social work member have been referred to the Discipline Committee for a hearing. The allegations include contravening the CFSA and/or the Adoption Information Disclosure Regulation, improperly accessing and releasing information relating to a closed adoption, and engaging in conduct that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Had these individuals not been members of the OCSWSSW, the OCSWSSW would not have been in a position to consider and investigate reports or complaints made against them. The Discipline Committee would not have been, or would not be, able to hold a hearing to determine whether the member committed an act of professional misconduct. Where a member is found to have committed an act of professional misconduct, the Discipline Committee can impose a sanction. Without regulation by a professional regulatory body, this crucial information regarding findings of professional misconduct and sanctions imposed would not be available to the Ontario public – whether current or future clients or prospective employers both within and outside the child welfare sector.

The Proposed Regulations and the OCSWSSW's Position:

1. *The credential focus:*

The proposed regulations fail to address an ongoing and significant risk to the public stemming from the fact that in Ontario, many CAS workers who should be regulated by a professional regulatory body are, in fact, not. By focusing on a social work credential (a degree or a diploma in social work; we note that a diploma in social work has not existed in Ontario for many years) as opposed to registration with the OCSWSSW, the regulation ignores the existence of a professional regulatory body whose mandate is to regulate social workers and social service workers in the public interest. A local director or a supervisor who possesses a social work degree and is

working within the scope of practice of social work is not only eligible for registration with the OCSWSSW, but should be registered. The existing regulations made under the CFSA predated the regulation of social work and social service work in Ontario and therefore their focus on the credential was understandable. However, today a credential focus is neither reasonable nor defensible. Social work and social service work are regulated professions in Ontario. A “social worker” or a “social service worker” is by law someone who is registered with the OCSWSSW. Furthermore, as noted previously, the Ontario public has a right to assume that when they receive services that are provided by someone who is required to have a social work degree (or a social service work diploma), that person is registered with the OCSWSSW.

Title protection and holding out provisions underpin the framework of professional regulation in Ontario. This framework exists because the government and the people of Ontario believe that it is necessary to protect a vulnerable public from harm. A focus on social work credentials in the regulation is therefore not only outdated but highly problematic.

The OCSWSSW agrees that existing regulations made under the CFSA need to be updated. But this update must reflect the decision the Province made 17 years ago to regulate, in the public interest, social workers and social service workers - those professionals who practise social work and social service work, including in the child welfare sector, and serve the most vulnerable population of Ontario. It is of great concern to us that the proposed regulations do not support the OCSWSSW’s important public protection mandate but instead go against the province’s long-established policy direction that recognizes the need for social work and social service work services to be delivered by regulated professionals.

Since it began operations in 2000, the OCSWSSW has worked steadily to address the issue of child protection workers. Unfortunately, many CASs have been circumventing professional regulation of their staff by requiring that staff have social work education yet discouraging those same staff from registering with the OCSWSSW. The majority of local directors, supervisors, child protection workers and adoption workers have social work or social service work education, yet fewer than 10% are registered with the OCSWSSW.

It is not reasonable or acceptable, in our view, for the government to propose laws that will permit CAS staff to operate outside this regulatory framework. Surely the most vulnerable people in our society—children and youth and their families—are deserving of public protection accomplished by regulation of the professionals who deliver services to

them. When their CAS worker has a social work degree and performs the services of a social worker, does that child, youth or family not have a reasonable expectation that that person actually should be a 'social worker', a regulated professional under the laws of Ontario?

2. *Access:*

The OCSWSSW appreciates the importance of continued access to qualified staff so that CASs are able to fill certain management, supervisory and direct service roles. But the basic entry to practice requirement to become a social work member is a BSW or MSW or its equivalent and to become a social service work member is a diploma in social service work or a diploma from an equivalent program. This means that Directors or Supervisors with an MSW from accredited programs would already have met the entry to practice requirements of the OCSWSSW.

With respect to those CAS staff who may not have a BSW or MSW or a diploma in social service work, there are alternate routes to registration with the OCSWSSW that would ensure that CASs continue to have access to qualified staff. Among these is the "equivalency" application stream, which enables applicants to register with the OCSWSSW if they have a combination of academic qualifications and experience performing the role of a social worker or a social service worker that is substantially equivalent to a degree in social work from an accredited program or a diploma in social service work from a College of Applied Arts and Technology.

In addition to the flexibility offered through the equivalency application streams, we note that there are also a number of legislative mechanisms (including exemptions that could be provided in the regulation) to assist with any transition.

Based on information that we have received regarding the education and experience of the local directors, supervisors and child protection workers currently employed at CASs in Ontario, we are confident that the OCSWSSW's equivalency application process or appropriate exemptions and/or transition provisions would adequately address any concerns about access or workforce stability within the child welfare sector.

3. *Child Welfare and Social Work/Social Service Work Education:*

For decades, CASs have hired individuals with a social work degree (or in some cases a social service work diploma) for various roles in child protection, indicating their acknowledgment that these professions are

uniquely qualified to provide competent, ethical and professional service to highly vulnerable clients. This has been true throughout the long history of the profession, not only in Ontario, but in all jurisdictions in Canada, the United States and beyond. Indeed, child protection literature has always been understood to form an important subset of social work's (and later, social service work's) knowledge base, and courses in child welfare comprise an important part of social work and social service work education. Removing the references to "social worker" in the proposed regulation may appear to those unfamiliar with these issues related to regulation in the child welfare sector to demonstrate a well-intentioned effort to comply with the SWSSWA; in our view, it is a highly regrettable and misleading strategy which ignores the actual work being done by many child protection workers and will have the consequence (whether intended or not) of allowing them to avoid the professional regulation of CAS workers.

4. *Child Protection in other Canadian jurisdictions:*

Ontario will be behind other provinces if it moves ahead with its goal of strengthening child welfare without requiring the professional regulation of staff in the child welfare sector. The legislative framework in other Canadian provinces supports the OCSWSSW's position that work in child protection, whether it involves direct service to clients or indirect service through supervisory or management roles, falls under the scope of practice of social work and should therefore be regulated. The *Children and Youth Care and Protection Act* in Newfoundland and Labrador, for example, makes the requirement for professional regulation very clear by using the title "social worker", defining it as an individual who is registered under the *Social Workers Act*, and referring specifically to the role of the social worker in the provision of child welfare services. Alberta and New Brunswick are other examples of provinces where legislation clearly supports a requirement for professional regulation of staff in the child welfare sector and recognizes that practice in child welfare falls under the larger umbrella of social work practice. Finally, in Quebec, the *Youth Protection Act* (which is similar to the CFSA and applies to children and youth who are 18 and under) provides that evaluations of children and youth are reserved activities and restricts the performance of these activities to three regulated professions: social workers, psycho-educators and criminologists. Prior to 2012, these activities were not restricted to regulated professionals. But Quebec recognized that these evaluations carried tremendous risk to vulnerable populations and should therefore be restricted to accountable and regulated professionals. In 2012, Quebec took the legislative steps needed to restrict these activities to regulated professionals.

5. *Other Risks:*

While we recognize the government may be concerned that there is some risk in moving in the direction of requiring CAS staff to be regulated, we would nevertheless suggest that there is a much greater risk in choosing a path which does not adequately protect the public – especially vulnerable children, youth and families – and does not support the government’s broader commitment to professional regulation. Does the government have to wait for future tragic child protection cases, such as those of Jeffrey Baldwin and Katelynn Sampson, to demonstrate again the important role that professional regulation plays in ensuring that those who provide service to the most vulnerable are held appropriately accountable? The OCSWSSW regularly receives calls from recipients of services from CAS workers indicating that the CAS workers have social work or social service work education. It turns out that the CAS workers are not registered with the OCSWSSW. These clients (and others) are understandably confused as to why the OCSWSSW cannot investigate their concerns or otherwise assist them. Government should not underestimate the risk to public confidence in Ontario’s child welfare system that could be posed by the sudden emergence in the media of another high profile case involving CAS staff who were eligible for registration with the OCSWSSW yet “chose” not to register or were discouraged by their CAS employer from doing so.

The Solution:

The solution, in our view, is both straightforward and the right thing to do. It involves:

- Requiring registration with the OCSWSSW for all CAS staff, including local directors, supervisors, child protection workers and adoption workers; and
- Providing for exemptions and transition mechanisms to ensure that there is no disruption or instability within the child welfare sector. The OCSWSSW is open to working with government and the sector throughout any transition period to facilitate the streamlined processing of applications and registration of CAS staff.

Conclusion:

Updating the regulations under the new CYFSA provides an important opportunity for the Government to protect the Ontario public from incompetent, unqualified and unfit professionals and to prevent a serious risk of harm to children and youth, as well as their families. As Minister Coteau said in second reading debate of Bill 89, “protecting and supporting children and youth is not just an obligation, it is our

moral imperative, our duty and our privilege—each and every one of us in this Legislature, our privilege—in shaping the future of this province.”

We respectfully suggest that the Government has a duty to move forward in a way that is consistent with all of the laws of the Province of Ontario (including the SWSSWA) and protects the children, youth and families of Ontario. This is no less than requiring that CAS workers, whether they are local directors, supervisors, child protection workers or adoption workers, be registered with the OCSWSSW. We urge you to address our concerns by amending the proposed regulations to respond to our feedback. Should you have any questions or require further information, please contact the OCSWSSW’s Registrar and CEO, Lise Betteridge, directly by phone at (416) 972-9882 x225 or 1-877-828-9380 x225 or by email at lbetteridge@ocswssw.org.

Sincerely,



Shelley Hale, RSSW, RSW
President

cc: The Honourable Helena Jaczek

Drew Davidson, Chief of Staff, Office of the Honourable Michael Coteau,
Minister of Children and Youth Services

Miles Hopper, Senior Policy Advisor, Office of the Honourable Michael Coteau,
Minister of Children and Youth Services

Cristina Taglione, Chief of Staff, Office of the Honourable Dr. Helena Jaczek,
Minister of Community and Social Services

Andrew Campbell, Senior Policy Advisor, Office of the Honourable Dr. Helena
Jaczek, Minister of Community and Social Services

Peter Kiatipis, Director, Child Welfare Secretariat, Ministry of Children and Youth
Services

**DISCIPLINE DECISION
SUMMARY**

This summary of the Discipline Committee's Decision and Reasons for Decision, is published pursuant to the Discipline Committee's penalty order.

By publishing such summaries, the College endeavours to:

- illustrate for social workers, social service workers and members of the public, what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances; and,
- implement the Discipline Committee's decision.

**DISHONOURABLE AND
UNPROFESSIONAL CONDUCT
Member, RSW**

Allegations and Plea

The Member admitted the following College allegations of professional misconduct:

1. Abusing a client physically, sexually, verbally, psychologically or emotionally (but *not* including sexual intercourse or another form of physical sexual relations with a client);
2. Using information obtained during the professional relationship with a client, or using the Member's professional position of authority to coerce, improperly influence, harass or exploit a client or former client;
3. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional;
4. Failing to regard the well-being of the Member's client, as the Member's primary professional obligation and failing to facilitate self-determination in the client. In particular, the Member failed to appreciate how the Member's needs might impact on the professional relationship with the client, placed the Member's own needs before those of the client, and failed to ensure that the client's interests were paramount;
5. Failing to maintain clear and appropriate boundaries in the Member's professional relationship with the client. In particular, the Member was in a conflict of interest situation, in which the Member ought reasonably to have known that the client would be at risk and the Member used the professional position of authority to abuse or exploit the client.

Agreed Statement of Fact

The College and the Member submitted a written statement to the Discipline Committee, in which the following facts were agreed:

Image description: Titled "Discipline Decision Summary." The College's name is not included. There is no date included. Following three bullet points on endeavors of publishing summaries is the subheading "DISHONOURABLE AND UNPROFESSIONAL CONDUCT Member, RSW." There are no names of Panel members or legal representatives. Five numbered paragraphs regarding misconduct are in the first section titled "Allegations and Plea." Following these is a section called "Agreed Statement of Fact" at bottom of page.

Sample 2: First page of G.F. (2015) decision document



Ontario College of
Social Workers and
Social Service Workers

Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

250 Bloor Street E.
Suite 1000
Toronto, ON M4W 1E6

Phone: 416-972-9882
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www.ocswssw.org

Discipline Decision Summary

This summary of the Discipline Committee's Decision and Reason for Decisions is published pursuant to the Discipline Committee's written reasons dated August 21, 2015.

By publishing this summary, the College endeavours to:

- illustrate for social workers, social service workers and members of the public what does or does not constitute professional misconduct;
- provide social workers and social service workers with direction about the College's standards of practice and professional behaviour, to be applied in future, should they find themselves in similar circumstances;
- implement the Discipline Committee's decision; and
- provide social workers, social service workers and members of the public with an understanding of the College's discipline process.

PROFESSIONAL MISCONDUCT

~~Member's Name~~

Former Member # 325122

Agreed Statement of Fact

The College and the Member submitted a written statement to the Discipline Committee in which the following facts were agreed:

1. Now, and at all times relevant to the allegations, ~~Member's Name~~ (the "Member") was a registered social work member of the Ontario College of Social Workers and Social Service Workers (the "College").
2. Since 2003, the Member has indicated that his primary practice field is "Sexual Abuse" on his Annual Renewal of Registration to the College ("Annual Renewal"). In some years between 2003 and 2014, including on the 2014 Annual Renewal, the Member indicated a secondary practice field of "Mental Health – Adult".
3. Prior to the issuance of the Notice of Hearing, the Member was retained as a social worker by the [place of employment] in the [name of department]. In that capacity, he provided counseling services to sexual offenders, many of whom have been released into the community. The Member additionally provided expert opinions and/or assessments and pre-sentence reports in court proceedings relating to sexual offenders.
4. Prior to the issuance of the Notice of Hearing, the Member additionally carried on a private practice wherein he provided counselling and psychotherapy services to clients.

Image description: Titled "Discipline Decision Summary" below OCSWSSW letterhead. Date of "written reasons" August 21, 2015 is included, but there is no hearing date. Subheading "PROFESSIONAL MISCONDUCT" with member's name and registration number follows four bullet points detailing College endeavours to publish the document. There are no names of Panel members or legal counsel. First section titled "Agreed Statement of Fact" contains four numbered paragraphs detailing the member's registration and field of practice.

Sample 3: First page of C.M. (2017) decision document



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**DISCIPLINE COMMITTEE OF THE ONTARIO COLLEGE OF SOCIAL WORKERS
AND SOCIAL SERVICE WORKERS**

PANEL:

Judy Gardner, RSSW (chair)
Angele Desormeau, RSSW
Rick Lamb, Public Member

BETWEEN:

ONTARIO COLLEGE OF SOCIAL WORKERS
AND SOCIAL SERVICE WORKERS

)
) Priya Morley and Jordan Glick for
) Ontario College of Social Workers
) and Social Service Workers

-and-

)

)

)

) Lisa Hamilton for the Member

)

)

) Aaron Dantowitz,

) Independent Legal Counsel

Heard: August 31, 2017

DECISION AND REASONS FOR DECISION

This matter, which concerns allegations of professional misconduct against [REDACTED] (the "Member"), came on for hearing before a panel of the Discipline Committee (the "Panel") on August 31, 2017 at the Ontario College of Social Workers and Social Service Workers (the "College").

The Allegations

At the outset of the hearing, College Counsel sought leave to withdraw certain allegations of professional misconduct contained in the Notice of Hearing. The Panel granted this request. The remaining allegations of professional misconduct made against the Member are as follows.

Image Description: Heading reads "DISCIPLINE COMMITTEE OF THE ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS" below the College letterhead. Members of the Panel are named, and below are the parties of the hearing and their respective representatives. The hearing date, August 31, 2017, is provided. Below this is the title "DECISION AND REASONS FOR DECISION," followed by the first section "The Allegations." Paragraphs are not numbered.

Sample 4: First page of D.O. (2022) decision

**DISCIPLINE COMMITTEE OF THE
ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS**

Indexed as: Ontario College of Social Workers and Social Service Workers v [REDACTED],
2022 ONCSWSSW 3

Decision date: 20220502

BETWEEN:

THE ONTARIO COLLEGE OF SOCIAL WORKERS
AND SOCIAL SERVICE WORKERS

- and -

[REDACTED]

PANEL: Durel Williams Chair, Professional Member
Angèle Desormeau Professional Member
Alexia Polillo Public Member

Appearances: Lara Kinkartz, counsel for the College
Morgan Sim, counsel for the Member
Andrea Gonsalves, Independent Legal Counsel to the Panel

Heard: April 13, 2022

DECISION AND REASONS FOR DECISION

[1] This matter came on for hearing by video conference on April 13, 2022, before a panel of the Discipline Committee (the “Panel”) of the Ontario College of Social Workers and Social Service Workers (the “College”).

The Allegations

[2] In the Notice of Hearing dated January 28, 2021, the Member is alleged to be guilty of professional misconduct pursuant to the *Social Work and Social Service Work Act*, 1998, S.O. 1998, c 31 (the “Act”) in that she is alleged to have engaged in conduct that contravenes the Act, Ontario Regulation 384/00 (the “Professional Misconduct Regulation”), Schedule “A” to By-law No. 66 of the Ontario College of Social Workers and Social Service Workers, being the Ontario College of Social Workers and Social Service Workers Code of Ethics (the “Code of

Image description: Heading reads “DISCIPLINE COMMITTEE OF THE ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS.” Below is the index information (OCSWSSW 2022 3) and decision date (20220502). The style of cause and names of the panel members are in the center. “Appearances” lists the names of legal counsel. The hearing date, August 13, 2022, is provided. At the bottom third of the page is the title “DECISION AND REASONS FOR DECISION,” followed by the first paragraph [1] introducing the hearing as being by video conference before the panel, followed by the section “The Allegations” and paragraph [2] including information about the Notice of Hearing dated January 28, 2021.

Appendix O: Psychotherapy Orders in Disciplinary Decisions 2003-2022

Name	Psychotherapy details	Ed./	Supervision req.?	Suspension?
		Trainin g req.?		

Member 2004	Intensive insight oriented psychotherapy -2 years -To be monitored at College's discretion	No	No	No (2 year limit on scope of practice)
Member 2007	Intensive insight oriented psychotherapy -2 years -With therapist approved by Registrar -Quarterly written reports	Yes	Yes -5 years -With MSW, RSW (or other, if pre- approved) -Monthly written reports (less if determined by Registrar)	Yes 24 months (all remitted w/ compliance) -2 year restriction from services to females
Member 2008	-Intensive insight oriented psychotherapy -2 years -With a regulated professional approved by Registrar -Quarterly written reports	Yes	Yes -2 years -With a named regulated professional -Quarterly reports (less if determined by Registrar)	Yes 24 months (all remitted w/ compliance)
Member 2010 (Jul 6)	Intensive insight-oriented psychotherapy -2 years -With therapist approved by Registrar -Quarterly written reports -May be discontinued early if Registrar satisfied	Yes	No	Yes 24 months (all remitted w/ compliance)
B.E. 2012	Intensive insight oriented psychotherapy -2 years -With regulated professional approved by Registrar -Quarterly written reports	Yes	Yes -2 years -With a named social worker -Quarterly written reports	No
T.V. 2012	Intensive insight oriented psychotherapy -2 years	Yes	No	Yes 24 months (all remitted w/ compliance)

	<p>-With therapist approved by Registrar</p> <p>-May be discontinued early if Registrar satisfied</p>			
S.D. 2013	<p>Intensive insight oriented psychotherapy</p> <p>-2 years</p> <p>-With regulated professional approved by Registrar</p> <p>-Quarterly written reports</p> <p>-May be discontinued early if Registrar satisfied</p>	Yes	<p>Yes</p> <p>-2 years</p> <p>-With an approved regulated professional by Registrar</p> <p>-Report at completion</p>	<p>Yes</p> <p>12 months (10 remitted w/ compliance)</p>
E.R.H. 2015	<p>Psychotherapy</p> <p>-2 years</p> <p>-With regulated professional approved by Registrar</p> <p>-Bi-annual written reports</p> <p>-May be discontinued early if Registrar satisfied</p>	No	No	<p>Yes</p> <p>10 months</p> <p>(8 remitted w/ compliance)</p>
E.B. 2015	<p>Insight oriented psychotherapy</p> <p>-2 years</p> <p>-With a therapist approved by the Registrar</p> <p>-Semi-annual written reports</p>	Yes	<p>Yes</p> <p>2 years</p> <p>-With an approved regulated health professional</p> <p>-Report at completion</p>	<p>Yes</p> <p>24 months (22 remitted w/ compliance)</p>
S.N.(W.) 2016	<p>Intensive insight oriented psychotherapy</p> <p>-2 years</p> <p>-With regulated professional approved by the Registrar</p> <p>-Quarterly written reports</p> <p>-May be discontinued early if Registrar satisfied</p>	Yes	<p>Yes</p> <p>2 years</p> <p>-With an approved regulated professional approved</p> <p>-Report at completion</p>	<p>Yes</p> <p>12 months (9 remitted w/ compliance)</p>
G.M. 2016	<p>Insight oriented psychotherapy</p> <p>-2 years</p>	Yes	<p>Yes</p> <p>-2 years</p>	<p>Yes</p> <p>12 months (6 remitted w/ compliance)</p>

	<ul style="list-style-type: none"> -With therapist approved by the Registrar -Semi-annual written reports -May be discontinued early if Registrar satisfied 		<ul style="list-style-type: none"> -With an approved regulated health professional -Report at completion 	
C.W. 2016	<ul style="list-style-type: none"> Insight oriented psychotherapy -2 years -With a regulated health professional approved by Registrar -Report required at completion 	Yes	No	Yes 4 months
S.R.-A. 2016	<ul style="list-style-type: none"> Intensive insight oriented psychotherapy -1 year -With a regulated health professional approved by Registrar -Quarterly written reports 	Yes	<ul style="list-style-type: none"> Yes -1 year -With someone approved by Registrar -Quarterly written reports (less if determined by Registrar) 	No
D.C. 2016	<ul style="list-style-type: none"> Insight oriented psychotherapy -1 year -With a therapist approved by Registrar -Semi-annual written reports -May be discontinued early if Registrar satisfied 	Yes	<ul style="list-style-type: none"> Yes -1 year -With an approved regulated health professional -Report at completion 	Yes 8 months (4 remitted w/ compliance)
K.F.-P. 2017	<ul style="list-style-type: none"> Psychotherapy -14 sessions within 2 years -With a therapist approved by Registrar -Reports required following sessions 7 and 14 	Yes	<ul style="list-style-type: none"> Yes -2 years -With an approved regulated health professional -Reports at 12 and 24 months 	Yes 8 months (4 remitted w/ compliance)

	-May be discontinued early if Registrar satisfied			
C.M. 2017	Psychotherapy -14 sessions within 2 years -With therapist approved by Registrar -Reports required following sessions 7 and 14 -May be discontinued early if Registrar satisfied	Yes	Yes -2 years -With an approved regulated health professional -Reports at 12 and 24 months	Yes 6 months (3 remitted w/ compliance)
C.M. 2019	Insight oriented psychotherapy -8 sessions within 1 year -With therapist approved by Registrar -Written reports after sessions 4 and 8 -May be discontinued early if Registrar satisfied	Yes	Yes -1 year -Written reports at 6 and 12 months	Yes 3 months
J.Y. 2019	Therapy -6 sessions within 6 months -With an approved regulated health professional or registered social worker	Yes	Yes, if in private practice -1 year -With approved regulated health professional or registered social worker -Reports at 6 and 12 months	Yes 6 months (1 remitted w/ compliance)
P.G. 2020	Therapy	Yes	Yes -1 year -With an approved regulated professional	4 months (1 remitted w/ compliance)
D.O. 2022	-Psychotherapy -6 sessions within 1 year -As directed by therapist approved by Registrar	Yes	No	4 months (1 remitted w/ compliance)

	-Report required at the conclusion of the sessions			
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Appendix P: J.M.B. OCSWSSW Online Member Profile 2022

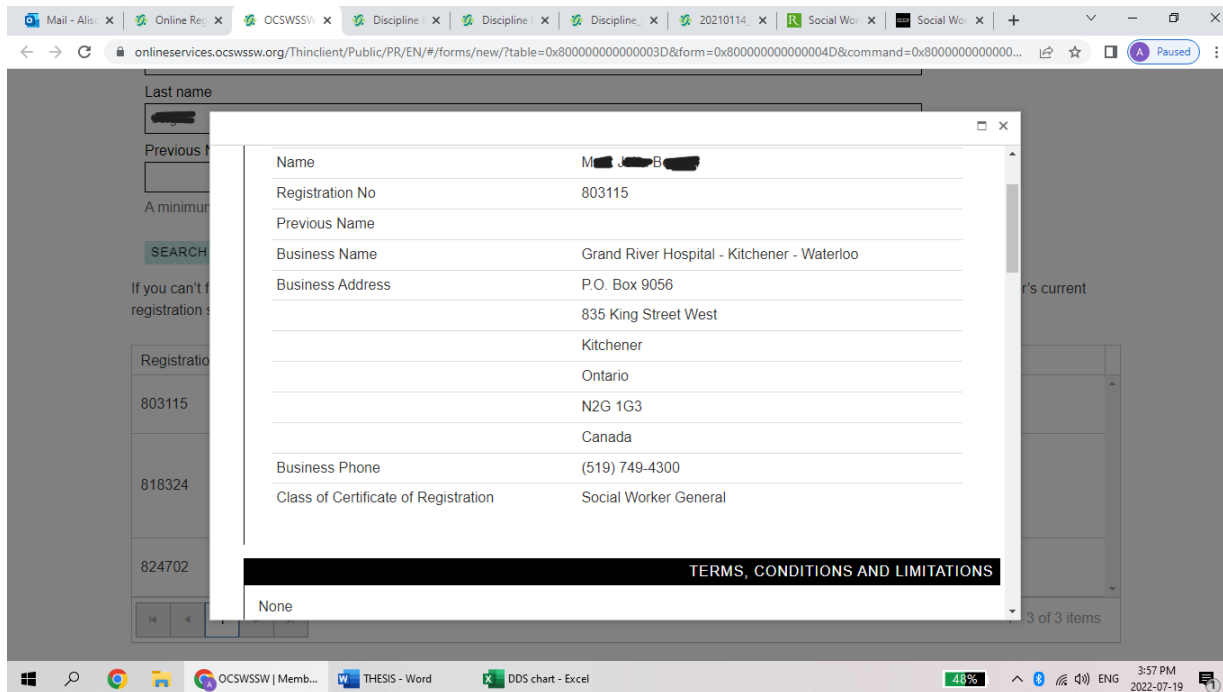


Image description: Screenshot of J.M.B. member profile through the OCSWSSW Online Registry taken July 19, 2022 showing business name “Grand River Hospital” and Class of Certificate of Registration as “Social Worker General” with Terms, Conditions and Limitations stating “None.”

Appendix Q: Discipline Committee Decisions Chart

Showing case by case specific violations of s. 2.36 of the Professional Misconduct Regulation, cases of violations of s. 2.2.6 of the Handbook and/or s. 2.7 of the Professional Misconduct Regulation, cases where psychotherapy was ordered as penalty, where supervision of practice was ordered as a penalty, where education/training was ordered as penalty, and cases where the document(s) made reference to protecting the public.

No.	Document	Date	Member	Designation	s. 2.36	s. 2.2.6 / s. 2.7	Psychotherapy	Supervision	Training	Public Protection
1	Discipline Decision Summary (DDS)	2003	M.B.A., former RSW	Social Worker	Unprofessional (U), Dishonourable (DH), and Disgraceful (DG)					

2	DDS	2004	Member, RSW	Social Worker	U, DH		X			
3	DDS	2007	Member, RSW	Social worker	U, DH, DG		X	X	X	X
4	DDS - Application for removal of terms, conditions, and limitations	2007	Member, RSW	Social Worker	U, DH, DG [summary of previous finding]					
5	DDS	2007	L.M.K., former RSW	Social Worker	U, DH, DG					
6	DDS	2008	N.G.B.R., former RSW	Social Worker	U, DH, DG	2.2.6 & 2.7				X
7	DDS	2008	Member, RSW	Social Worker	U, DH, DG		X	X	X	X
8	DDS - Permission to resign	2008	Member, RSW	Social Worker	[hearing adjourned]					
9	DDS	2009	Member, RSW	Social Worker				X	X	X
10	DDS	2009	Member, RSW	Social Worker	U, DH, DG					X
11	DDS	2009	Member, RSW	Social Worker	U, DH, DG			X		X
12	DDS	2010	S.C., RSW	Social Worker	U, DH, DG					X
13	DDS	2010	Member, RSW	Social Worker	U					X
14	DDS	2010	Former Member	Social Worker	U, DH, DG					X
15	DDS	2010	Member, RSW	Social Worker	U, DH, DG		X		X	
16	DDS	2011	Member RSW	Social Worker				X	X	
17	DDS	2011	Member, RSW	Social Worker					X	X

18	DDS	2011	Member, RSW	Social Worker				X	X	
19	DDS	2011	W.(A.)M , former RSW	Social Worker						
20	DDS	2012	T.G.C., RSW	Social Worker	U, DH, DG					
21	DDS	2012	B.F.E., RSW	Social Worker	U, DH, DG		X			X
22	DDS	2012	J.M.B., former RSW	Social Worker	U, DH, DG	2.2.6				X
23	DDS	2012	T.V., RSW	Social Worker	U, DH, DG		X		X	X
24	DDS	2013	G.T.F., former RSW	Social Worker	U					X
25	DDS	2013	C.L., former RSW	Social Worker	U, DH, DG					
26	DDS	2013	A.R., former RSW	Social Worker	U, DH, DG					
27	DDS	2013	S.C., former RSW	Social Worker	U, DH, DG					X
28	DDS	2013	D.R., former RSSW	Social Service Worker (SSW)	U, DH, DG					X
29	DDS	2013	A.S., former RSW	Social Worker	U, DH					X
30	DDS	2013	P.B., RSW	Social Worker					X	X
31	DDS	2013	S.D., RSW	Social Worker	U, DH, DG		X		X	X
32	DDS	2014	N.S.B., former RSSW	SSW	U, DH, DG					X
33	DDS	2014	P.B.(H.), former RSW	Social Worker	U, DH, DG					X

34	DDS	2015	J.C., former RSW	Social Worker	U, DH, DG					X
35	DDS	2015	E.R.H., former RSW	Social Worker	U, DH, DG		X			X
36	DDS	2015	D.M.H., former RSW	Social Worker	U, DH, DG					X
37	DDS	2015	G.F., former RSW	Social Worker	U, DH, DG					X
38	DDS	2015	E.B., RSW	Social Worker	U, DH, DG		X		X	X
39	DDS	2015	L.L., former RSSW	SSW	U, DH, DG					X
40	DDS	2016	S.N.(W.), RSW	Social Worker	U, DH, DG		X		X	X
41	DDS	2016	G.M., former RSW	Social Worker	U, DH		X		X	X
42	DDS - Motion to stay	2016	K.F., former RSW	Social Worker	U, DH, DG [stayed]					
43	DDS	2016	C.W., former RSW	Social Worker	U, DH		X		X	X
44	Decision and Reasons for Decision (D&R); Penalty Order (PO)	2016	L.H. #804922	Social Worker	U, DH, DG					X
45	DDS	2016	S.R.A., RSW	Social Worker	U		X		X	X
46	DDS	2016	R.C., RSW	Social Worker	U, DH, DG					X
47	DDS	2016	D.C., RSW	Social Worker	U		X		X	X
48	D&R	2017	N.B.B. #815286	SSW	U, DH, DG					X
49	D&R	2017	S.B. #818607	Social Worker	U, DH, DG				X	X

50	D&R	2017	K.F.P. #809841	Social Worker	U		X		X	X
51	D&R	2017	C.M. #427231	Social Worker	U, DH		X		X	X
52	D&R; PO	2017	J.V. #804193	Social Worker	U, DH, DG					X
53	D&R; Undertakin g	2017	L.C. #128040	Social Worker	U, DH, DG					X
54	D&R; PO	2017	J.L. #321090	Social Worker	U, DH, DG					X
55	D&R	2018	L.W. #801881	Social Worker	U, DH				X	X
56	D&R	2018	K.L.C. #800897	Social Worker	U, DH					X
57	D&R	2018	J.L. #321090	Social Worker	U, DH, DG [stayed]					X
58	D&R	2018	D.L. #820024	Social Worker	U, DH, DG					X
59	D&R on Motion	2018	J.K. #822413	Social Worker	U, DH, DG [alleged]					X
60	D&R	2018	J.H. #806723	Social Worker	U, DH				X	X
61	D&R	2018	R.P. #803508	Social Worker	U, DH, DG	2.2.6 & 2.7				X
62	D&R	2018	L.B. #328496	Social Worker	U, DH, DG					X
63	D&R	2019	C.M. #811318	Social Worker	U, DH		X		X	X
64	D&R on Motion	2019	K.J.D. #826163	SSW	U, DH, DG [alleged]					X
65	D&R	2019	J.Y. #423946	Social Worker	U, DH		X		X	X
66	D&R	2019	G.D. #803466	Social Worker	U, DH, DG				X	X

67	[Amended] D&R; PO	2019- 2022	K.J.D. #826163	SSW	U, DH, DG				X	X
68	D&R; Reprimand	2019	T.H. #826429	SSW	U, DH, DG					X
69	D&R	2019	R.S. #824381	Social Worker	U, DH, DG				X	X
70	D&R	2019	J.K. #822413	Social Worker	U, DH, DG				X	X
71	D&R; PO	2020	H.C.Y. #814077	Social Worker	U, DH					X
72	D&R	2020	P.G. #830194	Social Worker	U, DH		X		X	X
73	D&R	2020	D.S. #778075	Social Worker	U, DH				X	X
74	D&R	2020	R.G. #808274	Social Worker	U, DH, DG				X	X
75	D&R	2020	A.B. #828915	Social Worker	U, DH, DG					X
76	D&R	2021	A.T.T. #819155	Social Worker	U, DH	2.2.6			X	X
77	D&R; PO	2021	P.S.S. #820406	Social Worker	U, DH, DG				X	X
78	D&R	2021	P.S. #818249	Social Worker	U, DH, DG					X
79	D&R	2021	S.A.O. #816287	Social Worker	U, DH, DG					X
80	D&R	2022	K.J.B. #826459	Social Worker	U, DH, DG					X
81	D&R	2022	D.O. #520599	Social Worker	U, DH		X		X	X