



# KNOW YOUR RIGHTS

Encountering Family Policing Services  
in Violence Against Women Shelters



A watercolor illustration of a tree with green and yellow leaves and a yellow flower. The tree is on the right side of the page, with its trunk and branches extending upwards and to the left. The leaves are in various shades of green and yellow, suggesting autumn. A large, bright yellow flower with many small petals is in the bottom right corner. The background is white.

## LAND ACKNOWLEDGEMENT

**The HIV Legal Network is located across this land now called Canada on treaty lands, stolen lands, and unceded territories of many different Indigenous groups and communities who have respected and cared for this land since time immemorial.**

We work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples which contribute to the disproportionate impact of the HIV epidemic on Indigenous communities. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

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# KNOW YOUR RIGHTS

## ENCOUNTERING FAMILY POLICING SERVICES IN VIOLENCE AGAINST WOMEN SHELTERS



**If you are living in a shelter with your children, you may encounter family policing services — commonly called “Children’s Aid Societies” (CAS) or “Family and Children’s Services” (FCS).** This can happen suddenly, without your knowledge or an explanation. Knowing your rights can help you feel more prepared and better able to protect yourself and your family.

This pamphlet is written for women, trans, and gender-diverse people who are affected by gender-based violence (GBV) and who use drugs. GBV and drug use often overlap. When people experience trauma, they may look for ways to cope with overwhelming emotions like fear, anxiety, or sadness. For many, using drugs can help numb or quiet those feelings. At the same time, using drugs can sometimes make people feel more numb, foggy, or less aware of what is happening around them — which can increase the risk of experiencing violence. These connections are often misunderstood and can lead to unfair scrutiny of survivors who parent while using drugs.

Entering shelter often happens during a crisis, and the stress of that situation can affect how you feel and cope. You might be adjusting to a new space, worrying about money or next steps, or feeling overwhelmed. This can sometimes lead to staff making assumptions about your parenting that do not reflect your strengths or the reality of surviving violence. Sometimes staff call family policing services because the law requires them to report any concerns about a child’s safety. Other reports can come from misunderstandings, bias, or personal interpretations rather than actual risk. Family policing services may also call the shelter for updates, and staff may share their observations.

CAS involvement is not experienced equally. Indigenous, Black, and other racialized families are reported to CAS, investigated, and separated from their children more frequently than white families. They are also in the system longer. These patterns reflect long-standing systems of racism and colonialism, not differences in parenting. These same systems also mean that Indigenous, Black, and racialized families are disproportionately affected by GBV. This is linked to higher rates of housing insecurity, greater reliance on shelters, and increased surveillance. These harms reinforce one another, and can create a cycle that increases the risk of CAS involvement or ongoing involvement.

Our goal is to give you the knowledge and tools you need to understand your rights, navigate CAS involvement in shelters, and advocate for yourself and your family.

**This pamphlet provides legal information, not legal advice. For advice about your specific situation, speak to a lawyer.**

**See list of resources on page 16.**

# WHAT IS ONTARIO'S FAMILY POLICING SYSTEM?

**In Ontario, family policing services are delivered by agencies known as Children's Aids Societies (CAS) or Family and Children's Services (FCS).**

There are 50 agencies across the province, including 13 Indigenous Child and Family Well-Being agencies and three faith-based agencies. Each agency is responsible for a specific geographic area. They are all required to follow the same legislation, regulations, and minimum standards.

CAS agencies get their authority from Ontario's *Child, Youth and Family Services Act (CYFSA)*. Under this law, CAS must respond to reports that a child (anyone under 18 years old) may be experiencing harm or may be at risk of harm. If CAS decides to intervene, they can take a range of actions, including:

- Offering referrals to counselling or other types of support to parents;
- Setting requirements on parents (e.g. securing stable housing, attending and participating in programs, completing drug screenings, completing a psychiatric assessment, taking medication, and speaking with service providers and other support people like teachers, doctors, etc.);
- Placing a child with relatives or close friends ("kinship placement");
- Placing a child in foster care or a group home; and
- Placing a child for adoption.

Ontario CAS agencies receive thousands of reports every year. In 2024–2025, they received about 125,000 calls. Roughly half were investigated, and most of those (86%) were closed with no ongoing CAS involvement.

Even short-term involvement can feel traumatizing, triggering, isolating, scary, overwhelming, confusing, or unsafe, particularly for parents living in shelters and parents who use drugs. Knowing how the system operates and what your rights are can help you navigate this process.



# WHEN DOES CAS GET INVOLVED?

**CAS gets involved when someone contacts them with a concern about a child’s safety or well-being. This stems from Ontario’s rule called “duty to report.”**

The “**duty to report**” rule says that any person must call CAS if they think a child might be at risk of harm. They do not need proof. They only need “reasonable grounds,” which means information that would make an ordinary person worry that a child could be unsafe. In short: if someone *thinks* a child may be at risk, they must call CAS — even if they are not sure and even if they have not spoken to the family. This can be done anonymously, so you may not find out who made the report.

People who work with children — including shelter staff, teachers, nurses, childcare workers, social workers, and police — have an even stricter “duty to report.” If they do not report a concern, they can face legal penalties, including large fines or being fired. This can be complicated in shelters, where staff often build trusting relationships with the people they support. Staff may want to talk things through or offer help first, but once they believe the legal threshold has been met, they must make a report. Staff might also be told by managers to call and, even if they do not agree, they can be pressured to call.

**This pressure to report means staff can often feel they must call CAS, even when the situation could instead be handled with support or a simple conversation.**



# WHEN IS A CHILD CONSIDERED “IN NEED OF PROTECTION”?

**CAS must first see a family through the intake process when they have received a report. If they do not see a concern or they can refer to community supports, they might not go any further and close the matter.**

CAS will investigate, however, if after intake they believe a child is “**in need of protection**” — when CAS thinks a child is experiencing abuse or neglect, or may be *at risk* of abuse or neglect, by a parent or guardian. In other words, CAS must investigate any suspicion that a child is experiencing (or at risk of) physical, sexual, or emotional harm in their home or from their parent or guardian — even when the information CAS receives is incomplete.

Under the *CYFSA*, a child may be considered “in need of protection,” for example, if the child:

- Has experienced physical abuse or is at risk of physical abuse by a parent or guardian, or where the child’s parent or guardian has not protected the child from physical abuse or the risk of physical abuse (including if the child has witnessed abuse at home);
- Has experienced sexual abuse or exploitation or is at risk of sexual abuse either by a parent or guardian, or where the child’s parent or guardian has not protected the child from sexual abuse or the risk of sexual abuse (including if the child has been exposed to sexual behaviour, like a parent doing sex work in the home);
- Is not receiving needed medical, mental health, or developmental care, and the parent or guardian is unable or unwilling to provide or consent to treatment (including if the parent or guardian is perceived as not responding to the child’s medical needs);

- Has suffered serious emotional harm (e.g. depression, anxiety, aggression, or delayed development) or is at risk of emotional harm, and the parent or guardian is not getting them help; or
- Is under 12 and has seriously injured someone or caused serious property damage, and the parent or guardian is not getting them the support they need.

These categories are broad, and CAS workers interpret them differently. Stigma around drug use often influences these decisions, and many parents who use drugs are judged as unsafe even when their children are well cared for.

Additionally, some “signs of abuse and neglect” used by Ontario CAS agencies — like excessive crying, a drop in school performance, or a child being argumentative or easily frustrated — are also common responses to poverty, trauma, domestic violence, or housing instability, including the stress of living in shelter. On their own, these behaviours do not mean a parent is harming a child.

Because the categories are broad and the duty to report is strong, everyday situations can quickly escalate to CAS, even when they could be explained or addressed without involving family policing services.

# WILL BEING IN SHELTER LEAD TO CAS INVOLVEMENT?

**Not necessarily. Living in shelter is not a reason on its own for CAS to get involved.**

Going to a shelter — especially to escape violence — is often seen as a positive step that keeps your child safe. By contrast, staying with an abusive partner or family member can trigger CAS involvement because children who witness violence are considered at risk of emotional harm.

Shelter life can sometimes increase the chances of CAS contact because of how shelters work. Shelters offer far less privacy, which means staff and other people living there see more of your daily life. Stress, normal parenting challenges, or drug use may be misunderstood. Staff also have a strong legal duty to report, so they may feel pressure to call CAS even when a situation could be handled with support instead. Additionally, you have limited control over the physical environment in shelter. If the shelter has issues like broken smoke detectors, easily accessible drugs or sharp items, or other hazards, someone might make a report — even if those conditions are outside your control.

**In short:** shelter itself does not trigger CAS involvement. It is being more visible, people misunderstanding what they see, or concerns about shelter conditions that can sometimes lead to CAS involvement.



**If you are worried that CAS might become involved, safety mapping can help you prepare and protect yourself.**

**What is a safety map?** Imagine yourself at the centre of a circle. Around you are the people and services that help you care for your child, such as:

- A harm reduction, outreach, or treatment worker you see regularly;
- A family support or caseworker at the shelter;
- A trusted community nurse, midwife, or doctor;
- A counsellor or therapist;
- A housing worker or peer support person;
- A community kitchen, parenting group, or drop-in;
- A lawyer, Elder, cultural support person, or advocate ; or
- Places where you volunteer or contribute to community well-being.

**Why does this matter?** CAS sometimes acts out of fear, pressure, or liability. Being isolated is a big risk, which can lead to CAS decisions that ignore your strengths. A safety map shows that you have a network, you use supports, and you take steps to keep your children safe. It also shows that a community of care surrounds you. Many safe people are connected to you and your child, which helps diffuse pressure on CAS and shows that support and accountability are shared — not resting on CAS alone.

## How do I make one?

1. Sit down with a support worker, advocate, or trusted friend.
2. Draw a circle with your name in the middle.
3. Add the people, programs, and places that support your parenting.
4. Keep notes or documents that show your efforts (appointments, meetings, supports accessed).

**This is not about proving yourself: it is about protecting yourself from being judged unfairly. Your circle of support can speak to your strengths if CAS becomes involved. It can also be a great reminder that you are not alone.**

# WHEN DOES DRUG USE LEAD TO CAS INVOLVEMENT?

**The law does not say that drug use on its own means a child is “in need of protection.”**

Drug use is not listed in the law as a reason for CAS to get involved. CAS is only supposed to step in if they think your drug use is actually putting your child at risk — for example, if you drive while impaired with your child, or if drug use stops you from getting your child medical care they need.

In practice, drug use alone still leads to CAS reports, even when children are safe. This happens because drug use is heavily stigmatized, harm reduction is misunderstood, and many people wrongly assume that any drug use equals unsafe parenting. Racism and colonial stereotypes also affect who is seen as a “safe” parent. As a result, families are often reported even when there is no evidence that drug use is affecting their parenting or their child’s safety.

Even when drug use is not the reason someone reported you, it will likely come up once CAS is involved. Ontario’s *Child Protection Standards* require CAS workers to ask about drug use, including alcohol and prescription drugs, during their first assessment. Drug use is treated as a “risk factor” — even when your child is safe, well cared for, and the original concern had nothing to do with drugs.



# WHAT HAPPENS WHEN SOMEONE REPORTS TO CAS?

When someone calls CAS with a concern, CAS must follow a set process.

The first step is called a “**screening**.” Within 24 hours, CAS must decide whether the reported concern is serious enough to continue investigating. CAS gathers basic information, including:

- What the caller said they were worried about;
- Who lives with the child;
- Whether the reported family has been involved with CAS before;
- Whether the child has medical or developmental needs;
- Whether there is any violence in the home; and
- What supports the family already has, such as community workers, programs, or a network of care.

After screening, CAS can:

- Close the file (i.e. no further CAS involvement);
- Open a formal investigation (i.e. you become a client and get a CAS worker); or
- Offer support or connect you with community resources.

Many reports end at the screening stage and do not result in a full investigation. For instance, if someone reports you but CAS screens and sees your child is safe, CAS can close the file with no further action. This is why creating a safety map can be helpful — it shows the supports around you that CAS considers during screening.



# WHAT HAPPENS WHEN CAS OPENS A FORMAL INVESTIGATION?

If CAS decides to investigate, they must follow a strict step-by-step process. Investigations move through five stages: planning, gathering information, checking safety, assessing risk, and making final decisions. If you or your child is First Nations, Inuit, or Métis, you have special legal rights during this process. CAS must involve your Band or community throughout the investigation.

## STAGE 1

### CAS plans the investigation

Before meeting with you or your child, CAS must create an investigation plan. This includes:

- Reviewing any current or past CAS involvement;
- Deciding who they need to interview;
- Immediately notifying police if a potential crime against a child is alleged; and
- Choosing the type of investigation —

**Traditional:** Used in more serious situations, especially when abuse or a possible crime is reported. It is more formal, follows strict steps, and may involve police.

**Flexible (Customized):** Used in lower-risk situations. It is more conversational and focuses on understanding what is going on and what supports might help. It is still an investigation, but with a more collaborative approach.

**If you or your child is First Nations, Inuit, or Métis, CAS must identify this early and plan how to involve your Band or community in a meaningful way from the beginning.**

## STAGE 2

### CAS completes required investigative steps

During the investigation, CAS must:

- Speak to your child alone, in a way that meets their age and ability;
- Speak with siblings or other children staying with you;
- Interview all caregivers, including any caregiver they believe may have caused harm;
- Observe your living space, including where your child sleeps;
- Contact professionals involved in your child's life (e.g. teachers, doctors, shelter staff); and
- Gather records or documents from other sources.

CAS can speak to professionals and other adults without your permission. They should use interpreters or cultural supports where needed.

**You can have a support person with you.** You can bring a shelter worker, friend or family member, cultural support person, Elder, Band Representative, or legal advocate. Bringing someone from your own community is especially helpful if you are on Ontario Disability Support Program (ODSP) or have conditions such as Post-Traumatic Stress Disorder (PTSD), attention deficit hyperactivity disorder (ADHD), depression, or anxiety. CAS meetings can feel emotionally charged, and a support person can help you stay focused, take notes, and remember what was said.

### STAGE 3

#### CAS checks for immediate safety concerns

**At their first meeting with you, CAS must check whether your child is currently safe. They look for “safety threats,” such as:**

- Family violence;
- Caregiver impairment, including impairment from drug use;
- Hazardous living conditions (e.g. unhygienic, unmonitored drugs, alcohol, or sharp objects, etc.);
- Serious untreated medical issues; and
- Threats from other adults (including anything your child may have witnessed).

**If CAS finds a safety threat, they must create an emergency safety plan with you. Examples include:**

- Agreeing that a specific person will not be alone with or see the child (e.g. the other parent);
- Scheduled check-ins; and
- Short-term supports or services.

If CAS thinks a child needs medical attention, they must arrange this within 24 hours. If you or your child is First Nations, Inuit, or Métis, CAS must involve your Band or community in safety planning. Band or community supports can be included directly in the plan.

### STAGE 4

#### CAS evaluates the risk of future harm

**CAS must complete a future risk assessment with the family. This looks at:**

- Family strengths;
- Stress and trauma;
- Housing and financial stability;
- Past CAS involvement;
- Support networks;
- Mental health or drug use; and
- Relationship conflict.

This assessment helps CAS decide whether they stay involved after the investigation and what level of involvement is needed.

For First Nations, Inuit, or Métis children, CAS must consider cultural connections, extended family, customary care, and Indigenous community resources as part of this assessment.

## STAGE 5

### CAS decides how the investigation ends

After CAS completes an investigation, they must decide what happens next. There are three possible outcomes:

#### 1. CAS CLOSES THE FILE

CAS may decide your child is not “in need of protection.” In this case, CAS closes the file and sends you a letter confirming the case is closed.

#### 2. CAS STAYS INVOLVED AND MONITORS THE SITUATION

Sometimes CAS believes there are concerns, but court involvement is not necessary. Instead, they may keep your file open, check in with you periodically, connect you to services, and/or offer a voluntary agreement. They include:

**Voluntary Service Agreement:** Your child remains in your care. You agree to certain supports or services (e.g. parenting support, counselling, financial help). You sign an agreement with CAS, allowing CAS to speak with your support or service people and to receive updates on how you are doing.

**Temporary Care Agreement:** CAS can take your child into their care for a short time if they believe your child is not safe in your care right now and there is no family or friend who can help quickly. This can happen even if you do not agree. CAS may do this during situations like hospitalization, drug treatment, a crisis, abuse in the home, or when time is needed for safety planning. Your child is placed in a temporary care setting until CAS decides it is safe for them to return home or another plan is made.

**Customary Care Agreement:** For First Nations, Inuit, and Métis children. Your child is cared for by your community, extended family, or a culturally approved home — not foster care. Your child stays connected to culture, identity, and community. This agreement is voluntary and legally recognized.

**Alternative Dispute Resolution:** A meeting or mediation where you, CAS, and your supports work together to solve concerns without going to court. For Indigenous families, this can include talking circles or processes led by the Band or community.

#### 3. CAS STARTS A COURT CASE

CAS goes to court when they think a child may be at serious or immediate risk, or voluntary options did not work or were not agreed to. A court case does not mean CAS has proven your child has suffered abuse or neglect. It means CAS asks a judge for the power to make decisions over you while their concerns are addressed. CAS may ask the court for:

**Supervision Order:** Your child stays with you while CAS monitors and sets conditions.

**Temporary Placement with Family:** Your child lives with a relative or community member of their choosing.

**Temporary Foster Care:** Your child stays in short-term placement while the case continues. This process can be repeated every 4-6 months.

# WHAT CAN YOU DO WHEN CAS GETS INVOLVED?

**You have rights at every stage of CAS involvement. Knowing these rights can help you protect yourself and your family, especially in stressful shelter environments.**

## **YOU HAVE THE RIGHT TO LEGAL ADVICE:**

A lawyer can help protect your rights from the very beginning. They can explain what CAS is asking, what information you should or should not share, and whether CAS's requests are reasonable. A lawyer must keep your information confidential, except in situations where someone is at immediate risk of serious harm.

Getting legal advice early is strongly recommended, especially if you use drugs, are facing criminal charges, or feel pressured from CAS to sign something. A lawyer can help prevent misunderstandings — especially around drug use or shelter living — and make sure you do not unintentionally agree to something that affects your rights or your child.

If you also have criminal charges, tell **both** your criminal lawyer and your child protection lawyer. Criminal cases can affect access and custody, but getting support can help show progress and stability.

## **YOU CAN HAVE A SUPPORT PERSON WITH YOU:**

You can bring a shelter worker, a friend or family member, a cultural support person, an Elder or Band Representative, or a legal advocate. They can help take notes, correct misunderstandings, and help you stay calm. You can get a notebook and take notes or get your support person to make notes when you interact with family policing services.

## **YOU CAN SET THE TONE RIGHT FROM THE START:**

Think about who supports you in parenting, in your health, and in your daily life — and who you trust. Consider the activities and spaces you enjoy with your child, such as exploring local parks, going to family swim, or visiting an Early Years Centre drop-in. You can also share the foods you like to cook together or any crafts or artwork your child has made. These everyday moments help show your relationship with your child and the care you provide.

## **YOU CAN ASK TO SCHEDULE THE MEETING:**

CAS cannot enter your space unless you agree, they have a court order, or they believe a child is in immediate danger. However, refusing entry or delaying too long can be seen as “non-cooperation” or as you “hiding something.” A safer approach is to set a time, for example, asking: *“I’m willing to meet with you. Can we schedule a time later today or tomorrow when my lawyer or support person can join?”*



## **YOU DO NOT HAVE TO ANSWER ALL QUESTIONS:**

You do not have to answer every question, including around drug use, medical issues, trauma, relationships, or past CAS involvement. However, refusing to answer may be used as evidence that you are “hiding something.” Getting legal support early is important for advice on answering questions. You can say, for instance, *“I’d like to speak with a lawyer before answering.”*

## **YOU HAVE THE RIGHT TO CULTURAL AND LANGUAGE SUPPORTS:**

You have the right to cultural and language supports throughout the CAS process. CAS must ask about your culture, identity, and first language, and they must provide an interpreter if you or your child needs one. If you or your child is First Nations, Inuit, or Métis, CAS is legally required to involve your Band or Indigenous community at every stage — including planning, safety decisions, services, and court.

## **YOU HAVE THE RIGHT TO SEE WHAT CAS WRITES ABOUT YOU:**

You can request your CAS file in writing. Obtaining the written file is highly recommended, as it can help you understand their concerns, correct mistakes, and prepare if the case continues.

## **YOU CANNOT BE FORCED TO TAKE A DRUG TEST (WITHOUT A COURT ORDER):**

CAS workers cannot require urine tests, blood tests, hair-strand tests, or patch tests. Only a court can order drug testing. If CAS asks you to test “voluntarily,” speak to a lawyer first.

## **YOU CAN MAKE A COMPLAINT AGAINST CAS:**

CAS workers must treat you with respect. Always ask for the worker’s name, role, and contact information, and write it down. If you feel mistreated, you can file a written complaint through the CAS Internal Complaints Review Panel, or contact the independent Child and Family Services Review Board or the Ontario Ombudsman’s Children and Youth Unit.



## **Accessing Legal Aid Ontario (LAO)**

LAO provides free legal help to people with very low incomes. If you qualify, LAO can give you a legal aid certificate, which pays a private lawyer to work on your case so you do not pay the lawyer yourself. To qualify, your income and assets must be low and your legal problem must be something LAO covers. LAO covers child protection matters.

Call LAO at 1-800-668-8258 or visit [www.legalaid.on.ca/will-legal-aid-pay-for-my-lawyer](http://www.legalaid.on.ca/will-legal-aid-pay-for-my-lawyer) to apply or to ask if you qualify. If you get a LAO certificate, you will need to choose a lawyer who accepts legal aid work. To find a lawyer, you can visit [www.legalaid.on.ca/lawyers](http://www.legalaid.on.ca/lawyers).

# PRACTICAL TIPS FOR NAVIGATING FAMILY POLICING SERVICES

## Be cooperative but careful

You do not have to agree with CAS, but refusing to talk, blocking access to your child, or arguing will be used against you.

- **Do:** stay calm; keep answers short; get legal advice; have a support person with you; take long deep breathes and go at your own pace; get a glass of water for yourself and sip it slowly; keep your feet on the ground and provide soothing care to yourself.
- **Avoid:** oversharing, arguing, or refusing all contact.

## Allow CAS to speak to your child

CAS does not need your permission to speak to your child. If you refuse, they may interview your child at school, at daycare, or in another setting.

- **Do:** ask for the interview to happen somewhere your child feels comfortable; reassure your child.
- **Avoid:** refusing CAS access to your child; giving your child instructions on exactly what to say.

## Prepare your space as best you can

Even in a shelter, CAS will check for a clean sleeping area, safe storage of drugs/alcohol/sharp objects, food availability, working smoke/CO detectors, and age-appropriate items (books, toys, etc.). They will write down what they see, what you say, how you appeared to them, and who was in your space.

## Explain what support you already have

Tell CAS about any counselling, harm reduction supports, childcare supports, cultural supports, community programs, and any steps you have already taken to address parenting concerns. Show them you are taking action.

## Remember, CAS documents everything

Workers record your words and tone, your body language, whether you refused questions, the state of your space, how you interact with your child. These notes can influence long-term decisions, and will appear in court documents.

## Have a plan for after the meeting

Think about who you can call to debrief, and where you can go to help shift your mood; even a short walk can help. Plan something that helps you calm your body and mind, such as noticing dogs or kids playing, looking at trees or the sky, enjoying a warm tea, listening to music, rocking yourself, taking a shower, or getting a safe hug. Having a plan can make the experience feel more manageable.

# ADDITIONAL RESOURCES

## Legal Supports – the organizations can help you find legal representation

**Law Society of Ontario** (to find a lawyer):

🔗 <https://lso.ca/public-resources/choosing-the-right-legal-professional/seeking-legal-help-protect-yourself>

📞 1-800-668-7380

**Legal Aid Ontario** (to obtain free legal representation):

🔗 [www.legalaid.on.ca/will-legal-aid-pay-for-my-lawyer](http://www.legalaid.on.ca/will-legal-aid-pay-for-my-lawyer)

📞 1-800-668-8258

**Barbara Schlifer Commemorative Clinic**

(for legal, counselling, and interpretation services geared toward women and gender-diverse people who have survived violence):

🔗 [www.schliferclinic.com](http://www.schliferclinic.com)

📞 416-323-9149

**Luke's Place** (for family law support geared toward women and children who have survived violence):

🔗 <https://lukesplace.ca>

📞 1-866-516-3116

**Justice for Children and Youth** (for legal services geared to young people under 25 years old if homeless):

🔗 <https://jfcy.org>

📞 1-866-999-5329

**Aboriginal Legal Services** (for legal services geared toward Indigenous people):

🔗 [www.aboriginallegal.ca](http://www.aboriginallegal.ca)

📞 1-844-633-2886

**Black Legal Action Centre** (for legal services geared toward low- and no-income Black Ontarians):

🔗 [www.blacklegalactioncentre.ca](http://www.blacklegalactioncentre.ca)

📞 416-597-5831

**Centre for Spanish Speaking Peoples** (for legal services geared towards Spanish-speaking people):

🔗 <https://spanishservices.org>

📞 416-533-8545

**South Asian Legal Clinic of Ontario** (for legal services geared toward low-income South Asian people):

🔗 <https://salc.on.ca>

📞 416-487-6371

**Chinese and Southeast Asian Legal Clinic**

(for legal services geared toward low-income, non-English-speaking people from Chinese, Vietnamese, Laotian, and Cambodian communities):

🔗 <https://csalc.ca>

📞 1-844-971-9674

**HIV & AIDS Legal Clinic Ontario** (for legal services geared toward people living with HIV):

🔗 [www.halco.org](http://www.halco.org)

📞 1-888-705-8889

## Other supports

**211 Ontario Services** (for connections to community, social, health, and/or government services):

📍 <https://211ontario.ca/search>

☎ 211

**Beendigen** (for culturally sensitive and non-judgmental crisis counsel, advice, support, and referrals):

📍 [www.beendigen.com/programs/talk4healing](http://www.beendigen.com/programs/talk4healing)

☎ 1-855-554-4325

**Shelter Safe** (to connect to a shelter in your area):

📍 <https://sheltersafe.ca/get-help>

@ info@endvaw.ca

**Native Women's Center Pimaatisiwin Program**

(for a culturally safe environment for Indigenous women and children to connect):

📍 <https://nwrct.ca/programs-and-services/>

☎ 416-963-9963

**Child Development Institute** (for free GBV services):

📍 <https://childdevelop.ca/child-youth-mental-health-services/gender-based-violence-services/>

@ info@childdevelop.ca

**Anishnawbe Health Toronto**

(for culturally sensitive maternal infant programs):

📍 <https://aht.ca/program/maternal-infant-program/>

☎ 416-360-0486

**The Jean Tweed Centre**

(for drug use treatment with family programming):

📍 <https://jeantweed.com/support-for-mothers-and-caregivers/>

☎ 416-255-7359

**Mothercraft**

(for parenting support for people who use drugs):

📍 <https://mothercraft.ca/breaking-the-cycle/>

☎ 416-364-7373

**Renascent** (for family care programs that support people who use drugs):

📍 <https://renascent.ca/essential-family-care-programs>

☎ 1-866-232-1212

**Seventh Generation Midwives Toronto**

(for culturally sensitive midwifery care to pregnant Indigenous persons and their families):

📍 [www.sgmt.ca](http://www.sgmt.ca)

☎ 416-530-7468

**Unity Health Toronto, My Baby and Me clinic**

(for low-barrier support to mothers who use drugs):

📍 <https://unityhealth.to/clinics-services/my-baby-and-me-perinatal-addictions-clinic/>

☎ 416-867-7421

**Community Health Centers**

(for low-barrier counselling and social work services, as well as child programming):

📍 [www.ontario.ca/page/community-health-centres](http://www.ontario.ca/page/community-health-centres)  
(and identify your local centre)

**Accessing these services can still lead to CAS reports because providers may feel pressure from the legal duty to report or from their employers, or they may act out of fear of liability.**

## Legal information resources

### HIV Legal Network

*Shelter Right: A Blueprint for Inclusive Shelters in Canada* (2025), available at [www.hivlegalnetwork.ca/site/shelter-right-a-blueprint-for-inclusive-shelters-in-canada](http://www.hivlegalnetwork.ca/site/shelter-right-a-blueprint-for-inclusive-shelters-in-canada).

*Towards Access for All: Best and Promising from Low-Barrier, Harm Reduction Shelters in Canada* (2024), available at [www.hivlegalnetwork.ca/site/towards-access-for-all-best-and-promising-practices-from-low-barrier-harm-reduction-shelters-in-canada](http://www.hivlegalnetwork.ca/site/towards-access-for-all-best-and-promising-practices-from-low-barrier-harm-reduction-shelters-in-canada).

*Know Your Rights: On Drug Laws for African, Caribbean, and Black (ACB) People Who Use Drugs* (2026), available at <https://www.hivlegalnetwork.ca/site/know-your-rights-on-drug-laws-for-african-caribbean-and-black-acb-people-who-use-drugs-2/?lang=en>.

*Know Your Rights: On Drug Laws for Indigenous People Who Use Drugs* (2026), available at <https://www.hivlegalnetwork.ca/site/know-your-rights-on-drug-laws-for-indigenous-people-who-use-drugs-2/?lang=en>.

*Know Your Rights: Drug Use and the Child Protection System in Toronto* (2021), available at <https://whai.ca/wp-content/uploads/Know-Your-Rights-Drug-Use-and-the-Child-Protection-in-Toronto.pdf>.

### Steps to Justice (CLEO)

*Family Law: Child Protection* (updated regularly), available at <https://stepstojustice.ca/legal-topic/family-law>.

## Other resources

### One Vision One Voice

*Changing The Ontario Child Welfare System to Better Serve African Canadians* (2016), available at [www.oacas.org/wp-content/uploads/2016/09/One-Vision-One-Voice-Part-1\\_digital\\_english-May-2019.pdf](http://www.oacas.org/wp-content/uploads/2016/09/One-Vision-One-Voice-Part-1_digital_english-May-2019.pdf).

*Navigating the Child Welfare System: A guide for Ontario's Black Community* (2021), available at [www.oacas.org/wp-content/uploads/2021/11/OVOV-Navigating-Child-welfare-FINAL-EN.pdf](http://www.oacas.org/wp-content/uploads/2021/11/OVOV-Navigating-Child-welfare-FINAL-EN.pdf).

*Understanding the Over-representation of Black Child in Ontario Child Welfare Services* (2022), available at [www.oacas.org/wp-content/uploads/2022/06/Black-Children-in-Care-OIS-Report-2022-Final.pdf](http://www.oacas.org/wp-content/uploads/2022/06/Black-Children-in-Care-OIS-Report-2022-Final.pdf).

### Ontario Human Rights Commission

*Interrupted Childhoods: Over-representation of Indigenous and Black children in child welfare* (2018), available at [www3.ohrc.on.ca/en/interrupted-childhoods-over-representation-indigenous-and-black-children-ontario-child-welfare](http://www3.ohrc.on.ca/en/interrupted-childhoods-over-representation-indigenous-and-black-children-ontario-child-welfare).



1240 Bay St. Suite 600  
Toronto, ON M5R 2A7, Canada  
Phone: +1 416-595-1666

[hivlegalnetwork.ca](http://hivlegalnetwork.ca)



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