



# **Report on Findings and Implications for an Ethical Decision-Making Framework for Information Sharing**

# Acknowledgments

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## PROJECT SPONSOR

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## SHARING GUIDELINES

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## Key Messages

- The Collaborative for Health and Home (CHH) has identified a gap in knowledge regarding **ethical considerations for information sharing and consent practices in the homeless-serving sector**. The findings presented in this report aims to address this gap by identifying sector challenges related to ethical information sharing and providing implications for creating an overarching sector framework for ethical information sharing, along with an implementation plan.
- Current practices that service providers use in decision-making include first checking for consent and relying on client connection to inform decision-making. In addition, providers with more work experience are able to make more collaborative and appropriate information sharing decisions. However, ethical concerns, or ethical grey areas, related to information sharing in the homeless-serving sector typically emerge from service providers not knowing whether or not information can be shared, what type of information to share, how much information to share, or whether it was appropriate to be sharing based on the role held by the person requesting the information.
- When navigating information sharing as well as the ethical grey areas that emerge, values can be significant guideposts for decision-making. While legislation, accreditation, and professional regulatory bodies help service providers identify if information can be shared, it is values that guide ethical decisions on whether information should be shared. As such, this report presents the values that guide ethical information sharing practices in the homeless-serving sector.
- The foundational values that guide decision-making include four overarching value domains which are rooted in parallel Indigenous and Western worldviews. These value domains, which include seven values from an Indigenous worldview based on the Seven Teachings (Bromley, 2020) and four values from a Western worldview, include: 1) Respect & Autonomy; 2) Wisdom, Truth, & Accountability; 3) Love, Humility & Collaboration; 4) Courage, Honesty, & Integrity.
- Based on these findings, implications for the framework are: include the foundational values for ethical information sharing, develop essential practices for ethical information sharing based on the foundational values, and create a decision-making tool that provides a practical step-by-step guide for service providers to use on the job.
- The implementation plan will provide considerations for assessing existing capacity and readiness to prepare for a soft launch of the framework. Implications for the implementation plan include: considerations and potential decision-points related to ongoing oversight, training, organizational buy-in, and ongoing quality improvement.

## Executive Summary

The Collaborative for Health and Home (CHH) has identified a gap in knowledge regarding **ethical considerations for information sharing and consent practices in the homeless-serving sector**. The findings presented in this report aims to address this gap by illustrating and identifying sector challenges related to ethical information sharing and providing implications for creating an overarching sector framework for ethical information sharing, along with an implementation plan.

## Project Overview

Multiple data collection methods were employed to develop a comprehensive understanding of the Calgary-based homeless serving sector's current information sharing practices, for example:

- The values and principles that guide information sharing decisions
- The kinds of ethical “grey areas” faced by service providers and
- Enablers and barriers to making ethical decisions about information sharing.

Figure 1 shows which methods were used in each of the project's three phases. Full descriptions of each method are included in Appendix A.



Figure 1. Phases of project work

Data collection methods were designed to capture diverse perspectives from across the homeless-serving sector, including those with lived experience and those in frontline and leadership service provision roles. Service providers come from varied professional backgrounds and include social workers, psychologists, counsellors, housing case workers, shelter staff, and advocates. Through the data analysis and synthesis process, Indigenous perspectives were considered in parallel to Western or Eurocentric perspectives. This choice was made in a spirit of reconciliation and collaboration, and to not perpetuate practices of colonization through the integration of Indigenous knowledge into Western ways of knowing.

## Findings

Information sharing in the homeless serving sector primarily facilitates a client's access to services and supports and seeks to avoid duplication of services. Ethical decision-making looks to determine "what should we do and why" to reach the best course of action based on the circumstances. This section presents themes from across the data sources about:

- Primary influences (e.g., consent, experience, and trust) that inform decision-making;
- A framework for classifying and understanding ethical issues faced by service providers; and
- Sector values guiding ethical decision-making.

### Primary Influences on Information Sharing Decisions

#### PRIMARY FOCUS ON CONSENT AND CLIENT CONNECTION

When service providers are faced with making information sharing decisions, the role of consent and client connection, as well as their own experience in the sector, are the primary influences in how they proceed. Two common decision-making practices are to check for a signed consent form and to try to speak with the client about the request. Ethical issues arise when the client is unable to provide consent, or when client direction is unclear. Interview and Indigenous consultation findings acknowledge that ethical information sharing is based on a relationship of trust between staff and client. Taking the necessary time to build a relationship or rapport with a client enables service providers to build confidence to make more ethical decisions about sharing information if the client is unavailable.

Within Indigenous cultures, trust-building is acknowledged as "making relatives," which requires making a genuine connection with the person experiencing homelessness. Service providers are working with people first, and their information second. Interview participants recognized that a power dynamic exists between the service provider and the client, which highlights the importance of building a client-service provider relationship which respects their client's privacy and choice of who information is shared with, why information is shared, and how much information is shared.

#### MORE SECTOR EXPERIENCE LEADS TO MORE COLLABORATIVE DECISION-MAKING

Interview data indicates that less experienced service providers were more likely to under-share when faced with making an information sharing decision in higher complexity scenarios, while more experienced staff are more likely to risk over-sharing. As one interviewee explained, "there's often slight differences in individual staff comfort levels with legislation, with what this actually means, in practice, with their clients, etcetera. That can mean people throw up unnecessary barriers." When there is no immediate danger to clients or service providers, a lack of experience in interpreting guidelines or fear of consequences may lead newer staff to overemphasize legal implications and underemphasize ethical implications.

In contrast, more experienced service providers have knowledge of others roles and form informal working relationships which result in unwritten rules of engagement that facilitate information sharing across sectors. Strong working relationships create opportunities for constructive dialogue about what information is necessary to meet client needs in the way they would want. When discussing whether it was appropriate to share the information, more experienced service providers consider not only the safety and wellbeing of the request on the client, but also the reasonableness of the request. Reasonableness is determined based on the available facts of the situation and the request being deemed practical or appropriate for the context. Experienced service providers indicate that their knowledge of how to navigate the reasonableness of a request and make a decision came from on-the-job experience. Beyond new employee training for organizational policies and procedures, and options to take Freedom of Information and Privacy (FOIP) training, those without a professional body rely on experience and lessons learned from colleagues on how to navigate information sharing.

## A Framework for Classifying and Understanding Ethical Issues

Ethical concerns related to information sharing in the homeless-serving sector typically emerge from service providers not knowing whether or not information can be shared, what type of information to share, how much information to share, or whether it was appropriate to be sharing based on the role held by the person requesting for information.

A model of ethical issues developed by the Saskatoon Health Region (2017) can be used to categorize grey areas based on the points of tension that staff identified when faced with an information sharing request: ethical uncertainties, ethical dilemmas, ethical (moral distress), and ethical violations. The points of tension are described below (and summarized in Table 3).

Table 3. Types of Ethical Tensions

Ethical Issue	Description
Ethical Uncertainty	When it is unclear what ethical values are at play or whether or not the situation presents an ethical problem.
Ethical Dilemma	When there are competing courses of action, both of which may be ethically defensible (e.g., conflicting values) and there is a difference of opinion or guidelines as to how to proceed.
Ethical (Moral) Distress	When you find yourself in a situation of discomfort, if you have failed to live up to your own ethical expectations, or if you are unable to carry out what you believe is the right course of action due to organizational or other constraints.
Ethical Violation	When an action that appears to be unethical is being proposed or carried out (e.g., client information is shared without a valid consent)

Source: Saskatoon Health Region (2017)

## Foundational Values for Ethical Information Sharing

While legislation and organizational policies help staff to identify what *can* be shared, values are what guide ethical decision-making, or what *should* be shared. A shared understanding requires accommodating multiple worldviews, or the various ways people interpret and act upon the world

around them. Within a Western worldview, there are four overarching values that service providers within the homeless-serving sector use to guide their decisions for sharing client information: accountability, autonomy, collaboration, and integrity. In parallel, within Indigenous cultures, Elder Jackie Bromley (2020) identifies that there are variations of the Seven Teachings which apply to all aspects of life including decisions on ethical information sharing, which include the values of: love, respect, courage, honesty, wisdom, humility, and truth.

Elders Reg and Rose Crowshoe (2020) gifted the curators of this report with the concept of ethical space, which allows Indigenous and Western worldviews to co-exist. While the values may differ based on the worldview someone ascribes to, their expression in practice leads to four overarching and equal domains of ethical space:

- **Respect & Autonomy:** For example, in practice this looks like making the client the driver of their own care by asking the client if they want the information shared.
- **Wisdom, Truth, & Accountability:** For example, in practice this looks like understanding the different legislations that apply to your sector and the professional requirements that colleagues have to adhere to.
- **Love, Humility, & Collaboration:** For example, in practice this looks like case-conferencing when a client gives consent for information to be shared across providers to better connect clients with the appropriate services and supports.
- **Courage, Honesty, & Integrity:** For example, in practice this looks like seeking to learn and grow from your own decisions and those of others in able to better apply the value domains in ethical decision-making practices.

## Implications for Framework Development and Implementation

To mitigate the challenges of information sharing, and to foster a culture of ethical growth to work through grey areas, this ethical decision-making framework should include the following pieces:

- **Foundational values for ethical information sharing:** Overarching value domains based on both Indigenous and Western worldviews that underscore ethical information sharing practises. Accompanying these descriptions will be examples of how these values translate into practice.
- **Essential practices for ethical information sharing:** Navigating ethical issues in a systematic way based on essential practices that supports thinking beyond legal considerations to incorporate ethical considerations as a matter of standard practice. The practices provide guidance on: determining relevant information needed to make a decision about sharing client information; identifying potential paths forward, and their ethical implications; and determining which path to follow.
- **Decision-making tool:** The framework will include a decision-making tool that integrates essential practices into a practical step-by-step guide for service providers to use on the job.

When these pieces are applied together, they can enable more uniform and ethical information sharing practices within the sector. An implementation plan should support assessing existing capacity and



readiness for implementation to determine what is needed to prepare for a soft launch and should include considerations for ongoing oversight, core elements of training, awareness and organizational buy-in, and ongoing quality improvement. The result is a framework informed by practice-based evidence which reflects the unique decision-making needs around information sharing in the homeless-serving sector and an implementation plan that ensures leaders are rolling out the framework in a comprehensive and coordinated way.

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## Introduction

Ethics takes into consideration the social and legal implications of standards of conduct and moral judgements that influence choices and actions (Buzath, 2019). Ethical decision making looks to determine “what should we do and why”, to protect the interests of all stakeholders and to reach the best course of action based on the circumstances.

The Collaborative for Health and Home (CHH) has recognized a gap in knowledge regarding **ethical considerations for information sharing and consent practices in the homeless-serving sector in Calgary**. Information presented in this report illustrates and identifies sector challenges related specifically to ethical information sharing and provide implications for creating an overarching sector framework for ethical information sharing, along with an implementation and training plan.

## Background and Context

The reasons to request or share information are varied, with many factors influencing how and why information is shared. Within the homeless serving sector, common reasons for sharing or requesting client information are to help a client access services and supports, to minimize the need for a client to tell their story to again to a different provider, and to avoid duplication of services. Often, information that is being shared is health-related, such as medical history, prescribed medication, health card number, and assessments. Shelter-related information that is shared includes shelter stays, housing status, and housing location. Other types of shared information include involvement with police, financial, the status of a referral, and general well-being. The amount of information a service provider requests can range from minimal, such as the location of the client, to extensive, such as full histories related to health and addictions, homelessness, and funding accessed by the client. These requests demonstrate the variability from one situation to the next when making decisions around sharing client information.

In addition to the various types of information requests and reasons for making them, other contextual factors influence information sharing decisions such as the role of and setting worked in. Service providers come from varied professional backgrounds and include social workers, psychologists, counsellors, housing case workers, shelter staff, and advocates. As well, interactions between service providers and people experiencing homelessness occur across a variety of settings, including, but not limited to, community agencies, hospitals, and shelters.

Each service provider makes information sharing decisions by applying relevant legislation, regulatory body guidelines, organizational policies and values, and personal beliefs. Table 1 below provides an overview of these contextual factors as they apply to service providers working with adults in the homeless-serving sector.

Table 1. Influencing Factors that guide decision-making in the homeless-serving sector

Influencing Factors	Descriptions
Legislation	Various pieces of legislation operate within the homeless-serving sector and place legal obligations on specific service providers depending on the setting they work in. Some examples include: the Freedom of Information and Protection of Privacy Act, the Health Information Act, and the Personal Information Protection Act.
Regulatory and accreditation bodies	Many service providers are governed by regulatory or accreditation bodies, for example: the Alberta College of Social Work, the Canadian Association of Social Workers and the Alberta College of Social Workers, the Canadian Psychologist Association, the College of Alberta Psychologists, the College and Association of Registered Nurses of Alberta, the Canadian Accreditation Council, and the College of Physicians and Surgeons.
Organizational policies and values	Individual organizations determine their own set of values, policies, and procedures based on their mission and vision, which guide how service providers make decisions around information sharing.
Personal beliefs	Personal beliefs differ from person to person, and are shaped by an individual's worldview, personal experiences, training and education, work history, values, customs, language, and more.

## Methods

Multiple data collection methods were employed to develop a rich understanding of the Calgary-based homeless serving sector's current information sharing practices, for example:

- The values and principles that guide information sharing decisions
- The kinds of ethical "grey areas" faced by service providers, and
- Enablers and barriers to making ethical decisions about information sharing.

Figure 1 shows which methods were used in each of the project's three phases. Full descriptions of each method are included in Appendix A.



Figure 1. Phases of project work

Data collection methods were designed to capture diverse perspectives from across the homeless-serving sector, including those with lived experience and those in service provision roles. Data collection methods were designed to capture diverse perspectives from across the homeless-serving sector, including those with lived experience and those in frontline and leadership service provision roles. Service providers come from varied professional backgrounds and include social workers, psychologists, counsellors, housing case workers, shelter staff, and advocates. Through the data analysis and synthesis process, Indigenous perspectives were considered in parallel to Western or Eurocentric perspectives. This choice was made in a spirit of reconciliation and collaboration, and to not perpetuate practices of colonization through the integration of Indigenous knowledge into Western ways of knowing.

Table 2. Representation of Perspectives

Sector/Demographic	Document Review	Interviews	Survey	Ethics Advisory Committee	Elder & Indigenous Perspectives Consultations
Health	3	1	5	1	0
Housing/Shelter	3	4	30	1	1
Government/Policy	5	1	0	1	1
Legal	0	0	0	2	0
Lived Experience	0	0	0	2	0
Community Policing	0	0	0	1	0
Multi-disciplinary	0	6	9	0	2
Other	0	0	9	0	3
<b>TOTAL</b>	<b>11</b>	<b>13</b>	<b>53</b>	<b>8</b>	<b>7</b>

## Findings

The purpose of information sharing in the homeless serving sector is to facilitate a client's access to services and supports and to avoid duplication of services. Ethical decision-making looks to determine "what should we do and why" to reach the best course of action based on the circumstances. This section presents themes from across the data sources about:

- Primary influences (e.g., consent, experience, and trust) on decision-making
- A framework for classifying and understanding ethical issues faced by service providers
- Sector values guiding ethical decision-making.

### Primary Influences on Information Sharing Decisions

When service providers make information sharing decisions, the role of consent and client connection, as well as their own length of time in the sector are the primary influences in how they proceed.

#### Primary Focus on Consent and Client Connection

Two common decision-making practices across the homeless-serving sector when responding to an information sharing request are identified in the research. The majority of survey participants indicated their first response is to check for a signed consent or release of information form. After checking for consent, the next step taken by the majority of survey participants is to try to speak directly with the client about the request. These shared practices exist without any overarching sector-wide guidelines, and reflect a degree of consistency across individual organizational guidelines. Other decision-making practices provided by frontline service providers were to try to get more information from the person requesting, and ask a supervisor about how to respond to the request.

Ethical issues arise when the client is unable to provide consent, or when client direction is unclear. More than half of survey respondents said they find it difficult to make an information sharing decision when client approval about sharing information is unknown. Ideally, in every situation, a client would be able to give permission whether or not to share the information. However, the transient and complex nature of homelessness along with the complex network of system supports can lead to situations where clients are difficult to contact.

Ethical grey areas arise when a client cannot confirm consent, requiring service providers to have accessible, in-depth knowledge of client goals and preferences. Yet 24% of service providers surveyed did not feel comfortable determining what is in the best interest of their client when faced with making an information sharing decision without client consent. This is further supported by interview and Indigenous consultation findings, which demonstrate that ethical information sharing is based on a relationship of trust between staff and client. Taking time to build a relationship or rapport with a client enables service providers to build confidence to make more ethical decisions about sharing information if the client is unavailable. Interviewees shared multiple strategies used to build trust with their clients.

These include getting to know their client's history and future goals, obtaining written consent, and checking in regularly with the client for verbal consent.

Within Indigenous cultures, trust-building is considered as "making relatives," which requires making a genuine connection with the person experiencing homelessness. Frontline staff are working with people first, and their information second. Interview and Indigenous consultation participants recognized that a power dynamic exists between the service provider and the client, which highlights the importance of building a client-service provider relationship that respects their client's worldview, privacy, and directives of who information is shared with, why information is shared, and how much information is shared.

## **More Sector Experience Leads to More Collaborative Decision-Making**

Interview data indicates that less experienced staff are more likely to under-share when faced with making an information sharing in higher complexity scenarios, while more experienced staff are more likely to risk over-sharing. As one interviewee explained, "there's often slight differences in individual staff comfort levels with legislation, with what this actually means, in practice, with their clients, etcetera. That can mean people throw up unnecessary barriers." This may be exacerbated because, beyond uncertainty about legislation, service providers don't always understand each other's guiding contextual factors, for example, which regulatory bodies they fall under or what organizational policies are in place. Interviewees cite examples of new staff not providing an appropriate amount of information about a client due to fear over consequences of sharing information. Organizational documents identify that there are consequences for breaching confidentiality, but these are left vague and to the discretion of employers. The exception to this is when safety is considered as there are clear legal guidelines that support all staff in their ethical and legal obligation to share. When there is no immediate danger to clients or staff, the lack of experience in interpreting guidelines and fear of consequences may lead newer staff to overemphasize legal implications, and underemphasize ethical implications.

In contrast, more experienced staff members have knowledge of others roles and form informal working relationships which result in unwritten rules of engagement that facilitate information sharing across sectors. One interviewee explained this dynamic by stating, "...I know a lot of people at different agencies, and that's the back door deal, it happens all the time. It's like, I know someone at this organization, and I call them up and say, "hey, is this guy still in your program?" and they will tell me yes or no. And I'm not looking because I'm bored, it's because I'm trying to figure out a plan for that client, but we know each other as professionals and we don't question it." In addition, half of survey participants responded that not having a working relationship with the person asking for the information makes it difficult to decide whether or not to share client information.

Strong working relationships create opportunities for constructive dialogue among service providers about what information is necessary to meet the needs of the client in the way they would want. As one interviewee explained, "if you have good experiences with another organization or you have built a professional relationship with another staff at another organization, you shouldn't be sharing more information, I think you would just have a more collaborative approach to making sure that that shared information was appropriate and effectively used." When discussing whether it was appropriate to share



the information, more experienced frontline staff consider not only the safety of the request on the client, but also the reasonableness of the request. Reasonableness is determined based on the available facts of the situation and the request being deemed practical or appropriate for the context. Individuals interviewed have been in the sector for at least two years, with many having more than a decade of experience. All indicate that their knowledge of how to navigate the reasonableness of a request and make a decision come from on-the-job experience. Beyond new employee training for organizational policies and procedures and options to take FOIP training, those without a professional body relied on experience and lessons learned from colleagues on how to navigate information sharing.

In some circumstances these strong working relationships become formalized through information sharing agreements across organizations to facilitate complex case conferencing for a shared client. These bring together a specific group of practitioners across sectors to work collaboratively and are in place for supporting specific groups of individuals experiencing homelessness. However, these agreements are not considered feasible or practical for every shared client as the current systems structures cannot support this style of cross-sectoral case conferencing on a large scale.

## A Framework for Classifying and Understanding Ethical Issues

When service providers were asked to share examples of ethical “grey areas” they encounter in their work, there appeared to be no situational patterns, but instead consistency in the types of ethical tensions experienced. Ethical concerns related to information sharing in the homeless-serving sector typically emerge from staff not knowing whether or not information can be shared, what type of information to share, how much information to share, or whether it was appropriate to be sharing based on the role held by the person requesting for information. A model of ethical issues developed by the Saskatoon Health Region (2017) can be used to categorize grey areas based on the points of tension that staff identified when deciding how to proceed with an information sharing request: ethical uncertainties, ethical dilemmas, ethical (moral distress), and ethical violations. The points of tension are described below (and summarized in Table 3).

Table 3. Types of Ethical Tensions

Ethical Issue	Description
Ethical Uncertainty	When it is unclear what ethical values are at play or whether or not the situation presents an ethical problem.
Ethical Dilemma	When there are competing courses of action, both of which may be ethically defensible (e.g., conflicting values) and there is a difference of opinion or guidelines as to how to proceed.
Ethical (Moral) Distress	When you find yourself in a situation of discomfort, if you have failed to live up to your own ethical expectations, or if you are unable to carry out what you believe is the right course of action due to organizational or other constraints.
Ethical Violation	When an action that appears to be unethical is being proposed or carried out (e.g., client information is shared without a valid consent)

Source: Saskatoon Health Region (2017)

When this model is applied, situations described as grey areas by interviewees most often could be categorized as an example of ethical uncertainty or ethical dilemma. A few situations shared could be

categorized as examples of either ethical (moral) distress or ethical violations. In many of the situations shared by interviewees, ethical and legal issues often blended, adding a layer of complexity to the decision-making process.

## **Ethical Uncertainties**

Ethical uncertainty describes a situation where it is unclear what values are at play or whether or not the situation presents an ethical problem (Saskatoon Health Region, 2017). Examples of ethical uncertainty that arose within the interviews are:

- Seeking advice on a client's situation without revealing their name
- Receiving a disclosure from a client and not knowing if it qualifies to be reported or not
- How much, if any information can be shared with someone outside of the profession, or if it can even be shared.

These uncertainties are characterized by unfamiliarity with different contextual factors across service providers in the homeless-serving sector (legal, regulatory body, organizational values/policies, or personal beliefs) resulting in the interviewee not being able to specifically describe why the situation was considered an ethical grey area. This highlights the need for shared language and processes to identify the issue. As described in shared practices, in situations of uncertainty, staff member's most frequent responses are to check for written consent or Release of Information (ROI) form, ask the client, or consult with a supervisors. Each of these responses led to seeking clarifying information about whether the circumstance requires them to follow a certain action.

## **Ethical Dilemmas**

An ethical dilemma is characterized by competing courses of action, both of which may be ethically defensible, and there is a difference of opinion or guidelines as to how to proceed (Saskatoon Health Region, 2017). Examples of ethical dilemmas that arose within the interviews were:

- Deciding between following ethical standards of different sectors (e.g., health, legal, housing, etc.) within the broader homeless serving sector
- Interpreting client capacity to consent as being in conflict with obtaining informed written consent
- Knowing information that can support a client in achieving goals that they have expressed, but not consented to share.

Dilemmas are necessitated by time-sensitive decisions. Ethical dilemmas present the greatest range of circumstances and decision-points for staff to navigate. In almost all situations, the difficulty arises when service providers need to make an ethical decision without input from the client (either because they put someone else at risk by telling the client or the client could not be contacted), or when they question the client's capacity to provide consent.

While checking for consent is a standard process, the documentation often did not specify how much information could be shared with other organizations to support the client versus the client's right to privacy and autonomy. This results in staff taking a risk by relying solely on their judgement and

experience in the sector to decide what is appropriate to share based on their knowledge of the client's needs. Alternately, if a less experienced staff member is in the position of having consent to provide client information, but no parameters clarified for what to be shared, they tend to respond more conservatively and under-share.

## Moral Distress and Ethical Violations

Ethical, or moral distress, is when staff find themselves in a situation of discomfort, if they have failed to live up to their own ethical expectations, or if they are unable to carry out what they believe is the right course of action due to organizational or other constraints (Saskatoon Health Region, 2017). An ethical violation happens when an action that appears to be unethical is being proposed or carried out. Examples of ethical distress that were shared by frontline staff include:

- Not being able to access information about whether a client has a history of violence
- Receiving a request from a client's family member concerned about their whereabouts

Very few situations of distress and even fewer examples of violations were shared by interviewees. From the data available, the safety of the client or the safety of colleagues within the sector can be a trigger for moral distress.

In order to move through this, service providers often bring concerns to supervisors and will talk through why they aren't comfortable with the situation. Service providers often recognize the ethical boundaries that they need to work within, but feeling distressed can complicate decision-making. In some circumstances, this can result in an ethical, and often legal, violation where an information sharing decision is made based on the emotion of a service provider rather than reflection on the actual risks presented in the situation. Seeking guidance through supervisors or colleagues is a way for service providers to feel supported in their decision to uphold legal or organizational constraints while working through the personal discomfort they felt.

When ethical issues were shared during the interviews, document review, and survey, the underlying values guiding information sharing decisions were never explicitly expressed. However, assessing the actions taken by staff indicate that overarching values specific to client information sharing exist. In addition to being able to identify the type of grey area being experienced, there is significance in developing shared understanding of the values that apply to ethical-information sharing practices within the sector. This is because a shared language of common values can provide a foundation for enhanced collaboration in the sector. It supports clarification of what ethical tensions exist and how different service providers may be applying the same values in different ways. It also supports constructive dialogue on creating mutually agreed upon solutions.

## Foundational Values for Ethical Information Sharing

While legislation and organizational policies help staff to identify what *can* be shared, values are what guide ethical decision-making, or what *should* be shared. For example, if a client has signed a consent form, the decision to share may be legally appropriate but the amount of information being requested may seem to exceed what is necessary to get the help the client needs. When navigating information

sharing and the ethical grey areas that can emerge, values can be significant guideposts for decision-making. This section describes the main values that emerged from data analysis that guide ethical information sharing practices in the homeless-serving sector.

The Alberta Health Services Ethics Framework (2019) defines values as “...what we believe in and what we collectively stand for... [values] provide us with a shared understanding of what’s important and guide our decisions” (p.2). A shared understanding requires accommodating multiple worldviews, or the various ways people interpret and act upon the world around them. Many policies and practices within the homeless serving sector were developed from a Western worldview. Within a Western worldview, there are four overarching values homeless-serving sector service providers use to guide their decisions for sharing client information: accountability, autonomy, collaboration, and integrity.

An Indigenous worldview places emphasis on interconnectedness, spirituality, community, and respect for all. A key characteristic is that humans are a part of and equal to all natural life. Elder Jackie Bromley (2020) gifted her knowledge of the Seven Teachings<sup>1</sup>, which apply to all aspects of life including decisions on ethical information sharing. These include the values of love, respect, courage, honesty, wisdom, humility, and truth. The following sections provide further details on how Indigenous and Western worldviews understand the values that guide ethical information sharing.

Presenting Indigenous and Western values in parallel represents equality and gives due respect to each worldview. In doing so, the opportunity to illustrate how the two worldviews are linked through overarching practices opens up ethical space to work together to support those experiencing homelessness through Indigenous and Western protocols and services. Elders Reg and Rose Crowshoe (2020) gifted the curators of this report with the concept of ethical space which was also referenced often during the Indigenous perspectives consultations. Dr. Reg Crowshoe has shared the following written understanding of ethical space (Alberta Energy Regulator, 2017, p.5):

When we work to understand a perspective that is different from our own, and then examine that understanding with an eye to finding connections with our own perspective, or our own worldview, we begin to create an ethical space. The key is to link these worldviews in a way that does not diminish either, and that honours both. This new way, which reflects a deep understanding of varying perspectives and values, can result in an ethical space that transforms the way we work together.

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<sup>1</sup> The version of the Seven Teachings used in the Framework was shared by Elder Jackie Bromley and adapted from the Southern First Nations Network of Care (n.d.). The Seven Teaching apply to all aspects of life including decisions on ethical information sharing and apply to many First Nations people on Treaty 7 and Métis Nation Region 3.

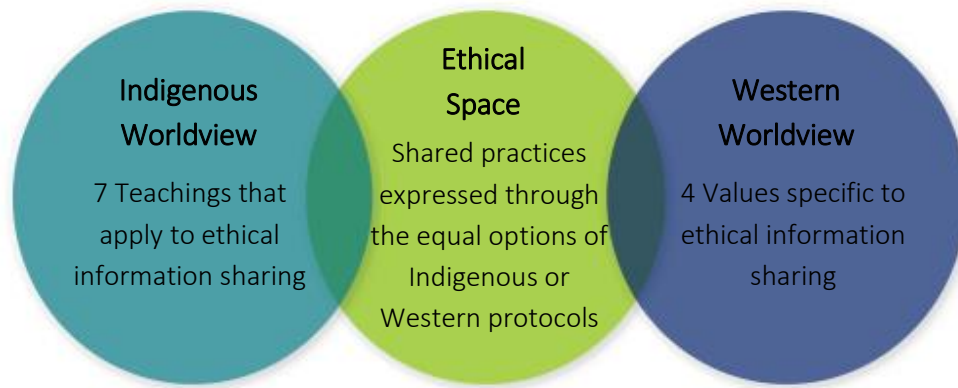


Figure 2. Ethical Space is the link between worldviews

Within ethical information sharing, applicable values may differ based on the worldview someone ascribes to, but their expression in practice informed by a client's preference for Indigenous or Western protocols is the embodiment of ethical space (see Figure 2). This requires that service providers and organizations have an understanding of Indigenous protocols and create space for these practices to be offered equally alongside the Western expression of the practice. Due to the ongoing effects of colonization and disproportionate representation of Indigenous individuals within the homeless-serving sector, the value domains presented incorporate an Indigenous worldview alongside the dominant Western worldview. The four value domains that emerge from the two worldviews include: Respect & Autonomy; Wisdom, Truth, & Accountability; Love, Humility, & Collaboration; and Courage, Honesty, & Integrity (see Figure 3).



Figure 3. Value Domains based on Indigenous and Western worldviews

These values are equal and present a balanced approach to considering all aspects of ethical decision-making. The sections below present general ethical information sharing practices identified through documents and interviews, organized by the parallel values which guide these practices. Although the practices are intended to be general, they are based in a Western worldview. Elder Jackie Bromley and

Indigenous consultation participants have advised that additional consultation with Indigenous stakeholders be held to further promote ethical space through the co-development of Indigenous specific protocols for each practice within the value domains.

## Respect & Autonomy

Indigenous worldview	Western worldview
<b>Respect:</b> In all life, respect is first and foremost. Respect others and respect will be bestowed.	<b>Autonomy:</b> Understanding that clients have their own values and desires around information sharing, which guide decisions service providers make to support their well-being.

### What ethical decision-making looks like in practice when guided by these values:

- Ensuring clients drive their own care by asking directly if they want certain information to be shared.
- Respecting that if a client does not want information shared, then it will not be shared.
- Striving to have clients participate in conversations where decisions are made about information sharing.
- Checking in with clients for consent and confirmation that they still want the information shared.
- Pausing to reflect on what a client would want if it is not possible to consult with them in the moment of decision-making.
- Informing the client when information was shared and why, especially if they were unable to give consent.

## Wisdom, Truth, & Accountability

Indigenous worldview	Western worldview
<b>Wisdom:</b> The gained experience and knowledge is to know the difference and accept responsibility and accountability.  <b>Truth:</b> Symbolic of law and principle, which does not change, but those who live within the world adapts to the change without changing.	<b>Accountability:</b> Upholding the responsibilities on has to clients, to organizations, to professional bodies, and to relevant legislation to follow through on duty to care.

### What ethical decision-making looks like in practice when guided by these values:

- Understanding and applying relevant legislation when information sharing decisions are being made.
- Recognizing the various professional requirements by which different service providers abide.
- Identifying the role other service providers play in the client's circle of care to help determine who needs to know what information and why.
- Considering whether sharing or withholding information risks the safety of the client or anyone else.

- Consulting with a supervisor or trusted colleague when unsure about an information sharing decision.
- Sharing the minimum amount of information required.

## Love, Humility, & Collaboration

Indigenous worldview	Western worldview
<p><b>Love:</b> Love is a force that is undeniable. With love, all things are possible. It is everyone's right to have and experience it.</p> <p><b>Humility:</b> Each member of society understands their individual role and in our individual lives humility becomes the factor that allows us to ask for guidance humbly.</p>	<p><b>Collaboration:</b> Working with service providers that support a shared client to find mutual solutions while respecting the boundaries of their professions.</p>
<p><b>What ethical decision-making looks like in practice when guided by these values:</b></p> <ul style="list-style-type: none"> <li>· Approaching each information sharing conversation with flexibility.</li> <li>· Adapting to rules and protocols of other disciplines and cultures in order to support clients during situations that require information sharing decisions to be made.</li> <li>· Questioning information sharing processes in the sector that do not serve clients' needs.</li> <li>· Advocating for solutions that aim to benefit all stakeholders based on their professional requirements related to information sharing.</li> <li>· Building professional relationships with staff at organizations with which you regularly share information.</li> <li>· Obtaining client consent prior to case-conferencing or gathering for talking circles regarding client care with sector colleagues.</li> </ul>	

## Courage, Honesty, & Integrity

Indigenous worldview	Western worldview
<p><b>Courage:</b> Seeking the strength and courage to face our greatest enemy—oneself. Seeking resolutions through spiritual intervention and guidance.</p> <p><b>Honesty:</b> There are no "ifs or buts", there can only be honesty if one is to survive. In the wilderness, one either knows survival, or one does not.</p>	<p><b>Integrity:</b> Acting with honesty and consistency to uphold the values for ethical information sharing, which promotes trust with, and positive outcomes for clients.</p>

### What ethical decision-making looks like in practice when guided by these values:

- Recognizing how personal bias or values influence decisions around sharing client information.
- Holding an awareness of power dynamics and potential for discrimination that can arise based on sharing information related to a client's background, gender, language, marital status, national ancestry, political affiliation, race, religion, sexual orientation or socio-economic status, etc.
- Taking ownership of information sharing decisions by telling clients what information was shared and why.
- Learning and growing through reflection and discussion with others throughout the decision-making process.

The identification of parallel values from Indigenous and Western worldviews that guide information sharing supports shared ways of working that can be further explored to create ethical space where Indigenous and Western protocols are valued equally. While the identification of values specific to information sharing will not eliminate tensions it can help minimize conflict and guide service providers in moving through ethical grey areas.

## Implications for Framework Development and Implementation

As described, service providers currently face a number of challenges in making ethical decisions about information sharing in the homeless-serving sector (see Figure 4). The various levels of provider experience and knowledge leads to a variety of approaches in practice, including an over-reliance on consent and legal considerations for newer frontline staff. As well, service providers bring different regulatory and organizational policies to bear on information sharing decisions, which may conflict with their colleagues from different professions or organizations as there are no overarching guidelines to which they can refer. Specifically related to ethical decision-making, service providers have expressed difficulty in identifying and articulating the ethical tensions inherent in making decisions about sharing information, disentangling legal considerations from ethical considerations, and finding shared language to describe ethical issues to colleagues.

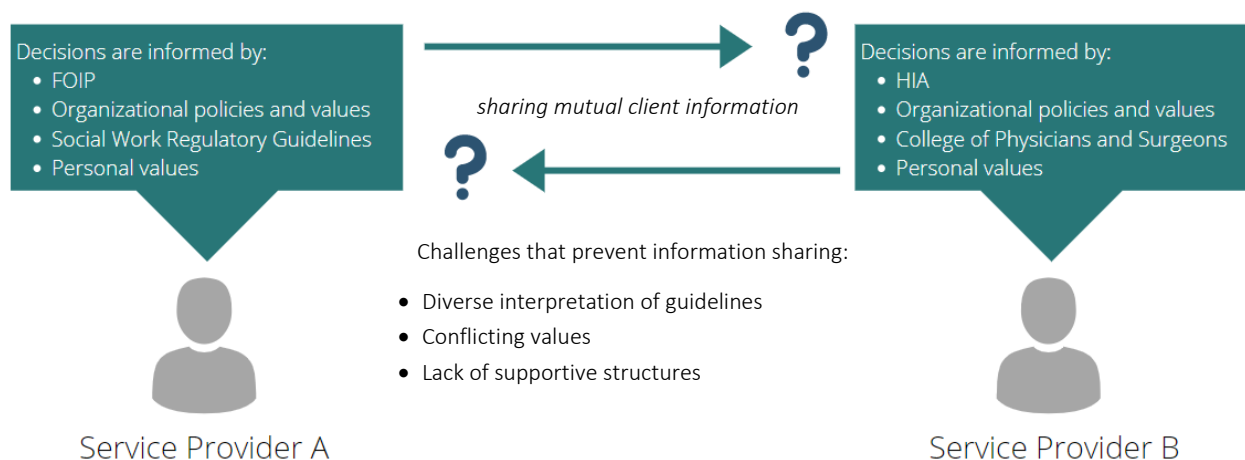


Figure 4. Current challenges faced by service providers when making ethical information sharing decisions



The following section describes the implications of these challenges for developing an Ethical Decision-Making Framework for the sector, as well as an Implementation Plan.

## Ethical Decision-Making Framework for Information Sharing

To mitigate the challenges and foster a culture of ethical growth, an ethical decision-making framework for information sharing should include the following pieces:

- **Foundational values for ethical information sharing:** The framework will describe the overarching value domains based on both Indigenous and Western worldviews that underscore ethical information sharing practises. Accompanying these descriptions will be examples of how these values translate into practice.
- **Essential practices for ethical information sharing:** The framework can outline essential practices for the homeless-serving sector to support service providers in applying ethical information sharing values and navigating ethical issues in a systematic way that supports thinking beyond legal considerations to incorporate ethical considerations as a matter of standard practice. The practices provide guidance on: determining relevant information needed to make a decision about sharing client information; identifying potential paths forward, and their ethical implications; and determining which path to follow.
- **Decision-making tool:** The framework will include a decision-making tool that integrates essential practices into a practical step-by-step guide for service providers to use on the job.

When these pieces are applied together, they can enable more uniform and ethical information sharing practices within the sector (see Figure 5).

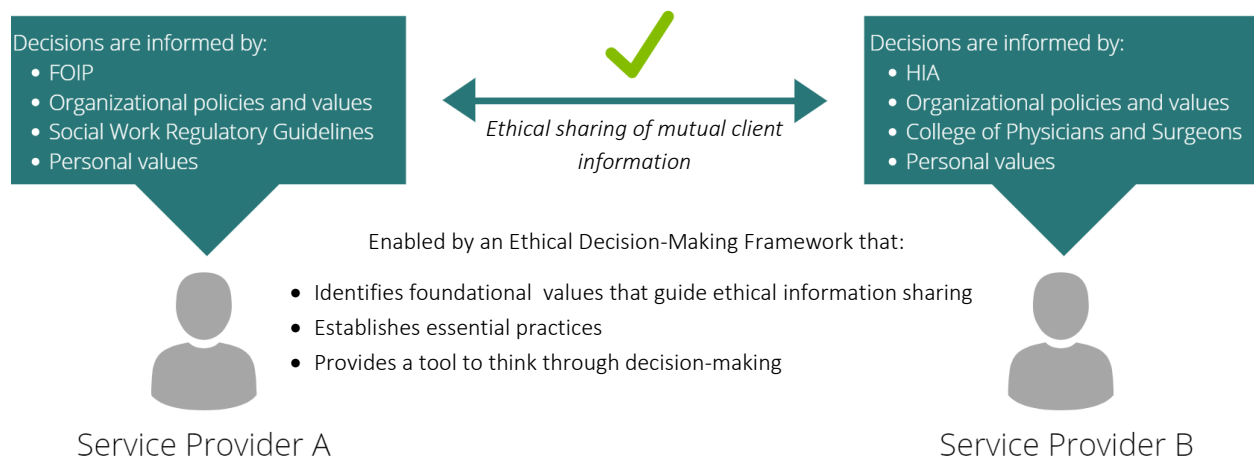


Figure 5. Enablers for decisions around ethical information sharing

## Implementation Plan

An implementation plan should support assessing existing capacity and readiness for implementation to determine what is needed to prepare for a soft launch and should include:

- **Ongoing oversight:** Considerations for an organization or entity that can assume responsibility for the framework and training to ensure long-term success across the homeless-serving sector. Oversight may include things such as establishing core elements of training, building awareness and organizational buy-in, and supporting ongoing quality improvement of the framework.
- **Core elements of training:** Considerations for design of training curriculum and delivery to identify where group learning and review of key concepts should be emphasized and how individual service providers can enhance understanding through self-reflection.
- **Awareness and organizational buy-in:** Considerations for communicating the framework and training opportunities across the sector. Supports for CHH partner organizations to review internal policies around information sharing in order to embed framework practices into organizational ways of working and create an organizational culture that emphasizes learning forward through ethical decision-making.
- **Ongoing quality improvement:** Considerations for continued enhancement of the framework which may include things such as ongoing consultation with Elders to identify protocols and practices that represent Indigenous specific practices, a feedback loop with partner organizations to determine challenges, and data collection to monitor and evaluate framework fidelity.

Using implementation science, the implementation plan will guide the CHH Steering Committee or alternate appropriate senior leadership members through what kinds of decisions need to be made in order to embed the framework in practice based on factors of time, human resources, and finances.

## Conclusion

Through identifying the current practices for ethical information sharing within the homeless-serving sector, the findings reveal ethical tensions that exist, factors that influence decision-making, and parallel values which guide ethical decision-making. Together, these findings shape the approach to the Ethical Decision-Making Framework for Information Sharing and corresponding Implementation Plan. The result is a framework informed by practice-based evidence which reflects the unique decision-making needs around information sharing in the homeless-serving sector and an implementation plan that ensures leaders are rolling out the framework in a comprehensive and coordinated way.

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## Appendix A: Methods

Multiple data collection methods were employed to develop a rich understanding of the sector's current information sharing practices.

### Secondary Review of Environmental Scan

An [environmental scan](#) (E-Scan) was completed for CHH prior to PolicyWise joining the project. The findings from this E-Scan highlighted that there is currently no framework to support information sharing specifically developed for, and with, those that work within the homeless serving sector. The E-Scan is a guiding document which informed the CHH Steering Committee's decision to address this gap and move forward on creating a decision-making framework. Project staff from PolicyWise reviewed the E-Scan to gain an understanding of the project context and completed further reading from the cited resources list within the E-Scan to become familiar with the evidence. The E-Scan was analyzed deductively using NVivo 12 qualitative software. This analysis supported:

- Alignment of the project approach with next steps outlined in the E-Scan
- Identification of document types required for analysis
- Identification of stakeholders who could share required documents
- Development of a coding framework for strategic review of documents

### Document Review

The purpose of the document review was to understand existing information sharing policies or principles for professional bodies and organizations in the homeless-serving sector. Documents were collected through email and phone requests to CHH-funded agencies<sup>2</sup> or publicly available documents from relevant professional body or oversight organizations. Overall, 35 documents were included in the review, coming from 11 different organizations across health (n=3), shelter/housing (n=3), and professional body or oversight organizations (n=5). Table 4 outlines the different types of documents received. Other types of documents that were requested but not submitted to PolicyWise include staff training documents pertaining to information sharing as well as policy and procedure handbooks.

Table 4. Document Types

Document Type	Number Reviewed
Release of Information Form	7
Consent Form	5
Intake Form	4
Framework	2
Standard of Practice	2

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<sup>2</sup> Please note that PolicyWise's data collection protocol protects the confidentiality of participating organizations' information.

FOIP Statement	2
Email from Organization	2
Data Collection Policy	2
Oath of Confidentiality	1
Code of Conduct	1
Code of Ethics	1
Registration Form	1
Oath of Confidentiality Form	1
Grievance Form/Whistleblower Policy	1
Orientation	1
Service Agreement Form	1
Combination of Forms	1
<b>Total</b>	<b>35</b>

Documents were coded with NVivo 12 qualitative analysis software using the coding framework described above. From this process, the PolicyWise team conducted a thematic analysis.

## Interviews

One-hour semi-structured telephone interviews were held with staff from the homeless serving sector to explore information sharing practices. Interviewees represented health, housing, multi-disciplinary and government sectors. Table 5 outlines the position titles of each of the 13 interviewees.

*Table 5. Interviewees by position title*

Position	Number
Program Manager	4
Team Leader, Supervisor	2
Program Advisor, Program Coordinator	2
Frontline	1
Director	1
Data/Reporting	1
<b>Total</b>	<b>11</b>

All interviews were transcribed non-verbatim and uploaded to NVivo 12 Pro for analysis using the coding framework developed from the E-Scan and document review. Further thematic analysis was used for refinement of the themes during the second round of coding.

## Frontline Staff Survey

The Frontline Staff Survey was conducted to explore the information sharing experiences and training needs of frontline staff in the homeless-serving sector. Due to the high number of interviewees that held a manager or supervisory role, the survey was developed to better capture the unique experiences of frontline staff that work with clients on a daily basis. The survey was conducted using the SurveyMonkey platform with a link emailed out to contacts working in the homeless-serving sector. Using a snowball sampling technique, participants were asked to forward the survey to individuals working in the sector to

increase uptake and gather a wider range of responses. In total, 54 individuals responded to the survey. Of these, 43% indicated that they supervise others in their role while 57% indicated that they do not. As demonstrated in Table 5, survey respondents have varying levels of experience in the sector.

Table 5. Length of time that respondent has worked in the homeless-serving sector

Length of time in the homeless-serving sector	Percent	Number of Responses
Less than 1 year	17%	9
1-3 years	32%	17
4-5 years	13%	7
6+ years	38%	20
<b>Total</b>	<b>100%</b>	<b>53</b>

Table 6 shows the various types of organizations within the sector that survey respondents work in.

Table 6. Primary focus of the organizations that survey respondents work for

Focus of organization	Percent	Number of Responses
Housing	34%	18
Multi-disciplinary	23%	9
Emergency shelter	17%	12
Other	17%	9
Mental health	6%	3
Physical health	4%	2
Government benefits	0%	0
<b>Total</b>	<b>100%</b>	<b>53</b>

Table 7 shows the breakdown of survey respondents by their corresponding professional body.

Table 7. Professional bodies that survey respondents belong to

Position	Percent	Number of Responses
Social Work	57%	12
Nurse	24%	5
Other (emergency services, education, human resources, and allied health services)	19%	4
<b>Total</b>	<b>100%</b>	<b>21</b>

## Consultations

### Ethics Advisory Committee

The Ethics Advisory Committee was formed at the onset of the project to support project planning and analysis. Each of the eight members were recruited based on their specialized knowledge regarding ethics or the homeless-serving sector. Table 8 below shows the current backgrounds of committee members.

Table 8. Current backgrounds of Ethics Advisory Committee members

Background	Number
Community policing	1
Health	1
Housing/Shelter	1
Legal	2
Lived experience	2
Policy	1
<b>Total number of advisors</b>	<b>8</b>

Three committee meetings were held at regular intervals during the project. Support from the committee included feedback on data collection methods and tools, contextualization of data analysis and findings, and ideas for training and professional development of frontline staff. In addition to scheduled meetings, members were consulted individually on an as needed basis via phone or email.

## Indigenous Perspectives

The Indigenous perspectives consultations emerged from the guidance of Elders Reg and Rose Crowshoe and Elder Jackie Bromley. Recruitment was done through a seasonal (quarterly) Indigenous Network Gathering in Calgary. Email invitations were sent to interested participants with more information regarding the purpose of the consultation. Four individuals who identify as Indigenous (First Nations and Métis) with experience in the homeless-serving sector responded and agreed to participate in the consultation process. Two Zoom consultation sessions were held, each opened in prayer and smudge by Elder Jackie Bromley. Indigenous research and consultation principles of Ownership, Control, Access and Possession: First Nations Inherent Right to Govern First Nations Data (OCAP) were followed by providing copies of consultation themes and raw data to all participants.

Consult 1 explored core concepts related to ethical information sharing from an Indigenous perspective. Discussion and insights from this consult contributed to findings in this report and the development of the ethical information sharing framework and corresponding training. Consult 2 focused on validating how feedback from Consult 1 informed the framework and related documents.