



AN INFORMATION SHARING FRAMEWORK

Supporting collaborative and integrated service delivery

Current Realities

People and families often need support from more than one service at the same time.

They may interact with health, mental health, social, justice, and community organizations.

However, these systems are not designed to work together easily. Information does not flow well, services respond in silos, and people are often asked to repeat their story.

At the same time, organizations face growing demand, limited resources, and outdated privacy rules that were not built for collaboration.



What's Required to Move Forward

To improve outcomes, services need to move beyond working alone.

That means collaborating across sectors, sharing information appropriately, and using what already exists more effectively.

It also means information needs to be interoperable, enabled to flow where it is required.

Most importantly, it means looking at the whole person or family not just the part that fits within one system, while balancing privacy, safety, and care.



A Core Principle

Information sharing is not risk-free.

But neither is failing to share information when it matters.

As a system, we are responsible not only for what we share, but also for what we don't share, and the impact that has on people's lives.



Why Collaboration Matters

No single organization can meet every need on its own.

Different services bring different expertise, perspectives, and supports. When they work together, care becomes more complete, more balanced, and less fragmented.

Collaboration helps reduce bias, improve decision-making, and ensure people receive the right support at the right time.



What the Framework Does

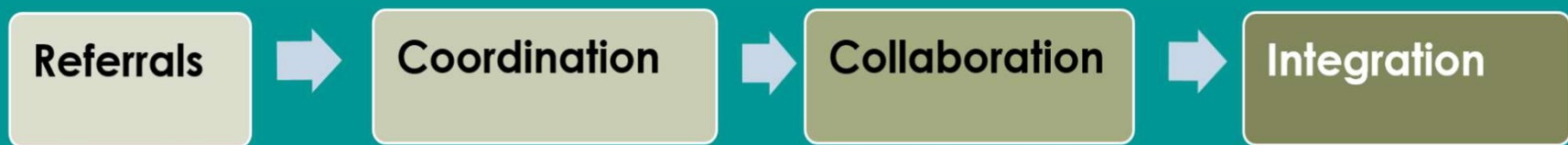
The Information Sharing Framework is a practical guide for working together across sectors.

It shows how privacy legislation can support appropriate information sharing, rather than prevent it. It helps organizations build trust, align practices, and avoid reinventing processes.

Most of all, it supports consistent, safe information sharing that strengthens coordinated care.



Collaboration Happens On a Continuum



Collaboration doesn't look the same in every situation. Some partnerships are informal. Others are highly structured.

The level of information sharing should reflect the purpose of the collaboration and the needs of the people being supported.

The Framework is flexible enough to support collaboration at different stages.



Setting the Stage

Before information can be shared safely and effectively, partners need clarity.

They need to understand why they're working together, who is involved, and how decisions will be made. The Framework addresses this through the following elements.

This foundation is essential for trust.



Purpose

Why are we working together?

The purpose of a collaboration determines what information needs to be shared, by whom, and for what reason.

When partners share a common understanding of purpose, information sharing becomes more intentional and appropriate.

Privacy legislation indicates that you should only collect the minimum information required to support the identified purpose.

You may want to articulate not only what the purpose is for working together, but what the environment is within which you will collectively be working.



Membership, Roles & Governance

MEMBERSHIP

Who needs to be involved to provide the right support?

ROLES & RESPONSIBILITIES

Clarity on roles and responsibilities determines what information is required to fulfill them. Each organization needs to understand its authority to collect, use, and share information, and how that authority may differ across roles.

GOVERNANCE & ACCOUNTABILITY

Strong governance creates clear decision-making structures, demonstrates accountability, and reinforces a shared commitment to privacy-conscious practice.



Legislation, Practices & Records

LEGISLATIVE ENVIRONMENT

Privacy legislation can feel complex and confusing. Different laws apply to different organizations, and interpretations may vary. Using the Framework helps partners navigate this complexity and understand how information can be shared appropriately within the law.

POLICIES & PRACTICES

Aligned policies and practices help build confidence between partners that information is managed responsibly, used for valid purposes, and protected with appropriate safeguards.

INFORMATION & RECORDS

Clear records support continuity of care. Partners need to understand what information exists, who holds it, and how people can access their own information.



Electronic Systems, Security, Evaluation & Research

ELECTRONIC INFORMATION MANAGEMENT

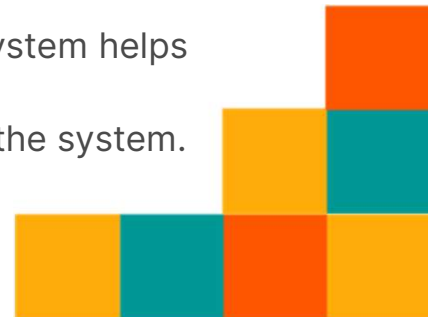
Technology can make information sharing easier and safer. It also introduces new responsibilities related to security and capacity. We need to use technology in ways that support collaboration without creating new barriers. That includes ensuring interoperability of data.

SECURITY & RISK MANAGEMENT

Protecting information requires safeguards in multiple areas: administrative, physical, and technical. Risk management is about putting appropriate protections in place.

EVALUATION & RESEARCH

Evaluation helps answer an important question:
Is collaboration making a difference?
Understanding outcomes for individuals, families, and the system helps improve practice over time.
The use of data in research also supports improvements to the system.



Practical Tools

The Framework is supported by practical tools, including templates, guides, and sample agreements.

These resources help organizations apply consistent approaches and build shared understanding more quickly.



Why a Framework Matters

The Information Sharing Framework helps organizations navigate complexity, build trust, and work together more effectively.

It supports safer information sharing, stronger relationships, and better coordinated care.

Putting it All Together

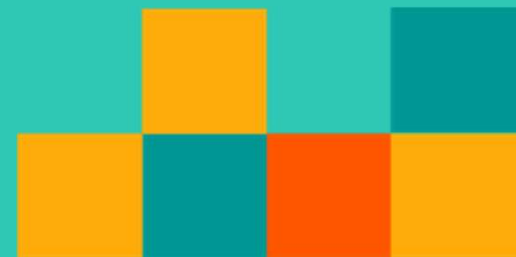
When information is shared appropriately, services become more connected.

- Trust grows.
- Duplication decreases.
- People experience care that feels more coordinated and responsive.



Key Takeaways

- Information sharing is essential to coordinated care.
- Privacy and care are not in conflict; they must be balanced.
- The Framework provides guidance for making those decisions together.



CHRIS' JOURNEY, AND THE FRAMEWORK THAT CHANGED IT

Leveraging the Information Sharing Framework to drive transformation

How the ISF helped build the Community Information Exchange in support of Chris.

Who we are



WHO WE ARE

Distress Centre Calgary

A community agency offering 24-hour crisis support, counselling and resource navigation — at no cost, to anyone.

HOW PEOPLE REACH US

Support however people need it

Phone, text, chat and in-person, whatever the issue and whatever time it is.

WHY WE ARE HERE

Convening partners

DCC convenes the partnership behind the Information Sharing Framework and the Community Information Exchange.

24 hour support · Counselling · Resources — distresscentre.com

Meet Chris

CHRIS (THEY/THEM)

25

Years old. Unhoused, living with addiction and mental health challenges, and known to services that don't know each other.

Early trauma

Time in the child welfare and justice systems.

Complex, intersecting needs

Housing, health, income, mental wellness and addiction — all at once, not in sequence.

Already known to the system

Transit security, outreach and emergency responders have all met Chris.

One of many

Chris is fictional; the journey is the one we mapped.

Chris' journey this week: Monday, Sept 28 – Friday, Oct 2

Mon Sept 28 Access hub Housing assessment, referred to a clinic	×	Mon Sept 28 Sleeping rough Outreach names the same hub Chris just left	×	Tue Sept 29 Crisis call Public incident; a mobile team responds	×	Wed Sept 30 Clinic Full intake forms before an appointment	×	Thu Oct 1 Second call Crisis response again, no shared context	×	Fri Oct 2 Tomorrow The care appointment is missed
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Six encounters. Every worker doing their job well — and none of them able to see the others. Chris carries the whole story alone.

What the status quo costs Chris

Retelling, and retraumatization

Chris retells their story at every door, risking retraumatization each time.

Time spent on intake, not support

Repeated intakes give Chris reason not to come back.

Chris carries the record

Chris must remember and repeat their full history.

Referred back to what didn't work

Without shared history, Chris is sent back to services already tried.

Workers acting without the full picture

CF1

Health and justice staff make decisions without knowing Chris's existing supports.

A team that doesn't know it's a team

Many people work for Chris; none know the others exist.

Slide 5

CF1

Beware of personalizing non-human entities - systems never see.

Can you bring it back to the people?

Catherine Francis, 2026-09-24T17:41:28.182

The Community Information Exchange (CIE): a promising response

One consented record

Chris tells their story once and it travels, with consent, to the next door.

Shared care planning

Partners see the same picture and coordinate instead of duplicating.

Referrals that close

Hand-offs are confirmed and followed up, so Chris isn't sent into the dark.

Barriers removed, not bypassed

The ISF gives partners the policy, training and trust the exchange runs on.

THE HARD PART

Six services met Chris in one week. Why weren't they exchanging information?

Shelter, crisis line, outreach, intake and health records each held a piece of Chris' week. Nothing was missing — but privacy law is complex and differs by province, territory and sector, so agencies reading it alone could not say what they were allowed to share.

Privacy law is too complex to interpret alone

THE BARRIER FOR CHRIS

Starting over at every door

Chris' information sat in six systems that couldn't speak to each other — so Chris retold their history at every door.

THE BARRIER FOR NONPROFITS

Erring on the side of caution

Rules differ by province, territory and sector, and few can staff a privacy office. Faced with that complexity, many err on the side of caution and don't share personal information.

WHY PAST EFFORTS STALLED

Good work that couldn't scale

Coordinated-access efforts across Canada hit the same wall: privacy, technology, and narrow scope.

Together, these were the biggest barrier to building the CIE — and the reason the Information Sharing Framework had to come first.

Why agencies hold back, beyond privacy law

No policy to point to

With no internal policy on what may be shared, the safest answer is always no.

Staff never trained on it

Frontline staff are rarely trained on consent, so decisions fall to whoever is at the desk.

Trust between partners

Agencies hesitate when they cannot see a partner's security or follow-through.

Protecting the client relationship

Staff fear that sharing could expose a client to stigma, enforcement or losing a service they rely on.

Systems that can't exchange

Even when everyone agrees, case management tools don't connect and no one can fund the integration.

Risk lands on one person

With no shared agreement, a single staff member or director carries the liability for saying yes.

How the ISF built the CIE: purpose, trust, confidence

PILLAR 1

Purpose comes first

A shared purpose unlocks lawful sharing: information is used only for the purposes partners set together.

PILLAR 2

Trust, built at the table

Partners negotiated together, saw each other's practice, and learned whom they were trusting.

PILLAR 3

Confidence to grow

With one agreement in place, each new partner joins without starting the debate again.

CF1

PILLAR 4

Consent and accountability

Chris decides at every step; roles, permitted use and breach rules sit with a governance table.

Purpose made sharing lawful; trust and confidence made it happen.

Slide 10

CF1

Just a note to take a look at the spacing in this text box
Catherine Francis, 2026-09-24T17:28:35.331

What the framework does for your agency

A standard to measure against

Check your own policies against an agreed benchmark instead of guessing.

Governance you didn't have to build

Definitions, consent language, permitted use and breach response, negotiated once by all partners.

A defensible answer

Something concrete for your board, funders and privacy officer when they ask what authorizes sharing.

Faster partnerships

One framework replaces an agreement per relationship, so the next partnership starts months ahead.

The framework shows you where your gaps are

What you collect, and why

Mapping information to an agreed purpose surfaces collection no policy covers.

How consent is recorded

A shared model shows where consent is verbal, assumed or undocumented.

Who can see what, internally

Partner questions reveal internal permissions no one has reviewed in years.

What happens when it goes wrong

Agreeing on breach response shows whether your escalation path exists on paper.

Most agencies find at least one gap. Finding it here is far better than finding it during an incident.

A tide that lifts all ships

SMALL AGENCIES

Governance they could never staff

A two-person agency inherits the same standard as a hospital-scale partner.

ESTABLISHED AGENCIES

Less time renegotiating, more time serving

One framework replaces a stack of bilateral agreements and their legal review.

THE WHOLE SECTOR

Practice rises together

Each new partner strengthens the standard, and gaps get fixed network-wide.

No agency has to solve privacy alone — and none of us is more credible than the network we share.

Chris' week, with the CIE in place



Same week, same services — and every step taken with Chris's consent. Chris ends it with a care plan instead of a missed appointment.

THANK YOU

Distress Centre Calgary is leading collaboration and community transformation

The Information Sharing Framework made it possible — giving partners the confidence to share, and turning goodwill into coordinated action for people like Chris.

LEARN MORE

distresscentre.com/cie

CONTACT US

cie@distresscentre.com



FROM FRAMEWORK TO PRACTICE

*Using the Information Sharing Framework to
coordinate services across organizations*

Converge Coalition Learning Series

October 2026



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BOARDWALK
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BOARDWALK GROUP



We Work Across the System

We partner with not-for-profits, community organizations and governments, bringing community service delivery and system planning together.

We Support Co-Design

Our work is grounded in evidence-informed, human-centred research, inclusive engagement and co-design, using strengths-based approaches.

*If you want to go fast, go alone.
If you want to go far, go with **COMMUNITY***



TWO COMMUNITIES



COMMUNITY 1

DESIGNING A COORDINATED RESPONSE SYSTEM

- 29 member organizations, with 14 actively involved
- Focused on people who are unhoused or precariously housed
- Delivered a designed, piloted, and documented coordinated response system



COMMUNITY 2

STRENGTHENING CRISIS COORDINATION

- Around 30 active member organizations across health, social services, housing, employment, and settlement
- A coordinated access to crisis services
- Delivered two agreed priorities and a roadmap to reach them



COMMON THEMES (WHY)

Organizations Don't Know What's Available

Many organizations don't have a full picture of what is available in the community to connect service users to.

Navigation Is Largely Manual

Staff rely on phone calls and informal lists to confirm program details when they refer someone.

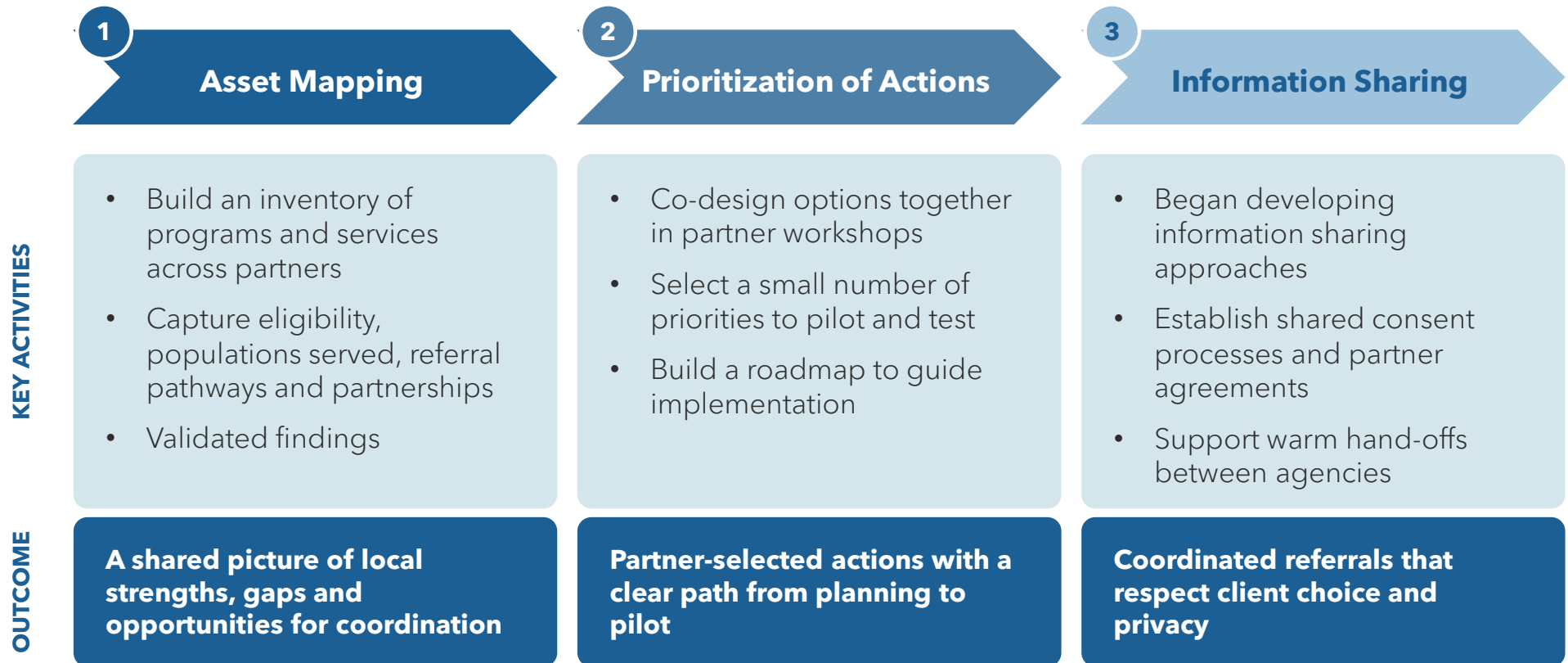
People Retell Their Stories

Community members described being moved between agencies and retelling their circumstances at every door.

Handoffs End Without Confirmation

Referrals go out without a reliable way to learn whether the connection was ever made.

A SHARED APPROACH

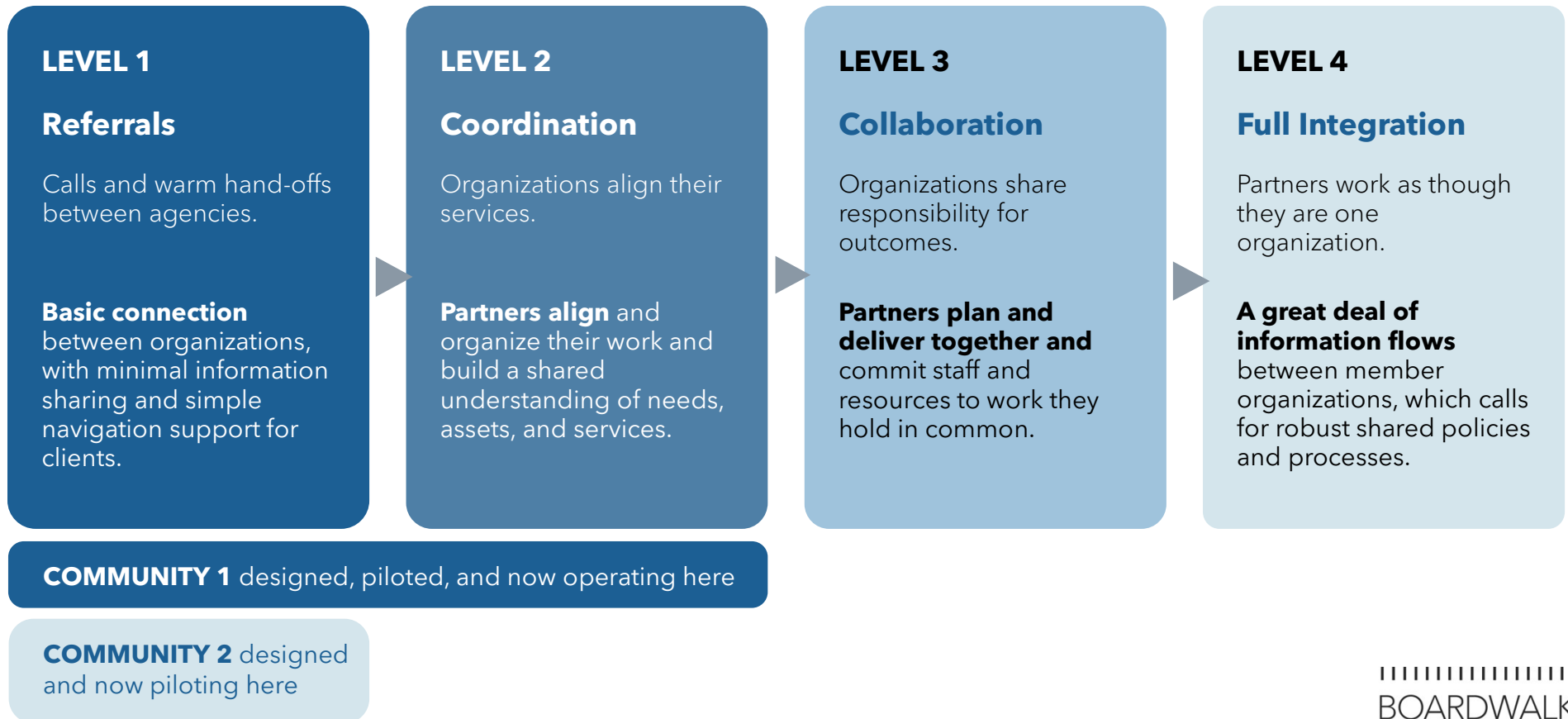


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HOW THE ISF MADE THE WORK POSSIBLE

ISF Element	What Partners Decide
Purpose	Why information needs to be shared and who it is meant to help.
Collaboration Continuum	How closely to work together, which sets how much information needs to move.
Governance	Who makes decisions and who is accountable, so decisions are shared across organizations.
Information Sharing	What is shared, with whom and with what consent, giving staff a clear process to follow.

USING THE INFORMATION SHARING FRAMEWORK





COMMUNITY #1



ABOUT COMMUNITY 1

Coordinating supports for people who are unhoused or precariously housed.

Purpose

Cluster agencies saw growing demand for support with homelessness and affordable housing and wanted services to be easier to reach for the people they serve.

Member Involvement

29

organizations in
the cluster

14

helped design
and pilot

6

took part in
the pilot

What Partners Built

Partners designed, piloted and documented a Coordinated Response System, a shared referral, consent and follow-up process for clients whose needs call for more than one organization. After a pilot, partners refined the process and captured it in a frontline manual.

HOW THE WORK RAN IN COMMUNITY 1

Partners moved from understanding the system, to co-designing a response, to testing it with clients.

Asset Mapping

Step 1

- Mapped 58 programs across 9 organizations
- Heard from community members, frontline staff and partners
- Reviewed coordinated response models from other communities

ISF QUESTION

Why should information move?

Clients with needs across several agencies were retelling their stories.

Prioritization and Design

Step 2

- Compared partner privacy policies
- Co-designed two pathways for referral and coordination
- Built a consent and referral form clients complete themselves

ISF QUESTION

How much information will move?

A referral shares contact details and need. Coordinated support uses a form clients control.

Action and Improve

Step 3

- Piloted with 6 organizations and clients
- Combined consent and referral into one form after the pilot
- Captured the process in a frontline manual

ISF QUESTION

Who holds the client's journey?

An anchor partner stays in contact and confirms the connection.

We compared partner privacy policies, then designed two pathways to match.

	Org 1	Org 2	Org 3	Org 4	Org 5	Org 6
Written Privacy Policy	Full coverage	Full coverage	Full coverage	Partial coverage	Partial coverage	Full coverage
Definition of Personal Information	Full coverage	Partial coverage	Full coverage	Not addressed	Not addressed	Full coverage
Consent Process	Full coverage	Not addressed	Full coverage	Not addressed	Not addressed	Full coverage
Breach Response	Not addressed	Partial coverage	Not addressed	Partial coverage	Not addressed	Full coverage
Third Party Management	Full coverage	Not addressed	Partial coverage	Not addressed	Not addressed	Not addressed

Full coverage
 Partial coverage
 Not addressed

- Meets the need directly or through a warm hand-off
- Client shares name, contact information and need
- Closes with confirmation the connection happened

- Two or more partners provide wraparound support
- Client chooses which partners receive their information
- An anchor partner stays engaged and closes the loop

WHAT THE PILOT SHOWED US

Partners tested client intake, criteria, consent, and referral over a pilot period, then evaluated it with clients.

6

partner organizations
took part in the pilot

8

clients shared feedback
on their experience

100%

clients felt comfortable
sharing their information

What Worked Well

- ✓ Clients responded positively and were often glad that several needs could be addressed together
- ✓ Clients found the orientation clear, and the consent form was straightforward
- ✓ With translation support available, clients completed the forms without difficulty

What We Changed

- The coordinated response now layers onto each organization's existing intake process
- The referral feedback loop was strengthened so clients know who will contact them and when
- A written take-away naming the referring worker and next steps was recommended



COMMUNITY #2



ABOUT COMMUNITY 2

Strengthening crisis coordination across health, social services, housing, employment and settlement.

Purpose

Member organizations are seeing more people facing complex crises across social determinants of health and want people to get the right support at the right time.

Member Involvement

30

Members participated in design

7

Members in the pilot

What the Pilot Is Testing

For the next year, partners are testing whether a shared inventory tool, a consistent navigation approach, shared navigator and a table to resolve barriers can make referrals more effective. Success will be measured by referral completion, frontline staff confidence and barriers resolved together.

HOW THE WORK RUNS IN COMMUNITY 2

Members narrowed a broad set of ideas to two priorities, then launched a pilot to test them.

Asset Mapping

Step 1

- Mapped programs and services across members
- Held a frontline summit in May 2025
- Gathered community input on how people reach crisis supports

ISF QUESTION

Why should information move?

Providers lacked shared information, so people struggled to find help in time.

Prioritization and Design

Step 2

- Co-designed priorities with partners
- Ranked and prioritized
- Developed pilot approach, tools and invited pilot partners

ISF QUESTION

How closely will partners work?

Members chose referrals and warm transfers, which need little client information.

Action and Improve

Step 3

- Pilot launched in April 2026
- Monthly frontline and leadership Community of Practices started
- Shared navigator joins in October 2026

ISF QUESTION

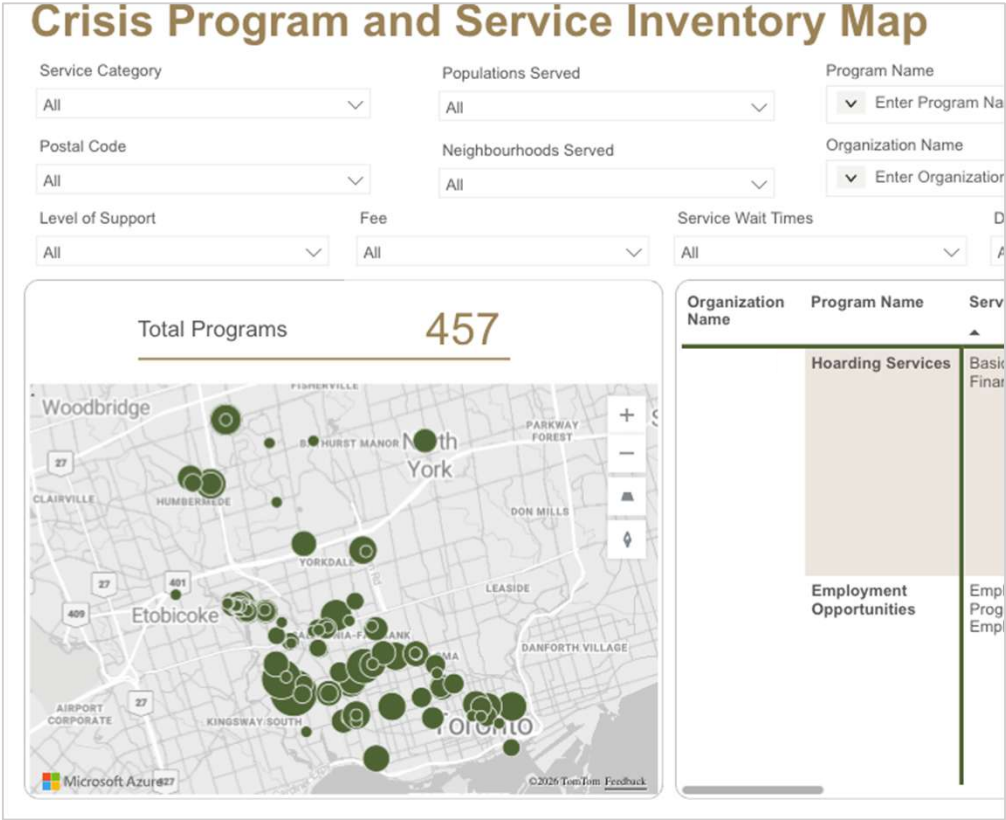
What information moves?

Program details in a shared inventory, and referral outcomes logged with client IDs.

SHARED INFORMATION AND PRACTICES



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USING THE ISF GOING FORWARD

The ISF will help partners decide what information can move and what needs a formal agreement.

Shared Navigator

- A shared navigator joins the cluster in October 2026
- The navigator will help move referrals forward when they stall

HOW THE ISF HELPS

Sets what the navigator can see and do without accessing each partner's client information.

Consent

- Partners will explore a shared referral consent and data sharing agreement

HOW THE ISF HELPS

Clarifies what needs a formal agreement and what can be shared without one.

Referrals

- Partners will agree on standard information for each receiving organization
- The referral log uses client IDs in place of names
- A mid-point evaluation will show what should change

HOW THE ISF HELPS

Keeps the standard information tied to the purpose of each referral.

LESSONS TO SHARE

WHAT WE LEARNED FROM COLLECTIVE EFFORTS

- | | | |
|---|---|---|
| 1 | Define Level of Coordination | Agree on the level of coordination members want to achieve and design the model to support it. |
| 2 | Compare Policies and Assumptions | Understand how each organization already handles personal information before deciding what to share and what policies are in place. |
| 3 | Keep Process Simple | Build consent into work people already do, so it is easy to explain and easy to follow. |
| 4 | Agree on Rules Early | Decide together what information will be collected, how it will be recorded and who can see it. Definitions are important. |
| 5 | Keep Information Current | Shared tools stay useful when everyone involved has a clear role in keeping them up to date. |
| 6 | Agree on Accountabilities | Make it clear who is responsible for next steps so nothing is lost between organizations and clients don't fall through the gaps. |

THANK YOU



With thanks to both community clusters whose work is described here, and to their agency, funding, and municipal partners.

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