



Policy & Practice Toolkit for Ontario ASOs on Clients' HIV Disclosure Decisions and Process

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Toolkit for Ontario ASOs on Client's HIV Disclosure Decisions and Process

Introduction

This toolkit provides ASOs a framework to assist in developing policies and practices that support people living with HIV/AIDS (PHAs) to control and navigate HIV disclosure decisions and actions.

This evidence-informed toolkit comprises two components:

1. Policy Templates:
 - a. Policy template for Agency/Board Position Statement; and
 - b. Policy Template for Operational Policy & Procedures

2. Checklists:
 - a. Policy development;
 - b. Policy implementation; &
 - c. Program adaptation and development

Deciding whether or not to disclose one's HIV status, and then acting on that decision, is part of a deeply personal life-long process. Supporting PHAs to control and navigate their HIV disclosure decisions and actions is an important aspect of the HIV prevention, care, treatment and support cascade. Possible benefits, discrimination, as well as the potential for public health or criminal law ramifications are all complicated factors to be considered.

Evidence confirms our HIV community's anecdotal knowledge that when given the opportunity to **reflect and plan, and to receive support to safely** disclose HIV status, a PHA can experience more positive outcomes from that disclosure.

These positive outcomes can contribute to:

- Reduced levels of the PHA's emotional distress, depression and anxiety;
- Increased social support—and linked to this, improved medical adherence;
- Access to practical supports and services; and
- A sense of self-assurance that comes from being able to control one's personal disclosure decisions.

The AIDS & Hepatitis C Programs, Provincial Programs Branch, MOHLTC, has increasingly explored the impact of HIV disclosure on service provision and the overall health of people living with and at risk for HIV infection with **both** funded organizations and programs. Key initiatives that have been funded include: a one-day Think Tank facilitated by David Hoe and Summary report provided in March 2014, a half-day workshop for Executive Directors facilitated by the OODP held in October 2014 and a policy development project led by OODP Consultants launched in May 2015.

The HIV Disclosure Policy Development project has included:

1. Development of this Policy & Practice Toolkit for ON ASOs on Clients' HIV Disclosure Decisions and Process;
2. Hosting of a webinar for funded organizations and programs to introduce to the Toolkit and project, and;
3. OODP consulting support to assist individual organizations and programs in utilizing the Toolkit to develop and finalize agency specific HIV disclosure policies, including protocols and practices to support implementation.

Policies provide a guide to navigate decisions; act as a touchstone for complexities that arise; provide a stand from which issues can be considered; and, help to manage risk. They also provide a narrative open to modification when conditions change.

HIV disclosure policies create consistency and clarity for clients and communities and will help to ensure that ASOs provide appropriate referrals, information and support for PHAs.

The ministry has set an expectation that funded programs have disclosure policies developed and protocols implemented for their organizations by the end of March 2016.

Policy Template – Agency/Board Position Statement

The following table provides recommended text and guides users with considerations to inform agency policy and practice development.

Agencies may choose to incorporate the sub-headings in the left hand column into the text of their position statement, or to craft their position statement without sub-headings. This decision will be based on personal preference and on any agency norms for position statements.

Description of content <i>(the text may or may not be used as a sub-heading)</i>	Recommended text	Considerations in using or editing the recommended text:	Considerations in implementing the policy or in adapting your programming
Statement of Commitment	<ul style="list-style-type: none"> • <i>[Agency]</i> is committed to upholding the right to self-determined HIV disclosure throughout its programs and services and to ongoing improvements in our programs and services to ensure they remain responsive. 	Ensure it is understandable and meaningful, particularly to PHAs.	This section will hold the organization publicly accountable to developing programs and operational policies that ensure access to services and to referrals. It will also commit the organization to providing staff with the necessary support to implement programs. See the following items on the checklists: 1,2,6,7,10

Description of content <i>(the text may or may not be used as a sub-heading)</i>	Recommended text	Considerations in using or editing the recommended text:	Considerations in implementing the policy or in adapting your programming
Context/Background <i>This section is intended to explain why this is an important issue.</i>	<ul style="list-style-type: none"> • Disclosure of HIV status is a life-long and complex process that changes and evolves over time. • HIV disclosure situations can include disclosure to friends, family, service providers, employers, immediate community (e.g. geographic, cultural, religious), sexual partners and/or the public at large. [Agency] staff will refer and/or partner to other service systems where specific knowledge is required (e.g. housing, or family support). All disclosure situations can have some level of legal implication. As a result, it is appropriate to provide referral information to the HIV & AIDS Legal Clinic Ontario (HALCO). • Specific circumstances such as changes in health, relationships, employment, broader determinants of health as well as increased or diminished personal capacity all contribute to disclosure decisions. • HIV disclosure happens in the context of life in broader society. In Canada, decisions are affected by the variable prevalence rates in different communities, by pervasive stigma based on HIV status, race, sex, gender and sexual orientation, as well as by the common discomfort that many 	<p>Are there additional references or nuances to be mentioned specific to populations or communities connected to our agency mandate?</p> <p>Your clarity will provide an anchor for all dealing with this issue. Your responsibilities are a) to explain to the community at large how HIV affects individuals and affects them, and b) to articulate values that enable people you serve to understand HIV and its impact.</p> <p>Does the agency have an agency position paper on Criminalization of HIV</p>	<p>Has historic community, agency or population experience with disclosure influenced, positively or negatively the way in which support or the issue in general needs to be addressed by the agency?</p> <p>Consider the following items on the checklists: 1,2,7,8,9</p>

Description of content <i>(the text may or may not be used as a sub-heading)</i>	Recommended text	Considerations in using or editing the recommended text:	Considerations in implementing the policy or in adapting your programming
	<p>experience in discussing disease, mortality and multiple forms of shame.</p> <ul style="list-style-type: none"> • Current Canadian criminal law means there is an additional legal context that can significantly affect HIV disclosure decisions, particularly in relation to sexual partners. • Additionally, Ontario public health law can affect HIV disclosure by granting to health authorities the power to protect the public's health, and by placing a duty on some persons (doctors, nurses, teachers, or lab technicians) to report known and suspected cases of infection with transmissible diseases, including HIV and many sexually transmitted illnesses (STIs). • At the same time, significant biomedical advancements are changing the disclosure discussion at personal, community, healthcare and public levels. • <i>[Agency]</i> acknowledges that in an environment where clients feel ready and/or safe to disclose, that process can be empowering and positively affect a person's life. Conversely, where clients aren't ready or don't feel safe to disclose, 	<p>Non-Disclosure that could specifically be referenced and linked in this section?</p> <p>How might our agency mandate concretely address or support these other kinds of disclosure considerations?</p> <p>What is the agency and community history with HIV disclosure issues and has this history influenced the environment sufficiently to warrant being noted as a context for this policy?</p>	

Description of content (the text may or may not be used as a sub-heading)	Recommended text	Considerations in using or editing the recommended text:	Considerations in implementing the policy or in adapting your programming
	<p>pressure to do so is unhelpful and can even at times be harmful to the individual.</p> <ul style="list-style-type: none"> • While [Agency] may, over time, experience changes of programs and staff, we are committed to stable, principled, responsive programming. 		
Principles	<ul style="list-style-type: none"> • [Agency] upholds the following core principles as they apply to a PHA’s HIV disclosure decisions and actions: <ul style="list-style-type: none"> ➤ The client’s choice and right to self-determination is the foundation of our response; ➤ Each client and their circumstances are different and will be treated as such; ➤ PHAs will experience a non-judgemental staff response to the expression of their needs and choices; ➤ Being careful not to push clients to make disclosures, we will inform clients of our programming related to HIV disclosure decision-making, instead of passively waiting for clients to raise the issue. ➤ Referrals to and partnerships with other services are critical to providing effective support; ➤ Inclusivity of perspectives, opinions and 		Consider the following items on the checklists: 1,2,3,4,9

Description of content <i>(the text may or may not be used as a sub-heading)</i>	Recommended text	Considerations in using or editing the recommended text:	Considerations in implementing the policy or in adapting your programming
	<p>diversity of interests will inform all responses;</p> <ul style="list-style-type: none"> ➤ GIPA/MEPA will be reflected in HIV disclosure policies, practices and programming. ➤ Ethical decision-making standards and tools will be employed in HIV disclosure situations where the rights and interests of two or more people are in conflict, or where an HIV disclosure situation presents two or more competing values or principles – and where operational policy is incapable of providing sufficient guidance. 		

Policy Template – Operational Policy & Procedures

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
I. Context		
<ul style="list-style-type: none"> <i>[Pull and modify appropriate content from the Context section of the Agency/Board Position Statement Policy Template or from reference and resource documents noted at the end of this document.]</i> <p>[Agency] serves both those dealing with disclosure and those who may be impacted by disclosure issues. Over the years the agency has been called upon to provide counselling to many, responded to the media and dealt with multiple levels of judgment among clients and staff. Disclosure issues have been a stressor to the organization for staff and clients and with our partner agencies.</p>	<p>What is the agency and community history with HIV disclosure issues and has this history influenced the environment sufficiently to warrant being noted as a context for this policy?</p> <p>Be as specific as you can in regards to impact of the past. This will enable a space of confidence to arise and movement toward clear policy and practice.</p>	<p>How will the agency respond to local criminal charges for HIV non-disclosure to minimize the impact on other clients' ability to control and navigate their disclosure decisions and actions?</p> <p>Consider how to make the principles real to all people in the organization. Can all staff articulate and give examples?</p> <p>Consider all sections in the checklists.</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
II. Principles		
<ul style="list-style-type: none"> • <i>[Principles outlined in the Board/Agency Position Statement should be repeated in full here, with the addition of the following principles. This is because, once approved, the Operational Policy will be a separate document from the Board/Agency Position Statement.]</i> • <i>[Agency] commits to the following:</i> <ul style="list-style-type: none"> ➤ Prominently posting and making available to all clients both this policy, and information about related programming options; ➤ Orientating all PHAs, other clients, staff, volunteers (including Board members) and students to this policy and its associated programming options; ➤ Reviewing operational practices as part of regular evaluation cycles to ensure policy adherence; ➤ Ensuring a safe and supportive environment; ➤ Ensuring that we are competent at handling the complexities of HIV disclosure issues and at resolving the conflicts that may result from such disclosures. 	<p>Are there additional principles that need to be articulated to help steer the agency through the policy?</p>	<p>What is needed to walk the talk? This could be a mining of agency values. This conversation may need to take into account current advocacy priorities, whether the local environment requires special emphasis on changing past practices, and the individual beliefs of staff and volunteers.</p> <p>What are the common assumptions/historical events that influence how disclosure is regarded?</p> <p>What are some of the challenges that need to be articulated?</p> <p>What resources might be needed and or need to be developed?</p> <p>Consider all sections in the checklists.</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
III. Program Standards		
<ul style="list-style-type: none"> • <i>[Agency]</i> programming will include the following elements and topics to assist PHAs to control and navigate their HIV disclosure options, decisions and actions. The way in which <i>[Agency]</i> implements these policies, including appropriate referrals at all steps and any current interventions being provided, is outlined in Section IV, Application of Program Standards & Principles. <ul style="list-style-type: none"> a. Reflection & Decision making: <ul style="list-style-type: none"> ➤ Self-acceptance – dealing with the impacts and personal feelings of an HIV diagnosis and experiences of living with HIV; ➤ Normalizing disclosure considerations, discussions and decisions; ➤ Educating PHAs and others about HIV; ➤ Understanding legal implications, rights and responsibilities (as appropriately understood through information or formal legal advice such as HALCO); ➤ Acknowledging and exploring stigma and its impact on disclosure; ➤ Exploring potential safety issues in disclosure—for instance the potential for violence from spouses, family members, or for safety in housing or employment; ➤ Exploring cultural values; 	<p>What policies and practices could be cross-referenced to ensure these program standards are considered regularly, particularly in developing new programming?</p> <p>Examine all programs, services and communications to mine for ideas to ensure comprehensiveness.</p>	<p>Set out plans for specific program areas and a process to learn from mistakes.</p> <p>Establish a PHA advisory group to test ideas.</p> <p>Learn from the outcomes in situations of non-disclosure and experiment with ideas for improving services.</p> <p>Consider the following items on the checklist:1,2,3,4,9,11,12,13,14,15,19</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
<ul style="list-style-type: none"> ➤ Identifying the individual risks, benefits, purpose and goals for possible disclosures; ➤ Supporting clients to resolve any ethical considerations in choosing to disclose or not to disclose; ➤ Making a disclosure list – exploring who could be disclosed to now, who might be disclosed to later and who might not be disclosed to; ➤ Determining whether to further explore specific disclosure situations; ➤ Exploring specifically how disclosure of a parent’s HIV status will affect children and adolescents; ➤ Exploring whether disclosure to a child or adolescent is done with proper preparation and support, and according to recognized standards; ➤ Ongoing reflection and review of disclosure journeys and processes. 		
<p>b. Planning & Preparation</p> <ul style="list-style-type: none"> ➤ Maximizing benefits and mitigating risks; ➤ Testing the waters - hinting and probing for stigma, safety issues, and perceptions of HIV by those to whom the disclosure will be made; ➤ Disclosing to an ally – starting or testing disclosure with someone known to be HIV+ or known to be an ally; 	<p>Will you clarify in policy any particular methods to establish safety and support for disclosure?</p>	<p>How to establish disclosure as a practice regardless of whether it is HIV or some other issue – build the skill.</p> <p>Consider the following items on the checklists: 1,2,7,9,12,13,14,16,17,18,19</p>

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<ul style="list-style-type: none"> ➤ Where a decision to disclose is made, preparing a plan and strategies, i.e.: <ul style="list-style-type: none"> ▪ Determining appropriate timing and setting – consider mental state of those involved, not being rushed, safety, and access to support; ▪ Choosing a method or medium – the majority of disclosure experiences are face to face but consider if there are circumstances where another method or medium (phone? letter?) that might be beneficial; ▪ Identifying the limits and boundaries of how much to disclose and share; ▪ Tailoring disclosure message and content – type, duration and depth of relationship, recipients’ knowledge of HIV, reason for disclosing; ▪ Consider and plan what and how much to share, particularly related to means of infection, stigma and/or trauma; ▪ Preparing for possible responses; and ▪ Establishing personal support systems. 		
<p>c. Support</p> <ul style="list-style-type: none"> ➤ Building confidence and capacity, including by practicing the disclosure and subsequent conversations. This may involve support in 	<p>What modifications of the language needs to be made here to make the support practice recognizable and</p>	<p>Make the program specific Review other programs that involve training PHAs to disclose</p>

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<p>writing and verbal communication skills;</p> <ul style="list-style-type: none"> ➤ Connecting PHAs to Peers and/or networks specifically related to disclosure decisions; ➤ Identifying potential support and/or referral information for those being disclosed to; ➤ Ensuring follow-up and support after the disclosure discussion. 	<p>accessible to PHAs, both those who are already clients of the agency and those who might be considering becoming clients?</p>	<p>Consider the following items on the checklists: 1,2,7,9,12,13,14,16,17,18,19</p>
<p>d. Safety</p> <ul style="list-style-type: none"> ➤ Reviewing possible responses and creating a safety plan; ➤ Identifying possible referrals and resources. 		<p>Consider the following items on the checklists: 1,2,3,4,7,8, 9,10,11, 12, 13, 14,15,18</p>
IV. Application of Program Standards & Principles		
<ul style="list-style-type: none"> • In making this policy work, and work consistently across the organization, we are committed to applying standards and principles in the following areas: <ul style="list-style-type: none"> a. Communication <ul style="list-style-type: none"> ➤ Prevention Education programming will contribute to communicating the complexity of disclosure decisions and actions. This might be through the provision of legal information materials and will not include legal advice. ➤ All staff will be able to articulate the agency position and principles. ➤ [Agency] communication will contribute to a 	<p>Does your organization have an HIV prevention education program? If not, perhaps amend the text in the column to the left.</p> <p>Does your agency have a communication plan and system? Does it have spokespeople?</p> <p>How does this policy and</p>	<p>What current communication mechanisms exist for clients? How can communication messages be created in clear language that recognizes diverse communication needs, particularly given the complexity of the topic? How will materials be reviewed and updated?</p> <p>What are the organization’s key points of contact with PHAs; where</p>

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<p>recognizable agency culture that might prompt discussions and a sense of safety for clients in relation to HIV disclosure.</p> <ul style="list-style-type: none"> ➤ The Executive Director will be notified immediately of potential controversial or politically contentious situations relating to HIV disclosure as they relate to employees, service users and volunteers—or of community events related to HIV disclosure that will affect the organization and its clients. The <i>[position]</i> will be the principal spokespersons for the agency. ➤ Staff, volunteers (including Board members) and students associated with the agency who wish to express personal views or opinions on this issue shall make it clear that their views are personal and in no way, the views of the agency. 	<p>practice become embedded in agency communications?</p> <p>How are risks mitigated for the agency related to communication of contentious issues around disclosure?</p> <p>How are staff and volunteers accountable for contravening policy and publicly expressing views contrary to agency position and/or that represent harm to the agency?</p> <p>Are there examples that could be provided for when an issue should be brought to the attention of the Executive Director?</p>	<p>they are informed and reminded of agency support and the general health and wellbeing of the client is discussed? Intake? Drop-in? Newsletters?</p> <p>How are clients currently made aware of the agency confidentiality policy? How do you ensure that clients understand the limits to when confidentiality can be maintained (i.e. do they initial the policy as part of intake to indicate that they've been informed and understand the implications)?</p> <p>Is the organization prepared for how it would respond to disclosure situations such as the public outing of a poz staff person in relation to condomless sex?</p> <p>Consider the following items on the checklists: 1,2,4,7,8,9,12,15,17,18,19</p>
<p>b. Service Integration & Points of Access</p> <ul style="list-style-type: none"> ➤ Opportunities should be sought within 		<p>What programs and services currently exist that already provide</p>

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<p><i>[Agency]</i> programming to:</p> <ul style="list-style-type: none"> ▪ Name disclosure as an issue for which the agency provides support; ▪ Communicate agency policy; ▪ Respond to inquiries and requests with appropriate information, referrals and access to support. <p>➤ While all agency staff, volunteers and students can be potential points of access, the following particular opportunities exist:</p> <ul style="list-style-type: none"> ▪ During Intake; ▪ Through general client check-in or re-assessment conversations; ▪ While accessing practical assistance programming; and ▪ As part of support services. 		<p>some of these opportunities but could be more intentional in supporting disclosure decisions?</p> <p>Consider the following items on the checklists: 1,2,3,4,7,8,10, 12,15</p>
<p>c. Training Goals:</p> <ul style="list-style-type: none"> ➤ All training participants will have found the training to be a safe place in which to discuss and learn the agency’s position, and its rationale. ➤ Staff, volunteers (including Board members) and students will be able to articulate the agency position and be skilled in using the policy to increase knowledge of the complexities of HIV disclosure within, and 		<p>Consider the following items on the checklists: 1,2,6,8,9,11,12,13</p>

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<p>external to the agency.</p> <ul style="list-style-type: none"> ➤ Newly oriented staff, volunteers (including Board member) and students) will clearly understand the agency’s expectations regarding their duties of confidentiality and privacy of client information, and the limits, if any, of these duties. Staff belonging to regulated professions will also be clear as to the expectations of them. ➤ Additional training, specific to legal issues related to HIV disclosure will be regularly offered by HALCO. 		
<p>d. Monitoring and Evaluation</p> <ul style="list-style-type: none"> ➤ The organization will monitor and evaluate its capacity and expertise in supporting clients in HIV disclosure decisions. 		<p>Who will be responsible for reviewing, assessing and determining your agency’s activities in this area?</p> <p>What timeframe and process?</p> <p>Consider the following items on the checklists: 1,2,3,4,5,8,10, 15,17</p>
<p>e. Legal Questions</p> <ul style="list-style-type: none"> ➤ [Agency] staff will proactively refer all legal questions and discussions to appropriate partners such as the HIV & AIDS Legal Clinic 	<p>Consider anything else that needs to be said to ensure referrals are the regular practice.</p>	<p>Use case studies to enhance use of language, referrals and familiarity with answering questions that may involve legal perspectives</p>

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<p>Ontario (HALCO).</p> <ul style="list-style-type: none"> ➤ Employees and volunteers will not give legal advice to clients, nor will they give personal opinions regarding any related circumstance surrounding HIV disclosure or the overly broad criminalization of HIV non-disclosure. ➤ <i>[Agency]</i> will have an identified lawyer, familiar with the agency and disclosure issues, to provide appropriate support and opinions should the need arise. 	<p>Consider using examples if it helps bring clarity and purpose to this.</p>	<p>Consider anything else that needs to be put in place to ensure referrals are the regular practice.</p> <p>Consider the following items on the checklists: 1,2,5,9,12,15,17,18</p>
<p>e. Trauma Informed Response</p> <ul style="list-style-type: none"> ➤ <i>[Agency]</i> will support staff to be informed of their roles - including their role in making appropriate referrals - when responding to disclosures of trauma that may emerge in the course of HIV disclosure decisions and actions. 	<p>Do any agency practices exist around trauma-informed programming/services, which need to be included in the text?</p>	<p>How are staff currently informed/supported and held accountable, particularly related to maintaining boundaries in supporting clients with trauma.</p> <p>Consider the following items on the checklist: 1,2,4,5,8,9,12,18</p>
<p>f. Staff, Volunteer & Student Disclosure, and its Effect on Clients</p> <ul style="list-style-type: none"> ➤ <i>[Agency]</i> is committed to managing the effect of staff, volunteer and student HIV disclosures on our programming. In so doing, we have a primary organizational duty to clients, while upholding the 	<p>You may want to add a statement about how you will embody this in practice.</p> <p>How are staff and volunteers accountable should they</p>	<p>Make this explicit in orientations of all incoming staff and volunteers. Consider that you may have a dual responsibility to HIV positive staff or volunteers that may on occasion create tension: the duty to</p>

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<p>principles of GIPA/MEPA in supporting our staff, volunteers and students. <i>[Agency]</i> will:</p> <ol style="list-style-type: none"> 1. Ensure that staff, volunteers and students understand how the disclosure of their HIV status could have unintended consequences for clients. Staff, volunteer and student disclosure of their HIV status can contribute to creating a safe space, can increase peer connection related to the lived experience and can positively influence supporting the client. Staff disclosure can also, particularly where staff don't follow appropriate boundaries and share specific details of their HIV disclosure choices, either unintentionally burden the client, or unduly encourage them. 2. Support staff, volunteers and students who choose not to share their HIV status with clients (including supporting Board members or volunteers to decide whether or not they wish to publicly represent the voice of PHAs/ the agency). 	<p>contravene policy resulting in unintended consequence for a client and that represents potential harm to the agency?</p>	<p>supervise them as an employee/ volunteer, and the duty to concurrently provide them with services and support as if they were a client of the organization. Do your HR and volunteer management policies reflect this dual responsibility? Does your service model allow staff or volunteers to also receive services?</p> <p>Consider the following items on the checklists:, 1,2,4,5,8,9,11,12,17,19.</p>
<p>g. Disclosure Dilemmas</p> <ul style="list-style-type: none"> ➤ <i>[Agency]</i> will implement a concrete process to deal with ethical dilemmas that arise for staff around HIV disclosure issues—whether they are related to their own HIV disclosure, or client HIV disclosure. These are dilemmas 	<p>Consider whether you have any other statements/policies on ethics to which reference might be made.</p>	<p>How you will make this accessible in practice.</p> <p>Consider the following items on the checklists: 1,2,5,9,11,12,17,19</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
<p>where the rights and interests of two or more people are in conflict (perhaps two or more clients or two or more people known to the organization), or where an HIV disclosure situation presents two or more competing values or principles.</p>	<p>If you will employ a tool as the agency process for dealing with difficult ethical dilemmas, name the tool. Similarly, if a separate policy outlines your process, reference the policy.</p>	<p>The ethical decision-making process should articulate how staff will be supported and/or held accountable when they are required to act in opposition to their personal values. For instance, the agency requires service be provided to both accused and complainant in criminal law case. Another example might be when the confidentiality policy protects a PHA who might be unable or unwilling to disclose to another client of the organization, while engaging in risky activities.</p> <p>The tool below has been designed for use where there are ethical dilemmas arising from situations such as HIV disclosure – available at www.careworkerethics.org.</p> <p><i>DIFFICULT DECISIONS: A Tool for Care Workers – Managing Ethical Dilemmas When Caring for Children and Families of Key Populations: People Living with HIV, People who use Drugs, Sex Workers,</i></p>

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		<i>Transgender People, Gay men, and other Men who have Sex with Men.</i>
<p>h. Disclosures to Children</p> <ul style="list-style-type: none"> ➤ There are special disclosure considerations related to children. Best practices exist and <i>[Agency]</i> will remain informed of these and refer appropriately. ➤ Some of the many unique circumstances that arise around children and family HIV disclosure include: <ul style="list-style-type: none"> • There are increased points of vulnerability and loss of control during pregnancy process, which expand with increased access to the health care system; • Disclosure questions and judgements related to infant feeding ; • Understanding child development and age-appropriate processes/messages/resources (<i>How Do I Tell My Kids: The Teresa Group & CATIE, 2015</i>); • Because of inconsistent responses within school systems, there can be significant fear that any family disclosure may negatively affect the school environment and result in possible discrimination; • There is an increased risk of unintentional disclosure, particularly where disclosure has occurred with some but not all family 	<p>What partner agencies are available to support HIV disclosure decisions and actions in this area (e.g. The Teresa Group, Toronto’s Hospital for Sick Children)?</p> <p>What level of <i>[Agency]</i> response and support is appropriate and possible within mandate and existing programming?</p>	<p>Are relevant local health and legal authorities informed about the issues related to HIV disclosure to children? Are they supportive of the agency principles?</p> <p>Consider the following items on the checklists: 1,2,3,4,5,9,12,18,19</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
<p>members;</p> <ul style="list-style-type: none"> • Tensions between the HIV-positive parent’s right to confidentiality and a child or teenager’s need for support; • Additional complexities and lack of control for children who are wards of the state; • Inconsistent knowledge, interpretation, training and assumptions and responses in other health and social service systems such as Children’s Aid Societies 		
<p>i. Record Keeping</p> <ul style="list-style-type: none"> ➤ Record-keeping requires balancing the need to keep records with the desire to protect client confidentiality given the risks of data breaches and involuntary disclosures in the cases of search warrants and subpoenas. ➤ Staff will discuss with <i>[Management position]</i> anytime there is uncertainty of the level of detail or content to include in client records related to HIV disclosure. ➤ <i>[Agency]</i> will develop procedures to minimize the amount of information that must be disclosed when issued with search warrants and subpoenas. 	<p>Any key details from existing agency policy on record keeping should be included here and the policy cross-referenced.</p> <p><i>[Agency]</i> policies should clearly outline the level of detail expected for record keeping, particularly related to conversations about HIV disclosure. These must be thoughtfully developed and grounded within the principles of this policy, recognizing that appropriate record keeping involves balancing potentially</p>	<p>See section below on Related Policies & Procedures section regarding procedures in the case of search warrants and subpoenas.</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
	conflicting interests of a PHA, staff and the agency.	
<p>j. Housing</p> <ul style="list-style-type: none"> ➤ HIV disclosure can be significantly complicated by situations related to housing. Some of the unique considerations that [Agency] will be attentive to include: <ul style="list-style-type: none"> • A PHA’s residence: the disclosure of their address can precipitate unwanted disclosure or assumed disclosure from community or other tenants; • Accessing supportive housing services: this may prompt disclosure or assumed disclosure; • That HIV status disclosure is required for Priority Status Access to municipal housing; • That some shelter system policies and practices (such as handing in medications to shelter staff) structurally force disclosure; • That physical altercations where one or more tenants is a known client (or staff/volunteer/student) may result in police investigations and questions for the [Agency]. ➤ Long-term care facilities and appropriate training and support related to HIV disclosure 	<p>Does the agency provide any direct housing support or units? If so, articulate how staff will provide support to mitigate the disclosure risks and potential ramifications associated with this service?</p> <p>What housing partners does the agency work with in generally supporting and referring PHAs and how will these partners be trained and accountable to appropriately responding to HIV disclosure issues?</p>	<p>Consider the following items on the checklists: 1,2,3,5,9,10,12,13,14,18,19</p>

<i>Recommended Text</i>	<i>Considerations in using or editing the recommended text:</i>	<i>Considerations in implementing the policy or in adapting your programming</i>
<p>of residents, particularly where dementia is a complicating factor;</p> <ul style="list-style-type: none"> ➤ Staff will develop strategies to best support clients to maintain control of their disclosure decisions as we assist them in their efforts to be better housed. 		
V. Related Policy & Procedure Review		
<ul style="list-style-type: none"> • The following related Policies & Procedures will be periodically reviewed to ensure that they are consistent with this policy: <ol style="list-style-type: none"> 1. Service User Rights & Responsibilities; 2. Client record keeping; 3. Confidentiality; 4. Human Resource policies related to disclosure decisions of HIV+ staff in the work environment, in public, or on social media; 5. Volunteer policies related to HIV+ volunteers; 6. GIPA/MEPA policies; 7. Policies or procedures related to designated PHA roles within the agency such as designated staff positions (i.e. Speakers Bureau Coordinator) or designated PHA volunteer positions (i.e. designated PHA seat on the Board or Speakers Bureau member); 8. Agency position statement on Criminalization of HIV Non-disclosure. 	<p>How regularly will you review these policies? Will you include that in the text?</p> <p>If record keeping policies do not currently include specific language to identify appropriate staff and agency response to search warrants and subpoenas, utilize appropriate content from The Canadian HIV/AIDS Legal Network, HIV Disclosure and the Law: A Resource Kit for Service Providers; Chapter 5: Client Confidentiality and Record Keeping.</p>	<p>What will be your mechanism to review these policies?</p> <p>Consider current communication practices on record keeping: how can this best be communicated to clients, staff and volunteers?</p> <p>In reviewing your confidentiality policy, is there language around the limits of confidentiality—the situations when the organization cannot or may not be able to promise to keep information confidential (i.e. child abuse allegations).</p> <p>Consider all sections in the checklists</p>

Checklists: Policy development, Policy implementation, Program adaptation and development

✓	#	ACTIONS, CONSIDERATIONS & PREPARATIONS	LEAD
Steps to consider re policy development:			
	1	Ensure your process includes appropriate stakeholder input from PHAs and other peers.	
	2	Do an inventory of a) disclosure practices or policies, b) other transferable policies & c) current relevant practices/ programs that relate to client HIV disclosure (e.g. confidentiality, goal setting group sessions, support groups, capacity building programs, peer programming, education/ advocacy programs, record keeping).	
	3	Using the Policy Template – Operational Policy, review current policies and relevant practices/ programs for: <ul style="list-style-type: none"> ➤ Adaptability ➤ Completeness ➤ Consistency: looking for any contradictory statements or approaches ➤ Language level/ tone of any existing materials ➤ Outcomes match current desired intent <p>Can any of the language or practice be borrowed in the current policy development process?</p>	
	4	Assessment of agency staff and volunteers’ individual and common understanding of the organization’s objectives.	
	5	Assessment of agency staff and volunteers’ skill related to supporting disclosure conversations.	
	6	Board readiness to develop and pass a policy statement	
	7	Draft new Agency/Board Position Statement and new Operational Policy & Procedures – borrowing from policy templates	
Steps to consider re policy implementation:			
	8	Change management planning, as necessary (depends on how extensive the changes being made)	
	9	Working through issues related to creating new programs or to adapting existing programs e.g. <ul style="list-style-type: none"> ➤ Intake; ➤ Referrals; support to HIV+ clients; ➤ Education and advocacy programming, ➤ Peer programming; 	

✓	#	ACTIONS, CONSIDERATIONS & PREPARATIONS	LEAD
		<ul style="list-style-type: none"> ➤ Support programs – support for PHA clients and support of individual being disclosed to ➤ Organizational standards regarding ethical dilemmas faced by staff and ethical dilemmas faced by clients; 	
	10	Review and amend other policies to ensure compliance/ consistency – or to prompt review/adaptation of said policies (privacy, confidentiality, HR, volunteer management, statements on the criminalization of HIV non-disclosure)	
	11	Attending to new or ongoing staff support needs	
	12	Develop staff, volunteer (including Board members) and student training plan re changes to policy and programming: <ul style="list-style-type: none"> ➤ Develop common understanding of new position/ policies, ➤ of new and existing programming, ➤ Maintaining boundaries given new policies ➤ Ethics and ethical decision-making 	
	13	Develop list of new materials to be created	
	14	Assess record keeping issues (policies and practices) – including, perhaps, OCASE implications	
	15	Engage with stakeholders to communicate any programming or policy changes, as necessary.	
Steps to consider re program adaptation or development (note that this may occur in tandem with the policy implementation steps):			
	16	Implement new programming (consider what programs might best support your new policy)	
	17	Create new materials to a) support new or adapted programming; and b) communicate policy and programming changes as they relates to HIV disclosure: Include things such as: review of intake form, development of posters, brochures, website and social media text.	
	18	Development of referrals (including legal referrals) and partnerships	
	19	Ongoing staff, volunteer (including Board members) and student orientation, training and support	

RESOURCES

1. *HIV Disclosure and the Law: A Resource Kit for Service Providers*, Canadian HIV/AIDS Legal Network; 2012
2. *DIFFICULT DECISIONS: A Tool for Care Workers - Managing Ethical Dilemmas When Caring for Children and Families of Key Populations: People Living With HIV, People who use Drugs, Sex Workers, Transgender People, Gay Men, and other Men who have Sex with Men* – www.careworkerethics.org
3. *Living with HIV. Know Your Rights.* Canadian HIV/AIDS Legal Network; 2014
4. GMFA: the Gay Men’s Health Charity (UK): www.gmfa.org.uk/disclosing-your-status
5. *HIV Disclosure: A Legal Guide for Gay Men in Canada.* HIV & AIDS Legal Clinic Ontario (HALCO) and CATIE; 2013
6. *How Do I Tell My Kids?* The Teresa Group; 1999, revised 2009
7. *Is Formula Good for My Baby?* The Teresa Group & CATIE; 2015
8. *Positive Sex; An Innovative Approach to Disclosure in Practice and in Consequence.* Canadian Treatment Action Council
9. *Pouvoir Partager.* www.pouvoirpartager.uqam.ca [CATIE partnership providing English material in summer 2015]

References:

- 1) *Rapid Response Service, Rapid Response: Disclosure of HIV Positive Status.* Toronto, ON: Ontario HIV Treatment Network; March 2013
- 2) *NOW WHAT? The Possibilities of Disclosure. A Guide by HIV Positive People for AIDS Service Organizations and Their Allies.* Toronto, ON: Positive Leadership Development Program; March 2014
- 3) *Living Positive, Support, Disclosure and HIV Prevention – A Dialogue on our Current Understandings.* Toronto, ON; AIDS Bureau; March 2014
- 4) *HIV Disclosure Intervention for ACB Women.* WHIWH, APAA, Black CAP, Teresa Group, Casey House, PWA, VOICES of Positive Women