CENTRE FOR INNOVATION IN PEER SUPPORT

Peer Support
Documentation Guidelines
Version 2.1

How to Use This Resource

To Cite this Document

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Legal

The views represented herein solely represent the views of the Centre for Innovation in Peer Support. Information in this document should not replace your own research and due diligence. The information used to create this resource draws on the experience of the Centre and public sources, referenced throughout. The materials in this resource are general guidelines only. This resource is not intended to provide legal advice. If there is a discrepancy between this document and any applicable legislation, the legislation will always prevail.

Acknowledgements

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About the Centre

The Centre for Innovation in Peer Support provides both direct service and system focused supports across Ontario. The Centre for Innovation in Peer Support team has a robust expertise in the application of the *Guiding Standards of Peer Support.*

The Centre has been recognized as a "benchmark of excellence" in peer support, and meaningful co-design and engagement of people with lived/living experience and family & caregivers.

The Centre's Focus: Professional Peer Support

The Centre focuses on providing, and supporting the practice of *professional peer support*.

The practice of professional peer support is emotional, social and/or practical support delivered by mutual agreement by persons who self-identify as having lived/living with similar circumstances and/or challenges. Professional peer support workers have engaged in training and skill development to enhance their ability to support empowering and empathetic relationships with others in their pursuit of self-determined wellness and/or change (Hopkins & Gremmen, 2022).

Professional peer support is when those with personal lived/living experiences work or volunteer in designated roles in mainstream/traditional services while ensuring that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship. Professional peer support is an intentional service provided where there is an identifiable 'giver' and 'receiver' of care. Professional peer support workers uphold the fidelity of peer support, while also honouring the responsibilities of their workplace (Hopkins & Gremmen, 2022).

For more information on professional peer support, we invite you to read *Understanding Peer Support: A Proposed Core Service in Ontario* on our Resource Hub

Supporting Provincial Systems & Partners

The **Centre's Provincial, Systems & Partner** stream works within the mental health and substance use/addictions system to support peer staff, supervisors, and organizations from the approach of the *Guiding Standards of Peer Support* with a focus on professional peer support. The Centre also supports organisations to empower people with lived experience and/or family/caregiver experience through meaningful engagement and co-design.

Our full programing is offered through our **Virtual Learning Centre & Resource Hub** which supports the most current, best practices in Peer Support. Through our **Virtual Learning Centre**, we offer trainings, consultation, our peer professional development webinars, and provincial communities of practice. Our **Resource Hub** is home to our toolkits, models, and resources. All of these offerings support the implementation and practice of peer support within Ontario.

We continue to evolve, listening to input from our stakeholders across the province to identify gaps and needs within the system, and using quality improvement processes to pivot, pilot, evaluate and then scale and spread new innovations in peer support.

Supporting People Engaging in Services

The **Centre's Peer Programming** stream began as a consumer survivor initiative under the name TEACH (Teach, Empower, Advocate for Community Health) in 1999. TEACH later came to be housed at Support & Housing Halton (now Support House) and continued to evolve in order to meet the needs of our community, eventually amalgamating with Support House's peer support provincial systems & partner support program, the Centre for Innovation in Peer Support.

Today, the Centre's Peer Programming utilizes its expertise from having provided peer support services for over 23 years in the Halton-Mississauga region to offer quality programs that are designed, developed, implemented, and evaluated by people with lived experience. This stream is focused on peer-led psychosocial and rehabilitative programming. Together, we build community and connection through creating safe spaces to heal and grow for people navigating mental health and substance use/addiction challenges, as well as supporters/families.

Our History

In 2014, the Mississauga Halton LHIN Mental Health & Addictions Leadership Table began discussing future funding priorities. Peer support was identified as the main priority. After consultations and research, the Mississauga Halton LHIN created the Enhancing and Sustaining Peer Support Initiative in 2015. This initiative created peer support positions, supported service coordination, and supported the training and development of these positions across the region.

Support & Housing Halton (now Support House) became the lead agency that hired and housed the Peer Support Systems Lead and the Substance Use & Provincial Systems Lead in a program that would become the Centre for Innovation in Peer Support (Centre). This team worked to sustain the new peer support positions that had been funded, build infrastructure, and bridge the many stakeholders impacted by this initiative.

In January of 2020, the Centre amalgamated with Support House's direct-service-facing peer support program, TEACH. The Centre now has a direct service stream of peer support programming as well as a system and partners stream, which has grown beyond the Mississauga/Halton area to include the entire province of Ontario.

About Support House:

Support House is directed by our core values. They guide our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first – our supports are **person directed**. We **connect and engage** and start conversations to build and maintain relationships. We focus on **health and wellness** practices to inspire our culture. All employees are required to adhere to our values-based Oath of conduct.

The Purpose of Documentation

Information within the documented records kept about someone's care ultimately belongs to the person engaging with a service. Documentation is a communication tool. When done in a way that is supportive and person-directed, documentation can be used to inform a circle of care of the goals, needs and preferences of a person engaging with services.

Peer Supporters can document in alignment with the Values of Peer Support to support a person's journey.

Why Do We Document?

- Legal reasons (Court, Insurance, ODSP, OW, etc.)
- Accreditation standards
- Data for program planning
- To assist in ongoing support across providers as individuals transition in and out of services
- To keep a record of service provided (who did what, and when)
- Accountability to those we support, for supervisors, our organizations and ourselves to ensure integrity of service provision

People Have the Right to

- See their personal health information
- Request copies of parts or all of their personal health information
- Request correction of their personal health information
- Inquire or complain about privacy practices

Who is Information Shared With?

Personal information and or personal health information captured in documentation may be shared with other organizations that provide care to a person as permitted by legislation and/or regulation via courier, fax or electronic sharing system.

This may include:
- Healthcare providers that provide support and service to a person
- Community service providers that provide support and service to a person
- Agencies that provide support and service to a person (i.e., ODSP, OW, etc)
- Third parties as permitted and/or required by applicable legislation and regulation (i.e., Public Health to track infections or court subpoenas)

Why Would Information be Shared?

The purposes for the collection, use and disclosure of a person's personal health information may include but is not limited to:

- Providing the person with quality programs and services
- Providing information to other people or organizations that are within the Circle of Care that is necessary and required for the facilitation of healthcare services
- Providing information to other people or organizations that provide supports and services to a person
- Planning, evaluating or monitoring programs and services
- Managing risk and error
- Maintaining or improving the quality of care
- Meeting legal and regulatory requirements

Peer Support Documentation Guidelines

These guidelines highlight the unique considerations of documentation for Peer Supporters. Each organization will still need to reference their own policies and procedures to ensure safe practices. However, these guidelines may support advocacy and discussion regarding any changes to current practice.

Discussing Documentation

- **Presentation is key.** If you, as a supporter present documentation as inherently negative, that will impact the person and their feelings towards documentation. Share that it is a communication tool and that it is there to be of support to them.
- **Ensure the Person Engaging in Services is fully informed** about documentation including:
  - Their rights
  - Boundaries of confidentiality
  - What information is gathered and for what purpose
  - Who information is shared with
- **Revisit these conversations** throughout your relationship and be open to further discussion whenever it may be needed. Provide room for dialogue and questions.

> **Value Highlight**
>
> **Integrity, Authenticity & Trust**
>
> Acting with integrity means informing our peers about what information we gather, who it is shared with and how it is used. This discussion supports the building of trusting and empowering relationships.

What Do We Document?

- Anything relevant to the person's care
- Referrals to programs and services
- Any decisions made about a person's care, and why
- A person's goals, needs and barriers
- Attendance or participation
- When a person declines service
- Service concerns
- Serious Occurrences/Significant Events – *Please see your internal policies and procedures*

> **Value Highlights**
>
> **Self-Determination and Equal & Empathetic Relationships**
> When documentation is person-directed, it reflects the opinions and perspectives of the person rather than the supporter. Remaining objective reinforces that this person has the right to self-determine what is meaningful to them in their documentation.

How We Document

Anything Documented Should Be:

- **Within Scope** - Our documentation is focused on the scope of practice of a Peer Supporter; our alignment with the values through the Peer Support Values in Action, rather than clinical judgements. (See documentation template example).

- **Intentional** – Information in our documentation is recorded with reason and is relevant to the person's care. Do not write a detailed transcript of everything that is said and done in an interaction. Do include specific information about what you did as a support (I.e., Which part of a wellness plan you discussed, what harm reduction strategy were shared, which *Values in Action* were used, etc.) Refer back to "*What We Document*" section.

- **Person-Directed** – Reflect the perspective of the person engaging with service.

- **Strengths-Based** – Highlight a person's strengths, and what they are doing to support their wellness. (I.e., 'Marshall shared that he met his goal of attending his first counselling appointment yesterday' instead of writing 'Marshall was compliant with treatment yesterday').

- **Collaborative** - Peer Supporter's should make every effort to engage in collaborative note taking. This means the notes are created by both Peer Supporter and person engaging with services working together to decide what is documented. This can be done by writing the note together or having a discussion about the important points that will be included in the note.

- **Objective** - When documenting we are mindful of the language we use and remain objective in our descriptions of the interaction.
    - Notes should not include subjective assumptions, judgements or conclusions. Support any decisions you make with objective evidence and facts (I.e., Vlad shared he is injecting heroin. I provided a safer injection pamphlet which included safer injection practices).
    - Detail things as they occurred (I.e., Sandy stood up and walked out of the meeting without saying anything, Sandy then walked out of the building and got into her vehicle).
    - When recording a quote of what someone has said record it as said, using quotations (I.e., Omar stated, "I have felt sad for three days.")

- **Individualized** – Avoid documenting the names of people not directly in the client's circle of care (I.e., neighbour or another person engaged with services). Some common practices include using "Neighbour", "Other resident" or "Resident 2" when referring to others. When writing a direct quote use block parenthesize if the person uses someone's name outside their circle of care (I.e., "Bob upset me." becomes "[The neighbour] upset me").

- **Timely** – Notes should be recorded as soon as possible. Ideally, done collaboratively at the end of an interaction.

- **Clear** – Use clear, accessible language. Do not use acronyms without clarification. Always proofread for accuracy, spelling and grammar.

RESOURCE HIGHLIGHT:
Compassionate Language for Mental Health and Substance Use: Holding People in High Regard

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Documentation Template Example

Date of Service:	Person Engaged with Service:	Supporter:
Location of Service (phone, email, in-person location):	**Collaboratively Documented:** ☐ Yes ☐ No	**Service Delivery:** ☐ One-to-One ☐ Group

Intention of Service - What did the person want to get out of the meeting?

Conversation:

Support Provided – What *Values in Action* were utilized?

Response to Service Provided - Did the person get what they were looking for out of the meeting?

Plans for Follow Up:

Note About First-Person Language

Some organizations prefer that documentation reflect the use of third-person language - "this writer" when referencing the supporter writing the documentation. This way of documenting comes out of psychiatry and has been adopted by other professions. Other organizations choose to use first-person language – "I." In some documentation trainings this is emphasized as a way of highlighting our relationship with those we support, accountability for the notes that we take about someone. Either of these ways of writing are acceptable and workers should follow their organization's procedures. The following examples use first-person language.

Poor Documentation Example

Date of Service: Thursday	Person Engaged with Service: Samuel	Supporter: Justin
Location of Service (phone, email, in-person location): Support House	Collaboratively Documented: ☐ Yes ☒ No	Service Delivery: ☒ One-to-One ☐ Group

Intention of Service - What did the person want to get out of the meeting?

Talk about their mood.

Conversation:

The client came into SH I asked how their day was, they said it was good I asked what they wanted to talk about, they said they were having a bunch of challenges with their mood being all over the place from what Samuel described I think they likely live with undiagnosed bipolar disorder he is missing meals he should be having, waking up too late and needs to start looking for work but he says that he feels too depressed to do any of those things he also said that Zach, his naighbour has been yelling at him to mow the lawn. I told him to listen to the naighbour, but he doesn't want to.

Support Provided – What *Values in Action* were utilized?

- The peer support worker gives me encouragement
- The peer support worker helps me explore options open to me when I have a decision to make
- The peer support worker genuinely listens to me
- The peer support worker encourages me to do things for myself instead of doing things for me

Response to Service Provided - Did the person get what they were looking for out of the meeting?

Yes

Plans for Follow Up:
Calling later this week to see if he is getting sleep and getting things done.

Key Observations:

- Date of Service
  - "Thursday" – not detailed enough, which Thursday?
- Location of Service
  - "Support House" – not detailed enough, organizations often have multiple locations
- Intention of Service
  - Vague and difficult for anyone else reading to interpret what Samuel wanted to get out of the connection
- Out of scope and not objective
  - Making clinical judgements and personal assumptions – "I think they likely live with undiagnosed bipolar disorder"
  - No obvious representation of Values in Action
  - Does not honour self-determination – telling him what he "should" do, "told him to listen to the neighbour"
  - Does not include why we offered the support we offered
- Not intentional
  - Writing a transcript instead of things relevant to care - "The client came into SH I asked how their day was, they said it was good"
- Not strengths-based or person-directed
  - Focuses on deficits rather than focusing on what is happening or going well
  - Shows disapproval of the person and choices they make
  - Judgmental - "He is missing meals he should be having, waking up to late and needs to start looking for work"
- Not collaboratively documented
- Not individualized
  - Includes name of neighbour – "Zach"
- Not clear
  - Spelling errors – "naighbour"
  - No periods at the end of sentences
  - Unclear Abbreviations – "SH"
- Response to Service Provided
  - "Yes" – not detailed enough and does not reflect Samuel's perspective of the connection
- Plans for Follow-up
  - "Calling later this week to see if he is getting sleep and getting things done" - Does not give rationale as to why and is not self-determined or values-based

Stronger Documentation Example

Date of Service: October 26, 2020	Person Engaged with Service: Samuel	Supporter: Justin
Location of Service (phone, email, in-person location): Support House Oakville Office	Collaboratively Documented: ☒ Yes ☐ No	Service Delivery: ☒ One-to-One ☐ Group

Intention of Service - What did the person want to get out of the meeting?

Samuel shared that he is experiencing challenges with mood fluctuations he would like to explore.

Conversation:

Samuel arrived at our Oakville office. Samuel shared that over the last month there have been times where he feels "really depressed" and other times that he has "absurd amounts of energy." Throughout these mood changes Samuel reflects that he has been forgetting to eat, missing about 6 meals a week over the last month. Samuel also shared that lately he has been feeling depressed and hasn't had the energy to apply to jobs. Together, Samuel and I discussed possible reminder options to eat all his meals in a day, he decided to try a "to do" app on his cell phone. Samuel asked me what I thought he should do about the changes in his mood. I shared the roles of therapists, and psychiatrists and explained that their expertise may be supportive. Samuel said, "I think I'd like to talk to a psychiatrist." I provided Samuel with the contact information of the local mental health clinic so he can book an appointment. Samuel also shared that his neighbour keeps telling him that he needs to mow his lawn, we discussed how he can assertively address boundaries with the neighbour.

Support Provided – What *Values in Action* were utilized?

- The peer support worker reminds me that my health and wellness is unique to me
- The peer support worker gives me encouragement
- The peer support worker shares information with me, e.g., community resources that are available, different learning opportunities
- The peer support worker helps me explore options open to me when I have a decision to make
- The peer support worker does not express disapproval of me or the choices I make
- The peer support worker tells me my feelings and opinions are worthwhile
- The peer support worker genuinely listens to me
- The peer support worker tells me that I am not alone in my experiences and struggles
- The peer support worker encourages me to do things for myself instead of doing things for me
- The peer support worker learns from me and I learn from them
- The peer support worker reminds me that I have the right to express my needs

Response to Service Provided - Did the person get what they were looking for out of the meeting? Yes, Samuel shared that he felt "lighter" after being able to discuss his experiences.
Plans for Follow Up: At our appointment next week, we will check in with any successes or challenges regarding getting in touch with the mental health clinic and the use of the "to do" app that Samuel is going to try to remember to eat all his meals.

Key Observations:

- Date of Service
  - "October 26, 2020" – detailed enough to know date of service
- Location of Service
  - "Support House Oakville Office" – detailed enough to identify the location of service
- Intention of Service
  - Reflects Samuel's self-identified need and goal for the connection
- Within Scope
  - Support provided is within the scope of the peer role
  - Clear use of *Values in Action*
  - Refers to others when out of scope – "Samuel asked me what I thought he should do about the changes in his mood. I shared the roles of therapists, and psychiatrists and explained that their expertise may be supportive"
- Intentional
  - Information recorded is relevant to Samuel's care
- Person-Directed
  - "Samuel shared that he is experiencing challenges with mood fluctuations he would like to explore."
- Strengths-Based
  - Reflecting the things Samuel is doing and the barriers to what he is not doing – "he decided to try a "to do" app on his cell phone"
- Collaborative
  - Collaboratively documented
- Objective
  - "There have been times where he feels 'really depressed' and other times that he has 'absurd amounts of energy.'"
  - "Samuel reflects that he has been forgetting to eat, missing about 6 meals a week over the last month."
- Individualized
  - The neighbour is addressed as "the neighbour"
- Clear
  - No acronyms
  - Good spelling and grammar
- Response to Service Provided
  - Reflects Samuel's perspective of the connection
- Plans for Follow-up
  - Provides rationale, and reflects Samuel's self-determined needs and goals

ADDITIONAL RESOURCES TO EXPLORE

Centre for Innovation in Peer Support's

Provincial Systems Virtual Learning Centre & Resource Hub
for Peer Supporters & Organizations

Support House's Centre for Innovation in Peer Support's full programming is offered through our Virtual Learning Centre & Resource Hub which supports the most current, best practices in Peer Support.

Through our Virtual Learning Centre, we offer trainings, consultation, our Peer Professional Development Webinar Series, and provincial communities of practice. Our Resource Hub is home to our educational toolkits, documents and videos. These offerings support the practice and implementation of Peer Support within Ontario.

Products on our Resource Hub:

- *Guiding Standards of Peer Support* (from Mental Health Commission of Canada, Peer Support Canada & Centre for Innovation in Peer Support)

- *Compassionate Language for Mental Health and Substance Use: Holding People in High Regard*

- *Understanding Peer Support: A Proposed Core Service in Ontario*

CLICK HERE TO VISIT OUR VIRTUAL LEARNING CENTRE & RESOURCE HUB

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