



CENTRE FOR INNOVATION IN PEER SUPPORT

**Peer Support
Documentation Guidelines
Version 3.0**

How to Use This Resource

To Cite this Document

You may with proper citing share resources within this document for your own purposes. Please use the following citation when referencing or using any materials from this document:

[Support House Centre for Innovation in Peer Support. \(2021\). Peer Support Documentation Guidelines.](#)

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.

Copyright Information

Copyright 2021© by Support House Centre for Innovation in Peer Support. All rights reserved worldwide. This guide may be freely reproduced and distributed. Citation of the source is required under copyright law.

If you have questions about this resource, please contact
centreinfo@supporthouse.ca | www.supporthouse.ca

About the Centre

Recognized provincially for its award-winning services, Support House Centre for Innovation in Peer Support (the Centre) has evolved into a "Benchmark of Excellence" in peer support and experience-based engagement and co-design. The Centre is dedicated to implementing innovative best practices for meaningful and equitable engagement and partnerships with individuals who have lived/living experience, as well as their family/caregivers, across Ontario.

Our History

Originally established as a Consumer Survivor Initiative in 1999 under the name TEACH (Teach, Empower, Advocate for Community Health), the need for support and training for agencies providing authentic peer support was identified. As a result, in 2015, the Centre received new base funding from the legacy Mississauga Halton LHIN to offer regional and provincial system support for Health Service Providers (HSPs). This support includes hospital psychiatric inpatient units, addiction residential treatment, supportive housing programs, central access, employment support programs, justice, community mental health and addiction providers, and self-help education and support groups. This scope has since expanded to encompass regional, provincial, national, and international collaborations.

Supporting People Engaging in Services

Our service offerings include wellness-based, peer-led self-help and social connection programs for community members. These programs are designed, developed, implemented, and evaluated by individuals with lived/living experience. We work together to foster community and connection by creating safe spaces where people navigating mental health and substance use/addiction challenges, can heal and grow.

Supporting Provincial Systems & Partners

The Centre's Provincial, Systems & Partner stream is continually evolving to support organizations that provide peer support services and to foster meaningful, equitable engagement, co-design, and partnership with individuals who have lived/living experience, as well as family/caregivers for roles on advisory tables, working groups, committees, and government boards. We create learning opportunities through co-design, education and training, consultations, capacity building, collaborations and partnerships, and the development of resources and toolkits, drawing on our expertise in engagement stewardship.

Additional learning resources are available in our Virtual Learning Centre and Resource Hub, where you can explore information about our provincial communities of practice, toolkits, models, and other resources. The Centre is committed to enhancing the capacity of individuals with lived/living experience, family/caregivers, peer support workers, supervisors, health service providers, and regional and provincial healthcare systems. We aspire to co-design and co-create an inclusive and equitable healthcare response, regardless of complexity.

About Support House

Support House is guided by our core values, which shape 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, starting 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

Documentation is a communication tool. When done in a way that is in alignment with the Values of Peer Support, documentation can be used to ensure that the peer voice is at the forefront when it comes to directing their care and communicating their goals, needs and preferences.

Documentation lends to several aspects of supportive relationships and is done for the following reasons:

In support of those engaging in services

- Facilitating safety
- Navigating the legal system or supporting application for available services (ODSP, OW etc.)
- Ensuring quality care and clearer communication as individuals transition through services
- Supporting people engaging in services to identify and articulate their wishes around directives and planning within their care

In support of professional practice

- Facilitating reflection on decisions made in supportive relationships, ensuring fidelity to the Values of Peer Support and alignment with best practices in the profession
- Fulfilling the expectations of our roles
- Keeping a record of service provided (i.e., who did what, and when)

In support of organizations

- Meeting accreditation standards
- Meeting funding requirements
- Collecting data for program planning
- Ensuring integrity of service provision

Any information documented during the time that you spend in support of a those engaging in services ultimately belongs to them. 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 express concerns about privacy practices

Sharing Personal Health Information

As service providers we have the responsibility to ensure that the personal health information of anyone engaging in support with us is protected. Though important, there may be times where we are asked by our peer or are required to share information.

Personal information and/or personal health information recorded in documentation may be shared with other organizations that provide care to a person as permitted by legislation and/or regulation. This may require the completion of forms and the use of courier, fax or electronic sharing systems.

Those with whom information may be shared includes:

- 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)

If information is shared, this is done in support of the person engaging in services and providing high-quality care.

Peer Support Documentation Guidelines

These guidelines highlight the unique considerations of documentation for Peer Supporters. Each organization must reference their own policies and procedures to ensure safe practices and adherence to distinct program and agency requirements. These guidelines may support advocacy and discussion regarding ongoing evolution of current practice.

Discussing Documentation with People Engaging in Services

One of the Values of Peer Support is Integrity, Authenticity & Trust. In the context of documentation, this Value speaks to informing people engaging in services about the information gathered, who it is shared with and how it is used. Discussing this openly with those we support helps to build trust and empowering relationships.

Comprehension is key. It is important that we, as peer supporters, explain the purpose of documentation in a way that those engaging in services can understand, and create a space where they can ask questions if needed.

The way that we talk about something matters. If we are discussing documentation in a way that presents it in a negative light this is likely to impact the perspectives of the person to whom we are speaking. It is important that we stick to the facts about documentation, including why it is a part of the peer relationship and how it can be of support so that those engaging in services can make informed decisions. In discussing documentation, we recommend highlighting:

- Rights and responsibilities of those engaging in services
- What information is gathered and for what purpose
- Practices related to confidentiality, including times when information must be shared
- Who information is shared with and why

Revisit these conversations throughout your relationship and be open to further discussion whenever it may be needed. Provide room for dialogue and questions.

What is Documented

Any of the following information may be recorded in support of a person's wellness:

- Anything that a person identifies that is relevant to their care or wellness goals, including consent directives
- Referrals to programs and services
- A person's self-identified goals, needs and barriers
- Attendance or participation in a program
- When a person declines service
- Service concerns
- Serious occurrences/significant events as relevant to internal policies and procedures

Documentation Practices

When documentation is person-directed, it reflects the opinions and perspectives of the person engaging in services rather than the supporter. Each person has the right to self-determine what is meaningful to them in their documentation. Ensuring that our documentation practices are directed by those engaging in support mitigates power imbalances that exist in formal relationships, reflecting the Peer Value of Empathetic & Equal Relationships.

Anything documented should be:

- **Within Scope** – Documentation is focused on the scope of practice of a Peer Supporter as it relates to the best practices and Guiding Standards of Peer Support, rather than clinical judgements.
- **Intentional** – 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 supporter and how this aligns with what is identified as important to the person engaging in support.
- **Person-Directed** – Documentation is reflective of the perspective of the person engaging in services.
- **Strengths-Based** – Documentation is intended to highlight a person’s strengths and what they are doing to support their wellness rather than emphasize deficits.
- **Collaborative** – Peer Supporters should make every effort to engage in collaborative notetaking. This means the notes are created by both the Peer Supporter and the person engaging in services working together to decide what is documented. This can be done by writing the note together or discussing the important points that will be included in the note.
- **Objective** – When documenting we are mindful of the potential impacts of the language we use and remain objective in our descriptions of any interaction. Notes should not include subjective assumptions, judgements or conclusions. Any statements made should be supported with any evidence and facts.
- **Mindful of Confidentiality** – Avoid documenting names of anyone not directly involved in a person’s the circle of care. If it is necessary to record information about someone outside of direct supporters, you may consider using “[Peer’s name]’s neighbour/roommate/friend”.
- **Timely** – Notes should be recorded as soon as possible. Each organization might have specific parameters that dictate a timeline.
- **Clear** – Use clear, accessible language. Do not use acronyms without clarification. Always proofread for accuracy, spelling and grammar.

Documentation Template Example

The following is an example of a template that you may use to guide collaborative documentation with those you are supporting. This is followed by two examples. One of which represents poor documentation practices, while the other shows stronger documentation practices.

Date of service:	Person engaged in service:	Supporter:
Location of connection (phone, email, in-person location):	Collaboratively documented: <input type="checkbox"/> Yes <input type="checkbox"/> No	Format of service delivery: <input type="checkbox"/> One-to-one <input type="checkbox"/> Group
Intention of the connection [Consider what the person identified as a priority during your time together.]		
Support Provided [Consider which Values of Peer Support were especially relevant in your connection and how they were demonstrated in your actions.]		
Response to Service Provided [Did the person express that they were satisfied with the outcome? If not, did they identify what would be supportive going forward?]		
Plans for Follow Up: [Next steps for the peer supporter and the person engaging in services, including date of next connection.]		

Poor Documentation Example

Date of service: Thursday	Person engaged in service: Samuel	Supporter: Justin
Location of connection (phone, email, in-person location): Support House	Collaboratively documented: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Format of service delivery: <input checked="" type="checkbox"/> One-to-one <input type="checkbox"/> Group
Intention of the connection [Consider what the person identified as a priority during your time together.] Talk about their mood.		
Support Provided [Consider which Values of Peer Support were especially relevant in your connection and how they were demonstrated in your actions.] 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 neighbour has been yelling at him to mow the lawn. I told him to listen to the neighbour, but he doesn't want to. <ul style="list-style-type: none"> • 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 express that they were satisfied with the outcome? If not, did they identify what would be supportive going forward?] Yes.		
Plans for Follow Up: [Next steps for the peer supporter and the person engaging in services, including date of next connection.] Calling later this week to see if he is getting sleep and getting things done.		

Key Observations:

Date of Service

- “Thursday” – record entire date including month and year

Location of Service

- “Support House” – record the complete address of where you are in support of safety

Not collaboratively documented

- Not individualized and includes name of neighbour – “Zach”
- Unclear
 - spelling errors – “naighbour”
 - no periods at the end of sentences
 - use of abbreviations – “SH”

Intention of Service

- vague and difficult for anyone else reading to interpret what Samuel wanted to get out of the connection

Content of Support Provided

- out of scope and not objective
- making clinical judgements and personal assumptions – “I think they likely live with undiagnosed bipolar disorder.”
- it would be best to integrate the Values in Action into what is shared about the visit.
- does not honour self-determination or indicate that the person engaged in services is directing their care
- 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 - “He is missing meals he should be having, waking up to late and needs to start looking for work”

Response to Service Provided

- “Yes.” is not detailed enough as it 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, does not indicate Samuel’s wishes, is not values-based and imposes the supporter’s personal bias

Stronger Documentation Example

Date of service: October 26, 2020	Person engaged in service: Samuel	Supporter: Justin
Location of connection (phone, email, in-person location): Street Name, City, Province	Collaboratively documented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Format of service delivery: <input checked="" type="checkbox"/> One-to-one <input type="checkbox"/> Group
<p>Intention of the connection</p> <p>[Consider what the person identified as a priority during your time together.]</p> <p>Samuel shared that he is experiencing challenges with mood fluctuations he would like to explore.</p>		
<p>Support Provided</p> <p>[Consider which Values of Peer Support were especially relevant in your connection and how they were demonstrated in your actions.]</p> <p>Samuel arrived at Support House's head office. During our conversation he 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 stated that he has been forgetting to eat, missing about 6 meals a week over the last month. Samuel also shared that when he is feeling depressed it is difficult for him to apply to jobs as he doesn't have the energy.</p> <p>Samuel identified that it would be helpful for us to explore some of the ways that he could support himself to consistently eat his meals. He decided that the option that would be most supportive to him would be to use his cell phone to set daily reminders.</p> <p>Samuel asked me what I thought he should do about the changes in his mood. I shared information about the roles of therapists and psychiatrists. I explained that their expertise may be supportive as Samuel explores the options available to him. I reminded Samuel that his health and wellness is unique to him and that he has the right to ask questions about his health. Samuel expressed interest in speaking with a psychiatrist. I provided Samuel with the contact information of the local mental health clinic so he can book an appointment.</p> <p>As we discussed some of the experiences that have been going on lately in Samuel's life, he also shared that his neighbour keeps telling him that he needs to mow his lawn. We spoke about how people can sometimes experience conflict with others. We concluded our connection exploring ways that Samuel can assert boundaries with his neighbour, and I encouraged him to express his needs in a way that feels safe and comfortable for him.</p>		
<p>Response to Service Provided</p> <p>[Did the person express that they were satisfied with the outcome? If not, did they identify what would be supportive going forward?]</p> <p>Samuel shared that he felt "lighter" after being able to discuss his experiences.</p>		
<p>Plans for Follow Up:</p> <p>[Next steps for peer supporter and person engaging in services, including next connection date.]</p> <p>At our appointment next week, Samuel and I will discuss successes or challenges around connecting with the mental health clinic and setting reminders to eat.</p>		

Key Observations:

Date and Location of Service

- Complete information was provided

Collaboratively Documented

Intention of Service

- Reflects Samuel's self-identified need and goal for the connection

Content of Support Provided

- Within scope of peer role
 - Clear use of *Values in Action*
 - Shares information about community resources if support requested is out of the scope of the peer role – “I shared information about the roles of therapists and psychiatrists. I explained that their expertise may be supportive as Samuel explores the options available to him”
- Information recorded is relevant to Samuel's care
- Person-directed and reflective of voice of the person engaging in support - “Samuel identified that it would be helpful for us to explore some of the ways that he could support himself to consistently eat his meals.”
- Strengths-based, identifying the ways that Samuel has been trying to support himself and openness to exploring other possibilities
- Language is objective and states the expressed experiences of the person engaging in support
 - “There have been times where he feels ‘really depressed’ and other times that he has ‘absurd amounts of energy.’”
 - “Samuel states that he has been forgetting to eat, missing about 6 meals a week over the last month.”
- Individualized, not including names of others outside of the person's circle of care
- No acronyms were used and attention was used to spelling and grammar in support of clarity

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

Conclusion

This resource was intended to provide considerations and examples to support skillful documentation practices. We acknowledge that there's always room for continued improvement. Documentation practices within some agencies may also be guided by tools such as the OCAN or PROM which can assist with providing structure and maintaining focus on areas identified by those engaging in services as important to them.

When it comes to documenting in ways that are aligned with the best practices in peer support it is necessary to reflect on our professional practices. The following questions may facilitate this reflection and assist you as you go forward:

- Is the voice of the person engaging in service being highlighted in our documentation?
- Have we ensured that information recorded is done objectively?
- Are we highlighting strengths and encouragers of wellness rather than emphasizing deficits and barriers to wellness?
- Have we considered whether the content of our documentation is clear and concise to support effective communication for all involved in a circle of care?
- How do we show up in someone's life authentically and how can this be reflected in documentation?
- How can we work alongside people engaging in services as partners, offering professional expertise without assuming control?
- How can we acknowledge and explore ways to mitigate the power imbalance that can exist in peer relationships, ensuring that the wishes of those engaging in support are accurately recorded in our interactions?
- How can we reflect relationship building and exploration of wellness concepts in documentation?

ADDITIONAL RESOURCES TO EXPLORE

To learn about additional learning opportunities offered by the Centre for Innovation in Peer Support, visit our [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***

External Resource

- ***Guidelines for Recovery Oriented Practice*** (from Mental Health Commission of Canada)



1-833-845-WELL (9355) Ext 390

supporthouse.ca

centreinfo@supporthouse.ca