



CENTRE FOR INNOVATION IN PEER SUPPORT

**Peer Support
Documentation Guidelines**

Version 2.1

How to Use This Resource

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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, it 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.

Documentation is completed for several reasons, including:

- Legal necessity (e.g., for court or insurance needs, ODSP, OW, etc.)
- Alignment with accreditation standards
- Using data for program planning, ensuring future offerings reflect community needs
- To assist in ongoing support across providers as individuals transition into and out of services
- To keep a record of service provided (e.g., who did what, and when)
- Accountability to those we support, to our organizations, and to 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 share concerns about privacy practices

Personal information and or personal health information included in documentation may be shared with other organizations that provide care to a person with their permission and/or by their request. It may also be shared as permitted or required by legislation and/or regulation.

This may include:

- Healthcare providers and 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)

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 support 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 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. One of the ways we can actionize the peer values of integrity, authenticity, and trust is by informing our peers about their rights, the parameters of confidentiality, the information we ask for, who it is or can be shared with, and the reason(s) for which we ask. This discussion fosters trusting and empowering relationships.

The way we speak about documentation matters. If it is presented as inherently negative, that will impact the person engaging in support and their feelings towards documentation. Instead, share the reason(s) that your organization documents in support of that person making an informed choice about if and how they share their information. Revisit these conversations throughout your relationship and be open to further discussion whenever it may be needed. Hold space for dialogue and questions.

To determine *what* a Peer Supporter documents, there are several important considerations. Guided by the practice of collaborative documentation as well as the values of self-determination and equal and empathetic relationships, Peer Supporters strive to ensure any documentation recorded is person-directed. When documentation is person-directed, it reflects the opinions and perspectives of the person engaging in support rather than the supporter. Remaining objective reinforces that this person has the right to determine what is meaningful to them in their supportive connections.

Information frequently recorded in written notes includes:

- Anything that a person identifies as relevant to their care
- Anything that is necessary for the provision of service (e.g., name, program to which they are connected, consent directives, etc.)
- Referrals to programs and services
- Significant decisions made in a person's care and the reasons for those choices
- A person's goals, needs and barriers encountered
- Attendance or participation in services
- When a person declines service
- Any service concerns
- Serious Occurrences/Significant Events – *Please see your internal policies and procedures*

It is equally important to be intentional about *how* documentation is done. Documentation should be:

- Within Scope - Our documentation is focused on the scope of practice of a Peer Supporter and our alignment with the Values of Peer Support rather than clinical judgements.
- Intentional – Information in our documentation is recorded with a purpose and is relevant to the person's care. Peer Supporters do not write a detailed transcript of everything that is said and done in an interaction. They may include specific information about what they did as a support (e.g., discussing a dimension of wellness, exploring a resource, which *Values in Action* were used, etc.).
- 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. (e.g., 'Marshall shared that he met his goal of attending his first counselling appointment yesterday' instead of 'Marshall was compliant with treatment').

- Collaborative - Peer Supporters make every effort to engage in collaborative note taking. This means the notes are created by both Peer Supporter and the 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 and concise – Peer Supporters are mindful of the amount of information included, the language used, and objectivity when documenting.
 - Notes should not include subjective assumptions, judgements or conclusions. Support any decisions you make with objective evidence and facts (e.g., Vlad shared he is injecting heroin. I provided a safer injection pamphlet which included safer practices).
 - A Peer Supporter may also opt to include less detail about specific things said, instead focusing on themes of the conversation and the Values of Peer Support that were relevant in the connection (e.g., When Vlad and I met, we spoke about safer practices related to substance use. I shared information about resources available to him that support a harm reduction approach to support. We explored possible next steps he is open to related to his wellness and how he wants to move forward.)
- Individualized – Avoid documenting the names of people not directly in the person’s circle of care (e.g., a neighbour or another person engaged with services). Some common practices include using “neighbour” or “another resident” when referring to others.
- 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

Documentation Template Example

Date of Service:	Person Engaged with Service:	Supporter:
Location of Service (phone, email, in-person location):	Collaboratively Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Delivery: <input type="checkbox"/> One-to-One <input type="checkbox"/> Group
Intention of Service - What did the person want to get out of the meeting?		
Conversation:		
Support Provided – What <i>Values in Action</i> 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 training courses this is emphasized as a way of highlighting the relationship with those engaging in support, and accountability for notes taken. 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service Delivery: <input checked="" type="checkbox"/> One-to-One <input type="checkbox"/> 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 neighbour has been yelling at him to mow the lawn. I told him to listen to the neighbour, but he doesn't want to.		
Support Provided – What <i>Values in Action</i> were utilized? <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 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”
 - Refers to Samuel as “the client” – language that may reinforce power imbalance and undermine equal and empathetic relationships
- 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service Delivery: <input checked="" type="checkbox"/> One-to-One <input type="checkbox"/> Group
Intention of Service - What did the person want to get out of the meeting? Samuel shared that he is experiencing challenges with mood changes that he would like to explore.		
Conversation: 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.” We discussed some of the impacts that this is having on him and I shared from my lived experience of how I have supported myself to navigate similar situations. After speaking about his hopes for his future and the services that are best aligned with what he wishes for himself, Samuel identified that he would like to talk to a psychiatrist. I provided the contact information of the local mental health clinic so Samuel can book an appointment.		
Support Provided – What <i>Values in Action</i> were utilized? <ul style="list-style-type: none"> • 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.		

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*
- Intentional
 - Information recorded is relevant to Samuel’s care and what he has determined is meaningful to him
- Person-Directed
 - “Samuel shared that he is experiencing challenges with mood changes that he would like to explore.”
- Strengths-Based
 - The note references exploring hope for the future and exploring supportive options that Samuel is open to
- Collaborative
 - Collaboratively documented
- Objective
 - The use of quotations is meant to show that these words come directly from Samuel’s experiences that he feels are most important to discuss rather than representing a supporter’s assumptions
- Individualized
 - Only Samuel’s name is included in his note
- Clear
 - No acronyms
 - Accurate spelling and grammar
- Response to Service Provided
 - Reflects Samuel’s perspective of the connection
- Plans for Follow-up
 - Reflects Samuel’s self-determined needs and goals

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.

Additional Resources to Explore

All programming from Support House Centre for Innovation in Peer Support is delivered through our [Learning Centre & Resource Hub](#).

The Learning Centre provides a range of opportunities, including self-directed e-learning, facilitated learning programs, consultation services, and provincial communities of practice.

The Resource Hub houses our educational toolkits, documents, and videos. Together, these resources reflect current best practice in the delivery and implementation of Peer Support across 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***

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