From Clients to Service Providers: The Workplace Learning Experience of Young Adult Peer-Support Workers

by

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Abstract

Despite the known and documented benefits of peer-support work in young adult mental health services, there is a limited understanding of the learning and development processes that young adults in these roles experience. This study explores the workplace learning experience of young adult peer-support workers in community-based mental health organizations in Toronto, Canada. Self-Determination and Situated Learning Theories guided the research design and analysis. Five semi-structured interviews with young adult peer-support workers were conducted and the data was thematically analyzed. The findings illustrate that young adults who work as peer-support workers are autonomously motivated to take on the role, learning is common through participation in communities of practice, and they develop a unique professional identity through the work. Recommendations for practice and future research are made based on these findings.
Acknowledgments

We are all social beings, and as such we all need help from others. No one human accomplishes great things alone and we all need someone to support us. Support is what this research project was about, and so I want to thank all of the people who supported me in this process.

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In turn, I hope that this thesis will support the development of the peer role, and the experience of young people who access mental health services, and who work in these roles.
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List of Acronyms

AA: Alcoholic Anonymous
BPNT: Basic Psychological Needs Theory
CoP: Community of Practice
CPS: Certified Peer Specialist
GTA: Greater Toronto Area
LPP: Legitimate Peripheral Participation
MHCC: Mental Health Commission of Canada
PLOC: Perceived Locus of Causality
PSW: Peer Support Worker
RMT: Relationship Motivation Theory
SAMHSA: Substance Abuse and Mental Health Services Administration
SDT: Self Determination Theory
SLT: Situated Learning Theory
YA: Young Adult
1. Chapter 1 Introduction

1.1. Introduction

This research project is aimed at developing a better understanding of the workplace learning experience of young adults (YA) who work as peer support workers (PSWs) in community-based mental health organizations. By applying an interpretivist social constructivist approach and an exploratory qualitative design, the study generates rich descriptions of the participants’ workplace experiences. These results are analyzed using self-determination and situated learning theories. Findings show that, while YA PSWs are autonomously motivated to take on these roles, they also experience many challenges in the workplace that impact this motivation. PSWs socially learn, grow and develop in the workplace in order to overcome some of these challenges and to maximise success in their work. This happens through meaning negotiation and informal membership in communities of practice.

1.2. Overview of the Thesis

This thesis consists of five chapters. The first, introductory chapter provides a historical overview of the development of peer-support work, and introduces the reader to the problem, the study’s purpose, research questions, and the study’s limitations. Chapter 2 takes a deep dive into the existing literature in the area of peer support and provides an overview of the two main theories that inform this study. Chapter 3 outlines the study design, methodological approach and research procedures. Chapter 4 provides a descriptive overview of the results, and chapter 5 discusses the findings, directly responds to the research questions and outlines recommendations for practice and future research.
1.3. Historical Background

According to mental health historians, peer-support in mental health services first emerged in France at the end of the 18th century. It has since re-surfaced over the decades and most significantly gained traction in a number of countries around the world since the 1990s as part of the mental health service user movement that started in the 1970s (Davidson, Bellamy, Guy, & Miller, 2012).

In North America, peer support in mental health treatment was first utilized by the American psychiatrist Harry Stack Sullivan in the 1920s. Sullivan actively recruited young men recovering from their own mental illness to work as aides in his inpatient facility in Baltimore. Sullivan’s rational was that those who had recovered from psychosis would have a better understanding of the work (Davidson et. al., 2012). Recovery at that time was mainly considered as a process of patients learning to exist with their disability and building a new life within the context of their disorder (Davidson & Strauss, 1992).

Another early and well recognized example of a peer-to-peer support program was Alcoholics Anonymous (AA), founded in 1935. AA is recognized by many authors as one of the earliest examples of this practice (Van Tosh & del Vecchio, 2000; Salzer, Whitecraft, Burns-Lynch, & Rogers, 2002). AA demonstrated the effectiveness of self-help groups in alcoholism recovery. Its success supported a new philosophy that valued peers in the recovery process and shifted some of the emphasis from the notion of medical “experts” in mental health and addictions (Ansell & Insley, 2013).

Self-help groups in the field of mental health emerged in the 1950s. Some examples include Schizophrenics Anonymous, the National Depressive and Manic-Depressive Association, GROW, and Recovery, Inc. (Salzer et al., 2002). In the 1960s, as part of a larger
civil rights movement, these groups took on an advocacy focus engaging in protests and acts of civil disobedience around the conditions in mental health facilities (Ansell & Insley, 2013).

The term “consumer” in the context of mental health services emerged in the 1970s as a result of these advocacy efforts, representing a reframe of the relationship between patient and service. This reframe shifted the focus to the client or “consumer” as the focal point of social service enterprises, as well as marked a general trend of marketization and new public management in the social services sector (McLaughlin, 2009).

At the same time, advocacy also led to the creation of the Community Support Program by the American Federal Government within the National Institute of Mental Health. It was one of the first programs that focused on engaging consumers in policy-making and program development (Ansell & Insley, 2013).

Research in this area became more popular in the 1980s and 1990s with particular efforts by the Substance Abuse and Mental Health Services Administration (SAMHSA), which funded research and programs designed to explore the effectiveness of consumer engagement in service provision and development (Ansell & Insley, 2013).

In Ontario around the same time, development in this area occurred alongside the shift towards community-based mental health services. A number of ground-breaking reports such as Towards a Shared Direction in Ontario (1987) and Building Community Supports for People (1988) facilitated this process and led to the first consumer-survivor initiatives being funded in 1991 (Ansell & Insley, 2013).

Towards the end of the 1990s, a report was released called Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999). This report marked a pivotal moment for the peer support movement in the United States. It highlighted and validated the effectiveness of peer support, stating:
Consumer organizations have had measurable impact on mental health services, legislation, and research. One of their greatest contributions has been the organization and proliferation of self-help groups and their impact on the lives of thousands of consumers of mental health services. (U.S. Department of Health and Human Services, 1999, p.95)

The advocacy efforts combined with the American federal government support and the research development in this area led to the awakening of the recovery movement which embraced a recovery-focused approach to treatment. Recovery-focused service frameworks shifted the focus from mental health professionals as “experts” towards a focus on individuals as experts in their own lives and experiences (Borg & Kristiansen, 2004, p. 494). Recovery services provided at the community level aimed to support individuals as they live, work, learn, and participate in their communities in spite of their disabilities.

In 2006, SAMHSA again played a key role in supporting the recovery movement by releasing a consensus statement on mental health recovery. In this statement, peer support was identified as a fundamental component of recovery (SAMHSA, 2006). This consensus statement identified peer support as one of 10 fundamental components of recovery. By 2012, over 30 states within the United States had formal criteria for “peer specialists” and 16 states enabled Medicaid funding for mental health services by Certified Peer Specialist (CPS) (Grant, Reinhart, Wituk, & Meissen, 2012).

In Canada, proliferation and formalization of peer support in mental health services reached a pivotal point with the launching of the Peer Project in 2010 by the Mental Health Commission of Canada (MHCC) (Peer Support Canada, n.d.). This project was aimed at transforming the mental health system in Canada through the promotion of peer support. The Peer Project engaged peer-support workers across Canada in order to learn from them and
promote peer support as an essential component of mental health services. Its main outcomes were reports such as Making the Case for Peer Support (Cyr, McKee, O’Hagan & Priest, 2016) and Guidelines for the Practice and Training of Peer Support (Sunderland, Mishkin, & the Peer Leadership Group, 2013).

In addition, the creation of Peer Support Canada led to the development of a robust certification process for Peer Supporters and Family Peer Supporters, grounded in Standards of Practice (Peer Support Canada, n.d.). Alongside this, in 2012 MHCC published a report named Changing Directions Changing Lives: The Mental Health Strategy for Canada (MHCC, 2012) that identified peer support as a priority within this strategy, recognizing it as a mechanism for improving access to services (MHCC, 2012, p. 70).

The recent proliferation of peer-support programs and practices also resulted in increased attention to this trend by researchers. However, most literature to date has looked at the adult population and focused on the clinical outcomes for clients and patients (Davidson et al., 2012; Gopalan, Lee, Harris, Acri, & Munson, 2017). Within the youth mental health sector, peer-to-peer support, as defined in the literature, is a relatively new concept. Most historical reviews of peer-to-peer support have not, to date, offered many examples of youth peer support prior to the 1990s. In more recent years there had been some development in this area, however research about youth and young adult peer-support work is still limited. This thesis is an attempt to bridge this gap in the literature.

1.4. Statement of the Problem

In its most basic form, youth peer support includes transitional-aged youth or young adult peers providing emotional support, guidance, education, and advocacy for other youth and young adults who are struggling with their mental health (Roussos, Berger, & Harrison, 2008). Peer-support work with young adults who are transitioning to adulthood is a promising practice, as
research has shown that young adults are often perceived as more credible and understanding by other young adults when compared to adult service providers (Tindall & Black, 2009), which may help to improve young adults' engagement with services and treatment (Logan & King, 2001).

Despite this promising practice for engaging transition-age youth in community mental health services, not much is known about the experience of young adults who are working as peer-support workers (Delman & Klodnick, 2017). The main literature in this area consists of a small number of qualitative research studies. These studies found that young adult peer-support workers experience much role ambiguity (Asad & Chreim, 2016); face difficulties such as poor compensation, limited employment opportunities, work stress, emotional stress, and maintaining personal wellness (Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015); and that supervision, staff support, and family support are important elements for on-the-job success for young adult peer-support workers (Delman & Klodnick, 2017).

1.5. Purpose of the Study

This exploratory research project aims to expand the limited literature on the workplace learning and professional experience of young adult peer-support workers (PSWs). It deploys an interpretivist social constructivist lens to frame the design, data collection, and data analysis of interviews of young adults who are working as PSWs in community-based organizations in Toronto.

This study centers on two dimensions of PSWs experiences. First, the study seeks to generate a greater understanding of the meaning that young adults construct around their experience working as PSWs. In other words, it aspires to understand what motivates them and the ways they integrate this work into their sense of self. Second, the study aims to understand the learning dimensions of PSWs at the workplace. I contextualize this around challenges and
problems PSWs attempt to overcome and look at their learning processes with a social constructivist lens.

Based on my extensive professional experience in this area, a plethora of community-based organizations are very interested in better understanding the experience of young adult PSWs as they look to create more of these roles and support young people's experiences and careers in these roles. I believe that the findings from this study will help support the development of the young adult PSWs role for community-based organizations and can improve the workplace and learning experience of these young people. In short, the overarching purpose of the inquiry is to generate knowledge that can inform further research efforts and practice in peer-support work geared at and led by young adults. To this end, the concluding chapter of this thesis presents a set of recommendations for each of these areas as informed by this study.

1.6. Research Questions

The following four research questions guided this project’s inquiry:

- What meaning do young adults construct around their work as peer-support workers?
- What do young adult peer-support workers learn and in what ways do they grow and develop through their work?
- How do these learnings and learning processes take place?
- What are the facilitators, drivers, and barriers of peer-support workers’ learning processes?

1.7. Limitations

Given its qualitative nature and the small sample size, the findings reported on in the following pages are not generalizable beyond the context of this study. In addition, the convenience, self-selecting sampling technique led to the development of a sample that is not
necessarily representative of the general population of young adult PSWs and therefore is limited in its ability to make conclusions about the general population. Nevertheless, the study provides an illustrative and informed window into the lived experiences and learning dynamics of PSWs in Toronto that should point to rich directions for future research and for better understanding the working dynamics of this understudied population of young adult workers in the social economy.

My own professional experience with this topic provides both a strength and a limitation for this study, as I will briefly explain next. Due to time limitations, I was not able to share and validate the results with the study participants, which is another limitation of this study. At the same time, the findings in this study were in line with the larger (although limited) literature in this area, and to this end I believe that a number of the insights that have emerged from this study can inform future studies and practice in the area of peer-support work.

1.8. Researcher’s Personal Rational

As Xu & Storr (2012) explain, in qualitative research the researcher acts as a research instrument. To this end, in order to bring more rigour to the study, it is important to make explicit my own experience in the field, and my personal and professional interest in this topic.

Since graduating from my undergraduate studies in 2013, I have worked in a variety of roles in the youth services sector in Ontario. Originally, my professional work focused on leadership development programming for newcomer youth in Peel Region. Later on, I worked in the area of social service planning, with a particular focus on developing strategies to engage young people in decision-making processes about youth services.

My most recent role with East Metro Youth Services is where I grew my interest in the topic of peer-support work for young adults. In this role, I have been part of a team that was tasked at reorganizing and transforming the system of mental health services for infants, children and youth in Toronto. My specific role was to engage young people in the planning and
development of mental health services for youth. I developed partnerships and led a number of projects to achieve this goal, and in the process became familiar with the concept and practice of peer-support work in youth and young adult mental health services.

Peer-support could be understood as the most meaningful and impactful way to engage young people in mental health service delivery. This is based on the assumption that when engaging young people in these roles, they become part of the service delivery model which then theoretically integrates their perspectives as former clients into the service. The projects I led were based on this assumption, and I had the opportunity to work directly with young adults who were trained in peer-support and supervise their volunteer work.

My interest in answering this study’s research questions emerged from these experiences. In working with these young people, I learned from them that there was much ambiguity in terms of the role and the required knowledge that they need in order to feel competent in their role of peer-support workers. I also heard from staff in organizations that employed young adults as PSWs that they did not fully know how to support young adults in these roles, nor did they understand how these roles fit within young people’s career development prospects.

To this end, my perspective on this topic is informed by both organizational views on peer-support work as well as young adults’ perspectives on this topic. I recognize that the experience I had shapes the way I see this issue and can potentially introduce biases. Throughout the research process, then, I made efforts to consciously reflect on these potential biases and looked for resonances within the literature to strengthen my findings. At the same time, I also believe that my own knowledge of this topic, which was obtained through extensive professional experience, helped me understand the issue in depth, and provided a strong foundation of knowledge, bringing rigour to this study and deepening the analysis of the findings.
2. Chapter 2 Review of Literature and Relevant Theories

2.1. Overview

This chapter provides a review of the relevant literature situating this study, as well as an overview of the theoretical framework and the two key theories that informed and guided this thesis’s data collection and interpretation. The first part of this chapter focuses on the existing literature on peer-support, with a particular focus on community-based mental health services, and the youth and young adult population. The second part describes the theoretical framework and looks at the two relevant theories that constitute this framework, which include self-determination theory and situated learning theory.

2.2. Literature Review

2.2.1. Overview

This study is building on an emerging body of knowledge in the area of peer-support work. The following is a review of the most relevant literature to date, with particular focus on peer-support work in the context of North American community-based mental health services, and with the youth and young adult population.

2.2.2. Defining Peer Support

Peer support occurs when two or more people provide support to each other around a shared problem or issue, and together work to effectively resolve the issue (Davidson et al., 1999). In mental health services, peer support is generally defined as “organised support provided by and for people with mental health problems” (O’Hagan, Cyr, McKee, & Priest, 2010, p. 42). This broad definition includes interventions of varying degrees of formality,
depending on the reciprocity of the relationship between the client and provider, as well as the standardization and structure of the practice (Davidson, Chinman, Sells, & Rowe, 2006).

The distinction between formal and informal is important since unlike informal models, where peers function individually, and with minimal interactions with other health care providers, formal models entail an interdisciplinary approach and teamwork (Asad & Chreim, 2016). Solomon (2004) identifies six categories of peer support that help frame the diversity of peer roles, and illustrate the varying degrees of formality, size, structure, and reciprocity. The categories are:

- **Self-help groups** which are the oldest form of peer support, usually created by peers for mutual support and tend to be face to face.

- **Internet support groups** provide a highly anonymous space but lack the face to face interaction. These are the most recent type as they were enabled by the emergence of digital communication media.

- **Peer-delivered services** are services provided by individuals who identify as having mental illness; the primary purpose for the individual is to help others struggling with mental illness.

- **Peer-run or -operated services** are planned, operated, administered, and evaluated by people with mental health disorders.

- **Peer partnerships** are programs that operate under the umbrella of another organization that has fiduciary responsibility.

- **Peer employees** are individuals who identify as having a mental illness and who are hired into unique peer positions or who are employed to serve in traditional mental health positions.
The dimension of formality of the peer role goes beyond how it is positioned within the organization and refers also to the formal training and therefore professionalization and certification of the role. For example, in the United States the formal role of Certified Peer Specialist (CPS) became a prominent and integral addition to the mental health field across the country in the early 2000s, mostly in community mental health centres (Grant et. al, 2012).

CPSs are defined as “people in recovery employed within the mental health system, mostly by community mental health centers, to provide support through sharing life experiences with those working toward recovery from mental illness” (Grant et al. 2012). In other situations, peers might be employed without any formal training, however they still fill a similar function and role within the organization.

2.2.3. Rationale of Peer Support and Positive Outcomes

Grant et al (2012) argue that peer support can be seen as a common human response to many situations. People tend to seek understanding from others when they feel different in many contexts, and shared experience facilitates this process and reduces the sense of loneliness and detachment. This seems to be foundational to the rationale behind the practice of peer support and its positive outcomes.

When considering the positive outcomes of this practice, the benefits could be considered from the client perspective or from the organization and workplace perspectives. It is important to remember however, that the impact of peers on service delivery is complex and multifaceted, which means that in many cases a positive outcome for the client can potentially also mean positive outcomes for the organization and vice versa. This relates to the different roles peers play within organizations and the nature of peer work, which mean that peers themselves embody both organizational and service consumer identities, sometimes simultaneously.
Some of the main evidence-supported benefits of peer-support work include increased engagement of clients with services, diversion of patients from emergency rooms and hospitals, and reduction in substance use among persons with concurrent mental health and substance use disorders (Davidson et al., 2012). Due to their unique experiences and perspectives as former clients, peers are able to engage and support clients in recovery planning in ways that other providers are usually not able to (Campbell & Leaver 2003; Dixon, Krauss, & Lehman, 1994). For example, Chapman, Blash, Mayer, & Spetz (2018) found that peers were able to establish rapport with clients more effectively than other providers and had an impact on other professionals in their team by sensitizing them to the clients’ needs and perspectives. Related to this, they also found that peers were creating a recovery-oriented culture that encourages self-disclosure and self-care for all staff.

In community mental health teams, when peers were integrated into the team, it was found that they were able to strengthen the clinical team performance by advocating on behalf of clients for client inclusion. In these cases, peers were able to help decrease clients’ symptoms, reduce hospitalization, and increase the hope and empowerment of clients (Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015; Chinman et al. 2014).

Due to the nature of peer support as a mutual process where both supporters and people receiving support are engaging and relating to their lived experience, it is important to understand the impact that these activities might have on peer supporters themselves. In addition, by virtue of their lived experience of mental health many peer supporters have been on the receiving end of peer support at some stage as part of their recovery, and so the distinction between the two populations may be blurry at times. Most research in this area focused on the outcomes of the individuals receiving support; however, a small number of studies also looked at this aspect of the practice, that is, how are peer-supporters themselves impacted by the act of providing peer-support.
In a mixed method study about the impact of providing peer support on the peer supporters, Schwartz & Sendor (1999) found a number of important outcomes. The population of the study included lay people with multiple sclerosis. Interestingly, the study found that the peer supporters achieved more positive outcomes than the individuals they were supporting. Quantitatively the researchers showed pronounced improvements in confidence, self-awareness, self-esteem, depression and role functioning. In addition, through content analysis, the researchers determined that participants articulated “a sense of dramatic change in their lives in terms of how they thought of themselves and how they related to others” (Schwartz & Sendor, 1999, p.1563).

Although there is clear evidence supporting the positive outcomes for peer supporters, there are also a number of risks and potential negative outcomes for peer support providers that are identified in the literature. These are predominantly related to the youth and young adult population and will be discussed further in the section about that population.

2.2.4. Practice Challenges

Much of the literature about peer support focuses on the benefits and outcomes of this practice, however there are several challenges related to the practice of peer support. These include challenges at the system level such as access to service and funding availability, as well as challenges at the organizational level such as organizational structure and relationships with stakeholders and other professions (Cyr et al., 2016). In addition, some studies suggest that many peers experience challenges related to their employment, training and skills development. In what follows I will rely on the report by Cyr et al. (2016) to help pinpoint the key challenge areas in peer support.

Access to peer support services refers to the knowledge and awareness about the service by people who might need it, as well as to the availability of the service within a community. Cyr
et al. (2016) indicated that only a small proportion of the people experiencing mental health challenges in Canada accessed peer-to-peer support. The report goes on to explain that many mental health professionals are still apprehensive about referring clients to peer-support services, and some would even discourage them from associating with other people with mental health challenges. This is a result of stigma and lack of awareness and understanding of the practice by professionals. In addition, the availability of peer services is limited, particularly in rural areas, which is related to the next challenge around funding (Cyr et al., 2016).

Funding for peer support services is a major challenge. In Canada, government funding for this practice is limited, and therefore for the most part funding comes from foundations and through organizational fundraising, which leads to the service being unsustainable and vulnerable (Cyr et al., 2016). One reason for this is the absence of substantial evidence-base for this practice in comparison to other clinical interventions. This is particularly felt within Indigenous communities where peer-support is seen as part of a traditional healing framework, yet it is not funded in the same way that traditional mental health services do (Cyr et al., 2016).

This could be attributed to the fact that peer support is not a licenced or regulated profession which reduces the availability of government funding through the provincial health care systems. This is in contrast to the United States, where the profession of Certified Peer Specialist (CPS) was introduced in the early 2000s, and as a result many states established mechanisms for reimbursement from Medicaid (Grant et al., 2012). Chapman et al. (2018) explains that the enablement of Medicaid billing was directly linked to the certification and professionalization of the peer role, since it was found that in order for peer providers to be included in a state Medicaid plan, providers must be trained in a state approved certification program. In Canada, this option does not exist yet.
Documentation requirements linked to funding also add to the challenges. Cyr et al. (2016) also point out that when peer work is positioned within mainstream organizations, funding becomes more secure. However, many of the funders’ reporting requirements are felt to be inappropriate or too onerous for the type of work that peer support workers do, as well as their skill set. Work by Chapman et al. (2018) explains this issue. In their interviews, respondents reported that Medicaid billing in the United States required extensive documentation which proved to be difficult for many peer supporters due to their limited computer and administrative skills and knowledge.

In addition, peer supporters reported that the time required to complete these administrative and documentation tasks negatively impacted their relationship with consumers. They go on to explain that in some cases in peer-run organizations, a decision was made to not bill Medicaid for this work as they believed it will compromise the underlying philosophy of peer support that is rooted in mutuality. It is important to note that the lack of sustainable funding has direct implications on the working conditions of peer support workers, who are mostly employed in precarious job arrangements (Cyr et al., 2016).

Organizational structure refers to the type of organizations that employ peers as well as to the role peers play within organizations. While there are still many grassroots organizations that are peer-led and run, the recent growth in this practice happened within staffed and funded initiative, and as part of an interdisciplinary approach to treatment (Cyr et al., 2016). The main challenge in terms of organizational structure is well illustrated in a Canadian national research project in this area.

In the qualitative study by Cyr et al. (2016) peers identified that they tend to prefer working in peer-led organizations, and that peers should not be placed on their own when working in mainstream agencies. This is because they believed that there are significant practice
and philosophical differences between them and the rest of the team (Cyr et al., 2016). Related to this, many peer-support workers identify challenges and power struggles with other more traditional service professionals in the team (Ahmed et al., 2015).

2.2.5. Employment related Challenges

One of the key challenges peer providers experience in terms of their employment is how *precarious, low paying and unstable peer-support work* opportunities tend to be. As Chapman et al. (2018) emphasized recently that “[p]eer providers’ wages were reported to be low in all of the states” where they conducted their research. In addition to low wages, the part-time nature of many of the peer-support work opportunities adds another level of instability. Chapman et al. (2018) explains that there are recurring factors on both the peer and the employer side that lead to the prevalence of part-time peer employment. First, many peers choose to work part-time due to their own recovery process, in addition to those that choose or are forced to maintain low pay in order not to exceed disability benefit thresholds. Second, there are limited full-time opportunities in the peer-to-peer sector, partially because of limited funding as well as a perception that employers do not want to pay benefits available to full time staff.

*Stigma at the workplace* is a key issue in the peer provider role, as many interviewees related to Chapman et al. (2018) identified in their research project. Although peer providers that work in peer-led organizations reported less difficulties in this area, peers who had to frequently interact with other more traditional service professionals reported high levels of stigma, labeling, stereotyping and discrimination. Even in cases where staff and leadership received training on the peer provider role prior to the introduction of the role in the organization, this was still an issue. Chapman et al. explain that this might be attributed to the lack of understanding of the peer role, as well as to a “fear of encroachment of traditional provider roles” (2018, p.272).
2.2.6. Success Factors

Despite the aforementioned challenges, some researchers and practitioners identified factors that contribute to successful peer-support integration. Hoyland, Moore, Sanderson, & Geraghty (2018) identified the following practices:

- intensive training and education,
- positive organizational culture,
- management and executive support within organizations,
- team acceptance (seeing peer workers as professionals and valued team members),
- clearly defined roles and responsibilities,
- a clear understanding of confidentiality and duty of care, and
- adequate support structures and professional supervision development.

Davidson et al. (2012) also identified strategies that were found to be effective in successfully introducing peer support workers in traditional mental health organizations. These include:

- Ensuring role clarity and establishing clear job descriptions.
- Involving non-peer staff and organizational leaders as well as peers themselves in developing these job descriptions, and in the hiring processes.
- Linking roles to necessary trainings, and providing professional support around these, as well as articulating and communicating the benefits and value of peers.
- Employing a minimum of two peer staff at the beginning when introducing peer work within an organization.
• Establishing a “champion” at the senior leadership level to support and advance the practice across the organization.

• Providing training and supervision to peer support workers, and investing in their professional development.

• Providing training to non-peer staff in order to build their capacity to work with peers, including education around disability and discrimination legislation, person-first approaches, and respect to all coworkers.

As can be seen from the above lists of positive factors for the successful implementation of peer support programs, beyond building the capacity of the peers themselves through training and clarity around roles and responsibilities, there are many factors that relate to the organization itself and its readiness to integrate peers into its structures.

2.2.7. Youth and Young Adult Peer Support

In recent years, within the community-based child and youth mental health sector in the United States and Canada, peer-support has been growing rapidly (Gopalan et al., 2017; Cyr et al., 2016). In its most basic form, youth peer support includes transitional aged youth or YA peers providing emotional support, guidance, education, and advocacy for other youth and YAs who are struggling with their mental health (Roussos, Berger, & Harrison, 2008).

Peer support work with YAs who are transitioning into adulthood is a promising practice as research has shown that YAs are often perceived as more credible and understanding by other YAs when compared to adult service providers (Tindall & Black, 2009), which may help to improve YA engagement with services and treatment (Logan & King, 2001).

Despite this promising practice for engaging transition-age youth in community mental health services, not much is known about the experience of young adults who are working as
peer-support workers (Delman & Klodnick, 2017). The main literature in this area consists of a small number of qualitative research studies. These studies found that YA PSWs experience much role ambiguity (Asad & Chreim, 2016), face difficulties such as poor compensation, limited employment opportunities, work stress, emotional stress, and maintaining personal wellness (Ahmed et al., 2015), and that supervision, staff support, and family support are important elements for on-the-job success for YA PSWs (Delman & Klodnick, 2017).

Risks for Youth and Young Adult Peer Supporters

Although most of the literature on youth peer support programs focus on the benefits and positive outcomes of the work, there are a small number of studies that reference potential risks to youth when they are involved in peer support (Cho, Hallfors, & Sanchez, 2005; Karakos, 2014). Cho et al. (2005) describe how clustering high-risk youth with similar histories of risky behaviours (e.g. drug use, self-harm, violence, etc.) can potentially lead to mimicking of these behaviours, as well as normalization and reinforcement. To this end, they suggest that in the high-risk contexts of peer support groups, involving education about less harmful behaviours and positive coping strategies may be useful, as without those strategies youth may interpret other group members’ risky problem behaviours as appropriate.

Similarly, Karakos (2014) conducted a study that looked at the experiences of students attending a specialized school-based recovery program. They found that while there were many positive outcomes emerging from the peer interventions, there were also some unexpected and negative outcomes. Some examples included inappropriate sharing of personal and confidential information on social media, and students neglecting their own recovery while overly focusing on their peers. In addition, although not as common as the previous, Karakos (2014) also found some evidence to suggest that some youth were initiating and sustaining more use of drugs and
alcohol. For the students receiving the supports, social outings with peers were also found to have the potential to lead to risky behaviors.

2.3. Relevant Theories

2.3.1. Overview

The approach to data collection and analysis in this study is informed by two main theories. Self-determination theory (SDT) is used to look at and explain motivation and the social environmental factors that impact motivation for YA PSWs. Situated learning theory (SLT) is used to explore and explain workplace learning processes for YA PSWs. Together, these two theories constitute the theoretical framework for this study. They provide a rich theoretical underpinning for understanding social learning, motivation and identity formation for PSWs.

As can be seen from the orientation of these two theories, I am taking a social constructivist approach to this study by placing a particular focus on the social-environmental aspects of PSWs work and learning, and the meaning they construct around the roles. This is directly linked to the nature of PSWs’ workplaces, and the subject matter of their work, which is fundamentally a social activity that involves constant interaction between workers, management and clients.

Another reason why a social constructivist approach is appropriate for this study, is the study’s focus on social learning, which is socially constructivist in nature. It is common for education scholars to approach learning with a constructivist lens, as in the core of constructivism is the assumption that as learners act and make attempts to interpret the world around them, they construct knowledge (Driscoll, 1993).

SDT explains motivation and lack of it in the workplace from a social constructivist standpoint. In other words, it helps explain why PSWs are engaged in their work by looking at
the social factors that enhanced or diminished that engagement. In this way it was helpful in framing PSWs learning goals and career development motivation. Where SDT lacks however, is in providing a conceptualization of the learning processes that are taking place in PSWs workplaces.

SLT is helpful in that regards. By applying the concepts of Community of Practice and Legitimate Peripheral Participation, I am able to analyse the learning processes that participants are describing. A constructivist learning theory such as SLT, despite its limitations, provides a framework for examining the informal workplace learning that PSWs participate in, while focusing on the creation of context for informal learning. Finally, the two theories converge around the concept of identity formation. While SDT helps clarify the meaning of professional goals and directions for PSWs, SLT explains how these goals are created and shaped by the social workplace environment.

2.3.2. Self-Determination Theory

Overview

SDT is an empirically-based macro theory of human motivation, development and wellbeing. Original work in this area dates back to the 1970s, evolving from studies that looked at intrinsic and extrinsic motivations, however the first comprehensive statement of the theory emerged in the mid 1980s (Deci & Ryan, 2008).

Grounded in social psychology, the most foundational premise of SDT is that humans are naturally inclined to progress towards psychological growth, well-being and behaviour internalization. To this end, humans act and are influenced by the environment in ways that support or impede this natural inclination towards progression (Van den Broeck, Ferris, Chang, & Rosen, 2016). SDT puts a particular emphasis on the impact that social conditions have on motivation and human development, looking at the social conditions that support or diminish
motivation by conceptualizing their impact on people’s basic psychological needs (Deci & Ryan, 2008).

The main differentiating factor between SDT and other motivational theories is that SDT focuses on the type of motivation rather than on the amount of motivation; it therefore distinguishes between autonomous motivation, controlled motivation, and amotivation (Deci & Ryan, 2008). The theory places basic or universal psychological needs for relatedness, autonomy, and competence at its core, and conceptualizes them as essential for psychological growth and well-being (Van den Broeck et al., 2016). In essence, the theory proposes that the degree to which these three psychological needs are supported or thwarted has a direct impact on the type and strength of motivation (Deci & Ryan, 2008).

Differentiating between Types of Motivation

Motivation as a concept looks at the factors that move people to take action, and therefore theories of motivation generally look at what “energizes” and “gives direction” to behaviour (Ryan & Deci, 2017, p. 10). As mentioned above, the main difference between SDT and other motivational theories is that SDT differentiates between types of motivation, while other theories primarily treat motivation as a unitary concept and look at the amount or strength of motivation rather than its type, quality, or orientation (Deci & Ryan, 2008; Ryan & Deci, 2017).

Central to this distinction between different types of motivation is the distinction between autonomous and controlled types of motivation. SDT suggests that motivation can be either autonomous – i.e., volitional and consistent with one’s desires, values and beliefs – or controlled – i.e., based on external pressures, coercion and rewards (Ryan & Deci, 2017). SDT then proposes a continuum of motivations ranging between completely autonomous and completely controlled types of motivation (Ryan & Deci, 2017).
Perceived locus of causality (PLOC) is a key concept in SDT that measures the autonomy felt by individuals with regards to an activity or behaviour, or, in other words, the reasons behind why people engage in a particular behaviour (Turban, Tan, Brown, & Sheldon, 2007). PLOC ranges from completely internally to completely externally motivated behaviours, and it may shift in response to contextual factors (Turban et al., 2007).

This concept is used in some of the sub-theories of SDT, and helps explain the cognitive processes behind behaviours, the differences between autonomous vs. controlled motivations, and how contextual factors impact perceptions of autonomy and therefore the type of motivation (Turban et al., 2007; Ryan & Deci, 2017). In addition, while SDT theorizes a relationship between PLOC and outcomes (Deci & Ryan, 2008), there is still limited research evidence to support this aspect of the theory (Turban et al., 2007).

Autonomous motivation includes both intrinsic motivation as well as some types of extrinsic motivation in which individuals have identified with the activity, and internalized or integrated its value into their own sense of self. People who are autonomously motivated tend to experience a sense of volition, and would self-endorse their actions (Deci & Ryan, 2008).

Controlled motivation is contrasted with autonomous motivation and consists of behaviours that are either externally regulated through external outcome contingencies, or introjected regulation behaviours where the regulation is internalized to a degree in which the behaviour is energized by internalized factors such as approval, shame avoidance, and contingent self-esteem. Individuals who are controlled would feel pressured to act, behave or think in certain ways (Deci & Ryan, 2008).

Both of these types of motivation impact behaviour and lead to individuals taking actions and behaving in certain ways. They are both contrasted by amotivation, which is defined as the lack or absence of motivation (Deci & Ryan, 2008). There is ample evidence that suggests that
autonomous and controlled motivation lead to different outcomes. Autonomous motivation tends to lead to improved performance with heuristic type of activities and improved psychological health. In addition, when people are autonomously motivated, they are more likely to persist with a behaviour in the long-run (Deci & Ryan, 2008).

SDT Sub Theories

SDT is considered a macro-theory. It is understood to consist additional sub-theories, including: cognitive evaluation theory, organismic integration theory, causality orientations theory, basic psychological needs theory, goal contents theory, and relationship motivation theory (Ryan & Deci, 2017). This study primarily focused on basic psychological needs theory and relationship motivation theory. To this end, the following is a description of these two theories, followed by a brief overview of the other four theories.

Basic Psychological Needs Theory (BPNT) suggests that there are three basic psychological needs, including autonomy, competence, and relatedness. Satisfaction of these three needs is essential for optimal development, integrity and well-being, while failing to satisfy these leads to diminished growth and integrity, and therefore diminished well-being.

BPNT also suggests that satisfaction and frustration of these needs varies over time, context and people, however consistently variations in need satisfaction and frustration lead to variations in well-being. This is true even when people do not explicitly desire or value these needs, and across socio cultural contexts. BPNT also goes on to discuss deficit-based needs, vitality, and mindfulness in relation to well-being outcomes (Ryan & Deci, 2017). The following is a definition of the three psychological needs:

- **Autonomy** is defined in SDT as the need that individuals have to feel a sense of ownership over their behaviour, as well as to feel psychological freedom (Deci & Ryan, 2000). This need is directly linked to the concept of perceived locus of causality as
mentioned above in terms of one’s perception of the nature of origin of their behaviour (Van den Broeck et al., 2016).

- **Competence** is defined in SDT as the need to feel able to master one’s environment and develop skills. SDT views this need as inherent to people’s behaviour as they explore and manipulate their environment (Van den Broeck et al., 2016).

- **Relatedness** is defined in SDT as the need to feel connected to others, to love and care for others as well as to be loved and cared for. This need is satisfied when people feel part of a group or community and develop close relationships (Van den Broeck et al., 2016).

*Relationships Motivation Theory (RMT)* Focuses on the quality of close relationships and their consequences, and the relationship between the need for relatedness and autonomy. RMT suggests that people are inclined to develop and maintain close relationships due to the need for relatedness. It also suggests that the level of autonomy or choice in terms of engaging in the relationship impacts the level of sense of relatedness one feels as a result of the relationship. Similarly, the perceived level of autonomy of the other person to engage in the relationship also impacts one’s sense of relatedness. In addition, RMT suggests that both giving and receiving autonomy support from others facilitates need satisfaction in individuals, however turning autonomy and relatedness against each other leads to negative well-being outcomes (Ryan & Deci, 2017).

To fully understand SDT, it is important to look at all six theories that comprise the macro theory. To this end, the following is a brief description of each of the other four mini-theories that comprise SDT:

- **Cognitive Evaluation Theory (CET)** suggests that intrinsic motivation is impacted by external rewards and punishments. Foundational to this theory is the idea that the
interpretation of external events by individuals predict the impact of these events on intrinsic motivation (Ryan & Deci, 2017).

- **Organismic Integration Theory** focuses on extrinsic motivation and describes people’s inherent tendency to socially assimilate. Organismic Integration Theory looks at how external regulations can be integrated to different degrees, and therefore could be considered as autonomously motivated behaviors (Ryan & Deci, 2017).

- **Causality Orientations Theory** represents a shift in focus from the social context regarding motivation to individual characteristics and tendencies. At its core, Causality Orientations Theory positions the concept of general causality orientation, and identifies three types of causality orientations: Autonomous, controlled, and impersonal. (Ryan & Deci, 2017).

- **Goal Contents Theory** focuses on the type of goals people set for themselves and pursue. It is different from the other mini-theories since while the other mini-theories focus on the motivation behind the goals, Goal Contents Theory focuses on the goal content (Ryan & Deci, 2017).

**SDT in this Study**

In this study SDT is used to explain the meaning that PSWs construct around their roles, and the aspects of the workplace’s social environment that support motivation vs. the ones that negatively impact it. By applying BPNT to the results I am able to generate clear conceptualizations of how each of the three basic psychological needs is impacted by social interaction at the workplace, and the meaning that PSWs are constructing around the satisfaction and thwarting of each of the needs.

In addition, the concept of PLOC is used to explain shift in motivation from a cognitive perspective. It is used as an analytical tool to examine how the internalization of external events
impacts the sense of autonomy PSWs feel at work. Finally, RMT is applied to the results in order to explain motivation in a couple of ways. First, I look at the relational aspect of peer-support work, and apply RMT to explain the meaning that PSWs construct around the work from this standpoint. Additionally, I look at the relationships between PSWs in the context of their participation in CoPs. RMT helps explain why PSWs participate in CoPs from a relatedness need satisfaction standpoint.

2.3.3. Situated Learning Theory

Overview

Situated learning theory (SLT) emerged from the literature on apprenticeship and social learning theories. The theory originally came to explain the learning that happens in the context of apprenticeships, taking a social approach rather than a cognitive one. SLT’s social focus goes beyond the master-apprentice relationship and looks at the entire social environment as the context of learning (Patel, 2018). SLT was first developed in the late 1980s and presented in the early 1990s in Lave & Wenger’s book Situated Learning: Legitimate Peripheral Participation (1991). Over the years, it has gained much scholarly attention in the fields of adult and workplace learning and was further developed by the original authors (Li et al., 2009).

SLT takes a socially constructivist approach that conceptualizes learning as a social process, and knowledge formation as the product of co-construction, negotiation, and renegotiation of meaning that is situated within a particular social and physical environment (Lave & Wegener, 1991). SLT departs from cognitive learning theories by stressing that learning is not merely an internalized or individualized process that takes place within a salient mind, rather it is a socially situated practice that is a result of dynamics between the individual’s agency, activities and the environment in which all of these operate in (Lave & Wegener, 1991).
Lave and Wenger (1991) also argue that all activity is situated, and that learning is always affected by how the learner is situated in relation to learning, practice and in relation to other learners in terms of engagement and relationships (Patel, 2018). Looking at learning from this social perspective helps demonstrate that learning is a social practice that requires interaction and participation. To further explain what a social analytical approach to learning means, Wenger (1998) suggests four components of a social theory of learning:

- **Meaning**: Describes how our ability to meaningfully experience the world changes through learning.
- **Practice**: Describes how social structures sustain mutual engagement.
- **Community**: Describes the social frameworks that define values and goals and that we participate in during the learning process.
- **Identity**: Describes how who we are changes through the process of learning.

These four components are highly interconnected and help define one another, and the term *community of practice* brings all of them together. In essence, what these four components help conceptualize is how, through the learning process, a person is defined and develops identity in relation and through interaction with one’s community, its values and meaning (Lave & Wenger, 1991).

**Communities of Practice**

In SLT, learning is conceptualized as taking place within *communities of practice* (CoP). Wenger (1998) explains that CoPs in the context of SLT go much beyond the common use of the term as a formalized or organized group. He goes on to explain that in SLT CoPs are integral to our lives, they are everywhere, and they include families, groups of workers, networks of children in schools, and so on. In his 1998 book, Wenger explains the concept of CoP as an
analytical tool. From this perspective, CoP participants might not even be aware of their participation in the CoP. Thus, Wenger suggests a set of 14 indicators that show when a CoP has formed:

1. Sustained mutual relationships – harmonious or conflictual;
2. Shared ways of engaging in doing things together;
3. The rapid flow of information and propagation of innovation;
4. Absence of introductory preambles, as if conversations and interactions were merely the continuation of an ongoing process;
5. Very quick setup of a problem to be discussed;
6. Substantial overlap in participants’ descriptions of who belongs;
7. Knowing what others know, what they can do, and how they can contribute to an enterprise;
8. Mutually defining identities;
9. The ability to assess the appropriateness of actions and products;
10. Specific tools, representations, and other artefacts;
11. Local lore, shared stories, inside jokes, knowing laughter;
12. Jargon and shortcuts to communication, as well as the ease of producing new ones;
13. Certain styles recognized as displaying membership; and

While these indicators are helpful in defining the concept of CoPs, Li et al. (2008) argue that, despite these comprehensive indicators, the concept is still open to different interpretations
and is hard to define. In addition, they argue that these are not validated measures and therefore results from research that used these are hard to interpret (Li et al. 2008). At the same time, as an analytical tool, the concept of CoP is helpful in defining the social context in which learning takes place, which is how I have deployed SLT in this study. CoP, in turn, connects with the other important concept in SLT: legitimate peripheral participation.

Legitimate Peripheral Participation

Legitimate peripheral participation (LPP) is the process of learning as defined within SLT. LPP conceptualizes learners as newcomers to the CoP who progressively gain experience and access to increasingly meaningful activities that are more central to the community. Through this process learners become part of the community and they grow a sense of belonging to it.

Understanding learning from a participation standpoint means that learning is not just a condition for being part of the CoP, rather it guides the membership itself, which evolves over time (Lave & Wenger, 1991). In other words, learning is in itself the process of participating in the CoP, and one’s membership in the CoP and their identification with it evolves in response to individuals’ participation and learning.

Patel (2018) explains that the tasks that novices are assigned to in the early stages of their participation are generally more peripheral and less important for the community, however they are nonetheless real tasks. As novices learn the skills that are necessary for the performance of more complex tasks, they transition away from the periphery and into full participation. This again highlights the main argument in SLT which is that learning is not merely the individual acquisition of knowledge, rather it is a process of social participation.
Identity Formation

The process of learning is therefore understood as an active and ongoing identity shaping and reshaping process, in which by making meaningful contributions to the community novices become more skilled, motivated and empowered, eventually becoming community experts (Lave & Wenger, 1991). The transformation of an individuals’ identity from novice to expert is the manifestation of the learning process within the CoP. It is, for instance, with this process that Lave & Wenger explain the formation of a professional identity, recognized and legitimized by the community. Lave & Wenger (1991) argue that in the social participation process a person is being defined by the social relations they engage in, as well as defining those relationships. As a result, “learning thus implies becoming a different person with respect to the possibilities enabled by these systems of relations” (p.53).

SLT in this Study

In this study SLT is used to conceptualize the learning processes that takes place in PSWs’ workplaces. The concept of CoPs is used as analytical tool to frame the social context in which learning is taking place for PSWs, while LPP is used to describe how skills are developed through PSWs increasing participation in complex tasks. Using these two concepts together is very useful in explaining how learning is shaping the professional identities of PSWs through the work that they do and through the social environment in which this works takes place in.

2.4. Summary of Chapter 2

This study is situated within the growing body of knowledge in the area of peer support. As can be seen, although there is some research and literature in this area there is a need to continue to explore and theorize around the workplace experience of PSWs, especially within the youth and young adult population. This is important not only from an academic standpoint, but
also from a practice standpoint as the role of peers in mental health services is expected to grow and develop.

Self-determination theory and situated learning theory constitute the theoretical framework for this study. These two theories guide the analysis and the overall theoretical approach of this study, articulating my social constructivist perspective on the experience of YA PSWs. The discussion in this chapter has provided a review of the key characteristics of these theories, and an explanation of the key arguments that these theories make as well as an explanation of how these were applied in this study.
3. Chapter 3 Research Design

3.1. Methodological Approach

In the design of this study I take an interpretive social constructivist approach. In a social constructivist paradigm research is aimed at interpreting and better understanding the subjective meaning that individuals construct around their experiences (Creswell & Poth, 2016, p.24). This approach is informing the research questions, data collection, and data analysis.

In social constructivist research, the researcher looks at the complexity of meanings that are created through social interactions (Creswell & Poth, 2016, p. 24). To this end, the research questions in this study focus on meaning construction and experiences as constructed by and from the peer supporter perspectives. In addition, the one-on-one interview method, and the semi-structured interview guide allow for complex meanings to emerge and be explored.

Data analysis is also informed by this theoretical approach, and therefore an inductive-deductive thematic analysis is utilized. The inductive approach suites the open-ended approach to data collection and is helpful in allowing for themes to emerge from the data. This is in line with the social constructivist approach that grounds the theoretical orientation in the views and perspectives of the research participants (Creswell & Poth, 2016, p. 25). To help relate the data to theory, I follow up with a deductive approach that is utilized during the later stages of the data analysis process.

3.2. Overview of Study Design

In this study, my goal is to explore how young adults in peer support worker roles construct meaning around their work, what they learn in their workplaces, and how this learning takes place. In order to achieve this, I deploy a qualitative exploratory research design that includes face-to-face interviews with individual Young Adult Peer-Support Workers between the
ages 18 and 29. A qualitative exploratory research design is appropriate when the goal of research is to explain a complex experience that cannot be easily measured (Creswell & Poth, 2016).

Verbal, semi-structured interviews were conducted using an interview guide containing open ended questions. In addition, a short paper-based demographic questionnaire with closed ended questions was administered at the beginning of the interview. The interview guide was utilized to ensure some consistency in data collection which then facilitated coding during the data analysis phase. Following each interview, the recordings were transcribed verbatim, and the data was analysed using a structured inductive-deductive thematic analysis methodology.

3.3. Procedures and Methods

3.3.1. Sample and Population

The target population of this study included young adults between the ages of 18-29 who were employed as peer-support workers (PSWs) at a group of community-based mental health organization in the Greater Toronto Area (GTA).

The sampling technique for this research project was convenience self-selecting sampling, whereby individuals who received the promotional material (i.e. recruitment flier) (Appendix A) contacted the researcher via email if they were interested in participating. The anticipated sample size was 5-8 participants, however due to challenges in recruitment only 5 participants were recruited. This sampling technique and size was appropriate considering the limited resources that were available for this small research project, and it was anticipated that 5-8 interviews will be sufficient to achieve data saturation.

In addition, if more than 8 individuals were to be interested in participating, a stratified purposeful sampling technique would have been deployed to ensure adequate representation.
This would have included selecting an equal number of male and female identifying individuals, an equal number of participants who are in the age range of 18-24 and 25-29, as well as recruiting participants from a variety of organizations across the Greater Toronto Area.

**Inclusion Criteria**

To be included in this research project, participants had to meet all of the following criteria:

- be between the ages 18-29 at the time of the interview;
- have been employed as a PSW in a community-based youth mental health organization for at least 3 months at the time of the interview;
- are willing to give written informed consent to participate in the study; and
- are interested in reflecting on their experiences of providing peer-support services and working as Peer-Support Workers.

**Exclusion Criteria**

Any individuals who met any of the following criteria were excluded from participating in this research study:

- outside of the age range of 18-29 (i.e. younger than 18 or over than 29 years old);
- refuse to give informed consent; and
- individuals who were working outside of the Greater Toronto Area.

Moreover, all participants were required to provide written informed consent before data collection began. No personally identifiable information was collected.
3.3.2. Recruitment and Screening

As a professional working in the child and youth mental health sector in Toronto, I had an existing relationship with a large number of professionals who work in the community-based child and youth mental health sector in Ontario. This network was utilized for disseminating the recruitment information and reaching potential participants. The recruitment of participants occurred via an email correspondence (Appendix B) that was sent to employees in community-based mental health organizations in the Greater Toronto Area. Employees were asked to share this information with potential participants who met the inclusion criteria. An information flyer (Appendix A) and informed consent form (Appendix C) were attached to the recruitment email.

Potential participants who were interested in participating used the contact information on the flyer to contact me, the investigator, via email. Following this first contact, I, the investigator, confirmed that the interested individuals met the inclusion criteria. Individuals that were deemed eligible were provided with options in terms of a time, date, and location for the interview and based on their availability and preference a time and location outside of the participants organization was set and an email confirmation was sent to the participant containing this information.

3.3.3. Interviews

At the beginning of each interview a short demographic questionnaire (Appendix D) was administered. This was meant to obtain information about the participant’s age, gender identity, length of time on the job and the type or organization they were working for. Following completion of the demographic questionnaire and signing of the informed consent forms a semi-structured formal interview began.

All interviews were audio recorded with the permission of the participant. Interviews lasted between roughly 25 minutes to just over an hour. A semi-structured interview format with
an interview guide (Appendix E) was utilized to ensure that all of the research questions were addressed, while allowing for unexpected themes to emerge. A one-on-one interview process outside of the employer organization was implemented so that the interviewees had the freedom to express their thoughts comfortably without the influence of other staff or other PSWs. This data collection method was appropriate for the qualitative exploratory and experiential nature of this study. Interviews took place at a private meeting room at the University of Toronto library. Participants were given the option to choose another location, but this location allowed for private conversations to take place and was the preference of all participants.

3.3.4. Transcription

After the completion of all 5 interviews and prior to data analysis, all of the interview recordings were transcribed verbatim. I, the principle investigator, used an online software with appropriate privacy policy to generate an initial transcript, and then listened to the recording while going over the transcript line by line and correcting any spelling or punctuation errors, or mis-transcribed words. The process of transcription was also useful for a first run of data analysis, and I took preliminary notes during this stage and started identifying themes and trends that were then further explored in the data analysis phase.

3.3.5. Data Analysis

Data analysis occurred via a thematic inductive-deductive coding approach whereby inductive threads were originally identified. Using verbatim transcription makes this process of data analysis effective and accurate (Stuckey, 2014). Deductive themes were then developed, informed by the relevant literature. The inductive-deductive approach allowed for unanticipated themes to emerge from the data thus adding further depth to the study, while still relating the final themes to the relevant literature and theories.
Following data collection, I transcribed verbatim and coded all interviews using Nvivo. I used Braun & Clarke’s (2006) six step framework for thematic data analysis to guide this process, as well as Maguire & Delahunt’s (2017) step-by-step guide for more practical guidance on each step. The objective of this type of analysis was to identify themes or patterns in the qualitative data that were important, relevant or interesting, and that contributed to answering the research questions (Maguire & Delahunt, 2017).

The first step was to immerse myself in the data. This included reading and re-reading the data transcripts, and looking for patterns, stories and narratives. The transcription process was also helpful in this stage as it gave me an opportunity to listen and become more acquainted with the elements of the interview that cannot be captured in the transcripts, such as pauses, sighs, and emotional expressions. Following transcription, I read through each of the transcripts two additional times. During these readings, I took notes that informed my subsequent steps.

Following immersion in the data, the second step was to establish initial codes. At this point I already established some sense of the themes emerging in the data and that began to answer my research questions (Braun & Clarke, 2006). Since I meaningfully took a data-driven approach to the data analysis (vs. a theory driven approach), I then conducted line-by-line inductive coding and coded every single line (Braun & Clarke, 2006). This stage represented the inductive aspect of the inductive-deductive method that was utilized. Original codes that emerged in this stage included: forming a career direction, helping others, things that PSWs learn, issues with management, and challenges with administrative work, among others.

In the third step, I arrived at a substantial list of codes and I was searching for themes within them. I used a number of techniques such as drafting mind maps and organizing and reorganizing codes and themes into tables (Braun & Clarke, 2006). At this stage I still used an inductive approach to ensure that I was not ignoring or eliminating important themes that might
not be clearly linked to the literature or established theories. The themes that emerged at this stage were generally broad and required additional refinement.

The fourth step included reviewing each of the themes and its associated codes, and deductively aligning these with the relevant theories. In this study I used two main theories: Ryan & Deci’s *self-determination theory* (SDT) (2017) and Lave & Wenger’s *situated learning theory* (1991). Depending on each of the theories, the final themes were either directly linked to a component of the theory (e.g. challenges to autonomy, relatedness and competence in the case of SDT), or they were informed by the theory. As a result of this step, a number of the themes that were identified in the previous stage were then eliminated, and others were refined. In preparation for the next step, each theme was then reviewed and codes that did not fit the theme at this point were removed.

The fifth step consisted of defining the themes and their names (Braun & Clarke, 2006). This stage was meant to help identify the essence of each theme and clearly explain what meaning it holds (Braun & Clarke, 2006).

The sixth and final step was to write up the report. I used the same general structure of theme construction to present the results, which can be found in Chapter 4.

3.4. Study Rigour

As Braun & Clarke (2006) explain, one of the main criticisms of qualitative research is the perception that “anything goes” in the data analysis process. To mitigate for this, ensuring rigour and validity in this study was done by following a structured and systematic process for data analysis, as outlined above. In addition to the structured thematic analysis process, and to offset issues arising from the small sample size, each of the identified themes had to meet a majority of cases criteria. In other words, for my study, in order for a theme to be identified it had to include coded data from at least 60% of the cases (i.e., interviewees). In terms of finding
validity, the findings from this research project are complementary with the existing literature in this area as described in the literature review and discussion chapters. Finally, the researcher’s own experience as described in chapter 1 provides a strong reference point that strengthens the findings and increases their validity.
4. Chapter 4 Results

4.1. Overview

This chapter provides an overview of the results from this study. It includes a summary of the demographic characteristics of the sample’s participants as well as a descriptive analytical breakdown of the results from the thematic data analysis that was explained in the previous chapter.

4.2. Participants

A total of five participants were recruited for this research project. Recruitment proved to be challenging since as it stands, there are only a few organizations in the GTA that are employing young adults in paid peer support roles in community mental health settings. To this end, I was not able to achieve the recruitment target of 8 participants. Despite the small sample, common themes already emerged within the 5 interviews that took place that provided enough reliable data to answer the research questions and enable deductive analysis, develop themes, and suggest future research (see Chapter 5). In addition, as the table below shows, the distribution of age and gender identity was limited with most participants being in their early-mid 20s, and almost all but one participant identified as female. All participants came from organizations that are located in the City of Toronto, and that provide youth/young adult community-based mental health services.

<table>
<thead>
<tr>
<th>Participant number</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender Identity</th>
<th>Length of time as PSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>501</td>
<td>Jermain</td>
<td>24</td>
<td>Trans Man</td>
<td>4 Months</td>
</tr>
<tr>
<td>502</td>
<td>Antonia</td>
<td>22</td>
<td>Female</td>
<td>1.5 Years</td>
</tr>
<tr>
<td>503</td>
<td>Allison</td>
<td>24</td>
<td>Female</td>
<td>5 Years</td>
</tr>
<tr>
<td>504</td>
<td>Jasmin</td>
<td>25</td>
<td>Female</td>
<td>3.5 Years</td>
</tr>
<tr>
<td>505</td>
<td>Michelle</td>
<td>29</td>
<td>Female</td>
<td>1.5 Years</td>
</tr>
</tbody>
</table>

Table 1: Participants’ Demographic Information
4.3. Results of Thematic Analysis

4.3.1. Overview

The thematic analysis of the interviews led to the emergence of a number of themes and sub themes that were organized into four major parent themes: *autonomous motivation*, *workplace challenges*, *growth and development*, and *workplace learning*. Each of these four themes includes a number of sub-themes that were further developed and defined using the relevant theories for this research project.

4.3.2. Autonomous Motivation

The theme of *autonomous motivation* emerged from PSWs responses to questions about what motivates them to take on the PSW role, and what they like about peer support work. As described earlier in Chapter 2, autonomous motivation includes both intrinsic motivation, as well as internalized extrinsic motivation in which individuals have identified with the activity and internalized or integrated its value into their own sense of self. People who are autonomously motivated tend to experience a sense of volition, and would self-endorse their actions (Deci & Ryan, 2008).

The most common motivator that was brought up by all of the participants was the idea of helping others. Helping others was the major reason why PSWs took on this role, and it was tied to their sense of self and meaning by satisfying some or all of their basic psychological needs, with different participants exemplifying different need satisfactions.

To better understand this, it is important to look at what helping others meant for the different participants. Some of the participants conceive of themselves as change makers at the macro level, focusing on changing systems and services and making them better. These participants highlighted that right now systems and services are not “good enough”, or that they
are “mainstream” and that peer work offers a better alternative. For these participants then, helping others meant challenging the status quo in a way that aligned with what they believed to be “better”. This is a good example of how this work might satisfy their need for autonomy. As one participant said:

*I think the motivation right now is just ripping apart what's been done and saying we can do it better because I think what's been done so far, it's good, but it's not great.* (Jasmin)

For others the notion of helping others was directed more towards the micro level and focused on the one-on-one help they provided to clients and the rewarding feelings and satisfaction that came from seeing someone doing better, or from the gratitude expressed by their clients. In addition, for a number of the participants helping others also meant helping oneself. These participants described a sense of role modeling or accountability towards their clients, which in turn meant that they needed to maintain their own mental health in order to support others. This related to both their need to feel competent at work, but also their need of relatedness.

*S*o when I have my low days and stuff, like I'll have my days where I just don't even feel like working and not talking to people. There are those days, but what motivates me is that I'm sure I'll take that break for myself because if I'm not at the best, I'm not going to help serve the client either. So I take that break for myself and then I go back and, the clients also motivate me to lift myself up [so that I can] reevaluate the thing that's happening in my own life as well. So that motivates me. (Antonia)

Regardless of the PSW workers I interviewed being motivated by contributing to social change at the micro or macro levels, participants frequently tied their own experience with systems and services to the work they do. They positioned this experience as both a motivator to do the work, as well as a tool that they drew on while working with clients:
I mean, I like helping people and I really like being able to use my own experiences and sort of knowing the things that I might've needed in a moment of crisis or distress to be able to support other people through their difficulties. (Allison)

Demonstrated in the quote above, when thinking about their experience as a tool in their work, peers are constructing a notion of competence in terms of their ability to help others. This notion of competence is important and was underpinning many aspects of PSWs work and motivation as its absence meant that peers felt like they did not have much to offer to their workplaces and clients, and it negatively impacted their motivation. The following quote illustrates this well:

Early on I didn't feel a sense that I was needed, probably because ... I was just early in the position and I saw other people, you know, I was always working and someone else was on the line at the same time. Um, and I, to be honest, had some thoughts about quitting just because I felt like I wasn't needed. Um, and I felt a little bit less motivation there. Um, but once I understood that my presence was valued, that ultimately was the biggest motivating factor. And I don't feel any desire to leave the position right now that I know that I am needed there. (Jermain)

In addition to helping others, a number of other motivating factors were mentioned by PSWs, however not as frequently. These mostly fell within the internalized extrinsic motivators category and included more material outcomes such as gaining experience, making money, and setting themselves up for the future. Important to note that neither of these were identified as the primary motivator, and they were always mentioned in combination with the notion of helping others.

In summary, PSWs’ experience much autonomous motivation to take on the role and do the work. This motivation emerges from the notion of helping others, although this means
different things for different PSWs. At the same time, regardless of the focus of their work, PSWs described helping others in ways that tie it to their own sense of self, and their comments illustrate how this work helps in satisfying their basic psychological needs.

4.3.3. Workplace Challenges

A major area of discussion during interviews centred around the challenges that peers experience in their workplace, particularly but not only at the beginning of their employment. As a result, a number of challenges emerged as themes during analysis.

PSWs’ Own Mental Health at Work

Inherent to the PSW role is the peers’ past experience facing mental health challenges and accessing mental health services. While for the most part taking on this role would have likely meant not receiving service at the organization where they work, their own mental health continued to be a major focus in their own life in general, and in particular in their work. Reflective of this, the theme of PSWs’ own mental health emerged. This theme includes comments that describe challenges that PSWs experience in relation to their own mental health. It included situations where the work negatively impacted their mental health as well as situations where their mental health impacted their perceived performance at work.

Most common within this theme was the idea that PSWs get triggered or otherwise negatively impacted by the work that they do with clients. The term triggering in this case entails having an intense emotional reaction to something that comes up during PSWs work as it reminds them or “triggers” a difficult memory. PSWs described situations in which a conversation with a client might have led to a PSW being triggered within the space, or a situation where they would take the traumatic experience of the client out of the workplace with them as illustrated by the following comment:
The other thing I wanted to touch upon was the challenge about leaving what was heard in that space and not bringing it with me. So, like there was a lot of like serious topics that would come out in like sessions with clients where it would really like impact me because I would continue to think about it, cause it's really like traumatic for them, but then it also brings trauma in the space that I'm in. (Antonia)

PSWs also explained, then, that self-care and managing one’s own mental health was an important part of the work itself, and they would discuss this with their PSW colleagues and supervisors, including how to become better at dealing with past or current issues the PSWs still face and in practices of self-care. This is interesting as it suggests that PSWs’ ability to self-care and maintain good mental health is a needed skill for the role, and that it is tied to the notion of competence and therefore to their motivation and even work safety.

On the other side of this, participants described situations when they could not perform the work because they were struggling with their own mental health. Some of them described a sense of guilt for not being able to meet their commitments and letting someone down. This challenge could also be compounded with PSWs sense that their mental health is stigmatized at work. Although in this study only a small number of the interviewees described workplace stigma, Chapman et al. (2018) showed in their research, that many PSWs felt stigmatized by their clinically trained colleagues.

Disagreement with Management, Clinicians and Organizational Values

To fully understand this theme, it is important to consider the workplace context in which PSWs who participated in this study work in. All of the participants were working as PSWs in community-based mental health organizations that mostly employed clinically trained staff (i.e. ‘clinicians’) as part of their service delivery model. In these workplaces, PSWs tend to be only a small portion of the workforce. Many participants made comments that expressed disconnect,
distrust and frustration with management and clinicians specifically, and more broadly with the organizational values and culture. Participants' comments in this area ranged between general views about not connecting with management or clinical staff, to specific comments that expressed real frustration and disappointment with the decisions that management was making and with the organization’s decision-making processes in which they believed they should have been part of but were commonly not included. As one participant explains:

_There have been plenty of decisions made without consulting the peer team in ways that affect the peer team directly. And I'm seeing that the principles of codesign aren't being embraced and in the ways that you would hope._ (Jermain)

For some of the peers this was simply the nature of working within any organization, while for others this was a result of a divergent philosophical view on the work between PSWs and the rest of the organization. Underpinning this disconnect was the perceived notion that PSWs’ values, philosophies and ways to approach the work were different than those of management, clinical staff and the rest of the organization. The following comment summarizes this:

_Especially like, because I think my values as a peer supporter are sometimes different than clinical clinicians’ values or the values of an organization in general._ (Allison)

In addition to different values, participants mentioned power differences with the clinical staff, and described by the study’s participants in terms of a hierarchy in which peers were at the bottom. These comments were also accompanied by a sense of devaluing of peer work when compared to clinical work. The following comment demonstrates this well:

_I feel like there's this hierarchy when it comes to organizations and peer-support workers. So, you have the social workers and like the counselors who are like up on the top but then I feel like peer support workers kind of fall on the lower line. Uh, and even_
clients sometimes see it that way where we don't have … the credentials for that sort of work. (Antonia)

These findings were consistent with the findings from the Canadian National Research project in this area that found that PSWs reported practice and philosophical differences between them and the rest of the clinical teams in their workplaces (Cyr et al., 2016).

Challenges with Administrative work and Institutional Processes

When talking about their work and workplaces, a common challenge that participants identified related to difficulties they had with completing administrative work or with understanding institutional processes. Within that, human resources was a major source of frustration for PSWs who very often did not understand the lingo and terminology that was used by other staff and management. Some examples to this include challenges with completing timesheets, understanding what “lieu time” means, or not understanding their employment contract. The following comment from Jermain illustrates this well:

I'm experiencing some challenges around a certain language that is used within this environment that I don't, um, I don't know what lieu time means. I don't, and I have kind of tried to ask, and it, if it was explained to me, it didn't sink in. Um, and I don't know what full time equivalency actually means. And a lot of these other kind of technical, I would call them, like officey terminology that I would have no reason to know this already. I would have no reason to kinda coming into this situation, know what any of this means. (Jermain)

These findings, as well, were consistent with the findings from the Canadian National Research Project (Cyr et al., 2016).
Lack of Preparation

Almost all of the participants described a sense of being unprepared when they started the role. Although some of them received peer-support training within their organization or elsewhere, they consistently described a sense of missing clarity and feeling confused by the work, as can be seen in the following comment:

_I think when I first started, um, one of the main challenges was navigating a system that I was new to and just trying to figure out where everything was and how it worked and um, also not knowing what I was allowed to do and what I was not allowed to do. The boundaries were very unclear about that, which, you know, that can be tricky._ (Jasmin)

This sub-theme of lack of preparation also relates to the previous one concerning challenges with institutional work and processes. It seemed like for some of the participants the lack of preparation and training related directly to the administrative side of the work. For example, one participant described a situation where they needed to complete time-sheets in order to receive their pay, however no clear instructions were given to them about it in advance, which led to them having to go back and create timesheets for periods they were already supposed to be paid for. In this situation, like in many others as will be discussed later, the participants eventually learned about this informally from their other more experienced PSW colleagues.

4.3.4. Growth and Development

Participants were asked about things that they learned, and changes that they have seen in themselves since taking on the PSW role. Their responses were consistently positive and pointed at three well-defined areas of growth and development: _skills development, increase in confidence, and forming a career direction._ As can be seen from these three sub-themes, growth and development was primarily described in terms of vocational growth, however in many cases
this growth extended well beyond the workplace, pointing at broader identity formation. The emergence of the overarching theme of *growth and development* is a reflection of the interconnectedness of the three sub-themes and is best illustrated in the following comment:

*In doing this work I am recognizing that like, I have a voice and that my experiences and my story relates and resonates with other people and feeling now like this is like a path that I can continue working in. Um, that feels good, that feels fulfilling.* (Michelle)

The comment above illustrates the full extent of development that was described by participants. It depicts a sense of growth in abilities, empowerment and self-confidence, and the development of a vocational path that is motivated by those aspects of development. In SDT terms, the satisfaction of the competence and relatedness needs is motivating participants to develop a career in this area.

**Skills Development**

Participants provided many examples for areas in which they built skills and developed their professional capacity and competence. The sub-theme of skills development included both general soft skills such as time management, prioritization, and team work, as well as more specific work-related hard skills that were directly linked to the challenges that they identified.

For example, related to the challenges around their own mental health, participants described as an area of improvement gaining control over their own mental health and managing their own emotions and mental well-being while supporting clients. Similarly, they described greater understanding of administrative processes over time which related to their challenges with institutional work.

In addition, participants described job-specific skills that related to the support work they did, such as active listening, reading clients’ body language, and building rapport with clients. Of
note, this development in work-related skills extended beyond the workplace, captured in the following comment:

[And then I learned all these skills that like you don't need to try to fix it. You don't need to give people advice, you don't need to minimize what they're going through. You can just say it like ‘that really sucks; I'm sorry you're dealing with that’ and just like be quiet. Like you don't need to be talking all the time. You could just like nod and sit quietly and just like say like that's really hard. Like, just say that and that is enough. And sort of practicing that, getting a lot of practice in that and seeing that it actually works and it actually makes people feel better. And like that was like a huge relief for me because I'm like, wow, I've learned a whole new language that I can use in my life and it takes a lot of pressure off me to like know the exact right thing to do ..., like to be able to give perfect advice all the time because I just don't need to give advice. (Allison)]

This comment exemplifies the overlap between the personal and professional lives of this study’s participants, which is inherent to the work that PSWs do. However, although it is clear that PSWs are expected to bring into their work their personal experience, the movement of competence development in the other direction from the workplace to their personal life was more covert. It is not surprising then, that parallel to this theme ran the theme of confidence development and empowerment.

Confidence Development and Empowerment

As mentioned, many of the participants described an increase in their confidence and a notion of empowerment. This aspect of growth and development was tied in part to participants' skills development in terms of their increased belief in their own abilities as described above. In addition, it was expressed as a reflection of a general sense of empowerment and discovery of
internal strength and purpose and it included participants’ descriptions of themselves as professionals, role models, and leaders.

*Having to be a mentor means being someone that people can look up to. So just like being more accountable in my life to make better decisions. Um, yeah. Being more disciplined, having like learning what the consequences are in, in a very different manner that when it comes to, it's not about being written up, it's about not being present for a peer and how that feels for myself and what impact that is going to have on that young person .... Um, so that's changed, it's just kind of like becoming a more accountable, confident professional. (Michelle)*

Michelle’s comment emphasizes that, as was shown before and as with the comments of the study’s other participants, the personal and professional realms of growth development are inseparable and interrelated for PSWs, which is reflective of the kind of work they do. PSWs learn how to provide support and in the process of learning to do so they become empowered. In addition, it shows how these skills development and empowerment are tied to the development of a professional identity.

**Career Development**

The most obvious aspect of growth and development was in the area of developing a career direction and path. All of the participants described aspects of career development during their interviews. For the study’s participants, career development related to comments concerning developing one’s career direction as well as comments regarding intentionally gaining relevant professional experience and skills in the participant's chosen field.

In terms of articulating a career direction, different participants expressed different career specifics, and different aspects of development. In other words, some participants came into the role with some clarity on their career path, and it was through their work experience that they
refined their career goals, while for others working as PSWs completely reshaped their
professional identity and pointed them in a new or reshaped direction to their career. In addition,
while some participants had a very specific idea of the profession they wanted to develop in (e.g.
social work), others were still refining their career in more general terms, and some of them were
only at the stage of identifying that they would even want to have or are able to have a
professional career.

Regardless of where they were in the process of developing their career direction, all of
the participants expressed a sense of development and refinement in this area. It was also clear
that developing a career direction was not only a bi-product of the participants' work, it was also
in ways intentional and desired, and could be seen as a key motivator for them, particularly for
the ones that had a more formed career direction, such as with Antonia:

\[\text{So, what motivates me is, on one hand, it's the motivation [that] comes from gaining}
that experience because I want to go into social work. So, like this has like brought me so
much good experience and exposed me to a lot before even actually getting into the field.}

\text{So that motivates me to continue going. (Antonia)}

The other notable thing about Antonia’s comment is that she clearly does not see herself
already in the field of her desired work, which is social work. This was similar across all of the
PSWs I interviewed, suggesting that PSW work contains with it what we can call career-bridging
aspects – mediating between pre-career motivations and future-oriented career goals – and serves
also as an informal, work-related training space for future careers. In other words, for Antonia,
she believes that social work and peer-support work are different fields of work, but that the
peer-support work could be a career precursor and training space for her ultimate goals in the
field of social work. Again, this was not unique to Antonia and is in line with the findings and
research related to different philosophical underpinnings of clinical and peer work in the
literature (Cyr et al., 2016). Overall, it is important to consider the construction of this career path from peer-support work jobs to post-peer-support work jobs to be distinct and in ways separate when thinking about the learning processes for PSWs and their career paths. This will be discussed in the following section.

4.3.5. Workplace Learning

The workplace learning of PSWs was a major focus area for this study, as I discussed in Chapter 1. To explore this, participants were asked to identify people and activities that helped them gain skills or overcome challenges. Their responses consistently described their learning as primarily emerging from interactions with their other PSW colleagues in either one-on-one or in-group settings, which were sometimes structured but were mostly spontaneous and informal. In addition, participants described many instances of independently reflecting on their actions and outcomes and making conclusions on how to be more effective and successful in their work. Learning from other experts, managers, or more senior colleagues within the organization, such as supervisors and clinicians, was also mentioned but to a much lesser degree.

Reflection

Reflection refers to comments participants made about how they independently, within themselves, reflected on their actions and made decisions and conclusions. Participants described reflection occurring as a response to a variety of learning needs. Some examples include technical aspects of the work, such as using an online platform and understanding its technical functions, as well as improving their communication of facilitation approaches by reflecting on “what worked” in previous experiences and then making changes accordingly. In these situations, reflections mainly happened as part of a trial and error process. Jermain’s comment about an online support chat conversation is a good example of this process:
So someone uh, asked, asked me like, are you still there while I was typing something quite long. Um, at which point I realized that they do not know that I'm still there if I'm typing something that's on the longer side. Um, so I asked them if it would be okay for me to, um, like if it would, if it would help, if it would be helpful for me to like let them know that I was typing before I started typing. Um, and they said that yes, it actually would be helpful. So I learned that in that case. (Jermain)

In addition to reflecting externally, self-reflection was often happening in places where PSWs had to reflect on their own emotional responses to a situation and through that gain a better understanding of themselves, and then, subsequently, better understand the situation and how to best operate within a similar situation or space in the future. The following comment is a good example of how self-reflection was described in these situations:

I had to think about it for a long time and be like, am I actually triggered or is my lived experience giving me information that other people might not have? And I think that's what it was about. Like not that that situation wasn’t upsetting for me, it was, but I think it was upsetting for other people, too. I think it was upsetting for the clinicians. I think it was upsetting for the clinical manager it was upsetting for everyone. But I don't think I was upset because I was triggered. (Allison)

Allison’s comment also illustrates a process of meaning negotiation in which PSWs make sense of their work and social environment through construction of meaning around different behaviors and social events. Additionally, self-reflection was instrumental for the social learning of participants as they would come together to discuss the conclusions they came to individually, and together develop best practices and solutions to the problems they would face. This process was described well by Michelle:
Yeah, it feels like a silly answer, but like we all, we all were learning together. It's like by doing the work we were learning and I think that as someone that didn't go to school, I didn't have the theory. I have what my knowledge is of like what makes sense. And, so, it's like putting what I think makes sense on the table and us all having conversations and figuring out what works best and then implementing, executing it and seeing if it worked.

(Michelle)

Social Learning

As can be seen in the quotes in the previous sub-section, independent reflections were often described as part of a broader social learning process in which it served as either a mechanism that facilitates participation in group discussions, or as a mechanism to understand others’ behaviors or actions. As mentioned earlier, for all of the participants, learning was predominantly understood and explained as a process of learning from and in cooperation with their other PSW colleagues, either in pairs or in group settings.

In trying to understand why PSWs predominantly relied on their peers for learning and not others, it appeared that this emerges from a notion that their mutual experience gave them a better insight into the situation, as well as the tools to explain the issue in a clear way. This was clear from Jermain’s words:

*I have found that asking people who are in a similar work position to me these questions is the easiest way to get answers that are understandable to me. When I ask other peer workers about how this stuff works or what it means, it has been my main way of understanding the environment that I work in.* (Jermain)

Deliberately coming together in pairs in order to problem solve was the most common way peers overcame problems. Despite it being deliberate however, this was happening informally for the most part. PSWs would find times throughout the work day to discuss an issue
with their PSW colleagues. The issues they discussed varied and included technical issues, challenges with a particular client, as well as interpersonal issues they had with management and other clinicians.

Coming together as a group was also very common. These situations seemed to be a bit more planned, and in two of the cases were even named by the participants as an organized community of practice. For all of the participants, coming together as a group was positive and desired, and they described it as helpful and productive. Group discussion seemed to have a slightly different focus from one-on-one conversations. While one-on-one conversations were focused on a specific issue or problem, participants described group discussion as more generative in terms of developing a consistent practice. Michelle’s comment illustrates this:

*It's like, almost like everybody was a Guinea pig for the first cohort this year. So, it was like learning to do it with each other and then executing it and seeing what worked and going back to the drawing board [with] this new cohort and fine tuning things.*

(*Michelle*)

PSWs’ workplace learning comments and discourse from my interviews provide a strong example of situated learning as suggested by Lave & Wenger (1991). This included many examples of participation in informal or unorganized communities of practice (CoP), meaning and identity negotiation, and peripheral participation. These CoPs will be described in more detail in the final chapter of this thesis.

Interestingly however, although participants attributed clear positive learning outcomes to this kind of social learning, formally organized CoPs only existed in two of the cases, and participants also indicated some structural barriers to collaboration between peers, such as forced competition between PSWs for jobs, and decentralizing peer work so that peers work remotely and have less interface with one another.
5. Chapter 5 Discussion and Recommendations

5.1. Discussion

5.1.1. Impact on Motivation: Autonomy, Relatedness, and Competence

The results demonstrate that participants were autonomously motivated to take on the PSW role. Self-determination theory (SDT) suggests that social conditions impact motivation and human development. This impact is best understood by looking at how these social conditions satisfy or thwart the three basic psychological needs for autonomy, relatedness and competence (Deci & Ryan, 2008). To this end, the results of this study showed that PSWs experience both need satisfaction and need thwarting in their workplaces and throughout their work.

The need for autonomy is defined in SDT as the need that individuals have to feel a sense of ownership over their actions, as well as to self-organize their behaviours and feel volition (Deci & Ryan, 2000). It was very clear that for PSWs the need for autonomy was continuously negotiated, and its perceived absence was a significant source of frustration. Clearly, a key factor thwarting this need was the disagreement with management’s decisions and with organizational culture.

Perceived locus of causality (PLOC) is a key concept in SDT that measures the autonomy felt by individuals with regards to an activity or behaviour (Turban, Tan, Brown, & Sheldon, 2007), and the young adults in this study described an internal PLOC in relation to engaging in peer-support work. They took the PSW role freely with volition and choice, and with the motivation to change systems and help others. Being new to working within organizations and hierarchies, however, may conflict with these motivations and ideals when there is disagreement between PSWs and management about the best course of action. All of the PSWs interviewed
described an element of discord between themselves and those in managerial or supervisory roles, and this was perceived as a particularly challenging aspect of their experience.

Applying SDT to analyze this issue proved to be helpful in understanding this part of PSW experience. Disagreeing with the direction received from management and yet having to conform with this direction represented a shift from the participants' internal PLOC towards an external PLOC in conflict with their own motivation to do the work. In other words, disagreement may mean that PSWs are feeling that they are forced to carry out the work in ways not compatible with their own motivations, and therefore their perceived autonomous motivation may diminish.

Relatedness is defined in SDT as the need to feel connected to others, to love and care for others as well as to be loved and cared for (Ryan & Deci, 2017). Satisfaction and thwarting of this need is also central in this study due to the highly interpersonal and relational nature of the peer-support work itself. Relationship motivation theory (RMT) suggests that people are naturally inclined to develop relationships in order to satisfy the need for relatedness, and that both giving and receiving support from others facilitates this need satisfaction (Ryan & Deci, 2017). The interview findings showed consistently that PSWs were looking to support and be supported and that they were building relationships with their PSW colleagues. All of these suggest what can be called relatedness need satisfaction.

RMT also suggests that the level of autonomy or freedom of choice in terms of engaging in the relationship impacts the level of sense of relatedness one feels from engaging in the relationship (Ryan & Deci, 2017). While the results did not suggest that PSWs were directly forced to develop relationships, it is important to consider how a general sense of diminished autonomy at the workplace may shift PLOC around relationships as well, and may negatively impact the satisfaction of the “relatedness” need that PSWs might experience from the
relationships they develop with clients and other staff. The scope of this study did not allow for a full conceptualization of this issue to emerge, but this aspect of PSWs’ motivation could certainly direct future research in the area.

In relation to the need for competence, the results pointed at a number of interesting findings. The need for competence is defined in SDT as the need to feel able to master one’s environment and develop skills (Ryan & Deci, 2017). First, it is important to understand the meaning of competence for PSWs. The results demonstrate that taking on the peer-support role is seen as a career building opportunity, and therefore they engaged with this work in part to gain professional experience and skills. Regardless of whether the motivation behind this is intrinsic and tied to competence need satisfaction or more extrinsically to a need for a job, skills development was a goal PSWs all desired, and failure to achieve that was perceived as frustrating and demotivating.

As the results showed, the need for competence was thwarted in a number of ways. For example, PSWs reported feeling incompetence around administrative work and challenges in understanding institutional terminology. In addition, the general sense of lack of preparation was felt by most of them, meaning they did not feel that they were sufficiently ready to do the work. Finally, the sense of professional hierarchy, in which PSWs were placed at the bottom meant that they felt their skills were seen as lesser than the other professionals. While all of this points to competence need thwarting, we saw that PSWs moved toward growth and progression and used their own agency to actively develop skills, competence and confidence. This was primarily achieved through their participation in communities of practice, which will be discussed in the next section.

In summary, the results demonstrate that all three basic psychological needs were in ways thwarted and supported for PSWs, and that the three needs are interrelated and impact one
another. The most important finding in this area is that the PSW role is particularly well positioned to satisfy the need for relatedness, and is also understood as a competency building opportunity. At the same time, maintaining the sense of volition and autonomy for PSWs is important, and frustration around the thwarting of this need is common for PSWs and negatively impacts their motivation.

5.1.2. Communities of Practice

The results showed that PSWs significantly relied on each other for problem solving and learning in the workplace and that they formed both formal (i.e. intentionally organized) and informal (i.e. spontaneously occurring) communities of practice (CoP) in the workplace. Interestingly, the results predominantly showed the formation of CoPs between PSWs, and there was no strong evidence to suggest CoPs were forming among PSWs and other professionals within the organization.

In his 1998 book, Wenger explains the concept of CoP as an analytical tool. From this perspective, CoP participants might not even be aware of their participation in the CoP and therefore Wenger suggests a set of 14 indicators that show when a CoP has formed (Wenger, 1998, p. 125). While the limited scope of this study did not allow for a complete assessment of the formation of CoPs against these 14 indicators, the results showed alignment with a number of key indicators: sustained mutual relationships, knowing what others know, a shared discourse, and mutually defining identities.

Sustained mutual relationships between PSWs were clearly evident in PSWs workplaces, and PSWs consistently described these relationships as both harmonious and conflictual. PSWs talked about forming friendships with other PSWs, or being supported by them, and at the same time described conflicts and competition within the group. The motivation to engage in these relationships despite the mentioned conflicts and challenges could be attributed to the natural
inclination of people to develop supportive relationships as suggested and explained by RMT (Ryan & Deci, 2017).

Related to this, the results showed that participants had a well-developed understanding of what other PSWs know and what they can do. Participants described the knowledge that their PSW colleagues had, and they made references to specific ways in which this knowledge was socially developed and shared in the workplace. Emerging from this was also the notion of a shared discourse and perspective on the work. This was clearly articulated in terms of the philosophy underpinning peer-support work, and the unique approach that PSWs take with their work compared to that of clinically trained staff.

Finally, the notion of a mutually-defined identity emerged from the unique shared philosophy that PSWs held, as well as from the continuous negotiation of meaning within the CoPs. In other words, the identity of PSWs was clearly defined in the social context in which they operate, which is the workplace, and in relation to the practice they shared, which is peer support. This identity extended beyond the time and place in which the work took place, and was integrated into their sense of self to a high degree. Illustrative of this, is that even for the ones that were interested in getting into the field of social work, “peerness” continued to be a defining feature of who they are, how they identified, and their professional orientation.

5.1.3. Situated Learning: Skills Development and Identity Formation

The formation of CoPs is integral to the foundation of workplace learning for PSWs. Identity formation and skills development are the products of the situated learning within these CoPs. From SLT standpoint, looking at learning from a social perspective helps demonstrate that learning is a social practice that requires interaction and participation to be meaningful (Lave & Wenger, 1991). In a continuous process of ongoing negotiation of meaning within a community,
and through social interaction within the physical context of the workplace and the practice context of peer support, PSWs define their values, their goals, and their identity.

In terms of skills development, the SLT concept of *legitimate peripheral participation* (LPP) was helpful in showing how participants developed their skills in the workplace. LPP conceptualizes learners as newcomers to the CoP who progressively gain experience and access to increasingly meaningful activities that are more central to the community (Lave & Wenger, 1991). An example of LPP is how PSWs were moving from novice tasks of providing one-on-one support, to expert tasks such as facilitating groups, and taking on lead roles within shared work activities. Identity formation was emerging from this development in terms of building confidence and the professional identity of a skilled PSW.

The process of learning is therefore understood as an active and ongoing identity shaping process in which by making meaningful contributions to the community novice PSWs became more skilled, motivated and empowered, eventually becoming community experts (Lave & Wenger, 1991; Handley, Sturdy, Fincham & Clark, 2006). In this study, this process of developing a professional identity which included the internalization of a peer-support philosophy, and the development of confidence and meaning around the practice of peer support, was clearly demonstrated.

In summary, looking at identity formation from a social learning theory provided a cogent outlook on the growth and development of PSWs. The results showed that PSWs constructed meaning in a variety of contexts, however most prominently they were negotiating their own location within the social environment of their workplace and the practices of their work, leading to a distinct identity that was shared among PSWs. This was expressed by the skills they learned, their increase in confidence and by how they were moving towards the development of a shared professional identity through their work.
5.2. Recommendations

While generalizability of the findings is limited by the qualitative design and relatively small sample size, there are a number of trends and conclusions that can provide key insights and inform PSW practice and future research.

5.2.1. Practice Recommendations

This study clearly showed that PSWs are autonomously motivated, and that infringing on this sense of autonomy negatively impacts their motivation and consequently the quality of their work and capacity to perform in their jobs. To this end, it is recommended that organizations that employ PSWs foster a sense of collaborative decision-making processes at the workplace that include PSWs themselves in planning peer-support practice and the strategic direction of peer support in the organization. In addition, organizations should focus on building capacity in understanding organizational constraints and decision-making frameworks. This has the potential to increase PSWs’ sense of autonomy in the workplace and therefore their motivation and, ultimately, the quality of their peer support interventions.

This study showed that PSWs learn and develop mostly through informal participation in CoPs. To this end, I recommend organizations that employ PSWs to create a collaborative work environment that allows PSWs to interact with one another as well as increase opportunities to interact with other staff within the organization. This could look like structuring work so that it is completed in group settings, encouraging workers to have group team meetings and learn from one another, and removing barriers to collaboration such as working from different locations at different times.
5.2.2. Future Research Recommendations

This study was intended to expand the relatively limited literature in the area of young adult peer support work. While I believe that the findings contribute to a broader understanding of this topic, there is still a need to build a strong multidisciplinary, evidenced-based research agenda that looks further into the practice aspects of peer-support. To this end, there are a number of future research directions that may be informed by this study.

First, while motivation was a key dimension examined in this study, there are many areas within motivation theory that could be further explored. Particularly important is further exploration into the nature of relationships that are formed among and between peers and other professionals, and how these impact PSW motivation. Additionally, the dimensions of informal learning engaged by PSWs, could be further explored by taking a closer look at skills development from a vocational standpoint. Moreover, a broader and more comprehensive survey and follow-up qualitative interviews of PSWs from a more representative sample across Ontario or a wider regional area could be conducted using the study questionnaire as guidance, and this would provide a framework for covering the key dimensions of relationship building, CoPs and workplace learning among PSWs in participant interviews and create consistency of data collection.

Finally, only the perspectives of PSWs were examined in this study. To gain additional perspective on this topic, future research could be directed toward exploring meaning-making and learning in the context of peer-support work from the standpoint of clients, other staff, and management. In addition, the sample for this study included PSWs who work for organizations that employ peers, but not PSWs that work for organizations that are led by peers. Looking at the same issues within this context might yield further nuances in peer-support work research.
5.3. Conclusion

This study sought to understand the meaning that young adults construct around their experience as peer-support workers. I found that young adults saw this role as a way to connect and support others, and improve systems and services. I also found that PSWs developed a professional identity and orientation that was tied to their experience as peers and that was contrasted in relation to other more traditional clinical roles.

This study was also aimed at eliminating the learnings, growth and learning processes that PSW experienced in the workplace. I found that PSWs developed capacity in the areas of administrative work and support skills. I also found that PSWs’ confidence grew, they were empowered through the work, and they developed a professional identity that is rooted in the meaning they constructed around the PSW role. All of this learning was situated in the physical space of their workplaces, in the practice context of peer support work, and within communities of practice.

The key point highlighted by this study is that peer-support work is not only a promising practice for providing mental health services to young adults; it is also a promising practice for empowering young adults who experienced mental health challenges in the past, and is a way to support them in pursuing a career in a helping profession or elsewhere. This also highlights an element of mutualism present in peer support work since the interaction is beneficial to both sides. To conclude, the foundation of peer support is laid on the idea that mental health challenges can be reframed as valuable experiences, and may present an opportunity for skills development and utilization. This research illustrates how this learning and development process might take place, and provides insight into how organizations can unlock the potential of prospective peer-support workers and build a strong, sustainable, and motivated workforce.
References


Campbell, J., & Leaver, J. (2003). Emerging new practices in organized peer support. National Technical Assistance Center for State Mental Health Planning and National Association of State Mental Health Program Directors.


https://www.opdi.org/about/opdi


Peer Support Canada. (n.d.) About peer support Canada. Retrieved from

https://peersupportcanada.ca


Appendix A: Recruitment Flyer

Participants Needed for Research About:
The Workplace Learning Experience of Young Adult Peer-Support Workers

Are you a young adult who works as a peer-support worker?

If so, then consider participating in a study about the experience of young adult peer-support workers and their learning in the workplace. This study aims to better understand the workplace and learning experience of young adults (ages 18-29) who work as Peer Support Workers in community-based mental health organizations. The findings from this research project are meant to help researchers and practitioners better understand this experience, as well as to help inform how organizations interact with and support young adults in Peer-Support Worker roles.

As a participant in this study, you will be asked to participate in a single one-on-one interview that will last approximately one hour. Interviews will take place over the months of April and May 2019 and will be held at a time and location of your choice.

Your participation is entirely voluntary, and you will receive a $20 gift card for your time. TTC tokens will be provided to help you get to and from the interview.

Who can participate?

Young adults between the ages 18-29 who have been working for at least 3 months as Peer-Support Workers in a community-based mental health organization in the Greater Toronto Area.

To learn more about this study, or to participate in this study, please contact:

Principal Investigator: Dor Assia
email: dor.assia@mail.utoronto.ca
Phone: 416.528.6770

This study is supervised by: Dr. Marcelo Vieta
This study has been reviewed by the University of Toronto Research Ethics Board.
Appendix B: Recruitment Email Script

E-mail Subject line: Looking for Participants for a Research Project About the Workplace Learning Experience of Young Adult Peer-Support Workers

Dear (name),
My name is Dor Assia and I am a graduate student at the Ontario Institute for Studies in Education in the department of Leadership, Higher and Adult Education. As part of my MA studies I am conducting a research project about the experience of Young Adult Peer-Support Workers as they transition from being service recipients to being service providers. You can find more information about this research project in the attached flyer, the attached Information and Consent form and below.
I am contacting you since I am looking for participants for this study, and I believe that you, or people you work with or know might be interested in participating. I was hoping you might forward this information to any potential participants in your organization or elsewhere that you think might be interested. Eligible participants are young adults who are between the ages of 18-29, and who have been working as Peer-Support Workers in youth mental health organization in the GTA for at least 3 months.
The nature and purpose of the research is to better understand the workplace and learning experience of young adults (ages 18-29) who work as Peer Support Workers as they transition from being service recipients to being service providers. The results from this research project are meant to help build theoretical understanding of this experience as well as help inform how organizations interact with and support young adult Peer-Support Workers. This is a small-scale project and so I am hoping to interview around eight participants in total.
What essentially, I am doing is talking to young people between the ages 18-29 that have been working as Peer-Support Workers in community-based mental health organizations in the GTA about their experience becoming peer-supports workers. I am primarily looking to understand what learning young people see as important to them as they enter these peer-support roles.
The role of participants is to participate in one interview with me over the months of April-May 2019. The interviews will be informal and will last approximately one hour. The interview will take place at a time that works for the participants, and the location can be either at a private room in a library at the University of Toronto, or at a public location of their choice that allows for a private conversation.
If you or anyone else is interested in getting more information about taking part in my study, please read the attached flyer and Information and Consent form and contact me directly via telephone or email at
Tel: 4165286770 or dor.assia@mail.utoronto.ca. To maintain the privacy of the participants the identity of participants will not be shared with anyone. There will be no repercussions to not participating in this study.

Sincerely,

Dor Assia
Graduate Student
University of Toronto, Ontario Institute for Studies in Education
Appendix C: Informed Consent Form

Information and Consent Form to Participants

From Researcher Dor Assia

Dear,

Thank you for considering participating in or contributing to my research project. My name is Dor Assia and I am currently enrolled as a master’s student at the Ontario Institute for Studies in Education at the University of Toronto. I am doing this research as part of my master’s thesis, which is a requirement for the completion of my degree. The purpose of this document is to provide you with information that you will need to understand what I am doing and to decide whether or not you wish to participate. Participation is completely voluntary. Should you have any concerns about the research, you may at any time contact me at (416) 528-6770 or at dor.assia@mail.utoronto.ca.

About the Research Project

The name of this research project is: “From Service Recipients to Service Providers: The Workplace Learning Experience of Young Adult Peer-Support Workers”.

The nature and purpose of the research is to better understand the workplace and learning experience of young adults (ages 18-29) who work as Peer Support Workers as they transition from being service recipients to being service providers. The results from this research project are meant to help build theoretical understanding of this experience as well as help inform how organizations interact with and support young adult Peer-Support Workers. This is a small-scale project and so I am hoping to interview around eight participants in total.

This project is guided by the following research questions:

1. What meaning do young adults construct around their transition from being service recipient to the role of Peer Support Workers?
2. What learnings and learning processes take place around this transition?
3. How do these learnings and learning processes take place? What are the facilitators, drivers, and barriers of these learning processes?

What essentially, I am doing is talking to young people between the ages 18-29 that have been working as Peer-Support Workers in community-based mental health organizations in the GTA about their experience becoming peer-supports workers. I am primarily looking to understand what learnings young people see as important to them as they enter these peer-support roles.

About Your Participation

The reason that I am inviting you to participate is that you are working as a Peer-Support Worker in a community-based mental health organization in the GTA, are within the required age range of 18-29, and I believe that hearing about your experience will be valuable for this research project.

To give you more information, your part in the research, if you agree to participate, is to participate in one interview with me over the months of April-May 2019. The interviews will be informal and will last approximately one hour. The interview will take place at a time that works for or both of us, and the location can be either at a private room in a library at the University of Toronto, or at a public location of your choice that allows for a private conversation.
During the interview I will ask you to complete a short paper-based demographic questionnaire, and then I will ask you a set of open-ended questions from an interview guide. These questions will primarily be focusing on your experience becoming a Peer Support Worker and on your perspectives on what you learned throughout this process.

**Honoraria and Travel Reimbursement**

You will receive a $20 Tim Horton's gift card as honoraria recognizing you for your time and contribution. In addition, TTC tokens will be provided to you if you need to travel to and from the interview location.

**Benefits to Participation**

Benefits to participation include the opportunity to reflect on your experience at the workplace and achieve new insights. In addition, the dissemination of the research findings may improve how organizations approach the workplace learning of young adult peer-support workers which may lead to improved learning outcomes and workplace experience for you at your work. I am hoping that you will also find this experience rewarding, meaningful and satisfying, and that it will give you an opportunity to learn about qualitative research.

**Risks to Participation**

It is possible, although highly unlikely that some of the conversations during the interview will be triggering to some participants.

**Data and Analysis**

The interview will be recorded on an audio recorder and after the interview is done, either I will transcribe this data, or I will have a 3rd party company do this for me. In case I use a company to transcribe the data, all identifiable information will be removed from the data prior to sharing it with the transcribing company. Once data will be transcribed, I will analyze it, looking for themes that emerge from your answers and the other participants’ answers. Finally, I will write a final report (i.e. my thesis paper) that will include the findings and my analysis. This report will be available free of charge to the public on the university’s thesis and dissertation repository, and I will share a link to it with you once it’s available online. The only other people who might have access to the raw data (i.e. the interview recordings and transcripts) will be my research committee which includes Professor Marcelo Vieta and Professor Sherida Ryan who are both faculty members from the Ontario Institute for Studies in Education and you can find more information about them here: https://www.oise.utoronto.ca/lhae/Faculty/index.html. If data will be shared with them, it will not include any identifying information about you. All of the raw Data will be retained for up to 1 year from its collection in a de-identified form or until the final thesis is submitted (expected to be completed by September 2019) whichever occurs first. At which point, all copies of the digital data will be erased from the cloud and all paper-based data will be shredded and destroyed.

**Voluntary Participation and Withdrawal**

Participation is completely voluntary, you may refuse to participate, may withdraw at any time, and may decline to answer any question or participate in any parts of the procedures/tasks – all without negative consequences. You will have the right to withdraw your participation and data at any point prior to the beginning of the data analysis on June 1st, 2019. Beyond this point data will already be analyzed and grouped and de-linking may not be possible. However, if you will ask to withdraw beyond this point, all reasonable efforts will be made to allow you to do so. In order to withdraw from the project, you will need to contact me by email at
dor.assia@mail.utoronto.ca or phone at 416.528.6770 and notify me about your desire to withdraw.

Anonymity and Confidentiality

As is clear from the foregoing, I will be taking measures to protect your confidentiality and maintain your anonymity. To do so, at the beginning of the interview you will be assigned a participant identifier code (PIC). The PIC will be used on all data documents (interview recordings, transcripts and completed questionnaires) instead of recording any identifying information. PICs will be kept on a separate document that links them to subjects’ identifying information. This document will be locked in a separate location at my office and only I will have access to this document. All of the paper-based data documents (i.e. completed questionnaires) will not contain any identifying information and will be kept under a lock and key at my office. However, it is important that you are aware that some of the questions in the questionnaire, in combination, might render participants identifiable, however this information will only be presented in its aggregated form, and no particular participant’s information will be shared in a way that will make the participant identifiable. These will be kept in a separate cabinet under a different lock than the one used to store the PICs. All recordings and transcripts will not contain any identifiable information, and will all be stored on my UofT Office 365 One Drive account which is a secure cloud-based environment. In any case where paper copies will be created all copies will be stored under a lock and key at my office.

In the final thesis paper all information will be presented anonymously using pseudonyms, and all categorical data (e.g. age groups and gender identities) will be presented in their aggregated form.

Limitations to Confidentiality and Anonymity

The limitations on confidentiality and privacy in this research project are minimal. Only in situations where I am required by law such as in cases where the participant is posing harm to themselves or to others the information will be disclosed to the relevant third part such as law enforcement and/ or child protection agencies. In addition, while all information will be presented anonymously using pseudonyms, and all categorical data (e.g. age groups and gender identities) will be presented in their aggregated form, it is possible, however highly unlikely, that someone could identify an individual based on the information provided.

Additional information

The results from this research project might be published in a journal or presented at a conference. In addition, I will be using this information as part of my graduate MA thesis.

At any point you can contact the Research Oversight and Compliance Office – Human Research Ethics Program at ethics.review@utoronto.ca or 416-946-3273 if you have questions about your rights as participants or if you wish to make a complaint.

This study is supervised by: Dr. Marcelo Vieta from the Ontario Institute for Studies in Education at the University of Toronto. His contact information is:

phone: 416-978-0515
email: marcelo.vieta@utoronto.ca
website: http://utoronto.academia.edu/MarceloVieta

Below, there is a place for you to sign to give your consent, should you decide to do so. There is also a place for you to add any stipulations. Should you decide to participate, please return one
To Be Completed by People Choosing to Participate

I have read through this document. I understand and am satisfied with the explanations offered, feel that my questions have been addressed, and agree to participate in the ways described, and have my data shared in the ways described. If I am making any exceptions or stipulations, these are:

- I am providing consent to have my interview audio recorded: Yes / No (please circle)
- I am providing consent to have my data shared with and transcribed by a third-party company: Yes / No (please circle)

_________________________________________ (Signature)

_________________________________________ (Printed Name)

_________________________________________ (Date)
Appendix D: Demographic Questionnaire

Demographic Questionnaire

Research Project: From Service Recipients to Service Providers: The Workplace Learning Experience of Young Adult Peer-Support Workers
Researcher: Dor Assia (Master of Arts Student)

(Department of Leadership, Higher and Adult Education – Ontario Institute for Studies in Education)

Participant Identifier Code (PIC) ______________________

Questions about yourself:
1. What is your age? _______________
2. What is your gender identity? (e.g. male, female, trans, gender fluid) _______________
3. Which pronouns do you use? ________________________
4. How long have you been working as a Peer Support Worker? ___________________

Questions about your workplace:
5. Where in the GTA is your workplace located? ________________________
6. Is your organization primarily serving youth/ young adults? _______________
7. What is your organizations main focus? (e.g. mental health, employment, youth justice, multi service, etc.) _______________________________
Appendix E: Interview Guide

Interview Guide

Research Project: From Service Recipients to Service Providers: The Workplace Learning Experience of Young Adult Peer-Support Workers
Researcher: Dor Assia (Master of Arts Student)

(Department of Leadership, Higher and Adult Education – Ontario Institute for Studies in Education)

The following are the questions I would like to ask participants about their experience as young adult Peer-Support Workers (PSW). Interviews will be one-on-one and will be open-ended (not just “yes” or “no” answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: “So, you are saying that…?”), to get more information (“Please tell me more?”), or to learn what you think or feel about something (“Why do you think that is…?”).

1. Walk me through your typical day at work. You get to the center and…
2. Tell me about what led you to take on the role of PSW? (Why did you decide to become a PSW?)
3. What do you like or dislike about this role?
4. What motivates you to do your work?
5. Did you experience any challenges when you started working as a PSW? Were there things that were difficult for you? If so, can you give me some examples?
6. Are you still experiencing these challenges/difficulties? If not, what do you think helped you overcome these challenges?
7. Can you give me some examples of things or people (by role not by name please) you found or are finding helpful to you at work? (when you have an issue or a problem, who or where do
you turn to?)

8. Can you describe things you learned since you started working as a PSW? How did you learn those?

9. Do you see any changes in yourself since you started working as PSW? What are they?

10. In what ways, if any, did your future employment plans change since you became a PSW?

11. Is there anything else you think I need to know about your experience as a PSW?

END