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Paraprofessional development in the UK: Ambivalences and contradictions
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Since 1979 when the Conservative government took office, the UK Health and Social Care (HSC) sector has undergone a radical redesign. When New Labour came to power in 1997, they did not return to the long standing model of centralised command and control which had been dismantled under the Conservative government but rather governed an era of almost hyperactive intervention and redesign (Appleby and Coote, 2002). Grounded in neoliberal ideology, the welfare sector has been revised and revisioned along a number of recurring themes. Mooney and Law (2007) present a thorough analysis describing an increasing concern with efficiency and effectiveness in both administration and clinical practice coupling a drive for cash savings with increasing levels of intervention into professional practice. Service users have been reconceptualised as customers and services reconfigured around their needs bringing with it increased monitoring, review and audit as well as a considerable blurring the traditional occupational and professional boundaries.

The neoliberal turn, with its continual pursuit of an ever more efficient, value-for-money service, also introduced the use of Taylorist techniques (Bolton 2004) that provided the space for a redistribution of the division of labour. This reform has been characterised by a reshaping of occupational roles as well as complex systems of regrading and reclassification (Mooney and Law 2007). Staff are called upon to be more flexible about role definition with drives to shift out of traditional boundaries (Dawson et. al., 2007; Department of Health (DH), 2001; Department of Health, Social Services and Public Safety, 2008).

In this chapter, working life in such ‘liquid times’ is analysed in terms of learning and identity. The requirement for workers to move with various waves of change has long been associated with drives for lifelong learning and reskilling, an agenda of some ambivalence. The need for flexibility defines a learning agenda coupling the creation of malleable human capital, capable of adapting to the current agenda, with one focused on achieving self-actualization or building human potential. Moreover, the need to move with centrally determined best practice, as is often the case under clinical governance, is set against hard won experience, knowledge and skill (Jacobs, 2004). ‘Moving with the times’ introduces tensions around what it means to be competent or to have a vocation.

Such conditions also have implications for identity. The implications of the push for constant change was captured by Sennett (1998) in his compassionate analysis of the corrosion of character in which he argued that the working conditions of flexible capitalism corrode the individual’s attempts to develop a narrative of identity and life history. His concern is that practitioners do not strive to be just another pair of

labouring hands but desire to develop careers, professional identities or the skills of craft work.

This raises the question of how human beings maintain their vocation and develop a narrative of identity in such fluid times. Such forces do not have a uniform impact on workers but are mediated by their own agency and the social conditions in their workplace. This question leads me to consider how individuals are shaped by such times as well as the way in which they develop the agency needed to shape their circumstances in order to earn a decent salary, do a good job or earn esteem and status from their colleagues. In this chapter this concern is taken up in relation to a group collectively referred to as paraprofessionals in health and social care. Exploring the way in which the role and skill demands made of this group have changed, this chapter considers the ambivalence surrounding these workers' development.

Reshaping the paraprofessional workforce

One aspect of the reshaping of HSC has involved changes in the role of the HSC paraprofessional – the Assistant to nurses or allied health professionals, the Care Worker for those with mental health problems or learning disabilities – a group referred to here as support workers. The development of this group have been presented as a cost effective method to address the problem of under resourced, over subscribed services (see for example, Keeney et. al, 2005). The reshaping of the role has taken different forms. In some quarters, new paraprofessional roles have been created - such as Support, Time and Recovery workers in mental health. Others have been subject to the same occupational boundary blurring that has been running across the workforce as a whole. For example, in some quarters, the uni-professional practitioner has become a multi-professional generic rehabilitation worker with skills from nursing, occupational therapy, and physiotherapy (Knight et al., 2004; Rolfe et al., 1999).

Most controversially, support workers are performing tasks previously exclusive to professionals (Ashby et al., 2003; Atwal et al., 2006; DH, 2006; Mackey, 2004; Rainbird et al., 1999; Spilsbury and Meyer, 2004; Sutton et al., 2004). Certainly, this development reflects the demands of an over subscribed, under resourced sector. In addition, it also marks a shift in the division of labour in which the registered professional increasingly withdraws from client engagement into paper work, reports and audits leaving another tranche of staff, the paraprofessional to do the basic frontline work (see for example, Kennedy and Kennedy, 2007).

In other parts of the sector, the demands made of support workers have had a different emphasis. Users' needs are seen as increasingly complex (Fleming and Taylor, 2007; Rainbird et al., 1999). Service users are seen in diversified terms, conceptualised as active and competent subjects with services increasingly commodified and with direct delivery to families and children. (Cameron and Moss, 2007). Moreover, policy emphasises goals of autonomy, empowerment and choice (see for example, The NHS and Community Care Act, 1990). Service users themselves are no longer seen as passive recipients of care but active citizens calling in their rights for quality and personalisation (Cameron and Boddy, 2006).

Consequently, low levels of skills are no longer sufficient. For example, the priority given to holistic care means that the discrete tasks of caring (for example, washing or

feeding) are not merely instrumental tasks to be delegated to the unqualified but are part of developing and deepening the relationship with the client and creating opportunities for supporting that person's development, their autonomy and empowerment (Moss et al., 2006). In addition, the HSC landscape has become one marked by high public expectations, a keener focus on professional standards, social welfare legislation and a litigious culture dampened with risk management procedures (Fleming and Taylor, 2007). Similarly, there are plans for support worker registration across HSC (DH, 2006; General Social Care Council, 2007).

Paraprofessional learning and development

The recognition that the frontline care offered by paraprofessionals requires complex skills and knowledge focuses attention on the need for ongoing training and development. While the development of support staff may be necessary or even supported in policy statements, the socio-cultural dynamics of the workplace may reflect considerable ambivalence constraining their growth. Billett's (2004) notion of co-participation provides insight into the way in which such ambivalence may impact on development. Working from a socio-cultural perspective, Billett presents 'affordances for learning' as a product of both the opportunities and activities available in the workplace and the individual's capacity to construe and take such opportunities. In other words, the socio-cultural nature of the workplace will shape the nature of practice and its development.

So at the most basic level of analysis, HSC's resource difficulties provide a source of ambivalence around the service vision and actual opportunities for development. For example, the National Health Service (NHS) commitment to lifelong learning is paradoxically undermined by the inability of human resource managers to plan for anything longer than a year (McBride et. al., 2004). In practice settings, heavy workloads, lack of resources for change and lack of management back-up can inhibit changes to practice following study (Forrester-Jones and Hatzidimitriadou, 2006). Access and interaction with skilled others is a significant source of learning, though support workers may find that supervision or support is lacking due to professional colleagues' workloads (Coffey, 2004), lack of training in supervision (Coffrey, 2004; Ellis and Connell, 2001) or simply inadequate staffing levels (Stokes and Warden, 2004).

Affordances for learning are also associated with workplace norms, values and practices which not only structure activity but are often concerned with the continuity and reproduction of practice (Billett, 2001). As such, making changes in practice can mean that learning is a contested process. Thus, opportunities to participate in activities, access support and guidance may be unevenly distributed across participants on the basis of factors such as race, gender, worker or employment status or perceived value (Billett, 2004). Care workers can occupy a marginalized position in the workplace (Miers et al., 2005) and issues of status or hierarchy may challenge development opportunities. The lack of standardized, consistent training for health care assistants can impact upon or reflect the perceived value given to their role (Keeney et al., 2005). More effort may be put into enabling qualified staff to access training while opportunities are withheld from other groups (Munro et al., 2000).

In addition, the reconceptualisation of support worker roles is a reflection of the professionalisation of this workforce. This shift has the potential to disrupt well established occupational hierarchies and understandings of who does what work and how is it rewarded. The acquisition of qualifications and skills has the potential to alter collegial perceptions of the status of the worker (Munro et al., 2000) and thus impact on power relations and hierarchies. For example, Keeney et al., (2005) found that after completing National Vocational Qualifications (NVQ), Health Care Assistants perceived little difference between their work and that of qualified nurses. They became reluctant to assume basic duties arguing that these should be taken on by non-qualified staff.

Thus, support worker learning opportunities can impact on their 'professional' colleague's role and work. The extension of paraprofessional roles into professional work is worth exploring to illustrate the particular dynamics of workplaces in health and social care. There is an argument that training support workers to perform certain tasks frees professionals to perform more complex work closer to the core of their profession (Baldwin et al., 2003; Coffey, 2004). In contrast, the extended roles of support workers have been seen as encroaching on professional roles (Atwal et al., 2006; Coffey, 2004; Mackey, 2004; Nicholson, 1996; Rainbird et al., 1999; Rolfe et al., 1999). The extension of support worker roles has been described as a process of 'nibbling away' the more routine tasks of professionals, fragmenting their role further and cheapening the rate for the job (Law and Mooney, 2007). While role extension may be interpreted by support workers as a development opportunity, their professional colleagues may view it as a threat (Spilsbury and Meyer, 2004). Certainly, journal articles with titles such as 'The health care assistant: usurper of nursing?' (Edwards, 1997) or 'Are we giving away nursing?' (Nicholson, 1996) convey the tone of these issues.

Examples abound. The attitudes of colleagues can influence the support workers' opportunities to enact a particular role or change their practice (Rolfe et al., 1999; Spilsbury and Meyer, 2004). NVQs have been resisted by employers as they highlight the previously unacknowledged aspects of auxiliaries' work that overlap with the professional staff (Thornley, 2000). A highly skilled and trained occupational therapy support worker may blur the professional-non professional boundary invalidating any necessity for formal education and diminish professional roles (Mackey, 2004).

Support workers themselves may be ambivalent about particular opportunities for learning or role development. Some may be satisfied with their current role and level of responsibility (Hancock et al., 2005) while others may associate training with work intensification (Rainbird et al., 1999). Some may be reluctant to engage in training because of the lack of financial reward at the end of it (Ellis and Connell, 2001; Hancock, 2005; Rolfe et al., 1999). Support workers may have negative attitudes to development opportunities that extend their role feeling that particular tasks should be provided by professionals (Hancock et al., 2005). Rolfe et al.'s (1999) interviews with support workers who were moving from profession-specific roles to generic roles identifies tensions around these workers' sense that the shift was equated with relegation and loss of the status that they attached to the individual professional groups.

What is proposed in this short review is that paraprofessional practice and development can operate in a space of ambivalence. The notion of ambivalence connects with the concept of contradictions as historically accumulating structural tensions within and between activity systems (Engeström, 2004). Indeed, it can be argued that the ambivalence around paraprofessional development is a reflection of the tension between the way in which work practice is called upon to change and well established organisational social orders and habits. Engeström (2004) presents an optimistic framing of contradictions however, by arguing that while they create disturbances they also give rise to change and innovative solutions within systems.

The case of support worker's learning

To explore this ambivalence surrounding role and development, this section draws from a subset of data from a PhD in progress focused on understanding support worker learning. Thirteen participants working in learning disability, mental health or district nursing services were involved in the study. The mental health and learning disability workers were involved in caring work supporting people in the activities of daily life. Often taking a developmental focus, they worked with their clients to understand and achieve their goals (for example, to live in their own home, to care for themselves, to have a job, to have friendships). The Health Care Assistant in the district nursing service performed a range of nursing tasks ranging from taking Electrocardiogram readings, taking blood or changing dressings. Workers ranged in experience from a few months in the role to over 10 years work history. Some of those with long histories of work described experiencing role extension or contraction. Others recounted tales of requirements for increasingly sophisticated work with clients.

Six workers were observed in practice in tasks such as working with clients, attending meetings, preparing meals or planning sessions. Those in the mental health and district nursing service participated in interviews only. In 2008 each participant was interviewed four times. The first interview consisted of a biographical interview tracing their history from first entry into the field and an exploration of their role and setting. The following two interviews carried out at monthly intervals explored critical incidents in the worker's practice as well as follow up questions drawn from the previous interviews. The fourth interview combined the discussion of a participant profile prepared out of the data and a further critical incident interview. This profile interview was not simply respondent validation. It was a final stage in data collection and the first step in analysis in which the participant discussed at a deeper level some of the themes in their development and practice and contributed to an interpretation of the data. These themes are used to organise the discussion below.

Practice as the presentation of self

The place of self in the participants' work was a theme running through the dataset. Participants' accounts of their life histories often referred to quite intentional attempts to find work that held some personal meaning for them. They sought work that allowed them to be who they wanted to be and where they could use and develop their personal qualities as carers. While this drive was partly an issue of job satisfaction it was also related to something more fundamental to effective practice. That is, understanding the service user and supporting even the simplest activity involves the formation of trusting and sometimes intimate relationships. These relationships

provide the basis for the emotional work and intricate negotiations that form the basis of supporting someone's needs or facilitating their development. In carrying out relationship work, the carer's main tool was themselves and their personality.

Thus, the workers' emphasis on the expression of their personal qualities reflected the way in which these were exploited to further their work with clients. For example, working with genuine enthusiasm and interest in a shared activity with a client rather than going through the motions is part of connecting with and motivating clients – creating an authentically human encounter. While work did involve much emotional labour with various degrees of deep or surface acting (see Hochschild, 1983), the participants presented themselves as “*being me*” or “*doing what comes natural*”. Moreover, participants proudly emphasised the distinctive nature of how they worked and discussed their personal style or the unique nature of the relationships formed with service users. Indeed, being able to express this distinctiveness was considered a development task in itself or a mark of mastering their role.

However, as personal as practice seemed at time, it was ultimately co-configured within the team and the wider organisation. Services would exert considerable formal effort ensuring that practice operated along defined lines. Newcomers engaged in induction courses, shadowing, mentoring and intensive supervision to ensure that they took understood the way things were done ‘around here’. Experienced workers would not only receive training around issues to ensure compliance with policy or particular practices, but much of their activity was negotiated within the team. The approach taken with a client arose out of team discussions, negotiated interpretations of behaviour and agreed ways of operating within service resource constraints and policy. Workers also maintained agency here actively modelling themselves on their colleagues while trying to create a distinctiveness to their practice that reflected their values and sense of self.

Being visible and invisible

The interviews suggested that practice is constructed in the interface between social structuring and individual agency. One dimension of worker workplace experience clustered around a theme of being visible or invisible in the workplace. To be visible was to have one's capabilities, talents, interests, goals and contributions recognised as valid. To be recognised could have a profound impact on a worker. Certainly, recognition brought an emotional pay-off – pleasure at being acknowledged as competent, accepted or valued. It also allowed continuities with the past – skills developed in previous roles had a place in the current organisation. For example, the ex teacher is able to use skills in instructional design to plan work with a client. More than this, one's uniqueness – the tools necessary in relationship work – would be enhanced and strengthened. The interviews suggest that this was not simply a matter of the transfer of skills and knowledge from one setting to another but the establishment of oneself in an organisation. Indeed, in the interviews, having one's capabilities made visible through appraisal, supervision or casual conversation could be a turning point in creating a role the worker felt comfortable with.

To be recognised or visible would expand the workers' scope for action. Being ‘talent spotted’ by colleagues or associates provided opportunities for different practices, new challenges or role progression. For example, career development could

be predicated on a manager encouraging a worker to apply for a new role, being allowed to 'act up' to fill in for a senior or to join a team in an innovative project. Similarly, managers who notice aspirations or capabilities for a particular role or activity may provide opportunities for different sorts of participation such as attendance at professional meetings, more complex work or further training. Such involvements support worker learning.

Certainly, the interviews revealed many examples of being made visible. At the same time, workers in the study reported that they could also be rendered invisible. 'Invisibilisation' could take many forms. Support workers may not be counted in accounts of staffing levels. For example, 'professional' colleagues would complain about understaffing, arguing that *"there's only me on"* (PZ) and failing to count the Health Care Assistants on the shift. Similarly, in team discussions support worker opinions may be discounted by qualified workers. Support workers accepted discounting with the blankness of, for example, *"they're the social worker ... that's just the way it is"* (PD). For example, one interviewee who, like a few other workers in the study, had once held a professional role but had allowed her registration to lapse, describes how her opinions were side lined in clinical discussions. With obvious frustration, she relates this to how 'sticky' qualified staff are about their roles. She also linked this experience to making the transition into a new team with a different sort of hierarchical structure in which she had a different role and no one knew her:

"Sometimes I forget myself that I'm, there is a hierarchy and that I am an [support] worker; I forget that because I've always worked in ... that I forget that I actually am not in a position where I can actually engage so openly in a clinical discussion." (PM)

This is partly an issue about the low positional power of care workers. As 'unqualified' they may appear to have opinions that count for less in contrast to the registered social workers or nurses. The frustration here is complex. Workers respected the professionals' training and knowledge but noted that many had irregular contact with clients. In contrast, the support workers felt that they not only had considerable experience and knowledge but also possessed a detailed understanding of their clients drawn from regular and long term contact with clients. They had 'frontline authority' and this should stand for something.

However, discussions with workers revealed that discounting was not simply a matter of professional protectionism. Many teams did operate in a collaborative fashion where everyone's opinion mattered. However, some colleagues were just seen as 'difficult' people who would try to write you off. However, this conclusion can not be treated as separate from power. In conflicts about duties or opinions, the professional staff, unlike the support workers, can draw down their positional power to get the final say.

'Invisibilisation' can create self doubt or fears that one is not in the right job. It can also impose self constraint. For example, one worker described the way that the social care orientation she developed in her previous post did not always have a place in the medically-oriented teams. Even though she was studying at degree level and read around the topic so that she went into team meetings well informed, her invisibilisation appeared self imposed:

“... reading around and read about the referral process, read a few things and I’m saying, ‘maybe I’m going overboard’ because I think I have this thing about I’m not qualified so I sell myself short of how far I can go within, because what is the point of going in so far and be knocked back because I don’t have some of the requirements so why am I wasting my time doing all these things?”
(PC)

Grading practices

Workers were surrounded by a complex technology of role specifications and skill profiles tied to salary levels. Issues of grading, role definition and job title were not simply matters of salary but were also related to their scope for action and team respect. Within this technology, workers recognised the blurring of roles with those of professional staff as they take up duties that were once in the professional domain or conversely lose tasks they once held. Support workers doing identical jobs noticed that some were on higher gradings. This inconsistency is discordant in a system that placed all in their ‘right place’ and leaves workers feeling unrecognised and undervalued, perplexed by the discrepancy.

Workers picking up the tasks once carried out by nurses or social workers can feel ambivalent about their role. Certainly, such work presents learning opportunities and increased challenges but raises questions about appropriate titles or working in a role as ‘cheap labour’. Being cheap labour does matter. Feeding one’s family, going on holidays or saving for the future is difficult on a low wage. In 2008 when the interviews were carried out, the growing threat of recession held a special fear for workers on low pay. Similarly, the UK government’s changes to taxation levels for lower wage earners felt like a direct hit on them and their families. Such fears and frustrations were expressed in bald terms. For example, one worker discussed ‘having to buy cheaper bread’. Some wondered if they could afford to continue in their role.

However, grading and role definition was not simply a matter of salary. It too was related to the process of invisibilisation. One worker astutely pointed out that when workers fill in gaps for other workers, an accurate picture of service needs and resources are concealed. Workers are then not recruited for those positions. For others it was about identity and place in the team. Titles mark skills, expertise and authority and without these, what the worker brings and offers can be lost:

“I have these skills and I come here and I’m deskilled, and I’m beginning to feel that most of the skills that I have is not being utilised, and I’m beginning to lose those skills and because I have that fear of losing those skills I’m always going on. I think I find myself going on about wanting to do this and this, because I have those expertise, and sometimes I just think - am I in the right place?” (PB)

Mechanisms rendering workers invisible varied. For services where need outstripped resourcing, supervision and staff appraisal easily slipped off the schedule. Workers understood why this happened and often assumed a no-blame attitude to overworked senior colleagues. Even so, they remained aware that the lack of formal appraisal

detached them from the organisational mechanisms that could recognise and reward skill:

“No they do, they do know how we work, they do know that we put a lot of effort into it, and they give us the praise for it, they just don’t give us the appraisal! If I had had an appraisal done a couple of years ago, I wouldn’t be still on a band 2, do you know what I mean? It would have been sorted by now.” (PA)

One aspect of being made invisible relates to the ever-changing nature of HSC service. Services shift, policies change and workers can lose responsibilities and the tasks they once had. For example, one worker who had lost responsibility for delivering medication *“... felt like that I had buttered myself a slice of bread, and somebody snatched it out of my hand” (PA)*. A hard-earned responsibility, one that reflected hard won skills and experience was just taken away:

“Well here I was doing a responsible job and doing a very good job at the same time. They came along and they changed the rules. We weren’t allowed to be handling medication ... I felt so bad about it that I actually ended up in tears over it because I thought, ‘what is going on here. Is this what it’s come to? I’ve worked hard all my life, and I have always put 100% into it do you know what I mean, and I’ve always got results.” (PA)

Similarly, another worker notes that a sudden change in the system redefining roles, associated grades and salary, had taken away duties in a single swoop:

“Yeah they’ve taken my skills, they’ve taken my, some of my skills. And I do not get the same respect within the team. The team members have changed and the newer people come in, they see me as my role as support worker and they don’t know, or they don’t care, about what’s gone on in the past, what role I’ve had. [...] Why won’t they do that? Why won’t they listen to me? And that was the frustrating thing.” (PB)

Agency building through learning

The interviews suggested that experiences of both visibility and invisibility may occur in the same workplace or by the same worker. Support workers were not powerless. They exercised agency in resisting invisibilisation or promoting their visibility. Indeed such acts expanded their capacity to act and as such, were often associated with learning activity itself.

Most typically, workers engaged others to enhance their agency. They built their understandings of the situation and bolstered their support through discussions with colleagues. It was important to gather alternative perspectives and realise *‘it’s not just me’ (PJ)*. Some participants confronted discounting colleagues face-on or had quiet conversations with managers to explore how to deal with the situation or even restructure shift rotas.

For others, study was a way of minimising the possibility of invisibilisation. Workers would find affirmation through study. For example, one worker found her ‘social care’ orientation at odds with the medical approach of her team. However, through

her study, she found others (academics and fellow students) who not only shared her values but also her understandings of clients and approaches. Such solidarity provided reassurance and validated her approach strengthening her capacity to represent her perspective to the team. In addition, her study not only made her ambition to enter a professional role visible but it also marked her commitment. Recognising this commitment, her manager began to facilitate access to training and professional meetings that extended her role into the professional domain associated with studies.

In addition, study was not only developmental but the formal qualification marks expertise already possessed. For example, one worker explained that she was being encouraged to enrol in nursing training as she was doing much of the work of a trained nurse:

“He also feels that the amount of work or things that they expect me to do here, they put upon me, um, and if I’m doing that already or supporting his qualified staff then why the hell don’t I go and get recognized for it?” (PI)

Similarly, workers recognised that having a professional qualification provided a license to speak on things that they knew about client needs:

“I’ve had colleagues say ‘Oh, you can be listened to’; I don’t believe that. If I’m qualified and I have my degree and I have my qualification, that is where that I feel that I have the authority to make a difference. I’d have authority to fight this person’s corner because I would have all the skills and the values that I’m supposed to meet in terms of; I’m supposed to use in terms of meeting that client’s needs.” (PC)

However, the emphasis above was placed on what were seen as professional qualifications. Not all qualifications carried the same weight. Vocational qualifications themselves were devalued. For example, National Vocational Qualifications credentialise the skills workers have in their specific area of work. Workers claimed that these did not carry the same status: *“I don’t think they really see it as a qualification.” (PZ)*

So in the quest for authority, better money or more opportunities, some workers held aspirations to study for professional qualifications. However, their role presented a double cul de sac. The role could lack opportunities to progress into more senior positions and their salaries were such that many could not afford to fund study themselves. They needed workplace support for further training but may lack the occupational status necessary to attract that support. In other words, their aspirations and capabilities needed to be recognised in order to win the support for study they need. When this support is not available, workers may read this as a statement from management about a lack of skills and potential in itself. The effect was demoralising - leaving workers feeling that their ambitions had no place in this workplace and that they had little choice but to reach for the jobs pages.

Politics of paraprofessional practice and development

The study of support workers’ learning showed that this group are driven by, draw from, and work through, personal qualities, ambitions and interests. These personal

qualities are tools that must be engaged with commitment and genuine concern in order to do the relationship-based work of caring and person-centred development work – what Wosket (1999) refers to as the ‘therapeutic use of self’. Indeed, one of the learning tasks for the worker is to develop a distinctive or personal style in the work. One’s personhood must be engaged in care work and is bound up with a strong sense of meaning and identity as a practitioner in a particular workplace.

The workplace structures the worker’s enactment of their vocation for practice. They are both shaped by, and shape, their workplace and as such, their scope for action lies in the interpenetration of social structure and agency. Within this relationship, affordances for action may be predicated on one’s visibility or invisibility. To be visible is to have expanded opportunities for action and as such, is closely related to opportunities for learning and the pursuit of self (see Billett, 2008). Moreover, finding one’s place in the battleground of the HSC team where members are in competition with each other as they jostle for recognition and attempt to carve out role boundaries (Finlay, 2000), relies on the recognition that accumulated experience and skill counts for something. The worker is valued by the workplace and has status as someone useful (Sennett, 2006).

When one is rendered invisible the value of experience, development and aspirations are negated. This deprives workers of the possibility that their knowledge and experience have the same value as that possessed by other workers. This ‘invisibilisation’ confronts and corrodes workers’ occupational identities, sense of self as a skilled worker and accumulation of experience. Invisibilisation is bound up in the construction of ‘otherness’ (Johnson, Bottorff & Browne, 2004). Certainly it challenges the value of training and experience - what does accumulated knowledge, skill and experience built through years of experience, team discussion of service users and problems, confrontation of challenges and training count for if it no longer has a place in the workforce? Such experiences could leave workers feeling deskilled and low status.

When training for support workers is such a priority, such forces can undermine policy and service goals in the United Kingdom. Workers can therefore operate in a space of ambivalence, an unconstructive misalignment between what their role needs to be and how it is configured in their organisation. Feelings of frustration, anger and sadness result when practice requires the worker’s heart, life experience and commitment but, at the same time, such ‘resources’ are treated casually by others in the workplace. Moreover, workers may exert self constraint as they are reluctant to learn more in order to contribute beyond their place.

Broad sweeps of policy change knock cherished aspects of personal capabilities and responsibilities off the map while the turnover of staff in an under resourced service can mean that one’s colleagues no longer know who you were. Systemic ‘structural invisibilisation’ is intertwined with the agency of those in the team. Personality clashes or the lack of acknowledgement of ‘frontline authority’ are bound up with the use of power for veto or the supremacy of academic professional knowledge.

The effects of these forces are not uniform, predetermined or non-negotiable but present as a swirl of ambivalences in that workplaces can both render visible and invisible. While the social agency of the workplace exerts a powerful effect, such

forces are not passively accepted by the workers' themselves but challenged. Indeed, it is the way in which workers' exercise agency in order to negotiate the tension between visibility and invisibility that demands highlighting. What Sennett (1998) refers to as 'the politics of we' emerge in the small acts described by the participants. To assert their place in the team and resist invisibilisation, workers engaged their colleagues and lobbied their managers to seek reassurance, gain perspective, talk problems through and find ways forward in relation to these difficulties. These involve marshalling the power arising from an increased understanding and an expanded scope for action.

While invisibilisation appeared to have a relationship with learning, it appeared to be a paradoxical one. Certainly, it appears that by negating the value of experience, invisibilisation has the potential to undermine the motivation to develop further. Certainly, the worker who expressed reluctance to study literature that pushed her 'beyond her place' is one such example as is the worker who found herself wondering about the value of her years of training and development.

Yet at the same time, invisibilisation does not uniform effects on the value of study and training. Some workers presented study as a means to overcome invisibilisation. Study or qualification is not simply a way of building job security but marks out expertise and skill. In addition by making ambition visible through study, it can facilitate access to different learning experiences. Education plays another role. These workers, like those elsewhere at a similar level (see Henriksson's chapter) use education as a means to form a professional identity. It creates another form of 'w-ness' as students join a 'discourse community' (see Northedge, 2003) of like-minded thinkers sharing values, conceptual tools and approaches to practice. Thus study itself is an act that can marshal power and authority.

The tensions of visibility and invisibility should not be viewed in simple black and white terms. To pick up from Engeström's (2004) framing of contradictions established at the beginning of this chapter, such situations are disturbing but they represent forces that have the potential to catalyse system-wide change. In his use of Bateson's (1972) characterisation of level three learning, he argues that contexts presenting contradictory demands can lead individuals and groups to question and deviate from established norms as well as construct alternative ways of working. I argue that such contradictions not only reflect the changes in how this group are seen but are also forces for further change such as increased learning opportunities. Indeed, Thornley's (2000) reference to the 'Quiet Revolution' in the role of the non-registered Health Care Assistant and Nursing Auxiliary suggests that much has changed already but advocates the need for a fundamental re-appraisal of the real skills and experience of this group, and of their potential.

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