Spaces of care in the third sector: understanding the effects of professionalization

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ABSTRACT   Increasingly the health and welfare needs of individuals and communities are being met by third sector, or not-for-profit, organizations. Since the 1980s third sector organizations have been subject to significant, sector-wide changes, such as the development of contractual funding and an increasing need to collaborate with governments and other sectors. In particular, the processes of 'professionalization' and 'bureaucratization' have received significant attention and are now well documented in third sector literature. These processes are often understood to create barriers between organizations and their community groups and neutralize alternative forms of service provision. In this article we provide a case study of an Australian third sector organization undergoing professionalization. The case study draws on ethnographic and qualitative interviews with staff and volunteers at a health-based third sector organization involved in service provision to marginalized community groups. We examine how professionalization alters organizational spaces and dynamics and conclude that professionalized third sector spaces may still be 'community' spaces where individuals may give and receive care and services. Moreover, we suggest that these community spaces hold potential for resisting the neutralizing effects of contracting.

KEYWORDS   *community organizations; space, spaces of care; third sector*

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Introduction

In Australia the term 'third sector' has increasingly been used to describe, and capture the diversity of, the voluntary and community sector (Salamon and Anheier, 1997). The Australian third sector is diverse, incorporating a

range of informal and formal organizations of varying sizes and capacities (Lyons, 2001). In the area of health, many condition-specific organizations now exist, alongside organizations with a broader health and welfare-related scope. This article is centrally concerned with government-funded third sector organizations, which are community-based and involved in service provision relating to health and welfare.

Since the 1980s government funding, or contracting, of third sector organizations is an increasingly common phenomenon. In Australia and the United Kingdom, social inclusion discourse has renewed atten-tion to the role of third sector organizations in delivering health and social policy objectives (see Kelly, 2007). Consequently, the third sector has become an increasingly important provider of health and welfare services. The development of government contracting of the third sector has, in many instances, fundamentally changed organizational dynamics and characteristics. Many authors have now documented processes of 'professionalization' and 'bureaucratization' occurring in a range of third sector organizations as a result of government funding and contracting (see, for example, Wolch, 1989, 1999; Brown, 1997; Salamon, 1997; Fyfe and Milligan, 2003a; Bondi and Laurie, 2005; Jenkins, 2005; Laurie and Bondi, 2005). Through a close alignment with the State, these processes are often understood to draw organizations away from their community groups and neutralize alternative forms of service provision (Brown, 1997; Laurie and Bondi, 2005; Owen and Kearns, 2006).

This article provides a case study of an Australian third sector organization undergoing professionalization. It examines how organizational space and dynamics are altered through such processes, and explores a range of staff and volunteer experiences and perspectives on these alterations. Through this exploration we reveal that professionalized third sector spaces may still be 'community' spaces where individuals may give and receive care and services. Moreover, we find that these community spaces hold potential for resisting the neutralizing effects of contracting.

Background

Third sector organizations have held a central role in representation and advocacy for marginalized groups and individuals for some time; it is widely recognized that they are able to provide services and support to marginalized and disadvantaged sections of the populations which governments find dif-ficult to engage (Lyons, 2001). Over the last decade, Australian third sector organizations have undergone substantial changes to their role and position relative to other sectors, and are increasingly recognized as key stakeholders in social and economic issues and important providers of health and welfare services (Phillips, 2005). Popular discourses of social inclusion in both Australia and the United Kingdom have renewed policymakers' attention

to the role of third sector organizations in delivering health and social policy objectives (see Kelly, 2007).

Prior to the 1980s, third sector organizations involved in community service provision and/or advocacy for specific groups were primarily funded through grants schemes and subsidies, whereby funding was not allocated for specific services (Phillips, 2005). Since this time there have been shifts towards contractual, tied funding programs between third sector organizations and State and Federal governments. These shifts have fundamentally altered the relationships between organizations and governments. More recent policy trends have also favoured increased collaboration and partnerships between sectors. The implications of these changes for organizations: 'include questions of not only whether – and how – to engage differently with governments, but also how to adapt their own organizational practices, and how to engage in new ways with the corporate sector, and with other [third sector organizations]' (Barraket, 2008: 10). These changes raise questions at a variety of levels about how health and welfare services will be delivered, and received, by individuals and communities.

It is broadly accepted that recent changes regarding inter-sectoral collaboration between third sector organizations and governments present a 'widespread challenge both to the way non-profit organizations have actually operated and to popular conceptions about how they are supposed to behave' (Salamon, 1997: 8). Some academics believe that partnerships have not been fully integrated into existing, and prevailing, concepts of the sector and consequently remain 'suspect' (Salamon, 1997). Partnerships have also led to questions about the ability of organizations to fulfil their core mandates, such as advocacy and representation (Maddison et al., 2004; Phillips, 2005; Owen and Kearns, 2006). With regard to its role in advancing health and welfare, the partnership approach is seen to present inherent challenges; while increased capacity for service provision can be understood to benefit individuals and communities, the strength of third sector organizations to achieve where governments cannot often relies on their close networks with communities. Some suggest that, through incorporation within mainstream structures, partnerships with government can undermine organizations' connections with community groups and thereby their unique contributions (Brown, 1997). Here, contracting is seen as a mechanism of the neoliberal agenda, which may serve to erode organizations' 'capacit[ies] to develop trust and maintain networks [with communities] as well as limiting efficacy in promoting social change' (Owen and Kearns, 2006: 117).

Social geographers have contributed much to debate in this area, providing spatial analyses that demonstrate the tensions inherent to working in the third sector (see, for example, Wolch, 1989, 1999; Deakin, 1996; Brown, 1997; Milligan, 2001; Fyfe and Milligan, 2003b; Bondi, 2006; Conradson, 2006; Milligan and Conradson, 2006). In particular, such work

has drawn attention to the consequences of new relationships between state and third sector on organizational spaces (see, for example, Brown, 1997; Fyfe and Milligan, 2003a; Bondi and Laurie, 2005; Conradson, 2006; Milligan and Conradson, 2006). This work has revealed a trend which stretches across both nations and the diversity of individual third sectors. In the UK, the USA and New Zealand the processes of what has become known as 'professionalization' and/or 'bureacratization' of the third sector is now well documented (see, for example, Wolch, 1989; Brown, 1997; Fyfe and Milligan, 2003a; Bondi and Laurie, 2005; Jenkins, 2005; Laurie and Bondi, 2005; Owen and Kearns, 2006). Professionalization and bureacratization are seen as 'a key instrument of the neoliberal project, contributing to the co-optation, incorporation, and neutralisation of alternative ideologies and ways of being' (Jenkins, 2005: 613). Through the demands of contracting the 'values and philosophies of agencies external to [the third sector] can have a significant bearing on the dynamics of … organizational space' (Conradson and Milligan, 2006: 291). Here, organizations can become co-opted by the demands of the State, becoming part of a 'para' or 'shadow' state (Shaver, unpublished work cited in Wolch, 1989; Altman, 1994). These organizational changes can have significant implications for the users of services (Conradson and Milligan, 2006: 291). Fyfe and Milligan (2003a: 407) argue that within professionalized third sector organizations 'service users [become] consumers of welfare delivered by a professionalized workforce of paid staff and highly trained volunteers'.

Brown (1997) and Fyfe and Milligan (2003a) stress that the process of professionalization should not be deemed as wholly negative. Increased funding gained through contracting often enables organizations to under-take a greater scale of work and offer services to a wider range of people. This has become known as 'the paradox of the shadow state' (Brown, 1997: 116; Fyfe and Milligan, 2003a). However, professionalization and bureacratization is predominately seen as detrimental to organizational spaces and services, creating a sector which is 'inappropriately dependent on the state' (Owen and Kearns, 2006: 121).

This article provides an exploration of how professionalization has shaped the spaces of an Australian third sector organization. In doing so, we challenge the belief that professionalized space cannot also act as a nurturing space for the delivery of health and welfare services, and act as spaces of resistance to the 'neutralizing' effects of the 'neoliberal project', as described above (see Jenkins, 2005: 613). To do this, we draw heavily on Conradson's (2003a, 2003b) work on 'spaces of care'. Concurrent with Conradson's work, we have adopted his broad definition of care:

> [care is] present in everyday encounters between individuals who are attentive to each other's situation, who perhaps provide practical assistance or who simply make time to listen to what the other has to say. It is about a movement towards another person in a way that has the potential to facilitate or promote their well-being. (Conradson, 2003a: 508)

In this sense, the term 'care' incorporates both the informal ways through which organizations provide support, or assist individuals, and the formal service provision functions that they undertake.

Conradson's conceptualization of 'spaces of care' does justice to the spatial dimensions of care giving and receiving.[1] Space is more than a backdrop; spaces, and spaces of care, are co-constructed and contingent upon individual subjectivities. This is because space plays a critical role in creating identity (Keith and Pile, 1993; Massey, 1994; Pile and Thrift, 1995). Just as individuals' subjectivities or identities are created intersubjectively with other people (see Berger and Luckmann, 1967), so too are they created intersubjectively with space. This can be contextualized by the notion that we are different in different spaces:

> We may observe significant changes in subjectivity – our sense of self, who we are and feel able to be – across different spatial settings. In immediate terms, people may thus speak of 'feeling comfortable', 'somewhat awkward' or 'more able to be themselves' within particular environments. We may notice shifts in both mood and affective state, from feeling (say) confident to somewhat diffident, when moving between settings. (Conradson, 2003a: 509)

Creating a space of care is therefore dependent upon how the space in question shapes individuals' subjectivities or identities. What is experienced as safe and caring for one person may therefore not be for another. The broader circumstances of individuals, away from the space of care, also shape their ability to 'move towards others … [and] engage' (Conradson, 2003a: 508). The processes of care giving are relational and thus the creation and endurance of a space of care depends upon an individual's willingness to be receptive of care and engage with the space in which it is being given (Conradson, 2003a; Halford and Leonard, 2003).

Due to the co-constructed and relational nature of space, and spaces of care, staff and volunteers at the organization discussed in this article differed markedly. Through a discussion of these differing accounts we explore the idea that professionalized third sector spaces may still act as spaces of care and resistance.

The setting

The research upon which this article is based aimed to provide a case study analysis of the changing relationships between third sector organizations and governments, and the impact of these changes on organizations. For the purposes of confidentiality, the organization in which the research was conducted will be referred to as the 'Oliver Smith Council'. The Oliver Smith Council is a community-based, third sector organization for people affected by hepatitis C in South Australia.[2]

The Council began when a hepatitis C-positive clinician advertised a public meeting for those affected by the condition. This meeting took place

in 1993, and uncovered a group of individuals who were seeking information and support regarding hepatitis C. This group, in conjunction with several supportive clinicians and healthcare workers, developed into what is now known as the Oliver Smith Council. From its inception two distinct and prevailing roles were established – effecting political change and providing, and advocating for, accurate information and support to those affected by hepatitis C. In the early stages, this unincorporated group met in people's living rooms to develop and distribute resources for individuals requiring information.

In late 1994 the Oliver Smith Council shifted from an informal association of individuals to an incorporated business under the South Australian Incorporation Act of 1985.[3] As an incorporated association, the Council's role was to provide information and support for, and advocate on behalf of, those affected by hepatitis C. As the demands on the Council, and its workload, grew, it moved to its first official office. This move, in conjunction with the appointment of its first paid employees, occurred in 1996. The acquisition of this state funding was the beginning of a partnership between the Council and State and Federal governments. The move that this partnership enabled, from people's living rooms to an office, marks the beginning of a process of increasing organizational change resulting from funding ties.

As the Council continued to expand and acquire more state-derived funds, it soon outgrew its first office. From this time, until the time of writing, the Council changed premises three more times to increasingly 'corporate' or 'professional' (to use the language of those who work at the Council) spaces. The professionalization of the organization's space was paralleled by increasing partnerships with government, and other third sector organizations involved in hepatitis C prevention, services, support and care. As of late 2004 the Council has been housed in a large Victorian-era house, substantially renovated to look and act as office space. During this time the organization has also taken on different roles. As desired by the South Australian government, the organization now undertakes prevention work and provides an increasing level of services, not just to people affected by hepatitis C, but also to other organizations and institutions. It is this state of flux which made the Council an ideal location to explore the effects of increasing government partnerships on organizations.

Methodology

The research comprised observational techniques combined with in-depth interviews with a selection of workers at the Oliver Smith Council. The research was granted ethics approval from a university Human Research Ethics Committee.

Participant observation

Four months of overt participant observation was conducted at the outset of the project. The research sought to identify the effects of increased government partnerships and contracting on organizational dynamics. During this time, one researcher participated in volunteer work, attended the Council's functions and activities and observed staff and volunteers at the organization on a daily basis. Detailed field notes were kept during this observation for later analysis. During this period of observational work, themes were identified and developed. These themes were later used for constructing an interview guide for semi-structured in-depth qualitative interviews.

Interviews

After the four-month period of observation, a selection of volunteers and staff at the organization were interviewed. In total, nine staff and volunteers took part in interviews, which represented approximately half of the workers at the organization. Individuals were selected through a combination of willingness to participate and position. At least one staff member from each of the organization's four internal sections was interviewed, and at least one volunteer from each of the two groups of volunteers. In total nine staff members were interviewed, drawn from management, Board of Governance, administration, education, support and resources and three volunteers. Details of interviewees' involvement in the organization can be found in Table 1.

Discussion group

After the four-month observation stage was completed, staff and volunteers were invited to take part in an on-going discussion group. This group was convened monthly from the end of the four-month observation period until the analysis of results was complete. Five staff members were recruited for

Table 1 **Participant involvement**

Worker (pseudonym)	Years with the organization	Section	Employed	Volunteer	Previous volunteer
Sam	>10	Education	Yes	No	No
Frank	>10	Positive speaker/ Support line	Yes	Yes	N/A
Cathy	>10	Support line	Yes	No	Yes
Gail	>10	Management	Yes	No	No
Frankie	1	Education	Yes	No	No
Tom	>10	Board	No	No	Yes
Ryan	4	Resources	No	Yes	N/A
Lily	>10	Administration	Yes	No	Yes
Kate	>10	Education	Yes	No	Yes

the group, including the manager, a member from the organization's Board of Governance, administrative staff, resources and education staff. While no volunteers chose to take part in the group, several of the group members had undertaken volunteer work within the organization prior to obtaining paid positions. The findings from analysis of field note data, interview transcripts and documents obtained from the organization were explored in an iterative manner with discussion group participants.

Upon the completion of data collection, field notes, interview transcripts and internal organizational documents were analysed thematically. Two main, inter-related themes were identified during this process: spatial changes taking place in the organization, and the organization's relationship with its community. While these themes are inter-woven, the material presented in this article is principally concerned with the first of these main themes.

Findings

For workers (both staff and volunteers) at the Council, space, and the spatial changes they experienced and noticed in their organization, operate as an important explanatory framework. To articulate the changes that increased collaboration between sectors has precipitated within their organization, workers draw spatial comparisons between the types of premises the organization used to occupy and where it is currently located. Workers describe two types of shifts occurring – both at spatial and ideological levels. First, workers discuss a shift in the way that the Council is able to provide 'care', and the ways in which individuals are able to engage with the organization to receive 'care'. Second, workers describe the formation of physical, and in turn mental, boundaries within the organization – between staff, between staff and volunteers and also between the organization and the community.

In this section of the article we present material from interviews and ethnographic fieldwork, to elucidate these two shifts experienced by workers. In doing so, we explore different experiences and accounts of professionalized space.

Professionalized spaces as spaces of care
Workers at the Council explain that in order for the Council to assist people affected by hepatitis C, and provide care to such people, the organization must remain a place where people affected by hepatitis C may come and receive information and support, and are given a chance to discuss their condition openly. In other words, it is important to the workers that the Council remains a space where people affected by hepatitis C can be cared for.

The spatiality of the organization affects individuals' perceptions and experiences of the organization and, more broadly, their perceptions and

experiences of hepatitis C. Ultimately, it determines people's willingness to engage with the Council as a space of care. Creating a space of care for people affected by hepatitis C is challenging – hepatitis C affects a diverse range of people, who may seek very different things in a space of care. While many people affected by hepatitis C can be considered marginalized, such as injecting drug users, homeless people, people who have spent time in incarceration and indigenous populations, the disease is not restricted to these groups. The Council must therefore negotiate multiple and diverse needs.

As discussed earlier, as the Council has acquired increased funding, and subsequently taken on new roles and responsibilities, it has come to occupy increasingly 'professional' spaces. That is, the organization no longer occupies small, run down houses and premises, but is now housed in an office. This organizational transition has changed the spaces in which it offers care. In the following quotation Sam, a staff member in the education team, reflects on these changes:

> The last place we were in was like a small house … people really liked the feel of it, walking in off the street … but to come into this, I see it as much more professional and maybe for some it's a bit alienating whilst for others it would be quite positive … to outweigh some of the negatives of the stigma of hepatitis C … so it's like 'of course this organization deserves a nice place to work'. But I think … in the growing … some people feel they get distanced from maybe having a sense of input or ownership.

To illustrate how these different types of spaces interact with, or affect, people's subjectivities differently, we provide two brief narratives of people who engage with the Council as a space of care.

Ryan Ryan volunteers at the Council for support and to keep himself abreast of changes that are occurring with hepatitis C treatments. Ryan has had counselling for his hepatitis C in the past, and it was suggested to him by his counsellor that volunteering at the Council may help his depression and self-esteem. Through volunteering Ryan receives support for his hepatitis C and enjoys the social contacts he makes through his involvement with the Council. He first began volunteering in the space of the old Council and feels strongly about the changes in the increasing professionalization of the organization. Originally, the Council space and the act of volunteering affected him positively; he found it welcoming and inclusive. In the new space of the Council, however, he has begun to feel disconnected.

> I've made a lot of friends and acquaintances here. That is the main thing that keeps me going, although that has dropped off a bit in that the social side for the volunteers has dropped off considerably … It [has] not only changed for the volunteers, in my opinion, it's changed for affected people out in the community, past and present. I remember back at the old Council we used to have many visitors. They were always welcome. They're always welcome here but this is a very different sort of office compared to the old place. The old place was very

homely, it was a house with a built-in kitchen, with a veranda immediately out the back. People who had worked here before, people who had been affected, people who had had liver transplants, I used to get to meet all sorts of people in that little area.

[Volunteering] has not been so enjoyable. In both ways, both in the social aspect, because I don't feel that this building is conducive to that kind of thing … you see there's nowhere to sit down outside any more, forget about going outside. [Being downstairs] is another problem, something I didn't like at first … the house was sort of a little bit more open in that people were very close, but I understand they had to come out of there because it was getting too crowded, but people weren't so far away. I don't think this is a supportive place for affected or infected community anymore. We don't have a drop-in [environment] anymore.

Lily Lily works in Administration at the Council; she was not involved with the Council it its previous location. However, Lily approached the Council for volunteer work when it was located within the State's drug and alcohol services. When Lily first approached the Council in its previous location she did not experience the Council as a safe place and could not engage with it as a space of care, due to her perceptions of hepatitis C. In contrast to Ryan, however, the new Council's 'professional' appearance has enabled Lily both to give and receive care:

When I was [at the old Council] … I wasn't there for a long time because it was located at the back of a drug and alcohol clinic … it was this pokey little place, which really when I first saw it I thought – this isn't good. It wasn't. While the people were nice it just didn't seem professional, it didn't have that sense that they could get things done. It was very chaotic, chaotic in some ways, very laid back in others. I had the impression that everyone but me must have been a full-on druggie, had all sorts of life issues. [I thought] are they going to come out and stab me? But that was just paranoia at first diagnosis. I think even here though, because of the stigma, there seems to be a lot more people who access the services here … I don't know if it's a lower socio-economic background, but certainly it's people who are on disability … they're the people who perhaps don't have supports outside … I know that the injecting drug users are one of the main targets … but there are a lot of others as well that I think wouldn't come to the Council because they don't want to be associated with that. Again I think that's the stigma. There might be a person who injected a few times in their younger years and don't want to let people know. They assume that by coming here [that] other people might see them with [someone with] long hair and tattoos and think 'oh no, they're gonna think I'm a druggie!' … I hear that all the time – 'I didn't know she took drugs'.

I think the change of building and the change of location [has reduced that] … When I came back this time it was into this building, which was a beautiful building – everyone seemed really positive, it was very welcoming … [When] people hear 'hep C' they just think of people lounging around injecting drugs and drinking heaps, generally having a party of a life … but when they walk into an office and there's a reception, a library and resource centre, it all looks good.

It's that first impression thing, yes this is a professional organization, it's not a haphazard bunch of people who got together.

Ryan and Lily's narratives demonstrate that radically different experiences of the Council exist side-by-side. Ryan's discussion of the spatiality of the Council demonstrates his uneasiness with the 'newness' of the building: that it lacks the lived-in, or homely, feel associated with a building which has been in use for a substantial period of time. Similarly, Ryan's sense of 'ownership', despite being a volunteer, is diminished by the office-like appearance. The lack of informal meeting areas, and the 'office' layout of the new Council means Ryan feels isolated, as demonstrated by his comment that people are far away. In contrast, Lily feels that the spatiality of the Council helps to undo the stigmatized nature of the disease. Her experiences of the Council's former space exacerbated her concerns at first diagnosis, particularly that people would think she was an injecting drug user. In contrast, the 'professional' appearance of the Council's current spatiality is more congruent with her subjectivity. For Lily, the Council's new space makes her feel 'positive' and 'welcome'. Lily now feels she can 'give care' to others because she is now more confident about the organization and its appearance. Ryan and Lily's narratives demonstrate the socially fragile nature of a space of care; care giving processes are relational and dependent upon the ability and willingness of individuals to engage with the space and receive care.

Both Ryan and Lily make a broader statement about how the community perceives the Council and its operations based on their experiences. Ryan is concerned that people in the community will feel like him – distanced from the Council as a place of support and care. For Lily, however, the new and office-like appearance shows that the Council is now a place which can 'get things done' and will therefore have broader appeal. Although all workers acknowledge a change in the Council's spatiality and atmosphere, not all are as strikingly affected by it as Ryan and Lily. This can be seen in the following comments from workers:

I think [the old Council] was more of a laid back casual atmosphere really … the atmosphere's changed I think. I don't think it's any less welcoming to people though, I think it's a better thing, it's just that before it was more casual. (Frank)

The larger community, we've always had a space for when people come in place … there was always space where they could have privacy and have a meeting. It's more in terms I guess of the [people] who come in and work here, those community members. Yeah maybe I do feel a little bit … that it's been kind of lost. (Gail)

Through the acquisition of state funding and increased collaboration, the Council has come to occupy more 'professional' spaces. This shift bears consequences for the organization's interaction with community

and its ability to provide care. Sam captures the complexity of the organization's position well in the following statement:

> The Council needs to be professional to be responsible to our community. I think it's important that we're able to advocate for a diverse community at higher levels. In order to do that we need to be perceived at those higher levels as being professional because if we're perceived as being a tinpot organization … we're limited to what we can do. We're limited in what we can achieve for the people we're here to service and that's very important.

Sam's statement and Lily's narrative demonstrate that the increased partnership between the Council and government has had a transformative effect upon the space of the organization. We use the term transformative to emphasize that the changes that have taken place have not necessarily created 'better' or 'worse' spaces. As Lily's narrative demonstrates, professsesionalized spaces may still act as spaces of care, although they work differently as a medium for care giving and receiving.

Forming boundaries

The second shift to the Council's spatiality experienced by staff was the formation of new physical and mental boundaries within the organization. The term boundary refers to a sense of disconnection, or distance, from other workers or the organization as a whole. This distancing has both physical and mental dimensions. Workers at the Council explain their experiences of this boundary formation through discussions of space, and once again, drawing comparisons between the old spaces of the Council and its current spatiality. It is perhaps not surprising that workers at the Council articulate their experiences in terms of the Council's social and spatial history. Soja (1996) contends that we must recognize that sociality, spatiality and history are linked; the weight of historical associations, understandings and interactions, impact upon what social actors do, socially and spatially, in the present.

In the spatial comparisons drawn between the old and new Council, workers explain that in the old space of the Council they experienced the organization as 'hands-on' and with diminished boundaries between workers. This can be seen in the following comments from workers:

> [It] was just like whoever was on hand would help. (Frank)

> If something had to be mailed out it was all hands on, for everyone to pitch in and get it done. (Cathy)

> [When we were smaller] we had more interaction … you may not have been able to tell who was what [kind of worker]. (Gail)

However, in the new spatiality of the Council workers feel that the layout, or internal spatiality, organizes them into separate sections and has no informal meeting areas. More specifically, workers at the Council notice, and comment upon, the boundaries forming between paid staff and unpaid volunteers:

> The whole volunteer thing is a bit different … initially when volunteers first came in … we were only a small organization and we all had probably a lot more to do … they were just there in a small organization and you'd get to see them all and have more interaction with them. (Gail)

> Generally speaking you tend to have a bit less interaction [with the volunteers] … it feels different … I don't know if that's just a matter of the size of the organization. I would say that volunteers who were involved initially – we had a lot to do with them and knew them very well, and I would feel like all of us knew them very well. (Sam)

Workers feel that the spatiality of the new Council 'sections them off' and reduces interaction. Decisions, which once involved all workers, are now more likely to be made separately by individual teams or sections within the organization:

> I think the structure is different … [the] volunteers, they come in on certain days and they tend to stick in the phone-line … there's not that movement across all the areas and I think it's about having these more kind of structured areas now than we did at one point. (Gail)

In their spatial comparisons workers are particularly concerned with the absence of informal meeting space. For example, workers talk of missing a 'kitchen table' in the new Council building. The kitchen at the old Council provided an opportunity for informal gatherings which broke down boundaries between levels of workers and ensured the integration of volunteers and affected community into the organization. This can be seen in the following statements made by workers:

> I know that people would probably like a good space around, for both staff and volunteers … a more informal meeting and joining place. There doesn't seem to be that so much in this new set up … it tends to be within your own sections now, and I think that's a thing of the size of the place … it has to have something to do with kind of where you place your values too doesn't it. (Gail)

> I suppose I miss not having a kitchen, because [previously] we had a kitchen area where we would sit. At [the previous location] we had a large room … and that was sort of like a kitchen as well, but it was sort of a workroom. The communication that happens there quite informally is important. (Cathy)

> I'm aware of people that volunteer, [their] attitudes around their space in this place and the start of attitudes. We [don't have] a good eating place in this place … whereas [at] the last place certainly the kitchen was kind of almost the heart [of the Council]. A lot of things happened around the kitchen table in the last place. (Sam)

Workers' concerns about boundaries, and the lack of informal collaboration within the organization, speak to a larger concern about how services are delivered by and in the organization. The changes to the organization in this regard, and the challenges it presents, were discussed in the previous section; Lily and Ryan's narratives presented the idea that

'community' is interacting with the organization differently in its new spatial environment. This concern is reflected again in workers' discussions of boundary formation and can be seen in the quotations below. It is worth noting in these discussions, workers use 'community' in a unique way. Rather than just representing a group of people, 'community' is also used to describe a set of values related to being a 'community-friendly':

> I feel like community is being left behind, because that's how it is, the further up the corporate ladder [we go] and the more of the peak body stuff we get into, the more bureaucratic we become. It's just a way that things happen, so community get left out. I think that's part and parcel of things getting bigger … I think the community is being left behind. (Kate)

> It's becoming more impersonal. (Ryan)

> I do worry a little bit that some of the community, they may not access the Council if it's a bit more like that … it might seem a bit more, I don't think that it's professional but more like a, I don't know what's the word I'm looking for, kind of a strictly structured organization really where it's not really community friendly maybe. (Frank)

> I think it's become more corporate. It used to be really community focused. (Kate)

> When I talk about the place being lifted up to another level, it's become more professionally effective, but I don't necessarily think it invites people in. (Tom)

Consistent with existing literature, workers' comments suggest that through a profesionalization of organizational spaces and practices the Council has been able to offer more services to a wider range of people. However the claims that it has lost its community focus and accessibility may not be so straightforward. While workers described the organization and its spaces as increasingly 'professional' we contend that the organization's spaces did not *remain* clearly delineated as 'professional' in the way workers have described throughout this article. During the course of the research, artwork from community projects was placed throughout the organization and meeting rooms for decoration, along with newsletters, posters, cartoons created by community members and memorabilia of Council events and people. These 'professional' spaces, as described by workers at the Council, also increasingly performed dual roles at different points in time; on some days they were used for meetings with partners (either from within the sector or government), while on others support meetings for community members were held there. Thus, rather than becoming professionalized, spaces within the organization were more ambiguous – retaining features of both 'community' and 'professional' spaces. When asked about these more ambiguous spaces one worker explained:

> We use the building space … to promote the work we do in [our] 'outreach programs' – to provide a space for people's 'experiences of hepatitis C' to be seen by others who come into our building – which does include some people with hepatitis C, but also other workers, our funders, sometimes politicians and

the general public. Thus the building space reflects our key relationships – people with hepatitis C … by having their 'stories' on show, as well as the workforces who provide services to these groups and our funders [through having] a 'professional' looking space. (Gail)

In such a way, these spaces allowed entry into the para or shadow state, but may also be resistant to what Jenkins (2005) calls the 'neoliberal agenda': 'It is an attempt to provide a space that works as a "meeting point" for all those we have relationships with, to be able to come together … and hopefully acknowledge each other' (Gail).

Just as professionalized spaces have been found to bear consequences for the running of the organization and service delivery, the ambiguity of these spaces, or the intermingling of 'community' and 'professional' spaces, opens up new possibilities for relationships between third sector organizations, their community groups and the State.

Conclusion

Many authors have commented upon the professionalization processes which have occurred in a range of third sector organizations as a result of government funding (see, for example, Wolch, 1989, 1999; Brown, 1997; Salamon, 1997; Fyfe and Milligan, 2003a; Bondi and Laurie, 2005; Jenkins, 2005). Often these processes are understood to draw organizations away from their community groups as they become increasingly aligned with the State (Brown, 1997; Laurie and Bondi, 2005; Owen and Kearns, 2006). This article has explored workers' experiences of changing organizational space through the processes of professionalization. In doing so we have shown that professionalized third sector spaces can still be community spaces and spaces of care. Moreover, through the intermingling of community and professional spaces new third sector spaces are created which may afford opportunities for new types of engagement between organizations and the State. There is a need to investigate further these ambiguous third sector spaces, both at an empirical and theoretical level. Such investigations may aid in the conceptualization of the third sector in an era of increasing partnerships between sectors.

Notes
1. The term 'spaces of care' is increasingly used to refer to a variety of non-medical, therapeutic landscapes (see, for example, Kearns and Joseph, 1993; Barnes and Shadlow, 1997; Philo, 1997; Conradson, 2003a, 2003b; Parr, 2003).
2. More specific geographical and demographic detail relating to the Oliver Smith Council cannot be provided. The research is subject to a strict embargo aimed at protecting the identity of the organization.
3. When a body is incorporated it becomes a legal entity separate from those who govern it. In Australia, it is then eligible to receive state and federal funding (AIA, 2007).

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