(re)Structuring the agency: Agency working arrangements and social care in the era of austerity and beyond.

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Abstract

In Ireland, the austerity era of recent years brought (un)employment to the fore in a manner not seen since the 1980s. Within the arena of health and social care, this was epitomised by the 'embargo'. Confined within an embargo process, recruitment agencies became a first choice response to maintaining service delivery in a deepening recessionary period. Located against this backdrop, this study explored agency-working arrangements in social care through the use of semi-structured interviews with service provider managers (n=3) and agency social care workers (n=6). Analysed using a variation of conventional content analysis; these interviews reveal a central tension between the flexibility afforded by agency working arrangements and the instability that such arrangements can foster. Although flexibility and variety in agency based employment arrangements can be beneficial for service providers, and in certain stages of career development for social care practitioners, underlying tensions arise within such working arrangements, which have a particular resonance for the social care profession. Most notably, the relationship based nature of social care practice can be disturbed by a restructuring of traditional employment pathways, especially in relation to continuity of care and practitioner support and development. Nonetheless, the findings also reveal that the extent of disruption is being dampened by adaptions to the agency process by service provider managers and social care workers through a 'pooling' approach to agency staffing. As such, the findings of this study both reflect common themes form literature surrounding agency working, while also observing subtle nuances. The implications of agency working for social care practice are considered, as are potential longer-term impacts given the context of impending registration of social care workers.

Keywords

Embargo; agency working arrangements; social care practice; employment

Introduction

In 2012, the voluntary representative body for recruitment agencies, the National Recruitment Federation (NRF), announced that the number of agency workers in Ireland had surpassed 50,000 (Broadlinerecruiters.com, 2012). At the zenith of a recession and national employment crisis, any work may have appeared to be welcome. While previously the poster child for what small open economies could achieve in a globalised world, Ireland was now in the discomforting position of rapidly becoming the poster child for austerity, recession and joblessness (Allen and O'Boyle, 2013). The 'Celtic Tiger' had been fuelled by cheap credit and created a housing bubble, which burst spectacularly with the onset of the global economic crisis (Drudy and Collins, 2011). This drove Ireland into a period of spiralling national and private debt that revolved around banking crises and closures, job losses, public sector retrenchment and moratoriums, pay cuts, tax hikes and encouraged a return to emigration on a scale not seen for almost a generation (Drudy and Collins, 2011; Clarke and Newman, 2012; Allen and O'Boyle, 2013). At the coalface of service delivery, where the climate was shaped by a backdrop of embargos and moratoriums, the expansion of agency employment would therefore have come as little surprise to many. The Health Service Executive for instance, required agency workers to "fill 1,400 full-time posts in any given week" (Walsh, 2012). Thus, it was clear that within the austerity climate, traditional pathways to employment were undergoing a rapid revision.

Employment of social care practitioners in Ireland has traditionally been through direct contract with a service or organisation. The usual characteristics of such employee - employer relationships involved being full-time, permanent, pensionable and secured (Vaiman, 2010). The austerity era of the last eight years has changed employment patterns generally and the field of social care has been no exception. In many ways, direct employment pathways were all but wiped out by the employment embargo placed upon the Irish health and social care sector in 2008. In response the introduction of alternative employment strategies emerged to address the on-going needs of service provision. This resulted in the transition of non-regular working from a strategy of exception to one where it became far more normalised.

Though non-regular working is an increasingly common employment strategy across the world (Allen, 2002; Arrowsmith, 2006; Burges et al., 2004; Butt et al., 2009; Baines and Cunningham, 2015), it is often difficult to profile or classify due to an array of contract types and a diverse terminology (OECD, 2014). For example, a plethora of terms have been used to describe such types of employment including 'contingent workers' (Connelly and Gallagher, 2004; Vaiman, 2010; Carey, 2011), 'non-standard employment' (Spoonley, 2004; Cremers, 2009), 'employment externalisation' (George, 2003), 'flexible employment' (Dutschke and Boerner, 2009) and 'temporary agency working' (Ward et al., 2001). As such a gamut of terms indicates, what is emerging in

many instances is a "blended workforce – groups of employees within the same organisation who are in a variety of work arrangements" (Thompson and Mastracci, 2008, p. 363).

While debate may continue to surround which term best fits non-regular employees, the utilisation of non-regular employment continues to increase unabated (De Grip et al., 1997; Kalleberg et al., 2003; Gallagher and Connelly, 2008). Indeed, in most advanced economies non-standard employment has been growing faster than the rate of full-time work (Spoonley, 2004) and non-regular working is becoming "a significant feature of the employment landscape in most OECD countries" (OECD, 2002, p. 130; OECD, 2014). Moreover, further growth in the category of non-regular employment is likely. For example, it has been predicted that employee conditions will come under further pressure, with demands for more flexible working hours (Society for Human Resources Management, 2011).

It is within this context of a shifting employment landscape shaped by an employment moratorium that this study is located, with a specific focus on examining the emergence of agency working in social care. Agency working can be characterised as a "three-way' or "triangular" relationship…whereby the agency employs the worker and places him or her at the disposition of the user company" (Davidov, 2004, cited in Sheikh, 2008, p. 1). The agency's primary responsibilities within such arrangements are seen as focused toward meso-level administrative tasks, such as certification (for example, health and safety, child protection), taxation and payroll and, securing employment with user companies. The service provider or user- company's remit, is concentrated at more micro-level immediate matters, such as rosters, organisational policies and day-to-day work schedules. Thus, it is suggested that risk and administration is the responsibility of the agency, while the client organisation handles coordination of the worker on a daily basis (Claes, 2005). While such linear explanations of the employment relationship may be appealing in their simplicity, the introduction of a third actor to the employer-employee relationship presents challenges to the traditional 'psychological contract' within which both employee and employer were fairly clear on "their mutual obligations … towards each other" (Guest and Conway, 2002, cited in Farrelly, 2013, p. 6).

Social care is a profession "characterised by working in partnership with people" (Irish Association of Social Care Educators (IASCE) cited in Lalor and Share, 2009, p. 7), through engaging in a mutual life space with clients, "delivered through day to day shared life experiences" (Joint Committee of Social Care Professionals, 2002, p. 9). In light of the relationship-based nature of social care work, shifting structures of employment and their potential impact are clearly worthy of study. Furthermore, supporting supervision for social care practitioners in work of this nature is crucial to standards of practice, continuing

professional development and practitioner health (Children's Act Advisory Board, 2009; Depanfilis and Zlotnik, 2008; Schuck and Wood; 2011; Carpenter et al., 2012; O'Neill, 2013; Doyle, 2014; Leonard, 2014; Byrne, 2016). Indeed, literature highlights the value and importance of continuous supervision and up to date information and training, particularly when direct care staff are engaged in changing environments and conditions of practice (Dychawy-Rosner et al., 2000).

The findings of this study suggest that contemporary social care practice may be becoming increasingly restructured by agency working arrangements. However, this restructuring is being shaped by the agency of social care managers and practitioners, who remain wedded to the relational foundations of social care practice. Such findings and their implications are especially timely given that registration is impending for social care workers and that registration is crucial for the advancement of professional identity (Oireachtas, 2005). This is not least because commitment to professional identity is shaped by employment status and, in turn, impacts upon perceptions of career development (Allen, 2011).

This paper is divided into three sections. The first, details the study's methodology, including ethical requirements. Section two introduces, briefly, social care practice as viewed through the lens of tendencies and dispositions, which are developed initially through education and then continually shaped by the relationship and shared life-space nature of social care practice. Section three outlines the main themes from interviews with social care managers and practitioners and explores the manner in which agency working arrangements are shaping social care practice. In addition, it explores potential implications for practice into the future.

Methodology.
To explore the manner in which agency working arrangements were shaping social care employment and service provision, a qualitative approach, utilising semi-structured interviews, was selected. Initially, it had been hoped to interview agency managers, service provider managers and agency social care workers, so as to capture views from the triumvirate of parties involved. Employment agency managers were contacted, provided with details of the study and invited to participate first. (This was in part because agency managers could facilitate raising awareness of the study amongst agency social care workers.) However, none of the employment agencies invited to participate chose to do so. This is a phenomenon that has also been encountered in other jurisdictions (McClure Watters, 2014).

While the reasons why agency managers declined to participate were not offered, the prevailing context cannot but have had an influence. The embargo and agency staffing were topics of regular political and media debate throughout

the austerity period, with growing attention to the costs surrounding agency staffing. For instance, by 2014, agency staffing was absorbing around 4% of the Health Service Executive's annual budget (HSE, 2014). In addition, both national and international concerns over the pay and conditions of agency workers were to the fore, and both the Republic of Ireland and Northern Ireland introduced legislation to protect agency workers, in 2012 and 2011 respectively. Against such a backdrop, there may be little surprise that agencies were reluctant to participate. Indeed, with the benefit of hindsight, it may have been naive to think they would. As a consequence, participants in this study were confined to service provider managers and agency social care workers.

When recruiting agency social care workers a further challenge was encountered. Though numerous qualified social care workers were contacted through networks and snowball sampling, many had taken up auxiliary health and social care roles with agencies in the absence of availability of regular employment as social care workers. At formulation of this study it was decided that only social care workers who were currently in agency employment as social care workers for six months or more would be included (managers were to be in employment for a year or more). Thus, individuals who had taken up other roles fell outside the scope of this study and were not recruited. A consequence of this combination of inclusion criteria and circumstances, was that participants in this study were confined to a small number of service provider managers (n=3) and agency social care workers (n= 6). The service provider managers all worked in the disability sector when the study was conducted, while social care worker participants had sampled many sectors through their agency employment(s), most also worked in the disability sector at the time of this study.

To capture the richness of participant perspectives open-ended questions were used, with participants asked to give their views on the advantages and disadvantages of agency working arrangements from the perspectives of a recruitment agency, a service provider, a social care worker and service users. Interviews were recorded with the permission of participants and were later transcribed verbatim. Analysis involved a variation of conventional content analysis (Hsieh and Shannon, 2005), in which both researchers separately examined and categorised the interview responses. Once this was completed, both researchers jointly reviewed their categories to negotiate a reduced list, and returned to the data to group all responses into these negotiated categories. The interviews yielded a wealth of data and only those that related most directly to explaining how agency working arrangements are shaping social care provision for managers and workers are reported here.

Ethical approval was sought and granted by both authors' institutional research ethics committees in advance of this study and participants were provided with an information sheet that outlined the details of the study and independent

contact details, should any issue arise. Participants were invited to raise any queries or questions prior to interview and, they co-signed with the researcher a consent form prior to interview. Other than minor practical questions at the time of interview, no queries or issues were raised by participants at interview or post-data collection.

Limitations.
The small sample size, dominance of one sector and absence of employment agency managers are clearly limitations of this study and suggest caution should be exercised in generalising from the findings. It is also important to note that interviewees were self-selecting, voluntary participants and therefore may not represent the full extent of perspectives on this topic. In addition, as with any interview based study, the potential for social bias to shape responses cannot be discounted.

Social care practice tendencies and dispositions.
As social care practice traverses broad client bases, client environments and client needs, an integrative perspective and ability to apply it is required by practitioners so that they can adapt to the variety of practice demands (Joint Committee on Social Care Practice, 2002; Social Care Institute of Excellence (SCIE), 2012; Byrne, 2014). Therapy-based professions have been drawn to integrative perspectives and are founded upon the ability to combine interventions within an inclusive approach that addresses clients' needs (Brooks-Harris, 2008; Lalor and Share, 2009; Lyons and Howard, 2014). Thus, social care practice has been summed up as working "with clients using an integrative framework of professional practice theories and a relational model of contact focused upon supporting the experience of clients" (Cantwell, 2011).

As such, social care practitioners develop dispositions and tendencies toward practice that manifest through a relational model of contact directed deliberately toward addressing client needs. Put simply, social care practitioners are educated and trained to relate as the pathway for working with clients on issues and needs over time. Thus, social care as praxis, is in part formed around the "apparently insignificant aspects of the things, situations and practices of everyday life" (Bourdieu, 1991, p. 50) that are shared by social care workers and service users.

This understanding and approach is informed by, and grounded in, accepted theories of human development. For example, all human beings use relationship processes to imprint and pass on important senses of safety, care, trust and acknowledgment (Bowlby, 1958, 1969, 1970, 1973). Building strong relational ties with clients generates emotional and environmental security, and is considered of crucial importance to social care's style of practice (Lalor and Share, 2009). Moreover, social care practitioners are acutely aware that meeting a client's needs with consistency is the anvil upon which relational bonds are

forged (Winnicott, 1990). Thus, the establishment and strengthening of relational ties is commonly supported by interventions that revolve around the fulcrum of sharing life space with clients "in the context in which they live – their life world in a holistic sense" (Hogstrom et al., 2013, p. 20). Those working in the area suggest that approximately 90% of agency work for social care practitioners is in the residential sector, where consistent and extended sharing of the life-space is the norm (Buggle, 2012).

Findings
The overarching theme to emerge from the interviews was a tension between short-term and long-term factors. In the short-term, agency working arrangements were viewed in a largely positive light, especially in providing flexibility for both service providers and agency workers. In the longer-term however, the outlook became increasingly negative, as the flexibility of agency working arrangements was viewed as a threat to establishing stability, both for services and social care workers. Against this backdrop, service provider managers frequently attempted to manage the agency process to create as much stability as possible.

Flexibility and experience
Agency working is often valued for the flexibility it offers, both to services and workers (Hardy and Walker, 2003; Liden et al., 2003; OECD, 2014). Service organisations for instance, can draw upon agency workers in response to short-term demands, such as absences due to illness or injury. At the same time, agency working can facilitate flexible responses to longer-term demands or developments, such as secondment or project development (Carey, 2011; OECD, 2014). Certainly, within this study, service managers valued the former and appreciated "the flexibility and coming in at short-notice" that agency arrangements afforded (009M). Moreover, managers further appreciated that agency workers came with the "full kit and are meeting HIQA" (the Health Information and Quality Authority) requirements" (006M). Unsurprisingly therefore, managers particularly liked that agency staff came "with a lot of trappings" and that there was no need "to be watching for them to renew certs or refreshers" (005M).

Amongst agency workers, the flexibility that agency working arrangements allowed was also prized. Here, participants welcomed the facility to choose the hours that "suit me to work and I can have my weekends to myself" (008W), which is "convenient, especially when I have other things on" (002W). This flexibility afforded by agency working was seen to contribute to work/life balance and could also be used to facilitate engagement in areas such as further education, as "I would be able to move my hours so that I could still work and study" (002W).

In a similar fashion, both service managers and social care workers felt that agency working encouraged cross-fertilisation of ideas and brought valuable experience and fresh perspectives into services. It also facilitated workers in gaining a broad range of experiences across services. For example, service managers were keen to acknowledge that as agency workers were "moving around in different services...they are picking up tips and normally they bring the good tips with them" (005M). This could serve to counter "groupthink" within services as it brought in "new energy and new ideas" (005M). Social care workers also valued the manner in which agency working "keeps work fresh" and "keeps the ideas ticking over" (008W).

The opportunity to work with different service user groups in a variety of services and settings was praised highly by agency workers. As one participant commented, "you are learning as you are going along...the variety of experience helps your skill base" (007W). For less experienced practitioners, agency working acted as litmus test for potential career direction, as it allowed an "insight into where I might like to pursue. And, I have found other areas that might not be for me" (001W). A number of agency social care workers also noted that working for an agency usually attracted higher rates of pay than starting salary scales and "so you are making fair enough money without having huge experience" (001W). Indeed, one male respondent observed that because social care was a female dominated profession, within which qualified, experienced male care workers were "basically hens' teeth" he was generally able to negotiate an even better rate of hourly pay (008W).

Career pathways and role clarity
In spite of such positives both managers and social care workers were overwhelmingly of the view that agency working was a short-term option at best. Certainly, social care workers were quick to point out that:

> you don't have a career with agency...this can help to get your CV up to a good standard, but in order to build yourself a career in a long-term position, it is non-existent (002W).

As such, agency working was seen as largely an entrance or early career option, since "if you didn't find a full-time position from it... it doesn't give you that security" (001W). This lack of stability also raised anxiety amongst managers, as one respondent observed:

> where you have a mortgage and things, I do feel sorry for people on that system...I am concerned for them – God, if they don't have a wage this week. (005M).

These findings reflect general trends in the literature that agency working includes disproportionate levels of young people and that most workers take on

such working arrangements because permanent work is not available (Hardy and Walker, 2003; Connelly and Gallagher, 2004; Manuo et al., 2012; OECD, 2014). Within this study, respondents regularly pointed to agency working as the only solution to the embargo, as "with the embargo, where else are we going to get staff if we can't use the agency?" (006M). Moreover, there was a unanimous preference for permanent contracts. Not least because, while flexibility was valued, if it did not lead to more stable arrangements constantly being "on-call" could become wearing, since

> you can't really plan your life or say you can take a day off – you have to be available, you feel, most days in order to get the work (007W).

Thus there may be long-term implications for worker retention. Indeed, it has been found that those who engage in agency working because permanent positions are not available have more negative experiences than those who choose flexible working arrangements (Connelly and Gallagher, 2004).

More importantly, it is all too easy to appreciate how the collision of factors such as limited staff supports, restricted autonomy and control over decision-making, compounded by feelings of entrapment within unresolvable circumstances, would create "atmospheres of crisis and stress", which could not but have implications for burnout and retention (Bloom, 2005, p. 69; Ellett et al., 2007; Carey, 2009; Aletraris, 2010). Unchecked, the likely consequence is a point where "leaders and staff lose sight of the essential purpose of their work together and derive less and less satisfaction and meaning from the work" (Bloom, 2005, p. 69).

In part, such negative experiences may be attributable to challenges that agency working presents to the 'psychological contract', within which both employee and employer are conscious of what "their mutual obligations are toward each other" (Guest and Conway, 2002, cited in Farrelly, 2013, p. 6). Certainly, within this study, social care workers lamented an absence of, and/or confusion over, where employer responsibilities lay. For example, a recurring theme was an absence of support in cases of illness, with "very little support here from your agency and you have no benefit if you were to get sick" (007W). In relation to cases of work-related injury, there was a general lack of clarity, with one respondent noting that they had a "name to ring, but I have never been informed of anything like that" (004W). Another respondent was more direct, summing up the situation with the question "is my employer going to provide appropriate care if...if, I do end getting a bite, or worse, something bitten off?" (008W). Of concern, more than one respondent appeared to prefer not to think about such things and to "presume they [the agency] have something in place" (003W). None of the service managers commented specifically on the presence or absence of arrangements in cases of sickness or injury. Thus, it would seem reasonable to suggest that, while those such as Claes (2005) have argued that

'risk and administration' are the responsibility of the agency, the burden of some risks may fall on the shoulders of agency workers rather than recruitment agencies.

Staff management and adaptations
It was clear that social care workers and service managers were keen to ensure a consistent environment of care for service users. To this end, service managers had established 'pools' within an agency, from which they could draw, so that they could get "some consistency into the process. When we send in our requirements to the agency, we try to keep certain staff for certain houses" (006M). Another manager had similarly "made that arrangement – I roster and we send in the returns and there is no to-ing and fro-ing" (005M). For the managers in this study, this adaption was necessary to ensure consistency "because it is no good if you have A agency staff tomorrow and then a B the next day" (006M), since "people coming in and out, that are not used to the clients, upsets the clients" (005M).

Agency social care workers shared similar concerns regarding continuity of care. Here, respondents noted both the challenges of establishing relationships and the consequences when such relationships ended abruptly. For example, it was observed that "the consistency of care is not there, or the consistency of the approach. This can lead to major incidents, and it happened in the past unfortunately – through no fault of the agency staff" (002W). On the other side of the coin, a participant who had established a strong relational bond with a service user recounted, "when he didn't have me coming in, he would withdraw and he would become very quiet and unwilling to engage" (008W). In addition, challenges to maintaining a relational style of practice, often disturbed social care workers' professional values, as "Sometimes it is obvious, you know, you are not getting involved with the actual client and you really question yourself" (007W). Statements such as this may help to explain why agency workers who 'attach' to host organisations frequently suffer reductions in well-being when reassigned (Galais and Moser, 2009).

The 'pooling' arrangements helped to maintain consistency of care and allowed workers become deeply embedded in services, to the extent that one manager was keen to point out that "they are all agency staff on today and you would not know the difference" (005M). Though pooling addressed consistency of care concerns, to a degree, it raised potential human resources (HR) issues for service provider managers in terms of workload and responsibilities. Certainly, those such as Ward et al. (2001) have highlighted that agency working can facilitate agencies in shifting responsibility for workers from agency managers to host organisation managers. None the less, with regard to the responses of service managers within this study, there was nothing to suggest that this was an issue and thus, it seems reasonable to maintain that this was tacitly accepted as simply a price to be paid for ensuring consistency. Moreover, service managers clearly

viewed pooled agency workers as part of their teams. As one manager noted, there was a quid pro quo and once established with "regular hours, they were refusing to go other places" (006M).

Additionally, the comments of agency workers embedded in services suggest that agencies were content to see service provider managers absorb such administrative responsibilities, as it was noted that "sometimes we connect on the issues of acquiring documentation etc, and other than that I would not hear from them from one end of the year to the next" (002W). While another worker observed that the agency was merely for "sending in your time sheet and they put the money in my bank. That is how it works" (001W). In part, such arms-length arrangements may help to explain the lack of clarity that surrounded potential policies and responses in cases of sickness or injury.

At the same time, service provider managers raised concerns surrounding the costs of agency staff, with one suggesting that "the charges and the premiums agencies are charging us to employ the staff is becoming...you know questionable" (009M). Another of the service provider managers put a figure on how questionable and estimated that "it costs an average of €37 per hour, when you put in all the extra bits and pieces" (005M). Here again, the embargo played its part, as one agency social care worker highlighted "you cannot work unless you are registered with them. They have the contract" (003W). This was confirmed by another respondent who explained that they were now with "a fourth agency, even though I have been in the one place [service organisation] for most of my time" (002W). As such, to be eligible to get work in certain sectors, practitioners must register with the contracted agency. This dynamic of agency working differs slightly from the general norms that surround agency working elsewhere and this can be attributed directly to the embargo. Indirectly, it is a function of the health and social care infrastructure of Ireland, since the health service is a significant indirect employer under service level agreements.

Practitioner support and development
If pooling staff was convenient for agencies and allowed service managers to continue to meet service needs under the embargo, whilst also maintaining the preferred social care environment of practice, the implications for agency workers were less positive, especially in terms of development and supervision. One worker for instance highlighted that "at the beginning when we registered [with the agency] we were told we would get supervision and I have never received supervision once. I have never been asked for any feedback on how I am doing" (003W). Other participants reiterated this, highlighting that when it came to mentoring or supervision they had "never been offered it" (002W) by the employment agency. A minority of respondents did note that some agencies offered supervision on an 'as you need' basis. Nonetheless, the abstract relationship between agency and practitioner tended to diminish the support the process can offer. As one practitioner summed it up, "My work colleagues are

here {in the service}. That is how I feel about it. These are the people you are meeting face-to-face, sharing issues and problems with every day" (001W). While another respondent lamented that when it came to supervision and mentoring "You get it here in the service through the staff and management. Nothing from my official employer" (004W). Thus, again, it is services and service managers who are attempting to maintain a consistent environment of practice through addressing short-falls in supervision and mentoring for workers.

Stability
Somewhat ironically, while the embargo was in part aimed at assisting with the stabilising of Ireland's downward recessionary descent, stability was something that agency recruitment strategies struggled to deliver. This is largely unsurprising, as a focus on downsizing, outsourcing and the use of different types of employment arrangements has been noted in various sectors as fundamentally de-stabilizing (Burgees et al., 2004; Fellini et al., 2007; Carey, 2009; Cremers, 2009). Indeed, within this study, this was reiterated throughout, whether in relation to service users – "so the consistency of care is not there" (002); social care workers – "that it could all change leaves a voice in the back of your mind, saying 'don't get too comfortable'" (003W); service provider managers – "it is a huge challenge to me as a manager, because I would hate to lose them" (005M); or even the agencies – "They can be told 'listen, thanks for your time. But we have got somebody who is going to provide a better service, more cheaply" (008W). As a consequence, there was a palpable sense of discomfort amongst all the participants in this study that the working alliances they currently operated within had a very uncertain future.

Implications for Practice
This study suggests that shaped by the context of the embargo, the social care field has encountered similar trends to other sectors and jurisdictions that use temporary agency strategies of employment. In both nursing and social work for example, the challenges of maintaining consistency in relationships within such arrangements have been observed (Manias et al., 2003; Hoque and Kirkpartrick, 2008; Hoque et al., 2008; Allen, 2011; Carey, 2011). In a similar fashion, instability and the view of agency working as primarily a short-term, early career option, have been identified across sectors such as nursing, community work and social work, amongst others (Hardy and Walker, 2003; Manias et al., 2003; Carey, 2009; Cremers, 2009; Allen, 2011; Cunningham et al., 2014).

Such similarities point to the underlying restructuring that neo-liberal informed policy is having across the globe. Nonetheless, as those such as Cunningham et al. (2014) have observed, it is also possible to identify national or regional differences. In Australia for instance, the impact of New Public Management policies, of which contingency working is a key component, have tended to be

felt most strongly in employment insecurity. In the U.K. however, the most forceful manifestation has been pressure on wages (Cunningham et al., 2014).

Within this study, employment (in)security was raised consistently. The high costs frequently associated with agency staffing for health services (Hoque et al., 2008; Hurst and Smith, 2011; Kirkpatrick et al., 2011) was also mooted as an issue by participants within the study. However, the lower pay commonly accompanying outsourcing in other countries (Rubery and Urwin, 2011; Baines and Cunningham, 2015) was not a feature here. Indeed, it was highlighted by respondents that agency working arrangements generally offered a slightly better rate of pay than that normally associated with entry-level wage scales.

In spite of employment security and cost uncertainties, reassuringly, practice issues were kept in the foreground by the practitioners and service managers in this study. There were clear efforts from host organisations to make specific adaptations on the ground, so as to retain, to the greatest degree possible, social care's relational practice foundations within an agency framework. For example, host services frequently provided supervision and support to agency workers. Furthermore, all participants in this study emphasised relationship building and consistency as key to practice and also expressed concerns regarding the realities of using agency practitioners in achieving these. Adaptations made by service providers, agency practitioners and the agencies suggest they have recognised the need for consistent relationships in the social care practice field. The pooling and grouping of agency based practitioners to specific services could potentially help offset some of the challenges associated with the use of agency recruitment. Nonetheless, supports from the agencies to services and, especially practitioners, were not understood clearly and appeared, where available, to be more crisis focused than developmental.

In addition, while it is clear that participants in this study favoured service provider input for support and mentoring, a more deliberate and organised meeting of such obligations by employment agencies may contribute to improving the image of agency-working amongst staff (Olsen, 2006). In this regard, it would seem prudent to recommend that employment agencies establish regular monthly formal supervision space for employees. Not least because such standards are crucial to practice and professional development and have long been recognised as such (Department of Health and Children, 1995; Bogo and McKnight, 2006; Schuck and Wood, 2011; Carpenter et al., 2012; Doyle, 2014; O'Neill, 2013; Byrne, 2016). Once a consistent supervision pathway becomes established the potential for developing a mentoring relationship, within the agency working model, becomes more of a possibility. In addition, it would seem pertinent for agencies to encourage networking or social functions that provide opportunities for agency staff to meet. This is an approach that has been used by agencies in Australia within the nursing sector to address concerns surrounding isolation, as it was recognised that agency

nurses "were not involved usually in a supportive hospital network" (Manias, et al., 2003, p. 462). Such initiatives are likely to result in a win-win situation, as it has been found that counterproductive behaviours by agency staff are often related to perceptions of being treated "unfairly" by their agency (Conneely et al., 2011).

In the current context of the impending registration of social care workers in Ireland, it is also important to consider potential longer-term consequences of agency working. Professional networks frequently contribute significantly to career development. While agency working may facilitate the expansion of professional networks, the quality rather than the quantity of professional relationships is often more important (Seibert et al., 2001). Moreover, temporary employment status has been related both to reduced commitment to professional identity and less positive views of future career success (Manias et al., 2003; Allen, 2011). Together, such factors may act to compound each other and create a negative spiral, with implications for satisfaction, engagement in continued professional development, retention and the longer-term development of the profession (DePanfilis and Zlotnik, 2008; Aletraris, 2010; Rubery and Urwin, 2011; Byrne, 2016).

In light of such considerations, it is also important to recognise that the broadness of social care practice creates some difficulty in attempting to capture a core sense of clarity about the profession (Cantwell, 2011; Byrne, 2014; Power et al., 2016). Similarities with other health professions in role and in skill sets suggest a need to consider social care practice in essence rather than function. One possibility, which could be fruitful for research in this regard, is to consider social care practice using some of the qualities of Bourdieu's (1984) concept of 'habitus', especially as elucidated by Matron's (2008) emphasis on the importance of structure. For example, when considered as a formation process, professional social care education and training is a process through which practitioners grow and develop structured practice, with a particular focus on "ways of acting, feeling, thinking and being" (Matron, 2008, p. 51).

It would seem appropriate to conclude by reflecting on how agency working is currently shaping employment for practitioners, service users and service providers. While no working arrangement is without its difficulties, a number of the challenges discussed here raise cause for concern. Firstly, practitioners' relationship with agency employers are very administratively orientated and, at earlier stages of practitioner development a more mentoring based experience is desirable. Secondly, there is a strong potential for practitioners to find themselves in very difficult care environments and isolated from any significant supports, with implications for burnout and retention. Thirdly, the nature of the working relationship between agencies and practitioners is very limited and generates a lot of insecurity for practitioners. Collectively, all of the above could lead to a difficult work experience for any practitioner and, suggests an

imbalanced power differential between employer and employee in these types of contracts. Finally, the length of time practitioners may be working under these types of employment contracts can be very off putting and could undermine significant life choices of practitioners. As such, this form of employment is arguably very unattractive to current and future professional social care practitioners.

Nonetheless, it should be noted that without agency employment opportunities during the economic austerity crisis in Ireland, many social care practitioners would not have obtained work experience, as permanent employment was simply not available. With improvements in practitioner support and mentoring, agency working may provide a valued option for those who desire flexible working arrangements. Moreover, for gaining early career experience, especially where job security is not a priority or career ambitions are in their infancy, agency working can provide an opportunity to sample the range of social care settings and service user groups.

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