

Review

# Managing third-party accountability in human services contracting: Contract accountability in human services

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**Abstract:** This article analyzes the use and limitations of nonmonetary contract incentives in managing third-party accountability in human services. In-depth case studies of residential care homes for the elderly and integrated family service centers, two contrasting contracting contexts, were conducted in Hong Kong. These two programs vary in service programmability and service interdependency. In-depth interviews with 17 managers of 48 Residential Care Homes for the Elderly (RCHEs) and 20 managers of 10 Integrated Family Service Centers (IFSCs) were conducted. Interviews with the managers show that when service programmability was high and service interdependency was low, nonmonetary contract incentives such as opportunities for self-actualization professionally or reputation were effective in improving service quality from nonprofit and for-profit contractors. When service programmability was low and service interdependency was high, despite that only nonprofit organizations were contracted, many frontline service managers reported that professional accountability was undermined by ambiguous service scope, performance emphasis on case turnover, risk shift from public service units and a lack of formal accountability relationships between service units in the service network. The findings shed light on the limitations of nonmonetary contract incentives.

**Keywords:** human services; contracting; third-party governance; nonmonetary contract incentives

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## 1. Introduction

Girth (2017) suggests that concerns about accountability have grown as governments at all levels have come to rely on third parties to assist in program delivery. This study analyzes factors that affect the effective use of contract incentives, particularly nonmonetary contract incentives such as reputation, in fixed price contracts for human services. Widely used in human services contracting, fixed price contracts involve payment of a fixed amount to a contractor for meeting prespecified requirements. However, the complexities in human services contracting make it difficult to specify requirements in advance.

Specifically, the design of control or performance management mechanisms primarily hinges on task programmability and outcome measurability (Alchian and Demsetz, 1972; Ouchi and Maguire, 1975). In view of the low outcome measurability of human services (Van Slyke, 2007), performance management often relies on input control mechanisms (Lu, 2016). Nevertheless, the effectiveness of input control mechanisms can also be susceptible to varying levels of service programmability which depends on the principal's capability to precisely define the means-end relationships for certain tasks (Isaksson et al, 2018; Ouchi and Maguire, 1975). Moreover, human services often require collaborations among different agencies

providing interdependent services such as counseling services and shelters for domestic abuse survivors, giving rise to service interdependency (Milward and Provan, 2000; Milward and Provan 2003; O'Toole, 1997; Provan and Milward, 1995). Accountability is more likely to be diffused in a service delivery network where successes and failures are difficult to attribute to any one organization (Johnston and Romzek, 2008; Provan and Kenis, 2008; Provan and Lemaire, 2012).

In their research on contract accountability, Romzek and Johnston (2005) note that when service activities are relatively routine and performance standards emphasize inputs and processes, formal mechanisms such as close supervision are sufficient; however, when service delivery involves non-routine tasks, and relies on professional discretion, the use of nonmonetary contract incentives such as reputation becomes key to drive professional accountability (Girth, 2017; Girth and Lopez, 2019). Drawing from stewardship theory (Donaldson and Davis, 1991), some attention to nonmonetary techniques has emerged in the public management literature (Van Slyke, 2007). Unlike monetary incentives, nonmonetary incentives may or may not be codified in the contract and they are often governed by relational factors such as trust and social sanctions. Prior studies tend to look at it from public managers' perspectives. This study explores third-party contractors' perspectives on what motivates them to improve service quality and what factors undermine their professional accountability. In-depth interviews with managers of third-party contractors of two service programs—Residential care homes for the elderly (RCHEs) and integrated family service centers (IFSCs)—Were conducted. These two programs varying in service programmability and interdependency provides two contrasting contracting contexts for the analysis of the use nonmonetary incentives and potential limitations.

In view of the growing participation of commercial contractors in public human services markets relative to nonprofit contractors (Bode, 2006), this paper also considers the distinct ways that nonmonetary contract incentives are used, given that nonprofit contractors and for-profit contractors are powered by different incentives (Frant, 1996). The findings suggest that service characteristics (e.g., programmability, interdependency), contracting modes (e.g., quasi-market, relational), performance management mechanisms (input control or output-driven), and contractor types (e.g., nonprofit or for-profit) affect the effectiveness of nonmonetary contract incentives.

This paper contributes to the literature of third-party governance by dissecting the sources of complexities in human services contracting, and providing insights into the use of nonmonetary incentives to drive professional accountability of third-party contractors. Moreover, it also contributes to the discussions on the limitations of nonmonetary incentives (Girth, 2017). Last but not least, while prior studies on third-party governance tends to focus on public manages' perspectives (Brown et al., 2016; Brown et al., 2018; Girth, 2017; etc.), this paper discusses accountability management from third parties' perspectives which not only shed light on the distinct ways that nonmonetary incentives can be used to drive professional accountability of nonprofit and for-profit contractors, but also points to the importance of public agencies' accountability towards third party contractors in service delivery.

The paper is structured as follows. I first break down the sources of complexities in human services contracting. And then I underline the use of relational mechanisms and nonmonetary contract incentives to drive third-party accountability such as

professional accountability in complex service delivery settings. Differences between nonprofits and for-profit contractors in terms of contract incentives are noted next to further the line of inquiry on distinct accountability management processes for nonprofit and for-profit contractors. Next, I describe research methods. Finally, I present the results and discuss the implications for third-party governance in human services contracting.

## **2. Literature review**

### **2.1. Complexities in contracting for human services**

As aforementioned, the design of control or performance management mechanisms primarily hinges on task programmability and outcome measurability (Alchian and Demsetz, 1972; Ouchi and Maguire, 1975). Generally, when there is less ambiguity regarding the causality between a means and an end, service activities become programmable. Performance management mechanisms could include the reporting and monitoring of agent inputs, activities and processes (Lu, 2016; Ouchi, 1979; Thompson, 1967). The fee-for-service (FFS) model can be used when a service has a relatively high programmability and easy to monitor. FFS contracts usually entail clear specifications of input standards and service delivery procedures, such as detailed equipment and technologies that should be used and staff qualifications that are required. However, the effectiveness and feasibility of the FFS model is called into question when quality requirements related to “soft” areas such as social activities typically were non-monitorable (Isaksson et al., 2018).

Comparatively, performance-based contracting (PBC) focuses on outputs, quality and outcomes (Heinrich and Choi, 2007; Martin, 2002). Outcome-based control mechanisms would be preferred if outcome measurability were high, under which compensation schemes are linked to outcome measures and monitoring employee activities becomes relatively less necessary (Lu, 2016; Parrado and Reynaers, 2019). Nevertheless, Brown et al. (2016), Brown et al. (2018) suggest that contracting complexity may increase when the end users struggle to describe exactly what they need and how the product will help them. Hence, due to the low outcome measurability of human services, PBC could still face the difficulties in finding good performance indicators (Kerr, 1975; Sclar, 2000).

Moreover, prior research on service contracting tends to focus on the buyer-seller relationship, but when some contractors are contracted to deliver interdependent social services, the resulting system of service delivery takes on the features of a network in which contractors and government agencies collaborate to meet the needs of the client (Johnston and Romzek, 2008; Provan and Lemaire, 2012). The complexity in contract management increases in that accountability is more likely to be diffused in a service delivery network where successes and failures are difficult to attribute to any one organization (Milward and Provan, 2000; Milward and Provan, 2003; Provan and Milward, 1995; etc.). Other challenges include varied commitment to network goals, cultural clash between organizations (e.g., public agencies, nonprofit organizations), insufficient coordination and the like (Agranoff and McGuire, 2001; Provan and Lemaire, 2012; Thomson and Perry, 2006). In short, service interdependency could be another source of complexity in contracting.

Taken together, the effectiveness of performance management in human services contracting is susceptible to varying levels of service outcome measurability, service programmability and service interdependency. To address these complexities, next I draw on research on accountability management.

## **2.2. Accountability management**

Romzek and Johnston (2005) note that when tasks are relatively routine and performance standards emphasize inputs and processes, formal mechanisms such as reporting, inspection are sufficient; however, when service delivery features ambiguity and non-routine tasks, it requires discretion and expertise. In this context, the use of nonmonetary contract incentives becomes key to drive professional accountability (Girth, 2017; Girth and Lopez, 2019). Monetary incentives are financial inducements that are codified in the contract to encourage suppliers to achieve desired results, and they work best when contractor performance can be easily measured and monitored (Girth, 2017). Unlike monetary incentives, nonmonetary incentives (e.g., opportunities for self-actualization, reputation) may or may not be codified in the contract. More often than not, they are nuanced inducements governed by relational factors like trust (Davis et al., 1997; Donaldson and Davis, 1991).

Relational contracting represents a different approach to deal with the difficulties in specifying deliverables and performance measures (Dehoog, 1990; Lamothe and Lamothe, 2010; Lu, 2016; etc.). Carson et al. (2006) maintain that, “the increased efficiency is posited to be the result of relational contracting’s effectiveness in constraining opportunism while offering superior flexibility and lower set-up costs vis-à-vis other governance alternatives.” Stewardship theory, which provides a basis for understanding the potential of nonmonetary contract incentives to promote desired performance, focuses more on trust and empowerment (Bundt, 2000; Dicke, 2002; Donaldson and Davis 1991; etc.).

It is worth noting that the ownership type of contractors may require distinct relational mechanisms rather than solely relying on trust. The participation of commercial contractors in public social services markets has been growing over the years relative to nonprofit contractors (Bode, 2006). For example, Henriksen, Smith and Zimmer (2012) found that the share of for-profit organizations in the public market of long-term care for the elderly has increased in Denmark, the US and Germany. For-profit organizations, driven by capital interests, have high-powered incentives to find cost-saving ways to produce their goods (Frant, 1996; Gui, 1991). Hence, services delivered by for-profit contractors are more likely to face agency problems than those delivered by nonprofit contractors driven by social missions (Eisenhardt, 1989; Gui, 1991; Ross, 1973; etc.). In this context, more research is needed to shed light on distinct relational mechanisms and nonmonetary contract incentives that are used to drive professionalism from nonprofit contractors and for-profit contractors in human services.

In a nutshell, to address the research question that what and how relational mechanisms are used to enhance nonmonetary contract incentives to ensure third-party accountability in human services contracting, I conduct case studies on two service programmes varying in service complexities as in service programmability and service

independency, contracting modes (e.g., quasi-market, relational), performance management mechanisms (e.g., input control or output driven), and explore contractors' views on what motivates them to improve service quality standards and what factors undermine their professional accountability. Next, I detail the research methods.

### **3. Methods**

#### **3.1. Case selection**

To examine the research question, two human service programs in Hong Kong—Residential Care Homes for the Elderly (RCHEs) and Integrated Family Service Centers (IFSCs)—were selected as two contrasting contracting contexts for the analysis of accountability management. As described below, while RCHEs in Hong Kong were very standardized as a result of licensing requirements and additional accreditation mechanisms, IFSCs were positioned as a one-stop social service unit in neighbourhoods which provide a range of services from providing resources support to counselling services. These two programs varied in service programmability and service interdependency with RCHEs featuring relatively high service programmability and low service interdependency, and IFSCs featuring relatively low service programmability and high service interdependency.

RCHEs—The delivery of RCHE is standardized in terms of the types of care provided, procedures and quality standards. The types of care provided in a RCHE ranged from basic personal care (e.g., serving meals, bathing) to healthcare. Under the Residential Care Homes (Elderly Persons) Ordinance, the Social Welfare Department of the Government of the Hong Kong Special Administrative Region (SAR) issued the Code of Practice. The Code of Practice ensures that the premises, design, staffing, operation and management of the licensed RCHEs be complied with the licensing requirements, and, that the RCHEs have the necessary resources to attend to the care needs of their residents and provide a safe hygienic living environment for them. There is a centralized system for the registration and assessment of long-term care needs of the elders, a central waiting list, and the allocation of government-subsidized places for the elders according to the waiting list.

The service contracts for subvented nonprofit homes were renewed every three to five years. The government fully subsidizes these nonprofit homes through a Lump Sum Grant (LSG) subvention system. A fee-for-service model is used. Specifically, the contractual terms for a subvented nonprofit RCHE unit include performance standards (e.g., enrolment rate, the achievement rate of individual care plans) and specific input requirements (e.g., staffing, space requirements), and 16 management standards for service operation. Formal performance monitoring mechanisms consist of self-reporting service statistics, government inspections, user complaint mechanisms and user satisfaction surveys.

The earlier design of subvented nonprofit RCHEs could not meet the needs of the elders with higher frailty levels. All the new RCHEs would have to accommodate the advanced healthcare needs of elders and meet the nursing standards set by the Department of Health of the government. For new RCHEs, both nonprofit organizations and for-profit homes could bid for the contract through a competitive

Contract Home System. Moreover, to address the growing demands of the aging population for residential care places, the government increases the provision by purchasing places from for-profit homes through the Enhanced Bought Place Scheme (EBPS). For-profit contractors have to get the accreditation from the Hong Kong Association of Gerontology (HKAG) before they could apply to run the EBPS homes. Through the EBPS scheme, the government purchases no more than 50% of places from for-profit homes and requires that the quality standards set for the bought places be applied to the non-subsidized places in EBPS homes.

IFSCs—The aim of integrated family services is to provide comprehensive, holistic and “one-stop” child-centered, family-focused and community-based services to individuals and families of a specific locality to fulfill their multifarious needs. The IFSCs not only provide resources support (e.g., compassionate re-housing, rent assistance) but also counseling services for cases with urgent, sometimes complex psychosocial problems (e.g., domestic abuse) that require intensive case monitoring (e.g., visits) and counseling. Case management requires discretionary judgment due to the diversity of problems and needs in each community. There is no centralized system indicating the levels of service demands in different districts and allocating cases. In principle, a service contractor should provide services to users whose places of residence fall within the contractor’s respective service boundaries. In addition, under the coordination by district welfare officers from the Social Welfare Department, the contractors also organize mutual-help groups and educational programs in communities.

The Social Welfare Department does not provide social services directly to citizens in Hong Kong except family service. Only nonprofit organizations are contracted to operate IFSCs under the Lump Sum Grant subvention system. There is no fundamental difference between government-run service centers and nonprofit service centers in terms of services provided, except that government-run centers are obliged to take over statutory cases (e.g., probation cases). Government-run centers also provide back-up support to non-governmental nonprofit centers in processing alternative housing assistance cases, as well as in handling certain types of cases that are more suitably to be handled by government, even in the service boundary of the respective nonprofit centers. An output-based contracting model is used to purchase services. Contractual obligations for nonprofit contractors include output targets (e.g., the number of new cases, the number of mutual-help groups) and the 16 management standards for service operation. Formal performance monitoring mechanisms consist of self-reporting service statistics, government inspections, user complaint mechanisms and user satisfaction surveys.

### **3.2. Data collection**

Invitation letters were sent to RCHes which fulfilled the following inclusion criteria: i) medium (with at least 60 elder residents) to large scale home (with at least 100 elder residents) and, ii) it was contracted to provide places for the elderly. 116 invitation letters were sent directly to eligible RCHes across the five welfare districts in Hong Kong. For each welfare district, it was ensured that invitations sent out covered the three different types of homes (i.e., subvented nonprofit homes, for-profit

EBPS homes, and contract homes). A nonprofit organization or a company may operate more than one home. Therefore, apart from sending invitation letters directly to the residential homes, the research team also made contact with the service directors of the large nonprofit organizations and the Elderly Affairs Committee of the Small and Medium-sized Enterprises (SME) Global Alliance to get more referrals for interviews. In total, 48 homes and 17 directors or managers participated in the in-depth interviews (see **Table 1**).

**Table 1.** Data collection on RCHE operators by contracting schemes.

<b>Contracting schemes</b>	<b>RCHE operators</b>	<b>Interview participant(s)</b>	<b>Interview methods</b>
Subvented nonprofit homes	A nonprofit organization operating 26 homes	The director of the elderly services	In-depth interview
	A nonprofit organization operating 9 homes	9 home managers and the director of the elderly services	Focus group interview
	A nonprofit organization operating 4 homes	The manager of one of the homes	In-depth interview
EBPS	A for-profit organization operating 1 EBPS home and 1 contract home	The manager of the EBPS home	In-depth interview
	A for-profit organization operating 3 homes	The manager of one of the homes	In-depth interview
	A for-profit home	The manager of the home	In-depth interview
Contract homes	A for-profit operating 1 EBPS home and 1 contract home	The manager of the contract home	In-depth interview
	A for-profit organization operating 3 contract homes	The manager of one of the contract homes	In-depth interview

Within the five welfare districts in Hong Kong, there were 65 family service centers. The Social Welfare Department operated 41 family service centers; the other 24 family service centers were managed by 12 different nonprofit organizations and were fully subsidized by the government. Invitation letters were sent out to nonprofit family service centers across the five welfare districts. Ten nonprofit family service centers participated in the interview, among which 3 were operated by the same nonprofit organization, while the remaining 7 were operated by different nonprofits. We interviewed the Center-in-charges (including the assistant Center-in-charges) of the 10 family service centers (see **Table 2**).

**Table 2.** Data collection on IFSC operators.

<b>Contracting scheme</b>	<b>IFSC operators</b>	<b>Interview participant(s)</b>	<b>Interview methods</b>	
Subvented operation	A nonprofit organization operating 6 IFSCs	The 2 center-in-charges of one of the IFSCs	In-depth interview	
	A nonprofit organization operating 2 IFSCs	The 2 center-in-charges of one of the IFSCs	In-depth interview	
	A nonprofit organization operating 1 IFSC	The 2 center-in-charges of the IFSC	In-depth interview	
	A nonprofit organization operating 1 IFSC	The 2 center-in-charges of the IFSC	In-depth interview	
	A nonprofit organization operating 1 IFSC	The 2 center-in-charges of the IFSC	In-depth interview	
	A nonprofit organization operating 1 IFSC	The 2 center-in-charges of the IFSC	In-depth interview	
	A nonprofit organization operating 1 IFSC	The 2 center-in-charges of the IFSC	In-depth interview	
			The 2 center-in-charges of one of the IFSCs	In-depth interview
	A nonprofit organization operating 8 IFSCs	The 2 center-in-charges of one of the IFSCs	In-depth interview	
		The 2 center-in-charges of one of the IFSCs	In-depth interview	

All interviews were conducted in Cantonese and transcribed in Chinese. The average length of interviews was 1.5 h. In interviews, I explored the contracting arrangements with each contractor, how contractors managed service quality and issues of concern they encountered in service delivery.

### 3.3. Data analysis

I conducted thematic analysis of the interview transcripts. Three levels of codes were used (see **Table 3**). Level-one codes were the two levels of complexities determined by service programmability and service interdependency, represented by the two cases. Level-two codes were different contracting arrangements (e.g., contracting modes, performance management mechanisms), and the use of nonmonetary contract incentives based on contractors' perspectives. Level-three codes were factors that undermine the use of nonmonetary contract incentives. For example, nonprofit contractors indicated a strong preference for trust-based contracting mode and disliked market-based contracting mode which they consider detrimental to service quality. NVivo 11 was used in the coding analysis.

**Table 3.** Coding levels.

Level one: Contracting complexity	Level two: Contracting arrangements and the use of nonmonetary contract incentives (NCI)	Level three: Factors that undermine the use of nonmonetary contract incentives
	Recurrent subvention system; nonprofit operators; fee-for-service model; trust in nonprofits' professionalism and charitable nature	Heavy reporting and monitoring
Low service ambiguity × Low service interdependency; complete contracting out	Enhanced bought place scheme (EBPS); for-profit operators; fee-for-service model; social sanctions on access to public market and business reputation	-
	Contract home system; mixed nonprofit and for-profit operators; fee-for-service model; quasi-market and no use of NCI	Competition over price and value-added services
High service ambiguity × High service interdependency; mixed public-nonprofit delivery	Recurrent subvention system; mixed public and nonprofit operators; output-based performance management; trust in nonprofits' social mission and professionalism	Ambiguity in service scope; performance emphasis on case turnover; risk shift from public service units; lacking formal accountability relationships among service units

## 4. Results

### 4.1. RCHEs—High programmability and low interdependency

#### 4.1.1. Trust in contracting with nonprofit organizations

The service managers in nonprofit organizations did not think that heavy monitoring could lead to good service quality. The performance monitoring mechanism for subvented nonprofit service units mainly relied on trust and self-governance. The nonprofit contractors attached importance to their social missions and autonomy, and took pride in their professionalism. As indicated by the following quote, programs were organized to address the psychosocial and spiritual needs of the elderly, which were beyond the requirements set in service contracts.

*Subvented homes have strong self-governance. Our mission is a driving force. I think I would rather run subvented homes well than bid for contract homes. Our service quality is good not because we have a contract but because we are*



*committed to the cause. Residential care homes are essentially homes for the elders. We think that elderly care ought to take a holistic approach; namely, not only the body and the mind, their social life and spirituality should also be cared for. As such, we tailor our programs to the social and spiritual needs of the elders with different frailty levels.*

Under the contract home system, both nonprofit and for-profit contractors can bid for contract homes through competition. This increased the pressure among tenders to promise more value-added services and keep the price low at the same time. As shown by the quote below, some nonprofit contractors were concerned that service quality might be compromised under the contract home system.

*I am not saying that contract home will not work. The concern is that when you compete with other bidders, you actually end up using your own money to cover the cost of many additional items that you include in the bid in order to win the contract. In other words, the price you bid would not suffice to provide quality service if bidders competed on who offers more additional items.*

In short, nonprofit operators were found to be driven by professionalism and their dedication to social missions. When there is little ambiguity in terms of service activities (i.e., care procedures) and little service interdependency, they could strive for better service outcomes with service models that place emphases not just on basic care needs but also the social and spiritual needs of the elderly. They believed that competitive tendering could lead to the deterioration of service quality standards.

#### **4.1.2. Social sanctions in contracting with for-profit organizations**

It was revealed in interviews that although the government wants to purchase more places from private RCHEs, the service standards among private RCHEs were quite low in general due to low-income levels of elderly customers who can only afford cheap places, as shown in the quote below.

*The cost of a place at a nonprofit subvented residential care home for the elderly was a little above 20 thousand Hong Kong dollars. However, the cost of a place at a for-profit home was around 5 thousand. It is because 70–80 percent of for-profit homes users are the elders who live under the poverty line, receive comprehensive social security assistance and are still waiting to be allocated to a nonprofit home; actually, it is more than 70–80 percent. They can only afford the fees that their social security assistance could cover.*

As a prerequisite to access the public market of long-term care for the elderly through the EBPS scheme, for-profit homes needed to meet the industry standards and get accreditation from Hong Kong Association of Gerontology (HKAG). HKAG not only organized accreditation but also played an important role in training and monitoring EBPS contractors. The interviews revealed that the managers of for-profit homes viewed benchmarking against external industry standards for elderly care as an important quality management strategy, and that they regarded the implementation of best practices recommended by HKAG on care procedures as a form of evidence-based practice. Moreover, the interviewees also considered participating in the EBPS scheme beneficial for business reputation and marketing. As indicated by the following quote, for-profit RCHEs were getting more client referrals from social

workers owing to a better perception of the accountability of for-profit RCHEs under the EBPS scheme.

*After joining the EBPS scheme, medical social workers or social workers at the family service centers started making referrals to us, as the social workers consider the service standards at the EBPS homes better regulated now than before, which expanded our customer base. You get to choose your customers.*

The results show that for-profit operators were incentivized to improve their service quality standards not only because of increased public procurement of places from private homes that meet the industry standards but also for the improvement of reputation. This demonstrates the effective use of social sanctions in enhancing professional accountability among for-profit operators provided that service quality standards are clear.

## **4.2. IFSCs—low programmability and high interdependency**

### **4.2.1. Ambiguity in service scope**

The managers of nonprofit-run centers shared that community stakeholders viewed family service centers as a community's "accident and emergency room", and expected family service centers to respond to all irregularities in the community, ranging from family-related issues to street sleepers in the community. However, they did not have time to provide more in-depth and specialized support for people in need (see the quote below).

*As far as the centers are concerned, as if we had to do almost everything, and anything could fall into your service boundary, ranging from emotional issues to tangible needs such as financial assistance or housing arrangements. Since the centers were set up to address family needs, almost everything could be related to family needs. Therefore, the actual workload is quite heavy. Integrated family service, "I" stands for integrated, which means that there are so many things we need to manage that, in my opinion, we are not able to do deep dive on any issues.*

Moreover, it was revealed that family service centers struggled to fill service gaps in policies by tackling the cases that do not fit the intake criteria of other specialized service units (see the quote below). Nonprofit centers experienced high ambiguity towards the scope of family service and difficulties in managing their accountability.

*We provide services for families. However, we are errand boy for the Social Welfare Department. Specifically, for many people, when they encounter problems, the first thing that comes across their mind is to find help at the Social Welfare Department. There are many service gaps in current social policies. Since the government does not have specialized service programme to address these gaps, all these cases ended up in IFSCs. That is why I hope the government could give us more resources so that we could hire more experienced social workers and reduce workload in general.*

The results point to the challenges arising from ambiguous service scope, including having to respond to all problems in a community and not having adequate resources and competencies to address the wide variety of problems.

### **4.2.2. Performance emphasis on case turnover**

One of the major constraints on case management revealed in the interviews was

the basis for calculating the performance of family service centers—only taking into account new cases, regardless of the number of ongoing cases and the complexity of cases. In other words, contract design emphasized case turnover. Nevertheless, the managers of nonprofit centers shared that they were often confronted with cases with urgent, complex family problems (e.g., abuse), requiring intensive case management (e.g., visits) and counseling. As indicated by the quote below, the nonprofit contractors faced the dilemma in case management.

*In my opinion, the funding service agreement should account for case nature, and old cases. Moreover, sometimes, the most complicated cases are the old cases. Family service centers are more like a crisis Center than a counseling Center. We cannot really provide long-term counseling. Even though we could, we could only manage very few. The design of the service agreement puts emphasis on case turnover. In other words, the design makes us pursue new cases. But, in the meantime, there are many old cases on my plate, and some cases might turn into crisis at any time.*

Moreover, due to the nature of family and child welfare work, one case typically involves more than one user. For complex cases, service could last for more than one year. As revealed in the interviews, driven by professionalism, social workers struggled to terminate cases when they uncovered deeper issues underlying the presenting problem which are often financial difficulties (see the quote below). Dilemmas arose from the competing demands of performance measures from service contracts and professional code of conduct.

*The funding service agreement only counts the number of new cases, but does not take into account case complexity and old cases. However, the cases we face are getting more and more complicated. In fact, for family services, when a social worker handles a case, he or she may need to talk to all family members; basically, for a family of four, you might be dealing with four cases, but it is only counted as one case. Give you another example, in the beginning, it could just be a brief case such as asking for housing or financial assistance, but a brief case could reveal emotional issues if you dig deeper, which is not something you could resolve in a short period of time. I think that it is really a big challenge that the colleagues do not have enough space to “cook” a case. In counseling, cases need to warm up, but sometimes there is not enough time, you can only terminate the case.*

The results show that when a service programme involved a wide variety of cases, it was hard to set service performance standards. And output-based performance contracting could run the risk of misplacing emphasis on case turnover rather than service quality. This could undermine the professional accountability of nonprofit operators, as demonstrated by social workers experiencing dilemmas in case management.

#### **4.2.3. Risk shift from public service units**

Nonprofit centers conducted eligibility assessment on housing assistance cases for the Housing Department of the government. Many social workers shared that they had become the gatekeeper for the Housing Department (please see the quote below),

and the number of housing assistance cases they handled accounted for 20% to 30% of their total caseload.

*The Housing Department referred many compassionate re-housing cases to social workers, making social workers the gatekeeper. Social workers are asked to perform housing needs assessment and make recommendations. Somehow there are more housing problems now; in the past, housing wasn't something that social workers needed to take care of. Social workers have gradually become the gatekeeper for the Housing Department in the past ten years.*

Moreover, as shared by social workers, the role of being the gatekeeper in the eligibility assessment for housing assistances often was in conflict with their role as social workers (see the quote below). Many grievances from users were concerned with the consistency and clarity of social workers' assessment and recommendation of eligibility for housing assistance. Many social workers working at the nonprofit centers had trouble with building rapport with service users after they gave unfavorable assessment results on users' eligibility for housing assistance.

*Social workers faced dilemma in dealing with these housing cases, because as gatekeeper, I would suspect that whether the case really has a housing need. But social workers should not doubt the case, as I need to trust the case in order to provide counseling. It's really complicated. For example, a single mother who lives in a subdivided flat with her baby came to ask for compassionate re-housing. We saw that she was in need for counseling. But we made a very bad impression on her as social workers when we had to reject her housing application. She did not fulfill the criteria for compassionate rehousing. We felt sorry for her and frustrated too. It became difficult for us to build rapport with her after the rejection, let alone counseling.*

The results show that nonprofit operators were subject to a high risk of facing grievances from service users in eligibility assessment for housing assistances, suggesting that risk shift from government agencies could undermine the professional accountability of third-party contractors.

#### **4.2.4. Lacking formal accountability relationships**

As revealed in the interviews, to address urgent community issues at the district level, nonprofit centers were expected to collect updated information on district needs and problems, and organize district-wide programs with district welfare officers and other family service centers within the same service boundary. However, the interviews disclosed that oftentimes, when the government wanted to promote new services at the district level, the nonprofit centers could not get timely support in regard to skill training or facilities (See the quote below).

*Community needs are changing. For example, in recent one or two years, the government has been planning to provide a co-parenting service for divorced families. But our social workers need to get trained first. Moreover, as operators, we are also concerned about the setting. Given how small our premise is, do we have enough space for visits? What if there is a crisis? Without proper training and facilities, we may not be able provide the service.*

Moreover, to tackle a need or a problem in a community, a district social welfare officer or a government-run Center could easily mobilize resources from other

government departments. However, the managers of nonprofit centers shared that they could not enjoy the same level of backup that a government-run Center could, as indicated by the quote below.

*If there were a fire, the government-run centers in that neighborhood could mobilize manpower and resources from other centers and government departments for emergency relief. However, if the fire happened next to a nonprofit Center, the resources it could mobilize are only limited to what the Center has.*

In some cases, nonprofit centers failed at getting support from their public partners (e.g., shelters for domestic abuse victims) because public agencies use stricter definitions for case intake (e.g., domestic violence), as shown in the quote below. The commitment to charitable mission rendered nonprofit contractors more inclusive in terms of case intake.

*For government-run centers, batter spouse cases that involve one slap on the face would already be referred to the family and child protective service unit where there are many experienced social workers. When we try to refer batter spouse cases to the protective service unit, the referral criteria are much more stringent. First, the abuse has to be repeated and involves a weapon; in other words, a slap in the face is not severe enough to call for their help. Second, you have to report to the police, and also get a statement from doctors. Our colleagues feel that it is not fair that the protective service unit uses different intake criteria for batter spouse cases.*

In a nutshell, the results show that a lack of formal accountability relationships amongst service units in a service network could result in a lack of support for third-party contractors and a lack of coordination in terms of service standards and provision (e.g., case referral).

## **5. Discussion**

This article addresses a research gap concerning the use of nonmonetary contract incentives to drive third-party accountability in complex human services contracting. Through in-depth case studies on two programmes varying in service programmability and service interdependency, relational mechanisms were identified that affect the use of nonmonetary contract incentives and their limitations. While nonprofit contractors driven by social missions valued trust and autonomy, for-profit contractors were motivated to improve service quality standards and their reputation with a view to accessing public market. This points to the distinct relational mechanisms—Trust and social sanction—For driving professional accountability of nonprofit and for-profit contractors respectively. However, trust alone, despite using nonprofit contractors, was far from effective when facing highly ambiguous service scope, output-driven performance management, and complexities arising from service interdependency such as risk shift from government agencies, a lack of coordination and formal accountability relationships among service units in the service network. In the light of the results, we discuss the limitations of nonmonetary incentives in face of service complexities in human services contracting and third-party governance.

### **5.1. Limitations of nonmonetary incentives and contracting complexities**

The results show that the effectiveness of nonmonetary incentives can be limited by contracting complexities. One source of complexities could be ambiguous service scope. Specifically, as revealed in the study, many nonprofit contractors considered the scope of family service centers under-defined, or regarded their role as the ‘accident and emergency room’ in the community, and they were obliged to respond to all the problems in the community. Nonprofit organizations are responsive to stakeholder opinions on account of their social mission and stakeholder representation on the board (Brown, 2002; Guo and Musso, 2007). However, the results suggest that it contributes to nonprofit operators’ role ambiguity when service delivery demands responsiveness to stakeholders but is ambiguous in terms of service scope.

Moreover, ambiguity also comes with service performance standards. When a service program involves a wide variety of cases, it is hard to set service performance standards, and output-based performance contracting could run the risk of misplacing emphasis on case turnover rather than service quality. The results show that nonprofit contractors experienced dilemmas when the government contracted for performance targets that only took into account the number of new cases each year, overlooking case complexity. Complex or crisis cases (e.g., suicide, substance abuse, domestic violence) required intensive case monitoring and counseling. Therefore, in face of ambiguous service scope and a wide variety of cases, performance management could be challenging.

Service interdependency is another source of service complexities. The results reveal a range of issues concerning the interface between service units in a service network. Specifically, the results indicate that nonprofit contractors experienced role conflicts and dilemmas in handling housing assistance eligibility assessments for the government. Non-profit contractors questioned whether they should be doing those eligibility assessments in view of the high chance of facing grievances from users. Nonprofit workers felt that this task put them in the role of gatekeeper which is in conflict with their role as social workers. In short, risk shift from government agencies also complicates contracting processes.

Moreover, the results show that the lack of formal accountability relationships with other service units rendered nonprofit service units unsupported in case of emergencies. For example, the results show that uncoordinated standards for case intake (e.g., domestic violence) used by nonprofit contractors and government service units in the service network hindered case referral in service delivery. This could be due to different priorities and commitment levels to service provision between public and nonprofit service units. Previous research also suggests that cultural clash between public agencies and third-party contractors in a service network can result in coordination problems (Herranz, 2009).

Taken together, in comparison with services characterized by routine activities and independent delivery, nonmonetary incentives would have more limitations when used to ensure accountability of contractors for services with low programmability, ambiguous scope, and a collaborative mode of delivery would face more complexities in contracting.

## **5.2. Accountability management**

The results showed distinct relational mechanisms by which for-profit and nonprofit contractors are incentivized. By recognizing the accreditation from professional bodies and only purchasing places from accredited for-profit contractors, the government played a critical role in forging an organization field (e.g., industry) of which the isomorphic pressure reinforces the adoption of industry standards by field members (Dimaggio and Powell, 1983; Scott, 2014). In order to access the public market of long-term care for the elderly, for-profit contractors were found motivated to demonstrate their professional accountability and improve their business reputation by benchmarking with explicit industry standards. The results are in line with prior findings on the use of social sanctions. The incentive to gain access to the public market and get referrals drove for-profit service operators to keep improving service standards and their business reputation (Abdi and Aulakh, 2017; Carson et al., 2006; Lamothe and Lamothe, 2012).

As for nonprofit contractors, it is revealed that nonprofit contractors clearly favored the direct subvention system as opposed to market-based contracting mode (i.e., the contract home system). Nonprofits valued trust and autonomy under the direct subvention system. In the U.K., third sector organizations were found to have similar preferences (Macmillan and Ellis Paine, 2020). Prior research suggests that formal contracting (e.g., competitive bidding, monitoring and reporting) escalate formality and distance and undermine trust (Lumineau and Malhotra, 2011; Malhotra and Murnighan, 2002; Malhotra, 2009). Similarly, in this study, nonprofits were found to have concerns that service quality might be undermined by competition over price and value-added services, and did not believe that heavy reporting and monitoring could lead to good performance.

However, when services are less programmable and service scope is ambiguous, nonmonetary contract incentives such as trust were far from effective. Consistent with prior research, it is found that nonprofit workers felt the pressure to make a trade-off in view of the emphasis of service contracts on output, case turnover and efficiency gains (Andrews and Van de Walle, 2013; Le Grand and Bartlett, 1993; Le Grand, 2009; et al.). Moreover, in service networks where parts of public services are contracted out to third-party operators, risk can be shifted to private contractors, jeopardizing third-party accountability, as demonstrated in this study. Public-private partnership research also suggests that risk shift from government agencies could undermine contractors' accountability (Bing et al., 2005; Warsen et al., 2018; Warsen et al., 2019). Thus, proper allocation of risk and accountability in the service delivery network is critical to ensuring third-party governance.

Previous research points to the importance of active network management and facilitative leadership of public managers to conflict resolution and the development of informal accountability (Chen, 2020; Heranz, 2010; Herranz, 2008; etc.). Informal accountability is manifested by the expectations that network participants have of one another, and the facilitative behaviors as well as mechanisms that they use to enable consistent actions and cooperation within the service network (Herranz, 2009; Romzek et al., 2014). However, based on the results, formal accountability relationships seem

necessary to ensure the coordination of service standards and resources in service provision.

## 6. Conclusion

All in all, this article provides a systematic analysis on complexities in human services contracting, and highlights the use of relational mechanisms (e.g., trust, social sanctions) and nonmonetary contract incentives such as self-actualization professionally and reputation to drive professional accountability of third-party contractors. For human services featuring routine service activities, while nonprofit contractors driven by social missions and professionalism valued trust and autonomy, for-profit contractors were motivated by gaining access to public markets and better business reputation. However, this article also points to the limitations of relational mechanisms when service delivery is not programmable and relies on a network of public and private service units. The limitations could be caused by factors include ambiguous service scope, output-driven performance management, risk shift from government agencies, and a lack of formal accountability relationships among service units to coordinate service standards and resources.

Owing to the qualitative nature of this study, more case studies or quantitative research are needed to test and generalize findings. Moreover, this research is focused on fixed-price contracts which are typically used in human services contracting. For this type of contracts, the price is often determined based on input costs; hence, it mainly relies on relational mechanisms and nonmonetary incentives to drive third-party accountability. There are other types of contracts such as incentive contracts which use monetary incentives to encourage suppliers to achieve desired results (Girth and Lopez, 2019). Future research is needed to understand the dynamics, particularly the incentives and enabling mechanisms that drive professional accountability under different types of contracts.

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