

A Relational Approach to Outcomes Measurement in Social Services

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Abstract

Since the advent of the New Public Management (NPM) paradigm in the governance of social services, those services encounter growing pressure to measure their outcomes and to demonstrate that their interventions benefit services recipients. However, the routinization of outcomes measurement had faced providers and practitioners' resistance. This article calls for the incorporation of a relational, rather than a contractual, perspective in the measurement of social services outcomes. It delineates the main premises of this approach which are complexity, relational coordination, practical wisdom and generative leadership. It then examines a 12 years long initiative to promote outcomes measurement that in many ways encompass the relational approach premises, even though it was not initially conceived as such. The article assumes that both the NPM paradigm and the relational approach perspective have strengths and weaknesses. It calls for more implementation of the relational approach to outcomes measurement and for further research in order to understand the advantages and the limitations of each perspective in different areas of practice and in different contexts.

Keywords

Outcomes measurement, performance, regulation, relational approach, social services.

Introduction

Social services agencies across the world face growing pressure to measure their outcomes and to demonstrate that they meaningfully benefit the clients they serve (Lynch-Cerullo & Cooney, 2011; Benjamin, Volda, & Bopp, 2018). This claim for measurable results emanates from legislative bodies, funders and governmental regulatory agencies as well as from the public (Newcomer, Hatry, & Wholey, 2015: xvii) and conse-

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quently, the «practice of managing by performance measurement has become virtually ubiquitous» (Brodkin, 2012: 945). Although this call for results and accountability is not new to social services (Brown, 2019), it has increased as the result of the accelerated growth of social expenditure after World War II. It is also related to the emergence of the concept of managed care in social services and to the advent of the evidence-based practice movement in social work, as the two approaches emphasize the importance of rigorous outcomes evaluations (Rubin, 2020). Furthermore, the appeal for outcomes measurement has been part of the introduction of the new public management (NPM) paradigm in the early 1990s and its emphasis on stating and measuring public programs' outcomes and on holding managers accountable for achieving them (Hood, 1991; Osborne & Gaebler, 1992). Albeit the predominance of NPM seems to decline and new approaches to public administration, such as New Public Governance (Arnaboldi et al., 2015) and Collaborative Governance (Lahat, Sher-Hadar, & Galnoor, 2021), emerge, NPM influence is still «very much alive» (Hyndman & Lapsley, 2016: 385). This is also the case for social services, wherein NPM impact and the call for accountability subsist even though it has been suggested that selecting measurable indicators of outcomes in this sector can be challenging (Newcomer et al., 2015). In spite of those warnings, NPM has stimulated the adoption of performance-based steering in the governance of social services (Benish, 2018).

In addition, the NPM paradigm had advocated for the separation between the «steering» role of governments and the «rowing» role of services providers (Osborne & Gaebler, 1992) and it has fostered the quantification and the marketization of public services (Julnes & Steccolini, 2015). Accordingly, outcomes measurement has been primarily about enhancing control and top-down accountability (Sanderson, 2001) and has often been accompanied by monitoring and public reporting requirements. Moreover, the NPM effort to make public services behave as if they are part of markets resulted in a preference for outcomes indicators that can be expressed in numerical form and in an over-simplification of the knowledge involved in professional care (Mau, 2020; Crouch, 2016). Consequently, emphasis has often been on systems that measure performance for administrative and managerial purposes (McDavid, Huse, & Hawthorn, 2018; Rubin, 2020) rather than on the evaluation of broad set of activities (Linfield, & Posavac, 2018) and on the perspectives of various stakeholder groups (Grinnell, Gabor, & Unrau, 2019), such as parents and clients. Despite the richness of the evaluation field, the diversity of its methods and the many different approaches to program evaluation, governments tend to lean on outcomes measurement and cut back on more comprehensive evaluation capacity, especially in times of fiscal restraint (de Lancer Julnes & Steccolini, 2015).

Similarly, in the field of social services, governmental regulatory agencies have been required to establish, monitor, and enforce practice and outcomes standards upon the services contractors (Levi-Faur, 2014) who in turn are increasingly expected to engage

in outcomes measurement. However, decades of administrative and legal efforts show that the implementation of outcomes measurement (OM) has faced resistance (Grinnel et al., 2019) and has often fallen short of expectations (Julnes & Steccolini, 2015; Siverbo et al., 2019). As pointed out by Klenk and Reiter, it seems that the introduction of a market mechanism to improve the efficiency of public services and to strengthen accountability «has always been much more complex than the NPM label suggested» (2019: 4). This article calls therefore for the incorporation of a relational, rather than an NPM-inspired contractual, perspective to OM as a possible solution to this quagmire. A relational approach suggests that the social services various stakeholders should engage collaboratively into processes of design and implementation of accountability procedures and outcomes measurement. It assumes that this association is essential to overcome providers and practitioners' resistance and for developing the capacity to measure outcomes routinely. In the first part of this article, we identify specific features of social services that foment opposition to OM. We will then propose the relational approach (RA) to the measurement of outcomes of social services as a way to overcome these obstacles and lower resistance. Finally, we will examine an innovative Israeli government attempt to assist providers to effectively engage in OM based on a relational approach.

Challenges to OM in Social Services

Part of the distinctive difficulties of implementing OM in social services, we suggest, lies in the divided accountability structure that is due to the contracting-out of those services. When the state (i.e., a federal, national or local governmental agency) hands over the delivery of social services to non-governmental providers as preached by the NPM paradigm, those organizations are accountable to the state that regulates their activities and dictates the outcomes they have to attain. Providers in turn hire professionals who are predominantly accountable to them. This accountability chain of delegation (Bovens et al., 2008) assumes that (a) that outcomes standards can be set and enforced by the state upon providers and (b) that those providers can in turn oversee and direct the practices of the professionals they employ. In the next two sections, we will argue that those assumptions are questionable. We will first address the government-provider segment of the accountability chain and then the provider-practitioner one.

The Government: Provider Segment of the Accountability Structure

Several aspects of social services may impede governments in their efforts to regulate and oversee providers' outcomes — namely, to set the outcomes that providers must

attain, to monitor whether they meet those outcomes, and to impose sanctions whenever they do not meet them. First, the privatization and the marketization of social services advocated by NPM has created a constantly shifting organizational mix in which a variety of actors, including governmental units, local authorities, non-for-profit and for-profit organizations, provide services (Hasenfeld, 2015). Those providers vary in terms of their clientele's needs, age, gender, socio-economic status, and ethnic and cultural background. Moreover, they differ in terms of the size and scope of their activities, their self-regulatory capacities, their business orientation, and their financial robustness. This heterogeneity complicates governmental efforts to set standards and monitor outcomes. Moreover, as governmental contracting for social services has increased, so has their provision through multiple providers. This fragmentation may result in a considerable overlap in services and in a loss of accountability, as no single agency is responsible for meeting the desired outcomes (Minassians, 2015). Furthermore, the impact of a particular provider often cannot be recognized until a significant time interval has passed, meaning only interim outcomes can be regularly tracked (Mensing, 2017). By the time final outcomes can be measured, many former service users may no longer be available to be actively monitored (Doueck & Bondanza, 1990).

More challenges are linked to the collection and the analysis of the data necessary for OM. Governments rarely provide the funds, capacity, and expertise that are necessary to collect and to thoroughly examine data. Thus, the imposition of OM upon providers may also fail due to the «perennial overestimation of service agency capacity for outcome evaluation» (Brown, 2019: 747). Moreover, without the careful training and engagement of frontline workers who collect the data, trust in the validity and the fairness of measures is likely to suffer, making the data inefficiently collected and less reliable (Cavalluzzo & Ittner, 2004). Furthermore, the government regulatory function may be impeded by its reliance on data supplied by providers and practitioners. This dependence may also lead to close ties between regulators and providers to a point wherein objective inspection of outcomes becomes nearly impossible (Benish, 2018).

The NPM approach urges governments to use performance-based contracts to overcome those obstacles and support OM (Schick & Martin, 2019). These contracts stipulate that payments to providers are contingent on the attainment of the outcomes detailed in the contract's clauses. However, controversy had sparked about their compatibility with the distinctive mission of social services as it may induce providers to move away from the intended policy goals. Performance-based contracts may instead incite providers to focus on the attainment of the performance criteria specified in the contracts while displacing attention away from more essential but unmeasured aspects of performance (Brodkin, 2012). Similarly, performance-based contracts may lead to «creaming», the tendency of providers to seek out easier-to-serve clients and to deny services to more difficult-to-serve clients and to those who are costly to treat, in order to meet contracts outcomes (Lu et al., 2003; Martin, 2005).

The Provider: Practitioner Segment of the Accountability Structure

Several aspects of social work practice may impede providers' efforts to define and measure interventions and induce practitioners' resistance to OM. First, social services are professional bureaucracies that rely on the skills and knowledge of their practitioners and thus give them considerable control over the work they do (Mintzberg, 1979). This autonomy is granted on the premise that clients' idiosyncratic and changing needs require professional flexibility and discretion (Van de Walle & Raaphorst, 2019). Practitioners tend to resist efforts to proceduralize their actions and to contest the administrative burden that comes with the collection of data needed for OM (Brown, 2019). Moreover, they often question whether numerical outcomes data can sufficiently represent the complexity of their practice and genuinely assess psychosocial transformations that are usually difficult and costly to measure (Carman, 2010). Furthermore, the top-down setting of definite outcomes can be challenging as the social work profession is a «long way from ever being able to accurately predict future outcomes» (Fish & Hardy, 2015: 101). This difficulty is exacerbated when citizens, politicians, bureaucrats, and other stakeholders may have different expectations and push for diverse, sometimes conflicting, outcomes (Minassians, 2015). Therefore, agencies' outcomes may not be fully captured by a single bottom line (Liguori et al., 2014) and different stakeholders may assign differing significance to established outcomes measures.

Social workers also may fear they will be unjustifiably held accountable for disappointing outcomes even when those are mainly due to systemic or organizational problems such as high caseloads, inadequate training, poor staff supervision, and a shortage of resources (Carrilio, 2008; Leigh, 2013). Furthermore, when pressed to achieve certain outcomes mandated by their employers, professionals may be inclined to meet these outcomes while devoting less attention to their clients (Schmid & Almog-Bar, 2020). For example, the over-standardization of the practices of child protection officers in the United Kingdom led to a conflictual environment in which compliance with official rules appeared to practitioners as less risky than carrying the professional responsibility for exercising judgment (Munro, 2011).

A Relational Approach to Outcome Management in Social Services

The review above indicates that the process of comprehensively defining and measuring outcomes faces a host of challenges and may induce providers and practitioners to resist what they may see as unfair scrutiny and unjustified interference. Our premise is that it is possible to overcome some of those challenges if a relational approach (RA) is adopted and OM is part of a collaborative effort to improve services by involving front line workers and service users, rather than as an element of a top-down accountability chain. Those are the premises of a relational approach.

First, the RA assumes that policymakers, regulators, providers, practitioners, and clientele in any specific domain of social services are seen as parts of a single complex adaptive system. Borrowed from complexity theory (Drury, 2016), this term underlines the non-linear, codependent, dynamic, and unpredictable character of the relationships among the stakeholders of social services. It highlights their capacity to self-organize, to enable the emergence of solutions to the problems they share (Carmichael & Hadžikadić, 2019; Fish & Hardy, 2015) and to define outcomes based on the perspectives of different stakeholders (Mensing, 2017). This heterarchical schema invites stakeholders, from «top» (i.e., state agencies) to «bottom» (i.e., service recipients), to engage in «relational coordination» across hierarchical lines in ways that improve the entire system's performance (Gittell et al., 2020).

Relational coordination, another premise of RA, is «a mutually reinforcing process of interaction between communication and relationships carried out for the purpose of task integration» (Carmeli & Gittel, 2009: 710). It is founded on the assumption that the quality of the relationships and communication among individuals affect their coordination (Ghaffari et al., 2020). In operational terms, relational coordination infers that the level of coordination among the stakeholders of any domain of social services, and their motivation to collectively solve problems and measure outcomes, will increase when they share goals that transcend their distinctive mission in the accountability chain; when they exchange knowledge and understand each other's capacities and constraints; and when they respect the competence of others who therefore can examine and critique prevailing practices and whose voices are heard in the decision-making process (Hasenfeld, 2015; Schmid & Almog-Bar, 2020). Moreover, a relational approach adopts a critical perspective towards formal contracts between the state and providers and favors «relational contracting» (Bertelli & Smith, 2010) that expands contractual arrangements and establishes an ongoing relationship that contributes to the collaborative creation of value through interactions among all key stakeholders, including clients (Bartels & Turnbull, 2020).

Another premise underlying the RA is that obstacles to OM may be more easily addressed when those in management positions adopt a generative leadership style. Rather than imposing courses of action and outlining the outcomes to be attained, generative leaders induce others to think about alternative courses of action. They capitalize on the creativity and the expertise of their subordinates and invite them to put forward and validate ideas they are willing to act on. They aim to establish the optimal conditions for those they oversee to develop solutions, to remove barriers, and to encourage and scale up promising initiatives (Bushe & Marshak, 2009; Bushe, 2019). Generative leadership is not limited to the top managerial level. Frontline practitioners too may act as generative case managers and enable their clients to participate in the design of the interventions affecting them and to help outline the desired outcomes.

Finally, a relational approach entails that the measurement process should enable providers and practitioners to enrich their practical wisdom (Sternberg, 1998). This con-

cept, related to Aristotle's notion of phronesis, refers here to the combination of will — the desire of the practitioner to achieve the proper goal — with skill — the professional capacity to do the right thing to achieve that goal. It infers the will to pursue excellence in professional activities for reasons that give emphasis to the purpose of those activities themselves (Schwartz & Sharpe, 2019). A wise practitioner knows how to improvise, and how to move beyond strict compliance to rules, when necessary, in a particular circumstance, with a particular person, at a particular time (Schwartz & Sharpe, 2010). In the context of social services, this concept infers that providers and practitioners respect the clientele's interests, desires, and values, that they are primarily accountable to services recipients, and that they continuously develop and nurture the knowledge they rely on when making decisions on behalf of the persons they serve. The next section describes an Israeli governmental initiative that seems to have implemented a RA to the measurement of social services outcomes, although without the explicit intention to implement the premises of the RA.

A Relational Approach to Outcomes Measurement: An Israeli Test

Social services in Israel include a wide range of programs that aim to help at-risk individuals, families, groups, and communities overcome their predicaments and improve their integration into society (Katan, 2008). Typically, those programs are funded and regulated by the Ministry of Social Affairs and Services (MOSAS). Although Israel's social services have traditionally been provided through a mix of public and non-governmental organizations (Benish, 2018), the influence of the NPM paradigm has been prevalent in Israel, as in many other countries, and consequently the portion of services provided by non-governmental actors has significantly increased over the last three decades (Madhala-Brik & Gal, 2016). The adoption of the NPM premises had also resulted in the publication of various legal and administrative directives — such as the Israeli Mandatory Tenders Act of 1992 (Maron, 2015) and the Prime Minister's Office planning and procurement guidelines (IPMO, 2016, 2009) that had further increased the pressure on MOSAS to embrace competitive and outcomes-based contractual arrangements with providers.

Method

In 2007, MOSAS launched the «Outcome-Oriented Management and Practice in Human Services» (OOMPH) initiative, in an effort to respond to that pressure and to overcome the reluctance of providers and practitioners to engage in OM. OOMPH 12 years-long implementation is the test we are studying. Our description of OOMPH in the next paragraphs draws on the careful analysis of numerous «grey literature» sources, including

various published and unpublished OOMPH documents (some of them appear in the references list and all of them are in Hebrew) and the verbatim reports of comprehensive interviews we held with managers, consultants and practitioners in 2016 and 2017 as well as on two focus groups that included a total of 30 participants in 2017.

The OOMPH initiative

OOMPH basic principles and its *modus operandi*, termed the OOMPH methodology (Arazi & Namer-Furstenberg, 2020), have been implemented more than 120 times between 2007 and 2019 in an array of social programs. Although, the methodology has not been uniformly applied throughout this period, the core methodology and basic premises of OOMPH have remained remarkably stable along the way. Those premises postulate that MOSAS can neither comprehensively define and monitor the outcomes of large array of social services and providers it oversees, nor overcome the reluctance and the inability of managers and practitioners to engage in those tasks on its behalf. Rather, it assumes that MOSAS should support the methodical and collaborative definition and measurement of outcomes. Accordingly, OOMPH methodology was conceived as a set of consecutive steps to be led jointly by a professional team that ideally included policymakers and middle managers, inspectors and providers, field managers and practitioners who all have a role in the provision of a specific social service and who voluntarily join the team.

The core of OOMPH methodology consists of the team putting together a logic model that associates the outcomes, the outputs and the inputs of the social service under consideration. In principle, its formulation is an orderly process, although it is often more iterative than sequential. First, the team members examine and articulate the needs as well as the strengths of the target population as OOMPH premise is that the work to be done and the outcomes to achieve depend on the clients personal, familial and communal resources (Saleebey, 2001; MOSAS, 2018). Then they define the desired outcomes in terms of the expected changes in service recipients. This focus on «outcomes first» is depicted as crucial as it encourages the team to look beyond existing directives, stakeholders' narrow interests and current practices and to concentrate primarily on the clients' needs. Next, the OOMPH team carefully reviews and discusses possible ways, labeled as alternative outputs, to achieve those outcomes before choosing the best course(s) of action. Teams are explicitly instructed to draw on different sources of knowledge to reach this decision, including relevant research evidence, administrative data on current programs, their own practical expertise, the client's own expertise and the practical wisdom of other professionals. Moreover, they are required to articulate a theory of change that elucidates the logic underlying the chosen intervention. The next step is the examination of the inputs necessary to conduct the intervention(s) in terms of data, knowledge, budget, workforce, and infrastructural resources. The final phase in the formulation of the logic model con-

sists in the articulation of a measurement plan by the team members. The plan details what will be measured in terms of needs, characteristics, inputs, outputs, and outcomes as well as when, how, and by whom. The collaborative formulation of the measurement plan implies that OOMPH teams are expected to actively engage in the ongoing measurement of their own interventions' outcomes. It also indicates that the measured results are not to be used by MOSAS to detect poor performers, or to reallocate funds accordingly. Rather, they are to be used solely by the team to learn and to further improve outcomes. Indeed, MOSAS leaders assisted the teams in that endeavor by providing tutorials and training, as well as external consultants to accompany the teams. MOSAS financed ad hoc consultations by academics and experts to ease team members' access to evidence and cutting-edge scientific knowledge while formulating theories of change. Measurement experts from the Jerusalem-based Brookdale research institute, MOSAS major partner in OOMPH implementation, were enlisted to help the teams prepare and apply their measurement plans. Additionally, MOSAS facilitated the exchange of best practices among teams through face-to-face gatherings and through virtual communities of practice hosted by MOSAS website (Arazi & Namer-Furstenberg, 2020; MOSAS, 2020).

OOMPH implementation with the MOSAS Youth and Young Adults Division illustrates some of the distinct features of that initiative and the complexity of the challenges it faced. This division funds and oversees a variety of community programs that focus on the overall well-being of 13 to 25 years old individuals at-risk. The Division's target population includes adolescents and young adults who are exposed to serious risk factors such as neglect, social rejection and alienation, sexual, physical and emotional violence. The social programs overseen by the Division are delivered by social workers in municipal social services departments across Israel as well as various nongovernmental providers.

The Division encourages the practitioners in its various programs to engage in «tailor-made» interventions and many of those took place in informal community settings (Nahshon-Glick & Ines-Koenig, 2020). Thus, it has been particularly challenging for the Youth and Young Adults Division to define clear-cut outcomes, to impose them upon providers and practitioners and to monitor their attainment. In the framework of the OOMPH implementation, a generic logic model was collaboratively developed by a team composed of government officials, managers and practitioners. An expert from the Brookdale Institute guided the team throughout the process. The logic model was then replicated into an online software program that guides practitioners step-by-step to gather data about the client's needs and strengths and his or her environment, to identify the desired outcomes of each intervention out of a list of outcomes conceived in the team's logic model; to plan and to explicitly justify a chosen course of action; to specify the indicators that will be used to measure the attainment of those outcomes; to record the actual outcomes upon implementation; and to compare them with the desired ones so that outcomes and interventions can be revised when necessary. This was to be done as much as possible with the clients who are prompted to complete a separate comput-

erized questionnaire and put in writing their needs and problems as they see them, and to state the outcomes and interventions they favor.

The program was implemented in 14 municipal social services departments. Its evaluation indicates that resistance to OM decreased. Most of the practitioners thought that outcomes measurement is in accord with their professional values and should be part of their routine. Nevertheless, many practitioners struggled to systematically collect the data as dictated by the program and asked for more training and support (Arazi & Namer-Furstenberg, 2018). Thus, MOSAS decision was to prepare a shorter version and to integrate the new version in a generic social work case management system which is still under construction by the Ministry.

This test also illustrates that the implementation of OOMPH has been uneven across sites and programs and that the support of MOSAS leadership has varied along the years. Nonetheless, the uninterrupted and voluntary involvement of managers and practitioners in OOMPH suggests that the resistance to OM in the social services has decreased. It indicates that front-line staff are ready to engage, for the first time for most of them, in the collaborative articulation and measurement of the outcomes of the services they offer. It seems that resistance to OM is reduced when team members participate in a trusting, respectful, and non-hierarchical learning environment where they feel safe to reflect candidly on present practices. Under these conditions, practitioners, managers, inspectors, policymakers, clients and other stakeholders can best engage in the introspective process that paves the way to the formulation of a logic model and to the definition and measurement of outcomes by providers and practitioners.

At the same time, the test exposes the fragility of OOMPH relational approach processes. It seems that the future scalability of OM practices will require more than the adoption of a well-ordered methodology and a favorable organizational atmosphere. It will also require cultural changes across individual organizations, as well as continuous and expensive support and consultancy.

Discussion

This paper proposes to adopt a relational approach to promote the measurement of the outcomes of social services. We have delineated the relational approach main premises: social services are to be considered as complex adaptive systems in which relational coordination among stakeholders means that goals are shared and knowledge is exchanged and examined, generative leadership enables solutions to emerge, and outcomes measurement promotes learning, reflection and the development of practical wisdom. Although OOMPH was not initially conceived to implement the relational approach, it seems that it embraces, to a great extent, the premises of that approach. The composition of OOMPH teams captures the nature of social services as complex

adaptive systems wherein stakeholders share knowledge and strive collaboratively to resolve common issues in a safe and respectful learning environment. The heterarchical organization of the teams and the collaborative articulation of logic models encourage generative leadership and induces senior governmental officials and field managers to stimulate common learning and innovativeness rather than to control subordinates' actions and results. The formulation of theories of change by teams which are trained to draw on different sources of knowledge, including the expertise of practitioners and clients reflects relational coordination. Logic models emphasis on «outcomes first» prompts teams' members to look for the right thing to do from the point of view of their clients, the will segment of practical wisdom. The systematic use of outcomes measurement to learn manifests the strive for excellence — the skill segment of practical wisdom.

The relational approach (RA) described here — as well as OOMPH *modus operandi* — diverges in many ways from the NPM paradigm. Although both frameworks strive for effectiveness and quality, the RA relies primarily on the providers and practitioners' intrinsic ethical motivations while NPM tries to copy business sector methods to the public service and counts on compliance and market incentives (Spitzmueller, 2018). The RA sees systems, collaboration and connectedness whereas NPM sees market' profits, efficiency and competition. The RA capitalizes on professional creativity in a dynamic environment. It encourages the emergence of local and adapted solutions, whereas the NPM paradigm presumes stability and induces standardization. The RA emphasizes generative and inspiring leadership as well as relational coordination and the sharing of goals and knowledge. It encourages states to directly support the measurement of outcomes by providers and practitioners and to support their ongoing learning. The RA views OM as an ethical and professional obligation rather than a managerial duty. In contrast, NPM advocates for the clear separation between the state and the providers and rely on OM mainly to command, control and sanction contractors.

As argued earlier, much of the resistance to OM in social services derives from a vertical accountability chain in which states have the sole responsibility and authority to define and monitor the outcomes of a very heterogeneous system. The RA, in contrast, entails a horizontal accountability chain, in which all stakeholders are collectively accountable to the service recipients and are invited to invent local solutions, to define their outcomes and to measure them. As such, it proposes a different approach to the heterogeneity and ambiguity challenges in the state-provider relationship as well as to the need for flexibility and discretion at the provider-practitioner level. Our examination of OOMPH suggests that this approach indeed reduces resistance to OM.

To be sure, some administrative challenges cannot be addressed by the RA. For instance, it alone cannot solve issues related to insufficient infrastructure and resources, as shown in the Israeli test case above. Moreover, implementing a relational approach may face its own difficulties. Leaders and inspectors may be reluctant to relinquish the authority they presently have to dictate interventions and oversee outcomes. Although

observations from the OOMPH initiative indicate that this challenge can be overcome, they also suggest that introducing relational coordination requires ongoing support and resources, which potentially can delay the full scalability of RA.

Another set of challenges derives from the RA's reliance on the practical wisdom of the stakeholders and their assumed inclination to engage in relational coordination. However, mutual distrust and fear of blame may persevere. Also, for the RA's core assumptions to affect an organizational culture, they may need to be applied more broadly in settings and processes beyond OM implementation. This means, for example, that providers, practitioners, and even past service recipients could be invited to review and suggest revisions to the clauses of bids and contracts, resulting in the adoption of trust-based relational contracts (Macneil & Campbell, 2001) and improvement-based, rather than performance-based, contracts.

Conclusion

This article begins by enumerating the challenges that states face when implementing an NPM-inspired approach to outcomes measurement and ends with a list of the potential obstacles a relational approach may face. It thus appears that both models have strengths and weaknesses. The scope of this article is too limited to determine which approach works best in terms of the measurement of social services. Moreover, it seems that in any case, rather than reject the NPM approach, states should acknowledge they need an additional accountability approach to OM.

When the environment is stable and the effectiveness of a specific intervention is well established, states may choose to dictate methods and interventions and to impose a priori the outcomes that the providers must achieve. In that case, states may rely primarily on regulations, inspections, audits, financial incentives and performance-based contracts to guarantee compliance, surmount resistance and promote quality through the measurement of outcomes. This vertical approach resonates with accountability perspectives that emphasize monitoring and the wish to curtail abuse of administrative and professional power (Bovens et al., 2008). At the same time, when resistance is insurmountable and street-level discretion inevitable, states may need to endorse a more horizontal perspective that is based on trust, heterarchical coordination, generative leadership, motivation and creativity. In that case, government agencies should facilitate inter-organizational learning and promote the development of practical wisdom at all levels. They then may rely on the ability and the will of managers and practitioners to define, monitor and examine the outcomes of their practices and to learn from their findings and improve the effectiveness of social services. Whatever the strategy employed, states and programs managers must find the optimal balance between standardization and discretion, between compliance and the intrinsic motivation to do well, between hierarchical management

and heterarchical relations. Further research and more implementation of the relational approach is needed to help all social services stakeholders understand the advantages and the limitations of each perspective in different areas of practice and in different contexts.

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