

# Provision of human services by third parties and their effects on the public values: A review of the empirical literature

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**Abstract** | This article explores the evidence on the provision of human services by third parties and their effects on public values such as equity, quality of services, social participation, accountability, and citizenship rights in general. It considers the types of social actors involved and types of institutional arrangements relative to the State. Positive or negative effects identified in different dimensions of the public values tend to depend on the type of provider and the institutional arrangements that define its relationship with the State. However, the most salient finding is that the existing empirical studies, with few exceptions, propose to focus on effects on the efficiency of services rather than look more deeply into the matter of the public values. This study stresses the need for further comparative research of the public domain that will allow researchers to discern who can make better contributions in its various dimensions. It also identifies new avenues of research.

**Keywords:** Public private association, social services, public values.

## Provisión por terceras partes de servicios humanos y sus efectos en los valores públicos: Una revisión de la literatura empírica.

**Resumen** | Este artículo explora la evidencia acerca de la prestación por terceros de servicios humanos y sus efectos en valores públicos como la equidad, la calidad de los servicios, la participación social, la rendición de cuentas y los derechos de ciudadanía en general. Considera los tipos de actores sociales involucrados y los tipos de arreglos institucionales en la relación con el Estado. Los efectos positivos o negativos identificados en diferentes dimensiones de los valores públicos tienden a depender del tipo de proveedor y de los arreglos institucionales que definen su relación con el Estado. Sin embargo, el hallazgo más destacado es que los estudios empíricos existentes, con pocas excepciones, proponen centrarse en los efectos sobre la eficiencia de los servicios en lugar de profundizar en la cuestión de los valores públicos. Este estudio enfatiza la necesidad de más investigaciones comparativas acerca del dominio público, las que permitan a los investigadores discernir quién puede hacer mejores contribuciones en sus diversas dimensiones. También identifica nuevos temas de investigación.

**Palabras clave:** Asociación público privada, servicios sociales, valores públicos.

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## 1 Introduction

IN the past 40 years, on an international scale, the State has been increasingly delegating the implementation of human services and infrastructural works to commercial/for-profit and/or social/nonprofit third parties. In developed countries this phenomenon has been identified as “collaborative governance regime” (Emerson & Nabatchi, 2015) or “mixed welfare economy” (Hill, 2007; Powell, 2007), which refer to the new division of labor that emerged in the late 1970s as the role of the State shifted from being a supplier of goods and services to financier and supervise of third-party implementers of goods and services. While the same phenomenon has been observed in developing countries, the latter has delegated the responsibility and implementation of human services to third parties at an even greater scale in comparison to developed countries (Cunill-Grau, 2012; Alonso, M., Astorga, & Freddi, 2014).

In the fields of public infrastructure and capital-intensive services it has been recognized that “success may be seen quite differently by the various actors and groups interested” (Hodge & Greve, 2017: 56) and there is highlighted the importance of assessing how and how much the delegation to third parties affects public values such as accountability, equity, transparency (e.g., for public-private partnership in road infrastructure see Reynaers, 2014). In human services such as education, sanitation, and social services, which all are tied to the social rights of citizenship (Marshall, 1950; Titmuss, 1974), discussions have resurfaced amidst concerns about the impacts on public values like democratic accountability and procedural legitimacy (Page, Stone, Bryson, & Crosby, 2015). Furthermore, a push to describe these values empirically (Reynaers, 2014), and for research and praxis agendas (Bryson, Crosby, & Bloomberg, 2014) have also been areas of recent academic discussions. But the literature on the effects of third parties is fragmented and tends to talk up benefits that are not always supported by empirical data.

Building on the available empirical evidence on both private (for profit) and social-sector (nonprofit) provision of public services may contribute to reducing the ideological nature of the debate between defenders of the State’s role versus those who defend reliance on market forces and allow policy makers to focus on outcomes for citizens as well as potential contributions to the efficiency of services over time. This discussion is particularly important for less developed regions where public services have historically been unconnected to any expression of enforceable rights.

In this article, we seek to analyze the various dimensions of public values in the field of human services, by adopting an integral approach that allows for an analysis from a multidimensional and comprehensive perspective (see Table 1).

On the other hand, we relate the dimensions of public values to the type of actor who carries out the provision of services and to the kind of institutional arrangement through which they are linked with the State, because these dynamics could account for to differing outcomes.

The types of actors involved. The literature on public services in the areas of education, health, and care show that the type of actor becomes involved in relationships with government is a key issue. The impacts can differ according to whether a government’s associates are for-profit or nonprofit entities, and whether a nonprofit entity is an NGO, community, or service user (Kindornay, Tissot, & Sheiban, 2014; Gazley & Brudney, 2007; Selsky & Parker, 2005). In fact, there is extensive literature that associates the involvement of each type of private actor in the provision of services with the particular dimensions of public values.

The types of institutional arrangements. The diverse types of relationship between the State as a total or partial financier and a private agent as a service provider include contracting out, voucher systems, public-private partnerships (PPPs) or public-private collaborations (PPCs), and co-production. All the literature on New Public Governance understands “PPP,”<sup>1</sup> “PPC,” and “co-production”<sup>2</sup> as cooperative relations, visualizing these modalities as superior to the simpler “contracting out,” understood as a purchase-sale relationship, that was favored by New Public Management (NPM). The more generalized notion of the PPP suggests that the private counterpart (whether a commercial or a social provider) acts as a “partner” that shares financial resources and therefore also the risks, costs, responsibilities and benefits of the partnership, whereas the notion of the PPC emphasizes only the nature of “partnership” in a joint endeavor, without necessarily implying shared financing. “Co-production” indicates that users, communities, or nonprofit organizations (NPOs) in general are involved in both the delivery of a service and, to a certain degree, its design. In each case the literature is extensive. Furthermore, and especially from the perspective of international organizations like the World Bank, “voucher” systems are seen as having advantages over other modalities because they acknowledge the beneficiary’s role as a consumer of services.

This article undertakes a more integral exploration of the available literature that offers empirical evidence, in order to analyze the effects of the implementation of human services by third parties on public values. It also aims to clarify what types of private providers and what institutional arrangements produce better results, not only in efficiency but also in the different dimensions of public values.

In the integral approach proposed here, a generic expression, “Public-Private Association” (PPA), will be used to refer to the different types of relationships between the State as a total or partial financier and a private agent (a commercial/for-profit or social/nonprofit entity) as a third-party provider. The results are presented according to the different types of agents involved. For each of these agents,

<sup>1</sup>The literature recognizes numerous models or PPP family types under the umbrella of the PPP modality, especially in the field of infrastructure (see, e.g., Hodge & Greve, 2007; Osei-Kyei & Chan, 2015).

<sup>2</sup>Some authors classify co-production (and co-creation) as possible expressions of PPP (vid. Velotti, Botti, & Vesci, 2012), but most of the literature treats them separately (vid, e.g., Voorberg, Bekkers, & Tummers, 2015).

Table 1: Dimensions of public values in public services

General dimensions	Specific dimensions
Quality	Personalization, suitability, continuity, and integrality of care or attention Safety and quality of facilities
Equity	Accessibility Availability / Affordability Adaptability
Freedom of choice	Possibility of options Exercise of freedom of choice
Social participation and autonomy	Opportunities for participation Strength of participation Exercise of personal autonomy
Access to information	Availability and relevance of information Comprehension of information
Accountability	Scope of accountability External regulation
Enforceability of Rights	Mechanisms of enforceability Perceived availability of mechanisms Adaptability of mechanisms

Source: own elaboration.

we will identify the types of institutional arrangements through which they relate to the State.

## 2 Research methodology

We considered only peer-reviewed studies for selection in this systematic review. Books and publications by governments and international agencies were excluded. The search for articles covered the eleven-year period between 2005 and 2016, and was conducted using Web of Science and Elsevier's SCOPUS in the respective fields of the social sciences and humanities. The starting publication year of considered papers (2005), though somewhat arbitrary, was guided by the criterion of maturation of PPA initiatives that, having grown throughout the 1980s and 1990s, were registering considerable development suitable for analysis by the 2000s.

In the interests of breadth and thoroughness, PPAs were differentiated through the use of various designations (key words), some generally descriptive and others specific: cross-sector collaborations, cross-setting collaborations, cross-sectoral partnerships, cross-sector partnerships<sup>3</sup>, public-private alliances, public-private partnerships, public-private sector cooperation, third-sector partnerships, joint working, interorganizational collaboration, interinstitutional relations, intersectoral action, intersectoral governance, multi-agency working relationships, government/nonprofit, collaborative governance, co-production, contracting, contracting out, vouchers.

After duplicated articles were eliminated, the database was refined and reduced through the selection of articles pertinent to the subject of this study, specifically, the PPA as a way of delivering sanitary, edu-

cational, social care and employment public services. Accordingly, articles referring to the following subjects were excluded: cooperation among public institutions or among private institutions; privatization; PPAs in infrastructure, transport, and urban renewal; PPAs in technological innovation and information management; PPAs concerned with environmental issues; strategic planning PPAs; transnational PPAs; disaster relief PPAs; associations to promote healthy communities; PPAs and ICT; and PPAs limited to the formulation of policies or decision-making. Papers on PPA involvement in public services were also excluded if they focused exclusively on the measure of value for money or cost efficiency. In this way we culled 414 articles from the original selection of 2,863 articles.

Next, we reviewed the abstracts of these 414 articles a second time to continue fine-tuning the final selection. The articles eliminated at this stage concerned (a) reviews of the literature; (b) theoretical or conceptual matters; (c) factors influencing the decision to establish a cooperative relationship; and (d) factors that might relate to the effectiveness of the cooperation process, for instance, the nature of contractual relationships.

Application of these filters brought the selection down to 288 articles that appeared to report empirical findings about dimensions of the public values that relate to the delivery of human services via PPA arrangements. The content was not always specified precisely, so each article was read, and its relevance assessed. The final database for the analysis consisted of 82 articles. Then, the papers were organized by type of provider, and the effects on the public values analyzed, distinguishing the types of institutional arrangements in each case, as shown in Table 2. We included both quantitative and qualitative studies and tried to acknowledge the relevance of their specific methodologies and systematic qualities in our analysis.

<sup>3</sup>The literature on PPPs currently includes "Cross-Sector Development Partnerships, CSDPs", "Public Private Innovation, PPI" and "Cross-Sector Social Partnerships, CSSP", although in this last type the relationship with the State is not privileged

Table 2: The distribution of the 82 articles reviewed

Types of third-party providers		Types of institutional arrangements of PPAs	Kinds of services provided under PPAs	Countries
Users and communities (12)		Co-production (7) PPP (3), PPC (2)	Social services (7), Health (5)	UK (5), USA (3), Sweden (1), China (1), diverse countries (2)
For-profit entities (27)		Voucher (10), Contracting out (10), PPP (7)	Education (14), Health (7), Social services (4), Employment (2)	USA (6), Chile (4), Australia (2), Sweden (2), Canada (1), Ethiopia (1), India (1), Italy (1), New Zealand (1), Czech Republic (1), Uganda (1)
Nonprofit (NPOs) (20)	Organizations	PPC (11) Contracting out (4) PPP (3) Co-production (2)	Social services (12) Health (6) Education (2)	USA (8), Brazil (3), Australia (1), India (1), Italy (1), UK (1), Chile (1), diverse countries (4)
Tripartite mix (13)		PPC (7), PPP (6)	Health (7), Social services (5), Education (1)	USA (2), Australia (2), Belgium (1), UK (1), India (1), Israel (1), Jordan (1), Namibia (1), Nigeria (1), Pakistan (1), Uganda (1)
Comparisons between provider types (10)		Diverse institutional arrangements	Education (3), Health (3), Employment (2), Social services (2)	UK (3), USA (2), Afghanistan (1), South Africa (1), India (1), Norway (1), diverse countries (1)

Source: own elaboration.

Two researchers carried out each step of the selection process independently to assure its comprehensiveness and maintain consistency in the subsequent analysis. This process facilitated the selection of papers when researchers were in agreement and led to mutual decision making in the case of disagreements.

### 3 Results

Our first significant finding was that only 82 out of the 414 articles reviewed referring to PPAs in the areas of care, sanitary, education and employment services included empirical evidence on the dimensions of public values. This reduction is explained by the fact that much of the literature focuses on the interaction process with private service providers. Furthermore, many articles did not specify the type of provider, thus making it impossible to determine which types of actors and State relationship modalities of had greater impact on public values.

The findings of our analysis are organized by type of third-party provider of services. We examine the empirical evidence on the results of the provider's intervention in the fields of care, sanitary, education, and employment services, stressing the dimensions of public values that are highlighted in the literature. We distinguish the type of institutional arrangements of PPAs in which each type of provider is involved in and present evidence from studies that compared outcomes of different types of providers. Lastly, we discuss the main conclusions and the research agenda that emerges from them.

#### 3.1 User and community involvement in human services provision

Communities' or users' involvement in public services in the modality of "co-production" currently receives the most attention in the literature for its positive

effects on equity and the expansion of citizen engagement. But, the empirical evidence provided about these positive effects is scarce.

In regards to equity in accessibility, solid information was found in only one paper, a case study on a mental health service established as a pilot project in West London to meet the needs of black and minority ethnic communities (Lwembe, Green, Chigwende, Ojwang, & Dennis, 2017). The study reported a 75% retention rate and presented data showing that the project helped reduce barriers to accessing mental health services.

Additionally, some studies have analyzed how co-production in the field of childcare services provision generates other effects in public values and contributes to the development and renewal of democracy. The most studied case is about State funded parent cooperatives (France, Germany, and Sweden) (Pestoff, 2006, 2009; Vamstad, 2012). Vamstad (2012) concluded that parents' cooperatives in Sweden are more favorably evaluated than are other types of service providers.

However, it is worth mentioning that parents' cooperatives in the analyzed countries usually benefit from public financing. Therefore, one may ask whether the mentioned effects, particularly equity, would persist if the costs fell on the users themselves.

To gauge relative levels of satisfaction and trust, linked with the quality dimension of public values, Fledderus (2015) shows that in some cases, co-production is associated with less satisfaction and trust. In the framework of the "PPP or PPC" entered into with users or communities, the findings of a longitudinal study by Alexander and Nank (2009) supports the findings reported by Fledderus. Conducted in the United States, the study tracked the generation of trust in a social services partnership between a public agency (a county) and nine community-based non-



profits (neighborhood centers) over a 10-year period as part of a national pilot program to redesign child welfare. It found that

the evolution from active distrust to trust was demonstrated by the generation of ideological consensus and domain consensus achieved through sharing information, integrated responsibilities and authority, and collaborative decision making (364).

The above suggests that users/communities involvement in human services generate positive effects on public values when the State steadfastly upholds its responsibility for financing the services while also allowing users to take part in decision making. This latter aspect, known as social participation, is intrinsic to the notion of partnership. However, co-production as the institutional arrangement did not necessarily imply that users/communities participated in joint decision-making or co-designing the services.

In the articles reviewed, it should be noted, that attention is sometimes focused on cost-efficiency and not social participation (in a strict sense). For instance, Gordon *et al.* (2007) documented improved health care and reduced costs in a special needs program at a tertiary care center in Milwaukee, Wisconsin, USA. The program brings families and primary care physicians together to ensure seamless inpatient and outpatient care and assist in providing medical homes. The study, a longitudinal analysis, evaluated outcomes by measuring each patient's pre-enrollment and post-enrollment tertiary care center resource utilization, charges, and payments.

It is important to note that this type of study does not specify what resources the families contributed to the provision of services, or whether those contributions were uneven in nature. As Bovaird and Downe (2009: 28) observed, "it is hardly progressive to distribute responsibilities to the powerless". This risk is identified by NEF when it state(s) that "confidence, energy, time, political knowledge and money to assume new services and functions are not distributed equally in society" (NEF 2010 cited by Taylor, 2011: 258), therefore, not all people can engage in co-production activities (Verschuere, Brandsen, & Pestoff, 2012). This again points to problematic effects in terms of equity when users are involved in the provision of services.

Meanwhile, studies on senior citizens' involvement in generating services that promote independence, well-being, and active aging have reported positive results (for example, Dalziel & Willis, 2015) However, in a study of rural areas of England and Wales, Doheny & Milbourne (2013: 501) found that

in England, where there has been a commitment to a customer citizen, policy at the local level has emphasized re-enablement, community development and individual responsibility. In Wales, where modernization has focused on collaboration and citizenship, local policies have focused on service users and on engagement with the voluntary sector.

In sum, the literature shows that the variance in users/communities' roles according to country and so-

cial sector makes it is not possible to draw robust conclusions about their contribution to either stronger social participation or equity in service provision given that the contradictory evidence. Instead, the evidence appears to imply that user and community involvement in public service provision, especially under the modality of "co-production," serves to increase the services' cost-efficiency. In the quality dimension, better effects are visualized in trust and work environment when the responsibilities and decisions are shared.

### 3.2 Involvement of private for-profit entities in human services provision

With the exception of research on the UK's health care-related private finance initiative / public-private partnerships (PFI/PPPs), only 27 studies focused on for-profit entities' engagement in the provision of human public services. These studies include some research on employment services in developed countries but otherwise refer mostly to economically less developed countries and particularly on health and education services oriented to the poor. They point to three modalities—Public-Private Partnerships (PPPs), contracting out, and vouchers.

The studies found that report results on public values in "PPPs" are mainly in the field of health services. Vora *et al.* (2015) described how a PPP project established to increase the availability of affordable emergency obstetric care in three districts of Gujarat, India, improved access to services. However, their conclusions indicate that despite increased geographic availability of services, remote areas are still left out. More generally, Khan *et al.* (2015), writing about projects in Pakistan, Bangladesh, and India to improve the control of tuberculosis, remarked that whereas "private facilities often have a much wider geographic range and offer more convenient coordination of openings than public facilities" (1290), the "doctors that are least qualified often have the lowest fees and therefore see the highest number of poor patients" (1292). Similarly, an assessment of for-profit service providers' participation in the Revised National Tuberculosis Control Programme (RNTCP) in one South Indian district suggested that "PPPs tend to make selective referrals" (Yellappa, Battaglioli, Gurum, Narayanan, & der Stuyft, 2016: 659).

In the field of education, we did not find studies of PPPs that referred to results. In the Australian context, where state-centered provision of schooling is common, Hogan (2016) analyses how this type of initiative creates private-sector business opportunities rather than illuminating its likely relative advantages.

Regarding private for-profit entities' involvement in services provision under the modality of "contracting out," we found a large amount of literature in welfare-state contexts about employment services specifically, but any empirical analysis of the results of this type of involvement. One of the few articles identified focusing on comparative results describes a study designed in Sweden and carried out by Benmarker *et al.* (2013), who concluded that the use of private service providers to implement unemployment remediation projects led to greater interaction between the beneficiaries and

the professionals and resulted in higher levels of satisfaction, a key issue in the quality dimension. However, they also pointed out that “this hides important heterogeneities across different types of unemployed. In particular, private providers are better at providing employment services to immigrants, whereas they may be worse for adolescents” (68). Along the same lines, Toner (2014), analyzing the case of vocational orientation and training services in Australia, recognized that whereas there are “some benefits in using private entities to provide services in terms of greater flexibility regarding the time and location of delivery and with regard to pedagogical innovation” (234), private-sector actors may have more incentives to reduce the quality of services than do actors in the public sector.

In educational services also, contracting out with private entities show difficulties in achieving equitable treatment among beneficiaries. A study conducted by Wokadala and Barungi (2015) to establish whether government spending on private universal secondary schools was equitable across quintiles disaggregated by gender and region showed that well-off households benefited more from the subsidy than poor households. It also highlighted similar patterns of inequity across genders and regions. The concentration curves revealed that state-funded redistribution of income to the poor has achieved little in terms of greater equity.

In the USA, an empirical examination of charter schools managed by for-profit educational management organizations (EMOs) (Ertas & Roch, 2014) came to a similar conclusion. Having compared the distribution of students across EMOs, traditional public schools, and nonprofit charter schools, they found that EMO charter schools are less likely to serve disadvantaged students. While the charter schools seemed to seek out Black students, their selection processes produced student bodies with a lower percentage of poor students than were found in regular public schools. They also studied differences in the size of EMOs and found that such outcomes are most likely in schools operated by large EMOs. In contrast, an article discussing Gyan Shala centers in India, which outsource teachers from surrounding communities and charge low prices (Bangay & Latham, 2013), reports improvements in equity (more gender balance, less social distance between teachers) as well as educational quality, financial viability, and sustainability. However, it does not present specific data and is based on a model in which teachers receive a very low salary and in which classes are held for only four hours a day.

Studies on “vouchers” in educational services point to other kinds of results. For example, Agasisti *et al.* (2016), using Instrumental Variables methodology to test the effectiveness of the voucher plan implemented by the regional government of Lombardy (Italy) at approximately a thousand schools, found that attending a private school is associated with higher performance on standardized tests for two categories of pupils: immigrants and students from relatively disadvantaged socioeconomic backgrounds. Thus, with respect to equity in educational services, there may be a difference between the use of contracting out and the use of vouchers. Still, we cannot confirm that this differ-

ence exists, not just because of the wide variety of contexts but also because inequality problem also arises in the literature on the use of vouchers. For instance, Alves *et al.* (2015), who used data sets with information on home addresses to compare the choices available to parents of different backgrounds in Santiago, Chile, and Rio de Janeiro, Brazil, found that disadvantaged parents in both cities are less likely than affluent parents to choose high-achieving schools, and that this tendency is more pronounced in Santiago than in Rio de Janeiro. These results suggest that policies focused exclusively on increasing choices are unlikely to reduce inequities.

Average academic performance tends to be higher at schools located in areas of high competition, as Harrison and Rouse (2014) showed for New Zealand. However, this result appears to vary according to school size, suggesting that competition can cause the gap between the best and worst performing schools to widen. Researchers in the Czech Republic (Filer & Munich, 2013), California, USA (Marlow, 2010) and Sweden (Sandstrom & Bergstrom, 2005) have presented empirical evidence that basically supports the argument that competition boosts performance, but studies done in Chile have suggested a different outcome. Hsieh and Urquiola (2006) found no evidence that choice improved average educational outcomes as measured by test scores, repetition rates, and years of schooling.

Meanwhile, other research reveals that the outcomes of voucher programs are strongly influenced by other variables. In Chile, Chumacero *et al.* (2011), based on previous work and surveys administered to parents, not only found that families rank the school's distance from their home as the most important factor in choosing a school, but also suggested that parents largely ignore the results of standardized tests. Thus, the physical availability of the supply of education services seems to be a key variable. Alarcón-Leiva *et al.* (2013) showed that the Chilean political and fiscal systems, and particularly their low level of decentralization, are crucial to the performance of the educational system, especially in matters of equity.

Public service markets often lack competition, a fact that limits choice. In the USA, as Girth *et al.* (2012) demonstrated, competition is weak in most local government markets (there being on average fewer than two alternative providers across 67 services measured) and the relationship between competition and the choice of contractors varies by service type. They concluded that the strategies public managers use to build and sustain competition for contracts often requires tangible investment of administrative resources that adds to the transaction costs of contracting in uncompetitive markets.

In sum, there is insufficient evidence to claim that any one form of PPA with for-profit entities is per se better than others in any of the dimensions of public values. Only in the case of robust markets, the involvement of private entities in services provision through vouchers or contracting out appears to favor users' freedom of choice and quality. For their part, PPPs with commercial entities usually report contradictory res-

ults in equity (associated with access to services) when this objective is not expressly pursued.

### 3.3 Nonprofit organizations (NPOs) in the provision of human services

Regarding associations between NPOs and government agencies, Bovaird (2014: 1085) stated that “unfortunately, current research into third sector partnerships for public services is still relatively undeveloped”. It is indeed remarkable the few publications that reported on the results and specific impacts of these associations (only 20, most of which referred to these effects only indirectly) despite their growing presence, especially in local public services provision. Furthermore, these texts do not clearly convey the modalities through which NPOs relate to governments nor whether a given PPA is implemented by a NPO or a private for-profit entity. This is the case, for instance, for the majority of studies on charter schools from the, which have operated as publicly funded educational alternatives to traditional public schools for more than two decades. Such studies are numerous, but they are excluded from this paper unless they explicitly named the type of provider.

In the field of health, three articles present results based on empirical evidence. All of them refer to Brazilian municipalities that adopted the modality of the “social organization,” a designation that authorizes a civic organization to establish associative arrangements with governmental entities based on performance contracts. One of the studies described this modality as a PPP and reported improved efficiency (La Forgia & Harding, 2009), whereas another described it as “contracting out” (Costa Silva, Ribeiro Barbosa, & Alonso Hortale, 2016) and found that access to health services had improved. The third paper, reported improvements in both the efficiency and the quality of health care in São Paulo (Rinne, 2007). Social organizations cite their high degree of autonomy in the areas of finance and personnel management as a major cause of success.

In other areas, such as social services, studies have investigated “partnerships” with NPOs. One such study in the U.S. state of Georgia suggested that collaborative work done with NPOs,

offers contribution of service improvements, increased citizen satisfaction and trust in government, [but] limited ability to assure new resources results from most local government-nonprofit partnerships (Gazley & Brudney, 2007: 410).

Other research on different social services in Alabama (Xu & Morgan, 2012), New York state, and the Commonwealth of Virginia (Coleman, Sowa, & Sandfort, 2006), and in the UK (Dickinson & Neal, 2011), suggests that partnerships have improved their outcomes (e.g., positive impact on school readiness, more independent users) by sharing physical and organizational resources like facilities in order to provide more convenient services to beneficiaries and realize cost savings.

Thus the diversity of situations appears to be as broad as the range of types of NPOs involved in providing services. Here it is important to note that there are apparently no case studies on the effects of “contracting out” services to NPOs, even though this practice seems to be spreading in developed countries, as Bode (2006) observed for the case of social services in Western Europe. Butcher (2016), recognizing that Australian national and territorial governments depend, as never before, on nongovernment employees to deliver a variety of public services, stating that “competitive procurement processes have largely displaced grant-based funding as the preferred form of government investment in the NFP sector” (249). At the same time, many studies (Dwyer, Boulton, Lavoie, Tenbenschel, & Cumming, 2014; Furneaux & Ryan, 2014, among others) have suggested that buyer–seller relationships can pose major obstacles to the realization of collaborative efforts.

Additionally, some studies have shown outcomes of deficits on stability and accountability when social service delivery takes on the features of a “network” of provider organizations. In this situation, the State contracts with a small number of primary nonprofit contractors, who may then contract with additional providers (subcontractors) across the service spectrum. Johnston and Romzek (2008) concluded that

instability imposes significant costs on service delivery networks, costs that impair organizational and network performance and that divert resources from services for vulnerable clients. The high costs associated with instability undermine arguments for more market-based service delivery (115).

In an earlier study (Romzek & Johnston, 2005), the same authors stated: “accountability is undermined by the use of risk shifting, reliance on a system of multiple competing providers, and the adoption of new information technologies” (436). The many existing studies do not expressly refer to the contribution NPOs make (or do not make) on accountability.

Unlike the contracting out modality, “co-production” in association with the nonprofit sector is receiving greater attention in the literature, which suggests that the above mentioned types of problems may be absent under this PPA modality. Windrum (2014) reviewed four case studies conducted in Europe to showcase health-service innovations described as “new health services” created to include foster care, legal protection, vocational training, and job placement services. These services are basically defined with reference to the multifaceted roles that NPOs play in the co-production of health services as patient advocates, knowledge-intensive service providers, independent financiers of innovation, and organizers of the innovation networks that produce new health services. However, the study does not offer evaluation criteria. Similarly, Dwyer *et al.* (2014) reported on experiences of co-production of health services that basically use “relational contracts” with indigenous organizations in Australia, Canada, and New Zealand. Yet we neither conclude from these studies that NPOs improve accountability under the modality of co-production, nor can this type of PPA be said to be



superior to other modalities, because—as has been observed concerning users—co-production can be problematic in terms of equity when organizations depend on users' resources to finance services.

Likewise addressing nonprofit organizations' potential comparative advantages, other studies highlight the greater degree of community participation that can be achieved when NPOs act as service providers at the local level. In this regard, Smith (2010: 147) argued that “these agencies have the potential to have an active, involved user group as well as other interested stakeholders, such as parents, community leaders, and local businesses.” Along the same lines, Mariani and Cavenago's (2013) qualitative empirical research into seven NPOs involved in the supply of social services in Milan, Italy, indicates that the NPO approach can achieve significant results by interpreting and anticipating individual and family needs, responding to them appropriately, supporting the socioeconomic development of the territory, and improving the quality of welfare services. From another perspective, Thumler (2011) pointed out, based on empirical data derived from the exploratory research project, “Strategies for Impact in Education” in the United States and Germany, NPOs can help generate legitimacy in cases of “successful failure.”

Overall, recent studies suggest that NPOs are increasingly under pressure to show results in terms of efficiency rather than democratic anchorage or citizen engagement. A feature that especially stands out in developing countries is the expectation that NPOs provide substantial resources to implement services (see, e.g., Andrade & Arancibia, 2010 for policies on childhood in Chile and Grill, Robinson, & Phillip, 2012 for health services in India). In Europe and particularly in the United Kingdom there is a growing preference for PPAs with powerful social actors, that is, with “big partners” instead of the so-called big society (Bode & Brandsen, 2014; Taylor, 2011). What is new is that they are positioned as a source of financing. With this in mind, Bovaird (2014) researched the efficiency rationale for third-sector partnerships' delivery of public services commissioned by local government, arguing that the understanding of “efficiency” has been too limited conceptually (e.g., by ignoring costs to the service users and the community) and unpacked what efficiency means in terms of economies of scale, scope, and learning, including benefits derived by sharing resources, activities, and risk.

Therefore, the literature on how service provision through NPOs affects social participation and accountability is scarce and sometimes contradictory and suggests that NPOs are mainly used as alternative sources of financing, independent to the institutional relationship arrangement with the State.

### 3.4 The associative mix of actors from government, for-profit and non-for-profit sectors in human services

Another group of analyzed papers addressed the combination of NPOs or communities, private for-profit entities, and government.

Reports of trisectoral associations' results are limited (13 articles); most concern “PPPs” improving access to a given service through obtaining more financing. Empirically supported reports of positive results are available for a PPP with the involvement of the police, the private sector, and a community-based organization of emergency medical services (EMS) in Islamabad, Pakistan (Ali, C., & U., 2006); in a Ugandan PPP's specimen referral system, safe packaging, and transport of infectious material (Joloba, Mwangi, Alexander, Nadunga, Bwanga, Modi, Downing, Nabasiye, Adatu, Shrivastava, Gadde, & Nkengasong, 2016); for a PPP that managed to lower the cost of providing HIV testing in Namibia (de Beer, Chani, Feeley, de Wit, Sweeney-Bindels, & Mulongeni, 2015); for a PPP that improved access to TB and TB-HIV services provided in Lagos state in Nigeria (Daniel, Adejumo, Abdur-Razzaq, E., & Salako, 2013); and for tuberculosis-centered PPP projects in India that improved case notification and treatment outcomes (Dewan, Lal, Lonroth, Wares, Uplekar, Sahu, Granich, & Chauhan, 2006).

An assessment of the quality of services provided trisectorally under the modality of the PPP was available in a single study (Chen, Wan, Chan, Chan, & Lam, 2016) that analyzed the quality of care delivered by the Hemodialysis Public-Private Partnership Programme (HD-PPP) launched in Hong Kong in 2010 with public funding. It concluded that “the HD-PPP has already expanded the capacity of HD by roughly 17%” (5). But this report concerned accessibility, not improvement in quality, and the study did not distinguish between types of private service providers.

In the field of education, a study of a Philadelphia school district where for-profit and nonprofit organizations had been hired as school managers under a modality of “contracting out” (Gold, Christman, & Herold, 2007) shows that degrees of improvement in standardized test scores were similar regardless of whether the school managers were for-profit or nonprofit and refuted the idea that private providers contribute special benefits, especially in terms of innovation.

Other studies on trisectoral associations revolved around the process and results for stakeholders, rather than for citizen beneficiaries. There are contradictory evidence about the effects of the associate mix of actors on equity—particularly accessibility—and quality and there are no mentions in terms of accountability.

### 3.5 What do comparative studies have to say?

Only 10 articles provided information that allows for a comparison among different types of service providers. Two papers referred to employment services in the UK, and unlike the previously mentioned study by Benmarker *et al.* (2013), they suggested that the comparative advantages ascribed to the private sector (e.g., access to employment for disadvantaged groups, innovation) are not necessarily evidenced. Lindsay and Dutton (2010) explored the extent to which involving a major public-sector body (rather than contracting out to the private or third sector) makes a difference. However, they did not distinguish between for-profit entit-



ies and NPOs, and their conclusions are based only on interviews with public-sector personnel.

In the field of health, we found a few comparative studies that present the quality of specific services as the main issue. Sinanovic and Kumaranayake's (2006) analysis of three different models of provision of tuberculosis care in South Africa—100% public provision (PH-model), a public–private workplace partnership (PWP), and a public–NPO partnership—suggests that both of the PPA models selected for the study provided qualitatively better care than did the purely public-sector model of delivery. As for NPOs, the authors concluded that they “develop alternative strategies for community-based TB treatment and make treatment available to poorer community members” (899), which is relevant in terms of the equity dimension. Another study, based on perceptions of the quality of public tertiary hospital care (Baliga, Ravikiran, Rao, Coutinho, & Jain, 2016), compared a hospital managed as a PPP (provider type unspecified) to another hospital that was directly operated by the government (PH-model) and found that the perceived quality of hospital care was better in the PPP-model hospital and similar to that managed for the private sector only, with the added advantage of being financially within reach of the middle and lower socioeconomic classes (7–8).

In a review of literature on low- and medium-income countries Basu *et al.* (2012) explained that “private sector healthcare systems tended to lack published data by which to evaluate their performance, had greater risks of low-quality care, and served higher socio-economic groups, whereas the public sector tended to be less responsive to patients and lacked availability of supplies,” and that “both public and private sector systems had poor accountability and transparency” (10).

On the other hand, a study by Amirkhanyan *et al.* (2008) analyzed panel data on 14,423 facilities to compare measures of quality and access across three sectors in nursing home care in Ohio (USA) and found that public and nonprofit organizations were similar in terms of quality and both performed significantly better than their for-profit counterparts. It also concluded that assessments of nursing home performance diverge according to whether they examine service quality or access to the poor. Another study (Amirkhanyan, Kim, & Lambright, 2014), focused on nonprofit and for-profit child care centers operating under Head Start contracts in Ohio (USA), concluded that “nonprofit ownership does not affect performance assessments made by teachers and parents” (27).

In the sphere of educational services, we found a methodologically dense study on a sample of 25 countries in Europe, America, and Asia, focused on the quality of services—termed “effectiveness”—as measured by testing (Dronkers & Avram, 2010). After controlling for selectivity and school choice processes, it found that the initially higher reading scores of students in private, independent schools were comparable to those of public school students in a majority of countries. In a few countries however, average reading scores remained higher in the private independent sector even after controlling for school

choice-induced selectivity. The opposite pattern, namely that of higher average reading scores in the public sector, emerged in four countries. In the case of charter schools in the USA, Morley (2006) compared for-profit and nonprofit charter schools and found that nonprofit forms are far more common because they minimize the unusually high agency costs that are typical of interactions between charter operators and the parents, regulators and donors who influence them. For-profit schools survive only when the economies of scale they capture through superior capital-raising offset their higher agency costs. After also comparing nonprofits' and for-profits' ability to attract resources and their accountability, Morley ultimately argued for changes in regulation to allow for tighter control of for-profits.

The only comprehensive paper that explores the comparative advantages of each sector with an explicit focus on effectiveness and equity is the work by Andrews and Entwistle (2010). Using a survey of local government managers and statutory performance indicators collected by the UK central government, the article compares 40 UK local government service departments in Wales (8 for education, 3 for social services, 6 for housing, 4 for highways, 8 for public protection, and 11 for welfare benefits). The study found that whereas public–public partnership is positively associated with effectiveness, efficiency, and equity, public–private partnership is negatively associated with effectiveness and equity, and public–nonprofit partnership is unrelated to performance.

In sum, except for the above study, the reviewed articles revealed a deficit of comparative studies (Reyn-aers, 2014; Roehrich, Lewis, & George, 2014) confirming concerns raised in previous research.

#### 4 Discussion and future research

The first conclusion of this systematic review is that the majority of studies does not attempt to examine public values in greater depth but instead seem to focus on analyzing the contributions of other effects. This could support the conclusion that associations with private entities, whether for-profit or not, and even with users, have been motivated primarily by a need to fill gaps in resource availability rather than improve public values of these services. In this sense, several authors (Chapman, Brown, Ford, & Baxter, 2010; Lee, 2012; Milbourne, 2013 in Bode & Brandsen, 2014: 1063) have pointed out that the dominant pattern of PPAs is inspired by hybrid forms of organization that prioritize business-oriented approaches, especially in health, childcare, and elder care services.

Regarding the analyzed literature, with the caveat that the studies were few, Table 3 displays the results of associations between types of provider, the institutional arrangements in which they are involved, the dimensions of the public values with which they are usually associated, and the evidence contributed by the analyzed literature.

According to Table 3, none of the selected studies analyzed each of the dimensions of public values shown in Table 1, and altogether do not offer conclus-

Table 3: Summary of the evidence provided in the literature

Type of third-party provider	Types of institutional arrangements of PPAs	Dimensions of public values affected	Evidence in the analyzed literature
Users and communities	Co-production; PPP / PPC	Social participation	Positive (in any institutional arrangement), but in many cases understood only as new resources.
		Equity (accessibility)	Contradictory results (positive in some cases but questioned since capacities and socioeconomic levels of service providers may have a negative effect).
		Quality	Positive in trust and work environment, but in some cases associated with lower user satisfaction
For-profit entities	Voucher; Contracting out; PPP	Freedom of choice	Positive increases in choice and opportunities are not distributed equitably, especially in the regards to vouchers
		Equity (accessibility)	Contradictory results between different modalities
		Quality	Contradictory evidence in different modalities, trade-offs between quality and equity.
Nonprofit Organizations (NPOs)	PPC / PPP; Contracting out; Co-production	Social participation	Contradictory results, particularly in contracting out, as NPOs become "sellers" of services; other modalities show negative effects
		Accountability	Little evidence, and some studies show a deficit
		Equity (accessibility)	Contradictory evidence
Tripartite mix	PPC / PPP	Quality	Contradictory evidence; in some cases there are no differences
		Accountability	No mentions

Source: own elaboration.

ive evidence, which suggests that we are practically ignorant about what types of provider and type of institutional arrangement might possibly produce positive outcomes for citizens.

Additionally, it is possible to observe in Table 2 that the majority of studies focused on outcomes in developing countries in Asia, Africa, and Latin America. With respect to the types of institutional arrangements of the PPA we found that whereas vouchers appear only in relation to for-profit entities, the remaining modalities operate independently of the type of actor, although differences of frequencies of their uses are insinuated according to the contexts.

In relation to the context, it appears that PPP, either for profit or not profit entities, are common in low- to middle-income countries that lack state welfare systems. On the contrary, co-production with users/beneficiaries or NPOs appears to be the dominant modality in "developed" countries with consolidated welfare states, but at the same time it is increasingly associated with innovative ways of obtaining resources from society. Noteworthy is the growth in NPOs' engagement with human services provision since the early 1990s in many areas of Europe and beyond.

This study highlights the need for a comparative analysis to benchmark private provision on public values according to types of providers and their different relationships with the State, as well as the need for a precise definition of the counterfactual against which both providers and institutional arrangements are judged, for each kind of service.

To these ends, a future research agenda might consider:

1. the heterogeneity among service providers from the private for-profit sector and even among NPOs, because the evidence points to important differences in the degrees of empowerment and thus in providers' capacity to mold public policy among different providers of the same type;
2. the actual differences between the different modalities through which the different types of actors can engage with the State to provide services, given that even within a single modality (e.g. the PPP), nominal (or rhetorical) differences prevail (Hodge & Greve, 2007);
3. the differences in amounts and types of financing of public services, and therefore the role of the State in social welfare, taking into account that resource availability is a significant predictor of outcomes in service-oriented PPAs;
4. other exogenous variables such as specific contexts (local/national, organizational culture, political support, etc.) as well as endogenous variables that may affect the results, using conceptual matrices that relate various variables as in, for example, Emerson and Nabachi's (2015) proposal for evaluating the productivity of collaborative government;
5. ways of handling accountability more effectively, considering that the involvement of different agents (social and private) as well as citizens themselves makes it highly likely that the necessary reciprocal accountability and approaches can be based on principles, rather than on rigid rules;
6. exploration of whether there can be trade-offs between different public values especially

between quality and equity, in their different expressions—and how the trade-offs can be addressed.

All of this implies a need for more robust research methodologies designed to link process and outcomes and which are based on representative data sets, time series analysis, or controlled before-and-after studies that measure quality and degrees of equity at the very least and clearly specify contextual conditions. The empirical data in most of the studies analyzed in this review are based on intentional samplings or case studies, due in part to difficulties in accessing information and lack of baselines. This seems to create a vicious circle, suggesting that wherever the private delivery of services is not considered a “public” affair, it is harder to gather information about all its outcomes and impacts.

Thus, the most suitable approach appears to be to evaluate all the dimensions presented in Table 1 and thereby arrive at solid evidence of who is theoretically eligible as a provider for each type of service, and under which relationship with the State. As this study concludes, that task remains to be fulfilled.

## References

- Agasisti, T., Murtinu, S., & Sibiano, P. (2016). The Heterogeneity of the 'Private School Effect' in Italian Primary Education. *Cesifo Economic Studies*, 62 (1):126–147.
- Alarcón-Leiva, J., Castro-Paredes, M., & Donoso-Díaz, S. (2013). Centralismo y aspiraciones descentralizadoras en la organización del sistema escolar chileno: 1080-2011. *Revista del CLAD Reforma y Democracia*, 57:157–188.
- Alexander, J. & Nank, R. (2009). Public–Nonprofit Partnership Realizing the New Public Service. *Administration & Society*, 41(3):364–386.
- Ali, M., C., M., & U., U. (2006). Emergency medical services in Islamabad, Pakistan: a public–private partnership. *Public Health*, 120:50–57.
- Alonso, P., M., P.D., Astorga, I., & Freddi, J. (2014). Conceptos generales y modelos: serie de notas técnicas sobre asociaciones público-privadas en el sector de la salud de América Latina.
- Alves, F., Elacqua, G., Koslinki, M., Martinez, M., Santos, H., & Urbina, D. (2015). Winners and losers of school choice: Evidence from Rio de Janeiro, Brazil and Santiago, Chile. *International Journal of Educational Development*, 41(SI):25–34.
- Amirkhanyan, A. A., Kim, H. J., & Lambright, K. T. (2008). Does the Public Sector Outperform the Nonprofit and For-Profit Sectors? Evidence from a National Panel Study on Nursing Home Quality and Access. *Journal of Policy Analysis and Management*, 27(2):326–353.
- Amirkhanyan, A. A., Kim, H. J., & Lambright, K. T. (2014). The Performance Puzzle: Understanding the Factors Influencing Alternative Dimensions and Views of Performance. *Journal of Public Administration Research and Theory*, 24:1–34.
- Andrade, C. & Arancibia, S. (2010). Interaction between the State and civil society in policies on childhood. *CEPAL Review*, 101:123–139.
- Andrews, R. & Entwistle, T. (2010). Does Cross-Sectoral Partnership Deliver? An Empirical Exploration of Public Service Effectiveness, Efficiency, and Equity. *Administration Research & Theory*, 20 (3):679–701.
- Baliga, B. S., Ravikiran, S. R., Rao, S., Coutinho, A., & Jain, A. (2016). Public–Private Partnership in Health Care: A Comparative Cross-sectional Study of Perceived Quality of Care among Parents of Children Admitted in Two Government District-hospitals, Southern India. *Journal of Clinical and Diagnostic Research*, 10(2):SC05–SC09.
- Bangay, C. & Latham, M. (2013). Are we asking the right questions. Moving beyond the state vs non-state providers debate. Reflections and a Case Study from India. *International Journal of Educational Development*, 33:244–252.
- Benmarker, H., Gronqvist, E., & Ockert, B. (2013). Effects of contracting out employment services: Evidence from a randomized experiment. *Journal of Public Economics*, 98:68–84.
- Bode, I. (2006). Disorganized welfare mixes: voluntary agencies and new governance regimes in Western Europe. *Journal of European Social Policy*, 16(4): 346–359.
- Bode, I. & Brandsen, T. (2014). State–third Sector Partnerships: A short overview of key issues in the debate. *Public Management Review*, 16(8):1055–1066.
- Bovaird, T. (2014). Efficiency in Third Sector Partnerships for Delivering Local Government Services: The role of economies of scale, scope and learning. *Public Management Review*, 16(8):1067–1090.
- Bovaird, T. & Downe, J. (2009). Innovation in public engagement and co-production of services. *White Paper Policy Paper*.
- Bryson, J. M., Crosby, B. C., & Bloomberg, L. (2014). Public Value Governance: Moving Beyond Traditional Public Administration and the New Public Management. *Public Administration Review*, 74 (4):445–456.
- Butcher, J. R. (2016). Investing in Not-for-Profit Sector Capacity: The Australian Capital Territory's Community Sector Development Program (CSDP). *Australian Journal of Public Administration*, 75(2):249–257.
- Chapman, T., Brown, J., Ford, C., & Baxter, B. (2010). Trouble with champions. Local public sector-third sector partnerships and the future prospects for collaborative governance in the UK. *Policy Studies*, 31(6):613–630.

- Chen, Y. I., Wan, K. H. Y., Chan, A. K. C., Chan, F. W. K., & Lam, C. L. K. (2016). Evaluation of the quality of care of a haemodialysis public-private partnership programme for patients with end-stage renal disease. *BMC Nephrology*, 17(79):1–7.
- Chumacero, R. A., Gómez, D., & Paredes, R. D. (2011). I would walk 500 miles (if it paid): Vouchers and school choice in Chile. *Economics of Education Review*, 30(5):1103–1114.
- Coleman, S., Sowa, J. E., & Sandfort, J. (2006). The impact of nonprofit collaboration in early child care and education on management and program outcomes. *Public Administration Review*, 66(3):412–425.
- Costa Silva, V., Ribeiro Barbosa, P., & Alonso Hortale, V. (2016). Parcerias na saúde: as Organizações Sociais como limites e possibilidades na gerência da Estratégia Saúde da Família. *Ciência & Saúde Coletiva*, 21(5):1365–1376.
- Cunill-Grau, N. (2012). ¿Qué ha pasado con lo público en los últimos 30 años? Balance y Perspectivas. *Revista del CLAD Reforma y Democracia*, 52:5–44.
- Dalziel, R. & Willis, M. (2015). Capacity building with older people through local authority and third-sector partnerships. *Ageing and Society*, 35:428–449.
- Daniel, O. J., Adedeji Adejumo, O., Abdur-Razzaq, H. A., E., N. A., & Salako, A. A. (2013). Public-private mix for TB and TB-HIV care in Lagos, Nigeria. *The International Journal of Tuberculosis and Lung Disease*, 17(9):1195–1198.
- de Beer, I., Chani, K., Feeley, F. G., de Wit, T. F., Sweeney-Bindels, E., & Mulongeni, P. (2015). Assessing the costs of mobile voluntary counseling and testing at the work place versus facility based voluntary counseling and testing in Namibia. *Rural and Remote Health*, 15:3357.
- Dewan, P. K., Lal, S. S., Lonroth, K., Wares, F., Uplekar, M., Sahu, S., Granich, R., & Chauhan, L. S. (2006). Improving tuberculosis control through public-private collaboration in India: literature review. *BMJ*, 332:574. DOI: [10.1136/bmj.38738.473252.7C](https://doi.org/10.1136/bmj.38738.473252.7C).
- Dickinson, H. & Neal, C. (2011). Single point of access to third sector services. The conwy collaborative approach. *Journal of Integrated Care*, 19(2):37–48.
- Doheny, S. & Milbourne, P. (2013). Modernization and Devolution: Delivering Services for Older People in Rural Areas of England and Wales. *Social Policy & Administration*, 47(5):501–519.
- Dronkers, J. & Avram, S. (2010). A Cross-national Analysis of the Relations between School Choice and Effectiveness Differences between Private-Independent and Public Schools. *Sociological Theory and Methods*, 25(2):183–205.
- Dwyer, J., Boulton, A., Lavoie, J. G., Tenbensel, T., & Cumming, J. (2014). Indigenous Peoples' Health Care: New approaches to contracting and accountability at the public administration frontier. *Public Management Review*, 16(8):1091–1112.
- Emerson, K. & Nabatchi, T. (2015). Evaluating the Productivity of Collaborative Governance Regimes: A Performance Matrix. *Public Performance & Management Review*, 38(4):717–747.
- Ertas, N. & Roch, C. H. (2014). Charter Schools, Equity, and Student Enrollments: The Role of For-profit Educational Management Organizations. *Education and Urban Society*, 46(5):548–579.
- Filer, R. K. & Munich, D. (2013). Responses of private and public schools to voucher funding. *Economics of Education Review*, 34:269–285.
- Fledderus, J. (2015). Does User Co-Production of Public Service Delivery Increase Satisfaction and Trust? Evidence from a Vignette Experiment. *International Journal of Public Administration*, 38(9):642–653.
- Furneaux, C. & Ryan, N. (2014). Modelling NPO–Government Relations. Australian case studies. *Public Management Review*, 16(8): 1113–1140.
- Gazley, B. & Brudney, J. L. (2007). The purpose (and perils) of government-nonprofit partnership. *Nonprofit and Voluntary Sector Quarterly*, 36(3): 389–415.
- Girth, A. M., Hefetz, A., Johnston, J. M., & Warner, M. E. (2012). Outsourcing Public Service Delivery: Management Responses in Noncompetitive Markets. *Public Administration Review*, 72(6):887–900.
- Gold, E., Christman, J. B., & Herold, B. (2007). Blurring the Boundaries: A Case Study of Private Sector Involvement in Philadelphia Public Schools. *American Journal of Education*, 113:181–212.
- Gordon, J. B., Colby, H. H., Bartelt, T., Jablonski, D., Krauthoefer, M. L., & Havens, P. (2007). A Tertiary Care–Primary Care Partnership Model for Medically Complex and Fragile Children and Youth With Special Health Care Needs. *Arch. Pediatr Adolesc Med*, 161(10):937–944.
- Grill, N. J., Robinson, P., & Phillip, M. (2012). Networking between community health programs: a case study outlining the effectiveness, barriers and enablers. *Health Services Research*, 12(206):1–12.
- Harrison, J. & Rouse, P. (2014). Competition and public high school performance. *Socio-Economic Planning Sciences*, 48(1):10–19.
- Hill, M. (2007). The mixed economy of welfare: a comparative perspective. *Understanding the Mixed Economy of Welfare*.
- Hodge, G. A. & Greve, C. (2007). Public – Private Partnerships: An International Performance Review. *Public Administration Review*, pp. 545–558.



- Hodge, G. A. & Greve, C. (2017). On Public-Private Partnership Performance: A Contemporary Review. *Public Works Management & Policy*, 22(1):55-78.
- Hogan, A. (2016). NAPLAN and the role of education: New governance, new privatizations and new partnerships in Australian education policy. *The Australian Educational Researcher*, 43:93-110.
- Hsieh, C. & Urquiola, M. (2006). The effects of generalized school choice on achievement and stratification: evidence from Chile's voucher program. *Journal of Public Economics*, 90(8-9):1477-1503.
- Johnston, J. M. & Romzek, B. S. (2008). Social Welfare Contracts as Networks. The Impact of Network Stability on Management and Performance. *Administration & Society*, 40(2):115-146.
- Joloba, M., Mwangi, C., Alexander, H., Nadunga, D., Bwanga, E., Modi, N., Downing, R., Nabasirye, A., Adatu, F. E., Shrivastava, R., Gadde, R., & Nkengasong, J. N. (2016). Strengthening the Tuberculosis Specimen Referral Network in Uganda: The Role of Public-Private Partnerships. *The Journal of Infectious Diseases*, 213(S2):S41-6.
- Khan, M. S., Solomon, S., & Porter, J. D. H. (2015). Engaging for-profit providers in TB control: lessons learnt from initiatives in South Asia. *Health Policy and Planning*, 30:1289-1295.
- Kindornay, S., Tissot, S., & Sheiban, N. (2014). The Value of Cross-Sector Development Partnerships. Research Report. *NSI - The North-South Institute*, 2013(S2):S41-6.
- La Forgia, G. M. & Harding, A. (2009). Public-private partnerships and public hospital performance in São Paulo, Brazil. *Health Affairs*, 28(4):1114-1126.
- Lee, E. W. Y. (2012). The new public management reform of state-funded social service non-profit organizations and the changing politics of welfare in Hong Kong. *International Review of Administrative Sciences*, 78(3):537-553. DOI: [10.1177/0020852312444855](https://doi.org/10.1177/0020852312444855).
- Lindsay, C. & Dutton, M. (2010). Employability through health? Partnership-based governance and the delivery of Pathways to Work condition management services. *Policy Studies*, 31(2):245-264.
- Lwembe, S., Green, S. A., Chigwende, J., Ojwang, T., & Dennis, R. (2017). Co-production as an approach to developing stakeholder partnerships to reduce mental health inequalities: an evaluation of a pilot service. *Primary Health Care Research & Development*, 18: 14-23.
- Mariani, L. & Cavenago, D. (2013). Redesigning Welfare Services for Policies Effectiveness: The non-profit organizations (NPOs) perspective. *Public Management Review*, 15(7):1011-1039.
- Marlow, M. L. (2010). The influence of private school enrollment on public school performance. *Applied Economics*, 42(1):11-22.
- Marshall, T. H. (1950). Citizenship and Social Class, and other Essays.
- Milbourne, L. (2013). *Voluntary sector in transition: Hard times or new opportunities?* Bristol: Policy Press.
- Morley, J. (2006). For-Profit and Nonprofit Charter Schools: An Agency Costs Approach. *The Yale Law Journal*, 115:1782-1821.
- Osei-Kyei, R. & Chan, A. P. C. (2015). Review of studies on the Critical Success Factors for Public-Private Partnership (PPP) projects from 1990 to 2013. *International Journal of Project Management*, 33: 1335-1346.
- Page, S. B., Stone, M. M., Bryson, J. M., & Crosby, B. C. (2015). Public value creation by cross-sector collaborations: a framework and challenges of assessment. *Public Administration*, 93(3):715-732.
- Pestoff, V. (2006). Citizens and co-production of welfare services. Childcare in eight European countries. *Public Management Review*, 8:503-519.
- Pestoff, V. (2009). Towards a Paradigm of Democratic Participation: Citizen Participation and Co-Production of Personal Social Services in Sweden. *Annals of Public and Cooperative Economics*, 80 (2):197-224.
- Powell, M. (2007). Understanding the Mixed Economy of Welfare.
- Reynaers, A. M. (2014). Public Values in Public-Private Partnerships. *Public Administration Review*, 74(1): 41-50.
- Rinne, J. (2007). Mejorando el desempeño del sector salud en Brasil: comparación entre distintos modelos de hospitales. *Revista del CLAD Reforma y Democracia*, 37:101-140.
- Roehrich, J. K., Lewis, M. A., & George, G. (2014). Are public-private partnerships a healthy option? A systematic literature review. *Social Science & Medicine*, 113:110-119.
- Romzek, B. & Johnston, J. M. (2005). State Social Services Contracting: Exploring the Determinants of Effective Contract Accountability. *Public Administration Review*, 65(4):436-449.
- Sandstrom, F. M. & Bergstrom, F. (2005). School vouchers in practice: competition will not hurt you. *Journal of Public Economics*, 89(2-3):351-380.
- Selsky, J. W. & Parker, B. (2005). Cross-Sector Partnerships to Address Social Issues: Challenges to Theory and Practice. *Journal of Management*, 31(6): 849-873.
- Sinanovic, E. & Kumaranayake, L. (2006). Quality of tuberculosis care provided in different models of public-private partnerships in South Africa. *The International Journal of Tuberculosis and Lung Disease*, 10(7):795-801.

- Smith, S. R. (2010). Nonprofits and public administration reconciling performance management and citizen engagement. *The American Review of Public Administration*, 40(2):129–152.
- Taylor, M. (2011). Community organizing and the Big Society: is Saul Alinsky turning in his grave? *Voluntary Sector Review*, 2(2):257–264.
- Thümler, E. (2011). Foundations, Schools and the State. *Public Management Review*, 13(8):1095–1116.
- Titmuss, R. (1974). *Social Policy: An Introduction*.
- Vamstad, J. (2012). Co-production and service quality: the case of cooperative childcare in Sweden. *Voluntas*, 23:1173–1188.
- Velotti, L., Botti, A., & Vesce, M. (2012). Public-Private Partnerships and Network Governance. What are the Challenges? *Public Performance & Management Review*, 36(2):340–365.
- Verschuere, B., Brandsen, T., & Pestoff, V. (2012). Co-production: The State of the Art in Research and the Future Agenda.
- Voorberg, W. H., Bekkers, V. J. J. M., & Tummers, L. G. (2015). A Systematic Review of Co-creation and Co-production. Embarking on the social innovation journey. *Public Management Review*, 17(9): 1333–1357.
- Vora, K. S., Yasobant, S., Patel, A., Upadhyay, A., & Mavalankar, D. V. (2015). Has Chiranjeevi Yojana changed the geographic availability of free comprehensive emergency obstetric care services in Gujarat, India? *Global Health Action*, 8(1):28977.
- Windrum, P. (2014). Third sector organizations and the co-production of health innovations. *Management Decision*, 52(6):1046–1056.
- Xu, H. & Morgan, K. (2012). Public-Private partnerships for social and human services: A case study of nonprofit organizations in Alabama. *Public Administration Quarterly*, 36(3):277–310.
- Yellappa, V., Battaglioli, T., Gurum, S. K., Narayanan, D., & der Stuyft, P. (2016). Private practitioners' contributions to the Revised National Tuberculosis Control Programme in a South Indian district. *The International Journal of Tuberculosis and Lung Disease*, 20(5):659–665.