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RESEARCH AND EVALUATION

Learning as a Key to Citizen-centred Performance Improvement: A Comparison between the Health Service Centre and the Household Registration Office in Taipei City[1]

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The function of 'learning' as a key to enhancing public responsiveness, outwards accountability and performance improvement has been well identified. But is there any variation in impact if different learning roles are played by people at different levels in organisational hierarchies? Through a comparative study of two frontline service systems and their performance management mechanism in Taipei City of Taiwan, the author identifies two kinds of learning: policy learning and instrumental learning, and argues that if policy learning is taken by a policymaking/supervisory agency, it will strengthen upwards accountability of its subordinate executive agencies at the expense of outwards accountability, and will stimulate their instrumental learning for target-based performance measurement, on the other hand, if policy learning spurred by their own performance evaluation is taken by executive agencies, it will strengthen their outwards accountability without any negative impact on upwards accountability.

Key words: *Taiwan*, *performance improvement*, *organisational learning*, *accountability*

Since democratisation in the 1990s, the role of government agencies in Taiwan has been gradually transformed from a social control function into a social service function. This move has been reinforced by a concurrent wave of New Public Management (NPM) reforms. Most government agencies in Taiwan have realigned themselves, consistent with the NPM, to highlight their role as more citizen-centred service providers than law enforcement agencies. Competitive quasi-market functions and private sector management skills have been adopted by the public sector not only to increase efficiency but also to strengthen responsiveness to the public. In this regard, enhancing public accountability and improving performance has become a new golden thread fostering the link between government agencies and citizens. However, Van Dooren et al. (2010) recently argued that the way performance information is used is critical to performance improvement. They suggest that using performance information for learning is critical to performance improvement. This author further argues that different performance measurement/evaluation combinations, termed *performance complexity* here, may generate different organisational learning patterns, which in turn may produce different impacts on performance and shape *de facto* public accountability mechanisms.

The two frontline service systems presented in this article have been improving their services in the sense of customer-orientation, and both work in a single formal 'performance regime' according to Talbot's concept (2008). However, the two systems reflect two distinct performance complexities. One focuses on upwards accountability (bureaucratic accountability): this implicitly assumes that the supervisory agencies are best able to influence

responsiveness to citizens. The other system emphasises outwards accountability: the executive agency itself is best positioned to ensure it responds directly to citizens. The former is the Health Service Centre (HSC); the latter is the Household Registration Office (HRO). They are two separate systems of frontline executive agencies in Taipei City, the capital of Taiwan, where an HSC and an HRO are respectively set up in each of 12 administrative districts of the city. Each system promotes performance competition amongst its district offices in terms of both delivering its core businesses and ensuring service quality. However, due to 'measurement degradation' for the core businesses of the HROs, the performance competition amongst the HROs has shifted to emphasise improvements in the quality of service and innovation. By contrast, the HSCs mainly compete to achieve the numerical targets imposed by management on their core businesses. What factors have led to these differences and what are the different consequences?

Accountability, Learning, and Performance Improvement

While accountability may be considered a central component of driving improved performance, there is an argument that there are trade-offs between performance improvement and accountability (Behn 2001; Aucon and Heintzman 2000; Halachmi 2002). Public accountability usually calls for more control which may limit innovativeness, whereas improving performance may call for making breakthroughs and risk-taking. 'Accountability for performance' is usually realised by focussing upon management-assigned performance targets. Performance management may thereby be reduced to a kind of 'targetology' where executive agencies focus on hitting the target rather than the real goals of their services (Isaac-Henry et al. 1997). The worst side of 'targetology' is the triggering of gaming and various other dysfunctional behaviours among frontline officials to avoid blame and sanctions, or to secure awards (Van Thiel and Leeuw 2002; Hood 2006; Radnor 2008).

Indeed, Van Dooren et al. (2010) call for abandoning 'targets' and 'accountability for performance' that usually join together to foster a 'measurement culture' for steering subordinates and exercising control. This mechanism of 'performance-based accountability' is too narrow, they believe, to represent the complex nature of public sector performance. Hence, they recommend that performance information should be used for 'learning' that tends to be interpretative, fostering a 'performance culture' that is the only way to lead to improvement.

The question is whether it is possible to incorporate the function of 'learning' with the function of 'accountability'. It may be the emphasis is on outwards rather than upwards accountability. Schillemans (2011) suggests that a mechanism of outwards ('horizontal' in his term) accountability can provide stimuli for learning through bureaucrats' direct responsiveness to clients and stakeholders. This alternative mechanism of 'accountability as continuous improvement' can be effected through the use of program evaluations and reports on progress (Aucoin and Heintzman 2000). In this sense, such 'accountability as continuous improvement' should not be built on the measuring of achievement of *ex ante* management-imposed targets, which enhances upwards accountability, but on the *ex post* evaluation of improvement in performance, which enhances outwards accountability.

It is true that the 'learning user' of performance information is not well defined in the account of Van Dooren et al. (2010). It may refer to either whole social service systems (eg health system, education system, etc), or to policymaking agencies and/or executive agencies. Would it make a difference if different levels of actors take different learning roles? Van Dooren et al. do not explore this possible. In addition, in most real situations, it is impossible to install a mechanism of outwards accountability into a government agency without any upper hierarchical oversight. What are the effects of an amalgam of upwards and outwards accountability? Must there be trade-offs between the two accountability mechanisms where the upwards one generally overshadows the outwards one as Schillemans (2008) finds? In the two

cases studied in this article, the two service systems have carried out organisational learning amid a joint mechanism of target-based performance measurement as well as performance evaluation, but their exact performance complexities make for differences in performance impact and accountability. The characteristics of their service provision, the performance regime installed and their joint effect account for these differences.

The analysis of the two cases was based mainly on the official documents provided by official informants from the HSCs, the HROs and their supervisory agencies. Interviews were also conducted with these informants, who provided substantial information on the exact operation of the performance management mechanisms.

Service Characteristics

The HSCs in Taipei City, formerly known as the Public Health Centres, are responsible for the handling of community public health services, for the Department of Health (DoH) of the city. The functions of HSCs now concentrate on health promotion and disease prevention after their original outpatient and health law enforcement functions (eg hygiene and food inspection) were hived off in 2005.

The business functions of the HSCs are divided into two parts: case management and health promotion, handled by the case management division and the health promotion division, respectively. The task of the case management division is to identify and follow up cases of clients from target groups who are in need of tailor-made care, eg the elderly and some disadvantaged social groups. The task of the health promotion division is to offer a variety of activities, to manage programs, which disseminate health knowledge to local communities and encourage target social groups to take screening tests for various diseases. Thus the mission of the HSCs is to help people to adapt more healthy behaviour and proactively protect them against diseases.

The HROs come under the city's Department of Civil Affairs (DCA). They are responsible for handling various civil registrations (births, marriages and deaths), issuing identity cards and household certificates, handling applications for nationality by expatriates, and other miscellaneous household management affairs. The household registration system in Taiwan is designed to collate and supply demographic information to the government and to provide official recognition of personal status and household relations. The business functions of the HROs are shared amongst three divisions: the household registration division, household records division and the general affairs division. The services of the HROs appear very routine and unlikely to be a high priority target for reform. Interestingly, however, the HROs have been a pioneer of public sector reform due in large part to their frequent contact with the general public, who need to apply for various official documents to verify their personal status for study abroad, sale of a house, changing household registrations and so on. As early as the mid-1990s, for example, the HROs in Taipei City were engaged in a quality reform movement aimed at offering more citizen-friendly services, instead of simply being passive service counters. Many HROs in Taiwan have also formed a 'quality circle' to analyse and solve work-related problems.

The HSCs and the HROs are frontline executive agencies directly serving citizens, but their service characteristics are quite different. The HSCs' services are outdoor-oriented. Their members of staff need to go out of the office to find and serve their clients. The HROs' services are indoor-oriented. Their staff station themselves in the office, waiting for clients. The two services models can be respectively described as the 'shopkeeper business model' and 'direct sales business model.' The shopkeeper business model is the oldest way to do business – opening a store, filling it with products and waiting for customers to come in. In the case of the HROs, the shopkeepers have the advantage of being the sole suppliers of the services concerned in their district. The direct sales business model is to sell and market directly to the customer away from a fixed location. However, the direct salespersons in the case of the HSCs have a disadvantage in that the health information the HSCs 'sell' tends

not to be considered essential goods for many people.

The HSCs and the HROs are both pursuing citizen-centred services, but the exact 'client relationships' of the two services vary from each other. To put citizens first, the HSCs must influence the mindset and behaviour of people, to pay more attention to *their long-term interests*, eg to stop smoking and to do more exercise. This may not align with people's current preferences and perceived utility functions. Officials in the HSCs must play the role of social marketeers to foster social changes in adverse market conditions (Andresen 1995). For the HROs, however, putting citizens first involves developing services that meet people's *self-perceived immediate demands*.

Performance Regime of the HSCs and HROs

According to Colin Talbot (2008), a performance regime contains two elements: 1) the institutional context of performance steering; and 2) the nature of actual performance interventions. The institutional context of performance steering in Taiwan mainly works as a vertical chain of 'principal-agent' relationships starting from the central government and various functional policy-making agencies to local governments, and then to various executive agencies at the local level. However, this chain is not simply one straight line from the top. First of all, the two cases in this article are grass-root executive agencies with several lines of management accountability. The HSCs are immediately supervised by the DoH of Taipei City, but are also functionally directed by elements of the central-level DoH under the Executive Yuan (the cabinet); for example, sub-agencies such as such as the Bureau of Health Promotion, the Centre for Disease Control, and the Food and Drug Administration, may assign tasks to the HSCs. The HROs in Taipei City are immediately supervised by the DCA of the city, but they are also functionally directed by the Department of Household Registration under the Ministry of Interior. In addition, the National Immigration Agency under the same ministry also assigns some tasks concerning expatriates affairs to the HROs.

In addition to these functional lines of management, there is a unique overseeing agency in charge of performance management policy in Taiwan, the Research, Development and Evaluation Commission (RDEC) under the Executive Yuan, which evaluates the performance and service quality of government agencies. As a directly-administered city, Taipei City also has its own city-level RDEC.

It is usual practice for the government in Taiwan to set performance targets for executive agencies to ensure the accomplishment of assigned tasks. Most of the tasks assigned by supervisory agencies are accompanied by specific indicators of performance. There is the case for the two service systems examined in this article. Comparative league tables are also used to assess relative performance of some specific tasks, sometimes with a bonus awarded to top performers. This is especially the case for HSCs where performance bonuses are used to provide an incentive. In addition, the RDEC under the Executive Yuan has launched its own award scheme since 2008 to encourage improvement in the quality of government services. In response to the national scheme, the city government devised a sub-scheme through its RDEC, the Scheme of Enhancement of Government Service Quality (SEGSQ). This assess the performance of most affiliated agencies in the city with a view to recommending candidates to the national scheme from amongst the best performers in the city. As against the functional performance monitoring by the supervisory agencies, the SEGSQ performance evaluation focuses on the general quality of services, based on six dimensions: *image of the agency, service process, client relationship, information availability, on-line service provision* and *service innovation*. The HSCs and HROs are involved in the scheme as frontline service providers.

Overall, the HSCs and the HROs face two sources of performance pressure. One comes from the measurement of *ex ante* functional performance targets; the other comes from the *ex post* performance evaluation by the SEGSQ. The formal performance regimes of the HSCs

and HROs are basically the same. However, the two systems respond differently to these two regimes. The HSCs and the HROs, and their supervisory agencies, use different strategies and thus develop their own performance complexities. The public health agencies have incorporated the SEGSQ directly into their business performance measurement. The civil affairs agencies combine the two regimes more loosely, placing more emphasis on the SEGSQ as a tool to steer the HROs. This difference can be demonstrated from a detailed examination of the respective business functions and the way performance is measured and promoted.

Performance Complexity of the HSCs: Generating Instrumental Performers

Although the functions of the HSCs were trimmed down in 2005, the scope of their remaining services has been growing, particularly the functions of health promotion and disease prevention. The case management division now handles: 1) development of healthcare networks; 2) maternal, child and adolescent healthcare; 3) household health services; 4) community mental healthcare; 5) healthcare for minority groups; and 6) adult and elderly healthcare. The health promotion division handles: 1) tobacco hazards control; 2) prevention of cancer and chronic diseases; 3) healthcare planning; 4) community health; 5) health education; and 6) health consultations and referrals. The HSCs are encouraged to be all-encompassing *promotora* (community health workers), going beyond the delivery of specific healthcare services.

In the case management division, for example, officers are assigned responsibility to identify cases in need of special attention, such as elderly persons with dementia or persons with the 'three-hypers' (ie hyperglycemia, hyperlipemia and hypertension), families with members with mental disorders, and new immigrants (usually an disadvantaged social group) who have baby care problems. The officers in the division are expected to pay regular visits to these clients, give them healthcare advice, and refer them to hospitals if necessary. The officers also organise various health talks in communities to deliver health messages. In the health promotion division, officers are assigned responsibility to manage various disease control programs, especially for five common cancers (cervical, breast, oral cavity, colorectal and liver), offering screening tests for those social groups at most risk. The division also promotes various health-related themes, like anti-smoking, doing more exercise, consuming more vegetables, etc.

The service provided by the HSCs have grown following the introduction of new policy measures. One recent policy focus is the development of long-term care services for people with a chronic illness or disability, requiring to develop and train voluntary *promotoras* to integrate services for those clients. The new policy to promote breastfeeding has required the HSCs to promote the establishment of breastfeeding rooms in workplaces. In response to growing welfare health problems, HSCs are now expected to implement a healthy workplace program, encouraging enterprises to adopt appropriate health policies in their workplaces, such as providing no-smoking offices, introducing stress management, and allowing workers to exercise during office hours, etc. There is one major new policy initiative each year. Anti-smoking was the major focus in 2010, so an anti-smoking campaign was organised to encourage cigarette smokers to quit smoking and the HSCs were heavily pushed to increase the total number of people signing up to quit smoking. Losing weight was the focus in 2011: in that year, the HSCs were pushed to increase the number of people committed to losing weight.

The delivery of all the above services and policy initiatives is by corresponding top-down performance indicators. In 2009, the list contained a total of 31 indicators that were further divided into 80 sub-indicators. In 2010, the number of indicators surged to 42 with 103 sub-indicators. The indicators are imposed on each HSC with precise quantitative targets where different degrees of target achievement are given different scores.

The targets can be generally categorised into three types. The first is an absolute-number target, eg how many client visits per month,

how many health talks given per year. The second is an absolute-number target of 'new' outputs or program participants, eg the number of new breastfeeding rooms in workplaces, the number of people signing up to quit smoking. The third is a ratio target, eg the proportion of females between the age of 30 and 69 receiving a pap smear test (for screening for cervical cancer), the proportion of successful referrals of clients for long-term care. The above targets relate to processes, outputs or intermediate outcomes. The number of health talks can be considered a process measure, possibly indicating growing awareness of health measures. The increase in the number of breastfeeding rooms can be considered an output measure. More females receiving a pap smear test represents an intermediate outcome function, as the test is the most effective way to identify and then to treat cervical cancer.

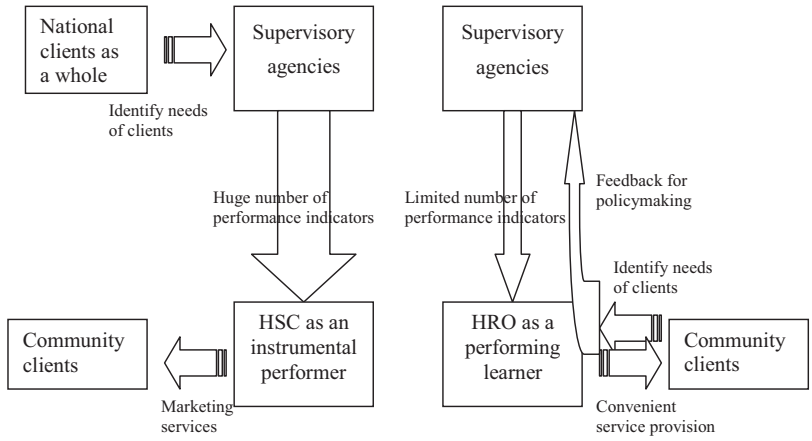
League tables for certain indicators are applied to all 12 HSCs. Performance competition is further spurred by the promoted of performance awards. For key policies, such as weight reduction in 2011, each HSC is asked to report performance weekly based on the number of participants.[2] Accordingly, the HSCs focus more on these policies and encourage their staff on to meet or surpass the assigned targets. The SEGSQ also promoted of performance competition. A significant dimension of the scheme, as noted above, is to evaluate 'service innovation' and thus each HSC is encouraged to identify proposals for service innovation each year, though this is not compulsory. Due to the heavy workload of the HSCs, each HSC tends to develop only one proposal for service innovation and the proposal tends to address certain existing performance indicators.[3] This usually involves making existing services more convenient, acceptable and accessible rather than developing new services. For example, in order to raise the figure for the number of individuals who take the screening test for cervical cancer, an HSC introduced 'home service delivery' to make the service more acceptable to women.[4] The SEGSQ does not appear to be high on the HSCs' list of priorities, however, and is mostly used as a vehicle for bolstering their ability to meet the targets set by the supervisory agencies.

The functional performance indicators for the HSCs are established by supervisory agencies, mostly by the BHP, in line with the public health policies concerned. The BHP collects public health statistical data including through regular social surveys on health conditions, knowledge, attitudes and behaviours. This assists BHP to identify health problems in Taiwan against to the standards offered by the World Health Organisation, and to formulate policies to tackle those problems, followed by setting new performance indicators and targets. The surveys also help the health authority to evaluate the performance of health promotion policies. The public health promotion policy looks quite evidence-based, but the process of 'policy learning' is confined to the central level decision-making body. There is no participation by frontline executive agencies in the process.[5] The HSCs are treated only as 'instrumental performers' to achieve imposed targets effectively and efficiently (see Figure 1). The staff of the HSCs are only engaged in single-loop learning – responding to the targets as set above them, not engaging in the process of identifying indicators and targets, or developing the policies. Their learning role is to improve the strategies used to meet intended targets, which can be called 'instrumental learning' (Argyris and Schön 1996).

Performance Complexity of the HROs: Generating Performing Learners

In contrast to the HSCs, the core business of the HROs looks mechanistic. Top-down numerical performance indicators are also applied to all HROs, but the list of indicators is far shorter. The list is divided into five dimensions of indicators: household business, nationality business, population statistics, household information and service to the public. In 2010, it contained 18 indicators in total, which were further divided into 38 sub-indicators. Most indicators are concerned with the administrative process, measuring timeliness, accuracy and

Figure 1. Policy and service delivery mechanism of the HSC and the HRO



efficiency in the processing of applications and data management. Due to the indoor-oriented nature of the HRO's services, the spatial arrangement of the service area is taken into account – provision of facilities for the disabled, and lavatory and drinking water available for the public are on the list. The SEGSQ-related 'service improvement and innovation' is also on the list, but it accounts for an insignificant share of their comprehensive performance assessment (CPA). In the CPA, it only measures the quantity, not quality, of the initiatives.

This top-down quantitative performance control of the core business of the HROs looks no different from that of the HSCs. However, due to the different service characteristics of the HROs, it is easier to control the performance of routine administrative functions and in fact meeting those quantitative targets is considered a must or a minimum requirement for all HROs. Differences in performance between the HROs are not wide, especially for those on the top ranks. In fact, the DCA does not disclose the CPA ranking of the 12 HROs to their staff. So there is no overt league table to spur performance competition among the HROs.[6] The narrow performance gap among the HROs reflects the phenomenon of 'measurement degradation' (Talbot 2005) or 'performance paradox' (Van Thiel and Leeuw 2002). The performance indicators loose their impact over time in the sense that they are no longer able to discriminate between good and bad performers. Ironically, measurement degradation has offered an opportunity to the HROs to shift their emphasis to qualitative performance evaluation, ie the SEGSQ, whereas the performance competition in quantitative terms remains effective for the HSCs.

The SEGSQ is an evaluation scheme with more interpretative aspects. It is conducted by the RDEC using non-official external evaluators. As noted above, the evaluation, consisting as it does of six dimensions concerning quality management, seems to be better able to assess those services offered by the HROs which cannot be distinguished by quantitative performance indicators. The DCA in Taipei City makes use of the SEGSQ as the main arena for performance competition among the HROs, and has since 2005 further organised an 'innovative proposal contest' for all agencies under its oversight, to spur the innovativeness among its staff.[7]

Developing innovative services including online service provision, along the six dimensions of the SEGSQ, acts as the cutting edge in the evaluation process. Whereas it is voluntary for HSCs to devise innovative services (and they usually assign just one official to take charge of the job), such is not the case in the HROs. In their CPA, five proposals per year need to be submitted, for all of them approved, to obtain a full score for 'service improvement and innovation.' Hence, officials of HROs are forced to figure out a variety of new ideas to improve

their services, drawing on their frontline work experience (ie responsiveness to citizens). The service improvements or innovations proposed by the HROs can be divided into two categories. The first are self-performed initiatives, where the HROs execute the proposals themselves; the second are cross-agency service initiatives, where the initiatives relate to the services of other functional agencies. The former can be carried out without the approval of any higher authority; the latter have to be negotiated and officially approved before execution, as they are concerned with cross-agency collaboration.

As an example of a self-performed initiative, an HRO in Taipei initiated a document translation service to citizens who need official documents in English for various purposes. As an example of a cross-agency service, an HRO proposed a plan to collaborate with the Mortuary Service Office to streamline the registration of deaths process by allowing online access to the data bank of the Mortuary Service Office; this is more convenient for people to register deaths and it is also paper-free. The HROs are expanding and improving their functions by the implementation of such initiatives.[8]

Under the push for continuous improvement, the operational style of the HROs is being transformed from that of the traditional 'shopkeeper business model' into a 'bricks-and-clicks model', with increasing use of on-line platforms to offer an integrated one-stop service. It should be noted that the various service improvements and innovations by the HROs, largely represent a process of bottom-up policy development. They also allow benchmark learning for other HROs, thus diffusing 'best' practices nationwide. At the same time, the approach also allows variations in the services provided by the different HROs, so they may be more tailor-made for specific communities. The HROs may therefore be described as 'performing learners' (see Figure 1), engaged in double-loop learning that not only shapes the strategies used in the delivery of services but also redefines the value and function of the HROs themselves (Argyris and Schön 1996). In this sense, the HROs themselves are engaged in 'policy learning.'

HSC vs. HRO: Which One is More Accountable Outwards?

The two service systems reviewed in this article are both endeavouring to offer better services to the public, spurred by competitive performance mechanisms. Performance competition matters. However, there are two different performance complexities. One tends to be quantitative and based more on performance-target measurement; the other tends to be qualitative and relates more to performance evaluation. Both service systems as a whole are pursuing citizen-centred policies but with different mechanisms. The different patterns of organisational learning reflect these different mechanisms. This study finds that, even though performance information in the two cases is used for 'learning', so as to trigger citizen-centred performance improvements, there are other variables which determine the different organisational learning patterns. Which agency in each service system is the main learner: the executive agency or the supervisory agency? What kind of learning takes place: instrumental learning or policy learning?

In the case of the public health system, the supervisory agencies are the policy learners and executive agencies (ie HSC) are mostly instrumental learners. The street-level public health bureaucrats in the HSCs only specialise in instrumental learning, developing marketing skills to promote and implement top-down imposed measures. This 'instrumental' role is reinforced by the large number of performance indicators arising from the new policies and measures developed through the policy learning by the policymaking agencies (eg BHP). Looking at the system as a whole, one should not deny the extent of outwards accountability of the service. However, within the system, the HSCs as executive agencies tend to be more accountable to their supervisory agencies than to their clients. As a result, the HSCs appear to be somewhat alienated from the policy learning which is solely undertaken by their supervisory agencies, thus blunting the direct responsiveness of the HSCs to their clients. As the policy learning is working in response to

the nation as a whole, it may be insensitive to regional variations and makes offering tailor-made community-based services less possible. As a result, upwards accountability overshadows the outwards one.

By contrast, the HROs themselves play the main role of policy learners. The HROs not only provide tailor-made convenient services but also conduct policy learning in response to specific community-level demands. Even though, formally, the performance complexity is a top-down function, it still strengthens outwards accountability and direct responsiveness to clients as the complexity puts more emphasis on improvement in quality. There appears to be no trade-off between upwards and outwards accountability.

At first glance, it seems to make far more sense for the HSCs rather than the monopolised and routine-oriented HROs to be more vigorous and innovative agencies in order to respond effectively to highly volatile and local community issues, and to gain an edge in adverse social market conditions. However, a different logic is derived from their respective performance complexities that impose different kinds of performance controls and incentives. Although 'measurement degradation' accounts for much of the paradox, the subtle relationship between policy-making/supervisory agencies and executive agencies in the performance regime also matters.

Endnotes

1. This study is sponsored by the National Science Council of Taiwan (NSC 99–2410-H-004–232-).

2. Interview with a frontline officer of an HSC 14 March 2011.

3. Interview with officers of the DoH of Taipei City 8 July 2011.

4. Provided by a frontline officer of an HSC in an interview 14 March 2011.

5. Interview with a former officer of the BHP 5 May 2011.

6. Interview with a senior officer of the DCA 15 August 2011.

7. Interviews with a senior officer of the DCA 15 August 2011 and with a director of an HRO 6 July 2011.

8. The two cases are provided by a junior officer of an HRO.

References

Andreasen, A. R. 1995. *Marketing Social Change: Changing Behaviour to Promote Health, Social Development, and the Environment*. San Francisco: Jossey-Bass Publishers.

Argyris, C. and D. A. Schön. 1996. *Organisational Learning II: Theory, Method, and Practice*. Reading, Mass: Addison-Wesley Publishing Company.

Aucoin, P. and R. Heintzman. 2000. 'The Dialectics of Accountability for Performance in Public Management Reform.' *International Review of Administrative Sciences* 66(1):45–55.

Behn, R. D. 2001. *Rethinking Democratic Accountability*. Washington D.C.: Brookings Institution Press.

Halachmi, A. 2002. 'Performance Measurement, Accountability, and Improved Performance.' *Public Performance & Management Review* 25(4):370–374.

Hood, C. 2006. 'Gaming in Targetworld: The Targets Approach to Managing British Public Services.' *Public Administration Review* 66(4):515–521.

Isaac-Henry, K. et al. 1997. *Management in the Public Sector: Challenge and Change (2nd ed)*. London: International Thomson Business Press.

Radnor, Z. 2008. 'Hitting the Target and Missing the Point? Developing an Understanding of Organisational Gaming.' In Wouter Van Dooren and Steven Van de Walle (eds). *Performance Information in the Public Sector: How it is Used*. Hampshire: Palgrave Macmillan.

Schillemans, T. 2008. 'Accountability in the Shadow of Hierarchy: The Horizontal Accountability of Agencies.' *Public Organisation Review* 8(2):175–194.

—— 2011. 'Does Horizontal Accountability Work? Evaluating Potential Remedies for the Accountability Deficit of Agencies.' *Administration and Society* 43(4):387–416.

Talbot, C. 2005. 'Performance Management.' In E. Ferlie and L. E. Lynn, Jr and C. Pollitt (eds).

The Oxford Handbook of Public Management. Oxford: Oxford University Press: 491–517.

—— 2008. 'Performance Regime-The Institutional Context of Performance Policies.' *International Journal of Public Administration* 31(14):1569–1591.

Van Dooren, W. et al. 2010. *Performance Management in the Public Sector*. Oxon: Routledge.

Van Thiel, S., F. L. Leeuw. 2002. 'The Performance Paradox in the Public Sector.' *Public Performance & Management Review* 25(3):267–281.