The Unintended Influence and Impact: Funder-Mandated Performance Metrics, Service Delivery, and Social Justice

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Abstract
Nonprofit organizations provide services that address the complex needs of diverse populations within a multitude of financial and resource constraints. Necessity requires these organizations to apply for financial support from a variety of stakeholders and engage in evaluation processes that are often driven by funder priorities. Therefore, understanding nonprofit staff perceptions of the influence of funder-mandated metrics upon service is critical. This study utilized qualitative interviews to examine the perceptions of administrators and staff members within nonprofit organizations related to the influence of funder-mandated performance metrics on service provision. Findings suggest that funder-mandated metrics influenced the definitions of client success, client-provider relationships, client motivation, and how services are provided. Social justice questions are raised regarding the impact that culture, privilege, and ideology can have on service delivery and client experiences which highlight directions for future research and practice implications.

Key Words: non-profits, performance metrics, service delivery, social justice, funding

Practice Points
- Nonprofit organizations are influenced by multiple funders who impose evaluation mandates that can influence the definitions of client success, client-provider relationships, client motivation, and service delivery.
- Funder-mandated evaluation metrics influencing client experiences raise social justice concerns regarding the inadvertent perpetuation of oppressive practices in nonprofit organizations.
- In conjunction with their funders, nonprofit organizations should consider examining their current evaluation methods and approaches, looking critically at the assumptions imposed by privileged cultural norms.

Disclosure statement
The authors report there are no competing interests to declare
Introduction

Nonprofit organizations fill an important societal role, working to address social issues that are often large in scale and impervious to change (Carnochan et al., 2019; Head & Alford, 2015; Lee, 2020). These organizations provide services that address complex needs of diverse client populations within a multitude of financial and resource constraints. To provide high-quality, impactful, and effective services, nonprofit organizations also face the high-stakes challenge of presenting evidence of social change to avoid losing financial support (Kim et al., 2019; Mosley et al., 2019; Prentice, 2016). While metrics can assist nonprofit accountability and the effective allocation of limited resources, metrics may raise social justice concerns associated with the influence that external stakeholder requirements have upon service delivery and client experiences. Accountability demands required by funders typically focus on annual, short-term outcomes, which can constrain agency learning, or the ability to work toward addressing complex issues and setting long-term goals (Bryan, 2019; Carnochan et al., 2019). The difficulty is finding a balance between accountability and transparency to external funders while meeting the unique needs of each client and providing services that facilitate positive social change in alignment with the agency's mission and values (Campbell & Lambright, 2016; Frayne, 2014).

Agencies are often beholden to multiple funders who not only require measured outcomes as a condition of funding but also mandate that organizations utilize the evaluation measures created by numerous external funders (Carman & Fredericks, 2010; Lee & Clerkin, 2017a; Thomson, 2010, 2011). These unique measurements have the potential to create conflicting expectations for each respective nonprofit and may require the additional allocation of resources to meet multiple evaluation demands (Despard, 2017; Frayne, 2014; Moore, 2003).
As nonprofits continue to face the requirements of performance measurement systems and tailor their evaluation approaches for funders, defining outcomes that meet the criteria of imposed evaluation systems remains challenging (LeRoux & Wright, 2010; Lynch-Cerullo & Cooney, 2011; Moxham, 2014; Thomson, 2010). When definitions of successful outcomes are predetermined, agencies are faced with modifying services to capture the necessary data and in some instances struggle with what to measure. Agencies often struggle with balancing individualized client plans and goals based on staff knowledge and clinical wisdom and reporting standardized outcomes that align with funder expectations. Existing literature raises concerns about the successful and useful implementation of performance measurement systems (Carman, 2011; Carnochan et al., 2014; Lynch-Cerullo & Cooney, 2011; Moxham, 2014), however there is limited research surrounding the influence that funder-mandated performance metrics have upon nonprofit services and client experiences. To address this gap, a qualitative research study was conducted guided by the research question: 

*What are the perceptions of administrators and staff members within nonprofit organizations related to the influence of funder-mandated performance metrics on service provision?* The following sections present background information on funder-mandated performance metrics in non-profit services as well as a research study examining this phenomenon in sample of individuals at agencies in a large Midwestern city.

**Background**

Nonprofit organizations have a range of multifaceted missions and organizational capacity for providing a wide array of services for diverse populations (Boateng et al., 2016; Hallock, 2002; Speckbacher, 2003). As a result, researchers have argued that nonprofit organizations may face challenges while operationalizing services into metrics, and program
success may be reduced to a unified or single performance measure to evaluate services and their impact upon clients (Boateng et al., 2016; Frumkin & Keating, 2001; Hallock, 2002; Jobome, 2006; Speckbacher, 2003). Despite these concerns, nonprofit organizations have had to increasingly adopt performance measurement systems to address external pressures and expectations while also demonstrating greater accountability for public and private funding (Fisher, 2005; Lynch-Cerullo & Cooney, 2011; Worth, 2017). External stakeholders have largely moved towards measurement outcomes as a condition of receiving funding. Such requirements created an impetus for agencies to develop systems, overcome barriers, and utilize metrics (Thomson, 2010). While many funding entities often leave the development of performance measurement to the discretion of the nonprofit, other funders have moved toward a process of developing external definitions of program success, identified the metrics to make funding decisions, and developed tools utilized for measurement (Carman, 2010; Mensing, 2017; Thomson, 2010, 2011). Funder-mandated metrics primarily focus on the effectiveness and efficiency of programs with the purpose of providing data to evaluate, inform decision making, budget, and create strategic plans (Behn, 2003; Lee & Clerkin, 2017a).

There is little agreement on the definition and measurement of outcomes. Many concepts exist for how to define and measure performance, including conceptual frameworks, and even standardized tools for completing evaluation, yet there remains no consensus in the literature related to any of these topics (Carman, 2011, 2013; Carman & Fredericks, 2010; Carnochan et al., 2014; Cordery & Sinclair, 2013; Dawson, 2010; LeRoux & Wright, 2010; Lynch-Cerullo & Cooney, 2011; Moxham, 2009). Despite the intended benefits of mandated metrics, organizations report that performance metrics often do not accurately capture changes that
providers witness among their clients, nor convey the full impact to funders (Benjamin & Campbell, 2015; Carman, 2010; Lee, 2021; Lee & Clerkin, 2017b).

Research studies examining the use of performance measurement systems within nonprofit organizations identify a number of barriers to successful implementation among agencies that have not achieved desired results intended by the use of metric systems (Lynch-Cerullo & Cooney, 2011; Moxham, 2014). Barriers to successful implementation were associated with four key areas: (1) lack of resources; (2) lack of evaluation literacy and staff buy-in; (3) lack of organizational or management support; and (4) difficulty defining and identifying relevant outcomes or evaluation systems (LeRoux & Wright, 2010; Lynch-Cerullo & Cooney, 2011; Moxham, 2014; Thomson, 2010). The overarching issue agencies face is identifying outcome definitions and selecting appropriate metric tools. Agencies also face challenges with integrating and prioritizing funder-mandated outcomes and metrics into systems designs in an effort to demonstrate accountability, effectiveness, and secure or maintain funding.

The requirement of performance evaluation systems has also led to consequences in the way nonprofits implement services and shifted the way clients are viewed as agents of change within these systems (Carman, 2009; Carman & Fredericks, 2010; Carnochan et al., 2014; Cordery & Sinclair, 2013; Lynch-Cerullo & Cooney, 2011; Mensing, 2017). Considerably less literature examines the impact performance measurement systems have upon the vulnerable individuals and communities they serve. Limited studies focusing on identification of performance measurement barriers found that nonprofit staff members are concerned about decisions being made related to outcomes by funders without an implicit understanding of individual client needs, the impact of environmental factors, or effective approaches to care (Carman & Fredericks, 2010; Carnochan et al., 2014). Performance measurements may be able
to capture some level of client progress, but measurement systems are unable to truly “capture the complex progression of improvement” over time (Carnochan et al., 2014, p.7).

Benjamin and Campbell (2015) note that the complex progression of client goals, needs, and outcomes are not fully captured due to a lack of consideration for essential aspects of program staff interactions. The authors also state that “clients are active agents whose desires, attitudes, needs, and situational constraints play key roles on the change process” (p. 989). Service providers create relationships with clients, collaborate on identifying desired goals, and create strategies that promote support. Such nuanced individual work with clients can be difficult to capture with an outcomes-based model of performance measurement (Benjamin & Campbell, 2015; Smith, 2010). Further, this approach can miss important causal mechanisms that contribute to client change over time such as nonprogrammatic outcomes (Benjamin & Campbell, 2015; Carman & Fredericks, 2010).

A client’s pathway is not always linear, and any setbacks or challenges may be significant for progress or success. The challenge remains that a client may be perceived as failing from a programmatic perspective if the results of their actions do not conform to a logic model (Benjamin & Campbell, 2015; Carnochan et al., 2014). The imposed structure of logic models has impacted how service providers work with clients as some set goals for clients rather than collaborate with them, while others take on the role of completing client tasks to successfully meet requirements (Benjamin, 2008; Benjamin & Campbell, 2015). Some service providers have reported allocating energy towards clients they deemed more likely to succeed in order to improve outcome data (Benjamin & Campbell, 2015; Carman & Fredericks, 2010; Thomson, 2013). This raises important concerns about approaches to care and potential conflict with respecting a client’s right to self-determination. Performance measurement systems have the
potential to impose predetermined definitions of success, minimizing a client’s agency in generating their own definition of progress (Benjamin & Campbell, 2015).

Under other circumstances, nonprofit staff felt mandated metrics placed the responsibility of change upon clients within specified time periods, failing to recognize the impact of time upon growth (Carman, 2010; Lynch-Cerullo & Cooney, 2011; Thomson, 2010). Programs have focused on immediate outputs rather than long-term outcomes in response to funders incentivizing financial support for more immediate change results (Bach-Mortensen & Montgomery, 2018). Outcome models often focus on results with a fiscal year, or specified time frame not necessarily reflective of a client’s entry or exit into a program (Bach-Mortensen & Montgomery, 2018; Benjamin & Campbell, 2015). It also does not reflect upon a multitude of environmental factors that may impact the pace and ability of a client to meet benchmarks or outcomes within a specified timeframe. A key tenet of social work is to ‘meet clients where they are’ while supporting individual strengths to meet goals and define their own success. When pressure to meet reporting requirements compromises provider interactions with clients, it is a disservice to the individual and places programmatic interests first.

Performance measurements have also impacted nonprofit strategic and programmatic planning. While evaluative systems have increased organizational learning and decision making, several studies raise concerns related to the overall impact, such as suggesting that when funder-mandated tools are utilized, staff only measure prescribed outcomes (Carnochan et al., 2014; Charles & Kim, 2016; Kim, 2017). Staff also reported believing that funders only care about superficial mandated outputs rather than client outcomes (Carnochan et al., 2014; Kim, 2017; Thomson, 2010). Results from several studies suggest there is pressure on managers to compromise service delivery in an effort to meet funder requirements, impacting quality of care
or not aligning with agency mission (Bach-Mortensen & Montgomery, 2018; Carnochan et al., 2014). This raises concerns about the loss of organizational autonomy over programming in an effort to meet donor expectations while diminishing a nonprofit’s ability to maintain mission-driven programming (Charles & Kim, 2016; Kim, 2017).

While research has begun to examine implications facing nonprofits utilizing performance measurement systems, important gaps remain. As nonprofits continue to use performance measurement systems, ongoing research must examine its intended purpose of improving the quality and effectiveness of services. Research has also not adequately explored nonprofit administrator and employee perceptions of how well metric systems promote improvement of services or organizational effectiveness in supporting client services. In a performance measurement driven era, research examining perceptions of nonprofit leadership and direct service providers associated with funder-mandated performance metrics and the impact upon service provision remains vital.

Methods

This qualitative study examines the perceptions of administrators and staff members working within nonprofit organizations associated with the influence of funder-mandated performance metrics upon service provision. Utilizing constructivist grounded theory, this study focused on preserving participant experiences by making a concerted effort to learn about their views and perspectives (Charmaz, 2014). The iterative analytic process followed codes and themes that were defined by the data. This produced data that created a scheme comprised of a set of concepts related to one another through patterns of connectivity and help to understand what was discovered about the research question.

Recruitment and Inclusion Criteria
Participants were recruited via email and completed a questionnaire to ensure inclusion criteria were met. For inclusion in this study, participants had to reside within one major metropolitan city located in the Midwestern U.S., and be employed at nonprofit organizations with 501c3 status and categorized by the Internal Revenue Service as a “human services” provider. Following the financial categories of the National Center for Charitable Statistics and Urban Institute National Survey criteria, two nonprofit budget categories were chosen for inclusion in this study. The two categorical ranges included budgets ranging from $1 million to $4.9 million and $5 million or more (Pettijohn et al., 2013). Additional criteria restricted nonprofit organizations’ participation if funding from one primary source made up more than 49 percent of the annual budget. The purpose was to learn more about the influence of multiple stakeholder metrics on nonprofit work. Each of the agencies also had to offer at least four programs or services to ensure they were collecting data for multiple metrics.

**Procedure and Data Collection**

Interviews were conducted in-person, via phone, or over Zoom after the two individuals at an organization were identified and provided consent to participate. All participants signed consent documents that outlined confidentiality of information about the individual and agency. Thus, pseudonyms were used for participants and there is no key identifying agency information reported below (See Table 1).

Semi-structured interviews were conducted with 16 individuals from eight nonprofit organizations. Within each agency, one individual held an administrative leadership position (e.g., chief executive officer, executive director), and the second was a direct service provider in a leadership position (e.g., program director, program coordinator). Interviewing individuals
from different employee groups in each organization provided insight into how perceptions of funder-mandated performance metrics on service provision vary.

**Table 1**

Open-ended questions guided the 60-90 minute semi-structured interviews. Interviews were recorded, professionally transcribed, and reviewed by the primary researcher. Following the grounded theory constructivist approach to interviewing, the approach was dialogical, allowing participants to share their perspectives through conveying stories and lived experiences (Patton, 2015). Participants interpreted the questions within the context of their own experiences and were asked for specific examples or more details when necessary. Reflective journaling and constant comparison processes took place between interviews as part of the trustworthiness process of this type of qualitative research (Guba, 1981).

**Analysis**

Data analysis followed the procedures developed by Charmaz (2014), which delineates a three-phase process. After transcription, these phases focus on initial, intermediate, and advanced coding procedures that correlate with and feed into low, medium, and high-level conceptual development (Birks & Mills, 2015). Transcripts were loaded into NVivo 12 software for review and analysis. The initial coding phase included line-by-line coding, naming each line or segment of the written data, creating conceptual control over the data, and identifying initial codes (Birks & Mills, 2015; Charmaz, 2014). Between interviews, authors 1 and 3 engaged in peer debriefing and constant comparison of interviews.

Once theoretical saturation had been met, the focused coding phase concentrated on studying and assessing initial codes that emerged frequently, followed by a continuation of the
comparative process and distinguishing codes with the greatest analytic power (Charmaz, 2014). Four rounds of focused coding were completed, including ongoing peer debriefing, reflexive journaling, and review of audit trail notes by authors 2, 3, 4, and two independent reviewers. The final iteration of the codebook included 106 codes and subcodes, organized into three overarching categories that included: agency, clients, and non-profit programs.

Theoretical coding was completed during the final phase, focusing on the meaning-making of emerging theories and clearly explaining themes arising from the data. A concept map was developed as a tool to examine possible relationships between and amongst themes, and as an additional approach to practice reflexivity (Wheeldon & Faubert, 2009). Using an iterative process to review the data, an extensive write-up was delivered to authors 2, 3, 4 and two independent reviewers to provide context regarding the content grouped together and into themes linked to segments of text within the database (Birks & Mills, 2015; Charmaz, 2014).

Results

Several themes pertinent to the research question emerged within three primary categories including: clients, nonprofit programs, and agencies. This study focuses on the themes identified within the client category and implications for service delivery and social justice. The first theme, definitions of client success, illustrates that funder-mandated metrics may influence how client success can be defined. The second theme, client-provider relationship, examines how funder-mandated metrics may influence the relationship between the client and their direct service provider(s). The last theme, direct influence upon clients, demonstrates how funder-mandated metrics may have a direct influence upon client experiences when engaged in care. Quotations are provided within each theme that reflect participant experiences and perceptions. Some quotations were edited when it was necessary to remove identifying information or to
enhance readability and context. Information about study participants is provided in Table 2 and nonprofit information is provided in Table 3, followed by a brief description of the types of services delivered.

**Participant and Agency Demographics**

The study included 16 participants from 8 human service nonprofit organizations. As illustrated in Table 2, a majority of participants identified as women, heterosexual, and non-Hispanic White. The majority had a master’s degree, and all had a bachelor’s degree, with one non-response.

**Table 2**

Of the eight organizations in which participants were interviewed, four had annual operating budgets between $1 million to $4.9 million and four had budgets over $5 million. Table 3 illustrates the number of programs offered, number of clients served annually, number of years each agency provided services, and number of staff employed. Organizations varied in the types of populations served and programs provided (e.g., advocacy and community organizing for housing and immigration rights; sports and leadership programs for school-aged children; case management for those experiencing homelessness or poverty; mental health services; and services addressing financial and racial inequality).

**Table 3**

**Definitions of Client Success**

For nonprofit programs, annual goals and outcomes are determined to reflect the program services and their intended impact upon clients. Definitions of client success varied across
agency, program, and client population associated with whether programs have met their goals or not. Participants discussed two primary ways in which definitions of client success were measured, which included **process evaluation** and **outcome evaluation**.

**Process and Outcome Evaluation Challenges**

Agency employees discussed the challenges and struggles they faced when trying to measure funder-mandated, predefined processes or outcomes because client engagement was more complex than metrics could capture, or the definition of success did not align with the client’s individual goals. Implementation of funder-mandated metrics often shaped the types of data collected. It also informed how client success or progress was defined within the parameters of the evaluation system and measurements utilized. Providers felt that mandated metrics often missed the nuance of the services and critical markers toward predetermined goals. When external funders provided their own evaluation tools or require specific metrics, the program’s definition of success could change based on the needs of such tools and metrics. As Kristy explained, “[Funder name] creates the evaluation. Every year, it’s different as [funder name] priorities change. [Funder name] may say, you need to measure this thing, or this is a priority this year.”

Susan shared similar concerns when stating, “I feel like if you look at that particular program, the larger overall [goal is] improving academic success.” However, Susan noted that attendance in this program was identified as a marker of academic success. She questioned if this definition is actually measuring the improvement of grades when asking, “Did the student increase their attendance? Did that then improve their grades?”

**Industry Standards**
Additionally, for many participants mandated metrics supported a program’s efforts to become more aware of industry standards and metric markers to track and analyze client success. These industry standards provided an evidence-based definition of client success and corresponding mandated metrics to utilize in assessment and evaluation. The standards assisted agencies in determining definitions of client success within their programming and enabled programs to compare their client outcomes with other agencies performing similar work. For example, Molly shared, “We tend to base a lot of our metrics on industry standards and look at national research and our peers’ standards to see what good performance measurements are.”

Other participants raised concerns about the use of industry standards. They were more hesitant to apply the industry standards’ definition of client success when their needs or circumstances were not reflected. As April described:

So definitely, we do always talk about [industry standards] being in line with the national standards and the [name of school district] standards, and then we talk about [our standards] being built upon with more inclusive, more expansive, more comprehensive [definitions].

Similarly, Samantha talked about the concerns of industry standard definitions being applied to their clients who are comprised of uniquely defined populations:

I think our [office location 1] and [office location 2] serve a higher level of undocumented family members and undocumented parents. Their program director will say, “not everything on our [financial] scorecard shows the success of the program.” Like if someone’s starting their own business and they're getting paid under the table.
In this situation, the mandated metric definition of client success utilized does not account for cash economy income, nor does it account for barriers that people without citizenship status may face in achieving their financial goals.

**Challenges of Mandated Metrics and Client Goals**

Finally, the analysis revealed that it could be challenging to create individualized client goals or treatment plans when the data collected had to address the predetermined mandated metrics. As a provider, Drew shared:

It might not be [a] feasible goal for some of our members to get to a family sustained wages within two years. Oftentimes, it requires education programs, which takes a lot of folks over the two-year time with learning English. If it’s an immigrant family, who’s just arrived in the U.S., you know, taking time to build a network and get settled. You know those are prerequisites to family sustained wages. If we can't capture that, we're not really telling the right story.

When a definition of client success was already detailed based on the corresponding evaluation, providers often grappled with how to continue to create personalized plans, knowing they had to report progress in a predefined way.

**Client-Provider Relationship**

Participants also emphasized that funder-mandated metrics could positively and negatively influence the client-provider relationship. In fact, a majority of participants discussed several ways in which mandated metrics could both directly and indirectly influence the client-provider relationship. Providers can play a pivotal role in promoting a client's progress while providing support with goal attainment. Mandated metrics can influence the rapport being built, the time a provider can spend with each client, and overall care they receive.
**Positive Influences upon the Client-Provider Relationship**

Participants reflected upon how funder-mandated metrics provided feedback on client satisfaction with programming and overall experiences receiving services. This information assisted service providers in better understanding the unique needs of their clients, and in turn, providers then used that information to directly respond to meeting their needs. The data enabled providers to build stronger relationships with their clients and support their efforts to build trust and rapport. As April shared:

I know that the program directors do take those monthly reports pretty seriously, especially when it has to do with client experience. So, if someone is reporting a negative experience in the waiting room with phone staff, with the provider, even if it’s one, we’re taking that very seriously. And I think that one, it’s because we genuinely care that someone had a bad experience. . . And if that is being impacted, that has to be addressed.

Similarly, Melanie reflected upon how client feedback is key to ensuring healthy relationships with providers:

You have these really well trained [employees] that are trained to deal with kids, maybe in challenging situations, reacting to [the kids] in trauma-informed ways and all that stuff.

That can be really powerful. If it’s not done right, it can be damaging.

**Negative Influences upon the Client-Provider Relationship**

Additionally, participants expressed the importance of the relationship between provider and client when setting goals or creating treatment plans. When mandated metrics shape definitions of client success or how success is measured, the provider may find themselves in the position of knowing the client may not be able to meet an outcome or marker of success. Providers talked about deciding not to meet an outcome and focusing on their client’s needs.
rather than programming or metric expectations. Providers were faced with two pathways for clients facing challenges with program success or those unable to make progress within an identified time frame. One path would include providing services knowing the client would not meet the goals, ultimately impacting programming metrics and reporting, and the second pathway would be to admit that they would not be able to provide services to meet the metrics criteria. An example of this challenge was noted by Kristy:

We have a goal of zero evictions here, and we just really strive for that, and if you’re not evicting folks, then you are making a commitment to then have folks that might not meet those outcome thresholds.

Data from participants suggested that mandated metrics influenced how services could be provided and created instances where services were inflexible, which could limit support or resources from a provider and influence their relationship. Sharon talked about how mandated metrics limited the ability to provide additional care or services, stating: “[Mandated metrics] made [the services] a lot more regimented and programmed and maybe not as flexible and creative in some of the types of things that we could do.”

Mandated metrics and evaluation processes could also disrupt service provision. Several providers discussed how implementing evaluation processes took time away from providing direct care, was taxing upon clients, and was reflected in how the client viewed the service provider. As one participant noted: “It’s cool, and we understand, but sometimes [evaluation] gets in the way of doing the work that we want to do.”

**Direct Influence upon Clients**

Lastly, participants discussed the direct positive and negative influences of mandated metrics upon their client populations. Clients may or may not be aware of the measurements
implemented to track, capture, and assess their individual progress. In some instances, program
goals and evaluation markers are reported solely through staff members, often without
explanation that there are parameters preidentified guiding the defined services and outlining
progress expectations. Programs and services are required to engage clients as part of the
assessment and evaluation processes, while also collecting data which will be compiled for one
or more external stakeholder reports. Direct service providers and administrators alike shared the
benefits and limitations associated with the influence that mandated metrics can have upon a
client’s experience working with the agency providers.

**Motivating Client Experiences**

Mandated metrics can be used to incentivize client engagement or set parameters for
client participation in services. Reporting requirements often include a mixture of statistics and
impact or outcome data. These measures can be used to track types and levels of engagement,
drive the goals setting process, or create incentives to work towards. As Emma expressed:

I think that metrics like attendance requirements can have a positive impact. If it’s youth
in an out-of-school time program they might want to blow it off and not come. But then,
they end up having a really enriching experience.

Although this type of tracking may not capture impact, behavioral, or other clinical changes, it
can serve as a way to track the condition of service, maintain eligibility, and/or encourage clients
to continue utilizing services.

As Clare explained:

We have those strict kind of attendance requirements. For those participants, I think [it
has] a positive impact. If you’re in therapy because of personal experience, like, I know
there can be a lot of fear and anxiety around that and even just showing up can be a barrier. Requirements can support the efforts to show up.

*Punitive Client Experiences*

However, some participants explained that mandated metrics do not always account for barriers that some of their clients may encounter and could result in punitive experiences. Clare provided an example of this when explaining:

>In this program], you must continue [even during the COVID-19 pandemic]. You now have to do everything virtually, e-learning, and figure it out. But [clients] don’t have computers or don’t have internet. They may have just lost their job. They may be facing, [not being able to] pay their rent, figuring out how to get food on the table. [The funder is] still, “Well, they need to figure it out and show up.” I feel like sometimes it’s also thinking about what are those other things that people or folks are working through. Identify the challenges or barriers imposed that really prevent them from being successful in the program.

Mandated metrics and evaluation systems can be taxing upon clients in several ways. When there are many metrics and requirements in a program, participants may have to complete excessive tasks and activities to meet expectations tied to such metrics for data collection and reporting. At other times it is taxing upon a client when a large amount of data must be collected, such as with ongoing progress assessments. Additionally, participants discussed that some of the required data collected created negative feelings or difficult emotions for their clients, as questions or information gathered might feel intrusive or irrelevant to services being received. As Melanie discussed: “[Data collection] also can be really embarrassing. It just brings up so many
more inequities than you would think.” Melanie further provides an example of how inequalities can arise when explaining:

Not every girl might understand different words or be able to read. Even though we teach our [providers] to read out every question for every [student]… it leaves the girls who are either slower [readers] or need more assistance at the end, and that just feels really uncomfortable.

Another participant, Brittany provided an example of the emotional impact mandated metrics can have on clients, stating:

We were trying to satisfy some [funder] by doing this BMI (Body Mass Index) stuff. We got the results back that said the percentage of youth enrolled in our programs were considered overweight or obese and was higher than average. I first read that and was like, oh that is not good…But I think our staff gets it that our definition of success is happy, healthy, confident [kids], exactly how they come…We’re not that in depth for health and health care and then keeping in mind what we can actually impact with our programs. We can make sure [kids] know more about eating healthy. We can’t impact what they eat. They’re not doing the grocery shopping. A lot of them live in food deserts. There are all these other issues that go along with that and are emotionally charged.

Lastly, participants shared that mandated metrics could influence how services are provided directly to the client, limiting progress toward goals, or even maintaining the status quo. Heather discussed how mandated metrics require client participation in specific services as a condition of program enrollment: “Then they are making you do everything, so you’re not learning nothing new, just basic menial tasks year-round, so there is no room for growth or development or where you want to go from there.” Kristy shared a similar perspective when
noting: “There isn’t a lot of work around helping—I think a lot of homeless services are really about reactive surviving from a systems perspective.” Participants discussing this issue raised concerns about the limitations in their work due to imposed funder mandates. They often raised questions about these limits imposing barriers to success or contributing to oppressive practices that sustain or at worst contribute to a lack of client progress and growth.

**Discussion**

Findings from this study suggest there are several ways that funder-mandated metrics can directly and indirectly influence client experiences with services and outcomes. Required metrics can impose subjectivity and may also place social values and meanings upon the definition and measurement of client success (Beer & Micheli, 2018). A funder defining desired behaviors or outcomes raises questions about whether it is based on a genuine understanding of a client’s background and needs; environmental, historical, and structural factors; and the importance of self-determination (e.g., encouraging individuals to participate actively in defining their treatment or approaches to care; Carman & Fredericks, 2010; Carnochan et al., 2014). If agencies are already serving marginalized populations, the use of externally constructed interventions and assessments can disproportionately subject a client to behavior change interventions not based on principles of empowerment or resilience (Mosley et al., 2019).

The findings from this study further suggest that an individualist mentality of progress may fail to acknowledge a nonlinear pathway or systemic challenges posing significant barriers to a client’s eventual success (Benjamin & Campbell, 2015; Carman & Fredericks, 2010). Focusing solely on a “bootstraps” approach to assume or define a client’s ability for success is greatly problematic. This flawed approach raises critical questions about the lack of emphasis given to the impact that culture, privilege, and ideology can have upon perpetuating forms of
oppression, while also investing in interventions that place the onus of responsibility for change solely upon the individual. Similarly, if one model of evaluation used to create industry standards privileges certain types of interventions, this raises questions about the generalizability of findings among populations that have been historically excluded (Mosley et al., 2019).

Implementing evaluation standards that do not include input from client populations might perpetuate the application of socially constructed norms not reflective of a client’s definition of success or their ability to achieve it. Metrics can also influence definitions of client success due to a lack of considering cultural nuances as well as structural and historical factors. For example, one participant shared that success in a housing program was defined as an individual moving into their own apartment or home. This dominant societal expectation views living alone as a marker of independence but does not account for unique cultural considerations, such as the common practice of multigenerational living. Applying such a narrow definition of success can result in reporting that specific populations have higher rates of not achieving outcomes, solely based on a lack of cultural sensitivity.

**Ignoring External Variables**

Further, there may not be consideration given to weighing influential external variables (e.g., discrimination or oppression) that cannot be controlled or predicted, but which can lead to vastly divergent client outcomes (Bromley & Meyer, 2017; Mosley et al., 2019; Thomson, 2010). While ignoring social constructs at hand, blame for any failure to meet desired outcomes or make expected progress is often placed upon clients (Bach-Mortensen & Montgomery, 2018; Benjamin & Campbell, 2015; Mosley et al., 2019). It may be argued that solely placing this responsibility for success on an individual removes agency or funder responsibility to actively focus on creating social change and equity, thus perpetuating a system of oppression that
promotes the status quo. The use of mandated metrics also raises questions about what practices are privileged and, what assumptions are normalized, culture-bound, and/or deemed appropriate or desirable. Imposing mandated metrics has the potential to reaffirm the view that marginalized populations need to be fixed, saved, or conform to standards of more privileged cultures while problematically situating the problem within the individual (Mosley et al., 2019).

**Service Delivery**

Mandated metrics may also influence the flexibility or inflexibility of service delivery. When mandated metrics come with a limited definition of client success or a narrow scope of clinical interventions, services become regimented. Such restrictions can limit the input a client has related to their care plan, reduce outside-the-box thinking, discount practice wisdom, and decrease professional autonomy (Epstein, 2011; Mosley, 2017; Mosley et al., 2019). When faced with the pressure to meet reporting requirements, direct service providers may have less autonomy to meet clients “where they are” and explore alternative treatment and intervention options, therefore limiting self-efficacy, empowerment, and the promotion of social justice (Benjamin, 2008; Benjamin & Campbell, 2015; Carman & Fredericks, 2010; Thomson, 2011).

Findings from this study also suggest that due to service inflexibility, many providers feel conflicted and perpetually aware of funder expectations, while also needing to be attentive to their client’s needs and circumstances, creating a multitude of challenges and complexities. Providers conveyed that they were often faced with the reality that they would have to prioritize work with clients more likely to succeed and meet the predetermined outcomes. This resulted in limited or no access to clients with more significant support needs, thus hindering their ability to make any progress or access needed services, potentially overlooking and harming the most marginalized (Mosley et al., 2019).
**Implications for Social Work**

This study raises several implications for the profession of social work. In conjunction with their funders, organizations may want to reexamine their current evaluation methods and approaches, looking critically at the assumptions imposed by privileged cultural norms. Examining and addressing power dynamics could create opportunities to learn more about how resource dependency shapes performance measurement practices. Ongoing development of social work curricula should consider the implications of nonprofit evaluation and performance metrics on direct services and diverse client populations. Classroom based content and discussions associated with service delivery, performance metrics, and client outcomes may create unique moments for students to understand the intersection of direct practice, nonprofit administration, and the intersection of policy and advocacy work (Iverson et al., 2021; Rothman & Mizrahi, 2014). Lastly, as evaluation data can shape direct practice approaches and policy, it is imperative to engage in conversations associated with the practices that shape and inform performance evaluation processes taught within research courses.

In the profession of social work, we must ensure that “the legitimacy of science and data does not become the end in itself, with a concurrent decline in the actual ability of the field to produce significant social change” (Mosley et al., 2019, p. 2). Thus, the profession’s ongoing research and scholarship in this area must include a comprehensive examination of the programs that successfully aid and support clients, as well as the effective design of services, systems, and policies at the macro level that address structural causes of inequity and inequality.

**Limitations**

There are several limitations to this study. First, this research was conducted in early 2020 as the COVID-19 global health pandemic propelled the world into an unprecedented health
and mental health crisis. Because of challenges due to the pandemic, sample criteria were modified to exclude nonprofits with operating budgets under $1 million. These modifications assisted with data collection yet limited the ability to understand perceptions of social workers in smaller organizations. Future research should include nonprofits with operating budgets under $1 million to examine and similarities or differences from the results of this research study.

Purposive sampling was used, reaching sampling saturation and resulting in participants providing a range and breadth of experiences. However, the mandated stay-at-home order resulted in rescheduling 15 interviews over a six-month period during data collection and, transitioning from in-person to Zoom interviews. It should also be noted that it is difficult to discern how life during the COVID-19 pandemic directly or indirectly influenced participant feelings, thoughts, and reactions while involved in the study. These study modifications and barriers provide limitations to transferability of the findings. To enhance credibility during the research process, internal consistency was supported by the reframing and expansion of interview questions, member checking after data analysis, and the development of a detailed audit trail and dense descriptions, thereby increasing the rigor and trustworthiness of this qualitative research study (Krefting, 1991; Lincoln & Guba, 1985). Despite these limitations, the current study does fill a significant gap within the literature and research in this area.

**Conclusion**

Nonprofit organizations often engage in evaluation processes that are driven by funder priorities and required metrics assessing client progress and success. Therefore, understanding nonprofit staff perceptions of the influence of funder-mandated metrics upon service is critical. Such perceptions provide a better understanding of how these metrics may impact various forms of agency functioning and their work with diverse client populations. Findings from this study
suggest that funder-mandated metrics did directly influence nonprofit organizations at the client, level. Notably, several outcomes associated with funder mandated metrics unintentionally influenced definitions of client success, the client-provider relationship, and client experiences within programs. Requirements of funder-mandated metrics can impose subjective and restrictive definitions of a client’s success with significant implications for social justice. This raises questions about the accuracy of such metrics, their influence upon the relationship between service providers and clients, and influence upon the scope and time allocated for services. Lastly, the short and long-term influence of metrics can be directly experienced by clients who often feel that they have less autonomy over decision making and goal attainment. This study also raises several key considerations for social justice that warrant further exploration with the connection to funder-mandated metrics. There is clearly an ongoing need for funders to engage with nonprofits and take collective action toward building more capacity for evaluation and metrics. However, such funder requirements placed upon agencies must be continually reevaluated to ensure metrics are not normalized, cultural-bound, or privileged.
References


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https://doi.org/10.2139/ssrn.402880


https://doi.org/10.1080/23303131.2019.1672598


Contracts and Grants: Findings from the 2013 National Survey.


Table 1

Participant Pseudonym, Job Title, and Years in Position

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<thead>
<tr>
<th>Pseudonym</th>
<th>Job Title</th>
<th>Years in Position</th>
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<tr>
<td>April</td>
<td>Development director</td>
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<tr>
<td>Brittany</td>
<td>Program director</td>
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<td>Clare</td>
<td>Senior director of programs</td>
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<tr>
<td>Dennis</td>
<td>Executive director</td>
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<td>Drew</td>
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<tr>
<td>Emma</td>
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<tr>
<td>Heather</td>
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<tr>
<td>Josh</td>
<td>Program director</td>
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</tr>
<tr>
<td>Kayla</td>
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<td>Kristy</td>
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<tr>
<td>Sharon</td>
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<tr>
<td>Sydney</td>
<td>Program director</td>
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Table 2

*Participant Demographic Information (N = 16)*

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<tr>
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<td>Queer</td>
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<td>51–60</td>
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<td>61–70</td>
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### Table 3

**Agency Demographics Information**

<table>
<thead>
<tr>
<th>Agency name</th>
<th>Budget range</th>
<th>Number of programs</th>
<th>Number of people served annually</th>
<th>Number of years providing services</th>
<th>Number of employees</th>
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<td>6,000</td>
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<td>80</td>
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<td>18,000</td>
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<td>Agency 7</td>
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<td>1,330</td>
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<td>Agency 8</td>
<td>5+ million</td>
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<td>900</td>
<td>21</td>
<td>40</td>
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