Participants not Observers: Involving Beneficiaries as Co-assessors in Performance Analysis

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Abstract:
This commentary addresses the limited attention researchers and practitioners have given to the role service beneficiaries can and do play in performance analysis in health and human service organizations. We present a six-element framework for understanding that role at the individual, program and system level. The framework contrasts approaches that treat beneficiaries as passive versus active participants in performance analysis. We apply the framework to an imagined disability services organization. Future research should assess beneficiary engagement in performance analysis more systematically, including case studies, surveys of practice, and assessments of the effectiveness of these different approaches.

Key Words: Performance analysis, evaluation, beneficiaries

Points for practitioners:

- Beneficiaries can and do play a meaningful role in performance analysis at the individual, program and system level.
- Increasing beneficiary engagement in performance analysis begins with commitment and dialogue between funders and providers.
- Beneficiary participation in performance analysis is not cost-free; compensation for participation reflects respect for beneficiaries' expertise.

Performance analysis, which includes the collection, analysis, and use of performance information, has become an essential aspect of management in nonprofit health and human service organizations. One consequence of this development is that those who are responsible for providing human services typically take the lead in defining what to assess and how to assess them. Reflecting these patterns in practice, scholars studying performance analysis have focused on the relationship between service providers and funders (both private and public), largely de-emphasizing the role of service beneficiaries in these processes. In fact, as Benjamin (2020) recently noted, only 15% of nonprofit management textbooks published between 1990 and 2014 even discussed beneficiaries in evaluation chapters. The absence of a beneficiary orientation considerably limits efforts to evaluate performance in health and human service organizations and inhibits those organizations' ability to be responsive to their beneficiaries. This paper's goal is to describe an alternative

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conceptualization of performance analysis, including different ways beneficiaries can play a more central role in the assessment process. We see this conceptualization as valuable because it both illustrates the limits of evaluation processes that exclude beneficiaries, while also outlining more inclusive evaluation processes that potentially will be more effective at improving service delivery.

In a recent review of evaluation practices, Benjamin & Campbell (2020) noted that program evaluation emerged as a way to measure changes, often incremental, generated by interventions of any kind. In particular, they note that health and human service leaders have prioritized using evaluation to capture the outcome of activities, primarily as a means of reporting back to individuals and entities contributing funding to that effort. In our research, we have learned that funders and providers are typically the primary actors in performance measurement, with beneficiaries having limited voice (Campbell, 2010; Campbell, Lambright & Bronstein, 2012; Campbell & Lambright, 2016, 2017). For example, less than half of the health and human service providers we surveyed reported sharing assessment results and discussing their implications with beneficiaries. Another way the funder-driven nature of the performance analysis process manifests itself is in the articulation of reasons why funders and providers want performance information: both groups identified verification that funded work is completed as motivating them to collect it (Campbell, Lambright & Bronstein, 2012). While funders and providers also express interest in learning about outcomes, other research indicates outcome measurement is often simply an alternative way for providers to demonstrate responsiveness to funders (Benjamin & Campbell, 2014; Ebrahim, 2005). That is, assessing outcomes acts as a form of verification, indicating whether organizations are performing in ways consistent with funder expectations.

This approach is problematic. The primary limitation is its exclusion of beneficiaries as essential actors in the performance assessment process. In this formulation, beneficiaries are acted upon: providers collect information about beneficiaries' experiences, using measures of performance and instruments often developed in collaboration with funders. Beneficiaries provide information, but they have no other role in the performance assessment process.

Yet beneficiaries *are* essential constituents in the delivery of health and human services. In fact, researchers have drawn on different theoretical traditions, including social construction (Raggo, 2020) and multiple constituency theory (Campbell & Lambright, 2016), to make the case that beneficiaries should play a more central role in the evaluation process. What is missing from this literature is a detailed description of what that role looks like in practice. To address this gap, we build on the concept of co-assessment from the coproduction literature to develop a typology identifying the range of ways beneficiaries can be involved in performance analysis in health and human services.

Coproduction and Co-assessment

In contrast to the traditional service provision model in which professionals "perform" by delivering services to a passive public (Sharp, 1980), coproduction recognizes the active role

community members often play in service provision. When this happens, the professional becomes a facilitator rather than solely the provider (Whitaker, 1980). The tasks being performed by community members and professionals are interdependent, requiring they collaborate with each other in order for the process to be successful (Alford, 2009, Aligica, 2016). Drawing on Whitaker (1980) to illustrate this concept, one classic example of coproduction is the interdependent relationship between teacher and student: a student will be unable to master a lesson no matter how excellent a teacher's instruction is unless the student is actively engaged in the learning process.

Despite the considerable body of research on coproduction, the literature lacks consensus regarding how this concept should be defined (Brandsen & Honingh, 2016; Nabatchi, Sancino & Sicilia, 2017; Verscheuee, Brandsen & Pestoff, 2012). For the purposes of this commentary, we adopt Boviard's broad definition of coproduction: "the provision of services through regular, long-term relationships between professionalized service providers (in any sector) and service users or other members of the community, where all parties make substantial resource contributions. (Boviard, 2007, p. 847)." We prefer this definition over others in large part because it is not limited to the public service delivery process and explicitly acknowledges the potential relevance of the coproduction concept to the nonprofit sector, which plays a central role in health and human services provision. Coproduction can be at the individual, group or collective level (Brudney & England, 1983; Nabatchi, Sancino & Sicilia, 2017).

Originally, coproduction scholars focused on how community members cooperate with "public agents" to influence actual service delivery (Brudney & England, 1983; Sharp, 1980; Whitaker, 1980). But, over time the concept has evolved to encompass cooperation at any point in the service provision process, including commissioning (when service needs are identified and prioritized), design, delivery and evaluation (Boviard, 2007; Nabatchi, Sancino & Sicilia, 2017). Nabatchi, Sancino, & Sicilia's concept of "co-assessment" (2017) as a phase of coproduction is of particular importance to our commentary. As the name suggests, co-assessment focuses on citizen cooperation with professional staff to evaluate service quality and identify challenges as well as areas for improvement (Boviard & Loeffler, 2012). It is often retrospective but can also be prospective when its purpose is to improve future service delivery (Nabatchi, Sancino, & Sicilia, 2017). Coproduction at this stage of the service delivery process goes beyond professional service providers asking beneficiaries for feedback about their experiences and involves these two groups engaging in interactive dialogues (Needham, 2008).

Beneficiaries and Performance Analysis: An Alternative Conceptualization

To illustrate some of the ways beneficiaries can play a more active role in evaluation, we present a new six-element framework below for understanding beneficiary engagement in performance analysis in health and human service organizations: one side of our framework reflects conventional approaches to evaluation while the other operationalizes what a "co-assessment" partnership between professional staff and beneficiaries may look like in practice. We draw on our research and the evaluation research tradition discussed above to

build this typology. While our conceptualization may be new, we recognize that some of the practices we include as part of our framework have already been adopted, to varying degrees, within the field of health and human services (see for example Carnochan, et al., 2014; Fund for Shared Insight, n.d.; Gugerty & Karlan, 2018). After describing each element of our framework, we apply it to a fictional disability services organization; it is a composite based on several with which we have worked over our careers. We chose this focus both because of our experiences in this service area and because these types of organizations have service delivery features common to many health and human service providers.

Building on coproduction scholarship by Brudney and England (1983) as well as Nabatchi, Sancino & Sicilia (2017), our conceptualization considers performance analysis at three distinct levels: individual, program, and system. The individual level focuses on interactions between individual frontline staff and beneficiaries. The program level considers the evaluation of specific health and human service programs. The system level gets at how stakeholders across a community address concerns in a service area. Our framework also notes that beneficiaries may play either an active or passive role in the performance analysis process. An active role indicates that beneficiaries are meaningfully involved in the performance analysis process and are "co-assessors"; a passive role means that beneficiaries are not substantively engaged in the evaluation activity. Table 1 summarizes our conceptualization. While our typology identifies several distinct approaches and suggests a passive/active binary classification, in practice, beneficiaries' involvement in performance analysis takes place along a continuum with beneficiaries rarely being completely active or passive participants. In fact, organizations may undertake a mix of evaluation practices, some of which treat beneficiaries as passive participants, others that treat them as active participants, and finally others which include elements of both approaches. Ultimately, as we note in the Discussion section, practitioners may take gradual steps at each level to move from evaluation processes that do not engage beneficiaries, to those that do.

Table 1: Modes of Beneficiary Engagement in Performance Analysis

	Passive Role (i.e., Traditional Approaches)	Active Role (i.e., Co-assessment)
Individual Level	Review of case notes and/or assessment of individual beneficiary outcomes by frontline staff	Ongoing assessment of co-determined individual-level service activities and outcomes
Program Level	Evaluation of service activities and outcomes using staff designed tools and/or program performance data interpreted by staff alone	Evaluation of service activities and outcomes using tools designed collaboratively with staff and beneficiaries and/or program performance data interpreted collaboratively by staff and beneficiaries/representatives of beneficiaries
System Level	Community evaluation of service delivery systems and/or priority setting without beneficiary involvement	Community evaluation of service delivery systems and/or priority setting with beneficiary involvement

Individual Level

Performance analysis at the individual level assesses the interaction between frontline staff and beneficiaries, focusing on what happens in the delivery of a service and as a result of it. When beneficiaries are passive participants at this level, frontline staff are the ones defining what matters as performance and collecting data to assess it. This kind of data includes: information providers regularly collect as a result of their interaction with individual beneficiaries during service implementation (e.g., what happened in individual sessions), progress toward the achievement of service plan goals, and outcome assessments using established evaluation tools. Frontline staff also exclusively interpret performance data, typically relative to established norms, standards, or targets. Beneficiaries play a minor role in the process and at best receive some kind of reporting back from frontline staff about what they measured, learned, or changed.

By contrast, individual level performance analysis from a co-assessment perspective embraces a more active role for beneficiaries and engages beneficiaries more directly in defining, analyzing and interpreting performance information. Benjamin & Campbell (2014) describe this process as an element of "co-determination" (p. 995) in human services. They note that performance analysis occurring in a co-determined context "values client-defined short-term outcomes that may be different from those articulated in program logics" (p. 1001). Co-determining a service means that the frontline worker acknowledges a beneficiary's agency and the two work together to determine an agenda, take action, and identify desired results. Performance analysis is a collaborative, on-going process that reflects the priorities of both frontline staff and beneficiaries.

What do these two approaches look like in practice? We have envisioned these activities in a disability services organization that is a composite of the many different such organizations with which we have worked over the course of our careers. Disability service organizations often provide care management services, designed to support the day to day challenges facing people with disabilities, such as maintaining regular medical appointments, selecting and coordinating the services beneficiaries receive from a range of other providers, advocating for benefits and services, arranging transportation, and managing personal finances.

Performance analysis in which these organizations' beneficiaries are passive participants involves goal and activity assessment conducted by care managers on their own. For example, a care manager may review goals related to the number of medical appointments a beneficiary schedules and attends over a six-month period, or the number and quality of support services provided to the beneficiary. A passive assessment views performance analysis as the responsibility of the care manager alone. As such, the care manager may use case notes and conversations with other providers and family members to gather information about the beneficiary's progress. The care manager then analyzes those data and reports back to the beneficiary and/or a primary caregiver at the next care management meeting, about the beneficiary's progress. This kind of passive process also means that care managers identify goal or activity adjustments for the beneficiary based on their analysis of performance. This approach *could* involve the beneficiary, but in a limited fashion, with the beneficiary at most only having the opportunity to provide input on the care manager's analysis and recommendations.

By contrast, a co-assessment process in which the beneficiary is an active participant embraces the beneficiary's agency and takes place on an ongoing basis. Performance assessment is built into every meeting between the care manager and the beneficiary, in which they discuss progress on goals and associated activities. The two mutually adjust goals and activities based on that assessment and what each has learned. The care manager's role is to gather information both before and during each meeting as well as to support the beneficiary as they make sense of that information and determine with the care manager whether or how to adjust goals and activities.

Program Level

Program level performance analysis describes how organizations assess performance across a set of inter-related activities or interventions involving multiple beneficiaries, typically referred to as programs. Programs are a common way of organizing the activities that take place in health and human service organizations, based on simple logic that defines how a set of resources are used to conduct activities that generate outputs and lead to outcomes and, ultimately, impact a group of beneficiaries and the community in general. Performance analysis in a program context may consider program implementation or outcomes, as well as the assumptions that underlie the connections between activities, outputs and outcomes. Many program evaluation and performance management textbooks

define these elements (see for example Gugerty & Karlan, 2018; Poister, Aristigueta, & Hall, 2015).

Like evaluation activities at the individual level, beneficiaries may play a passive or active role in the analysis of program performance. In those in which beneficiaries are passive, program staff dominate. Staff identify the program design and logic as well as critical aspects of performance and develop tools for measuring them. Staff also analyze the information that is collected and propose changes based on their analysis. The only role for beneficiaries is to receive information about the recommended changes, with perhaps some opportunity to provide feedback on them. This approach is consistent with managerialism and the ways in which health and human service organizations have professionalized over the past half century; it sees professional staff as largely responsible for assessing program performance.

It is possible, however, to imagine ways beneficiaries play a more active role in the performance analysis process. We noted Benjamin and Campbell's (2014) emphasis on beneficiary agency in our discussion of performance analysis at the individual level; and this idea applies at the program and system level as well. In a co-assessment approach, program staff see beneficiaries as equal stakeholders and work *with* them, not for them. As such, beneficiaries and staff review the program logic and its underlying assumptions together and determine what each wants to learn through performance assessment, designing the necessary data collection tools and processes. Making sense of the data is a shared responsibility, as is determining how to use the data to improve the program. In sum, the analysis of program performance is a collaborative process.

How do these two approaches to assessing program performance compare in practice? Again, we utilize a disability service organization as an example. Many disability service organizations operate group homes, housing people with disabilities. In this setting, beneficiary participation in assessing program performance may be unusually important because of the intensity of the program; the residents' lives and programmatic activities are inextricably intertwined. A group home, as a program, involves resources (such as the house itself, residents, organization staff) that are used to implement a set of activities that support a communal lifestyle, with attention to the individual needs of each resident. Those activities may include food shopping, meal preparation, cleaning and maintenance of the home, helping residents get to jobs and medical appointments, and building community within the house. The purpose of the group home is to enable residents to live independent, fulfilling lives.

Program performance assessment in which beneficiaries (or in this case, residents) are passive participants looks to the program staff to conduct the performance analysis. As such, program staff might develop a logic model for the program and use that model to identify the implementation elements and outcomes they consider most important to assess. The program staff identifies the goals for residents of the group home, using metrics they prioritize, such as the percentage of days residents arrive to work or medical appointments on time, or the number of activities outside the home residents are able attend each month. Staff develop tools to collect these data and then work together to interpret results and make program adjustments they perceive as enabling the program to improve its results.

For example, a tally by staff of outside events over the course of a month may not meet a target, and staff may work together to discuss the reasons why they had difficulty finding appropriate events and decide to increase the geographic range in which they look for activities to bring the residents to in future months. In this conceptualization, beneficiaries do not play a role. They are sources of data, but are not involved in the collection or interpretation of those data in any meaningful way.

In a more beneficiary-driven assessment of group home performance, group home residents play a more central role. In this example, disabled individuals may depend on family members or other caring people in their lives to represent their interests, if they struggle with the capacity to do so themselves. If we accept that staff of the group home have designed the basic structure of the group home, there are still important ways residents can contribute to the assessment of its performance. One approach may be to analyze the logic model and engage residents or their representatives in ways that help staff to better understand the assumptions that underlie the connections between program activities and outputs, and program outputs and outcomes. In this case, beneficiaries (or other loved ones), individually, or as a group within a residence, could provide input on the assumptions that underlie their ability to arrive at work or medical appointments on time. That input may include how much time it takes to wake up, get out of bed, shower, get dressed, or have breakfast, among other things. Staff could use this input to develop assumptions or revise existing ones as well as to create data collection instruments for assessing performance. Once collected, data could be aggregated and analyzed and shared with residents (or other loved ones) to interpret and make program improvements, as needed.

Similarly, a collaborative program assessment process would approach the metric related to activities outside the home differently. The metric, as described above, treated events outside of the home as ends in themselves. They may be, but a process that started by asking residents about what is important to them about activities outside the home may be more valuable. Staff could use that information as the basis for assessing activities. For example, if residents indicated that they cared more about the nature, length, or location of events than the actual number, then staff could design performance assessment tools that gather information about these aspects of events. Performance analysis involves sharing that information with residents (or their loved ones) to interpret it and create ways to identify or participate in activities outside the home that are responsive to residents' wishes. What distinguishes this active approach from the passive one is that residents, or beneficiaries, are treated as having agency, and as such are part of the process that identifies what to measure, and how to assess results.

System Level

System level assessment addresses the performance of a network of individual and organizational actors that deliver health and human services in specific service fields. A system may be defined broadly, such as the health care delivery system, or more narrowly, in terms of sub-fields, such as developmental disability or homelessness service systems. A

well-defined system, includes a set of activities undertaken for beneficiaries, to achieve related community goals. Performance assessment considers the extent to which the system implements these activities, achieves its goals, and is responsive to stakeholders, including beneficiaries. This kind of assessment may take place on an ongoing basis or as a one-time event, such as in preparation for a community planning or budget process of some kind.

For purposes of our conceptualization, the primary distinguishing feature in the assessment process is who participates in it. Systems involve a multiplicity of organizational actors, including governments (often at different levels), and nonprofit service, advocacy, and activist organizations. They also include the beneficiaries of the services provided in the system, and their family members or other caregivers. Participation in an assessment process may include any combination of these stakeholders, although our framework focuses on the role of beneficiaries. Similar to the other levels in our typology, beneficiaries may play a passive or active role in evaluations of service delivery systems.

While system assessments in which beneficiaries are passive participants may be structured in a variety of ways, the essential feature they share is that professional staff of the government and nonprofit organizations that fund and deliver services in the system are the key decisionmakers. Staff review (or define, if they had not been previously defined) the goals of the service delivery system. They also oversee the development of data collection tools and processes to learn about the activities of the system and assess the extent to which the system is achieving its key objectives. Data collection may involve gathering information from beneficiaries, but does not involve them in its interpretation. Data analysis generates recommendations for system changes or improvements, but beneficiary voice may be limited to general feedback about any proposed reforms.

By contrast, both beneficiaries and professional staff make important contributions to system assessments that actively engage beneficiaries. Beneficiaries work with professional staff to define service delivery goals and discuss mechanisms for learning about system performance, including its responsiveness to beneficiary needs. Beneficiary input shapes the development and implementation of data collection tools as well. Data interpretation utilizes the perspectives of all stakeholders, notably beneficiaries; and these perspectives also inform proposed system improvements.

Disability services again provide a helpful way to envision how these approaches would operate in practice. The system of disability services in most communities includes government policy makers and funders, at the federal, state, and local levels, as well as nonprofit organizations engaged in service delivery, advocacy, or both. The system also includes people with disabilities, their families, and other loved ones who provide them with care and support. System level evaluation processes that treated beneficiaries as passive participants would include only funders, providers, and policy makers in the evaluation process. Such a process may also include others seen as bringing essential expertise, notably external evaluators. Beneficiaries would have no involvement in the process, except to be informed about its results and any changes to the system made by other stakeholders.

In this scenario, a lead government agency identified as having responsibility for the system more than likely would organize the assessment process. A staff member (or group of staff) from that agency identifies staff from stakeholder organizations to participate in the process who are perceived as having the technical expertise and knowledge needed to assess the system effectively. Those involved in the assessment process rely on professional staff from across the system to learn about current services and identify any gaps. They also utilize existing information about service performance, and design new data collection tools, if necessary, to gather additional information about system performance. Rather than directly seeking input from beneficiaries on their experiences, provider staff are responsible for being the "voice" of beneficiaries. To illustrate this approach's limitations, one concern we have heard from people with disabilities is that career coaching and placement services can be unresponsive to the needs of beneficiaries receiving disability services who function at a higher level. Without a person with a disability serving in a formal role in the assessment process, these kinds of experiences may be minimized, misunderstood, or not prioritized in the narratives shared by professional staff. In this type of process, professional staff also interpret the data and decide what, if any, changes to the service delivery system need to be made. Engagement of beneficiaries in the process is minimal, perhaps through inviting feedback on a draft report at a program or house meeting in a group home, or at an individual care management meeting. In this scenario, the system level evaluation neither prioritizes nor values beneficiary feedback in a meaningful way.

By contrast, a process that treated disability service beneficiaries as active participants in the system evaluation starts with people with disabilities and their caregivers at its center, working with disability rights or service organizations to identify individuals to participate in the process. Beneficiaries (or their loved ones) selected to participate in the process work alongside government and nonprofit staff members to define the scope of the assessment, including issues that emanate from their personal experiences in general and within the service delivery system. For example, a system level assessment might include a needs assessment or, a discussion of service gaps, derived from the lived experience of beneficiaries and their caregivers. As part of this process, beneficiaries and their caregivers may emphasize obstacles to full participation in community life (such as concerns with transportation, activities of daily living and community participation) more than staff leaders in government and nonprofit organizations, and as such enable them to make significant contributions to group discussions. Beneficiaries also participate in the design of data collection instruments and strategies for maximizing beneficiary participation. They are able to use their knowledge and experience to identify ways to access beneficiaries, their families, and others in the disability community to get their feedback on the current service delivery system.

Similarly, disabled participants or their loved ones play an important role in interpreting data and developing system improvements. Their perspective brings a more nuanced understanding of the system and how to improve it. Using the job placement example described above, a person with a disability may have direct personal experience with challenges associated with job placement services that could inform service

improvement recommendations and their potential for success. Finally, it is possible to envision a system-wide assessment that puts beneficiaries at its center which challenges a service delivery system assessment team (comprised of government and provider staff, and people with disabilities and their caregivers) to meet with groups of beneficiaries directly, to learn about their experiences, solicit their input, and seek recommendations for system improvements. This kind of process is more likely to update a service delivery system in ways that are responsive to beneficiary concerns than a process that treats beneficiaries as more passive participants.

Discussion

This commentary draws on the concept of co-assessment from the coproduction literature to develop a typology identifying various modes of beneficiary engagement in performance analysis. Three observations add context and identify issues worthy of further discussion in assessing our framework. First, our beneficiary engagement ideas are not entirely new and reflect aspects of practice already in place in some settings from which health and human service organizations can learn. Further, as we noted at the start, performance analysis practices take place along a continuum, and it is likely that organizations utilize a mix of approaches, some active and some passive. One of the best examples of current practice reflecting active beneficiary engagement comes from The Fund for Shared Insight, a California-based funding collaborative. It has developed and implemented a practice-based program, Listen4Good, which emphasizes the importance of incorporating the perspectives of beneficiaries in the performance evaluation process (*What is Listen4Good?,* n.d.). The program's primary purpose is to create mechanisms for collecting, analyzing, and using information from beneficiaries about their experiences. This effort which emphasizes learning about individual beneficiaries' experiences is consistent with our framework, though our conceptualization also suggests some more comprehensive strategies such as engaging beneficiaries in the development and assessment of program and system level outcomes.

Second, one challenge to the co-assessment approach we describe may be how much autonomy service providers have in determining how to approach performance analysis. Health and human service organizations are heavily regulated, and many organizations invest considerable resources in monitoring compliance. At the same time, government funders may prescribe performance reporting requirements, including what to measure and how to measure it. These issues raise important questions regarding whether health and human service organizations have the ability to pursue a beneficiary-focused evaluation agenda, even though they may desire to do so.

Third, the ideas we are proposing are not cost-free, and providers interested in adopting them should consider this when planning their implementation. With that concern in mind, we recommend providers and funders work together to ensure beneficiaries have meaningful opportunities to be involved in evaluation. In projects where resources are limited, funders may need to demonstrate their commitment to beneficiary engagement by providing support for these types of activities. An emphasis on beneficiary engagement is consistent with recent discussions among foundation leaders about the importance of

funding strategies that give voice to members of marginalized communities (see for example Villaneuva, 2021; Walker, 2019). This development is promising. A second approach that may mitigate cost concerns would be to utilize a beneficiary advisory committee, or some other representative group of beneficiaries, to contribute to the performance assessment processes in programs or subunits of the organization. Regardless of the strategy providers use, it is important they remain aware of beneficiaries' time and effort, consider financial compensation where warranted, and address how organizations budget for these expenses.

As previously noted, publications by Lehn Benjamin (Benjamin, 2013, 2020; Benjamin & Campbell, 2014) and the Fund for Shared Insight (2020) highlight the potential for beneficiary engagement in performance analysis, especially at the individual level. Building on this solid foundation, we have several suggestions for how future research could further explore ideas presented in this commentary. The field would benefit from research that assesses beneficiary-oriented evaluation practices more systematically. Practice-based case studies of organizations prioritizing beneficiary engagement in program analysis may be a good starting point. Such studies would contribute greater understanding of what health and human service organizations are doing and what their experience is. As a complement to this line of inquiry, surveying a cross section of health and human service organizations about beneficiary engagement in their evaluation methods could test the accuracy of our framework in describing practice. Finally, this commentary is premised on the belief that including beneficiary voice in performance analysis adds value by ultimately increasing the impact assessment has on service delivery. While for some that proposition may be unquestionable, empirical research that compares the results of evaluation processes that treat beneficiaries passively versus actively could provide valuable evidence to test that proposition.

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