



HANDCRAFTED
A HOPE + A FUTURE

HOW WE MEASURE IMPACT

THE EMPOWERMENT MATRIX





WHAT WE MEASURE

In early 2016, Handcrafted staff and trustees came together in a workshop facilitated by The Transformation Index™ to try to understand our core values and how our impact measures could be built around them. We worked collaboratively to develop the concept of the Empowerment Matrix. We wanted to ensure that our impact measurement would consider the holistic aspects of empowering people with complex needs and capture two sides of our impact: recognising the stages of progress along the journey while placing an equal value on holding at any particular stage.

WE LOOK TO SEE PEOPLE EMPOWERED IN FIVE AREAS:

Living Space – A safe place to live that feels like home

Using Time – Something meaningful to do each day

Social Life – People to talk to and a good support network

Self Confidence – Trust in our own abilities and having something to give

Coping Strategies – Ways to cope and bounce back when things get tough

WHY WE CHOSE THESE AREAS

Identifying the five areas where we aim to empower people arose from a consideration of where the typical needs of the people we work with intersected with the service we offer.

In terms of the service we offer, the core of our work is to do two things: we provide housing (living space) and we facilitate meaningful activity (using time). But we don't just give people a home and something to do; it's also fundamental that there is an invitation here to also become part of a supportive community (social life). In turn, we noted from experience that gains in 'self-confidence' are the pivot on which sustainable change occurs - it's an essential ingredient in enabling people to go on ultimately without our help.

Finally, the category of 'coping strategies' is grounded in an adaptive, behavioural model of health and wellbeing rather than a disease model. This applies in respect of addiction particularly, but also to many other areas where there are complex needs. We wanted an area that reflected our assumption that people are essentially resourceful and that unhealthy coping mechanisms can be replaced with healthy ones.

In terms of typical needs, established models of human needs map loosely onto our five areas:

Handcrafted	Abraham Maslow [1]	Max Neef [2]
Living Space	Physiological, Safety	Subsistence, Protection
Using Time	Esteem, Self Actualisation	Participation, Leisure, Creation
Social Life	Love/ Belonging	Affection, Understanding, Participation
Self Confidence	Esteem, Self Actualisation	Affection, Understanding, Participation
Coping Strategies	All the above	All the above

At referral, we identify the relevant areas of need, then we measure Four Stages of empowerment in each area:

Entering – “I am open to using resources available to me with some support.”

Engaging – “I am using my own initiative and taking hold of opportunities.”

Applying – “I have my own ideas of what I want to do using my new skills.”

Extending – “I am looking beyond myself, to build up my community.” OR “I am taking steps to strike out on my own without needing support.”

Why we chose these stages

The four stages are designed to provide very broad categories, considering that everyone is not the same and cannot be expected to ‘jump through the same hoops in the same order’. Nevertheless, playing through real-life examples of how people developed with us, we noticed that there are some characteristic points in a progression from openness to change, through greater autonomy (with support) and self-belief to full independence. They also reflect a value we hold that becoming a ‘contributing member’ of the community is a mark of empowerment, and we believe every individual has something to give that benefits the whole. Empowerment has a democratic dimension[3].

[1] Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-96.

[2] Max-Neef, M. (1992). Development and human needs. In: Ekins, P., Max-Neef, M. (Eds.), *Real Life Economics*. Routledge, London, UK

[3] For example: John Lord and Peggy Hutchison’s definition of empowerment as “processes whereby individuals achieve increasing control of various aspects of their lives and participate in the community with dignity.” In Lord, J. and Hutchinson, P. (1993). *The Process of Empowerment: Implications for Theory and Practice*. *Canadian Journal of Community Mental Health*, 12(1),5-22.

WHY WE DEVELOPED OUR OWN MEASURES

Before developing our own approach, we relied on a tool widely used by other frontline services working with the homeless. However, our experience over time highlighted some difficulties with this approach and found it was neither serving our way of working nor providing outputs that were meaningful with respect to our core values. In particular:

Distance Travelled and Stability

Too great an emphasis on 'progress' neglects the importance of stability in the lives of the people we work with. We wanted to show that someone holding a position and staying stable was an indicator of impact in the lives of people who had previously been living in chaos. The four stages of empowerment acknowledge that what counts as "progress" is different for every individual. These broad steps on a pathway of empowerment aim to measure the "distance travelled" rather than the achievement of particular milestones. They are big enough envelopes to contain a range of indicators that may be very specific to the individual but still identifiable as belonging to Entering, Engaging, Applying or Extending.

Celebrating success

The dominant models of impact based on goal setting were questionable in our case, and the usefulness of a goal-setting approach has been challenged by psychological research[4]. This seemed to apply particularly to the complex needs, chaos and volatility of the people we sought to help, and more often 'set them up to fail' rather than broadening a range of creative possibilities and unfolding discoveries. Goal setting in a therapeutic context is often a paper exercise, troubled by the 'seminar effect', where an individual is likely to give the answers they think are wanted and ride on the expectations of the worker rather than make a realistic choice. Instead, we wanted to observe how people's expectations of themselves changed over time and capture the small, unplanned successes that emerge as a side-product of feeling safe, belonging and growing in confidence.

Person Centred Care

Confusion of the planning of care with the achieving of target outcomes, in our experience, led to organisational drift towards outcomes-centred care rather than person-centred care. To be truly person-centred, one has to account for the fact that 'anyone can feel differently about things tomorrow', so the view of what someone needs in any given moment has to be extremely flexible and doesn't fit narrow categories. We want the basis of our care to be phenomenological: asking "how would you know that you were feeling better?" This means there needs to be a wide room for people to discover and go in unexpected directions that ultimately work better for them, and we needed to capture this dynamic.

[4] For example: King, L. A., and Burton, C. M. (2003). The hazards of goal pursuit. In E. C. Chang & L. J. Sanna (Eds.), *Virtue, vice, and personality: The complexity of behavior*. 53-69. American Psychological Association.

Authenticity

Previously, the process of reviewing goals with the people we worked with lacked authenticity as people tended to tell us what they thought we wanted to hear rather than giving accurate data or making realistic plans. We felt this approach weighted towards the subjective view of individuals, conditioned by their self-awareness. Reviewing scores with individuals risks being an artificial conversation too similar to a 'performance review'. It generates artificial results and doesn't reflect the kind of conversations we want to have.

We observed that there are two ways to tell a story: hard data (metrics) and anecdotes (a person's own words or those of an observer). Both have their strengths. We aimed to create a way to sidestep the artificial conversations while taking account of the insights of support staff, the subjective views of trainees, and the metrics that provide measurable evidence (a three-pronged approach).

Complexity and Nuance

Becoming empowered is not simply a case of 'unlocking achievements'; there are multiple and subtle contributors that often appear as spin-offs from doing meaningful activity or feeling part of a community. We try to take account of this by having the five broad areas into which the beneficial effects of our work fall. It is less about a problem (e.g. addiction) and our solution (e.g. supervised detox and relapse prevention) and more about all the ways someone can cultivate agency in their own lives by simply engaging with community and activity, receiving acceptance and encouragement, and eventually experiencing better 'outcomes' in specific problem areas as a side-effect. The five areas define and measure these effects but they are not prescriptive enough to support a problems-based approach.

A Culture of Wellbeing

How do our workers know that they are doing the right thing and that they are doing enough? It is important that we stay clear about where and how we can and can't help others. We acknowledge that it is stressful for workers to be confronted with complex needs and to know how to navigate their support roles. Our approach helps us to stay on track and remember that empowerment is the ultimate goal of support.

The five areas are linked to our in-house training and embedded as much as possible in how we think about our work: we cultivate safer home situations, provide meaningful activity, facilitate community and people's involvement in it, and seek to build people's confidence and resilience. This helps our staff to know where their focus needs to be and, hopefully, mitigates some of the stress.

AN OVERVIEW OF HOW THE PROCESS WORKS

Over time, the process of collecting data for the Matrix has evolved and is still being refined. We transitioned to using a database to gather notes and metrics throughout the weeks and months to establish a picture of Empowerment both for each trainee and for the organisation. The process begins with each interaction with trainees being recorded via 'Contact Notes'. Staff record details of conversations had or activities completed in the time the trainee is attending a group or meeting with them. Staff note any specific points of empowerment in any of the five areas – this can include ways in which trainees are not empowered or have experienced setbacks. Each trainee has a 'card' in the database which stores their notes and any personal data. Every three months, staff working with the trainee take part in an 'Empowerment Review', where they assess each trainee's Level for each area.

This considers three sources:

1. **Subjective View** – Talking with trainees about how they feel they are doing during our everyday interactions with them
2. **Objective View** – A collation of the views of members of the support team
3. **The Metrics** – Statistically measurable indicators of empowerment (e.g., how many are managing their water-bill payments, how many creative projects are being completed)



The appropriate Stage is determined for each individual, scoring 1-4 for each of the five Areas. We can therefore see several things:

- Each trainee's average Level across the 5 areas.
- The change in the trainee's Level in each area since the previous Review, how many Levels they have gone up.
- How long a trainee has maintained a Level if they have stayed at the same level since the previous review.
- The average 'Distance Travelled' by all trainees in each of the 5 areas.
- How many trainees are 'Maintaining Stability' at each stage, and how many have Maintained that level for 3+ months.

An important aspect of the Empowerment Matrix is that the organisation's need to be accountable and measure impact is uncoupled from an individual having to achieve a score or get to the next Stage. We celebrate individual journeys and applaud every success as it arises, but we are not bound to 'make it happen' for the sake of performance metrics. The outcome measures witness to what has taken place rather than driving a person's support plan.

MEASURE 1: DISTANCE TRAVELLED

Why do we measure distance travelled?

Distance travelled measurements give an indication of overall positive progress our trainees have made in different areas.

DISTANCE TRAVELLED IN 2021

AREA	# OF TRAINEES	AVERAGE NO. OF STAGES PROGRESSSED
LIVING SPACE	32	+2.1
USING TIME	142	+1.8
SOCIAL LIFE	100	+1.8
SELF CONFIDENCE	127	+1.7
COPING STRATEGIES	70	+1.4

What do these numbers tell us?

Three areas (using time, social life and self confidence) have higher numbers of trainees and average distance travelled. Much of our work empowering our trainees in these areas happens at our hub-based activities, where trainees can find positive ways to use their time, be part of a supportive community and gain new skills. We are able to work with lots of people in our workshops, and often find that with encouragement, our trainees are quickly able to make big steps, for example going from having no experience at an activity to being able to lead sessions for other trainees.

The other two areas (living space and coping strategies) have fewer trainees and lower distance travelled. As our trainees' needs in these areas tend to be more complex, we focus on our work on a smaller number of individuals, and progress is often more gradual. For example, many of our residents have previously lived in a variety of unstable housing situations, so small markers of progress in this area (such as being able to clean and maintain the house and paying bills on time) often constitute significant milestones for the trainees who have achieved them.

CASE STUDIES FOR DISTANCE TRAVELLED

Please note: all names have been changed.

Living Space - Ryan travelled 3 stages from 0 to 3

Ryan is a young care leaver who was referred to us whilst he was still in prison. We housed Ryan on Christmas Eve 2020 when he was released with nowhere else for him to live and no experience of living independently. He came along to the workshop and made items for his home there. He then went on to complete a 6-month work placement with Handcrafted in the Renovation Team and was able to support others in the community with housing maintenance. Ryan has now started a job independently of Handcrafted, but he still lives in our housing and engages with support workers to help him sustain somewhere safe and stable to call home. Ryan progressed from 0 (as he was going to be made homeless upon his release) to 3 because he now has his own living space, takes initiative to care for his home and engages with support when he needs it.

Using Time – Angie travelled 0 stages, remaining at stage 1

Angie has been housed with us since the middle of the pandemic. She is a Care Leaver and often spends a lot of time at her partner's house. She has engaged with activities such as our women's group, but this has been sporadic. She maintains contact with staff and occasionally meets up support workers for coffee outside of home visits. This is a manageable level for Angie, who struggles with group activities. We are thinking of creative ways to enable her to engage in meaningful activity.

Angie has not moved any stages in this area as her engagement with meaningful activity has remained sporadic over the time we have worked with her, as she is open to accessing resources with support but has not done so consistently or with initiative.

Social Life – Molly travelled 2 stages, from 0 to 2

Molly started coming to Handcrafted a few months ago. She was isolated after leaving a difficult relationship and started attending our women's group. Soon, she started coming to more sessions and often drops into the workshop and local community café to talk to staff and meet with other trainees. She struggles with addiction, and this can lead to chaotic and destructive behaviours, but she has found she can turn to Handcrafted for help. She is always keen to get involved in Handcrafted activities and regularly engages with support from staff. She has found friends at Handcrafted, and the kitchen and local café are safe spaces for her.

Molly moved from 0 (as she did not engage with support or community activities) to 2, as she is able to engage and actively seek out social interactions within the context of Handcrafted but is not yet ready to build up social interactions elsewhere.

Self-Confidence – James moved 4 stages, from 0 to 4

When we first met James, he was living in a hostel. He had difficulties with addiction and struggled with routine. James attended kitchen sessions sporadically before becoming a Handcrafted tenant. He then became more regular in the kitchen and progressed in skills that he used at home. James applied for a Kickstart role with Handcrafted and was successful. This meant he was working in our Training Kitchen and Durham workshop for 6 months, helping with tasks and helping trainees engage with activities and group meals. James continued this placement for two months beyond the end of Kickstart, preparing meals for everyone to share at the workshop. More recently, James found a job outside of Handcrafted, working in a care home. He remarks that he would not recognise the person he was a few years ago, and can't believe how far he has come, finding work on his own and helping others to engage in support.

James moved from a 0, having struggled with social anxiety and group interactions, to a 4, as he built up the confidence to engage with new opportunities outside of Handcrafted. He has used the skills he has learnt to help others and contribute to a wider community beyond Handcrafted.

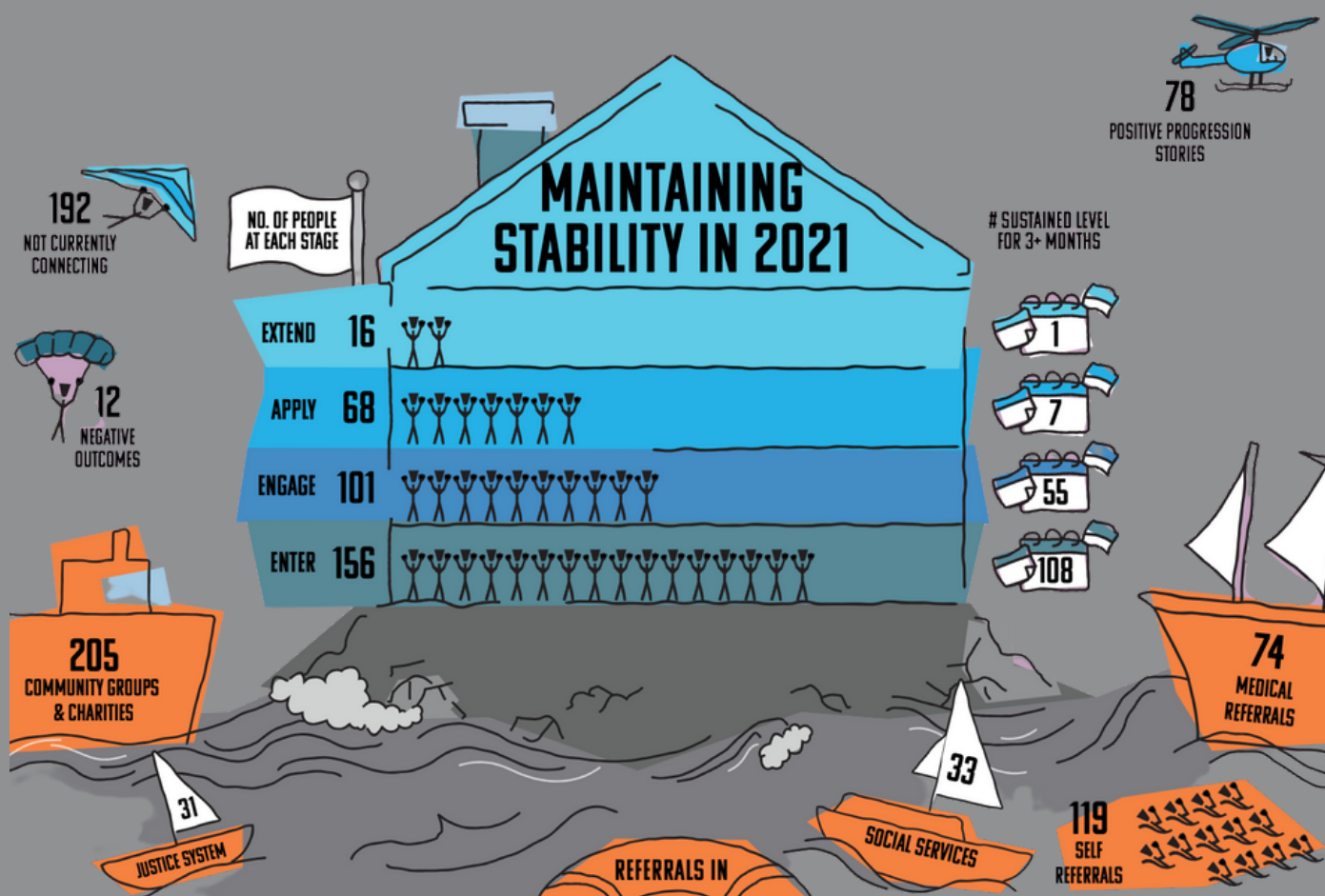
Coping Strategies – Lisa moved 1 stage, from 1 to 2.

Lisa has learning difficulties and has been attending the Chester-le-Street kitchen for over a year. When she first started coming, Lisa often found the workshop environment very overwhelming and would have panic attacks when completing tasks. Over time, Lisa grew in confidence and found a safe space in the kitchen. Occasionally, Lisa still finds the tasks in a busy kitchen difficult, but she now has helpful ways of coping, like asking for help or keeping her breathing calm, so she can recover and enjoy the session.

Lisa was at a 1, because she has been engaging with Handcrafted and attending sessions regularly but would often struggle in the session itself. She moved to a 2, because over time she began to be able to identify ways in which she could cope better in the session.

MEASURE 2: MAINTAINING STABILITY

Stability measurements enable us to highlight that reaching and maintaining a level is in itself a positive in the lives of our trainees.



WHAT DO THESE NUMBERS TELL US?

There are higher numbers of trainees at the entering, engaging and applying stages. We are always working with high numbers of new trainees, particularly in our activity sessions, and we find that with support, these trainees are often quickly able to rise to the engaging and applying stages. Many of our trainees maintain low levels of progress over time, with over half of trainees at the entering and engaging levels managing to stay at or above their current stage for at least three months.

Since many of our trainees have had unstable pasts, this is in and of itself something that we consider worth celebrating. Only a small number of trainees have reached extending level. This is reflective of how it is often a big step for our trainees to move towards striking out on their own without support. However, some of the trainees who do attain this independence are then able to positively progress on from Handcrafted.

CASE STUDIES FOR MAINTAINING STABILITY

Entering

Ben was referred to us by Young People's Services. He had struggled with previous tenancies and was going to be made homeless.

We housed Ben and encouraged him to attend a few workshop sessions but he struggled to find a routine, only attending sporadically. He is open to support from Handcrafted staff, especially to maintain his tenancy, and has stayed in his house for 11 months. But due to his mental health and addiction issues, Ben struggles to take more initiative to engage in other opportunities.

Ben's life up until this point has been full of changes and uncertainty. For him, maintaining a tenancy for nearly a year is a huge achievement. Ben has therefore remained at Stage 1, 'Entering' because he is occasionally open to using resources available to him but does not usually actively seek out support.



Engaging

Jill has regularly engaged with the Gateshead workshop and women's group. She is housed in one of our properties and takes opportunities to make items for her house. Her recurring substance abuse means that she struggles to move into further independence, but she remains engaging with Handcrafted support regularly.

Jill has therefore remained at Stage 2, 'Engaging'. She takes hold of opportunities offered to her but does not often take initiative to move towards independence or find new ways of tackling recurring issues.



Applying

Barry has been a regular at the Durham workshop for some time. He first started coming when he was living in a local hostel, then he moved into a Handcrafted house in January 2021. He has made items for his house in the workshop and engages well with support in the workshop and at home. He is actively looking for part-time work, and often volunteers to help with projects in the workshop for Handcrafted such as helping to build a new desk for the office.

Barry has therefore remained at Stage 3, 'Applying'. He finds himself opportunities to use his skills, especially to support Handcrafted e.g. in painting the workshop or making items for the office. He requests support when he needs it and has ideas of how he wants to progress next.



CASE STUDIES FOR MAINTAINING STABILITY

Extending

Charlie previously struggled with addiction and homelessness. He engaged with our Training Kitchen and has maintained a long tenancy with Handcrafted. Charlie found part-time work and has regular contact with his son. He volunteers at local community projects, teaching graffiti art to youth groups. He regularly catches up with staff but does not need such intensive support.



Charlie therefore remains at Stage 4, 'Extending'. He looks beyond himself and has independently found opportunities to support others in his community. He takes steps to strike out on his own without needing support from Handcrafted staff.



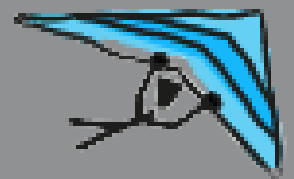
Positive Progression

Tom came to us when he was rough sleeping and started to engage with a church group which was offering free hot meals for rough sleepers. The church referred Tom to us, and he started coming to the workshop. Initially, we helped Tom to get accommodation in a hostel. Tom was struggling with an addiction, and eventually, we were able to move him into a Handcrafted house. Just before the pandemic, Tom began to reduce his drinking. When the lockdown came, he was able to get sober and remained so throughout the pandemic. By September 2020, Tom had a regular job and a new partner. He and his partner decided to move to their own property and have since started a family.



Not currently connecting

Ann was previously a consistent regular in the workshop and made projects for her house. She has not attended Handcrafted for several months now and is not currently responding to calls or visits.



Negative Outcomes

In 2021 we housed a young care leaver called Jonny who had an offending history. He connected with the workshop and some support but struggled a lot with his mental health. After some difficult periods, Jonny ended up going back to prison. We have had some contact with Jonny since he has been in prison, and we would hope to reconnect with him regarding activities and housing upon his release.

