SJOG

We're here to help

Impact Report 2025





Demonstrating positive change across Modern Day Slavery, Homelessness, Disabilities, Complex Needs, and Older Communities

FOREWORD

In 2024, our first Impact Report introduced how SJOG measures and evidences the great work our colleagues deliver across the organisation. It set out the foundations of our Impact Framework and began to show what person-centred, values-driven support looks like in practice.

This year, we are proud to present a stronger and more consistent approach. The 2025 Impact Report builds on that baseline to demonstrate not only what we do, but the change and impact our work achieves. We have refined our indicators, improved how we collect and analyse data across service areas, and deepened our qualitative evidence through detailed case studies. For the first time, we include year-on-year analysis where data allows, enabling us to track progress over time. We have also expanded coverage to include our Homelessness services alongside Modern Day Slavery and Trafficking, Disabilities, Complex Needs and Older Communities.

In 2025, SJOG supported 3,911 people across five service areas and through the Here to Help project, delivered by 639 dedicated colleagues at 22 service sites throughout England.

Behind every number in this report is a person whose life has changed for the better: someone who moved on from exploitation into stable housing, completed a medical treatment that would otherwise have been abandoned, gained the confidence to cook independently, or experienced a family holiday for the first time. These are the outcomes that matter most, and they are made possible by the commitment, skill and compassion of our teams.

We hope this report gives you confidence in the positive difference SJOG makes, and we invite you to read it as evidence of our shared commitment to supporting people to live the lives they choose.

SJOG
Hospitaller Services

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INTRODUCTION

Saint John of God Hospitaller Services (SJOG) is a UK charity with over 140 years of experience supporting vulnerable people. Our purpose is to meet need wherever we find it, supporting people to live the lives they choose and helping every person achieve their full potential. Faithful to the inspiration of our founder Saint John of God, we are committed to hospitality, compassion and respect in everything we do.

In 2025, SJOG reached 1,121,539 individuals through our social media platforms and other communication channels. Building on the progress of our Here to Help project, we supported 2,040 people, including autistic individuals, their families and carers, and health professionals. We also delivered 31 in-person sessions for autistic people and their families, as well as 11 training sessions for external professionals, equipping them to support even more people.

Our dedicated team continues to deliver bespoke care, reflecting our commitment to positive change and community wellbeing, through direct support to 1,871 people across five service areas: Modern Day Slavery and Trafficking (MDST), Homelessness, Disabilities, Complex Needs, and Older Communities. Our 639 colleagues provided person-centred care at 22 service sites throughout England, working within 69 Local Authority areas.

This Impact Report presents evidence of the positive change achieved through our work in 2025. It combines quantitative data demonstrating our outputs with qualitative case studies that illustrate the human reality behind the numbers. Throughout, we focus on results and change rather than activities alone.

OUR SERVICE AREAS

- **Modern Day Slavery and Trafficking (MDST):** Supporting people who have experienced trafficking and/or exploitation to recover, rebuild their lives and move towards independence through safe accommodation and trauma-informed care.
- **Homelessness:** Providing specialist accommodation and integrated support for people experiencing homelessness with complex health needs, breaking cycles of street homelessness and hospital admissions.
- **Disabilities:** Enabling people with learning disabilities, autism and complex health needs to live as independently as possible in their own homes and communities.
    - **Here to Help:** Offering tailored information, guidance and practical support to autistic people, their families, carers and health professionals, empowering individuals to access services, navigate challenges and thrive within their communities.
- **Complex Needs:** Supporting people with multiple conditions including autism, learning disabilities and sensory impairments to live happily in their communities through specialist, person-centred care.
- **Older Communities:** Enabling older people from both religious and secular backgrounds to enjoy health, fulfilment and independence for as long as possible through outstanding nursing and residential care delivered with genuine compassion.

Across all service areas, SJOG's work generates value beyond the people we support. For instance, reducing pressure on NHS acute services, improving outcomes for commissioners' strategic priorities, and building stronger, more resilient communities. The evidence presented in this report demonstrates not only what we have achieved, but why it matters to everyone invested in the wellbeing of the people and communities we support.

OUR IMPACT FRAMEWORK: FROM 2024 TO 2025

In 2024, we created SJOG's Impact Framework to help us clearly understand and explain the difference our work makes, using a design thinking approach. This framework follows a Theory of Change model, showing how our support and services spark positive changes for the people we help and the wider community, both in the short term and over time. We explore impact through three simple perspectives: **personal** (individual support), **operational** (how we deliver services), and **strategic** (influencing our sector and ensuring sustainability).

WHAT CHANGED IN 2025

Building on our 2024 baseline report, we refined our framework in several ways:

- Narrowed down key indicators and added relevant data points such as activities, skills development, and move-on outcomes, resulting in more focused and meaningful evidence of the difference our work makes.
- Had conversations with heads of service areas, leading to a shared understanding of what positive outputs look like for selected indicators, creating more aligned and consistent data across the organisation and strengthening our ability to report impact at a whole-charity level.
- Strengthened the link between outputs and outcomes, enabling clearer cause-and-effect reasoning that builds solid evidence for reporting on a broader scale.
- Standardised the theory of change for all areas while respecting the nuances of each one, increasing awareness of the framework across the organisation and making it easier to communicate our impact to different audiences.
- Enhanced data collection and designed a standardised evidence form, enabling services to aggregate and analyse data more easily and ensuring consistency in reporting across all areas.
- Deepened our qualitative evidence through more detailed case studies, giving a richer picture of the change people experience and strengthening our ability to demonstrate impact to stakeholders.
- Expanded service coverage to include homelessness alongside our other four service areas, providing a more complete picture of SJOG's impact across the organisation.
- Introduced year-on-year analysis where data allows, enabling comparison of progress over time and building the evidence base needed to demonstrate sustained impact.

Our Theory of Change for each service area follows the same structure. We identify the need, the context and the people who require support, what we aim to achieve, and the resources and activities used to attain it. Then we set the short-term results (outputs) and longer-term changes (outcomes) that we wish to see at both individual and organisational levels.

2025 AT A GLANCE

Indicator	2024	2025	Change
Total people directly supported	~1,000	1,871	+87%
People satisfaction	95%	95%	Stable
Family satisfaction	97%	99%	+2%
Professional satisfaction	64–100%	99%	Significant improvement
Overall quality	91%	93%	+2%
CQC ratings	100% Good	100% Good	Maintained
Health & Safety compliance	94.8%	94.8%	Maintained

These improvements represent more than organisational achievement; they translate directly into better lives for the 3,911 people we supported in 2025, increased confidence among the commissioners who fund our services, and tangible benefits for communities across the (69) Local Authority areas we work in. For example, when people we support move on successfully, they become contributors to their communities rather than remaining in crisis cycles that strain public services.

MODERN DAY SLAVERY AND TRAFFICKING

CONTEXT AND MISSION

Around 50 million people globally are subjected to modern slavery. In the UK, an estimated 122,000 people are held in slave-like conditions, though many remain hidden. In 2024, the National Referral Mechanism (NRM) received 19,125 referrals of potential victims, the highest annual figure since records began. Of these, 89% were still awaiting decisions at year-end, highlighting system pressures. The average wait for Conclusive Grounds decisions now exceeds 568 days, creating prolonged uncertainty that can contribute to re-traumatisation. Many people are re-trafficked due to inadequate support, unsafe housing options, and limited move-on pathways. People in this scenario and with no recourse to public funds face particular vulnerability, including housing instability and risk of re-exploitation post-NRM (Home Office, 2025; US Department of State Trafficking in Persons Report, 2025).

Our Mission: For people subject to modern day slavery and/or trafficking to successfully move on to independent living in a safe place to call home, integrate fully in communities and improve their quality of life.

SJOG operates as a subcontractor for The Salvation Army (TSA) under the Modern Slavery Victim Care Contract (MSVCC). We deliver trauma-informed, person-centred support that addresses complex needs and prevents further exploitation.

For commissioners investing in MDST services, this lengthy decision-making period underscores the critical importance of working with providers who can sustain quality support over extended timeframes. Every month a person remains in SJOG's support is a month when they are not at risk of re-trafficking, re-traumatisation, or crisis presentations to emergency services. Our 96% successful move-on rate demonstrates that investment in comprehensive support leads to sustainable outcomes for people moving into independence rather than cycling back through the system.

MDST Services	**Mission:** For people subject to modern day slavery and/or trafficking to successfully move on to independent living in a safe place to call home, integrate fully in communities and improve their quality of life	**Need:** With over 122,000 people estimated to be trapped in modern slavery in the UK and thousands facing prolonged uncertainty and vulnerability due to system delays, there is an urgent need for MDST services to address these gaps and protect at-risk individuals.	
Inputs	**Activities**	**Outputs**	**Outcomes**
- The Salvation Army (TSA) package: guidelines, contract, trainings - Person-centred holistic support - External professional support for clients - Skilled colleagues and diverse backgrounds and languages - Knowledge in legislation and policy affecting people subject to MDST - Internal learning and development frameworks - Practice leadership - Governance systems and frameworks - LOVED – Benefits programme for colleagues - Appropriate property to fulfil basic living needs of the people we support (for safe house services) - Finance and funding (The Salvation Army funding)	**Personal** - TSA people's journey plan - Risk assessments and needs based assessments - Daily routine support; medical appointments, leisure activities - Coaching and one to one support: housing, financial, migration, employment and education - Trauma informed support and mental health support - Substance misuse support **Operational** - TSA referrals for admissions - TSA service management agreements - Signposting to services and support organisations (ESOL, legal advice, health) - Team meetings: debriefings and planning - House meetings with residents (for safe house services) - House maintenance and safety checks - Chaos management - Colleagues' learning and development pathway and specific MDST trainings - TSA Governance, quality and management - Satisfaction surveys with all stakeholders - Analysis of clients' move on data - Finance review meetings	**Personal** - Improved personal goals through a person-centred care plan (SJOG model) - Successful exits from service with a clear move on plan **Operational** - Increased access to safe spaces, robust safeguarding, and opportunities to engage with community. - Improved learning opportunities for a Multi-skilled workforce with breadth and depth of knowledge **Strategic** - Sustainable service that responds to the needs of individuals - Quality of service delivery and operations increases (Best practice frameworks)	**Personal** - Increased independence and sense of safety. (Health and well-being) Emotional and mental health, financial/job stability. (Purpose) - Increased awareness and confidence to stay out of new potential MDST scenarios. (Relationships) **Operational** - Consistent and robust services resulting into better support - Providing efficient services to reduce people's vulnerability to be subject to MDST **Strategic** - High satisfaction ratings making SJOG a provider of choice for future services - High quality ratings and accretions or awards for best practice - Replicable service models and strong partnerships, to helps increase access to support and contribute to build better infrastructure for victims of MDST

Theory of Change for MDST Services

IMPACT ACHIEVED IN 2025

PERSONAL LENS

Output 1: Improved personal goals through TSA journey plans

Every person we support receives a tailored TSA journey plan designed to foster independence and recovery. In 2025, we maintained 1,601 journey plans across all MDS services; 813 people who were referred in previous years are included in this number.

Indicator for 2025	Number
Total number of referrals / **New people in 2025**	**788**
People with Positive Conclusive Grounds	668
People with Negative Conclusive Grounds	282
People supported after negative CG	282
Total number of people supported	**1,601**

A key aspect of our impact is continuing to support people even after they receive a negative conclusive grounds decision. Standard practice allows only two to fourteen days before support ends, requiring the person to leave unless they qualify for asylum support or immigration bail. Our colleagues understand that moving on with unresolved needs puts people at risk of retraumatisation and interrupts recovery progress. We therefore commit to providing comprehensive support so that no one leaves in a vulnerable position, even when this requires additional time and resources.

The journey plans take a holistic approach and aim to cover a range of needs during the reflection and recovery period. The table below shows the number of people we supported in different areas, which are key to finding stability, independence and wellbeing.

Support Area	Number of People
Therapy or mental health support	935
Legal matters	757
Education (any type)	670
Employability (e.g. CV preparation)	429
Finding accommodation (outreach)	616
Substance misuse support	121

The support provided, the hours delivered, and the access to complementary services such as medical and legal support, help people make positive change and start making progress to move on into independence, feeling safe and with purpose, after being victims of trafficking or exploitation. For commissioners, this integrated approach means their investment addresses root causes rather than surface symptoms, reducing future demand on immigration services, housing support, mental health crisis teams and criminal justice systems. For people we support, it means trusting that the system can genuinely help them rebuild their lives. The following case studies demonstrate the positive impact of our support.

Story: A reflection and recovery support journey

[P], a UK national, was groomed by a gang leader and forced into drug selling, experiencing physical abuse and threats against their family. After their arrest and the perpetrator's imprisonment, death threats meant they could no longer safely remain at their address.
We supported [P] through a complex housing journey, helping them navigate stays with family members in safe locations. They received Universal Credit, registered with a GP for mental health support including anxiety, depression and ADHD assessment, and were prescribed Sertraline. We referred them to Women's Community Matters for trauma counselling and connected them with the Sophie Hayes Foundation for employability support. [P] received a Positive Conclusive Grounds decision in April 2025 and voluntarily exited in June 2025, residing with their grandmother while on the social housing waiting list.

Output 2: Successful transitions from service

The move-on point is the last contact we have with the people we support. This is the most proximate output we can measure to evidence change and therefore key to demonstrating impact. A successful move-on is one where the person has stable accommodation and a financial arrangement that supports their independence. Additionally, we strive to link everyone to all the support necessary for their health, mental health, and other pressing needs. We aim for a high percentage of successful move-ons, and this is reflected in the numbers for 2025. This year we had 714 move-ons, of which 96% were successful.

Period	Q1	Q2	Q3	Q4
Successful move-ons	141	170	182	192
Unsuccessful move-ons	7	4	8	10
Total move-ons 2025	**714**			

These outputs represent a return on commissioner investment. Each successful move-on prevents costs associated with failed transitions, such as emergency housing, crisis mental health interventions, re-trafficking investigations, and repeat referrals into support services. When The Salvation Army and commissioning bodies invest in SJOG's services, they fund a pathway ending with people in stable accommodation, engaged with support, and able to participate in their communities. For the people themselves, a successful move-on means something simple yet transformative: the ability to plan for tomorrow without fear.

Recovery needs assessments (RNAs) move on arrangements:

Move-on Accommodation Type	Number
Local Authority Housing	207
NASS (National Asylum Support)	185
Family/Friends	147
Private accommodation	130
NGO/Other non-profit	16
Voluntary return	10

Financial Arrangement Type	Number
Family/Friends	103
Universal credit	272
National Asylum Support Service (NASS)	201
Social services	5
Employed	101

The average length of stay this year was 13.48 months, compared to the expected 45 days, reflecting the complexity of needs. Time extensions were granted to 1,317 people to ensure sustainable recovery, representing 82% of the people supported in 2025. As with people with negative conclusive grounds decisions, SJOG colleagues go above and beyond to ensure no one is left feeling insecure or in a vulnerable position.

Story: Time extension support

[T], a refugee in Liverpool, faced significant ongoing mental health challenges and long NHS counselling waits. SJOG recognised their needs and secured a crucial time extension by submitting a Recovery Needs Assessment, granting [T] access to private counselling and a longer stay in SJOG. This extra time enabled continuity in support, regular wellbeing checks and practical help, building their independence and ensuring stability. Thanks to SJOG's dedication, [T] experienced improved wellbeing and was better equipped for life after leaving the service. Before exiting, they were seamlessly connected to a post-NRM support organisation, guaranteeing continued assistance and inspiring hope for a brighter, independent future.

Apart from housing and financial stability, change in people's lives is also achieved by helping them holistically and in line with their aspirations. In 2025, 341 people were linked to material assistance, 343 were supported with community integration, and 554 received housing support. As part of regaining independence and purpose, we support people who feel ready to get into work or any type of education. In 2025 there were 429 and 670 respectively.

Story: Successful move-on to employment

[A] had previously been placed in a location with limited hospitality employment opportunities. Recognising their career aspirations, we facilitated relocation to London under the Extended Care and Treatment pathway, where hospitality sector opportunities were abundant. We supported [A] to register with a GP, access subsistence payments, and explore London's cultural offerings, including visits to the Tower of London and Kensington Palace. More importantly, we helped them register with hospitality recruitment agencies and prepare professional application materials. Within months, [A] secured full-time employment at high-end hotels, saved enough for a studio flat deposit and first month's rent, and successfully exited to independent accommodation with sustainable income.

OPERATIONAL LENS

Output 3: Increased access to safe spaces and robust safeguarding

Health and Safety Audit	Q1	Q2	Q3	Q4
Average score	94%	95%	93%	100%

The consistently high scores reflect our commitment to safe, high-quality accommodation. In 2025, we adopted TSA accommodation standards checklists and improved processes for fire risk and door checks. Moving weekly room checks online made oversight more efficient. Strengthening our quality approach demonstrates compliance during CQC and SAH inspections and reassures the people we support of our dedication to their safety and comfort.

Environmental incidents numbered 17, while behavioural incidents totalled 13. We managed each through comprehensive risk assessments and mitigation strategies. For example, in 2025, an incident involving the disclosure of a safe house address prompted immediate action to safeguard the people we support. A risk assessment was swiftly carried out, and mitigation strategies were put in place, ensuring the individual's safety remained our top priority. These measures are reviewed monthly, allowing us to respond quickly to any new risks. Most importantly, people consistently report feeling secure, supported and reassured that their location and wellbeing are protected.

Output 4: Multi-skilled workforce development

Training	Q1	Q2	Q3	Q4
Completion rate	98%	99%	98%	99%
New colleagues	0	4	5	2

Our 115 colleagues bring exceptional linguistic and cultural competence, speaking 42 languages to support people from 84+ nationalities. Training completion rates remained high: 98% in Q1, 99% in Q2, 98% in Q3, and 99% in Q4. The training budget was fully utilised, reflecting our commitment to keeping colleagues updated, motivated and confident to provide consistent, high-quality support.

A highlight for 2025 is that 1 colleague completed an apprenticeship and 2 colleagues are in place to start one in 2026. Another aspect that demonstrates our commitment to developing our colleagues is seeing that, including the new people who joined SJOG, training still has a high level of completion, meaning both new and existing colleagues are updated every year.

STRATEGIC LENS

Output 5: Sustainable services

In 2025, we delivered 96,408 total support hours, 95,558 one-to-one and 850 group hours, averaging 60.2 hours per person. The project worker to client ratio was 1:7 for accommodation services and 1:18 for outreach. The ratio changed from 1:6 in 2024 due to faster Home Office case processing and reduced referrals, meaning shorter waiting times but potentially shorter stays with some unresolved needs. SJOG remains committed to balancing budgeted hours with helping people become as stable as possible.

For full quality analysis, see the Annual Quality Report (2025)
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

Output 6: Quality of service delivery

A quality highlight for 2025 is that SJOG contributed to sector-wide learning through active participation in the development of the **Survivors Care Standards Guide 2025**. Our involvement highlighted critical findings, including that translation services are essential for recovery but often inaccessible, and that people who have been trafficked or exploited who are matched with project workers who speak their language engage significantly better and navigate services more easily.

Our quality is also reflected in the satisfaction survey's results.

Satisfaction Metric	2024	2025	Change
People we support	94%	94%	Stable
Professionals	64%	100%	+36%
Overall quality	92%	92%	Stable

Achieving a 94% satisfaction rate among people we support demonstrates a consistently high standard of care, with scores remaining stable compared to previous years. In contrast, satisfaction among professionals has increased significantly, reaching the highest level ever recorded in MDS services since the introduction of our annual surveys. This improvement highlights our ongoing commitment to trauma-informed, person-centred support, the positive impact we continue to make in people's lives, and our efforts to enhance collaboration across the sector.

The 100% professional satisfaction rate is particularly significant for funding relationships. Professionals, including social workers, immigration advisors and healthcare providers, are the eyes and ears of the whole system. Their confidence in SJOG signals that our services deliver on contractual obligations while maintaining the values that make support genuinely transformative. This trust strengthens the broader ecosystem of support for people who were subject to trafficking or exploitation, enabling more effective multi-agency collaboration and, ultimately, better outcomes for the people commissioners are responsible for protecting.

For full satisfaction data, see the Satisfaction Survey 2025 Report
https://sjog.uk/pdf/publications/Satisfaction_Survey_221025v2.pdf

"SJOG really help me a lot for providing safe housing; I am so much happier, and I pray God bless them. The staff listen to my concerns, issues and problems. There is care for one another in the house."

YEAR-ON-YEAR ANALYSIS

Indicator	2024	2025	Change
Total move-ons	343	714	+108.2%
Successful move-ons	302 (88%)	685 (96%)	+8 percentage points
Average length of stay	9 months	13.48 months	+4.48 months

HOMELESSNESS SERVICES

CONTEXT AND MISSION

The UK homelessness crisis continues to intensify. In 2024, an estimated 4,667 people slept rough on a single autumn night, a 20% increase on 2023 and 164% higher than 2010 levels. In London alone, 13,231 people were recorded sleeping rough between April 2024 and March 2025 - a 10% rise on the previous year. Nearly 300,000 families and people in England are now experiencing the worst forms of homelessness, with households in temporary accommodation exceeding 131,000.

Homelessness is linked to poor mental health, substance misuse, trauma and premature death. Many people fall through the cracks of mainstream services, especially those with complex needs or no recourse to public funds (Crisis, 2025; CHAIN, 2025; House of Commons Library, 2025).

Our Mission: For homeless people to improve their health and wellbeing and reduce their risk of returning to the streets.

SJOG operated Olallo House in North London, a 33-bed specialist accommodation service supporting people experiencing homelessness who also have complex health needs, including tuberculosis and recovery from modern slavery or trafficking.

Our services can address a critical gap in the health and housing system. While a NHS hospital bed costs around £500 per night, our accommodation is significantly cheaper at £120 per night, and offers comprehensive support, including health management and life skills coaching. Our step-down model allows homeless patients to complete medical treatments, especially for tuberculosis, where treatment abandonment risks drug-resistant strains that pose a public health risk. Investment in a service like Olallo House supports public health infrastructure in the area.

Homelessness	**Need:** With rough sleeping in the UK up 20% in a year and nearly 300,000 people enduring the worst forms of homelessness, urgent action is needed to address rising homelessness rates and the severe health and social harms faced by those affected.		**Mission:** For homeless people to improve their health and wellbeing and reduce their risk of returning to the streets.
Inputs	**Activities**	**Outputs**	**Outcomes**
- Commissioning package from contractors - Person-centred holistic support - External professional support for people we support - Skilled colleagues trained in trauma informed support - Internal learning and development frameworks - Governance systems and frameworks - LOVED – Benefits programme for colleagues - Appropriate and safe property to fulfil basic living needs of the people we support - Finance and funding	**Personal** - Co-produced journey plan - Risk assessments and needs based assessments - Health management and direct treatment observation - Coaching and one to one support: life skills, financial skills, education, employment preparation, and immigration - Trauma informed support and mental health support - Substance misuse support - Reducing offending activities support - Leisure and learning activities to complement recovery - Support to access social networks	**Personal** - Improved personal goals and independence through a person-centred care plan (SJOG model) - Successful exits from service with a clear move on plan	**Personal** - Increased independence, health awareness, and fulfilment to move on - Increased safety and chances of staying off the streets
		Operational - Increased access to safe spaces and positive risk taking through robust safeguarding - Improved learning opportunities for a Multi-skilled workforce with breadth and depth of knowledge	**Operational** - Consistent and robust services resulting into better support - Accredited services under different awards and recognised accreditors
	Operational - Referrals for admissions and hospital discharges - Signposting to services and support organisations (ESOL, legal advice, health) - Team meetings: debriefings and planning. - Chaos management - Colleagues' learning and development pathways (TIC) - Quality assurance checks - Satisfaction surveys with all stakeholders - Analysis of clients' move on data - Finance review meetings	**Strategic** - Sustainable service that responds to the needs of individuals - Quality of service delivery and operations increases (Best practice frameworks)	**Strategic** - Providing efficient services to reduce people's vulnerability to relapsing in rough sleeping - Infrastructure of services improves to increase support for rough sleepers - Ensured quality of support to become provider of choice for future services

Theory of Change for Homeless Services

IMPACT ACHIEVED IN 2025

PERSONAL LENS

Output 1: Improved Personal Goals Through Person-Centred Care Plans

At Olallo House we supported 57 people who experienced homelessness in 2025, maintaining co-produced journey plans addressing health management, mental health, substance misuse, life skills, immigration status and social connections - all crucial aspects of recovery and breaking the cycle of rough sleeping.

Number of people supported

Referral Source	Referred	Accepted
NCL (Hospital Stepdown NHS)	36	36
Mental Health	30	16
Adult Social Care (Camden)	3	3
St Mungo's	2	2
Total	**71**	**57**

Access to support

Access to Support	Number
GP registration complete	50
Therapy or mental health support	21
Substance use support	11
Migration status and legal	40

Support provided

Support Delivered	Hours/Ratio
1-to-1 support hours	1,581
Group hours	165
Total support hours	1,746
Average hours per person	56
Project worker to client ratio	1:5

These data highlight the importance of specialist homelessness support and the need for expanded provision. From 71 referrals, Olallo House supported 57 people. Our bed capacity averaged 90% occupancy throughout the year (30 of 33 beds), with some beds allocated to the modern-day slavery and trafficking contract. Some mental health referrals required more intensive support than we could provide, prompting reflection on future partnerships to address complex mental health needs.

To illustrate the impact of the hours delivered, the care plans, and the results of people accessing the services and support they need (e.g. GP and therapy) we have the following case study:

Story: Recovery through integrated support

[B], a 63-year-old Chinese national, was referred to Olallo House in April 2021 following a safeguarding alert during tuberculosis treatment. Clinicians identified signs of vulnerability and possible exploitation. [B] had arrived in the UK under false promises of work, with no legal status and no access to safe housing or healthcare. Through compassionate, culturally sensitive support, trust was gradually established. They completed their six-month TB treatment, regained independence by cooking for themselves, managing finances, and participating in communal activities. Their project worker helped them register with a GP and dentist, obtain an HC2 certificate for free prescriptions, open a bank account, and access subsistence support. With informed choice and careful planning, [B] decided to pursue Voluntary Return to China. In March 2025, they returned safely and were reunited with their family.

[B]'s story illustrates the public health value of specialist homelessness support. Had [B] abandoned TB treatment, a common outcome when people are discharged to the streets, they would have posed ongoing infection risk and likely required more intensive (and expensive) intervention later. By completing the full six-month course in stable accommodation, [B] protected both their own health and that of the wider community. For NHS commissioners, this is the return on investment in step-down care: completed treatments, freed hospital beds, and reduced long-term healthcare costs.

Output 2: Successful exits with clear move-on plans

A planned positive move-on occurs when the people we support secure safe, stable accommodation with appropriate support to maintain their health and reduce their risk of returning to the streets. Our move-on plans are developed collaboratively, ensuring people have housing, financial arrangements, ongoing healthcare access and community connections in place.

Exits from service

Period	Q1	Q2	Q3	Q4
Planned positive moves	17	14	22	13
Unsuccessful moves	1	2	0	0
Total positive move-ons	**66**			

Average length of stay was 75.5 days, with 17 people requiring longer stays due to unresolved immigration issues, complex support needs, or no one else being able to help them. The length of stay varies based on funding available and the type of referral, which usually responds to a need. For example, a person referred from hospital to finish TB treatment will stay until the treatment is completed (about 6 months). SJOG explores all options for those not ready to move on and this is reflected in our positive move-on numbers and case studies.

Story: Mental health pathway to stable housing

[K], originally from Iraq, arrived in the UK by boat in 2021. They live with severe mental illness, substance misuse, and a chronic vascular condition causing leg swelling, deep vein thrombosis and frequent fainting. When homeless, [K] lost access to medication and mental health support, resulting in rapid deterioration and repeated hospital admissions, five admissions over a short period. Their situation was compounded when they became a failed asylum seeker with no recourse to public funds. Periods of homelessness led to missed medication, mental health relapse, and worsening symptoms. At Olallo, we supported [K] through a reassessment and application to Section 10 support, which followed with access to Home Office accommodation providing stability and safety. With housing in place, [K] was able to re-engage with mental health services, resume medication, and begin addressing their wellbeing consistently.

Recovery from homelessness involves more than physical health; it requires rebuilding confidence, social connections and skills. At Olallo House, we support people to engage in meaningful activities that promote wellbeing and prepare for independent living. In 2025, six people entered work and two entered or prepared for education. While this represents 14% of those supported, these outcomes are significant given that most people we support face substance use or mental health challenges that require extended recovery periods before they can engage with employment or education.

Story: Creativity as recovery

[A] is a British citizen in their mid-forties with chronic pain from multiple physical health conditions and a history of paranoia and persecutory beliefs. Formerly an art director, they are no longer able to work due to pain but continue to value creativity and purpose. Despite their challenges, [A] consistently engaged with clinical services and weekly person-centred support from a key worker. They expressed a strong desire to remain independent and contribute to their community. This was reflected in their decision to run weekly art classes for other residents, which strengthened relationships and improved their sense of purpose. Following reassessment, [A] was placed in a Private Rented Scheme with outreach support, providing long-term stability while enabling them to continue their art classes.

[A]'s story demonstrates this powerfully: despite chronic pain and mental health challenges, they established weekly art classes for residents, creating social connection and purpose for themselves and others. This peer-led activity illustrates how people we support contribute to the community, building confidence and skills that support successful move-on.

OPERATIONAL LENS

Output 3: Increased access to safe spaces and robust safeguarding

Health and Safety Audit	Q1	Q2	Q3	Q4
Average score	94%	95%	93%	92%

Following the minor decline in Q3-Q4 scores, we prioritised investment in infection control and fire safety measures. Environment-related incidents totalled 1, while behavioural incidents numbered 18. Issues identified included a blocked tumble dryer duct, which was promptly resolved.

Creating a safe environment at Olallo House means more than physical security. It requires balancing robust safeguarding with opportunities for positive risk-taking that build confidence and independence. People experiencing homelessness often face significant trauma, and our trauma-informed approach ensures safety while promoting autonomy.

This balance matters enormously to commissioners and funders concerned with both immediate outcomes and long-term costs. People who experience homelessness are six times more likely to use A&E services and stay twice as long when admitted to hospital. By providing stable, therapeutic accommodation that enables people to manage their health proactively, Olallo House helps break this cycle of crisis and costly emergency intervention.

Every successful move-on represents one fewer person likely to present repeatedly at hospital, freeing NHS capacity for others and demonstrating that upstream investment in specialist housing prevents downstream costs across the health system.

Output 4: Multi-skilled workforce development

Mandatory Training	Q1	Q2	Q3	Q4
Completion rate	96%	98%	96%	91%
New colleagues	1	0	0	2

Our colleagues at Olallo House bring specialised skills in trauma-informed care, health management, mental health support, substance misuse, immigration advice, and community engagement. This breadth and depth of knowledge enables integrated support, that addresses the complex and interconnected needs of people experiencing homelessness.

This year the team benefited from face-to-face training from NHS partners, receiving bespoke training on working with people with mental health conditions and attending workshops on assessing and managing risk. This has improved team input into assessing new referrals, as a learning from the mental health referrals that were not accepted, we took action so colleagues are more confident, and we can be of more help to more people moving forward.

"I believe this (face to face training) is especially important in cases of personal safety. It helps colleagues feel more confident when approaching or finding themselves in difficult situations." Service manager

STRATEGIC LENS

Output 5: Replicable service model

The sustainability of a homeless service like SJOG's, is reflected in the stability of our trained, trauma-informed colleagues, consistent health management protocols, and high health and safety standards. All these create predictable and reliable support. People we support can trust that their project worker will provide culturally sensitive, non-judgmental care which is essential for building the therapeutic relationships that enable recovery from homelessness and trauma.

Budget management in 2025 required careful navigation of reactive maintenance costs and client travel expenses for health appointments. In response, budgeting for 2026, will be revisited to align with these changing needs and keeping quality standards.

For full quality analysis, see the Annual Quality Report (2025)
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

Output 6: Quality of service delivery

This year we can highlight the additional activities and establishment of a partnership with the St Martin-in-the-Fields Orchestra. Partnerships are an example of good practice and in this case, one which resulted in the delivery of music workshops for the people we support. This initiative created meaningful social engagement opportunities, skills development, and significantly enhanced the wellbeing of participants. Six workshops were delivered with an attendance between 3 - 8 people each time.

Satisfaction Metric	2024	2025	Change
People we support	93%	90%	-3%
Professionals	93%	100%	+7%
Overall quality	80%	88%	+8%

The slight decrease in satisfaction among the people we support highlights the ongoing need for dedicated efforts to maintain high standards. Feedback shows that despite operational challenges associated with the age of the building, the people we support consistently describe the environment as friendly and comfortable. This reflects our colleagues' dedication to creating a welcoming space under demanding conditions. Meanwhile, satisfaction levels among professionals and overall quality have both increased, indicating that our team's applied learning and adoption of best practice are having a positive impact.

"Staff make me feel safe."
"Most of the staff are very polite and very welcoming."
"Most of the staff are very respectful."
"Helpful, nice and supportive staff."

For full satisfaction data, see the Satisfaction Survey 2025 Report
https://sjog.uk/pdf/publications/Satisfaction_Survey_221025v2.pdf

YEAR-ON-YEAR ANALYSIS

2025 represents the first year of comprehensive impact reporting for our homelessness services. The data establishes a baseline for future comparison, demonstrating strong professional satisfaction (100%) and high move-on success rates (66 positive moves from 57 new people supported, indicating some people were retained from previous years but moved on in 2025).

As this baseline develops, we anticipate being able to demonstrate cumulative value to funders: people who complete their stay at SJOG's homeless service and move on successfully are less likely to return to rough sleeping, less likely to require emergency healthcare, and more likely to engage constructively with community services. For the NHS and Local Authority commissioners, this represents a shift from reactive crisis management to proactive, preventive care, the model increasingly recognised as both more effective and more sustainable.

DISABILITY SERVICES

CONTEXT AND MISSION

People with learning disabilities and autism continue to face substantial obstacles to living independently and being fully involved in their communities. Although one in five people in the UK lives with a disability, many encounter entrenched barriers to accessing housing, employment, and meaningful participation in community life. All too often, disabled voices are absent from service design, resulting in support that can feel impersonal, inaccessible, or disempowering.

Many individuals don't get sufficient support and opportunities to build and improve life skills; many experience social isolation, endure physical environments that do not meet accessibility standards, and have limited access to vital assistive technologies that can improve their lifestyles and wellbeing. According to NHS England, as of December 2025, there were 2,030 people with learning disabilities and autism in mental health hospitals. Half of current inpatients have been in hospital for over two years, and 30% for more than five years, despite ongoing national commitments to a shift towards community-based care (NHS England, 2025).

A good case example is the North Tyneside Council's Adult Social Care strategy which is dedicated to enabling adults with learning disabilities to live independently, with the borough surpassing the national average in this regard. Our Disability Services in the area actively support this goal by delivering person-centred care plans, providing active support, and implementing Positive Behaviour Support, thereby empowering people to remain within their community, whether at home or in our accommodation services, instead of being admitted to hospital. This approach demonstrates that investment in SJOG's work within North Tyneside directly advances the Council's priorities. More broadly, our commitment to aligning our outcomes with those of our funders, commissioners and donors ensures that together, we achieve a wider and more lasting impact.

Our Mission: For people with disabilities to live as independently as possible and be included in their community and the place they call home.

SJOG operates eight disability services across England, supporting 117 people with learning disabilities, autism, complex health needs and behaviours that challenge through residential care homes, supported living, and community day opportunities.

Disability services	**Mission:** For people with disabilities to live as independently as possible and be included in their community and the place they call home.	**Need:** There are 2,030 people with learning disabilities and autism in mental health hospitals in England, with half remaining for over two years and 30% for more than five, highlighting persistent barriers to independent living, inclusion, and access to appropriate community-based support.	
Inputs	**Activities**	**Outputs**	**Outcomes**
- Local Authority's commissioning package - Person-centred active support - Circle of support (i.e. family members and professionals) - Skilled colleagues - Internal learning and development frameworks - Practice leadership - Governance systems and frameworks - LOVED – Benefits programme for colleagues - Appropriate property and suitable environment to meet persons' needs - Finance and funding	**Personal** - Local Authority's assessment and care plan - SJOG assessments (risks and needs, functional, PBS) - Co-produced support - Health and wellbeing activities - Life skills support and related activities - Assistive technologies (i.e.: eye gaze technology) - Providing community and social engagement with schools, universities, cafes, and churches. - Behaviour management **Operational** - Clinical supervision and audits (CQC, infection control) - Use of quality frameworks to ensure best outcomes in audits and inspections - Team meetings: debriefing and planning (health care and end of life) - House maintenance and safety checks (environment and health, fire safety, etc) - Colleagues' learning and development pathway and specific disabilities, service and person training (i.e. condition related training) - Satisfaction surveys with all stakeholders, especially the people we support - Analysis of people's data (incidents and accidents, satisfaction data, improvement and feedback) - Finance review meetings	**Personal** 1. Improved personal goals and skills though a person-centred care plan (SJOG model) tailored to respond to specific needs. 2. Increased engagement in lifestyle and access to opportunities and activities of choice 3. Reduced PRN levels and reduction in risky behaviours **Operational** 4. Increased opportunities for people to take positive risks through a safe physical environment and robust safeguarding 5. Improved learning opportunities for a Multi-skilled workforce **Strategic** 6. Sustainable service that responds to the specific needs of individuals 7. Quality of service delivery and operations increases (Best practice frameworks)	**Personal** - Improved quality if life independence and wellbeing = Happiness (Health and well-being) - Improved identity and self-worth, and feeling of empowerment and fulfilment Raised confidence, self-esteem, and self-believe. (Purpose) - Not feeling/being disadvantage Increased advocacy and self-advocacy helping increase inclusion and equality in their environments and communities (Relationships) **Operational** - Consistent and robust service resulting into better support - Providing efficient services to stop people returning to long term hospital (or other scenarios where they are vulnerable) Reduce hospital admission (early intervention) **Strategic** - High satisfaction ratings making SJOG a provider of choice for future services - High quality ratings and accretions for best practice - Replicable service models to help improve local infrastructure and increase choice for people with complex needs

Theory of Change for Disability Services

IMPACT ACHIEVED IN 2025

PERSONAL LENS

Output 1: Improved personal goals and skills

Across our eight disability services, we supported 117 people in 2025 (41 in residential care, 37 in supported living, 39 at Woodhall Community Centre), maintaining co-produced person-centred care plans for each individual and delivering active support throughout the year.

Every person we support has a person-centred care plan co-produced with them, their family and professional circle. These plans are tailored to respond to specific needs, incorporating local authority assessments with SJOG's functional assessments, risk assessments, and Positive Behaviour Support (PBS) plans where needed.

	New 2025	Retained 2024	Total
Number of people supported	16	101	**117**

Each referral to our disability services undergoes thorough assessment to determine the most appropriate support. Unsuitable placements or prolonged hospital stays can significantly harm a person's health and wellbeing. We focus on ensuring everyone receives the right placement and tailored support, helping to prevent unnecessary hospital admissions.

Story: Transformation through proper placement

[M] moved into our service in March 2025 after living independently for over 20 years following their parents' passing. As a type 1 diabetic, they were eating unhealthy, uncooked foods and drinking excessive sugary drinks, becoming forgetful and locking themselves out regularly. After a fall where they lay on the floor for 12 hours until carers arrived, [M] spent 120 days in hospital despite being medically fit for discharge. Service finders couldn't find a suitable placement for someone with schizophrenia and challenging behaviours until they referred them to SJOG. On their first full day with us, which was their birthday, they woke to decorations, presents and cake. Overcome with emotion, [M] said they had never celebrated their birthday before. Since joining us, their diabetes has improved considerably, they are happy and settled with all needs met, enjoying the companionship of fellow residents and colleagues. A learning disability nurse who has known [M] for 20 years said, "I can see them flourishing under SJOG's care."

[M]'s story powerfully illustrates what funders gain from investing in specialist learning disability services. Before joining SJOG, [M] occupied a hospital bed for 120 days despite being medically fit. This is a significant cost to the NHS and, more importantly, a harmful experience for someone who needed community support rather than clinical containment. The transformation in [M]'s diabetes management, happiness and quality of life demonstrates that the right placement and with the right provider, changes everything. For organisations seeking to reduce inappropriate hospitalisations while improving outcomes, this is the value proposition: people flourishing in community settings rather than languishing in hospitals that cannot meet their needs.

To accomplish this, we offer tailored support and create specific interventions to help each person reach their individual goals, with clear ways to track progress and show positive impact. Sustaining these changes leads to better health and wellbeing over time.

Here are two successful interventions from this year and hopefully ones that will be maintain in a longer term:

Enhancing assistive technology to track seizures and improve epilepsy treatment: In 2025, we strengthened our use of assistive technology by working with specialists to ensure equipment was properly fitted and staff were trained to utilise its full potential. By implementing advanced epilepsy monitoring, we discovered one individual was experiencing far more seizures than previously identified. This new insight enabled more precise adjustments to medication and informed further treatment decisions, resulting in a more effective management plan. The intervention has already brought increased independence, dignity and better safeguarding for the person. This marks the beginning of an ongoing process to refine treatments and medications, promising further improvements to their quality of life in the long term.

Weight loss management: To address the weight gain risk associated with their medication, one tenant is supported through regular physical activities such as swimming and dancing, alongside collaborative meal planning for a healthier diet. They are closely involved in tracking their progress by participating in weekly weigh-ins, as requested. These interventions have helped them maintain a more active lifestyle and keep their weight under regular review with the learning disability team. If these supports are sustained, the tenant is expected to better manage their weight, remain healthy, and reduce the risk of becoming overweight in the long term.

Output 2: Increased engagement in lifestyle and activities

People we support participated in a wide range of activities based on their interests and goals. Activities spanned physical exercise, creative pursuits, community engagement, social events, and personal enrichment opportunities. Highlights included:

- Wheelchair exercise classes: 8 people participated in sessions with a personal trainer specialising in wheelchair-adapted exercises, building strength, fitness, and social connections while promoting feelings of belonging.
- Pamper sessions: 1-to-1 relaxation sessions including hand massage for a bed-bound resident, avoiding loneliness and providing meaningful staff interaction.
- Annual holiday: 3 tenants with 4 staff support travelled to Butlins - an activity residents request every year in meetings, showing sustained interest and joy.

Total activities signposted to other organisations: 16 (including 3 for employability, 6 for community activities, and 3 for educational opportunities).

Additional from leisure and lifestyle activities, we have a focus in helping the people we support develop practical skills. This supports them to build confidence and work toward meaningful personal goals. Skills taught in 2025 included cooking, IT, employability skills, physical mobility, independent living tasks, communication and community engagement.

Three highlights of **Learning Goals Achieved in 2025** are:

- Employability development: [R] built IT skills through group sessions and 1-to-1 training, completed money handling roleplays, and now volunteers in a charity shop - crediting their confidence growth to the service support.
- Cooking independence: [M] had social anxiety and declined cooking sessions, only making basic meals with support. Through group pizza making where everyone had individual jobs, then focused 1-to-1 sessions on one skill at a time, [M] now independently makes multiple meals including their favourite fried breakfast.
- Physical mobility: After noticing declining weight-bearing ability in [J], we referred them to physiotherapy who assessed for a stand aid. [J]'s strength improved greatly, mood lifted with visible sense of achievement, and they now actively seek out scheduled stand aid time, showing this is very meaningful to [J].

These outcomes matter because they represent genuine progression toward independence, reducing long-term support needs and costs, while enriching people's lives. When [R] volunteers in a charity shop, they are not only building skills but contributing to their community. When [M] cooks independently, the hours previously required for meal support can be redirected. Investment in providers who develop people's capabilities, like SJOG, is investment that generates ongoing returns through reduced dependency and increased community participation.

Output 3: Reduced restraint and risky behaviours

Measure	Q1	Q2	Q3	Q4
Incidents/Accidents	23	149	91	118
Chemical Restraint (PRN)	2	1	14	0

Our services focus on the least-restrictive ways to support people with behaviours that challenge. By using Positive Behaviour Support (PBS) plans, trauma-informed care and identifying triggers early, we aim to understand and address the root causes of distress. We do not use restricted physical interventions, and in 2025, people we support became more involved in their own safety planning, taking greater ownership of their actions.

One key learning was that understanding root causes helps reduce restraint. At Lindisfarne, [J] moved in needing daily PRN medication after distraction techniques failed. The team found their ongoing distress was due to frequent UTIs from their catheter. After discussions with [J], their family and GP, the catheter was removed, which dramatically reduced UTIs, medication use and incidents, improving their quality of life and wellbeing.

Proactive PBS planning prevented escalation at The Minims, where only one behavioural incident occurred in 2025, with no injuries. Staff reviewed and updated PBS plans with specialist input, started to spot triggers earlier, and followed plans more closely, resulting in no further incidents.

Distraction-based approaches proved effective at Terry Yorath House, which uses no physical or chemical restraint. In Q4, when one person displayed more challenging behaviours, their PBS plan's distraction strategies worked well, showing that alternatives to restrictive practices can succeed.

OPERATIONAL LENS

Output 4: Safe physical environments and robust safeguarding

Health & Safety Audit	Q1	Q2	Q3	Q4
Average score	94%	96%	94%	97%

Key focus areas to improve physical environments and safeguarding in 2025 included legionella control at Woodhall and Terry Yorath House. They both resolved the issues thorough rigorous works and checks until achieving a negative test.

Multiple services replaced fire doors this year improving overall building security. Some services also carried out targeted interventions to reduce environmental risks. For example, North View introduced new equipment and furniture, and at The Minims an uneven garden path was repaired following a near-miss. Until the repair was completed, garden access was safely supervised with additional staff support.

North View's health and safety audits improved significantly, rising from 74% in July 2024 to a 94% monthly average in 2025, reflecting a strong commitment to safety and better living spaces. Only two services reported environment-related incidents, showing that houses are well-suited for people with disabilities.

Safe environments enable residents to move freely, take positive risks such as preparing their own food, and support greater independence and wellbeing. When people feel safe, they are more confident to be independent in their daily lives. For example, after one resident's partial hip replacement, physiotherapy instructed wheelchair use. However, we noticed they could weight-bear with a Zimmer frame for short distances. We encouraged walking to and from dining room, kitchen, and lounge, helping them regain muscle strength and independence. They seem much happier now.

Output 5: Multi-skilled workforce development

Training	Q1	Q2	Q3	Q4
Completion rate	95%	100%	99.2%	97%
New colleagues	7	17	16	8

139 colleagues completed diplomas at various levels, with 21 currently enrolled in courses and 1 in apprenticeship placement.

Key training highlights included colleagues attending specialised workshops based on identified needs such as mental health first aid, diabetes, epilepsy, SALT, bi-polar disorder, and stoma care. This training boosted their confidence and helped them adapt their practices; ongoing development of dysphagia competencies through blended learning and support from experienced champions, ensuring safer mealtimes and new experiences for the people we support; strong leadership development through programmes and qualifications that increased colleagues' confidence and understanding; and clear evidence of training being applied in practice, with staff knowledge recognised by relatives and professionals.

STRATEGIC LENS

Output 6: Sustainable services

Category	Q1	Q2	Q3	Q4
Budgeted hours	43,749	42,825	43,773	45,496
Hours delivered	43,332	42,491	42,025	44,037
Difference	-417	-334	-1,748	-1459

*North View (respite) and supported living services are excluded from this table as their hours are calculated differently and are not directly comparable.

Although the hours delivered this year appeared lower, the numbers in fact highlight our resilience and strategic approach to overcoming unavoidable challenges. Services experienced temporary voids in 2025, such as Balmacellan's year-long vacancy, The Minims' 4-month gap after someone passed away, and Lindisfarne's January to April void, but these were swiftly addressed through proactive action. Contract nuances with certain out-of-area authorities, staffing pressures, emergency hospital admissions and temporary closures for safety and infection control presented further complexities, yet our response was prompt and adaptive, ensuring the continuity of high-quality support.

A particularly positive development followed the Balmacellan void, with a new resident joining and now benefiting from dedicated 1-to-1 support. Across our supported living services, individuals continue to actively shape how they use their 1-1 hours, choosing activities that best support their personal goals and wellbeing. By balancing essential tasks with social opportunities, people maximise their independence and foster deeper engagement with the community, demonstrating the ongoing improvement and flexibility within our services.

One of the most consistent and meaningful data points across all services is the hours of support delivered. This indicator varies year on year and carries different significance for each service area. For example, delivering fewer hours than planned may indicate a positive outcome, such as when a person we support spends time away on holiday with their family.

In Disability Services this year, the variance was largely driven by operational challenges, but the result demonstrates that our services are resilient and strategic in responding to disruption, always keeping people at the centre of care.

For full quality analysis, see the Annual Quality Report (2025)
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

Output 7: Quality of service delivery

In 2025, there have been several notable achievements reflecting our commitment to quality and person-centred care. Dalby View demonstrated exceptional audit performance, achieving a follow-up score of 97% in the Middlesbrough Local Authority audit, an improvement from the initial 86%. This result underscores the management's responsiveness and the effectiveness of our quality care plans for people supported under local authorities commissioning.

North View has excelled in providing emergency respite, welcoming an increased number of guests and earning highly positive feedback from both families and professionals. North View's role as an emergency respite provider illustrates SJOG's value to the regional commissioning ecosystem. When families face crisis or planned respite falls through, SJOG offers trusted, short notice stays that prevent escalation to hospital admission or family breakdown. Positive feedback from professionals shows SJOG fills a critical gap, providing funders with a reliable partner who responds flexibly to unpredictable need. This support helps families continue caring and maintain their wellbeing, reducing the risk and costs of permanent residential placement.

The Minims made a significant impact by accepting two people who had previously been placed in unsuitable settings elsewhere. Both were described as challenging and non-compliant, however, through our specialised learning disability service and skilled staff, they underwent a remarkable transformation, receiving excellent feedback from their families and professionals.

At Dalby View, the focus on recruiting staff who are genuinely suited to SJOG and the service has paid dividends ensuring future retention and building a dedicated and supportive team. This approach not only boosts morale but also enhances the quality of support delivered to the people we serve.

Special recognition in 2025 goes to a person with autism who was nominated for the National Autism and Learning Disabilities Awards. With support from colleagues, they planned their journey independently and took positive risks, travelling out of town on their own for the first time. Additionally, one of our managers was a finalist for the National Learning Disability and Autism Service Manager Award, reflecting leadership excellence across our services.

Satisfaction Metric	2024	2025	Change
People we support	96%	94%	-2%
Families	96%	100%	+4%
Professionals	100%	100%	Stable
Overall quality	90%	94%	+4%

These results demonstrate that our Disability Services continue to deliver high-quality, person-centred support that meets the expectations of people we support, their families and professionals. For commissioners, 100% satisfaction among families and professionals is particularly significant as it indicates that SJOG is not only meeting contractual requirements but earning the trust that enables effective partnership working. Families who trust their relative's provider engage constructively in care planning. Professionals who trust the service refer confidently. This trust creates a virtuous cycle: better referrals, smoother transitions, more effective multi-agency collaboration and ultimately better outcomes for the people funders are responsible for supporting.

For full satisfaction data, see the Satisfaction Survey 2025 Report
https://sjog.uk/pdf/publications/Satisfaction_Survey_221025v2.pdf

"SJOG provides excellent care and makes me happy."
" They listen to my ideas at residents' meetings."
"I feel valued."
"The staff are very kind and help me around my home; I love living here."

YEAR-ON-YEAR ANALYSIS

Year-on-year trends in Disability Services show continued improvement in satisfaction levels. Family satisfaction rose by 4 percentage points to 100%, highlighting our partnership with families as co-producers of care. Professional satisfaction also reached 100%, affirming our person-centred approach aligns with best practice and local authority standards. Satisfaction among those we support dipped slightly by percentage points to 94% but remains above our 90% target.

The Quality Report 2025 notes that three out of eight services (Balmacellan, The Minims, and Northern Supported Living) achieved both above-KPI quality (95%+) and 100% satisfaction. The 171 compliments received in 2025 reflect high trust from families and professionals. Our overall quality average of 93.3% shows resilience despite financial and recruitment challenges. North View's health and safety audit improved from 74% to 94%, illustrating ongoing improvement. The introduction of respite in South Tyneside and strong referral activity (35 referrals, 98% occupancy) further demonstrate sustained demand for our services.

COMPLEX NEEDS SERVICES

CONTEXT AND MISSION

People with complex needs, defined as people with two or more conditions including autism, learning disability, visual impairment or hearing impairment, face unique barriers in daily life. Over 700,000 people in the UK are autistic, many with co-occurring conditions or complex support needs. Research estimates 1.6 million people in the UK have complex needs and is projected to reach 2 million by 2029. Autistic people face disproportionately high risks of mental health challenges. Between 11% and 66% of autistic adults have contemplated suicide, and up to 35% have made plans or attempts.

NHS England data shows 2,030 people with learning disabilities and autism remain in mental health hospitals as of December 2025, with 50% having stayed over two years, despite national commitments to community-based care. Of these, 1,410 (69%) are autistic. The number of autistic people without a learning disability in hospital has increased by 84% since 2017, highlighting a growing but often overlooked need (NHS England, 2025).

For commissioners, the growing population with complex needs presents both challenge and opportunity: more people needing specialist support at a time of constrained resources, but also the chance to invest in providers who can genuinely meet complex needs in community settings, preventing the costly hospital admissions that remain stubbornly high.

With up to 66% of autistic adults having contemplated suicide, getting support right is vital for safeguarding lives. When SJOG's Complex Needs Services achieve stable placements, reduced restraint and improved quality of life, commissioners see their investment prevent crisis, protect vulnerable people and prove that community alternatives to hospital are both possible and preferable.

Our Mission: For people with complex needs to live as happily as possible in the community they call home and remain out of hospital as much as possible.

SJOG operates three registered care homes and supported living arrangements specifically designed for people with complex needs. Our services are NAS-accredited and shaped by lived experience, clinical insight and a commitment to dignity, with person-centred support driven by each person's unique combination of needs, strengths and aspirations.

Complex needs services	**Mission:** To provide effective support that helps people with complex needs to live as free as they possibly can in the community, they call home.	**Need:** With 1.6 million people in the UK living with complex needs and projected to reach 2 million by 2029, and over 2,000 individuals with learning disabilities and autism still in mental health hospitals, there is an urgent need to address the barriers faced by autistic people and those with co-occurring conditions.	
Inputs	**Activities**	**Outputs**	**Outcomes**
- Local Authority's commissioning package - Person-centred active support including positive behaviour support (PBS) - Circle of support (i.e. family members and professionals) - Skilled colleagues - Internal learning and development frameworks - Practice leadership - Governance systems and frameworks - LOVED – Benefits programme for colleagues - Appropriate property designed around autism capable environment - Digital technology - Finance and funding	**Personal** - Local Authority's assessments and care plans inspections - SJOG assessments (needs, functional, PBS) - Risk assessments - Co-produced support - Daily routine support and care (including medical) - Delivery of leisure and well-being activities, and therapies **Operational** - Clinical supervision and audits (CQC, infection control) - Team meetings: debriefing and planning - House maintenance and safety checks (environment and health, fire safety, etc) - In-vivo training for colleagues - Colleagues' learning and development pathway and specific disabilities/autism trainings - Satisfaction surveys with all stakeholders - Analysis of people's data (progress, incidents and accidents) - Finance review meetings	**Personal** - Improved personal goals and skills though a person-centred care plan (SJOG model) tailored to respond to specific needs. - Reduced PRN levels and reduction in risky behaviour **Operational** - Increased opportunities for people to take positive risks through a safe physical environment and robust safeguarding - Improved learning opportunities for a Multi-skilled workforce **Strategic** - Sustainable service that responds to the specific needs of individuals - Quality of service delivery and operations increases (Best practice frameworks)	**Personal** - Improved quality if life independence and wellbeing = Happiness (Health and well-being) - Better engagement with people: families and communities (Relationships) - Better engagement in meaningful activities (Purpose). **Operational** - Consistent and robust service resulting into better support - Providing efficient services to stop people returning to long term hospital (or other scenarios where they are vulnerable) **Strategic** - High satisfaction ratings making SJOG a provider of choice for future services - High quality ratings and accretions for best practice - Replicable service models to help improve local infrastructure and increase choice for people with complex needs

Theory of Change for Complex Needs Services

IMPACT ACHIEVED IN 2025

PERSONAL LENS

Output 1: Improved personal goals and skills through person-centred care plans

Each person SJOG supports has a personalised care plan developed with them and their support network, adapting as their needs change. The number of people with care plans demonstrates progress toward personal goals, while strong retention shows satisfaction with their care and support.

Indicator	Number
New people in service	2
People retained from last year	11
Total people supported	**13**

A key indicator in complex needs services is the Autism Quality of Life (ASQoL) assessment, a bespoke tool developed internally by SJOG to provide structured insight into how well services are supporting autistic individuals. In 2025 we continue to implement it across accommodation services, with 5 of 12 people now having ASQoL data. All three people with longitudinal data (from 2023) at The Old Vicarage remained stable with minor increases, reflecting the consistent team committed to supporting each person's unique needs and helping them have better quality of life.

Person	2024 final measure	2025 final measure	Percentage increase in Quality of Life
1	130	132	+1.54%
2	141	145	+2.84%
3	130	137	+5.38%

Highlights from increased quality of life and skills this year were: [N] spent a day at Flamingo Land with their extended family, something they would not have managed previously. [J] developed coping skills enabling them to go on a week's holiday to Spain with their mother and sister. Finally, [M] continues to enjoy diverse activities and is slowly increasing the number of foods they will eat. All these accomplishments for the people we support mean they have gained agency and independence to pursue the things that make them happy, ultimately translating into a better quality of life.

These quality-of-life improvements, while modest in percentage terms, represent transformative changes for the people we support. For someone with autism and complex needs, the ability to spend a day at Flamingo Land with extended family, or to travel abroad on holiday, may have seemed impossible before receiving the right support. These are the outcomes that matter most to the people themselves and they are outcomes that funders should value highly. Each increment in quality of life reduces the likelihood of crisis, challenging behaviour driven by unmet needs, and the intensive interventions that follow. Investment in services that systematically measure and improve quality of life is investment in stability, prevention and genuine person-centred outcomes.

The goal for 2026 is to increase participation in the ASQoL assessment and have a baseline for most, or all, the people we support in complex needs area. This is a great way to evidence the impact SJOG's services have in the lives of the people we support, and one that respects individual needs and desires.

Output 2: Reduced levels of restraint and risky behaviour

Restrictive practices should always be a last resort. SJOG is committed to positive behaviour support and works closely with the Restraint Reduction Network (RRN) to ensure ethical, person-centred practice.

Indicator	Q1	Q2	Q3	Q4
Incidents/accidents	192	173	236	151
Chemical restraint (PRN)	12	7	30	24
Physical interventions	124	98	93	43

Physical interventions dropped by 65% from Q1 (124) to Q4 (43), showing that staff use fewer holds thanks to improved planning and response. This reduction is a significant achievement for all involved, most importantly the people we support, who now experience less distress and greater dignity, and for commissioners investing in ethical, best-practice care. The Restraint Reduction Network standards guiding our work are increasingly recognised as the benchmark for quality in learning disability and autism services. When commissioners observe sustained reductions in restrictive practice, it proves their investment is delivering support that respects people's rights while managing risk. This is the standard the sector is moving towards, and SJOG is proving it is possible in practice.

There has also been a shift away from supine holds, which are more restrictive, compared to last year. The intensity and duration of incidents for one individual have greatly reduced, demonstrating effective incident support and quicker recovery.

Lessons learned in team meetings have led to reflection on peer-to-peer assaults, once a concern in Q1. Staff are using the environment more proactively to safeguard and manage risk.

Q3 saw much less intensity in incidents overall, and one individual who is quite unpredictable had zero incidents this quarter, demonstrating excellent person-centred support, proactive interventions, and the environment enabling sensory and autism needs.

The Q3 rise in PRN was partly explained by [N]'s stopping long-term psychotropic medication through the STOMP programme, a positive step for their health, though increased activity levels and sensory overload, previously masked by the medication, required adjustment. The team is now considering an ADHD assessment to ensure needs continue to be met. Finally, another highlight was that at the Old Vicarage, PRN medication was only used once during the year, and physical interventions remained low and steady.

OPERATIONAL LENS

Output 3: Increased access to safe spaces and community engagement

Health and Safety Audit	Q1	Q2	Q3	Q4
Average score	90%	92%	91%	93%

People with complex needs have the right to safe, well-maintained environments that meet their sensory and accessibility requirements, alongside meaningful community engagement.

This year the highlights are:

Fairfields underwent significant improvements to communal spaces and bedrooms. People report feeling more comfortable, with one person specifically noting their new shower has made daily routines more pleasant. Colleagues at Bede's Close created sensory-friendly spaces for the people we support to retreat when overwhelmed. Residents at The Old Vicarage continue to benefit from its purpose-designed layout with quiet zones, sensory rooms and accessible outdoor areas.

Community engagement was enhanced through activities including family visits and holidays (Flamingo Land, Centre Parcs, Spain), therapeutic activities (sensory circuits, swimming, art, music therapy), and engagement with cafes, shops and leisure centres.

Safeguarding: All colleagues completed mandatory safeguarding training, meeting SJOG's 95% target and guaranteeing robust safeguarding is embedded in our daily practice.

Output 4: Multi-skilled workforce development

Mandatory Training	Q1	Q2	Q3	Q4
Completion rate	98.5%	95.5%	98.5%	98%
New colleagues	1	0	0	2

Two colleagues completed the Positive Behaviour Support (PBS) Champions course in 2025 and making it 9 champions in total undertaking functional behavioural assessments. At Fairfields, we embedded Positive Approaches to Capable Environments (PACE) instructors/coaches that helped transformed practice. Colleagues can now access support immediately when behaviours escalate and receive in-the-moment coaching.

Other key highlights from learning and development of colleagues were 31 completed diplomas at any level, 32 are enrolled in courses, 2 completed apprenticeships and 2 are ready to start an apprenticeship in 2026.

STRATEGIC LENS

Output 5: Sustainable services

Category	Q1	Q2	Q3	Q4
Budgeted hours	30,067	30,760	32,715	36,760
Hours delivered	31,620.5	32,049	34,553.5	36,282
Difference	+1,553.5	+1,289	+1,838.5	-478

Throughout 2025, our services navigated a mix of budgetary challenges and positive developments. Bede's Close faced budget pressures and unexpected costs. However, [R]'s growing confidence meant support reduced from two staff to one, an important step in their independence.

At Fairfields, a deputy service manager vacancy created surplus funds for staff retention. More support hours were delivered than planned, as colleagues covered additional shifts due to staff sickness and annual leave, ensuring ongoing, high-quality care. Finally, the Old Vicarage dealt with a deficit from a prolonged void but saw an increase in hours in Q3 when a new resident joined. In Q2, hours dipped slightly as one individual went on holiday - another milestone requiring months of preparation and demonstrating person-centred planning.

Despite these challenges, we remain committed to keeping people well and stable, providing the support they need, and ensuring our workforce is capable and fairly compensated. Our resilience, adaptability, strategic planning, and adaptations after challenges and accomplishments from the people we support, enable us to continue delivering high-quality care that makes a genuine difference.

For full quality analysis, see the Annual Quality Report (2025)
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

Output 6: Quality of service delivery

SJOG puts ‘Right Care, Right Support, Right Choice’ and the Restraint Reduction Network standards at the centre of our work. In 2025, we focused on understanding behaviours and reducing restrictions through positive behaviour support, leading to fewer supine holds and more prevention.

The PACE approach boosted staff confidence and enabled more person-centred care, helped by popular refresher sessions that further cut restrictive practices. Creative activities and strong links with medical professionals ensured care was tailored and as least restrictive as possible, highlighting SJOG’s commitment to best practice and positive outcomes.

Satisfaction Metric	2024	2025	Change
People we support	100%	99%	-1%
Families	100%	100%	Stable
Professionals	100%	100%	Stable
Overall quality	89%	90%	+1%

These results reflect the highly specialised, person-centred approach that defines our Complex Needs Services. Maintaining 100% satisfaction among families and professionals demonstrates that our expertise in supporting people with multiple conditions is recognised and valued by those closest to the people we support. The 99% satisfaction rate among people we support, whilst showing a marginal decrease, remains exceptionally high and confirms that our trauma-informed, relationship-based approach continues to deliver meaningful outcomes.

For full satisfaction data, see the Satisfaction Survey 2025 Report
https://sjog.uk/pdf/publications/Satisfaction_Survey_221025v2.pdf

“I enjoy the food and going out in my car.”

YEAR-ON-YEAR ANALYSIS

Indicator	2024	2025	Analysis
People supported	12	13	Stability demonstrates trust
Physical interventions	442 (avg 36.8/person)	315 Q1-Q3 (projected ~35)	Positive trend, 25% Q1-Q3 reduction
Chemical restraint (PRN)	93 (avg 7.75/person)	49 Q1-Q3 (projected ~5.3)	Overall trajectory suggests reduction

OLDER COMMUNITIES

CONTEXT AND MISSION

The UK population is ageing steadily. Over 11 million people are now aged 65 and over, representing 19% of the population. The number of people aged 80 and over is projected to double to over 6 million by 2045, making this the fastest-growing demographic. Age UK estimates that 2 million people aged 65 and over have unmet needs for care and support, while over 1.4 million older people are chronically lonely, with serious impacts on physical and mental health. Within this landscape, Catholic religious communities, Brothers and Sisters who have dedicated their lives to service, face unique challenges as they enter their elder years. Many religious orders are ageing, with fewer new members and increasing care needs. Declining vocations mean these communities must adapt their living arrangements to meet increasing care needs while preserving spiritual practices and sense of community. (Centre for Ageing Better, 2025; Age UK, 2024).

Our Mission: For people entering retirement age and their elder years to experience a life of wellbeing, supported care, and companionship.

SJOG supports four care homes (Elmthorpe Convent, Oaklea Convent, Villa Maria, St Paul's), combining person-centred care planning with deep respect for religious charism and community traditions. In 2025, the services expanded beyond religious communities, and we started receiving referrals from the wider community.

The support respects individual choice but keeps the values, traditions and essence of the convents.

For the religious congregations or funders who commission SJOG's Older Communities services, our work means more than delivering quality care. We help preserve the distinctive spiritual character and mission, and the charism that defines each congregation. When Sisters receive care that honours their vows, enables community prayer and respects religious life's rhythm, the congregation's tradition endures as members age. For religious and other elderly communities making decisions about their futures, partnering with SJOG ensures their strategic vision for dignified elder care, rooted in shared values, can be realised. This is not merely a service relationship but a mission partnership, honouring lives dedicated to service in their final chapters.

Older religious communities	**Mission:** People entering retirement age and their elder years, experience a life of well-being, supported care, and companionship.	**Need:** With 19% of the UK, over 11 million people, now aged 65 and over, and 2 million experiencing unmet care needs, there is an urgent need to address growing support and care challenges facing both elderly religious communities and older adults more broadly as their numbers and requirements increase.	
Inputs	**Activities**	**Outputs**	**Outcomes**
- Religious orders' commissioning and local council and/or contracts to provide care (KCC) - Person-centred care - Professional support and multidisciplinary team (GP, chiropodist, dental, dietician) - Support from religious community members, friends, and family - Nursing and care expertise (depend on service) - Skilled colleagues and trained nurses - Internal learning and development frameworks - Governance systems and frameworks (CQC) - LOVED – Benefits programme for colleagues - Appropriate care-home environments that meet the needs of the older community - Delegate budget from commissioning religious orders	**Personal** - Risk assessments - Basic needs, health, and wellbeing support - Physical assistance of care needs - Mental health support - Management of challenging behaviours - High quality community, social, and leisure activities - Provision of religious spaces and spiritual practices **Operational** - Clinical supervisions and audits (CQC, infection control) - Team meetings: debriefings and planning - House meetings with residents - House maintenance and safety checks (environment and health, fire safety, etc) - OOMPH research and training to provide activities inhouse and in community - Colleagues' learning and development pathway helping them maintain nursing skills and competencies - Satisfaction surveys with all stakeholders - Analysis of people's data (care planning process, demographic, capacity tracker, infections) - Finance review meetings (SJOG and with religious congregational leaders)	**Personal** - Improved personal goals and well-being through person-centred care plan (SJOG model) and risk assessments focused on longevity. - Increased engagement in activities and with community, based on needs and interests (Culture, religion , values) **Operational** - Reduced levels of agitation, distress, and good managing of challenging behaviours through a safe physical environment (preventative) and robust safeguarding - (Staff that knows the people we support) Improved learning opportunities for a Multi-skilled workforce with breadth and depth of knowledge (Extended practice for nurses) **Strategic** - Sustainable service model for ageing populations that responds to the needs of individuals - Quality of service delivery and operations increases (Best practice frameworks)	**Personal** - Increased quality of life in elder age and personal fulfilment - Improved social engagement and reduced loneliness - Legacy knowledge and teachings from a life of serving good to others **Operational** - Provide efficient services to ensure wellbeing and support for the elderly - Consistent and robust service resulting in better support and quality of life - Accredited services under different awards (Gold Standards framework in end-of-life care) **Strategic** - Reduced reliance on allied health professionals and teams - More robust safeguarding reducing admissions to hospitals - Ensured quality of support to become provider of choice - Robust Care Quality Commission (CQC) notifications

Theory of Change for Older Communities Services

IMPACT ACHIEVED IN 2025

PERSONAL LENS

Output 1: Improved personal goals and wellbeing

In 2025, SJOG supported 83 people across our services for older communities. Most (55, or 66%) continued from previous years, highlighting the enduring nature of our support.

Twenty new religious members and seven people from the wider community joined, reflecting ongoing trust in SJOG's specialist elder care.

Service	New Religious 2025	New Lay 2025	Retained from 2024	Total
Elmthorpe	5	0	9	14
Oaklea Convent	0	0	16	16
Villa Maria	6	3	14	23
St Paul's	10	4	16	30
TOTAL	**21**	**7**	**55**	**83**

Health outcomes achieved in 2025

In elderly care one of the areas where impact and change is more noticeable is in different health indicators that are easily measured through blood tests, observation of the body, hospital admissions, within others. Some highlights from this year were:

- Enhanced skin integrity: Daily skin checks, gentle cleansing routines, and careful repositioning prevented pressure sores in older adults with limited mobility across services, preserving dignity and comfort and allowing people to participate fully in community life without the limitations that wounds would impose.
- Improved nutrition and hydration: Balanced meal plans with lighter evening meals, plus hydration reminders positioned within reach during prayer times and other group activities. This intervention was especially beneficial for people managing cognitive changes. Integrating the care into their natural rhythms and routines has increased energy levels and physical stamina, and reduced dehydration risk (a common cause of confusion, falls and hospitalisation in older adults).
- Falls risk reduction: Sensor equipment, standing hoists and bucket chairs created safer environments. Recognising that falls are one of the greatest threats to independence and quality of life for older adults, we introduced these aids to balance safety with the principle of least restriction. Ongoing assessments and tailored interventions ensured Sisters retained maximum autonomy while reducing harm. No falls with serious injuries occurred, maintaining independence within a protective framework and helping people avoid the pain, hospitalisation and potential loss of autonomy that major falls can bring.

These preventive health interventions deliver value to multiple stakeholders. For the NHS, every fall prevented, every pressure sore avoided, every hospital admission forestalled represents cost savings and freed capacity. For the people we support, it means remaining comfortable, dignified and able to participate in community life rather than being sidelined by preventable health crises. For funders, it demonstrates that investment in quality care translates directly into better lives for the people they support. When we report that no falls with serious injuries occurred, we are reporting successful prevention, the kind of outcome that benefits everyone but rarely makes headlines because the crisis simply never happened.

Story: Supporting someone new into the service

After a fall in their London home, [Sr B], aged 96, suffered multiple rib fractures and could no longer live independently. Following their discharge from hospital, they moved into Elmthorpe Care Home in Oxford, as recommended by their religious community. The service manager ensured a swift and safe transition, with immediate assessments and adaptations to support their comfort and wellbeing.

At Elmthorpe, [Sr B] found a 'home away from home' where their religious values were honoured and high-quality care was prioritised. Thanks to the team's compassionate support and understanding, [Sr B] made a remarkable recovery and was able to return to their home in Battersea. Their experience highlights how attentive care, a supportive environment, and respect for personal values can lead to positive health outcomes and renewed independence, even after serious injury.

Output 2: Engagement in activities and community

Activities provided based on interest

Among the diverse activities offered across services for leisure and skills retention, three activities stand out for 2025:

- Flower arranging with staff: This became a cherished weekly ritual, strengthening dexterity while fostering pride and accomplishment as arrangements brightened convent spaces. The collaboration between Sisters and staff also deepened relationships, creating moments of joy, laughter and shared purpose.
- Community connections through technology and shared spaces: Regular phone calls and video meetings helped maintain links with Marist Sisters in other locations. Family visits were also actively encouraged and supported, with spaces and schedules arranged to maximise quality time together. Sisters stayed connected to the parishes and communities they had served for decades. Fostering these connections helps to combat isolation and loneliness, while preserving identity and reciprocal relationships. In addition, it ensures that those with limited mobility can still participate in community life.
- Social and recreational activities: Bingo, singing, arts and crafts, baking, pamper sessions, and sensory experiences, using the OOMPH (Our Organisation Makes People Happy) framework, enrich daily life and have a real impact for those supported. These activities boost wellbeing, maintain cognitive skills, build community, and honour individual interests, helping to reduce isolation and promote dignity and self-expression, especially for those with cognitive changes.

These activities serve a purpose beyond pleasant occupation. For religious communities, maintaining connection with the wider congregation through technology, prayer, and church participation preserves the sense of identity and belonging that defines members' lives. When sisters arrange flowers, join video conferences or welcome parish visitors, they remain part of their religious family rather than isolated care recipients. This matters for the people we support and the congregations who commission our services. They entrust us not only with physical care but with preserving community bonds and spiritual life. Our commitment to facilitating these connections demonstrates that we understand and honour this trust.

Output 3: Reduced agitation and distress

SJOG works to prevent agitation and distress in elderly care, especially for those with dementia, by ensuring a safe environment and strong safeguarding. High health and safety audit scores reflect this commitment.

Health & Safety Audit	Q1	Q2	Q3	Q4
Elmthorpe	97%	97%	97%	97%
Oaklea	98%	98%	98%	98%
Villa Maria	97%	96%	95%	95%
St Paul's	98%	99%	98%	96%
Average	**97.5%**	**97.5%**	**97%**	**96.5%**

Recent improvements to the physical environment have significantly contributed to reducing agitation and distress among residents. Airflow beds were provided for two sisters, ensuring their comfort throughout the night and supporting better rest. On the care floor, the installation of a new ergonomic kitchen has made daily routines easier and safer for both staff and residents, while the conversion of the old kitchen into a dedicated storage area for incontinence garments has promoted dignity by keeping essential items organised and discreetly stored. These thoughtful changes have helped foster a calmer, more supportive setting for everyone in our community.

At Oaklea and Villa Maria, targeted adaptations have led to a noticeable reduction in incidents such as falls and fractures over the past year. At Oaklea, replacing a resident's flooring with lino following a fall enhanced mobility and eliminated further incidents, and decluttering another sister's room, along with the provision of a new bed and rollator, similarly eradicated falls. Villa Maria saw improvements with profiling beds that can be lowered to safe heights, reducing slips, trips, and falls, while sensor lighting in corridors enabled residents with poor eyesight to move safely and independently. These examples demonstrate how careful attention to the living environment directly supports residents' safety, wellbeing and independence.

OPERATIONAL LENS

Output 4: Multi-skilled workforce development

Training	Q1	Q2	Q3	Q4
Completion rate	98%	96%	96%	98%
New colleagues	1	2	0	2

Colleagues completed comprehensive mandatory training covering safeguarding (managers achieving Level 4), fire safety, first aid, infection control, moving and handling, and medication administration. This was enhanced with additional courses on specialist training in dementia awareness, palliative care, mental health first aid, continence management, fall prevention and skin/wound care, often delivered in-house by district nurse teams.

In 2025, 3 colleagues completed a diploma, 3 are enrolled in one, we had 3 apprenticeships and 2 people are in place to start an apprenticeship in 2026. Looking ahead, there are plans to expand opportunities in digital literacy for electronic care planning, advanced end-of-life communication skills, and accredited university partnerships. Ongoing review and support for staff training ensures that development is responsive, inclusive and aligned with the evolving needs of both colleagues and those in their care.

The infrastructure supporting this learning culture is as important as the training content itself. Accessible online platforms enable all staff to review ongoing training requirements and access resources at their own pace, while regular team meetings provide space to discuss learning, identify service-specific training needs and share insights from external professional development opportunities (such as NHS webinars).

Colleague feedback highlights increased teamwork, morale and greater confidence in risk management. When the same skilled team can manage wound care, facilitate participation in activities, and provide companionship in the day to day of the people we support, care becomes integrated into life.

STRATEGIC LENS

Output 5: Sustainable service model

Budgets were carefully managed, with any surpluses directed towards preventative care and environmental improvements that reduce long-term costs. Monthly reviews tracked spending against allocations, with transparent communication to funding partners.

Category	Q1	Q2	Q3	Q4
Budgeted hours	5,519	5,519	5,519	5,519
Hours delivered	10,987	10,899	11,942	9,155
Difference	+5,468	+5,380	+6,423	+3,636

We consistently delivered all support hours this year. This reliability is due to careful planning and flexible staffing. The increase on some occasions is because we adapt support hours when needs change, such as after hospital stays (increases) or to enable participation in new activities like gardening or choir, ensuring care remains responsive and people feel included.

In 2025, the services remained sustainable and we achieved savings where possible. These savings resulted from effective staffing control, reduced agency use and good management of equipment and repairs. Accessing grants and borrowing equipment also supported sustainability during changes in demand.

For full quality analysis, see the Annual Quality Report (2025)
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

Output 6: Quality of service delivery

Quality recognition in 2025 included a visit from The Rt Hon Anneliese Dodds MP for Oxford East, recognising outstanding care and dedication at Elmthorpe Convent. Strong staff retention throughout the year reflected working conditions that enable colleagues to deliver the care they aspire to provide. Best practices were recognised and shared across SJOG's South region.

External recognition has also been achieved, with seven award nominations and shortlisting that highlight sector leadership and good practice including, Activity Co-ordinator for Dementia Care Awards and National Care Awards and Care Home Team for End of Life/ Palliative Care Awards and National Care awards. Finals for these awards will be held in Spring 2026.

Innovative practice looking ahead, Older Communities Services will strengthen its position further through participation in the Vivaldi Project in 2026. This national research initiative aims to improve quality of life in care homes, reduce infection risks, and avoid unnecessary hospital admissions. Engagement in Vivaldi demonstrates a commitment to innovation, evidence-based practice, and contributing to sector-wide knowledge, directly supporting NHS and government ambitions around integrated care and research-informed improvement.

Through this project SJOG has been invited to participate (with only 2 other providers) in the UK Health Security Agency (UKHSA) forum to inform their dashboard for infection monitoring and prevention across the UK. The UKHSA dashboard is a project bringing together the Vivaldi, Outstanding Society, NHS, UCL, CQC and an initial cohort of 20 providers.

This national recognition positions SJOG as a leader in evidence-based care home practice, benefiting commissioners and the wider sector. Funders investing in SJOG are supporting services that advance national learning in infection prevention, quality improvement, and research-informed care, directly aligning with government priorities for integrated care and reducing avoidable hospital admissions. For religious congregations, SJOG offers both a values-based approach and clinical excellence, ensuring their members receive innovative care. We are not just good enough; we help define sector standards.

Satisfaction Metric	2024	2025	Change
People	95%	95%	Stable
Families	97%	98%	+1%
Professionals	69%	96%	+27%
Overall quality	95%	95%	Stable

The 27-percentage point increase in professional satisfaction is the most striking year-on-year change, suggesting SJOG has addressed previous concerns around communication, partnership working, or clinical standards.

For full satisfaction data, see the Satisfaction Survey 2025 Report
https://sjog.uk/pdf/publications/Satisfaction_Survey_221025v2.pdf

"I feel safe and secure; I am so grateful for the presence of SJOG in our community. As we diminish in strength and capacity, it is a joy to see our sisters happy, well cared for, and at peace."

YEAR-ON-YEAR ANALYSIS

Villa Maria (98%) and Elmthorpe (97%) exceeded the quality benchmark. The shift from reporting aggregate numbers to breaking down new admissions, lay people and retained residents, reflects more sophisticated data tracking, enabling better understanding of service stability and succession planning within aging communities.

THE JOURNEY TOWARD OUTCOMES: LONG-TERM CHANGE

Our Theory of Change demonstrates how outputs create the foundation for longer-term outcomes. The person-centred care plans, safe environments, skilled workforce and service quality we have delivered in 2025 are enabling people we support to achieve meaningful, sustained changes across three interconnected outcome areas: Happiness (Health and Wellbeing), Purpose, and Relationships.

PERSONAL OUTCOMES

Happiness: improved quality of life, independence and wellbeing

Across all service areas, people we support are demonstrating improved physical health, mental wellbeing, and independence:

- [M] (Disabilities) went from eating unhealthy uncooked foods to considerably improved diabetes management, happiness, and companionship.
- [J] (Disabilities) no longer requires daily PRN medication after their catheter was removed, with UTIs, incidents and medication use all reducing dramatically.
- [B] (Homelessness) completed TB treatment and can now manage their health independently, ultimately reuniting with family in China.
- [K] (Homelessness) re-engaged with mental health services and resumed consistent medication through stable housing.
- [N] and [J] (Complex Needs) developed coping skills enabling family outings (Flamingo Land) and holidays abroad (Spain).
- Older religious community members experienced improved skin integrity, better nutrition and no falls with serious injuries.
- The reduction in chemical restraint (Disabilities Q4: 0 PRN instances) and the overall decrease in physical interventions across Complex Needs (65% reduction from Q1 to Q4) shows people are experiencing less distress and better wellbeing overall.

For the people we support, these improvements in health and wellbeing translate into something fundamental: the ability to live more comfortably, with greater control and less fear about the future. For commissioners, they demonstrate successful outcomes that justify continued investment, showing SJOG's services deliver the change commissioning aims for. For the wider community, each person whose health stabilises, distress reduces, or independence increases is one fewer individual in crisis relying on emergency services.

Purpose: improved identity, self-worth, empowerment and confidence

People are developing skills, pursuing meaningful activities and building confidence:

- [R] (Disabilities) built IT and employability skills, now volunteers in charity shop, crediting confidence growth to service support.
- [M] (Disabilities) overcame social anxiety around cooking, now independently makes multiple meals including their favourite breakfast.
- [A] (MDST) secured full-time employment at high-end hotels after strategic relocation and sector-specific support.
- [A] (Homelessness) established weekly art classes for residents, creating purpose through creativity despite chronic pain.
- A Vietnamese trafficking survivor (MDST) now works 20 hours per week as a nail technician and manages medication independently, representing a multi-year journey from exploitation to stability.
- Sisters in older communities continue contributing through flower arranging and community connections, maintaining purpose in later life.

139 diploma completions across Disability Services demonstrate sustained commitment to professional development among colleagues, creating the skilled workforce that enables better outcomes.

Relationships: increased inclusion, equality and advocacy

People are building social connections, engaging with communities, and experiencing greater inclusion:

- [M] (Disabilities) went from extreme loneliness living alone to enjoying companionship of fellow residents and colleagues.
- A person with autism (Disabilities) was nominated for National Autism and Learning Disabilities Awards as an expert by experience, representing recognition of their voice and contribution.
- [P] (MDST) navigated relationships with extended family members while receiving ongoing support through court proceedings.
- [J] (MDST) rebuilt connections, obtained UK passport and driving licence, and transitioned to private rented accommodation.
- Sisters in older communities services maintained congregation bonds through technology and continued participating in local church activities.

OPERATIONAL OUTCOMES

Consistent and Robust Services Resulting in Better Support

High health and safety audit scores (94-97% average), strong training completion rates (95-100%) and specialised workforce development create predictable, reliable support.

[M]'s transformation illustrates this: previous providers couldn't manage their schizophrenia and challenging behaviours, but our trained learning disability team knew exactly how to communicate effectively and engage with them.

Providing Efficient Services to Prevent Vulnerability

Our early intervention approach prevents crisis-driven care. [J]'s catheter removal prevented ongoing UTIs. The mental health wellness planning initiative within Disability Services aims to avoid hospital admissions. [M] spent 120 days in hospital unnecessarily before finding our service. [K]'s repeated hospital admissions ended once stable accommodation was secured. These examples show how proper community support prevents both admission and readmission.

For more information, see the SJOG Quality Report 2025
https://sjog.uk/pdf/publications/Quality-Report-2025v2.pdf

STRATEGIC OUTCOMES

High Satisfaction Making SJOG a Provider of Choice

Achieving 94-95% satisfaction from people we support, and 99-100% from professionals and families, positions SJOG as a trusted provider, forming the foundation of effective commissioning relationships. When commissioners rely on SJOG for quality and collaborative work, they can focus on strategic development instead of contract management. Families who trust providers engage as partners rather than anxious monitors, and professionals who trust our services help the system run more smoothly. High satisfaction is not just a positive outcome; it underpins effective, efficient service delivery.

Emergency respite placements at North View, Middlesbrough's 97% audit score, and 100% professional satisfaction in MDST and Homelessness also show that families, local authorities and healthcare professionals recognise our quality. This reputation helps us secure future contracts and expand services.

High Quality Ratings and Accreditations for Best Practice

National award nominations, service manager finalist status, consistently high health and safety audit scores (95-97%), and contribution to the Survivor Care Standards Guide 2025 demonstrate commitment to excellence. Our 94.3% average quality score places us within the CQC 'Outstanding' threshold, while maintaining 100% 'Good' CQC ratings across all services with zero RIDDOR-reportable injuries.

Replicable Service Models Improving Local Infrastructure

Through partnerships with The Salvation Army, local authorities, NHS services, CCGs, and specialist organisations, we are contributing to building better support infrastructure. Our ability to support people that other providers couldn't manage [M], two residents at The Minims wrongly placed elsewhere, demonstrates a service model that fills critical gaps in local provision.

REFLECTIONS ON OUR OUTCOMES JOURNEY

While some outcomes take months or years to fully emerge and may only become visible after people have moved on from our services, the evidence presented throughout this report demonstrates clear progress. The co-produced support plans, assistive technologies, life skills development, safe environments and skilled workforce we have delivered in 2025 are enabling people we support to achieve meaningful, sustained changes in their lives.

The central question guiding our impact reporting remains: does this evidence demonstrate how we have supported people to live the lives they choose? The stories of [M], [B], [P], [J], [A], and countless others, suggest that when people receive the right support, in the right environment, from colleagues who understand them, they can thrive.

This evidence of thriving is, ultimately, why our work matters. For commissioners, it validates their decisions to invest in SJOG demonstrating that their resources are generating the outcomes their communities need. For the people we support and their families, it confirms that the system can genuinely help, and rebuilding trust that may have been damaged by previous experiences. And for the wider community, each person who moves from crisis to stability, from isolation to connection, from dependency to contribution, strengthens the social fabric we all share. This is the relevance behind our numbers, not merely services delivered, but lives transformed and through them, communities strengthened and systems sustained.

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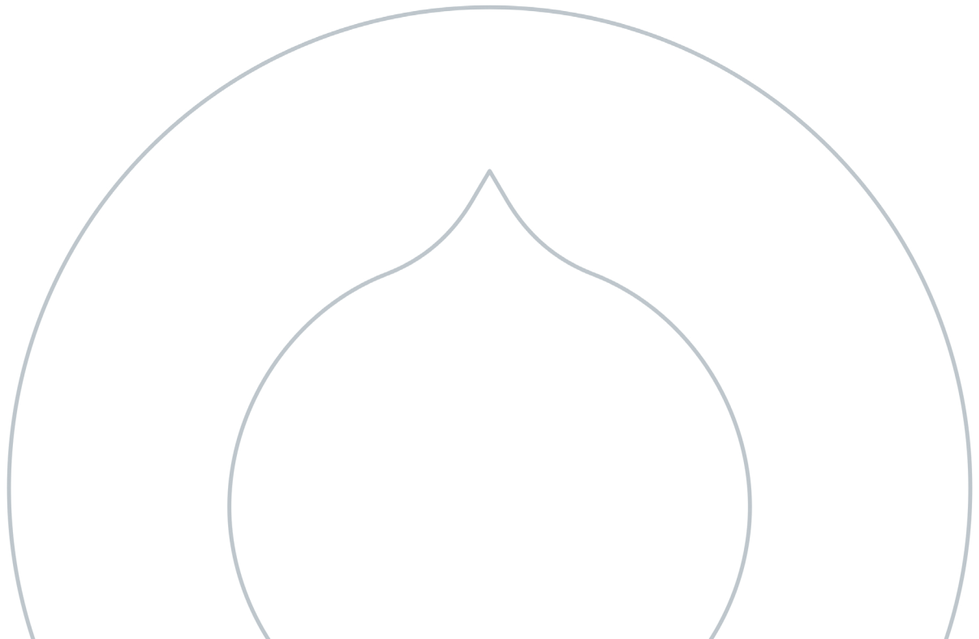

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