SJOG
We're here to help

Creating an Impact Measurement Framework for SJOG

Impact Report 2024

Baseline for modern day slavery, complex needs, older religious communities and disability services

Introduction

Our Impact Framework assesses the benefit we have on the communities and individuals we support. We address diverse societal issues such as the inclusion of people with disabilities, complex needs, older religious communities, homelessness and modern-day slavery and trafficking. For this reason, we are taking a better approach at measuring and communicating our impact.

Our purpose is to meet need wherever we find it. Although these presents a clear vision, it is a high-level vision that doesn't point to a specific measure in all areas where we deliver support.

Our impact work has focused on understanding what SJOG aims to achieve in each of our main service areas, and how we can capture and measure those goals more tangibly informing the higher-level aims of the organisation:

- To be a charity that is true to its values.
- To be a charity that is ambitious to be of more help to more people.
- To be a charity that is faithful to the inspiration of its founder Saint John of God

Our definition of Impact

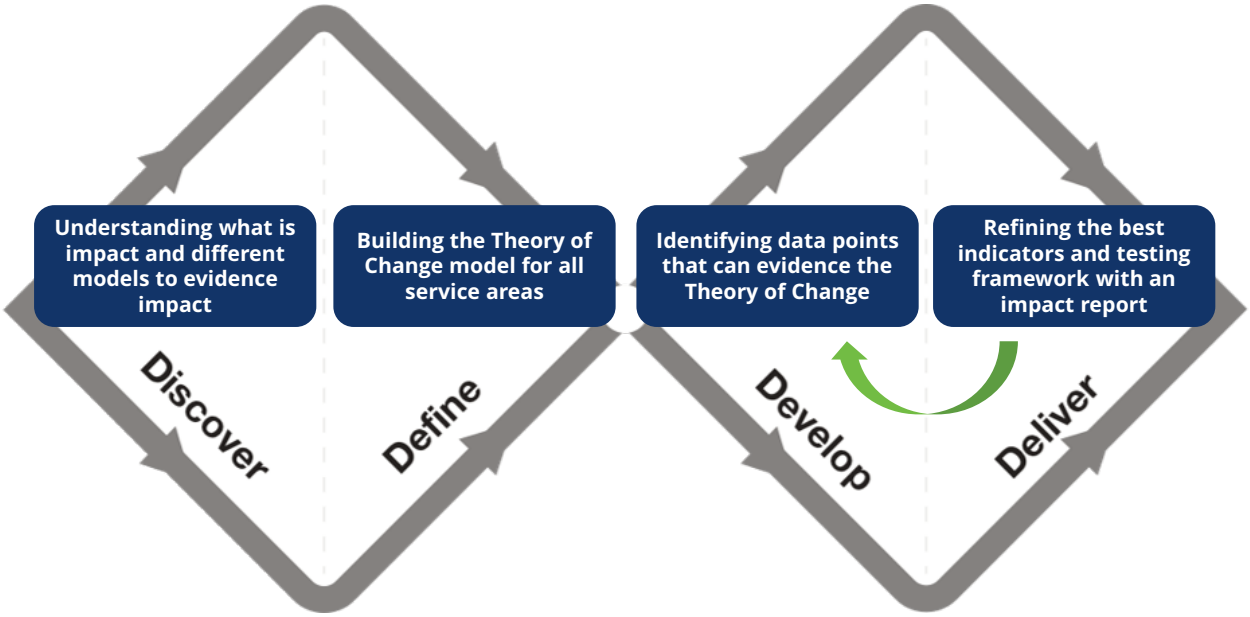
SJOG delivers support in different areas, but the overarching theme is supporting people to live the lives they choose and helping every person achieve their full potential.

If a person can achieve this though our support this will mean we've impacted them and this is our impact. However, quantifying such individual transformations has ambiguity. To account for this, we've narrowed down to look at the more proximate positive impact that our services have on people's lives and created a framework that underpins all that we do.

Creating our impact framework

To create our impact framework we took a design thinking approach using the double diamond logic, that uses cycles of iteration, to develop a robust theory of change model and map the best indicators of activities and impact.

Figure 1- Design thinking process used to create SJOG's impact framework



Discover

The first stage of the process was a **discovery** phase where we conducted research on examples and methodologies which capture and report impact across different organisations. The main conclusion of the research was that in order to measure impact, organisations need clarity on what they are trying to achieve and why. As mentioned above SJOG has a high-level mission but works on different areas and responds to diverse needs, and although there are commonalities, the specific need and the goal for each service area is slightly different.

The theory of change, or logic model, was chosen to structure the framework as most literature reviewed pointed to this model as a starting point for discussing impact measurement. The theory of change visualises how the services operate in response to the mission and the need. The inputs and activities are linked to the expected outputs and outcomes, which should serve as the north of what the services aim to achieve. This model ensures accountability and can guide our support pathways, as well as help the organisation become aware of potential challenges.

Define

The second stage was **defining**, in this case **defining the theory of change**. We began by creating a model including disabilities, complex needs, modern day slavery and trafficking, homelessness, and older religious communities. The main sections in the theory of change are need, mission, inputs, activities, outputs and outcomes. The process of creating a robust theory of change was done through conversations with service managers and team leaders across services. The conversations where focused on gaining deeper insight into the processes and the operational side of the charity in each service area to provide support and grasp what the aim of these activities are in the short, mid and long term. Equipped with this information we could define the theory of change sections and the main expected outputs and outcomes. With a clear need we then moved to defining the mission for each area. The missions are focused on what we aim to achieve with the support, including where we influence, even in a small way, the wider systems in which we work e.g. local authority strategy.

Adopting this approach showed outputs and outcomes would replicate across service areas as we have common approaches to how we work and deliver services. Finally, our tailored services address unique individual needs, the models of impact account for these variations.

Three lenses underpinned common impact areas across all our work: personal (efforts placed on individual support), operational (service delivery and decisions to improve), and strategic (focuses differentiation and efficiency in service delivery and to wider sector).

Develop and Deliver

The third stage of the process was **developing**.

To be able to use and develop the framework, the next step was finding a way to evidence the impact or measuring the outputs and outcomes. We identified all the data points currently used at SJOG for different purposes, from quality audits to contract KPI's, and linked them to the outputs on the theory of change linking how these data-points can quantify the impact specifically and then support the evidence of outcomes longer term.

The framework is not meant to be static, so the need, the aim, and the outcomes and outputs would evolve as the service progresses and the sector and needs change. This means the **delivery phase** is a cycle of testing and iterating, and evaluating the impact to take actions based on the results.

To pilot the framework for the first time we generated a short sample report for a complex needs service, The Old Vicarage. Having all the data points mapped, we went into understanding the platforms that contain them and how to use the data in practice. After gathering the indicators, they were discussed and completed with the service manager and the head of operations to triangulate it and understand it in depth.

The main take aways from the first prototype were:

- Integrating contextual knowledge into the process is essential to enhance the specificity and nuance of our services and data. The information in the platforms is not always comprehensive for newcomers, and not everyone has the contextual understanding to draw conclusions. This highlights the need for a space for discussions to gain deeper insights.

- The need for a robust, less manual system to aggregate data was identified. Current platforms like Care Planning and Quality Dashboards operate mostly at a service level. Producing regular impact reports per whole area is time-consuming and requires input from various individuals. There is an opportunity to enhance our data repositories with deeper insights consistently across services. This is not a fast change to make, but having the clarity on the indicators that we need can help produce a standard format to fill in.

The second round of testing was done for this report. We aimed to create a baseline impact story based on 2024 outputs and outcomes that build up longer term. We didn't include homelessness area in this 2024 report, however the same theory of change process has been done for it. Additionally, we want to integrate our efforts to meet wider sector needs and adapt our services based on policies and regulations, some of the main themes and policy areas explored this year and potentially for next year were also included as we shall see next on the impact section for modern day slavery and trafficking, complex needs, disabilities, and older religious communities.

Modern Day Slavery

Currently, around 50 million men, women, and children are subject to some form of modern slavery around the world. Modern slavery is when someone loses their freedom and is controlled and exploited by another or multiple people for personal or commercial gain. It is an umbrella term for many forms of slavery including, but not exclusive to, human trafficking. In fact, modern slavery can take many different forms of exploitation such as: tricking, threatening, and/or physically forcing people either into work for little or no pay, committing crimes, performing sexual work, all to profit the trafficker (The Salvation Army's definition)[1].

[1] What is Modern Slavery | The Salvation Army

Experts believe that 122,000 people are currently held in slave-like conditions in the UK. However, due to the hidden nature of modern slavery, it is not possible to establish how many people are unidentified. In fact, there is little understanding on how to best identify and address complex experiences and harsh conditions a person may have faced. The Salvation Army estimates that for every person successfully rescued from the clutches of modern slavery and given the opportunity to receive support, at least seven more remain trapped and exploited.[2]

From July to September 2024, the National Referral Mechanism (NRM) received 4,758 referrals of potential victims of modern slavery. This represents a 15% increase from July to September 2023 (4,132). This increase in referrals can be because of greater awareness and understanding of the context of people who fall into modern slavery and trafficking. The likelihood that people in these situations would engage with authorities and share their stories has improved as well.[3]

When people are referred to the NRM, the decision on whether they are recognised as victims should be made within 30 days. However, in practice, it takes significantly longer. The Independent Anti-Slavery Commissioner's Annual Report shows that the average wait for this decision is 568 days. This means that individuals often wait about a year and a half for professionals to determine their victim status.

The uncertainty experienced during this waiting period can impact the physical and mental health of those waiting, potentially exacerbating trauma and the risk of exploitation. Therefore, support is essential during this period.

Our mission

At SJOG our mission for MDS services is 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.

To do this we operate as a contractor for The Salvation Army under the Modern Slavery Victim Care Contract (MSVCC), which means our services are delivered to people referred by them and must fulfil specific service delivery requirements and KPIs that ensure the quality of the support.

Each person referred to us has already been identified as potential victims by the NRM and will start their process to be assessed as a victim, which means there is evidence that they were in a situation of exploitations and or trafficking.

[2] What is Modern Slavery | The Salvation Army

[3] Modern slavery: National Referral Mechanism and Duty to Notify statistics UK, quarter 3 2024 - July to September - GOV.UK

Our approach

Our support goes beyond ensuring safe environment, where survivors are protected from persecutors, and aims to deliver a trauma-informed, person-centred approach, to better address the complex needs of vulnerable individuals and to prevent further exploitation, destitution and or/homelessness.

Survivors of exploitation have multiple and complex support needs such as medical and dental care, food, clothing and housing assistance, counselling, immigration and legal advice, literacy and education, employment and training. As a result, we aim to engage with different services that contribute to the recovery process, and to develop a comprehensive understanding of the unique needs of people who have experienced complex trauma.

Our Theory of Change for MDS services is shown in figure 2. The focus for our 2024 was exploring successful transitions from service and a holistic recovery process incorporating trauma-informed care.

Figure 2 - SJOG, theory of change for MDS services

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:** There were 16,938 potential victims of modern slavery referred to the Home Office in 2022 (and increasing by year). Of these lots reach to services like SJOG's to seek for temporary holistic support to recover form the exploitative experience and settle back into society, while Home Office determines their NRM decisions and immigration status.	
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** - Person-centred journey plan (SJOG model) focused on independence and settling down - Clear move on plan with actions - Increased awareness of person's rights and benefits - Increased trust in organisation(s) providing people with support **Operational** - Multi-skilled workforce with breadth and depth of knowledge - Capable environments based on the needs of individuals - Capable budgets based on the needs of individuals **Strategic** - Replicable service model to reach and support populations with similar needs. i.e.: homelessness - Increased cultural awareness in services, with diverse workforce that represents the group of people supported	**Personal** - Increased independence and safety. Emotional, financial, purpose, and mental health stability to move on - Increased awareness and confidence to stay out of new potential MDST scenarios **Operational** - Consistent and robust services resulting into better support - Accredited services under different awards and recognised accreditors **Strategic** - Providing efficient services to reduce people's vulnerability to be subject to MDST - Ensured quality of delivery so we are sub-contractor choice and be able to reach new commissioners to expand support - Strong partnerships and increased access to support services. Contribute and help build this infrastructure - Cultural competency and awareness to respond quickly to changes

Key highlights
from 2024

Successful transitions from service

Successful transitions from services focuses on how people supported can successfully move on from SJOG's services to a safe and independent living environment. Critical to this objective is the development and implementation of person-centred journey plan.

Person-centred journey plans are tailored to foster independence and help individuals recover, moving towards independence, access to health services, mental health support, community spaces, safe accommodation; improving English language; and determining migration status.

The move on plan outlines the necessary actions to achieve independence, including securing housing, financial stability, employment or education (where possible or needed), continuation of ESOL classes, access to community resources, and continuity in their access to health and wellbeing services.

The following indicators help us determine our success in this area:

- **Number of journey plans in place:** Although this seem like a given it is an indicator that helps us evidence the tailored support we provide and follow the individuals progress. At the end of 2024 our MDS services have 950 journey plans in place. This is the number of people who received support in 2024.

  To supplement this, we over 2023 and 2024 delivered a grant funded project 'Enhancing support for people who experienced modern-day slavery through learning and skills activities'. This project used the journey plans of the people we support, to plan recovery and leisure activities which developed skills and confidence. The project proved to be successful and demonstrated the need for people to connect and to gain communication and creative skills, while improving their wellbeing and created a space for self-expression and growth. Additionally, the activities which assisted people pursuing a vocational pathway saw several people successfully secure employment opportunities. (Read full report here)

- **The average length of stay and duration of support** over the past three years, including 2024, is nine months. This indicates that our project workers make a significant effort to assist the people we support with the NRM process. Although decisions may take longer to decide if the person is indeed a victim, keeping this period as short as possible reduces stress and uncertainty, helping to make the recovery process less traumatic.

- **Successful move-on:** The number of individuals who moved on from the service was 343 in 2024 from which 302 were successful (88%). Successful move-on occur when individuals secure safe accommodation and financial stability. Unsuccessful move-on, which are sometimes unavoidable, involve people who leave the service independently, often without engaging in the support process, and cannot be traced (see table 1 and 2).

Table 1 – Number of people moving on to different types of accommodation in 2024

Type of accommodation	Number of people moving to each type
Family/Friends	78
Local Authority Housing	81
National Asylum Support Service (NASS)	115
NGO	5
Private accommodation	22
Voluntary return to country	1

Table 2 – Number of people moving on with different types of income in 2024

Type of income	Number of people with access to income
Family/Friends	46
Universal Credit	93
National Asylum Support Service (NASS)	129
Social Services	4
Employed	29

Although journey plans and move on plans have similar components, they are tailored to specific needs and aspirations of the people we support and that's where we can see impact at an individual level.

Story 1 and Story 2 evidence the impact of effective journey planning and move on from SJOG services. The names and pronouns have been changed for confidentiality.

Story 1:

Ines joined our service in May 2023 as an asylum seeker. Over the past year, their project worker was instrumental in identifying suitable universities, assisting with applications, and guiding her through the student finance process. Ines expressed immense gratitude for the emotional support and guidance provided by their project worker, describing them as a friend. As a result, Ines has now moved on, holding a temporary stay visa in the UK and has been accepted to university, marking a significant step towards their educational, personal goals and independence.

Story 2:

Ivan arrived at our safehouse accommodation in November 2022 and was initially supported with legal advice to obtain their Biometric Residence Permit (BRP) card. This led to a decision of leading to Leave to Remain on compassionate grounds with access to public funds. With ongoing support, they successfully applied for benefits and universal credit and started receiving monthly payments. Ivan was assisted with a homeless application, resulting in accommodation support from Camden Council.

Ivan moved to their new accommodation in March 2024, and was offered the option to access Reach-In support from the Modern Slavery Victim Care Contract (MSVCC) services. SJOG's comprehensive support has enabled them to secure a stable living situation and access necessary resources and benefits for their well-being and recovery.

Holistic Recovery Process with Trauma-Informed Care

Our second objective focuses on providing a holistic recovery process that addresses the multifaceted needs of MDS survivors through a trauma-informed care approach. The first outcome that results from this objective is creating capable environments that cater to the emotional, psychological, and physical needs of individuals. A capable environment ensures a trauma-informed, supportive, and nurturing space for recovery.

In 2024 SJOG had 115 colleagues working in MDS services. The ratio of case workers per person supported is 1:6 for accommodation services, and 1:18 for outreach services. People supported in outreach services are slightly more independent, requiring less one to one hours of support. These ratios are part of the strategy to create capable environments and holistic support as efficiently as possible.

Additionally, developing a multi-skilled workforce with breadth and depth of knowledge is another key outcome. SJOG helps colleagues develop professionally, personally, and learn new skills. As a result, support is professional and delivered by colleagues with knowledge and understanding of the system and the needs of each person.

Our impact in 2024 is reflected by:

- **Colleagues' skills and knowledge:** SJOG ensures colleagues are qualified to provide support to achieve their professional goals by enhancing access to essential mandatory training and additional training that will bring value to them and the support we provide.

  Skills such as speaking multiple languages are essential in positively impacting the people we support, given that they come from 84 different nationalities and cultural backgrounds. Having culturally aware staff is crucial. For example, our involvement in the survivors' Care Standards guide 2025 highlighted that translation services are crucial for the recovery process but not always accessible.

Survivors who match with a project worker who speaks the same language engage significantly better in their journey and find it easier to navigate services.

Our colleagues skill and diversity is shown in table 3.

Table 3 – MDS colleague's skills and qualifications 2024

Number of graduate staff	89
Number of post graduate staff	25
Training completed	3196
Number of distinct languages spoken by all colleagues combined	42
Number of staff with legal background	11
Number of staff with mental health background	10

- **Feedback from the people we support** on their satisfaction is also an indicator of successful trauma-informed and holistic support.

  From previous research we can define that trauma-informed services assume that people have had traumatic experiences and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers.

  Trauma informed care (TIC) models understand, and address people's needs, relationships and service delivery, with the aim of avoiding re-traumatisation. Our research on TIC approach for modern-day slavery conducted in 2021 demonstrated that colleagues at SJOG have a good understanding and practice of TIC principles. It also suggested that the way in which services are designed, the procedures and policies in place, notably, the provision of social care regulated activities and the introduction of the CQC pilot scheme, correspond with many of the TIC principles. Additional training on trauma, stress coping techniques and providing a more relaxing environment help supporting the wellbeing of both project workers and survivors[4].

[4] Establishing-an-evidence-based-Trauma-Informed-Care-Pathway-for-Survivors-of-Modern-Slavery-Final-19May22.pdf

Our satisfaction surveys for 2024 show that people we support find the service helpful, feel safe, and receive professional support (table 4).

Table 4 – MDST satisfaction survey results 2024

Overall satisfaction - Operations		Safeguarding Satisfaction	
Overall satisfaction	94%	Safeguarding training target (95%)	100%
People - Overall satisfaction	94%	People – Health needs met	94%
Values	97%	People – person-centred needs	94%
Professionals - Overall satisfaction	64%	Professionals – Adequate staffing	67%
Overall quality	92%		

While this report focuses on two objectives, our theory of change outputs and outcomes are monitored to improve service efficiency and sustainability.

Disability Services

At SJOG we meet the needs of people with learning disabilities, physical disabilities, autism and complex needs. Under the Equality Act 2010 a person with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities is disabled. 'Substantial' is more than minor or trivial, for example it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more, for example a breathing condition that develops because of a lung infection[5].

The latest estimates from the Department for Work and Pensions' Family Resources Survey indicate that 16.1 million people in the UK had a disability in the 2022/23 financial year. This represents 24% of the total population.

[5] Definition of disability under the Equality Act 2010 - GOV.UK

The proportion of the population reporting a disability has risen by 6 percentage points since 2002/03, up from 18%. Most of this increase has been observed over the past decade, with disability prevalence up by 5 percentage points from 19% in 2012/13.

The prevalence of disability rises with age: in 2022/23 around 11% of children in the UK were disabled, compared to 23% of working-age adults and 45% of adults over State Pension age. Two thirds (67%) of people aged 85 or over reported a disability[6][7].

Our mission

SJOG's mission is for people with disabilities to live as independently as possible and be included in their community and the place they call home.

We include people with disabilities in shaping the services through co-production activities and SJOG's People's Charter. This ensures their voices are heard and helps SJOG remain accountable to them.

Our approach

SJOG has six disability care homes, one community day centre for people with disabilities, and supported living services. Each person has a care plan that addresses their needs, and we enable access to other relevant health and wellbeing services and activities that are needed, such as hospitals.

Our services respond to a very wide variety of needs, and we provide support that ranges from a few hours a week to 24 hours a day. Support can mean different things depending on the person, including help to get up, get dressed, eating, developing new relationships, or engaging in meaningful activities.

Support, either one-to-one or group, day or night, are determined by the specific needs of the person. For 2024, the distribution of support hours is shown in Table 5.

Table 5 – Number of hours of support provided in 2024

Core support hours	23,638
Overnight hours	4,877
121 hours	4,174
Group/shared hours	12,537

[6] UK disability statistics: Prevalence and life experiences - House of Commons Library

[7] Learning Disability - Social Care Research and Stats | Mencap

Based on the theory of change for disability services (figure 3), we focused on two main objectives for the 2024 baseline analysis:

1. Happiness and wellbeing
2. Achieving a sense of self-worth and empowerment.

These two objectives are long-term outcomes we projected for disability services.

Figure 3 - SJOG, theory of change for disability services

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 is a need for people with disability to be considered and included, as well as having the right support to live as independently as possible, having equal opportunities, and the right environments to meet accessibility.	
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. **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** - Person-centred care plan and risk assessments (SJOG model) focused on improving independence and wellbeing - Reduction in risky behaviour and reduced PRN levels - Increased advocacy and self-advocacy helping increase inclusion and equality in their environments - Increased engagement in community and access to employment opportunities and activities of choice **Operational** - Robust safeguarding - Multi-skilled workforce with breadth and depth of knowledge - Capable environments based on the needs of individuals - Capable budgets based on the needs of individuals - Best practice frameworks are followed	**Personal** - Improved health and happiness - Improved identity and self-worth, and feeling of empowerment and fulfilment - Raised confidence, self-esteem, and self-believe - Not feeling/being disadvantage **Operational** - Accredited services under best practice awards - Consistent and robust service resulting into better support **Strategic** - Providing efficient services to reduce hospital admissions (early intervention) - Infrastructure in local area improves to increase choice for people with disability - Reduced reliance on allied health professionals and teams (In house therapies increase) - Being provider of choice for future services - Increasing equal and better opportunities for people with disabilities

Key highlights
from 2024

Increasing happiness and wellbeing

Happiness and wellbeing are pivotal for any person's quality of life. The primary outputs related to this objective are the implementation of person-centred care plans and risk assessments that are focused on improving independence and wellbeing.

To create impact in this areas we deliver:

- **Person-centred care plans:** this indicator represents the number of people we support, but the importance of having the care plans in place is reiterated as it is where the support is tailored to the individual and progress is seen. The number of care plans in place for disability services in 2024 was 119.

  The quality of the support given and the impact on the individual is evidenced through stories. Story 3 details how personalised the support provided is and it's reach. The names and pronouns have been changed for confidentiality.

Story 3:

Dan, who has a learning disability, was placed in an elderly nursing home where he refused insulin medication, slept in an armchair, and had poor hygiene. This led to cellulitis in both his legs. After moving to one of our care homes, Dan's life improved significantly. His insulin dependency reduced to twice a day, he now sleeps in a proper bed, and his cellulitis has cleared up. He takes his medication and showers regularly. Professionals have praised the service for the positive impact on Dan's life. His family is so impressed that they requested us to accept Dan's brother, who also has a disability, into our services.

- **Number of incidents/behaviour manifestations:** This indicator offers valuable insight into the impact, as minimising incidents and behaviour manifestations suggests that people feel comfortable, safe, and that the environment meets their needs. In 2024, the total number of incidents for disability services was 539, averaging 4.5 incidents per person annually. Comparing this number over time can demonstrate how effective support is. This will be monitored over 2025 to understand the frequency and intensity of incidents.
- **Feedback on satisfaction from people we support:** This indicator is collected through our annual survey with the people we support, their families, and professionals. Overall we received strong satisfaction with services, recording an overall satisfaction rating of 98%.

Table 6 – Disability services satisfaction survey results 2024

Overall satisfaction - Operations		Safeguarding Satisfaction	
Overall satisfaction	96%	Safeguarding training target (95%)	100%
People - Overall satisfaction	96%	Families – People are safe	96%
Values – How well we deliver against our values	100%	People – Health needs met	96%
Families – Overall satisfaction	96%	People – Person centred needs	97%
Professionals - Overall satisfaction	100%	Professionals – Adequate staffing	100%
Overall quality	90%		

Self-worth and empowerment

The second key objective, self-worth and empowerment, underscores the importance of personal growth and social inclusion. The main outputs include increased advocacy and self-advocacy, both contributing to greater inclusion and equality.

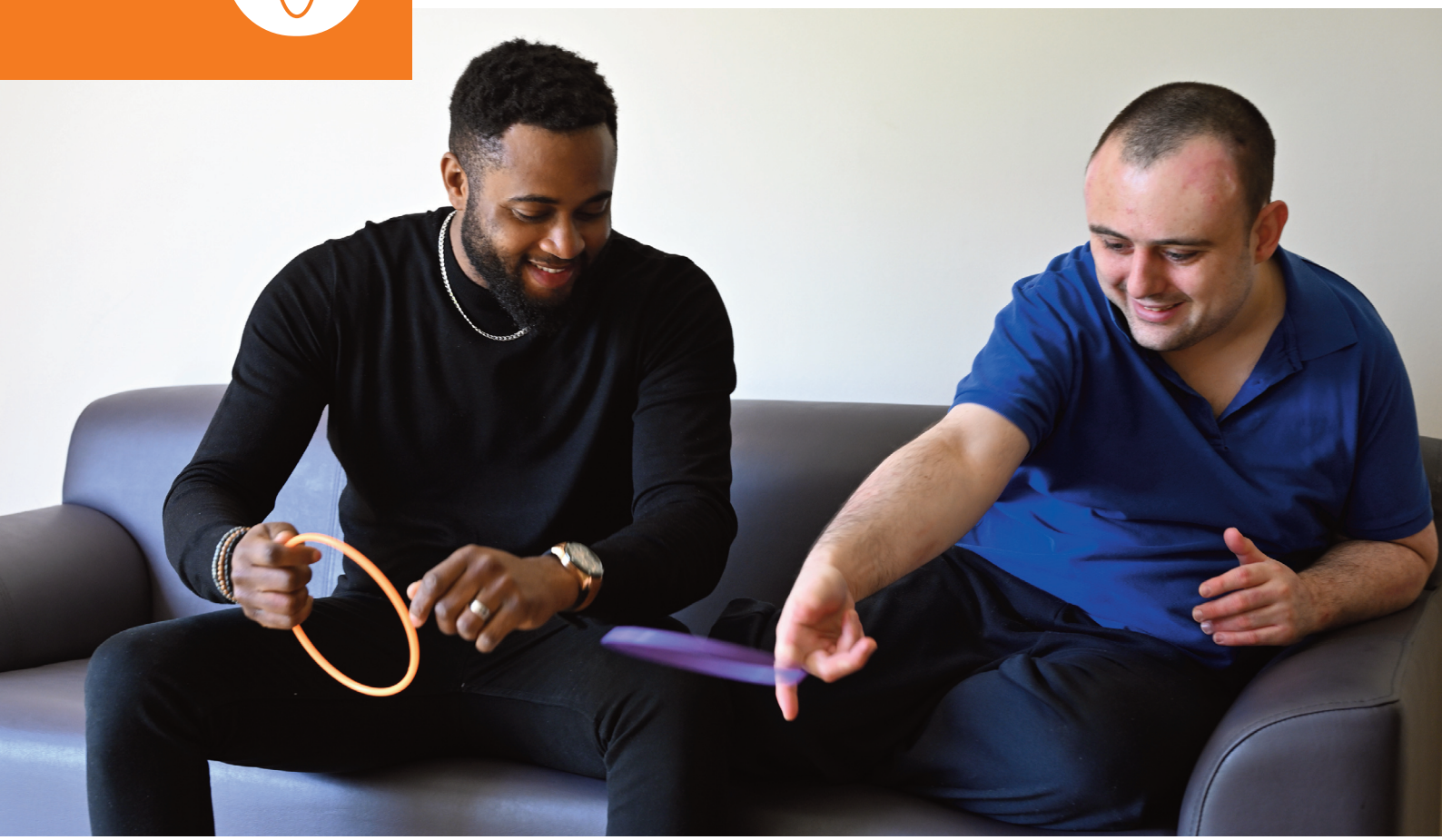
- In 2024, leveraging our autism expertise, we launched Here to Help, a project aimed at increasing suicide awareness and prevention among autistic individuals. Funded by the Department for Health and Social Care, the project offers accessible resources and workshops for autistic people and their supporters across the Tees Valley. Partnering with Middlesbrough based charity, MAIN, we supported 897 autistic individuals, 204 families and carers, and trained 1645 professionals. The project was showcased in the Caritas Innovation Awards festival in January 2025 which selected 9 projects from across Europe. (Read the mid-way report here)

- **Levels of community engagement:** This indicator is not necessarily numeric, but it can evidence the way people become more confident and comfortable going to social spaces, engaging with family and friends and feeling part of the wider community. Story 4 details enhanced community engagement in 2024:

Story 4:

Our commitment to enhancing community engagement has led to remarkable improvements in the lives of our residents. For example, Lucy, who struggled with social interactions, has found joy in joining a local club every Friday, marking a significant milestone in their social life. Robin experienced their first holiday abroad in many years by traveling to Lourdes with the church, a profoundly enriching journey that allowed him to connect with his faith and the broader community. Additionally, we organised two successful fundraising events this year, raising money for an activity room planned and designed by the residents themselves, empowering them with a sense of ownership and accomplishment. These examples illustrate the positive impact of our efforts to foster personal growth and social inclusion.

Complex needs



People with complex disabilities (or complex needs) are normally referred to as people that have two or more of the following conditions: autism, learning disability, visual impairment, and or hearing impairment. Co-morbidities are often present.

People can have these needs from birth, following an illness or injury, or they may be developed with age. People with complex needs experience unique barriers in daily life, for example they might need high level support to communicate, develop new skills and live more independently[8].

Sense, in partnership with the National Centre for Social Research, estimated that there are 1.6 million people with complex needs in the UK for 2024. Additionally, the research suggests that 1 in 10 disabled people have complex needs. There are projected to be 2 million people with complex needs in the UK by 2029.

[8] Complex disabilities - Sense

The estimates for the research also show that people with complex needs in the UK are predominantly adults, aged 18 and over. The break down by age group shows that 42% are between 18-64 (approximately 667,000 people), 38% are over 65 (approximately 606,000 people), and 20% are between 0-17 years old (approximately 318,000 people). Finally, the analysis suggests that 54% of people with complex disabilities are male (approximately 860,000 people) and 46% are female (approximately 730,000 people)[9].

Our mission

Our mission is for people with complex needs to live as happily as possible in the community they call home.

Our approach

SJOG has 3 registered care home services where people with complex needs live. We champion the needs of the people we support and aim to have a profound impact by helping people live as independently as possible within their home and community. We do this through personalised interventions, such as changes in their own room to facilitate daily activities, through to trying different form of exercise to improve health.

Our theory of change for complex needs services is presented in Figure 4. Our 2024 baseline analysis focuses on two main objectives:

- **the happiness and independence of the people we support**
- **people's engagement with communities and family.**

These objectives are crucial for the long-term outcomes we aim to achieve as they are the building blocks for sustainable change.

[9] Complex disabilities in the UK - Sense

Figure 4 - SJOG, theory of change for complex needs services

Complex Needs Services	**Mission:** For people with complex needs to live as happily as possible in the community they call home.	**Need:** Moving people with complex needs from hospital to community-based accommodation to live as independently as possible within their community.	
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 - Finance and funding	**Personal** - Local Authority's assessment and care plan - SJOG assessments (needs, functional, PBS) - Risk assessments - Co-produced support - Daily routine support and care - Digital technology **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 training - Satisfaction surveys with all stakeholders - Analysis of people's data (progress, incidents and accidents) - Finance review meetings	**Personal** - Person-centred care plan (SJOG model) focused on improving independence and wellbeing - Reduced PRN levels and reduction in risky behaviour **Operational** - Multi-skilled workforce with breadth and depth of knowledge - Capable environments based on the needs of individuals - Capable budgets based on the needs of individuals - Best practice frameworks are followed (right care, right support, right choice).	**Personal** - Improved happiness - Better engagement with people: families and communities **Operational** - Accredited services under best practice awards - Consistent and robust service resulting into better support **Strategic** - Providing efficient services to stop people returning to long term hospital - Infrastructure in local area improves to increase choice for people with complex needs - Reduced reliance on allied health professionals and teams - More robust safeguarding - Being provider of choice for future services

Key highlights from 2024

Increasing happiness and independence

Enhance the happiness and independence is reflected through the implementation of person-centred care plans that focus on improving independence and wellbeing.

The second output that relates to happiness and independence of an individual is the reduction in pro re nata, or as-needed medication (PRN) and minimising risky behaviour. We ensure that people can lead more autonomous and fulfilling lives by having the least possible interventions in their day to day lives from medication to physical restraint.

The indicators that we have for 2024 to accomplish these outputs and long-term outcomes are:

- **Number of care plans in place:** To reflect the diversity of needs and personal goals every person has a unique care plan. In 2024 we had 12 care plans in place. These guide interventions and strategies to improve quality of life and happiness, which we hear about in story 5.

Story 5:

SJOG opened a complex needs care home in Stockton on Tees in 2023. 2024 was the first full year of running the service. Thanks to the staff team at The Old Vicarage the people we support have made significant progress in their personal goals is just the first year of being supported in the service. We have successfully supported Frank so his type 2 diabetes is in remission, Aliya so that they are less reliant on their mum, Mat to eat more healthily and try a wider range of foods ("Well sometimes, but I would prefer cake too!" - Mat), and Carla to master new functional living skills.

- **Administration of physical or chemical restraint:** One of our actions when to comes to increasing quality of life and happiness of the people we support is to have the least number of restrictive interventions as possible aiming to be 100% hands off where possible or having the lowest level holds or least amount of medication as possible. Restrictive practice is used to keep a person with disability or others safe and is sometimes unavoidable. However, this do not result in lasting positive change or address the reasons for the behaviours[10].

  For 2024 we saw 93 incidents (av. 7.75 incidents per person in the year) where the use of PRN medication was required. 442 incidents (av. 36.8 incidents per person in the year) required the application of physical restraint, however 96% of these were low level holds. This is a good baseline level and our work with the Restraint Reduction Network will enhance this further.

- **Autism quality of life assessment (ASQoL):** In 2024, we implemented the Autism Quality of Life (ASQoL) assessment to measure dependency levels and gains in independence across seven aspects: communication, working memory, cognition, executive functioning, sensory processing, central coherence, and theory of mind. This tool helps individuals better adapt to their environment and interactions. The Old Vicarage was the first service to consistently use this tool, and the results from 2023 to 2024 for four individuals are promising.

  The total score for the assessment is 234 – meaning a high level of quality of life. A baseline assessment was conducted in 2023 when individuals joined, covering the seven areas. For this report, we focus on the overall score changes rather than individual aspects, as comparing them wouldn't be accurate due to each person's individual needs.

[10] Behaviour support and restrictive practices | NDIS Quality and Safeguards Commission

Table 7 shows the four individuals in the service experienced an increase in their ASQoL scores, indicating improvements in one or more of the assessed areas. People have become more independent, better at relating to their environment or others, and/or more capable of making daily decisions. Even small increments signify a positive impact due to the care and support provided, as progress in these areas tends to be slow.

Table 7 – ASQoL scores and change between 2023-2024 for 4 individuals

Person	Base line measure 2023 (points)	Final measure 2024 (max score 234 points)	Percentage increase in Quality of Life
1	106	130	+22.6%
2	65	87	+33.8%
3	121	141	+16.6%
4	108	130	+20.3%

Engagement of people we support with family and communities

The second major objective is to facilitate better engagement of individuals with their communities and families. This engagement is crucial for fostering a sense of belonging and social inclusion, which are vital for overall wellbeing. SJOG follows best practice frameworks such as 'right care, right support, right choice' to ensure that individuals receive the most appropriate and effective care and having these best practices in place is one of the outputs we can see.

Additionally, the output of having capable environments based on the needs of individuals is related to the engagement people have with communities and family as it helps in making the person feel more comfortable and able to interact with others.

The indicators associated with these two outputs and the objectives are:

- **Changes and adjustments in environments:** By evaluating interventions on peoples' care plans and environments we can give multiple examples of how to better respond to the needs of people with disabilities. 'Developing an exercise intervention for people with autism: A case study' explored the impact of increased physical activity on an autistic person's quality of life over 10 weeks. The findings showed reduced medication use, fewer incidents, and improved fitness and sleep. This evidence has informed support planning and sustained positive changes. The results also highlight the benefits of exercise for physical and mental health in autism, shaping best practices at SJOG. The approach of using behavioural patterns and baseline evidence to develop person-centred exercise interventions can be replicated. (Read the full report here)

- **CQC Ratings:** The Care Quality Commission (CQC) awards the quality of services it regulates in four ways; outstanding, good, requires improvement, or inadequate. In 2024, our newest complex care service received a CQC rating of Good with outstanding features. This indicator was chosen to reflect the quality of services as safe, effective, caring, responsive, and well-led. The interactions with people we support make them feel at ease means and this suggests that they have a positive engagement with their whole environment.

- **Feedback on satisfaction from the people we support:** Understanding the satisfaction of the people we support, family, and professionals is key to delivering responsive services. The feedback from our complex needs services are shown in table 8. The results are positive and mean that we have a solid baseline to maintain and develop over 2025.

Table 8 – Complex needs services satisfaction survey results 2024

Overall satisfaction - Operations		Safeguarding Satisfaction	
Overall satisfaction	100%	Safeguarding training target (95%)	100%
People - Overall satisfaction	100%	Families – People are safe	100%
Values	100%	People – Health needs met	100%
Families – Overall satisfaction	97%	People – Person centred needs	100%
Professionals - Overall satisfaction	100%	Professionals – Adequate staffing	100%
Overall quality	89%		

Older Religious Communities

Older religious communities represent Catholic Religious Orders who support their ageing Brothers or Sisters or in some cases, members of the wider community. At SJOG we offer care management services and work with each Order to ensure it meets their Charism and wishes in service delivery. Common arrangements include religious community and order retirement homes, diocesan support and resources for retired priests, help from family, volunteers, and church lay members for companionship and daily activities, as well as intensive health care and nursing homes for people requiring nursing care.

Catholic religious communities had 1,053 convents in England and Wales in 2010, 311 sisters and 39 brothers in religious orders in Scotland, and 90 all-woman religious houses and 38 all-men religious houses in Scotland in 2021.

Our mission

Our mission for the older religious community services is to ensure that each person supported experience a life of well-being, supported care, and companionship.

The level of support required varies, including one-on-one assistance or group support, and some may have conditions such as dementia. However, many elderly individuals remain largely independent in their care but might need help with tasks like administering medication and preparing meals.

Our approach

SJOG has a long history of providing specialist dementia care and nursing care for older people. The services for older religious communities was founded to respond to the issues facing many Orders today, particularly in relation to the ageing community and increased complexity in care standard legislation.

SJOG supports 4 care homes which are mostly convents where Sisters of different religious Orders live.

Our work is underpinned by our commitment to work with each individual order or congregation to maintain the charism and founding ethos of that religious organisation, while standardising operations, helping them be efficient in their delivery and complying with regulations.

For this report we focus on two objectives linked to outcomes from the theory of change for this service area (Figure 5).

Figure 5 - SJOG, theory of change for older religious communities' services

Older Religious Communities	**Mission:** Ensure Brothers and Sisters entering retirement age and their elder years, experience a life of well-being, supported care, and companionship.	**Need:** Brothers and Sisters from religious orders, including clergy, entering retirement age require care and support. As these individuals transition into their elder years, they start to have unique care needs that require attention and assistance. Providing tailored care and support services for them becomes imperative to honour their lifelong dedication and ensure their well-being during this stage of life.	
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** - Person-centred care plan and risk assessments (SJOG model) - Ability to maintain religious life as they would want to - Engagement in activities and with community, based on needs and interests **Operational** - Good managing of challenging behaviours (Staff who know the people we support) - Multi-skilled workforce with breadth and depth of knowledge - Extended practice for nurses - Capable environments based on the needs of individuals - Capable budgets based on the needs of individuals **Strategic** - Connection to the communities in the area we live in - Sustainable service model for ageing religious populations and replicable for similar needs	**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) - Robust Care Quality Commission (CQC) notifications **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

Key highlights
from 2024

Quality of life in older age and personal fulfilment

SJOG's approach to enhancing the quality of life in older age and promoting personal fulfilment is grounded in a person-centred care model and comprehensive risk assessments tailored to everyone's needs, this is the first output related to the objective that is relevant to understand the impact we have in the older religious communities. The implementation of person-centred care plans and meticulous risk assessments allows for the creation of a safe and nurturing environment.

The second output that we can observe is engagement in activities and with community. Engagement in meaningful activities and community involvement is key in enhancing the quality of life. These activities foster a sense of belonging and purpose, contributing to their overall happiness and well-being. Finally, the third output is good managing of challenging behaviours. SJOG places great importance on the management of challenging behaviours, making sure that staff are well-equipped with the knowledge and skills to support the individuals effectively. This approach not only enhances the safety and well-being of the individuals but also cultivates nurturing environment for the elderly.

We can see these outputs reflected in the following indicators:

- **Care plans in place:** 60 people received care in this area for 2024. The care plans for older religious communities have specific interventions and care strategies for the elderly, such as caring for people with dementia, low or non-mobility, and end of life care. As with all the areas we work on, older religious communities services are no different in the sense that care plans respond to specific needs, and although there are commonalities like medication administration, regular health checks, every individual has their own journey. The story below is a case study that evidence this (name has been changed for confidentiality).

Story 6:

One of the most heartwarming stories from one of our care homes involves Sister Tina, a 99-year-old nun who has been nursed in bed for the past five years. Despite being told in December 2019 that she was at the end of her life due to her inability to sit in a wheelchair due to her posture, the dedicated care team has provided exceptional care, ensuring she remains well-looked after and free from bedsores. This remarkable achievement has been recognised not only by the staff but also by the district nurses, who have praised the care team for their outstanding effort in maintaining Sr Tina's health and comfort. This success story stands out as a proud moment for 2024.

- **Satisfaction and safeguarding satisfaction:**
  As with all our services, older community service take part in an annual satisfaction survey (see table 9). This has shown a positive result and one we can build on for 2025, particularly around professional satisfaction.

Table 9 - Older religious communities services satisfaction survey results 2024

Overall satisfaction - Operations		Safeguarding Satisfaction	
Overall satisfaction	89%	Safeguarding training target (95%)	100%
People - Overall satisfaction	88%	People – Health needs met	91%
Values	93%	People – Person centred needs	91%
Professionals - Overall satisfaction	69%	Professionals – Adequate staffing	84%
Overall quality	94%		

The following is an example of our successful safeguarding approaches to support people with dementia:

Story 7:

At Elmthorpe Care Home, our team have implemented proactive measures to safeguard the Sisters in their care. Recognising that people with dementia are four times more likely to experience abuse compared to other adults of the same age, the staff have introduced easy-read materials with pictorial and dementia-friendly content to facilitate understanding. These materials are regularly discussed with the Sisters to ensure they feel safe and are encouraged to voice any worries or potential safeguarding concerns. This approach not only promotes a secure environment but also empowers the Sisters to actively engage in safeguarding practice.

Legacy knowledge and teachings from a life of serving good to others

The second objective focuses on preserving the legacy knowledge and teachings from a life dedicated to serving others. This is achieved through continuous support that allows each person to maintain their religious practices and stay connected with their communities.

Maintaining religious service is a core goal. The sisters, for instance, can attend mass daily, either in the on-site chapels or through live streaming to their rooms. For people who cannot attend, a member of staff remains with them during the mass, and they receive communion from the community leaders. This practice is vital in maintaining their spiritual well-being and sense of community.

We emphasise the importance of staying connected with local communities. By facilitating these connections, individuals can continue to contribute their wisdom and experience, enriching the lives of those around them and ensuring that their legacy is honoured and preserved. This is very dependent on the Sisters' will to participate in prayers, masses, and community teaching groups.

One of the significant challenges in fulfilling the Sisters' desire to transmit their legacy knowledge is the slow decline in religious communities, as fewer individuals pursue vocations as nuns or priests. Nevertheless, SJOG's practices in elderly care and dementia management can be utilised or replicated beyond a religious context, while recognising that faith and legacy knowledge remain essential for most elderly individuals. In 2024, SJOG focused on understanding and developing a model for ageing well, as outlined below.

- 'Ageing Well - A model of support for religious orders in Hexham and Newcastle Diocese'. The concept of 'ageing well' has gained attention in literature as an approach to health and well-being that incorporates various factors related to physical and mental health, and wider social elements in the lives of older adults. In Autumn 2023 we conducted a workshop with 30 members of Catholic religious orders in the Hexham and Newcastle diocese, with the aim to meet, discuss, and reflect on aging, and how this impacts religious communities and the wellbeing of their members as they age. The workshop successfully identified key challenges and opportunities for ageing within religious communities, emphasising the importance of relationships, partnerships, and practical support. Collaborative projects, volunteering, and the adoption of new technologies were discussed as ways to enhance engagement and support. The insights gained will inform future initiatives to improve the well-being and contributions of ageing members within the Hexham and Newcastle Diocese. (Read the full report here)

Building long term impact

Throughout this document we could see that the outputs for all four service areas have been evidenced and documented with case studies and different indicators, taken from the data collected in services. The outputs then point to the outcomes, which are the starter for longer-term changes for each person and more widely. Longer term impact is not necessarily observed on a yearly basis, especially for services where the people we support stay longer than that, and in the wider sector where policies and advocacy are everchanging. However, based on the analysis we note the following impact across our work:

- **Personal outcomes:** These focus on personal journeys with the aim of enabling each person to live worthwhile lives. Improvements may be seen in health and wellbeing, emotional, financial, and accommodation, which enhances a feeling of safety (as indicated by the feedback from the satisfaction survey 2024). There can also be increased engagement with families, communities, support services, project workers, and carers, resulting in reduced loneliness and a stronger support network. Another common outcome in all the service areas is increased independence, which can lead to higher confidence, self-esteem, and a sense of identity and self-worth. This helps the individuals feel like an important part of their community, regardless of their background. Finally, these combined outcomes can contribute to overall happiness and fulfilment. The support we provide to different people allow us to advocate on their behalf and address issues that enhance their independence and happiness longer term. For example, our work 'Respecting Choice and Managing Risk - Supporting individuals with learning disabilities who decline adapted diets despite choking hazards' discusses the challenge of respecting and maintaining a person's right to positive risk taking and choice. By integrating the Knowledge to Action Framework and the Mental Capacity Act of 2005, we developed a procedure that respects individuals' rights while safeguarding our work practices. This procedure (or toolkit) serves as a training aid for managing non-adherence to adapted diets, balancing respect for personal choices with safety concerns. (Report to be published)

- **Operational outcomes:** These outcomes provide insights into how services are functioning and assist SJOG in improving service delivery and enhancing the quality of care across the sector. One common outcome is the delivery of consistent and reliable services, monitored and documented through thorough quality audits conducted quarterly, resulting in improved support for individuals. Another outcome is the provision of efficient services that ensure the wellbeing and safety of people, preventing them from returning to vulnerable situations or aiding them in achieving stable, independent lives. The examples of best practices and success stories have contributed to the knowledge and expertise of colleagues, enabling them to address more specific and challenging cases involving individuals with diverse needs and backgrounds.

Additionally, satisfaction surveys indicate that health needs and person-centred needs are met continuously, and training programs, such as safeguarding training, enhancing colleague confidence and ability to provide professional, consistent support.

- **Strategic outcomes:** These are outcomes that assist SJOG in making decisions regarding the long-term direction of services and potential new projects. Ensured quality of delivery enables SJOG to reach commissioners, thereby expanding support services with the aim of helping more people. Satisfaction with the service and high-quality ratings, allows us to position ourselves as a provider of choice for future services, selected either by the individuals supported and their families or by commissioners. Another observed outcome includes providing efficient services and robust safeguarding to reduce hospital admissions and facilitate early interventions. This is reflected in systems such as efficient medicine administration and safeguarding policies and procedures, which help in maintaining the physical and mental health of the people we support. The outputs accomplished across services demonstrate that SJOG possesses the knowledge and expertise to continue providing services for various needs, adapting practice models and embedding learning to develop and shape the wider policy landscape.

A practical application of our knowledge in the wider sector is seen in the project 'Exploring access to health support and treatment for people subject to modern-day slavery and trafficking', commissioned by the UKHSA and UCLH Inclusion Health Outreach team, to co-design a national service model for controlling infectious diseases in health inclusion groups. This study involved 25 participants and used thematic analysis to identify barriers to health treatments. Recommendations from this research helped shape the updated Survivors' Care Standard guide, soon to be available. (Read full report here)

Emergent questions to shape practice

The following questions have been developed to help us explore our impact and by doing so, inform our practice and services. These are:

1. How do we balance proven best practices with the desires and preferences of individuals?

2. How can we integrate our person-centred approach into the wider care system (services, healthcare, benefits) to ensure accessibility, eligibility, continuity and a holistic approach to improving quality of life for all people?

3. What methods can be used to gather and improve data processing to better understand the outputs of our support, utilise insights to enhance service delivery, best practices, develop new projects, raise awareness on addressed issues, and strengthen SJOG's values and mission?

4. How can we more effectively refine the definition and measurement of independence and quality of life (e.g., using the ASQoL) across our work? Our goal is to avoid generalising the unique needs and aspirations of the people we support, while still demonstrating best practices and the achievement of objectives with robust quantitative evidence.

5. How can we support colleagues in delivering effective person-centred care by collecting and using key indicators to gain insights into their work and foster their professional growth?

Developing our Impact Framework

Developing this baseline report enabled us to evaluate the impact framework and theory of change.

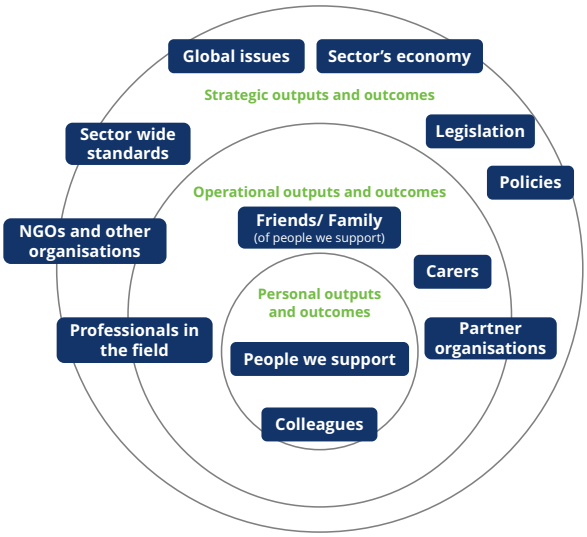
This exercise shows that there are various layers when we talk about impact. Starting with the outputs, which are shorter term achievements that guide our support and service delivery, these are demonstrated with indicators such as safeguarding and satisfaction surveys, person-centred care plans, and colleagues' skills, within others.

Outcomes, demonstrating longer-term achievements that are aligned with each service's mission and broader sector needs, showed opportunity for us to enhance our data collection and processing systems. Doing so will allow us to gather the necessary indicators consistently to fully evidence outcomes over time, thereby strengthening our impact reporting and showcasing the long-term benefits of our services.

The process of allowed us to reflect on the layers of impact which are created through our services. These layers range from direct and easily evidenced impact to indirect and more theoretical one, as shown in figure 6. Our indirect impact is triangulated through broader global measures combined with those from other organisations addressing similar issues.

The most immediate impact observed at SJOG relates to personal outputs and outcomes of each person we support and our colleagues. Operational outputs and outcomes, influence broader communities such as friends, family, carers, professionals, and partners in the community and sector. On a broader scale, our policy and practice based research can influence sector standards, global issues, the sector's economy, and legislation and policy. This impact relates to strategic outputs and outcomes.

Figure 6 - Layers of impact in relation to outputs and outcomes



Moving forward through 2025, we will explore emergent questions to enhance our impact framework and strategy. We aim to iterate and simplify our processes, from data collection to report writing. Initially, we will identify effective systems at both the service and organisational levels to process and use data efficiently, and replicate successful methods across service areas for more precise framework iterations. Finally, with a more accurate framework, the goal is to create a 2025 impact report that effectively captures SJOG's activities, continues to highlight the impact of our services, and serves as a tool for making decisions.

SJOG
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