SJOG News

Research & Policy

July-August 2026

Publications

SJOG Annual Report 2025: The report outlines SJOG's activities, achievements and impact in 2025. Highlights show that it supported over 1,800 people each month, worked across 60 communities, maintained 100% CQC Good or Outstanding ratings, and helped over 97,000 people digitally. The report also reviews organisational performance, governance and finances, and sets out priorities for future development.

Health as an economic asset: Health Foundation's report argues that a healthy working-age population is a key economic asset. Restoring population health to 2014 levels could generate £57 billion in additional annual economic output, increase public finances by £40 billion in tax revenue, and reduce welfare spending by £18 billion, with the greatest benefits felt by lower-income households.

When the law changes sides- the criminalisation of survivors of trafficking in the UK: A new report from Asylum Aid and the Helen Bamber Foundation reveals how trafficking survivors are often punished for offences linked to their exploitation, leading to prosecution, detention, and exclusion from support. The report calls for legal reforms to better protect survivors and prevent their criminalisation.

Resources

How to Make Information Accessible for People with Learning Disabilities: This recorded webinar shares practical ways to make information clearer and more accessible for people with learning disabilities. It also explores co-production and how to work more effectively alongside people with lived experience.

Advancing PBS at the International Positive Behaviour Support Conference 2026: The briefing focuses on highlights of the conference: shifting from expert-driven to experience-led Positive Behaviour Support (PBS), with a strong focus on capable environments, practice leadership, and the role of lived experience. It also emphasises the importance of accessible communication and challenged the complex language often used in health and social care that can exclude people with learning disabilities.

How effective is Social Prescribing? Evidence from social prescribing initiatives shows positive outcomes for health and wellbeing, while NASP's resources help organisations evaluate their impact and strengthen the evidence base for future practice.

Showcasing Anti-Slavery Day Activities Across the Sector: The Human Trafficking Foundation will be hosting a webpage dedicated to Anti-Slavery Day, marked annually on the 18th October. As part of this initiative, HTF would like to showcase events, campaigns, and activities being organised across the sector. If organisations are planning an event or activity to mark Anti-Slavery Day, HTF would be delighted to feature it on the webpage. To check their page, send details of the event, including dates, locations, and any relevant links or promotional materials, please click here.

SJOG practice and advocacy

Why proposed immigration reforms matter for people subject to modern day slavery and trafficking

The Government's proposed changes to migration legislation, including the newly introduced Immigration and Asylum Bill 2026, have raised important considerations regarding the identification, protection and long-term support of survivors of modern slavery and human trafficking.

Recent National Referral Mechanism (NRM) data show high rates of successful reconsideration requests, suggesting that some survivors are only recognised as victims after challenging an initial decision. While improvements in processing times are welcome, there remains a need to ensure that speed does not come at the expense of accuracy, safeguarding and survivor wellbeing.

Frontline providers have reported increasing challenges in evidencing ongoing recovery needs and securing extensions to support. There are also concerns that some survivors may lose access to assistance before they have achieved sufficient stability, increasing the risk of homelessness, destitution and renewed exploitation.

These challenges can also place additional pressure on housing, healthcare and local authority services.

SJOG's Experience: Recovery Takes Time

Recovery from trafficking is rarely straightforward. Many survivors continue to face housing insecurity, unresolved immigration issues, financial hardship and poor mental health long after leaving exploitation.

As one of the UK's largest providers of specialist accommodation and support for survivors of modern slavery and human trafficking, SJOG sees first-hand the realities of recovery.

In 2025, SJOG:

- Supported 788 new survivors through its Modern Day Slavery and Trafficking services.
- Supported 714 move-ons, with 96% achieving positive outcomes.
- Delivered more than 96,400 hours of specialist support.

SJOG's experience highlights the importance of sustained support. In 2025, 82% of survivors required at least one extension of support, and the average support period was 13.5 months.

These figures reflect the reality that recovery often depends upon securing accommodation, resolving immigration issues, accessing healthcare, rebuilding social networks and developing skills for independent living. Decisions relating to Recovery Needs Assessments should therefore remain trauma-informed, consistent and focused on safeguarding outcomes.

Looking Ahead

Protecting survivors requires a system that places safety, recovery and long-term stability at its heart. Access to safe accommodation, specialist support and effective safeguarding measures enables survivors to rebuild their lives while reducing the risk of re-exploitation.

SJOG remains committed to delivering person-centred, trauma-informed support and to advocating for policies that ensure survivors of modern slavery and human trafficking can access protection, recover with dignity and achieve lasting independence.

Article of the month

What do we mean by Lived Experience?

By Ioana Brezeanu, Senior and Policy Research Officer

Introduction

The concept of lived experience has become increasingly important in disability, mental health, addiction, social care, and policy development. Organisations are increasingly involving people with lived experience in service design, research, governance, and workforce development because they recognise that those directly affected by services possess knowledge that professionals alone cannot provide.

As this involvement has grown, debates have emerged about what lived experience actually means. Understanding this is essential if organisations are to move beyond consultation towards genuine co-production and shared decision-making.

What Is Lived Experience?

At its simplest, lived experience refers to knowledge gained through direct personal experience. This may include living with disability, mental distress, addiction, poverty, trauma, discrimination, homelessness, or other significant life circumstances.

Historically, lived experience has often been seen as personal testimony. People were invited to share their stories to help services understand the realities of those they support. Such stories can challenge stereotypes, reduce stigma, and provide valuable insights into how systems affect people's lives.

Increasingly, however, lived experience is recognised as more than storytelling. People who spend years navigating health, welfare, education, housing, or justice systems often develop detailed knowledge about how those systems operate, where barriers exist, and what improvements are needed. This knowledge reflects practical expertise gained through daily interaction with services and institutions.

Anthropological perspectives further demonstrate that experience is not purely individual. People's experiences are shaped by relationships, culture, social structures, and institutions. Lived experience, therefore, reflects not only what happens to individuals but how they interpret and navigate the world around them. It is both personal and collective knowledge.

Lived Experience and Lived Expertise

While lived experience refers to the direct personal experience compared to a significant event, lived expertise goes further. It combines personal experience with knowledge of rights, policy, advocacy, research, community perspectives, and systems change. While everyone with lived expertise has lived experience, not everyone with lived experience develops lived expertise.

This understanding is important because some organisations often value people for their stories, while overlooking the knowledge and analytical skills that emerge from experience. Recognising lived expertise challenges traditional assumptions about who is considered an expert and supports greater participation in leadership, governance, policy development, and research.

How Lived Experience can be used

One of the most established examples is the growth of peer support roles within mental health and addiction services. Peer workers use their own experiences to build trust, promote hope, and support recovery. Research shows that peer workers can improve engagement, reduce stigma, and strengthen person-centred practice.

Lived experience is also increasingly incorporated into advisory panels, co-produced research, advocacy organisations, service redesign, and governance structures. These approaches aim to ensure that the voices of those directly affected by services help shape decisions and policy.

Challenges to Meaningful Inclusion

Despite progress, significant barriers remain. A common challenge is tokenism, where people are invited to share personal stories but have little influence over actual decisions. Their involvement may be valued symbolically rather than as a source of expertise.

Stigma also persists. People who disclose experiences of mental distress, addiction, or disability may find their knowledge viewed as less credible than professional or academic knowledge. In addition, lived experience is not uniform. No individual can represent the diversity of experiences within a community.

There are also risks associated with repeatedly sharing personal experiences, including emotional strain and potential retraumatisation if adequate support is not provided.

Conclusion

When lived experience is valued as both knowledge and expertise, it can become a powerful resource for improving services, challenging inequalities, and creating more inclusive systems. This involves more than listening to personal stories, but creating opportunities for people with lived experience to influence decisions, shape services, and lead change.

News and opportunities

Call for a New Learning Disability Health Strategy: More than 1,200 people and organisations have signed an open letter calling on the new Prime Minister to address the health inequalities experienced by people with learning disabilities. The campaign urges the Government to develop a new national health strategy that defines what good healthcare looks like for people with learning disabilities and builds on Learning Disability England's Good Lives Framework, which was co-produced and led by people with learning disabilities. The aim is to create a clear, inclusive plan that supports equal access to healthcare and better health outcomes. Read more.

PM urged to improve the living standards of Disabled people: The Disability Poverty Campaign Group (DPCG) has also written to Andy Burnham, urging him to continue his disability allyship by tackling disability poverty and rebuilding trust between the community and the government. The DPCG letter acknowledges the PM's longstanding record of supporting Disabled people's rights, including his work with the GM Disabled People's Panel his backing for incorporation of the UN Convention on the Rights of Persons with Disabilities UNCRPD into UK law, and his commitment to social care reform. However, DPCG warn that without drastic co-produced solutions the lives of Disabled people will continue a downward trend.

Beyond the hold- restraint reduction through trauma informed systems: a conference that focuses on closing the gap between high-level restraint reduction guidelines and the reality of what people experience when they are distressed. The presentations will move beyond considering the 'how' of restraint and instead explore why distress happens in the first place, spotlighting the importance of nervous system regulation. **When?** 3-4 November 2026Crowne Plaza **Where?** Stephenson Quarter; Newcastle, NE1 3SA. For details and registration here.