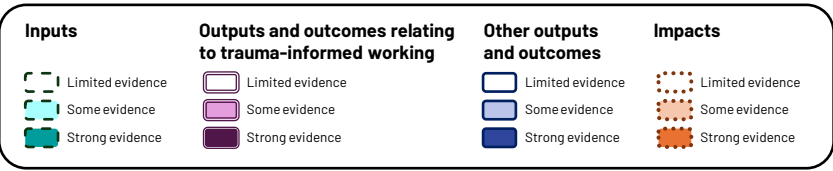


RSDATG Theory of change



- Key barriers**
- Short-term positions are harder to recruit and retain, leading to staff shortages and turnover
 - Policies and practices of other services are not trauma-informed
 - Lack of specialist detox capacity
 - Lack of housing pre- and post- inpatient treatment
 - Time-limited funding commitment makes it harder to offer sustained support
 - Lack of suitable housing, supported housing in particular
 - People with NRPF cannot access most types of housing
 - Access to mental health support limited by policies around substance use, and overall capacity
 - Limitations to system change in terms of relative scale of RSDATG in wider system
 - Reductions in OHID distributed team

- Contextual factors**
- Overall rates of rough sleeping increasing: cost-of-living and housing crises
 - Public and political attitudes to rough sleeping and substance misuse
 - Pressure on mental health services
 - Increases in use of spice and in synthetic opiates
 - Culture changes and relationships resulting from Everyone In initiative
 - Other funding programmes, such as Rough Sleeper Initiative
 - Drug and alcohol treatment and recovery workforce strategy
 - Research, e.g. into traumatic brain injury

