
The Rolling Stones Project: A Housing Led Experiment in Italy

Lara Granelli, Giacomo Invernizzi and Lara Marchesi

University of Bergamo (Pedagogical Sciences), Bergamo, Italy

Association Opera Bonomelli, Nuovo Albergo Popolare, Bergamo, Italy

Emmaus Community, Social Cooperative, Bergamo, Italy

› **Abstract_** *This article aims to describe and examine a Housing Led experiment launched in Italy – the Rolling Stones project. The defining features of the Rolling Stones project include its community-oriented approach, among other features, that make it an innovative approach to housing homeless people. The project is also noteworthy on account of the fact that it provides educational support, and less structured assistance and therapy to those with complex needs. This article describes the economic benefits of such a project, both in terms of the financial costs of homeless services, and the costs of alternative forms of assistance. Moreover, a series of evaluations has been conducted, assessing both the effectiveness of the project and the perceptions and experiences of project users. These perceptions and experiences were then compared with the perspective of the staff running the project. The life skills acquired by individuals housed were assessed, along with their degree of satisfaction with their new housing. The results of these initial evaluations, together with the economic benefits of such a project, indicate the effectiveness and importance of the approach, albeit while the project is still in its initial stages.*

› **Keywords_** *Housing Led, community-oriented approach, integration, evaluation*

Introduction: The Rolling Stones Project

The Rolling Stones Project operates in Bergamo town and province in Northern Italy.¹ Its aim is to provide residential solutions to individuals who are deemed vulnerable and whose difficulties are 'chronic' in nature. The project targets those engaged in problematic alcohol or drug use, and whose use has caused both health-related and social problems. They tend to be lacking a social support network, and have been unsuccessful in engaging with drug or alcohol treatment programmes. They also tend to experience acute difficulties in a number of areas of their life including social reintegration, finding employment, maintaining housing or forming new, stable relationships. The residential solutions offered form part of a robust network, providing both healthcare and opportunities for work, recreation, cultural activities and fostering the development of relationships. In order to ensure that the project was integrated with existing support systems in the community, the project was launched in four separate areas. The aim of such a structure was to allow the development of a comprehensive support network for vulnerable persons and encourage the integration of project users into their local community. This innovative organisational method enabled a multi-dimensional approach to be adopted, bringing together a number of different initiatives to work together.

The leading organisers of the project is the Associazione Opera Bonomelli Onlus – Nuovo Albergo Popolare. This association has been officially accredited by the region of Lombardia to work with those with problematic drug and alcohol use. The social cooperatives of Gasparina, Bessimo, Emmaus e Famiglia Nuova, in addition to l'istituto delle suore Poverelle (Casa il Mantello), l'Opera Diocesana Patronato San Vincenzo e l'Associazione Diakonia Onlus are the partners, who together form the service provision networks (see Table 1).

¹ Bergamo is the main town (with a population of 120 000 inhabitants) of a large province (with a population of approximately one million inhabitants).

Table 1. Location of Accommodation and Distribution according to User-Type

Owner of accommodation	Location	Availability		Type of use			Total number of places per area
	Area	Number of residences	Number of places	Women	Men	Couples	
Patronato San Vincenzo	Bergamo	7	7		7		27
Nuovo Albergo Popolare		4	12		12		
Istituto Poverelle		1	4	4			
Caritas (Diakonia)		2	4	2	2		
Consorzio Servizi Val Cavallina (Emmaus)	Val Cavallina	1	2		2		2
Bessimo	Alto Sebino	2	6		4	1	6
Famiglia Nuova Cooperativa Sociale	Isola Bergamasca	1	4		4		4
Gasparina di Sopra	Romano di Lombardia	6	11	2	7	1	11
Total		22	50	8	38	4	50

Operating as a network can be an effective approach to supporting project users and facilitating their integration into society. Such a working method was borne from the recognised need to foster an integrated system, which could provide a range of skills and responsibilities. Consequently, the extensive involvement of a whole host of public and private bodies which are divided into two groups (outlined below) make up the system as a whole, and is seen to be crucial to achieving successful outcomes:

1. The provincial-level network whose aim is to coordinate, monitor and guide users.
2. The area networks whose aim is to create and operate residential support systems and provide an integrated support network for the project users. Such integrated networks are established through the provision and development of resources facilitating employment, the formation of relationships, group and cultural activities.

Each network comprises teachers, public-sector medical professionals, social workers, psychiatrists and psychologists. The network-based approach is vital in the context of the increasingly complex and diverse range of problems of those experiencing acute social exclusion and chronic personal difficulties, for this plethora of complex needs can overwhelm the work of a single social worker providing support. Indeed, tackling such problems on a daily basis can often result in the social worker feeling both powerless and disillusioned. The increasingly complex nature of their work is the result of a number of factors:

1. Each individual to whom support is given has their own unique experiences;
2. The problems affecting these project users (increasing poverty levels, widespread psychological distress, the loss of significant relationships in the local communities);
3. Increased professional demands, which often limit their capacity to provide support (e.g. reduced human and financial resources within the social services together with increasing demand for high-quality, effective services);
4. The multi-faceted nature of the work expected from the social worker; he or she must work directly with project users, continue to serve their organisation and contribute to improving social cohesion of the local area.

The network-based approach is, first and foremost, a way of thinking which advocates cooperation and collaboration with others. It enables the development of integrated and multi-dimensional initiatives, which are seen as crucial in order to meet the increasingly complex and difficult requirements of project users (FIO. psd, 2006). The aim of the project is to enable the project users to reclaim a degree of independence and responsibility that is sustainable. This goal is achieved through the provision of therapy as part of a residential programme, with minimal restrictions placed on participants, and by reducing the number of people who remain in the area, receiving piecemeal and ineffective care from social services. Neither social services nor social housing programmes at provincial level experience have been able to meet user needs due to a lack of healthcare professionals, and/or flexible residential support structures which provide assistance over long periods of time. However, whilst experiences of such programmes have been in some ways positive, they do not provide a long-term solution to prevailing needs, insofar as staff have limited contact hours with service users in which their primary goal is to educate and prepare for independent living.

By contrast, those engaging in the Rolling Stones project require long-term support, a structure that provides assistance with their day-to-day lives and helps develop their capacity to increase personal autonomy. Consequently, having this project in place prevents users from making frequent use of short-term options, which they have experienced on several occasions (for example, therapeutic communities during particularly critical points in their problematic drug or alcohol use). Avoiding further use of these unsuccessful solutions avoids the inappropriate use of services, the wasting of public resources, and prevents the individuals concerned from making another failed attempt at treatment, which would in turn cause their problem to become even more entrenched. What often emerges as a problem rather than a resource is the "piecemeal nature of the support and care provided. It is therefore important to ensure that a person's everyday environment, their social context and the community to which they belong are spaces in which they can truly exist, and

not simply survive” (Gnocchi, 2009, p.266). The piecemeal provision of care and the way it varies from area to area stems from the absence of a clearly defined, coordinated policy at national level and “can be attributed to a general lack of welfare support, as well as to the fact the homelessness is not considered an important social issue, or at least not one that should be a matter of priority for the State” (Gui, 1995, p.73).

Comparison of Rolling Stones Project and Housing First and Housing Led Models

The Rolling Stones project is under the remit of Lombardy Region health policy and it is the first regional intervention that has applied a Housing Led strategy for homeless people. This strategy is based on priority access to permanent housing solutions. In the context of Bergamo province, this model stands as an alternative to the ‘staircase’ approach. The ‘staircase’ approach was used previously by the same services involved in the Rolling Stones project. The Rolling Stones project is based on the recognition of the universal right to housing, and central to its ethos is that every person deserves stable housing. To achieve this goal, the project will not only provide stable housing, but also offer individualised support to project users.

The Rolling Stones Project collects inside it the three main variants ‘s Housing First identified by Pleace and Bretherton: the models “Pure”, “Light” and “Communal” or “Project- based” (Pleace and Bretherton, 2013). The goals and the dispersion of the greatest number of houses in the city and province’s towns refers to the Pure model. It may be related to the Housing First Light model for less intensive, more practical and emotional support; at last, Rolling Stones approaches to Project-Based because it involves, in few cases, the apartments’ layout within the same building and an extensive support, that is provided to a large group of people. Similar to North American and European models, the Rolling Stones project aims to ensure quick access to permanent housing solutions. Project users all reported alcohol and/or drug dependence problems for many years. These problems have not been completely overcome, and access to the project does not require abstinence: this goal isn’t excluded a priori, especially during the educational support phase, but isn’t a binding prerequisite for accessing the house and staying in the project. The project user enters the house without the preliminary obligation to adhere to the support provided by the project team. It is then up to the social workers to take an active and proposal role, engaging the person and starting with him a new project stage.

The apartments linked to the project are mostly scattered across the communities (scattered site) in order to avoid 'ghettoization' and to foster and enhance social integration. Furthermore, the housing solution is permanent: therefore, the project does not impose a deadline for service support, nor do the social workers impose a date of notice to vacate the accommodation. However, the project is marked by some distinctions that brands the project as an innovative Housing Led approach. First, the service provision ethos does not assume the causation of homelessness is linked to pathology, i.e. the subject's mental health and substance dependency problems. Instead, these problems are understood as being caused by social and economic disadvantage.

However, the Rolling Stones project differs from Housing First and the majority of Housing Led models, in that project users co-habit or share their accommodation. In addition to fostering the relationship between project users themselves, the project team works to encourage and foster a unified neighbourhood and a renewed public space (defined as a place for which members of the community can meet and converse). The focus of the support is on the well-being of the project user, to foster a sense of ontological security and of belonging. To do this, educators also work on the development of integration within the community. To support this goal, the educator also plays the role of coordinator between service user and local resources and promotes collaboration between informal and formal supports, with an aim to stimulate social cohesion. This sense of cohesion is seen as integral for both the sustainability of the project and the success of the wider community within which the project is rooted.

Therefore, educational support is aimed at the recovery of an individual by drawing on formal and informal resources in the area. The local context, income, strong relationships with others and access to services are all-crucial to the success of each individual. The Rolling Stones project replaces the clinical multidisciplinary approach of Housing First (which involves the collaboration of psychologists / psychiatrists, social workers, nurses and employment specialists) with a social multidisciplinary approach. This social multidisciplinary approach works with a network of services, cooperatives and associations (i.e. relational resources, occupational and recreational activities) offered by the local resources, which the Rolling Stones project argues is fundamental to the person's integration and to their own recovery.

The Origins of the Rolling Stones Project

The distinctiveness of the Rolling Stones project is best understood by considering its origins. It arises from the Piccola Polis experience, in a neighbourhood of the city of Bergamo. In 2011, the Opera Bonomelli – Nuovo Albergo Popolare, with the city of Bergamo, launched a small experimental project in a disadvantaged and problematic neighbourhood. This neighbourhood is dominated by public and social housing, and there were considerable tensions between the generations and between Italian-born and newly-arrived immigrant residents. An apartment was allocated to three homeless people (who were previous service users of Nuovo Albergo Popolare). In this home, they learned how to cohabit and find a sense of belonging to the local community. The project was initially perceived by local institutions and residents as additional pressure on the local area, in that it was seen as a new problem to deal with. However, over time the house was seen within the context of the neighbourhood as a symbol of success (despite constrained resources) wherein vulnerable people with histories of homelessness could successfully co-habit and integrate successfully with the local community. This can be seen through the views of the social worker who worked on the Piccola Polis experience. His role entailed working with the three inhabitants in the house on one hand, and then on the other to promote and foster positive relationships within the community in an effort to improve cohesion and quality of life. Intentionally developing a greater awareness and attention to families and residents in the community, through simple initiatives such as the organisation of parties, picnics with children and meetings between the area inhabitants, more rich and meaningful human relationships have emerged.

The Piccola Polis project suggested that the issues and individual vulnerability can be overcome through living together. These vulnerabilities are the very ingredients which enables an entire community (certainly in that neighbourhood) to take action around its limitations, which often are similar to those experienced by users of the Nuovo Albergo Popolare. Similarly, the Rolling Stones project is characterised by the pursuit of attaining balance and harmony within communities through the work involved. The educator is required to raise awareness of the area, improve its integration potential, regain the standard of living and improve its public spaces, which are viewed as sites of meeting, reciprocity and belonging. Feeling part of a community context and being able to draw on local services and resources, becomes a fundamental tool of educational support provided to the person. This educational support considers the user's social welfare a fundamental building block. Table 2 shows a thematic overview of the main differences and similarities between the Rolling Stones project and the Housing First approach.

Table 2. Comparison of Housing First and Rolling Stones

Items	Housing First	Rolling Stones
Accommodation Type	Scattered site	Scattered site
Separation of Accommodation and Support	Yes	Yes
House-Sharing	Optional	Mandatory
Type of Support	Intensive social and healthcare support: Case Management, Assertive Community Treatment (ACT)	Extensive, less intensive level of support. Support aimed at achieving individual well-being and improving community integration, to improve sense of identity and sense of belonging, along with the creation of public spaces for meeting and exchange
Subject Reading	Clinical	Social
Multidisciplinary	Project professional team that take care of service user	Territorial network of services, cooperatives and associations that provides relational, occupational and recreational resources

Educating Chronicity: Providing Educational Support to those with Chronic Difficulties

As was clear from how difficult it is to maintain the socio-relational dimension of the Rolling Stones project, it is crucial to its successful conclusion and indeed, its very foundations. In the words of Caritas Ambrosiana, ² “embarking upon a course of treatment which involves socialisation, the development of relationships which counterbalance solitude, the provision of housing to each individual designed to promote “independence” are crucial components of the plan designed to assist the sector of the population defined as “chronic” (2009, p.102). The issues of independence and the new working approach, which the social worker must learn as part of this new project, are at the heart of the periodic training sessions developed to inform staff. These training sessions involve the discussion of difficulties, experiences and working methods in residential services for homeless people. Social workers are faced with a new working method which differs from that used in the referral institution, and forced to contend with the feelings of confusion and insecurity to which that gives rise. The “Light” housing facilities offer a less structured form of support, greater flexibility and education-orientated relationships between staff and project users –

² Caritas Ambrosiana is the pastoral body set up by the Milan Archbishop in order to promote the witness of charity of the diocesan ecclesial community and of the smaller communities, especially parishes, in forms that are appropriate to the times and needs. It works to encourage the integral development of man, social justice and peace, with particular attention to those last and with a mainly pedagogical function. Caritas Ambrosiana is the official instrument of the Milan Diocese for the promotion and coordination of charitable and welfare initiatives within the diocesan.

who are to some extent expected to be self-sufficient. This approach focuses not only on the individual as the subject of a therapeutic approach, but also on the well-being connected to the socio-relational aspects of their environments. Two factors are crucial to the development of such well-being:

1. Identity: to bolster the interaction between the “I” and the “We”. Where the users of this project are concerned, identity can be highly contested; the more deeply an individual has been suffered, the more he/she tends to defend himself/herself against attacks on his/her personal identity. Such resistance can have certain repercussions on an environment in which individuals cohabit: attack and defence will most likely be the key forms of interaction between residents.
2. Time: in terms of prospects, development and planning for the future. For many Rolling Stones project users, time is reduced. It shrinks to such an extent that existence becomes circular and users focus solely on the short term: time passes but moves in no particular direction, there is no sense of making plans for the future. Indeed, users have ceased making such plans as to do so causes them a certain degree of pain.

Furthermore, the social workers are required to convince the housed community the added value of the presence of their new neighbours, to convince them that it will in fact improve their quality of life. This is the active role already referred to, in which the educator can engage with the subject to collaboratively map out a shared future. Though educational support is not obligatory, it is important that users understand the potential value of educational support work with their social worker.

Forced to contend with such complex issues, both the teacher and the organisation must adopt a different cultural concept and modify their expectations of the project users. Given the chronic difficulties and vulnerabilities of the majority of Rolling Stones project users, it is important to move away from a therapeutic approach; understood as the provision of support in such a way as to help users reach a point where they “function properly”, a pre-determined, desired level of well-being. In this case, the social worker acts as the expert in this standard of reference and in the ways it is to be achieved.

One alternative method could involve supporting the individual concerned in creating possibilities for their future, without pre-determining any goals in advance. The individuals would simply be supported in improving gradually at their own pace. Whilst adopting such a method may involve moving away from a therapeutic approach, everybody’s expectations relating to change will be more moderate. A holistic approach to the individual is also central, whereby their unique backgrounds and experiences, complex needs and personal resources are to be taken into account. Thus, the term “therapeutic” is not rendered useless, but there is a need to question

the definition of “change”. This change is determined jointly and gradually by the user and the social worker, and neither imposed upon nor established in advance. The social worker must support the project user and adopt their perspective, in order for the two involved can together explore realistic yet desirable scope for change.

The Cost of Rolling Stones and its Economic Benefits in Comparison with other Services and Alternative Therapeutic Solutions

In order to carry out a cost-benefit analysis of this project with more conventional approaches to homelessness, it is useful to refer to a recent local study commissioned by the Diocesan branch of Caritas and conducted by the Department of Human and Social Sciences at Bergamo University. The study lasted one year (September 2012-October 2013). Its purpose was to define, quantify and analyse homelessness in Bergamo and its province. The study was divided into four phases:

1. First phase: the organisation of twenty-eight meetings with authorities, organisation and entities who work on the issue of homelessness in Bergamo
2. Second phase: the collection and processing of quantitative data
3. Third phase: visits to temporary accommodation for homeless persons and the completion of interview with those of no fixed abode.
4. Fourth phase: preparation of the final report.

The investigation revealed that 683 homeless persons were present in Bergamo: migrants accounted for 73 percent of the sample and 88 percent were male. Twelve percent of those of no fixed abode were women: of that group, 56 percent were migrants and the rest were Italian-born. It is important to clarify defining the use of dormitories among homeless persons; to be classified as an individual of no fixed abode he/she has stayed in a hostel dormitory for at least one week a year. When this criterion was applied, it emerged that 38 percent of those making use of dormitories in Bergamo had done so for less than a week over the course of the year. 62 percent had been given a bed for more than a week. The research conducted within the local healthcare services involved the distribution of questionnaires in the Accident and Emergency ward at the Papa Giovanni XXIII Hospital and the OIKOS clinic, both of whom work within the Rolling Stones project. The questions posed included asking individuals where they had slept the night before and what type of trouble or inconvenience they had experienced. 42 percent of migrant respondents said they had slept in a dormitory and 31 percent said they had slept rough. By contrast, 67 percent of Italians had stayed with friends or relatives. Finally, on the reasons that had brought them to the hospital or clinic, 53 percent cited problems with their physical health, while 38

percent reported health conditions caused by “life on the street” (data from the feedback seminar on research commissioned by the Diocesan branch of Caritas and conducted by Bergamo University, held on 16/10/2013). Thus, it emerged that those of no fixed abode are dependent on a variety of crucial services (emergency departments, hospitals, healthcare services, etc.) and this generates significant financial costs.

The cost per person per day of a stay in an accommodation service which provides rehabilitative therapy ranges from €79 (psycho-pedagogic community) to €120 (community for alcohol dependency). The services most commonly used by those of no fixed abode range from €18 Euros per person (the cost of one night in a dormitory) to €830 per person, with significant costs incurred by the services provided by the social security system (one night in jail costs the social security system the equivalent of €166, medical expenses excluded). The cost of the Rolling Stones project per user per day is around €42: €25 of this sum are covered by the regional health authority (SSR) and €17 provided either by the body running the project or the local authority, or can even be contributed by another interested party (in exchange for the right to participate in the project). Therefore, it appears that treating a person suffering from chronic difficulties within the framework of a project such as Rolling Stones has a number of economic advantages for the region’s healthcare, welfare and social security services. Furthermore, when compared to providing treatment within rehabilitative care, projects such as Rolling Stones appear to allow significant savings to be made, particularly when long-term costs are taken into account. Indeed, the experience of local healthcare services showed that frequent and inappropriate use is made of the therapeutic community to treat individuals with chronic difficulties. Moreover, these therapeutic communities were not used following a clinical assessment that concluded that such treatment was necessary, but rather on account of the fact that no other resources were available.

The One-Year Evaluation of the Project’s Pilot Phase

The importance of evaluating the project’s success becomes clear when the project’s goals are considered: to effectively achieve its aims and become eligible for accreditation as a service by the Lombardia region. The following key criteria are then examined, in order to gauge the success of the project:

1. The profile of each user in the first six months of the project, compiled using the Addiction Severity Index (ASI).
2. The improvement (or deterioration) of users’ physical and psychological well-being and life skills (relevant here are mental and physical health, behaviour, emotional literacy, the ability to form relationships and to access training and employment). These skills were evaluated 6 and 11 months after the project had begun.

3. User-satisfaction with the project.
4. The number of individuals being treated by the project, and the number of referrals and dropouts in the first year the project is put to the test (this information enables an assessment to be conducted both of the project's ability to retain users and of how appropriate it is for the type of user considered).

Addiction severity index

The completion of an Addiction Severity Index (ASI) for each user as they enter the project has made it possible to identify the key issues affecting those receiving treatment from the Rolling Stones project. The Addiction Severity Index is a semi-structured interview used to collect information on the life of a project user, which is crucial to situating substance abuse issues. Seven varieties of problems are assessed: medical, employment, alcohol consumption, substance use, legal, social, psychiatric and family related. Once the user's self-assessments of each area have been standardised to a five-point scale, in order to assess the seriousness of the problems suffered and the extent to which treatment is necessary. The sample analysed 19 users using this scale.

Following the processing of the information provided by the ASI, completed upon a user's commencement of the project, the following data was produced:

- Health: in the previous 30 days, 40 percent had suffered health problems, and 60 percent felt they needed treatment for these problems.
- Employment: in the previous 30 days, 15 percent had earned been paid between €100 and €650 Euros through employment.
- Alcohol abuse: in the previous 30 days, 25 percent had consumed alcohol (10 percent of whom reported an incident of alcohol poisoning), and 30 percent were worried or anxious about this problem; 35 percent believed it important to seek help for their alcohol use.
- Substance use: in the previous 30 days, 40 percent had used drugs, 30 percent had been worried or anxious about problems related to drug use and 30 percent deemed it important to seek treatment support.
- Legal situation: in the previous 30 days, 15 percent had been involved in illegal activities with a view to making money, 20 percent were currently charged with a crime (awaiting trial or sentencing), and 35 percent viewed their legal situation as serious.
- Family situation: 60 percent had experienced serious difficulties in their relationships with those close to them; mother (20 percent), brothers or sisters (15 percent), other family members (10 percent), close friends (10 percent), neighbour (5 percent).

- **Psychiatric health:** in the previous 30 days, 50 percent had experienced psychological and/ or emotional problems, 35 percent had been worried or anxious about these problems and 50 percent believed it important to obtain treatment.

Ten months after the launch of the project, a total of 51 individuals were engaged in the project: 44 men and 7 women. The average age of users was 48. The majority of users fall within the 50-60 years old age bracket. There were fewer project users over 60 years of age, and an even smaller number was below 34 years. A significant proportion of the users are between 45 and 49 years. The low numbers of young people in the sample is due to the particular type of user which the project is designed to treat; which targets potential project users by length of time in the homeless system, or who have failed to complete their treatment programmes on one or more occasion. Consequently, these would inevitably be older in age. Data regarding users' housing situations prior to entering the project reveals, once again, the difficult situations endured by the individuals in question, and their dependency on crucial services in the community.

As many as 22 of the 51 individual interviewed had been living in a residential treatment service. Five users had been sleeping in a dormitory, seven lived in rented accommodation, and the same number again had been accommodated by a centre for the homeless. One person had been in prison and one in hospital. The rest had been living with family members, in squats/abandoned housing or on the street. Only one individual had previously participated in another housing project. The majority of users were referred to the project either by local, state-run addiction units or SMIs, and clinics run by the private social care sector and accredited by the Lombardia region. These services are spread across Bergamo and its province. A significant number of users came to the project from residential treatment services. Two people had been referred to by the municipal authorities, and another two had been sent by services or projects designed to support homeless persons.

Life Skills

The second factor to come under scrutiny as part of the Rolling Stones project evaluation, was life skills. On three separate occasions, users were asked to complete a check list regarding their situation: once upon entry into the project, to learn of their previous situation and then after 6 and 11 months of receiving support from Rolling Stones. The aim of the test was to gather information regarding their acquisition of a series of skills, including lifestyle management, behaviour, emotional literacy, relationships and employment. For each skill, the user was asked to assess their capabilities, on a scale of 1 to 10. The questionnaire also provided space for the social worker dealing with the user in question to provide his own opinion: his assessment of the users' skills was compared to the self-assessment provided by that same user. Two crucial aspects of this assessment tool must here be underlined:

1. Variation between the self-assessments produced by users: the assessments performed on entry into the Rolling Stones project and after six months differ greatly from those produced after eleven months in the accommodation provided.
2. The variation in the social worker's assessments, over the same period of time.
3. The comparison of the variations between the assessments issued by both individuals.

The following tables display the results of these assessments, subdivided into the four key areas examined (Tables 3, 4, 5 and 6). Within the first 11 months of the project trial, the check-list was conducted with around thirty users. Unfortunately, given that we required all six assessments for each individual (from the user and the social worker prior to entry, after six months and after eleven months), in order for the data to be valid, we were only able to consider a sample of nine users. As far as the others were concerned, some joined the project after the first six months; for others, we lacked the initial assessment conducted by a social worker of their situation prior to entering the project; and a final group were dismissed from the project before eleven months were out. Given that we had to analyse the variations between the assessments completed at these three specific points in time, we only studied the checklists of users for whom we had all six assessments available.

The following tables display the averages from the assessments provided by both users and social workers.

Table 3. Results of the check lists pertaining to lifestyle

Lifestyle	User Pre- admittance	User first 6 months	User first 11 months	Social worker Pre- admittance	Social worker first 6 months	Social worker first 11 months
Healthy eating	6.8	7.6	7.6	6.2	6.8	6.3
Sleeping patterns	6.1	7.1	7.2	4.7	6.7	6.8
Personal hygiene	9.1	9.4	9.2	6.3	6.7	6.9
Problem-solving	6.2	6.3	7.3	5.0	5.7	7.2
Managing frustration	6.0	6.7	6.6	4.4	5.9	5.9
Avoiding risk of relapse	8.1	8.3	7.9	5.2	6.0	7.3

Table 4. Results of the checklist pertaining to behaviour

Behaviour	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Respecting rules	8.2	8.2	8.4	6.1	6.9	7.2
Home management	7.8	8.8	8.0	6.3	6.7	6.7
Assets administration	6.1	7.9	7.2	5.6	6.6	7.4

Table 5. Results of the check list pertaining to emotions and relationships

Emotions and relations	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Establishing and maintaining meaningful relationships	6.0	7.7	7.9	6.1	6.4	7.0
Understanding and listening to others	6.9	8.2	8.2	6.3	6.3	6.3
Managing emotions	6.8	8.1	7.3	5.6	6.8	7.3
Making informed, autonomous decisions	7.7	7.8	8.0	5.7	6.1	7.1

Table 6. Results of the checklist pertaining to work

Work	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Working in a group	7.6	7.8	7.8	5.8	7.7	7.9
Respecting rules, procedures and hierarchies	7.7	8.0	7.6	6.3	7.7	7.9

Discussion

Looking at the user self-assessments produced after the first six months within the project, improvements were seen on all levels, either small or more significant changes. For example, diet, sleeping patterns, the management of frustration, income management, the forming and maintaining meaningful relationships, the ability to listen to and empathise with others and the management of emotions are the areas in which the improvements seen were most marked. Between the six and the eleven-month mark, problem-solving skills improved considerably. However, as far as the other areas are concerned, only slight improvements were seen, if not deterioration of the skills acquired (risk of a relapse, management of the home and income and the management of emotions). Such deterioration can be attributed to the fading of initial enthusiasm and its replacement with the weariness that stems

from shouldering the increased responsibility which semi-independence entails. It may also be due to users' increased awareness of their own weak points when it comes to managing themselves and their lives. In some areas, users appeared to have reached a plateau in progress, maintaining certain levels of skill without making significant improvements. These areas were: healthy eating, teamwork and the ability to listen to and empathise with others.

The social worker's own assessment also appeared to improve constantly across the three periods studied, albeit that it was always less favourable than that perceived by the project user themselves. As far as these assessments from teaching staff were concerned, there was only one area in which skills began to deteriorate: diet. The management of frustration, household management and the ability to listen to and empathise with others were all areas in which skills assessments remained unchanged between the six and eleven-month mark. In conclusion, according to the users themselves, in the first six months of the project their situation improved considerably before a slight deterioration was seen in certain areas. However, at the same time as they witnessed such deterioration, they also saw improvements or at least the maintenance of skill levels in other areas.

Customer satisfaction

Rolling Stones users were issued with a customer satisfaction survey, eleven months after the project's inception. For each of the four categories provided (I've made progress, I feel good, I feel supported, I'm doing something beneficial for my future), users were asked to indicate the description closest to their degree of satisfaction. Such satisfaction was described on a five-point scale: not at all, very little, so-so, fairly, and very. The questionnaire was anonymous and completed by around thirty project users.

The results indicate that, out of 30 users, 23 were much better or somewhat improved, 21 felt very or fairly good, 25 felt very or fairly supported and 20 felt they were doing something beneficial for their future. Very few negative assessments were reported (none in response to the questions about feeling good or supported). In all four parts of the questionnaire, those who were any less than very satisfied always accounted for less than half of all respondents. It is highly likely that for some individuals, particularly those with more experience of hardship behind them, being able to envisage a future that they can embrace, is the most important, yet most difficult thing to do. Nevertheless, the majority of project users appear fairly or very satisfied in all areas studied. This is perhaps further proof that this approach, such as that offered by the Rolling Stones project, is effective on people with chronic difficulties.

Users accepted/ places occupied, arrivals and withdrawals

Finally, trends in terms of the acceptance and withdrawal of users from the project must be examined. Doing so makes it possible both to monitor the capacity of the project, and to focus on the number of withdrawals in relation to the number of arrivals. Such an evaluation makes it possible to subsequently examine how appropriate the project is for the type of user it accepts: a significant number of people who are not asked to withdraw but who instead remain in the housing provided is yet more proof of the effectiveness and suitability of the project. Figure 1 (below) shows the number of project users who were present, arrived and withdrew on a monthly basis during the first year of the experiment.

Figure 1. Users accepted/places occupied, arrivals and withdrawals

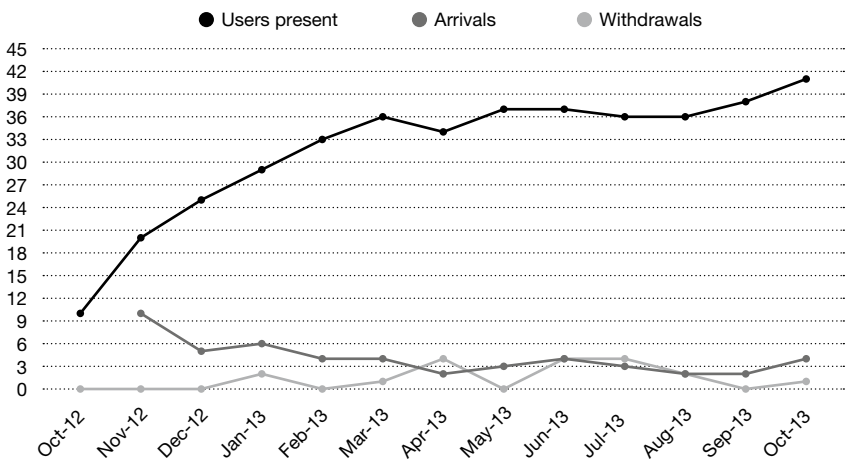


Figure 1 demonstrates that the number of users receiving assistance from the project increases sharply in the first six months of its existence, before stagnating (March 2013-August 2013) and then increasing again in the last two months of the first year of the experiment. Only between March and April 2013 did the number of withdrawals exceed the number of arrivals (the number of project users dropped from 36 to 34). The number of new arrivals is never zero: each month new users are accepted (the number of which varies between 2 and 6). As is clear from figure 1, at the start of the year, the number of new users entering the project is higher (10 new users arrived in November). This is also perhaps due to the fact that in the first few months of the project's existence, many places were available and new potential users had yet to be officially taken on.

In a number of months there were no withdrawals, only new arrivals. At the end of the project's first year, 18 users were withdrawn. The main reasons for withdrawal are frequent relapses where alcohol consumption and drug use are concerned, or the consumption of either of the above in project accommodation; admission to the psychiatric care service, SPDC; or difficulties with flatmates. However, withdrawal can also occur if it is determined that the user can live independently, in which case the individual finds accommodation outside the project. A total of 59 users were accepted on to the project in its first twelve months of life. Of these 59, 41 succeeded in remaining in project accommodation until the last month considered in our study (October 2013). That is the equivalent of 69.5 percent of all users. The remaining 18 withdrew from the project for the reasons mentioned above.

If we bear in mind that two individuals withdrew from the project after having found independent accommodation, around three quarters of users accepted onto the project demonstrated the ability to stay in the apartment provided, at least until the end of the experiment's twelfth month.

Conclusions

The aim of this article is to present and describe the Rolling Stones project, which is the first Housing Led experiment in Italy. Whilst on the one hand it can very much be classified as a Housing Led experiment, on the other, the Rolling Stones project differs from the models and variants of the Housing First and Housing Led philosophy and practice which have been implemented in Northern Europe and North America to date. It differs from the Housing First approach also because it houses several people together in the same housing unit and obliges residents to work on their relationships with flatmates and on the skills which are required to share space. Scattering the accommodation across the local area is a technique designed to avoid possible ghettoization and encourage the full integration of project users into their surrounding environment. The educational support offered to users is also aimed at those in the local area. This integrating of the project within the community is seen to assist the service user's social integration and feeling of belonging. The project attempts to develop project users' capacity for meeting others in the context of a community circle or public space – something that is lacking in most communities and neighbourhoods. Indeed, the philosophy of the project is a user's well-being depends largely on being able to develop connections with the world around them and the ability of that world to welcome those in difficulty. Thus, in order to consolidate this relationship, in addition to the educational support provided to users, the member of teaching staff acts as a vital link between the project and the surrounding area, its services and its opportunities for both work

and pleasure. However, the effectiveness of these very features has not yet been confirmed, insofar as the instruments with which to measure levels of community integration are still being developed.

The evaluations conducted to date have revealed that project users have improved and adapted their lifestyle, their relationships, their management of emotions and ways of working and behaving, albeit that the numbers are relatively small. They also demonstrate satisfaction among the project users. Furthermore, in addition to adopting a less structured and therapy-based working method – the model proposed by the Rolling Stones project acts as a lever whereby a sense of citizenship can be fostered. Such a sense of citizenship is fragile and rarely cultivated by people with chronic difficulties to whom the project provides support: housing is a fundamental human right and project users are empowered to make use of their own abilities, in addition to exercising their rights and duties within the environment in which the project is located. By way of conclusion, it would seem appropriate to underline that the approach proposed cannot act as a substitute for another: Rolling Stones take root in its region acting as a support line connecting users with a wide variety of strategies which may provide them with support. These strategies include initial, emergency care, strictly therapeutic in nature on the one hand and those providing more structured forms of support on the other.

› References

- Caritas Ambrosiana (2009) *Persone senza dimora* [Homeless People]. (Roma: Carocci Faber).
- Collard, M. and Gambiez, C. (2004) *Il povero. E se fossero i poveri a mostrarci le strade dell'umano?* [The Poor: Can the Poor Show us the Ways of Humanity?]. (Enna: Città Aperta Edizioni).
- FIO.psd (2006) *Grave emarginazione e interventi di rete. Strategie e opportunità di cambiamento* [Severe Marginalization and Network Interventions: Strategies and Opportunities for Change]. (Milano: Franco Angeli).
- Gaetz, S., Scott, F. and Gulliver, T. (2013) *Housing First in Canada: Supporting Communities to End Homelessness* (Toronto: Canadian Homelessness Research Network Press).
- Gnocchi, R. (2009) Il supporto educativo per l'integrazione [The Educational Support for Integration], in: Gnocchi R. (Ed.) *Homelessness e dialogo interdisciplinare* [Homelessness and Interdisciplinary Dialogue]. (Roma: Carocci Faber).
- Gui, L. (1995) *L'utente che non c'è. Emarginazione grave, persone senza dimora e servizi sociali* [The User Who isn't Here: Severe Marginalization, Homeless People and Social Services], (Milano: FrancoAngeli).
- Lizzola, I. (2009) *L'educazione nell'ombra. Educare e curare nella fragilità* [Education in the Shade. Educating and Taking Care of Fragility]. (Roma: Carocci Faber).
- Nanetti, F. (2003) *Il Counseling: modelli a confronto. Pluralismo teorico ed operativo* [Counseling: Comparing Models. Theoretical and Operational Pluralism]. (Urbino: Edizioni Quattro Venti).
- Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness, *European Journal of Homelessness* 7(2) pp.21-41.
- Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Minnesota, MN: Hazelden Press).