

2021

---



# CONCEPT PAPER

## BACKGROUND

I grew up in Ontario after my family emigrated from England when I was a young child. I was an alcoholic from the age of 13, and I continued drinking excessively until I ended up in the hospital at 31. During that time I was heavily addicted to cocaine for nine years, MDMA for four, and ending up deeply entrenched in an addiction to crystal meth. I was 100 lbs, with severe kidney and liver failure, severe dehydration, psychosis, and a long list of other issues. Six police officers stopped me from committing suicide, and after spending 8 days in the hospital and receiving no help whatsoever, I attempted suicide again, only surviving due to the noose breaking after becoming unconscious.

After ending up on the streets in Ontario, I came to BC for a fresh start. I managed to stay sober for 6 months, but because of a lack of any type of meaningful support I had a complete mental breakdown, lost my well paying job, ended up relapsing, and found myself homeless again. I quickly became so consumed by my addiction that I

was injecting almost 4 grams of crystal meth a day. I spent nearly five years on the streets mainly in West Kelowna. I never stayed in a shelter, even in the winter. I did not feel safe staying in shelters, the stories of theft and drug use in them was enough to keep me away. And with my high anxiety and claustrophobia, I chose to sleep outside in the cold as opposed to stay in a shelter, warm, but riddled with anxiety and unable to sleep. I ended up in the hospital almost immediately after becoming homeless when I tried heroin that was laced with W18, which was enough to stop me from going down the road of opiate addiction. Over the next few years I managed to slowly wean myself off of crystal meth.

In this time, I spoke with as many other homeless people as I could. I was interested in not only how they came to be homeless in the first place, but also what their life was like before they ended up on the streets.

**What were their reasons behind them not being able to get the help that they needed in order to get off the streets?**

After speaking to a number of people from various backgrounds and hearing their struggles with the current shelter system, and available resources, it became very clear in my mind that the systems in place were not working. And ideas for an entirely different support structure began to take shape. Something that would be built by, and for people who were not getting the help they needed.

As this idea started to develop I began leaning on the knowledge and perspective of an assortment of individuals. From police officers that have regular interactions with the homeless community, to the outreach workers that bring constant help to them. Also members and creators of different homeless initiatives. I also began to interview and talk more in depth with the unhoused population to get insight into different perspectives within the community itself.

I had spoken at great length with an older gentleman, who once had a wife, and family, and career, and has spent several years on the streets. He was also terminally ill, and didn't know what options were available to him.

I spoke to another young woman repeatedly, who had spent half of her life, in some capacity, unhoused, whether it was in youth shelters, adult shelters, or out on the streets with nothing. She also suffered from PTSD and was considered by most that knew her as one of the many people that had fallen through the cracks of an already overcrowded system. I also engaged with the larger community as much as I could, mostly through one on one discussions, in an attempt to gain insight into the communities views regarding the unhoused.

## GOALS & OBJECTIVES

- To transition unhoused individuals, as well as those experiencing mental health issues and addiction into a tiny house community that they would be the main contributor in building.
- To get individuals on the road to recovery and give them the tools and insight needed to have the best opportunity at lifelong sobriety.
- To give the individual skills, and understanding and belief in themselves to tackle necessary life skills needed for a stable life. (opening bank accounts, creating resumes, etc.)
- To give them work related experience, whether it be as an introduction or reintroduction to the workforce
- To continue the individuals education in a beneficial direction using different paths (GED, post-secondary education, trades training/RED Seal, etc)
- To provide alternative housing to low-income seniors, and anyone at risk of becoming unhoused through their integration into the tiny house community

## METHOD

- The individuals will work with architects and trades workers to plan, design, and build their own tiny home as they progress through the program and retain that tiny home after they complete the program.
- Each person would have a carefully selected program constructed solely for them and their needs. This would include: Cognitive behavioural therapies, trauma counselling, dialectical behaviour therapy and relaxation therapy sessions, both on an individual basis and in a group environment. Other traditional and alternative methods would also be involved.
- The individual would take part in a healthy living program where they would learn to cook healthy meals and grow their own food.
- Individuals would build additional tiny homes, to be used as housing for low income seniors and those unable to physically or mentally build one for themselves.

# GUIDELINES & PRINCIPLES

The program will encourage and promote a life of sobriety. But if an individual does relapse they will not be immediately banned. Understanding that relapse is a part of recovery, and relapse does not necessarily equal a lack of desire to stop using. Instead there will be a discussion with the individual, and if all involved feel the individual's goals are aligned with getting better, they should be allowed to remain in the community with a potential change in their program structure.

The program would allow for time to unwind, process and collect themselves and begin to put into practice the skills and knowledge gained throughout the program. an individuals body and mind needs time to continue to rest and regenerate as they continue to heal from a life of addiction and trauma

As each individuals struggles, state, and abilities are as wide and varying as the paths that lead them to us, we will not have a static program duration. The individuals would stay for as long as needed until both us and them are confident in their abilities to successfully move on from the program.

There will be created, a small tiny house community, on the property. As the individuals complete the program, they would retain their tiny home to help stabilize their foundation, removing a major barrier they have faced until then. They are given the option to reside in this community, which would be a dry facility. They would continue to have access to any services we have available to those in the program, on a lesser frequency. This is in recognition that some individuals will need lifelong support to maintain a positive life for themselves.

If an individual has completed the program and is wishing to seek employment, we would support them in any way possible, including:

- government work programs (second career, subsidized wages for employers, etc.)
- workplace training (government funded or trades programs, etc.)

Seniors living in the community would also have to live a life of sobriety so as not to be a negative force but a positive one, to those that are beginning their own life of sobriety

## ADDED BENEFITS

- Having the individuals design and build their own home gets them looking at their future in a positive manner, as well as allowing them to see first hand the results from their efforts on a daily basis. It also instills in them a sense of accomplishment, and boosts their self-worth dramatically.
- Offering the tiny house community, if they stay, would strengthen their foundation they have built and relieve much of the stress, worry, and panic many have in other community settings. With the knowledge and understanding that they are surrounded by people who have overcome the same struggles.
- The community growing as much of their own food as possible cuts down massively on daily expenditure for the program, and provides a holistic aspect of healing to the program.