

# How Community Safety Hosts Practice Wāhkôhtowin



2025

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*Nitotem* (2025) by Jordan Stranger

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# Introduction

People need to access public places like libraries, health care, and government service buildings if they want to get education, employment, and housing support. But many people face racism in public places, along with stigma about substance use, mental health issues, and poverty. Staff in places of access often don't have the capacity or training to support people in crisis. The typical approach to security pushes people who are struggling out of public places and can harm people by getting police involved. Not all people can access places that are meant to be for everyone and expect to safely have their needs met.

This is a big problem in Winnipeg, where many people experience poverty, homelessness, mental health issues, and addictions. One in four Indigenous and recent immigrant residents live in poverty, and one in eight residents citywide (City of Winnipeg, 2021). For more than a decade, Manitoba has had the highest rates of child poverty in Canada (Social Planning Council of Winnipeg, 2023). As we write this report, there are 1,058 people using just three emergency shelters in the city, and at least 828 people are chronically homeless (End Homelessness Winnipeg, n.d.). In the first three quarters of 2024, at least 435 people have died from the toxic effects of substances (Province of Manitoba, 2025). We know that substance use is connected to intergenerational trauma and experiences of colonization, oppression, and marginalization.

These problems are widespread, deeply rooted, and systemic – it is in this context that Community Safety Hosts (CSHs) work.

Since 2021, CSHs have been working in inner city Winnipeg to provide care, safety, and well-being for vulnerable people and people accessing essential services. Aiming to secure relationships instead of buildings, they provide a people-centred alternative to security guards. CSHs are taught about the Cree and Métis worldview and law of *wâhkôhtowin*: the universe is defined by relatedness, everything and everyone is interconnected, and that means that we all have certain responsibilities.

Our primary research question was: how is *wâhkôhtowin* put into practice by CSHs? We also asked: how might this inform relational and anti-carceral approaches to safety for other community-led initiatives? This report focuses on how CSHs put *wâhkôhtowin* into practice.

# Who are Community Safety Hosts?

The CSH Program is an Indigenous-led, people-centred alternative to security guards that address the need for access while providing meaningful employment for young people aging out of care and others with lived experience with poverty, incarceration, homelessness, and other forms of exclusion.

The CSH Program was created by Zoongizi Ode (formerly Fearless R2W) and Persons Community Solutions (PCS), a social enterprise focused on community safety, supported by the North End Community Renewal Corporation and SEED Winnipeg. Zoongizi Ode is a community organization focused on advocacy, education, and support for families facing child welfare issues. When they made a ‘solutions roadmap’ for kids aging out of care, they found that young adults needed meaningful, living wage training and work opportunities that valued their lived experiences. At the same time, they saw that many of the resources to help with youth’s transition out of care were inaccessible or unsafe (Morten et al., 2021). In particular, the introduction of airport-style security at the Millenium Library (Selman & Curnow 2019), including the presence of metal detectors, commercial security guards, and police, created barriers to entry and became a place where Indigenous young people were excluded or criminalized.

CSHs now operate in a range of different settings, including shelters, libraries, and other service centres, and are contracted to do this work. Many CSHs have experience navigating the same systems and services that they help guests access. In addition to 40 hours of Security Guard Training, which is the standard requirement for licensing in Manitoba, **CSHs receive 130 hours of additional training focused on: compassion and understanding how trauma impacts people; acknowledging and addressing the root causes of oppression; and accepting people as they are, for example by helping to reduce the harm of substance use instead of rejecting people who use.** All of the training is rooted in a community-led definition of safety and in *wâhkôhtowin*.



# What does safety mean?

A truly safe community is one where everyone's basic needs are met, there are rich networks of care and support, and there is a strong sense of collective belonging (Perrott & Chamberlain, 2022). Safety is a shared resource and public good that can and should be extended to everyone (Harbin, 2017), built on strong relationships, trust, and collective prosperity. Safety also requires that all members of the community can access services and public spaces without being profiled, watched, or excluded (Meucci & Redmon, 1997; Nayak, 2003).

People often confuse the ideas of *safety* and *security*. Security is different – it focuses on protecting property, buildings, and privileged (largely white and wealthy) individuals in society (Davies, 2015; Okechukwu, 2021). Typically, creating security for few damages safety for all, because of things like patrolling, surveillance, exclusion, and arrests of largely poor and Black, Indigenous, and racialized people (McDowell, 2017; Okechukwu, 2021).

We are living in an era with an increase of police presence, private security guard industry, security cameras, surveillance equipment, Business Improvement Association ambassadors, online neighbourhood safety groups, and quasi private/public patrol groups (Mitchell et al., 2013; Walby & King, 2022). The result of relying on these practices is the displacement and exclusion of some people and the division of communities (Selman & Curnow, 2019; Strayhorn, 2021; Walby & Joshua, 2021).

**Safety requires that all members of the community can access services and public spaces without being profiled, watched, or excluded.**

**Prioritizing true community safety requires us to reject security for a few and instead focus on safety for all through community care, relationship building, and ensuring that everyone has access to what they need** (food, housing, healthcare, emotional support, clothing, etc) (Cooper et al., 2016; Evans et al., 2022; Kim et al., 2021; Walby, 2022). The CSH initiative is one of many examples of alternative ways of creating community safety, including here in Winnipeg.

**At the heart of the CSHs' approach is *wâhkôhtowin*.**

# Wâhkôhtowin

## We live in a universe defined by relatedness

Wâhkôhtowin is a nêhiyawêwin (Cree) word that is often translated as “kinship,” “being in relation,” or “all my relations” (Campbell, 2007; BearPaw Media and Education, 2016). Wâhkôhtowin means much more than being related by blood. **It is a Cree and Métis worldview and natural law that teaches that all creation is alive and interconnected: people, animals, land, water, wind, stars, ancestors, and spirit beings** (Thistle, 2020; Wildcat, 2018). The responsibilities that flow from these teachings are at the heart of how people are meant to live with one another and with the world. Wâhkôhtowin tells us how to maintain respectful and accountable relationships across the web of human and more-than-human life (BearPaw Media and Education, 2016).

*Wâhkôhtowin* is not an abstract idea; it is something that is lived every day. It shows up in small actions: sharing food or supplies with someone in need, sitting with someone in grief, praying for others including those we don’t know, or helping someone find their role and sense of purpose in community.

“

**All creation is alive and interconnected. We all have a responsibility to respect and be accountable to our kin.**

”

Many of the social harms we see today, such as poverty, incarceration, and disconnection, can be understood as symptoms of broken *wâhkôhtowin* (Campbell, 2007). Despite this, *wâhkôhtowin* endures and offers a framework of care, connection, and responsibility that continues to grow and take root through everyday acts of kinship. If we all returned to living according to *wâhkôhtowin*, we would also have true community safety.

# Methods

Our aim in this research was to explore how the values and practices of *wâhkôhtowin* show up in the day-to-day safety work of CSHs and what other community safety initiatives could learn from the approach. To do this, we analyzed Daily Engagement Summaries that CSHs complete after each shift using a Google form. These forms include both check-box questions about specific activities during their shifts and space for descriptions of what they did, who they saw, and what happened on the shift. CSHs do not write about every interaction they have with guests but provide summaries of the most important or elevated interactions with guests at the end of their shift. We looked at the information from September 1, 2022 to May 18, 2023, from six program sites in Winnipeg: Millennium Library, St. Boniface Library, St. John's Library, Just a Warm Sleep, the Downtown ACCESS Centre, and the Employment, Income and Health Supports branch of the Manitoba Ministry of Families, reviewing a total of 589 daily summaries.

As a first step in our analysis, we developed a framework based on teachings, literature, and videos about *wâhkôhtowin* to help us know what principles and practices to look for in the CSHs' reports. In February 2024, we presented this framework to our advisory group, which included the creators and leaders of the program and partners from each site, to make sure our approach was complete and reflected their lived understandings of *wâhkôhtowin*. We also closely reviewed CSH training materials and made suggestions to improve how reflections were collected in the Daily Engagement Summaries.

We then used the refined framework of *wâhkôhtowin* to guide how we looked for and labelled what CSHs wrote about in the Daily Summaries. We did a group training and analyzed some parts of the summaries together to make sure we were looking at them the same way, then each team member analyzed a portion of the data and tracked how we analyzed it using software called NVivo. After the initial round of coding, we met to compare what we found and how we labelled things and reflect on emerging patterns. We found seven interconnected themes in how *wâhkôhtowin* was enacted across the different sites.

We met again with the advisory group in April 2025 to share what we found and hear if they thought we were getting it right or missing anything important, and to hear their ideas about visualizing *wâhkôhtowin*. We then collaborated with the artist Jordan Stranger to have him create a piece of art that visualizes the seven themes of *wâhkôhtowin* in practice. This art piece is called Nitotem, meaning that we are branches from the same tree. Key community stakeholders and trainers in the program read a draft of this report to provide their feedback and make sure our understanding matched their experiences.

# Nitotem (2025)

Artist: Jordan Stranger



There are seven interconnected ways CSHs embody wâhkôhtowin and show that we live in a universe defined by relatedness. Each of the themes reflect teachings about wâhkôhtowin. The themes are like looking at a crystal from different angles – each shows a different glimmer of the relational work they do, ranging from small acts of care to intensive support for people in immediate crisis. In each of the themes, there are many more examples than can be provided, so we offer samples from the Daily Engagement Summaries to illustrate the themes in action.



# How Community Safety Hosts Practice Wâhkôhtowin

## 1. *Sharing with others to show kindness and concern*

### **CSHs share a wide variety of physical items and acts of care and**

**concern.** These include tangible items like harm reduction supplies, food, cigarettes, and clothing. These items both

help meet the material needs of guests and serve as a

bridge to relationship. For example, one CSH

reported, *“I also worked with L. today. He’s*

*been having a hard couple of days so told*

*him I would meet him after work and give*

*him whatever pizza slices I had left*

*after work they were his and gave*

*him my last smoke which he was*

*happy about”* (MIL-J-244). In

another example, a CSH offered a

woman who is unhoused a pair

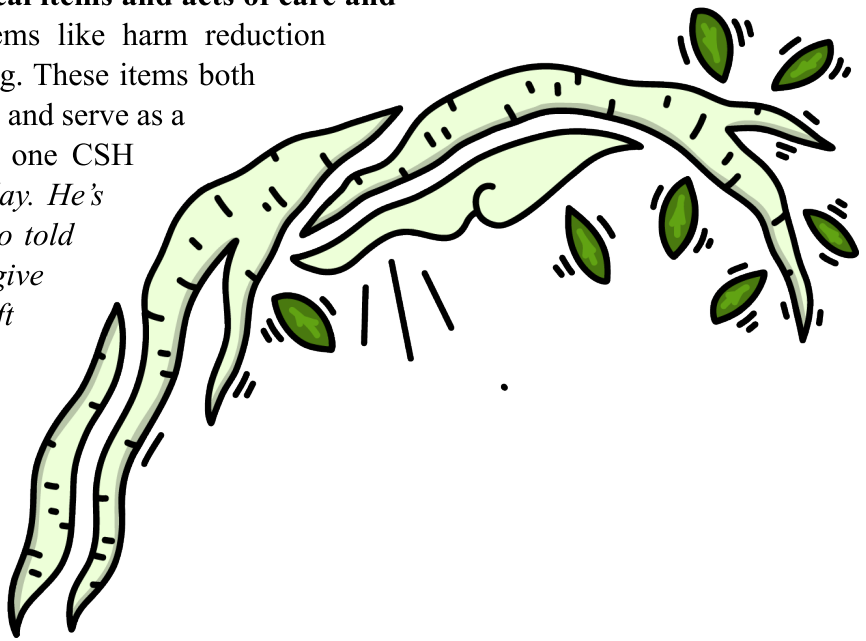
of their own mittens because

they can see she is cold and

needs them more than they do.

While the program also

provides supplies to hand out, such as granola bars, water, and naloxone kits, CSHs regularly offer their own items to help fill the gaps for those in need.



CSHs also show their concern through **intangible** acts, including medical or harm reduction care, help to

navigate the space, cultural supports like smudging or drumming, or small acts of kindness. As one CSH

wrote, *“First was T. - his spouse M. is in hospital and T. was very worried about her. I notice as he kept*

*fiddling with his hands and he couldn’t sleep so I put on a movie for him to keep his mind busy”*

(JAWS-98-E). In this example, the CSH not only identifies the worry a man has about his wife being in

the hospital but offers him a movie to watch to help him to get through the night at the shelter. In another

example, a CSH found a woman in the bathroom with open wounds on her legs and helped her get cleaned

up and bandaged.

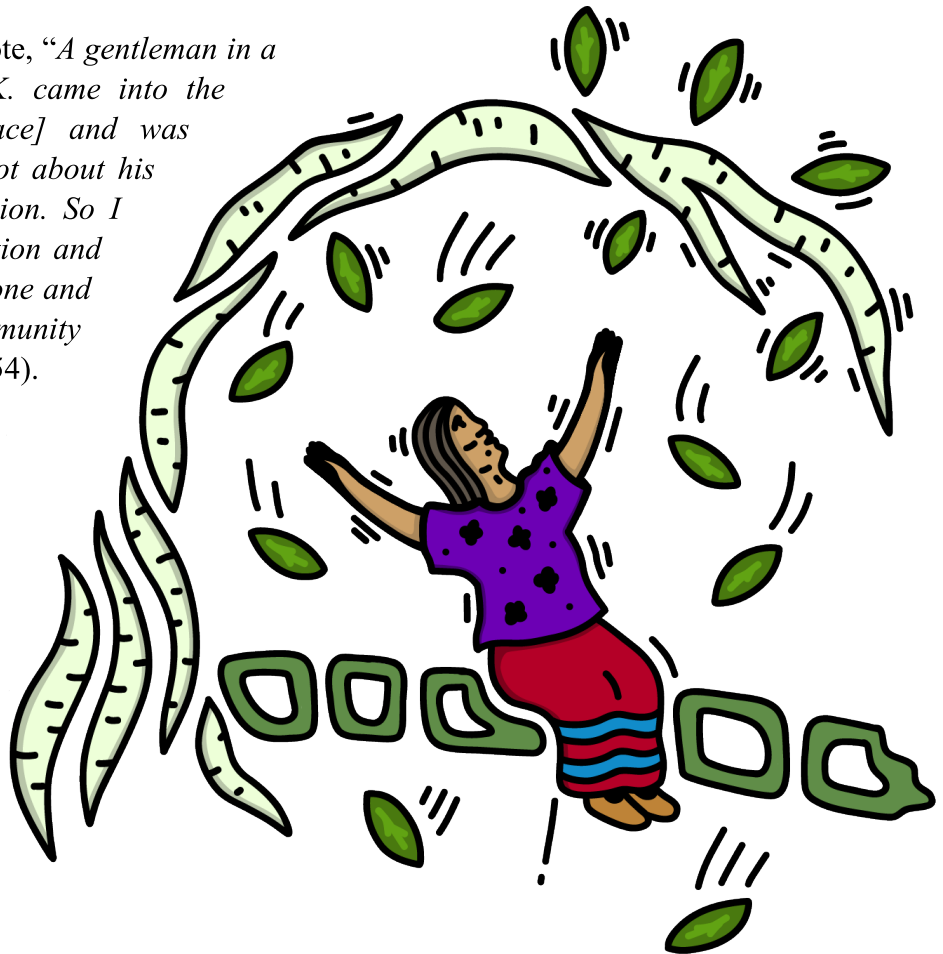
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<sup>1</sup> Guest names have been anonymized to the first letter of their first name to protect their identities.

## 2. Taking care of those who need protection and guidance

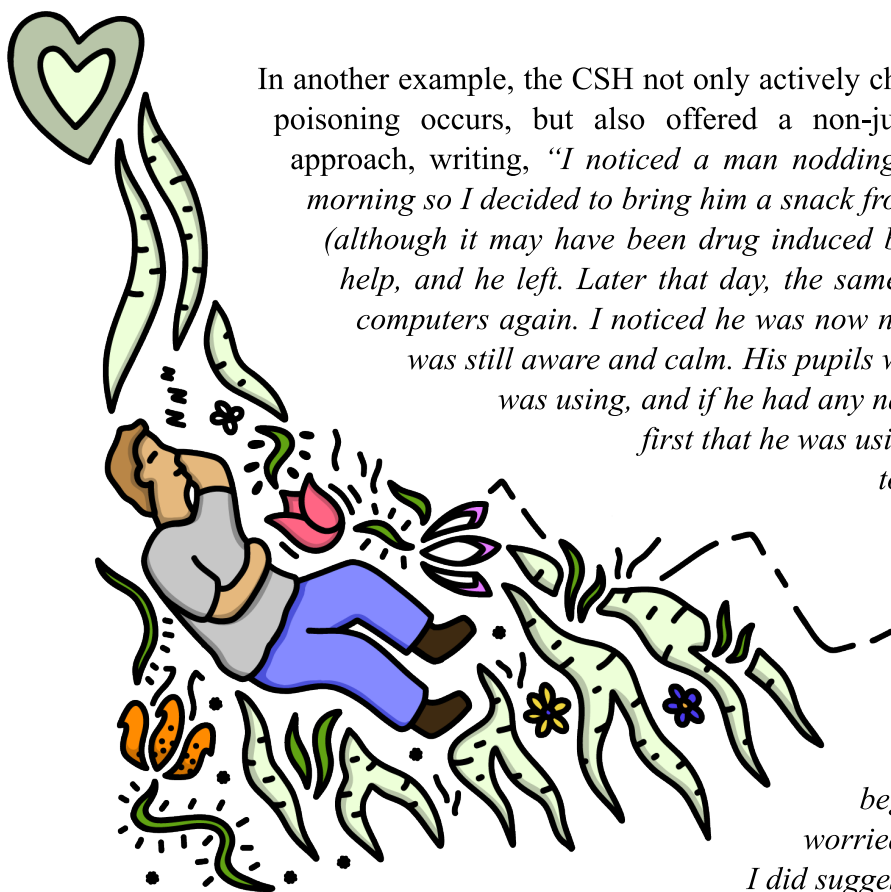
CSHs provide additional support for those who are marginalized or vulnerable (e.g., youth aging out of CFS, people living with disabilities, elderly). CSHs are trained to help when someone may need guidance, as in this example: “J., young person in care who moved yesterday & doesn’t know how to get to his new home. Helped get him internet access so he could contact his carer after he refused to give me his legal name (so I could call [Child and Family All Nations Coordinated Response Network] & get his address). Helped sort out which bus to take once he sorted where he needed to go” (MIL-G-10). The summaries included many different kinds of examples of acts of care, ranging from improving accessibility to crisis intervention after someone is physically or sexually assaulted.

In another example, a CSH wrote, “A gentleman in a wheelchair by the name of K. came into the [Community Connections Space] and was talking with a friend and forgot about his appointment at the police station. So I ran with him to the police station and stayed with him until he was done and we went back to the [Community Connections Space]” (MIL-G-54).



### 3. Giving people loving support without judgment or condemnation

CSHs turn towards people and situations where others might be inclined to turn away, particularly with guests who are struggling with issues that carry social stigma (e.g., being unhoused, using drugs, living with mental illness, experiences of incarceration). For example, one CSH wrote, “*There was a woman sleeping outside the library. When I went to check on her, she told me to ‘fuck off.’ I turned around and asked her if she was hungry. She woke back up and said in a happy voice ‘yes.’ I went and got her a warm \$7 pizza. Then another woman outside with the tent hates me and calls me alien every time I see her. Today I seen her and asked her if she wanted a cigarette. She did want one and we were good from that point on*” (MIL-M-24). CSHs demonstrate wâhkôhtowin by treating everyone with respect and showing that no-one is disposable, even when the behaviour might be challenging.

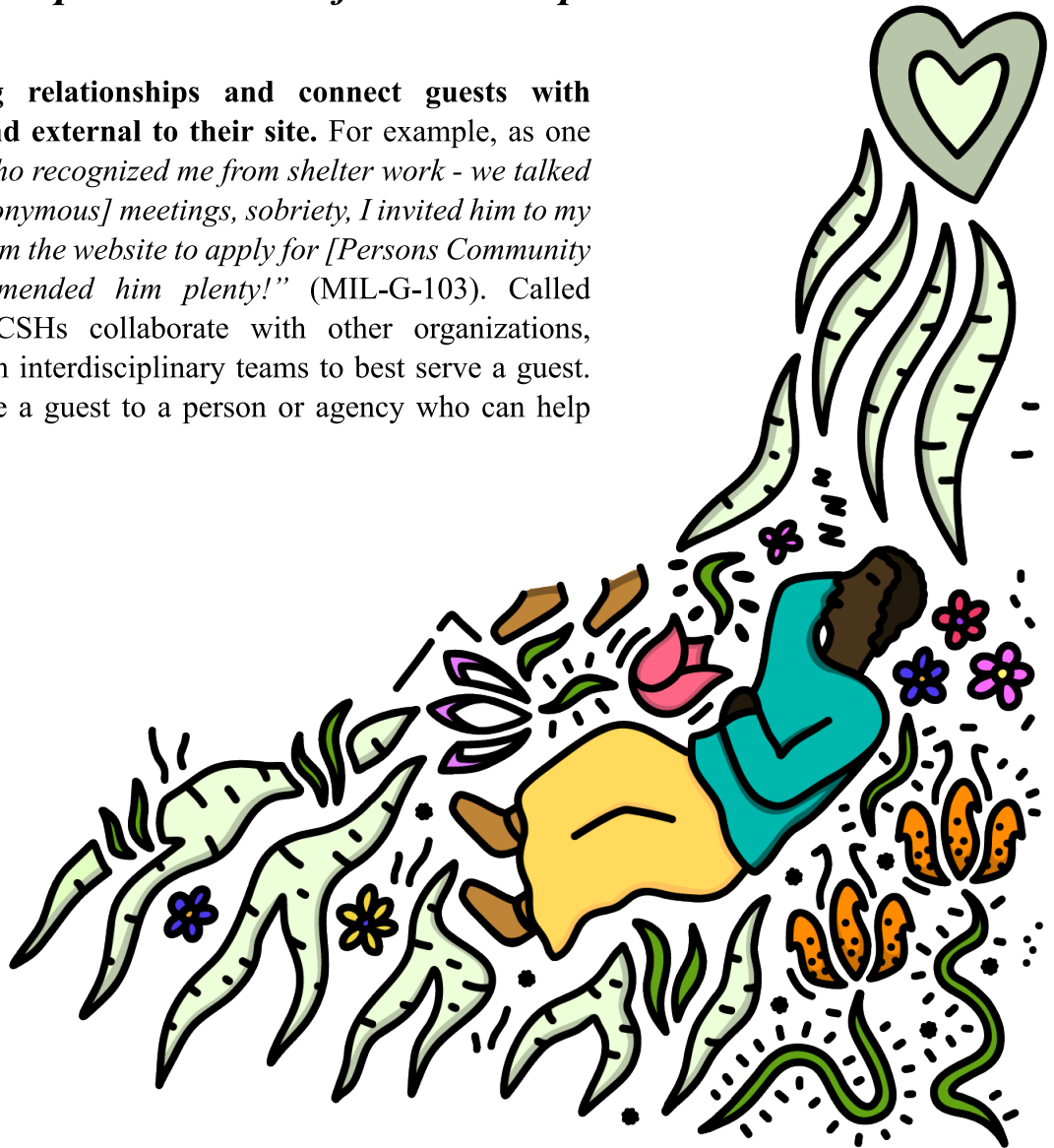


In another example, the CSH not only actively checked on a guest to ensure no drug poisoning occurs, but also offered a non-judgmental, humane, and practical approach, writing, “*I noticed a man nodding off by the computer desks in the morning so I decided to bring him a snack from my lunch bag to give him energy (although it may have been drug induced behaviour). He was thankful, it did help, and he left. Later that day, the same young man came back to use the computers again. I noticed he was now nodding off even more intensely, but was still aware and calm. His pupils were constricted so I asked him if he was using, and if he had any naloxone on his person. He denied at first that he was using and said he was just tired, yet he took the medicine. I explained to him that there was no judgment and that he was safe and he then admitted he was using an opiate. I nor him had concerns of his wellbeing because he was very coherent and was most likely exhausted to begin with before he used. I was not worried of a potential overdose. However, I did suggest to him that this was not the safest place for him to be and suggested he go to Just A Warm Sleep where he could be supervised, have a safe*

*place to stay, food, water, laundry service, and shower service. He agreed and started to leave. I suggested that he [take] one of the nasal naloxone sprays just in case he felt worsening symptoms. I offered him a ride with Downtown Community Safety Partnership as well, but he was okay!*” (EHIS-10-G). Through this loving support, the CSH ensures the guest remains safe and knows he is welcome to return to the space again.

#### 4. Connecting people to a circle of relationships

CSHs build strong relationships and connect guests with supports internal and external to their site. For example, as one wrote, “D. - a man who recognized me from shelter work - we talked about [Alcoholics Anonymous] meetings, sobriety, I invited him to my men’s group. I gave him the website to apply for [Persons Community Solutions] and commended him plenty!” (MIL-G-103). Called “warm hand-offs,” CSHs collaborate with other organizations, actively participate on interdisciplinary teams to best serve a guest, and directly introduce a guest to a person or agency who can help them.



As a CSH wrote, “I, [library social worker], Downtown Community Safety Partnership [DCSP], Main Street Project outreach, and St. Boniface Hospital all worked together to help B. today! B. was experiencing crisis today; he is under great stress. He is homeless and going through addictions! Today he was feeling hopeless, and anxious. He was undergoing withdrawal-which included psychosis-and anxiety attacks. He expressed suicidal ideation, but later on we developed a plan and performed a warm handoff to help him [take] the steps he needs to becoming the person he wants to be. We spent around 3 hours together today talking and supporting B.! He went with DCSP to St. Boniface Hospital where he is getting a medical clearance form for detox!” (MIL-G-182). These relational approaches reduce barriers and siloing of services across the city, and they model wâhkôhtowin so that each guest who wishes can become part of a broader web of connection.



## 5. Holding people accountable in the community

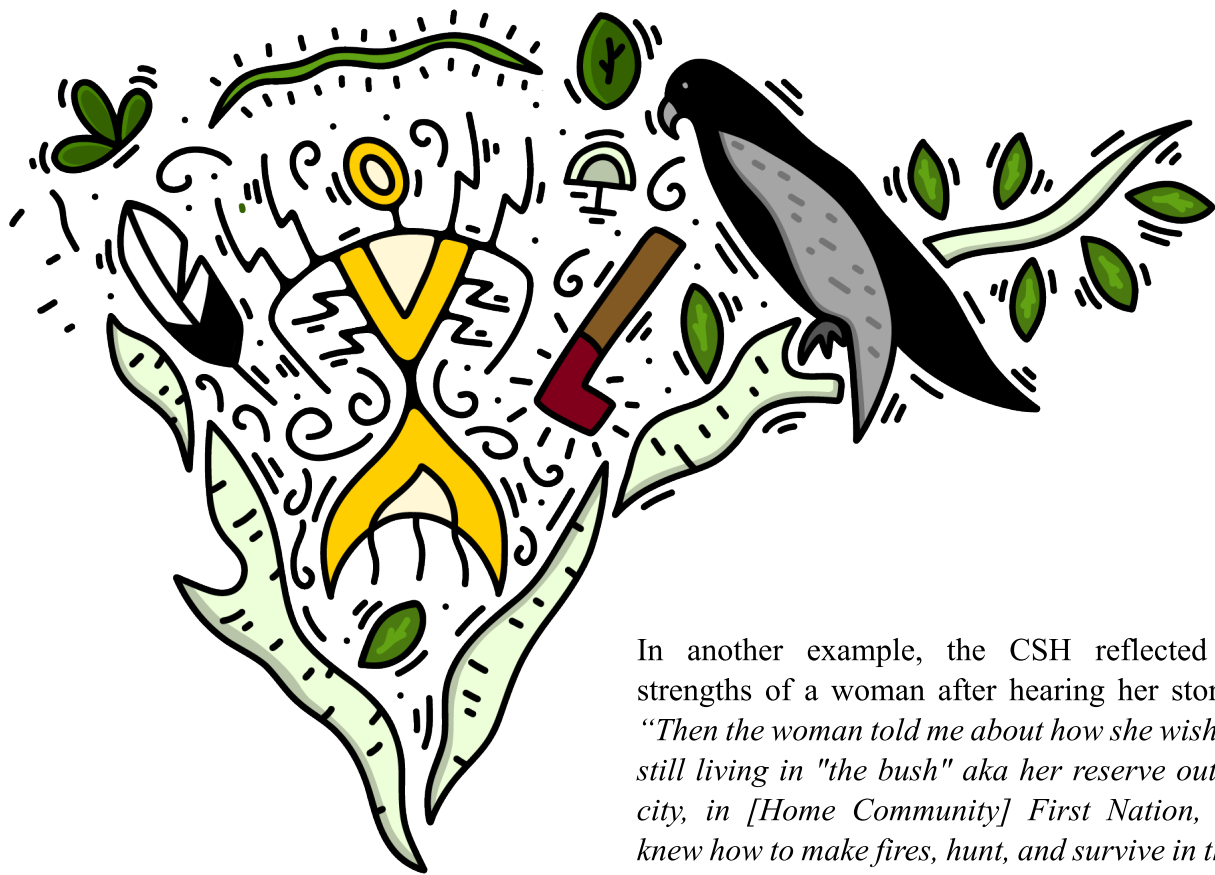
**A core part of wâhkôhtowin is helping people be accountable, but not punishing, to themselves and others.** Sometimes this means respectfully addressing the crossing of boundaries or providing natural consequences. For example, *“A young man was searching for inappropriate images on Google, so the library staff asked us to approach him and explain what he was doing and that he was done for the day. He complied very easily”* (MIL-G-148). When conflicts arise between guests, CSHs show respect for all involved, raise multiple viewpoints, and encourage empathetic conflict resolution. For example, *“T., who was having a fight with his girlfriend when they first came in, was in the washroom calming down when I approached him. (R. helped the girlfriend.) I asked him if she was okay because she was crying, and if he was. He said that he made her cry by dropping her bags on the ground and yelled at her. We both talked about what he could do next time and how he should apologize. I also mentioned that we had mental health workers, because working on yourself in return is not only inspiring to some, but also sometimes improves relationships!”* (ACCESS-C-76). These kinds of interactions not only help to keep the peace in public spaces but also plant seeds for healthier communication and interactions.

CSHs also are trained to take accountability when they make mistakes and acknowledge the concerns of guests when they have been harmed. As the CSH wrote, *“L., a transgender woman was upset and angry because security misgendered her & because she’d been asked to not sit on the floor in the atrium. We listened to her concerns about security not using the correct pronouns, the new security measures at the library & her questions about why she couldn’t sit in the floor. We listened, provided validation, information and support, before she left approx. ½ hour later”* (MIL-G-141). CSHs make moments of rupture opportunities for repair by slowing down this interaction and empathizing with the guest experiencing a microaggression. They also documented her correct pronouns for the future.



## 6. Helping people find their role and responsibility

CSHs live wâhkôhtowin by helping people see their gifts, strengths, and lived experience as knowledge. They value people for who they are and help them find their future roles and responsibilities. This CSH encourages a guest and suggests he might become a CSH one day, writing, “A. came in and was expressing that he was in Alcoholics Anonymous and having some relationship problems. He indicated he was looking for more hours at work and asked if I knew of anything. I took the opportunity to tell him about the safety host program and gave him a card. He indicated he works with Sabe Peace Walkers. We chatted about striving to be better than we were yesterday vs striving for perfection” (MIL-G-5).



In another example, the CSH reflected back the strengths of a woman after hearing her story, writing, “Then the woman told me about how she wished she was still living in “the bush” aka her reserve outside of the city, in [Home Community] First Nation, where she knew how to make fires, hunt, and survive in the wild! So I gave her a card from my psychological first aid kit, a picture of a warrior woman, and told her that I was proud of her for being a warrior woman. She took it and was thankful” (EHIS-E-4).

## 7. Giving gifts of our time and willingness to listen

The strongest theme in how CSHs practice *wâhkôhtowin* is slowing down to sit with guests and truly listen to their needs, concerns, and joys. This listening allows CSH to provide resources that are a good fit, offer emotional support and de-escalation, and build trust in the moment and for the future in ways that site staff often do not have the capacity to do within their job responsibilities. Our findings suggest CSHs listen in seven different ways for different purposes. We explain each of these seven different kinds of listening with an example below:

- ***Listen to build ongoing relationships.*** CSHs talk with guests to hear what is going on in their lives. This helps CSHs foster enduring relationships, including across multiple sites and over long periods of time. As one CSH wrote, “C., who came to use our [Employment and Income Assistance] services, shared a short conversation with me. We appreciated one another and affirmed that we had each other’s best interests. I asked how he was and how his brother was” (EHIS-G-4). Through these small gestures like listening closely enough to remember someone’s brother, CSHs build the sense that someone genuinely cares.
- ***Listen to celebrate the successes, strengths, growth, and steps towards healing.*** CSHs want to know what is happening in the lives of guests, cheerleading their success and reinforcing areas of growth and change. For example, as one wrote, “T., whom I know from previous work experience, came to our [Employment and Income Assistance] office to speak with her worker. She announced that she was getting a place and is now able to save money month after month and is getting her baby back! I was so excited, I went in for a hug and told her that she needs to come back tomorrow and work with me on budgeting and financing skills!” (ACCESS-B-72).  
As in this example, CSHs are excited to hear about guests’ progress and offer opportunities and additional resources to build on these changes.



- ***Listen to enjoy conversation.*** Sometimes CSHs listen with no specific purpose other than the pleasure of connecting with another person. Ensuring everyone has someone they can talk to, CSHs discuss highlights from the news, hobbies, interests, or aspects of one’s history or story. This CSH shows the range of these kinds of enjoyable check-ins, writing, “N. checkup, talked about the gym and working out. M. checkup, talked about her day. She said she lost her shirt somehow. We laughed. C. and I spoke today. He showed me his ‘dream home’ which is a 10,000\$ tent! It’s actually pretty nice. I can’t lie! A. and I talked last night about how he hasn’t shaved since he did time in [Stony Mountain] prison! It’s been 10 years he said. He planned on shaving last night but changed his mind” (JAWS-H-24).

- ***Listen to witness grief and loss.*** In addition to celebrating the highs, CSHs also listen when the lows hit, hearing both historic and new experiences of loss and marking important anniversaries and difficult times of the year. One wrote, “*V. needed support and somebody to talk to. I had to be there for her and let her cry. She said her son was put in jail yesterday evening*” (JAWS-E-102). Guests specifically come to sites when in distress, knowing that they can receive a kind ear from a CSH.
- ***Listen to validate struggles with chronic marginalization.*** Based on the struggles they hear about, CSHs regularly link guests with additional resources or provide warm handoffs. Sometimes they listen simply to provide emotional support. For example, “*C., a lady who came to utilize multiple services today, told me about her losing her housing today because of poor management and harassment. However, she also came to see her worker today for potential Manitoba Housing! So that is good news*” (ACCESS-B-72).
- ***Listen to hear people’s frustrations with not getting what they need from systems or services.*** Most of the guests CSHs support face barriers accessing public services and getting their needs met and need to be heard. As one CSH described, “*R. wasn’t having a good day and didn’t receive things he needed like his [cheque] or his meds and wasn’t very happy. I sat with him and let him get stuff off his chest and told him if there’s anything I can help him with to let me know*” (ACCESS-F-9).
- ***Listen to calm or deescalate.*** Finally, CSHs sit with guests whose emotions are elevated or activated, choosing to listen for the purpose of calming or deescalating the situation. CSHs regularly report stories of angry, scared, and sad guests who can calm their emotions after having contact with someone who listens deeply to their worries. As this CSH wrote, “*A. let me know that I’ve helped her tremendously. When I got in last night she was having a really really rough time and I spoke with her as much as possible here and there to try and get her to stay because she wanted to leave and do something bad and was in a bad mindset. She ended up staying, sleeping for a good while and waking up in a good mood, thanking me*” (JAWS-K-75). By taking the time to sit and listen, this guest not only calmed down, but CSH also avoided further potential harm.

In each of these themes, CSHs put wâhkôhtowin into action, treating all community members with care, respect, and dignity. **As Zoongizi Ode Executive Director Mary Burton says about this work, “When you treat people like people, they’re going to act like people.”**

**True community safety does not focus on securing buildings, but instead securing relationships, reminding us all that we are kin and are deeply interconnected.**



# Wâhkôhtowin by the numbers

Across all six sites they worked during 587 shifts, CSHs had:

|              |                                                                      |
|--------------|----------------------------------------------------------------------|
| <b>1,574</b> | new connections with guests                                          |
| <b>2,585</b> | meaningful connections with existing guests                          |
| <b>463</b>   | interactions involving someone being very emotionally elevated       |
| <b>320</b>   | warm handoffs (directly connecting a guest to their needed resource) |

**ACCESS Downtown** is a public health centre operated by the Winnipeg Regional Health Authority (WRHA) that provides a range of health and social services. While working at the site during 132 shifts, CSHs had:

- **484** new connections with guests, with an average of 3.8 new connections with guests per shift
- **809** meaningful connections with existing guests, with an average of 6.2 meaningful connections with existing guests per shift
- **163** interactions involving someone being very emotionally elevated
- **51** warm handoffs (directly connecting a client to their needed resource)
- **247** harm reduction kits distributed to guests
- **122+** coffees shared with guests
- **101+** waters shared with guests

**Employment, Income and Health Supports (EIHS)** is a division of the Provincial Ministry of Families and provides income assistance and income supplements to Manitobans. While working at the site during 68 shifts, CSHs had:

- **230** new connections with guests, with an average of 3.5 new connections with guests per shift
- **135** meaningful connections with existing guests, with an average of 2.1 meaningful connections with existing guests per shift
- **23** interactions involving someone being very emotionally elevated
- **6** warm handoffs (directly connecting a client to their needed resource)

**Just a Warm Sleep (JAWS)** is a barrier-free shelter operated by One Just City. While working at the site during 115 shifts, CSHs had:

- **267** new connections with guests, with an average of 2.8
- **850** meaningful connections with existing guests, with an average of 7.9
- **152** interactions involving someone being very emotionally elevated
- **166** warm handoffs (directly connecting a client to their needed resource)
- **306** external referrals
- **490** hygiene items shared with guests

CSHs worked at three **Winnipeg Public Library (WPL)** locations – the Millenium Library, St. Boniface Library, and St. John’s Library. Across all three branches and 272 shifts, CSHs made:

- |                                                                                                                                                 |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>▪ <b>593</b> new connections with guests, with an average of 2.1 per shift</li><hr/></ul>                 | <ul style="list-style-type: none"><li>▪ <b>216</b> external referrals</li><hr/></ul>                        |
| <ul style="list-style-type: none"><li>▪ <b>791</b> meaningful connections with existing guests, with an average of 2.9 per shift</li><hr/></ul> | <ul style="list-style-type: none"><li>▪ <b>75</b> items of clothing shared with guests</li><hr/></ul>       |
| <ul style="list-style-type: none"><li>▪ <b>125</b> interactions involved someone being very emotionally elevated</li><hr/></ul>                 | <ul style="list-style-type: none"><li>▪ <b>205</b> food/meals shared with guests</li><hr/></ul>             |
| <ul style="list-style-type: none"><li>▪ <b>97</b> warm handoffs (directly connecting a client to their needed resource)</li><hr/></ul>          | <ul style="list-style-type: none"><li>▪ <b>29</b> harm reduction supplies shared with guests</li><hr/></ul> |

## Tensions and challenges

Woven into CSHs’ practices of *wâhkôhtowin*, we saw clear tensions and challenges come up. CSHs aim to resolve issues without calling the police, but they do sometimes make that call if they perceive a threat to guests. For example, “*D. was going through meth drug induced psychosis. She was paranoid, fearful, and anxious.... We accommodated for her, and kept her safe until she fled the building. After she left we immediately called non-emergency police for a wellness check*” (JAWS 52-K). Sometimes the perceived threat is to other people. For example, a CSH reported that “*a woman was agitated that a Community Connections worker was walking around. She then threw a cheese stick at me. I confronted her about it and she pulled out a metal pipe from her boot and hit a countertop with it and we called the police*” (Libraries 54-M). CSHs are trained on how to decide when to make this kind of call.

CSHs also work in some places that have policies to eject and ban guests when they cross a boundary, so CSHs do get involved in practices that don’t fit neatly with *wâhkôhtowin*. For example, a CSH working at a library, where guests are not allowed to sit on the floor, described helping enforce that rule, which led to a guest being pushed out of the space. At first the role of the CSH was to speak to the woman and encourage her to sit on a chair, but “she wouldn’t comply and it started to get slightly escalated so we called for backup security and he told her if she didn’t want to comply she would have to leave. She argued a little but eventually she got up and left” (Libraries 119-G).

This example also shows the tricky relationship that CSHs have with security guards when they work alongside them: their goals and methods are different and often conflict. In one story, a CSH checked on a guest sleeping on the grass in a library courtyard and expressed frustration at how the guest was treated afterwards. “*Security and staff determined the best course of action was to call the Cadets and have him evicted from the library courtyard.... He was easily rousable, polite, not erratic or angry.... He was sleeping peacefully when woken by Cadets.... I do not think evicting him was justified. He did nothing wrong and was merely sleeping on the grass*” (Libraries 268-G).

While the program aims to have regular, open, and transparent communication between PCS, CSHs, and each site, sometimes these kinds of differences in how to handle a situation do occur.

In addition, the structural and systemic problems that created the need for CSHs also create challenges. Poverty, homelessness, mental health issues, and addictions feature in most of the reports of CSHs' shifts, but these are not problems that CSHs can solve. They can give someone a granola bar if they are hungry, connect them to a place to stay for the night, or even walk with them for many months to help them navigate systems to access primary care or housing, but they can't change the poverty that people are living in or make housing affordable. They can help guests to calm their emotions and express their needs, but they can't create adequate mental health care for all. CSHs can provide harm reduction supplies and share wisdom about addiction recovery, but they can't fix the problem of toxic drug supply or limited detox and treatment options in the city. Instead, all levels of government are responsible for these larger societal issues. There are political and budget decisions that can make the CSHs' practice of *wâhkôhtowin* easier or harder. The true goal should be to ensure that all people are already having their needs met so that CSHs are not necessary in this form.

## Conclusion

The Cree-Métis worldview of *wâhkôhtowin* means that we live in a universe defined by relatedness, and that we have responsibilities to respect and care for each other. Unlike the police and the private security industry that often focus on protecting buildings, not people, CSHs embody *wâhkôhtowin* and offer a model for building true community safety. As an Indigenous-led, community-oriented alternative to focusing on security, CSHs strengthen relationships and make sure all community members have access to vital public places in Winnipeg. This is important for ensuring members of the public are not surveilled, excluded, or banned from public places and can access resources to meet their needs. This is particularly needed because people in public places often face racism and discrimination related to poverty, substance use, and mental health. Staff in places of access often don't have the time or capacity to support those who are facing additional challenges or are in crisis. CSHs provide an alternative and practice seven dimensions of *wâhkôhtowin* that model what is possible when relationships are placed at the centre of safety.

A safe community in which everyone's material needs are met does not exist yet in Winnipeg, so CSHs face challenges and tensions. We need true change in our systems and policies to ensure that all people have what they need to thrive. Despite this, CSH walk with people with kindness and respect to listen to their challenges, try to help them navigate difficult systems, and introduce them to ideas, agencies, and people who might be able to help. Our research shows that the CSH model offers a sound basis to develop and support similar initiatives in Winnipeg and elsewhere. We envision a future society that makes real community safety a priority, building connection and belonging for all through the worldview of *wâhkôhtowin*.

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